



Justice
Corrective Services

Research Publication

Drug Use in the Inmate Population – prevalence, nature and context

**DUIP – 6th Biennial Data Collection 2009-10:
Overview and series trends**

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Executive Summary

This report presents drug statistics and research findings pertaining to the New South Wales (NSW) prison population drawn from the Biennial Data Collection series. This represents the sixth survey in the series - the first of which was conducted in 1998. A fundamental role of this series is to examine the extent and nature of drug-related crime, drug use patterns (both prior to and upon imprisonment) treatment involvement and also correctional responses. Corrective Services, NSW (CSNSW) uses these drug indicators to inform preventative, treatment and security responses. The current survey was conducted with a representative discharge sample of 328 male and 52 female sentenced inmates about to be released into the community in 2009-10. Repeated measurement and a constant methodology have enabled the tracking of trends on a core set of performance measures and key variables. It is worth noting that numerous drug prevalence and criminogenic indicators show either declining or stable trends over the past decade. Further there were some significant decreases in drug problem indicators between 2007-08 and 2009-10.

Key findings

Drug-related offending

- 73% (73% of males and 77% of females) reported that at least one of their current criminal offences was related to their use of alcohol and/or other drugs. The overall rate was fairly uniform with that recorded in 2007-08.

Patterns of drug use

- Illicit drug use while in the community in the six months prior to the current prison episode was reported by close to three in four inmates (73%; 72% of males and 79% of females).
- Use of 'heavy-end' drugs (i.e. heroin, amphetamine or cocaine) in the six months prior to current imprisonment was reported by one in two inmates (50%; 48% of males and 62% of females). Across the same time period around one in three inmates (35%; 33% of males and 46% of females) reported that they had injected drugs.
- Illicit drug use on at least one occasion in the current prison episode was reported by just over one in three inmates (37%; 36% of males and 39% of females).
- Rates of both pre-prison and in-prison illicit drug use and injecting drug use declined over the decade.

Presenting drug morbidity on reception to prison

- 36% (35% of males and 44% of females) reported experiencing drug withdrawal symptoms on reception for the current prison episode. The rate of reported drug withdrawal on reception showed a declining trend over the decade.
- Prior participation in drug treatment was reported by 86% of inmates with a drug problem history (84% of males and 95% of females). This extrapolates to 74% of the entire sample reporting a history of drug treatment.

**Pre-prison
and in-
prison drug
use rates
have fallen**

**52%
received
some form
of drug
treatment in
prison**

Contact with prison drug treatment and health promotion programs

- Just over one in three inmates (37%; 34% of males and 52% of females) participated in CSNSW psychology-based drug treatment programs during their current prison episode.
- 52% (48% of males and 73% of females) had received some form of drug treatment (either psychology-based or pharmacotherapy) during the current prison episode. One in two inmates (50%; 49% of males and 52% of females) reported receiving health promotion information during their current prison episode.

Exposure to prison drug screening and detection measures

- Around nine in ten inmates (87%; 87% of males and 89% of females) had either been tested by urinalysis or searched by drug detector dogs during their current prison episode. Consistent with prior surveys in this series, from the range of contraband detection strategies canvassed, urinalysis was rated as having the greatest drug deterrence effect.

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1. Background

Given the serious health and social problems that can be attributed to drug misuse, the need to examine and understand this area is widely accepted. On an international scale, this is reflected in the emergence of large-scale data gathering programs on drug use behaviour among populations. As drug-crime predispositions and drug morbidity are so widely prevalent in offender populations, corresponding data gathering programs on criminal justice populations that include drug measures are routinely administered around the world (United States Arrestee Drug Abuse Monitoring Program (ADAM); British Crime Survey - England and Wales (BCS); Scottish Prison Service, Prisoner Survey; and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Similarly in Australia, a number of drug-dedicated data collections have been established to monitor drug use behaviour in the general population and illicit drug user and criminal justice populations. These include the National Household Survey (NHS), the Illicit Drug Reporting Scheme (IDRS) and the Drug Use Amongst Arrestees Monitoring Program (DUMA). These data sources serve to provide a factual overview of drug use and drug problems within the community.

The Drug Use in the Inmate Population (DUIP) Biennial Data Collection series by the Corrective Services, NSW (CSNSW) sits alongside the other data collections and provides some scope for comparative analysis. The research and statistics division of Corrective Services, NSW initiated the DUIP data collection with the first sample drawn in 1998. The general purpose was to provide a solid information base for service delivery. A fundamental objective was to collect detailed information on the extent and nature of drug-related crime and drug use among inmates so that appropriate steps could be taken by management to address the problem. The study targeted recent drug use rather than lifetime use as this was seen as a more relevant pre-requisite for providing program assistance.

Prison administrators are accountable for the care and safety of all inmates, in addition to the usual security imperatives. Typically drug users present significant health, safety and security needs and risks and are among the most disruptive groups in prison. It follows that drug use is regarded as a serious problem which requires significant attention on a number of levels. Drug use in prison poses significant challenges given that imprisonment increases the likelihood of exposure to high-risk populations and situations. Of particular relevance is the need to address public health concerns around the transmission of blood-borne viral infections. This study sought to examine these other important related factors, such as drug use and other risk behaviours in prison along with access to services. The study also sought to shed some light on the contexts in which prison-based drug use occurs. DUIP provides baseline information on the extent of these risk behaviours and also the perspectives of inmates on prison life. These findings have application in the development of appropriate harm reduction messages and initiatives and targeted security practices. DUIP has evolved into the Biennial Data Collection series which is the longest running drug-dedicated survey with an Australian offender population.

Prior findings in this series

In documenting the extent and nature of drug use both prior to and subsequent to being received into prison, the DUIP series has served to provide a clearer picture of recent drug use among inmates in NSW correctional facilities. Typically drug testing in the NSW correctional system via random urinalysis identifies a drug use rate of approximately 10 per cent of the prison population at any one point in time. According to estimates yielded from the earlier collections in the DUIP series, more than two-thirds of inmates have drug-related offences and close to half go on to use drugs in prison. The frequency of drug use and the use of harder drugs drops sharply with imprisonment. This prison-based drug use is, for the most part, accounted for by cannabis use. About one-third experience drug withdrawal symptoms on reception to prison and close to half of those with a problem history utilise drug treatment services in prison. Earlier reports in this series also examined theoretical explanations to account for inmate adaptation to imprisonment and prison subculture. Perspectives such as deprivation (the isolation from usual community and the deprivation of certain needs which leads to behaviour change) and importation

Drug problems are widespread in prison populations

Drug use in prison raises the likelihood of exposure to high-risk groups and situations

(the continuation of pre-prison experiences and behaviours) have been put forward to explain the social conventions among inmates (Clemmer, 1940; Thomas et al., 1978). Drug use in NSW prisons has been largely explained by importation theory (Kevin, 2000; Kevin, 2003; Kevin, 2005; Kevin, 2007; and Kevin, 2010). For those who go on to use drugs in prison, pre-prison behaviour is more predictive of drug use in prison than the experience of high-risk deprivation resulting from confinement. More recently, an alternative integrated explanation has been posited to account for inmate adaptation - the life-style exposure model (Hochstetler and DeLisi, 2005). The authors found that the importation and deprivation effects of imprisonment were mediated by the inmate's lifestyle while imprisoned and specifically the level of involvement in the informal inmate economy.

Rationale

This sixth research survey builds on those earlier in the series. It was intended that this comprehensive data set would provide baseline information to the service and operational divisions within the agency in their endeavours to address the risks of drug-related activities in prison and drug-related reoffending on release. The DUIP series provides broad indicators on the management of drug problems within the NSW correctional system. As the series has administered repeated measurements using standard and comparable methods this has allowed for the tracking of changes over time on a core set of indicators.

2. Methodology

The primary aim of this research series was to obtain data on the drug-related offending and patterns of drug use of NSW inmates prior to and while serving a custodial sentence. Secondly, the responsiveness of CSNSW to inmates needs with drug problems was also examined through collecting information on inmate participation in and exposure to programs, such as drug treatment, health promotion and drug screening and detection. Lastly, a supplementary aim of the research was to gain an increased understanding of the social context of imprisonment and the role of drug use within this context.

The methodology was a replication of the design adopted in prior surveys in this series (Kevin, 2000; Kevin, 2003; Kevin, 2005; Kevin, 2007; and Kevin, 2010). Pre-release is a key transition point and it was reasoned that those approaching release would be more willing to provide honest details about their offences and use of illicit drugs. In addition, these inmates would have had sufficient exposure time to the prison environment. Accordingly, the research survey only included those inmates serving a custodial sentence of at least one month, approaching the end of their custodial sentence and with no outstanding criminal matters before the courts. A stratified proportionate to population random sample design was used with male inmates to ensure an adequate representation of the state-wide inmate discharge population (see Annex). As females comprised just 7% of the sentenced population, close to half of all females discharged within the study's time-frame were included to reduce sampling error and generate more reliable findings. The data were collected by way of face-to-face interview using a structured survey instrument across NSW correctional centres in the latter half of 2009-10. Inmate participation was voluntary. Consistent with earlier collections, a very low refusal rate (2%) was recorded (the overall non-response rate was 3.1%). The achieved sample consisted of 380 full-time inmates (328 males and 52 females). The survey captured 27% of the male and 40% of the female discharge populations during the period of the survey.

The survey instrument included summary background characteristics in addition to the following factors: patterns of drug-related offending and drug use prior to imprisonment and prior participation in treatment; patterns of drug use in prison, associated risk behaviours and contact with prison programs; perceptions on prison life, social patterns between inmates and drug use within this context; and standardised scales designed to measure prisonisation or prison socialisation (Grapendaal, 1990) and attitudes towards staff or the organised culture (Winfree, et al., 1994). Since its inception in 1998, some minor iterations have been made to the survey instrument in order to align the measures with emerging drug trends identified in larger population-based surveys and also to address varying agency priorities at the time (the latter being optional measures). From

2%
refusal
rate

the outset, additional information on the prison environment has been collected in this survey series. While this information is seen to be of value to correctional management, it was supplementary to the main purpose of the series. These additional lines of investigation are addressed in this report to provide updated contextual insights and also to gauge any change in the prison environment relative to social conventions and themes identified earlier in the decade. Content analysis of the open-ended responses was based on response clusters that were categorised in prior data collections. At that time, collateral validation was carried out through inter-rater reliability checks on all responses. Statistical analysis was predominantly descriptive. Where an item provided more than one response option, this has been noted as multiple responses in the data tables. Some tables require rounding to 100%. Changes in prevalence rates over time and differences between sub-groups were tested using the appropriate statistical measure, e.g., z-test, t-test, independent groups median test or chi-squared based on the composition of the data. Statistically significant results ($p < .05$ or less) have been noted in data tables. Significant increases or decreases in prevalence rates against those recorded in the 2007-08 data are denoted by directional arrows in data tables. Estimates where the Relative Standard Errors were found to be higher than 30% have not been tested given reliability concerns.

3. Results

3.1 Background Characteristics of the Discharge Sample

Table 1 presents an overview of the personal and criminal background characteristics of the inmate discharge sample broken down by gender (328 males and 52 females). Of the total sample, 86% were born in Australia, 30% were of Indigenous background, 95% spoke English when at home, 47% resided in the Sydney metropolitan area and just 39% were employed prior to their current imprisonment. On measures of central tendency, inmates showed a median age of 31 years, nine years of school education and \$10,000 in reported income received in the six months prior to imprisonment. Males and females differed significantly on a number of background characteristics. Males were more likely to have a juvenile detention history (33% versus 23%) and a previous prison sentence at the time of their current imprisonment (73% versus 65%) (**Table 1**). Females were more likely to have an Indigenous background (42% versus 28%), reside in the Sydney metropolitan area prior to their current imprisonment (60% versus 45%) and to report a criminal family background (81% versus 52%).

3.2 Links between Most Recent Offences and Drug use

The majority (73%) of the 2009-10 discharge sample reported that at least one of their current offences was drug-related (alcohol included). There was not a substantial difference between males and females in the proportional rates of drug-related offending (73% versus 77% respectively) which was consistent with prior years in this data series. Although for females, there was an increase in the rate of drug-related offending when compared with the rate observed for females in 2007-08 (77% versus 67%, respectively). **Table 2** shows a breakdown of illicit drug versus alcohol-related offending. In prior years, females showed a significantly higher proportion of illicit drug-related offending when compared with males. While this gender difference was still evident in 2009-10 (39% of females versus 29% of males), it was not as pronounced as in prior years (52% versus 29% in 2007-08). For females, the overall increase in the rate of drug-related offending relative to 2007-08, appeared to be accounted for by a substantial rise in alcohol-related offending in 2009-10 (21% in 2009-10 versus 4% in 2007-08). This rise corresponded with an increase in the Indigenous female inmate dynamic population. Those Indigenous females with drug-linked offences were more likely to link these offences to either alcohol alone or alcohol in combination with other drugs than drugs alone when compared with non-Indigenous females (60% versus 40%, respectively). **Figure 1** compares the overall rates of drug-related offending for Indigenous and non-Indigenous samples. Across gender, those inmates with an Indigenous background showed significantly higher rates of drug-related offending (alcohol included) when compared with non-Indigenous inmates (males – $z = 2.65$, $p < .01$; females – $z = 2.3$, $p < .05$). **Table 3** shows that just 6 percent of the overall sample related any current offence to personal gambling (such as, obtain money to satisfy gambling debts or money to subsidise gambling) and this was only the case for males (7%).

73% with
AOD-related
offences

Table 1: Inmate discharge sample background characteristics: 2009-10 (n=380)

CHARACTERISTICS	Males n=328		Females n=52		Total n=380	
	No.	%	No.	%	No.	%
PERSONAL						
Australian born	284	86.6	44	84.6	328	86.3
Age						
18-24	78	23.8	12	23.1	90	23.7
25-34	121	36.9	22	42.3	143	37.6
35-44	89	27.1	13	25.0	102	26.8
45+	40	12.2	5	9.6	45	11.8
Median age	31		32		31	
Indigenous background	91	27.7	22	42.3 ¹	113	29.7
English usually spoken at home*	303	95.0	47	92.2	350	94.6
Number of years at school (average)	9.16		9.1		9.15	
Ever suspended/expelled from school**	154	62.3	16	51.6	170	61.2
Resided within Sydney area prior to current episode	146	44.5	31	59.6 ¹	177	46.6
Employed prior to current prison episode	130	39.6	17	32.7	147	38.7
Income in the 6 months prior to current prison episode (median)	\$10,000		\$10,000		\$10,000	
CRIMINAL and CORRECTIONAL						
Principal Offence (current Most Serious Offence)***						
Violence	110	34.1	13	25.5	123	32.9
Property/fraud	66	20.4	16	31.4	82	21.9
Breach legal order	60	18.6	11	21.6	71	19.0
Driving	41	12.7	3	5.9	44	11.8
Drug	21	6.5	3	5.9	24	6.4
Robbery	14	4.3	2	3.9	16	4.3
Other	11	3.4	3	5.9	14	3.7
Sentence term (median months)****	7		5		6	
Prior prison term as an adult	240	73.2 ¹	34	65.4	274	72.1
Prior juvenile detention	108	32.9 ¹	12	23.1	120	31.6
Criminal family history****	123	52.3	25	80.6 ²	148	55.6
LSI-R (actuarial assessment of reoffending risk) #						
High	41	13.2	9	20.9	50	14.2
Med-High	85	27.5	11	25.6	87	24.7
Medium	130	42.1	20	46.5	150	42.6
Medium-Low	41	13.2	2	4.7	42	11.9
Low	12	3.9	1	2.3	23	6.5
Correctional assessments (additional identified needs)						
History of psychiatric Tx **	96	40.9	28	65.1	124	44.6
Unsatisfactory housing ##	97	39.6	20	69.0	117	42.7

¹10 missing cases; ²102 missing cases; ³6 missing cases; ⁴114 missing cases; #LSI-R 28 missing cases; ##106 missing cases. ¹p < .05; ²p < .01.

Table 2: Alcohol and/or other drug (AOD) link to any current offence: 2009-10

	Males		Females		Total	
	No.	%.	No.	%.	No.	%.
Drugs	96	29.3	20	38.5	116	30.5
Alcohol	86	26.2	11	21.2	97	25.5
Both	57	17.4	9	17.3	66	17.4
No link	89	27.0	12	23.1	101	26.6
Total	328	100.0	52	100.0	380	100.0

(Base=total inmate discharge sample; n=380); some rounding to 100%.

Figure 1: Rates of drug-linked (alcohol included) offences by Indigenous status: 2009-10

(Base=total inmate discharge sample; n=380)

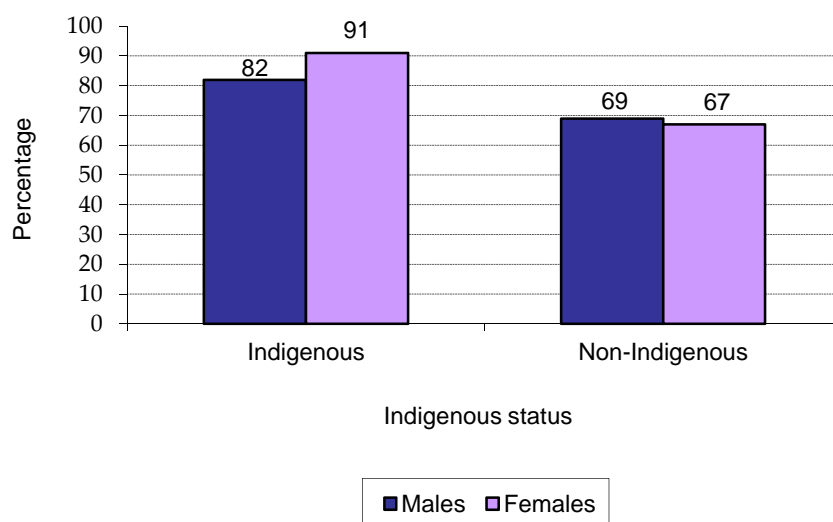


Table 3: Gambling and drug link (alcohol included) to any current offence: 2009-10

	Males*		Females		Total*	
	No.	%.	No.	%.	No.	%.
Gambling only	3	0.9	0	0.0	3	0.8
Combined gambling and drug link	19	5.9	0	0.0	19	5.1
No gambling link	298	93.1	52	100.0	350	94.1
Total	320	100.0	52	100.0	372	100.0

(Base=total inmate discharge sample; n=380); *8 missing cases.

The mechanisms of drug-related offending were examined in more detail by identifying the types of drugs involved and the type of attributions made between drugs use and the commission of the Most Serious Offence (principal offence). The response set allowed for multiple drug types and casual attributions (intoxication, withdrawal and obtaining money to finance drugs) to be identified. While the attribution categories listed were not exhaustive, they were selected as indicative markers of drug treatment candidates.

Table 4 presents the type of causal attribution or explanation linked with the principal offence. The most commonly cited attribution was intoxication either from drugs (58%) or alcohol (56%). Relative to 2007-08, there was an overall declining trend in attributing money to finance drugs to the principal offence (34% versus 22%). For females, there was a rising trend in attributing intoxication from alcohol (48% versus 21%) to the principal offence. For males, the drugs most commonly linked to the principal offence were alcohol, cannabis, amphetamine and heroin, in that order (**Table 5**). For females, the most commonly linked drugs were alcohol, pills, heroin and amphetamine, in that order (**Table 5**). Proportional increases or decreases found to be statistically significant, relative to 2007-08 are shown by directional arrows in the table. Amphetamine-related offending showed a declining trend in 2009-10 relative to 2007-08. For females, most drug types showed a declining trend in 2009-10, with the exception of alcohol and pills, which showed proportional increases in linkage to principal offence.

Higher rates of AOD-related offending among Indigenous inmates

**Alcohol -
the most
common
drug
linked to
principal
offence**

Figure 2 shows a cross-sectional analysis of drug-linked attributions and principal offence type. As observed in prior years in this data series, the basic dichotomy of linking intoxication from alcohol with violence (79%) and intoxication from illicit drugs with acquisitive crime (74%) was supported by the data. Although, there were also more complex patterns evident in the data. Around two in five (40%) of those with a drug-related offence attributed more than one type of drug or more than one causal attribution to their principal offence. As **Figure 2** shows, within the group of drug-related violent offenders, 43% linked intoxication from drugs to their offence and 31% of drug-related property offenders linked intoxication from alcohol to their offence. Close to half of the entire sample (48%; 46% of males and 60% of females) reported serving time for more than one offence in their current sentence term. Corresponding with prior years, complex polydrug and polycrime patterns were commonly reported by these drug-related offenders.

Decade trends in rates of drug-offending are shown in **Figure 3**. For males, there was an overall decline in the recorded rate of drug-related offending ranging from 82% in 2001-02 to 73% in 2009-10, with some year to year fluctuations. For females, rates of drug-related offending fluctuated over the period with 2001-02 and 2009-10 showing equivalent occurrence rates (77%). Presumably, the declining rates between 2003-04 and 2007-08 were due to the sustained impact of the heroin shortage in the NSW illicit drug market. Whereas, the rate rise in 2009-10 appeared to be accounted for by an increase in alcohol-related offending within the female population.

3.3 Drug Use Behaviour Patterns

3.3.1 Drug use in the community and drug use in prison

Self-reported drug use behaviour in the six months prior to and also during the current prison episode is shown separately for males and females (**Table 6**). The last occasion of use of the listed drug, both in the community and in prison is presented as the median number of days that had elapsed since last use (i.e. firstly, prior to reception to prison and secondly, prior to the interview in prison just before release).

Table 4: Nature of link between drug use and current principal offence: 2009-10

(Base=those with a drug-related principal offence or Most Serious Offence [n=273])

Link	Males (n=233) %	Females (n=40) %	Total (n=273) %
Drug intoxication	57.9	60.0	58.2
Alcohol intoxication	57.5	47.5 ↑	56.0
Money to finance drugs	19.7 ↓	32.5 ↓	21.6 ↓
Drug withdrawal	3.9	2.5*	3.7
Finance drugs for other	1.3	5.0	1.8
Money to finance alcohol	2.1	-	1.8
Alcohol withdrawal	-	-	-

Multiple responses as a percentage of cases. Arrows indicate directional changes of statistical significance (p <.05) relative to 2007-08 data. *High Relative Standard Error.

Table 5: Type of drug/s linked to current principal offence: 2009-10

(Base = those with a drug-related principal or Most Serious Offence [n=273])

Drug type	Males (n=233) %	Females (n=40) %	Total (n=273) %
Alcohol	59.2	47.5 ↑	57.5
Cannabis	28.3	10.0	25.6
Amphetamine	24.9 ↓	27.5	25.3 ↓
- Crystal Meth./Ice*	12.4 ↓	12.5	12.5 ↓
Heroin	19.3	27.5 ↓	20.5
Pills* ¹	7.3	35.0 ↑	11.4
Cocaine	6.4	7.5	6.6
Ecstasy	4.7	-	4.0
Other opiates	3.0	5.0	3.3
Methadone	0.9	5.0	1.5
Steroids	0.9	-	0.7
Buprenorphine	0.4	-	0.4
Hallucinogens	0.4	-	0.4

Multiple responses as a percentage of cases. *Crystal methamphetamine is coded within amphetamine and also as a distinct drug type as a percentage of total cases *¹Pills= benzodiazepines/sedatives
Arrows indicate directional changes of statistical significance (p <.05 or less) relative to 2007-08 data.

Figure 2: Principal offence by nature of drug-related link: 2009-10

(Base=those with a drug-related principal offence or Most Serious Offence: n=273)

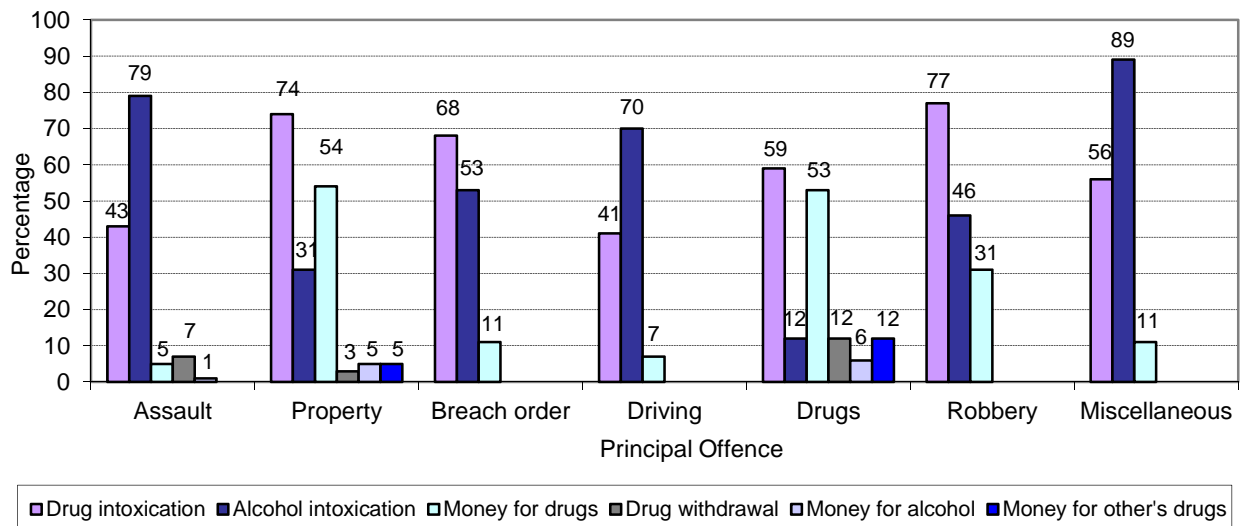
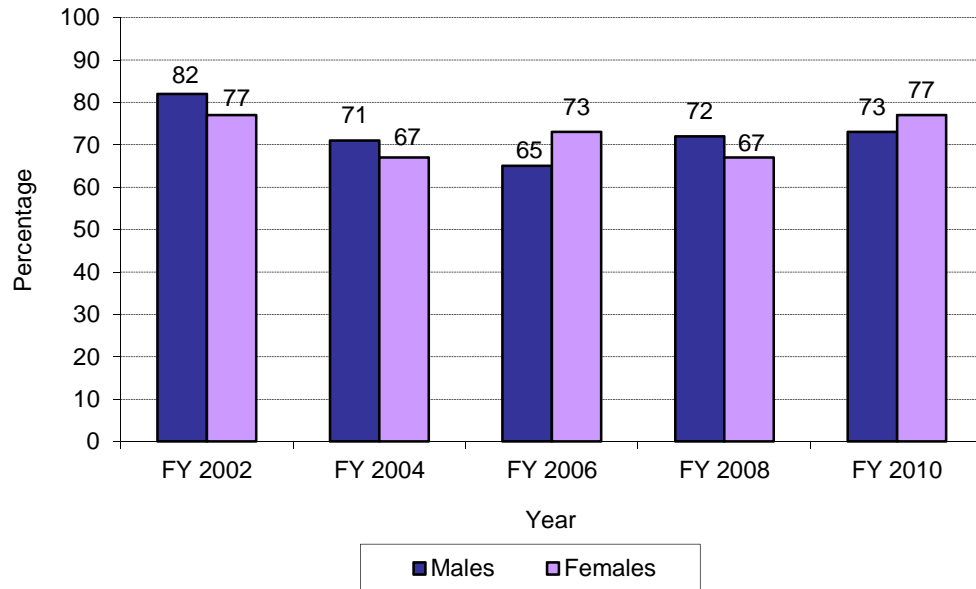


Figure 3: Decade trends in rates of drug-linked (alcohol included) offences: 2002-2010



(Base=total inmate discharge sample for each respective year)

Prevalence of drug use prior to imprisonment

In terms of recent community-based drug use, 73% of the sample (72% of males and 79% of females) used an illicit drug in the six months prior to their current prison episode. 'Heavy-end' drug use (heroin, amphetamine or cocaine) was reported by 50% of the sample (48% of males and 62% of females) and injecting drug use (on the last occasion of drug use) was reported by 35% of the sample (33% of males and 46% of females). The most commonly used drugs (tobacco excluded) by males were alcohol (68%), cannabis (54%), amphetamine (32%) and heroin (22%). By way of comparison, the most commonly used drugs by females were alcohol (62%), cannabis (46%), amphetamine (39%), heroin (31%) and pills (31%). The NSW prison population continues to report disproportionately higher rates of illicit drug use whilst in the community when compared with the general population in NSW (Australian Institute of Health and Welfare, 2011). Before coming to prison, 73% of inmates used an illicit drug in the community. Usage rates for specific drug types were; cannabis (53%), amphetamine (33%), heroin (23%), cocaine (16%) and ecstasy (11%). The comparative usage rates for the NSW general population were; any illicit drug (14%), cannabis (9%), cocaine (3%), ecstasy (3%) amphetamine (2%) and heroin (0.2%). The declining trend in recent tobacco use observed in the general population of NSW (17% in 2009-10) was not reflected in the NSW prison population. In 2009-10, the great majority of inmates continued to smoke tobacco while in the community (88% of males and 96% of females). In 2007-08, the comparative tobacco usage rates among inmates were 88% of males and 85% of females.

Prevalence of drug use in prison

When compared with community-based drug use, there was a significant decline in drug use upon imprisonment as would be expected within a restrictive environment. This finding has been consistent across all collections in this series. In 2009-10, 37% of the sample (36% of males and 39% of females) reported they had used an illicit drug on at least one occasion in their current prison episode. 'Heavy-end' drug use (heroin, amphetamine or cocaine) was reported by 9% of the sample (10% of males and 6% of females) and injecting drug use (on the last occasion of drug use) by 8% of the sample (8% of males and 6% of females). The most commonly used drugs by males were

73%
reported
recent pre-
prison use
of an illicit
drug

cannabis (28%), non-prescribed buprenorphine (14%) and non-prescribed medication (10%). By way of comparison, the most commonly used drugs by females were cannabis (27%), benzodiazepines/sedatives (15%) and non-prescribed medication (10%). Of the pre-prison heroin users, 27% went on to use heroin in prison. A small proportion of inmates (3%; n=13) who had not used illicit drugs in the six months prior to imprisonment, went on to use drugs in the current prison episode. This prison-based drug use was, for the most part, accounted for by cannabis use (77%; n=10).

In summary, relative to 2007-08, there was a modest increase in the overall rate of pre-prison illicit drug use among male inmates (70% versus 72%), with the overall rate remaining stable among females. However, in 2009-10 there was a notable decline in pre-prison heroin use among females (31% in 2009-10 versus 42% in 2007-08) and a modest increase in amphetamine use (39% in 2009-10 versus 35% in 2007-08). When compared with 2007-08, the rates of in-prison drug use declined for both males and females in 2009-10. The exception to this trend was an increase in the occurrence rate of non-prescribed buprenorphine use among males (14% in 2009-10 versus 11% in 2007-08).

**Cannabis
accounted
for most
prison drug
use**

**Frequency
of drug use
declined
sharply in
prison**

Table 6: Patterns of drug use among inmates: both six months before entering prison and during the current prison episode: 2009-10

(Base=total inmate sample; n=380 - 328 males and 52 females)

Drug type	Pre-Prison (6 months before current prison episode)		In-Prison (current prison episode ¹)		Last occasion of use pre-prison (median days before prison entry)		Last occasion of use in-prison (median days before in-prison interview)	
	Males %	Females %	Males %	Females %				Females
Tobacco	88.1	96.2	87.5	94.2	0	0	0	0
Alcohol ²	68.0	61.5	1.8	1.9	1	1	*	*
Cannabis	54.0	46.2	28.4	26.9	0	1	21	26
Amphetamine	32.3	38.5	3.4	1.9	1	7	*	*
- Crystal Meth./Ice	18.9	25.0	3.1	1.9	1	7	*	*
Heroin	22.3	30.8	7.6	5.8	0	0	21	365
Cocaine	15.9	13.5	1.2	1.9	5	2	*	*
Pills (Benzos/sedatives)	11.6	30.8	5.5	15.4	0	0	26	75
Ecstasy	12.8	1.9	0.6	-	7	7	*	n/a
Non-prescribed medication	5.5	7.7	9.5	9.6	1	1	14	60
Non-prescribed buprenorphine	3.1	3.9	14.0	7.7	*	*	30	19
Non-prescribed methadone	0.9	3.8	0.9	0.9	*	*	*	*
Hallucinogens	2.4	-	-	-	*	n/a	n/a	n/a
Steroids	0.9	-	-	-	*	n/a	n/a	n/a
Kava	0.3	-	-	-	*	n/a	n/a	n/a
Inhalants	0.3	-	-	-	*	n/a	n/a	n/a
Any illicit drug use	72.3	78.8	36.3	38.5				
'Heavy-end' drug use (heroin, amphetamine or cocaine)	47.6	61.5	9.8	5.8⁴				
Illicit injecting drug use³	33.2	46.2[↓]	8.2	5.8⁴				

Note: ¹ median term of imprisonment = 6 months; *Due to small numbers medians are not reported for those drugs which were used by less than 5% of the sample; ² Alcohol is an illicit drug in prison; some missing cases (< 10). ³ Based on last occasion of drug use. ⁴ Arrows indicate directional changes of statistical significance (p < .05 or less) relative to 2007-08 data. ⁴ High relative standard error.

Table 7 and **Figure 4** present a comparison of pre-prison and in-prison drug use frequency patterns of the most commonly used drugs. They show that while some pre-prison drug users continued using drugs upon imprisonment, the frequency of drug use declined sharply. This finding is supported by the last occasion of drug use data reported in **Table 6**. The exception to this general pattern was non-prescribed buprenorphine use. It is worth noting that there was a higher frequency of daily non-prescribed buprenorphine use in prison than in the community prior to imprisonment.

3.3.2 First occasion of drug use in prison

The first occasion of drug use in prison was examined in more detail to provide contextual information on initiation into prison-based drug use. This information was seen to be of potential use to prison management in terms of the timing and targeting of agency responses to inmate drug use upon imprisonment. **Figure 5** presents a profile of the three most commonly used drugs on this first occasion of drug use in prison. As expected, cannabis was the most commonly used drug (52%). To a lesser extent non-prescribed buprenorphine (23%) and pills (15%) were used. The following drug types were reported by small proportions of prison drug users - heroin (7%), amphetamine (1%), other opiates (1%) and non-prescribed methadone (1%). As with previous data collection years, the median time which elapsed before first occasion of drug use in prison takes place was 14 days. Further, first occasion of use most commonly occurred under maximum security conditions (72%), in the company of one co-user (median=1) with no payment being required (77%). Eleven per cent reported that their first mode of drug use was by injection. The most commonly cited reasons for first use of drugs in prison were; availability (24%), to alleviate drug withdrawal symptoms (16%); and being offered the drug (16%). Of these prison drug users, 81% went on to use drugs on a further occasion in their current prison episode.

3.3.3 Illicit injecting drug use and other potential risk behaviours

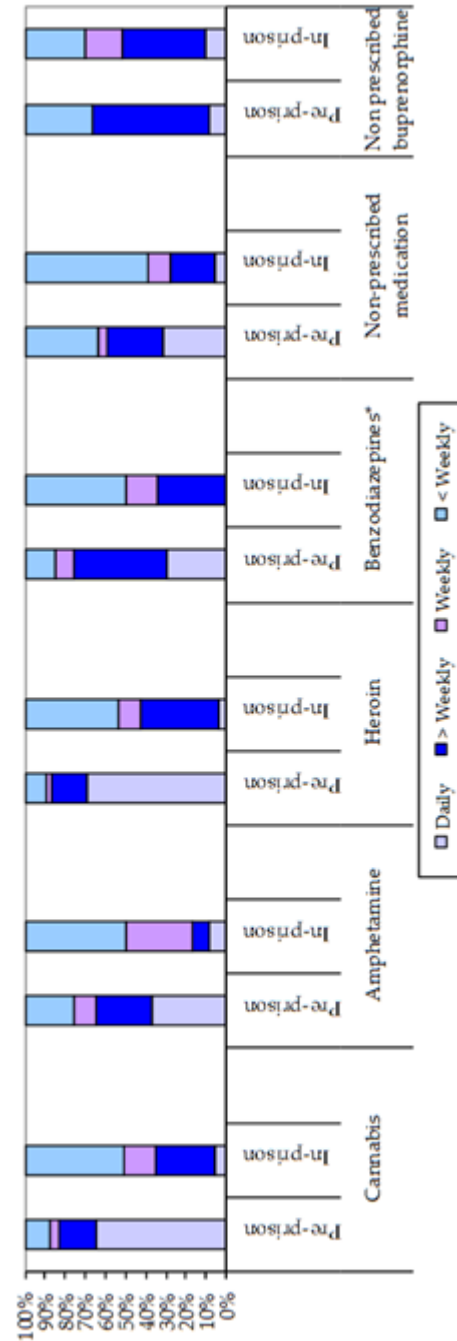
Injecting, tattooing and piercing are potential risk behaviours in the transmission of blood-borne viruses. **Table 8** provides an overview of injecting drug use behaviour among inmates (both background and current) and also tattooing/piercing in their current prison episode. It also presents findings on self-harm and suicidal ideation in the current prison episode as brief measures of emotional distress and related risk behaviours. More than half (57%) of the entire sample (55% of males and 73% of females), had injected drugs at some time in their lives, showing a median of seven years of injecting drug use. One-quarter of the sample (25% of males and 25% of females) had injected drugs in prison in the past. In comparison, eight per cent (8% of males and 6% of females), reported injecting drug use (on their last occasion of drug use) in the current prison episode which was considerably lower. In prior years in this data series, more than two in three prison injectors reported that they had shared their injecting equipment on their last occasion of prison drug use. In 2009-10, a comparatively lower proportion (40%; 44% of males and nil females) reported sharing their injecting equipment on their last occasion of in-prison drug use. The reliability of the estimate for females warrants a cautionary note due to the low number of females who reported injecting drug use in prison. Current prison drug users were significantly more likely to receive tattoos or piercings in the current prison episode than non-users ($\chi^2 = 27.1$, $df=1$, $p<.001$). Self-harming behaviour during the current prison episode was reported by 7% of males and 12% of females.

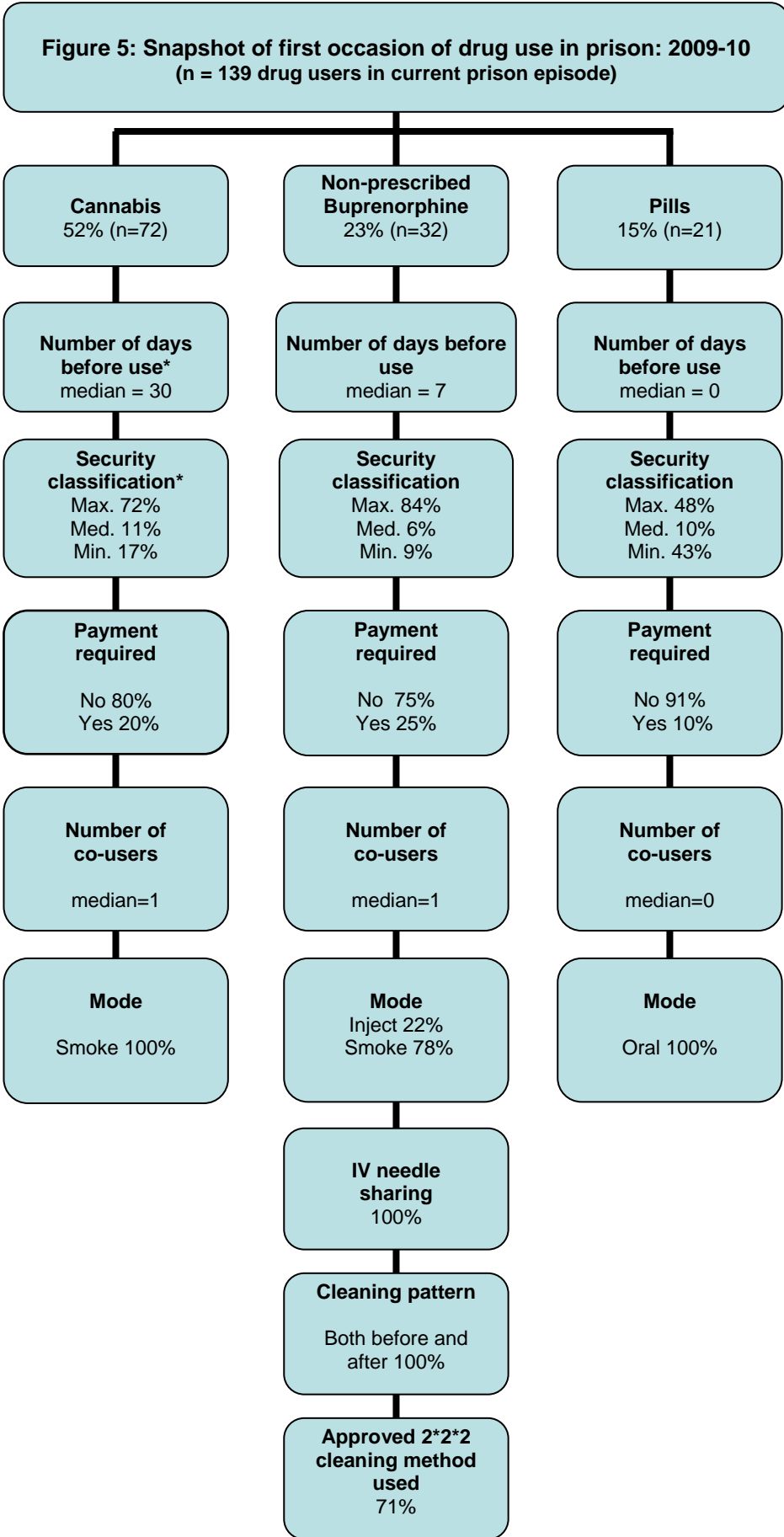
On average
two weeks
elapsed
before an
inmate
used a drug
in prison

Table 7: Frequency of use of most commonly used drugs - six months prior to and during current prison episode: 2009-10
 (Base = within drug group sub-samples, therefore numbers vary as shown in Table)

	Cannabis		Amphetamine		Heroin		Benzodiazepines/ sedatives		Non-prescribed medication (general)		Non-prescribed buprenorphine	
	Pre-prison	In-prison	Pre-prison	In-prison	Pre-prison	In-prison	Pre-prison	In-prison	Pre-prison	In-prison	Pre-prison	In-prison
	(n=201)	(n=107)	(n=126)	(n=12)	(n=89)	(n=28)	(n=54)	(n=26)	(n=22)	(n=36)	(n=12)	(n=50)
	%	%	%	%	%	%	%	%	%	%	%	%
Daily	64.2	5.6	36.5	8.3	69.7	3.6	29.6	0.0	31.8	5.6	8.3	10.0
> Weekly	18.9	29.9	27.8	8.3	16.9	39.3	46.3	34.6	27.3	22.2	58.3	42.2
Weekly	5.0	15.0	10.3	33.3	3.4	10.7	9.3	15.4	4.5	11.1	0.0	18.0
< Weekly	11.9	49.5	25.4	50.0	10.1	46.4	14.8	50.0	36.4	61.1	33.3	30.0

Figure 4: Frequency of use of most commonly used drugs - six months prior to and during current prison episode: 2009-10
 (Base = within drug group sub-samples)





*1 missing case

Table 8: Illicit drug injecting and other potential risk behaviours: 2009-10

	Males n=328	Females n=52	Total n=380
Illicit drug injecting and risk behaviours	%	%	%
Ever injected drugs	54.9	73.1	57.4
Years of injecting drug use (years)	7 (median)	7 (median)	7 (median)
Ever injected in prison in the past	24.7	25.0	24.7
First injecting episode occurred in prison	5.2	1.9	4.7
Injected in current prison episode*	8.2	5.8	7.9
Needle/syringe sharing by injectors in current prison episode* ¹	44.4	0.0	40.0
Received tattoos or piercings in current prison episode	7.3	7.7	7.4
Suicidal ideation in current prison episode	6.7	7.8	6.9
Self-harming behaviour in current prison episode	7.0	11.8	7.7

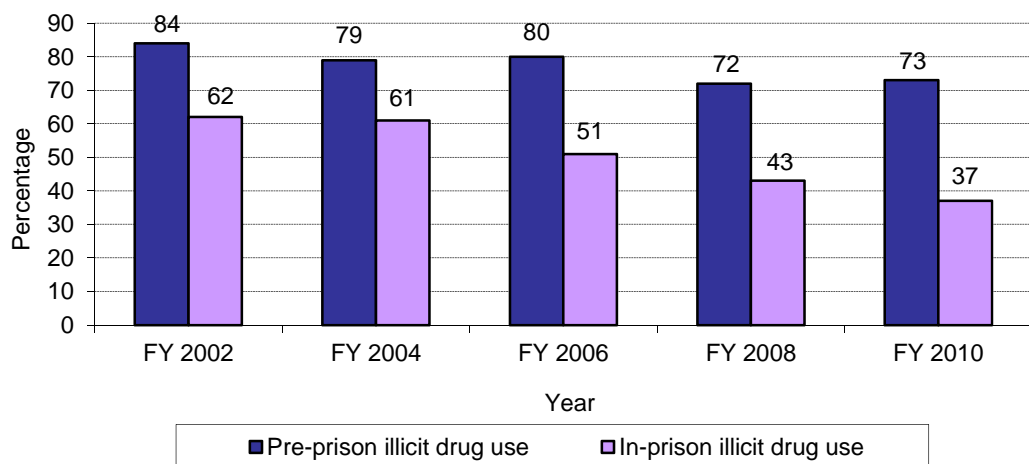
(Base=total inmate discharge sample; n=380 unless specified); *Based on last occasion of prison drug use;

*¹Of injectors on their last occasion of prison drug use, n=30.

3.3.4 Decade trends in inmate drug use

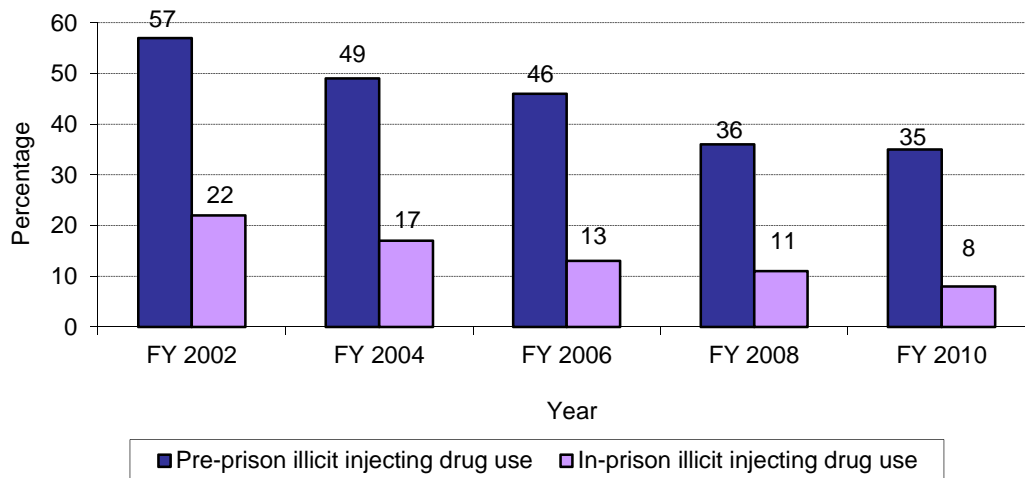
Decade trends in rates of self-reported pre-prison and in-prison drug use and injecting drug use are shown in **Figure 6** and **Figure 7** respectively. Rates of both pre-prison and in-prison illicit drug use and injecting drug use have declined over the past decade. Specifically, pre-prison illicit drug use rates among inmates declined from 84% in 2001-02 to 73% in 2009-10 ($z=3.75$, $p < .001$). This decline is in-line with other drug monitoring studies over the period and reflective of the NSW illicit drug market. The rate of in-prison drug use showed a steady and overall significant decline over the data period – from 62% in 2001-02 to 37% in 2009-10 ($z=6.57$, $p < .0001$). Similarly, pre-prison injecting drug use (based on last occasion of drug use) among inmates declined significantly from 57% in 2001-02 to 35% in 2009-10 ($z=5.76$, $p < .0001$). In-prison injecting drug use declined significantly from 22% in 2001-02 to 6% in 2009-10 ($z=4.89$, $p < .0001$).

Figure 6: Decade trends in rates of pre-prison and in-prison drug use: 2002-2010



(Base=total inmate discharge sample for each respective year)

Figure 7: Decade trends in rates of pre-prison and in-prison injecting drug use*: 2002-2010



(Base=total inmate discharge sample for each respective year - *mode by injection on last occasion of drug use)

3.4 Drug Treatment Issues

3.4.1 Experience of drug withdrawal on reception to prison

The experience of drug withdrawal symptoms on reception to prison is a key indicator of the extent of recent drug morbidity among inmates. Reception to prison is recognised as a critical time with regard to inmate care and managing the risk of harm (Kevin, 2010). It is important for correctional service providers to have reliable statistics on the extent of drug morbidity among inmates in order to allocate appropriate resources for inmate care arrangements. In 2009-10, more than one-third of inmates (35% of males and 44% of females) reported that they were withdrawing from alcohol and/or drugs on reception to the current prison episode (**Table 9**). Of those who were experiencing withdrawal, the majority (70%; 66% of males and 87% of females) reported to be withdrawing from drugs alone (alcohol excluded). Even though there was a declining trend in the occurrence rate of drug morbidity symptoms among inmates in 2009-10, the condition remains widespread in the reception prison population. **Figure 8** shows decade trends in the self-reported experience of drug withdrawal symptoms by inmates on reception to prison. Among males, drug withdrawal rates showed a steady decline over the period, ranging from 52% in 2001-02 to 35% in 2009-10. Among females rates declined from 58% in 2001-02 to 44% in 2009-10. Although among females, there were more year to year fluctuations, with the experience of drug withdrawal being most prevalent in 2005-06 (68%).

3.4.2 Drug problem history and prior treatment

Of the entire inmate discharge sample, 79% (78% of males and 84% of females) reported a drug problem history (**Table 10**). A large majority of those with a drug problem history had experienced periods of abstinence (92%) and had participated in drug treatment (86%). Females (95%) showed a higher rate of participation in drug treatment when compared with males (84%). For purposes of this analysis, non-medical drug treatment was broadly defined as psychology-based treatment and included modalities, such as counselling, structured groups or residential treatment programs. Of those who had received psychology-based treatment (79%), around one in five, (21%) had only done so whilst being in prison. Those with a problem history were canvassed on their current drug of choice. Among males, the most commonly identified drugs were alcohol (28%), heroin (23%), cannabis (18%) and amphetamine (17%). Among females, the most commonly identified drugs were heroin (26%), amphetamine (24%), cannabis (21%) and alcohol (17%). In terms of recent drug morbidity, 40% of males and 37% of females with a problem history rated their problem as being serious in the six months before the current prison episode (**Figure 9**). This extrapolates to 31% of the entire sample. An

86% of those with drug problems had a history of treatment

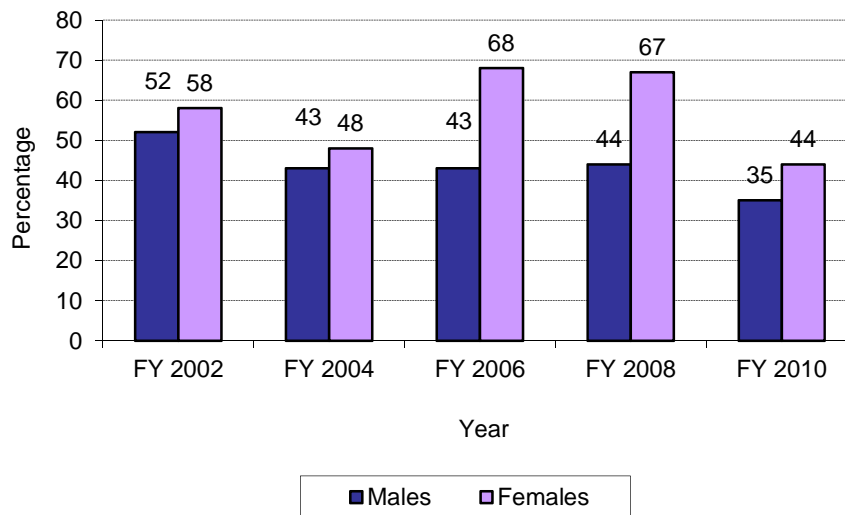
additional 31% of males and 19% of females with a problem history rated their problem as either minimal or non-existent in the six-month period before the current prison episode.

Table 9: Experience of drug withdrawal symptoms on reception to prison: 2009-10

	Males (n=327)*	Females (n=52)	Total (n=379)
	%	%	%
Drugs	22.9	38.5	25.1
Alcohol	7.3	3.8	6.9
Both drugs and alcohol	4.3	1.9	3.9
Nothing	65.4	55.8	64.1
TOTAL	99.9	100.0	100.0

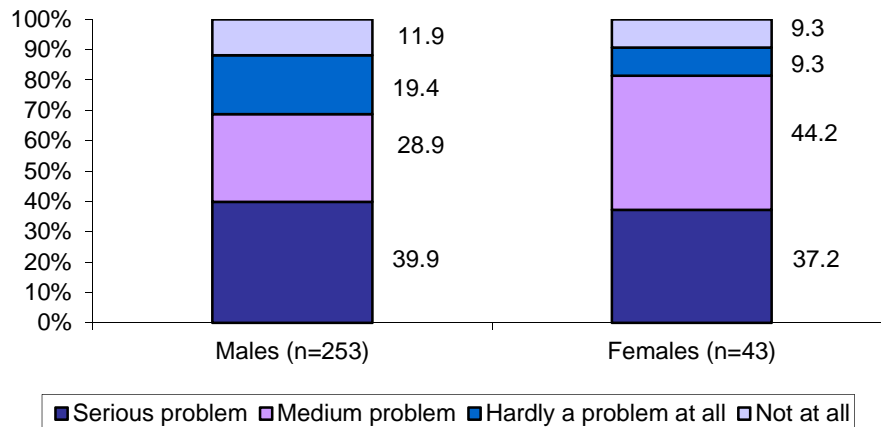
(Base=total inmate discharge sample; n=380); * 1 missing case.

Figure 8: Decade trends in rates of drug withdrawal among inmates on reception to prison: 2002-2010



(Base=total inmate discharge sample for each respective year)

Figure 9: Perceived drug problem severity prior to the current prison episode: 2009-10



(Base=sub-sample who reported having a drug problem history; n=296)

Table 10: Drug problem history and drug treatment history of inmates: 2009-10

	Males (n=253)* 77.6 %	Females (n=43)* 84.3 %	Total (n=296)* 78.5%
History of a drug problem			
- average age of onset (years)	17.9 (range 8-36)	18.9 (range 12-39)	18.1 (range 8-39)
	%	%	%
Self-reported periods of drug use abstinence –	90.9	97.7	91.9
- Community	69.6	83.7	72.0
- Prison	87.7	90.7	88.8
	84.2	95.3	85.8
Psychology-based treatment (Tx)	77.1	90.7	79.1
- Community only (Tx)	33.7	12.8	30.2
- Prison only (Tx)	18.9	33.3	21.3
- Community and Prison (Tx)	47.4	53.9	48.5
Opioid substitution therapy-Methadone (Tx)	39.9	65.1	43.6
- Community only (Tx)	30.7	17.9	27.9
- Prison only (Tx)	5.9	7.1	6.2
- Community and Prison (Tx)	63.4	75.0	65.9
Opioid substitution therapy-Buprenorphine (Tx)	16.2	20.9	16.9
- Community only (Tx)	43.9	33.3	42.0
- Prison only (Tx)	14.6	33.3	18.0
- Community and Prison (Tx)	41.5	33.3	40.0
Current preferred drug of choice			
- Alcohol	27.9	16.7	25.7
- Heroin	22.9	26.2	23.6
- Cannabis	18.2	21.4	18.8
- Amphetamine	16.7	23.8	18.2
- Tobacco	6.2	0	4.8
- Cocaine	3.1	4.8	3.4
- Other ¹	5.0	7.1	5.5

(*Base=Those with a self-reported drug problem history; n=296 unless otherwise specified); missing cases - n=3 (2 males and 1 female); ¹ Low percentages for remaining drug types.

3.5 Contact with Drug Programs During the Current Prison Episode

3.5.1 Demand reduction programs

Of the entire sample in 2009-10, 37% (n=139) participated in psychology-based drug treatment (on at least one occasion) offered by the Offender Services and Programs (OS&P) division of CSNSW during their current prison episode. This treatment group constituted 34% of the male sample and 52% of the female sample. This represents a lower rate of participation in demand reduction programs when compared with participation rates recorded in 2007-08 (38% of males and 69% of females). Of the sub-sample who identified as having a drug problem history, 41% participated in demand reduction programs (38% of males and 56% of females, respectively). Table 11 shows the type of treatment in which the inmates participated. Both male and female participants most commonly undertook structured group programs, such as Getting SMART (63% and 70%, respectively).

In terms of medically-based drug treatment, 24% of males and 39% of females were prescribed opioid substitution therapy by Justice Health (a separate Health Authority) during their current prison episode (Table 12). When participation in any drug treatment (either psychology-based from OS&P, CSNSW or opioid substitution therapy (OST) from the health authority was examined it was found that 52% of the total inmate discharge sample (48% of males and 73% of females) had received some form of drug treatment during the current prison episode.

3.5.2 Harm reduction programs

Numerous health promotion strategies are delivered to NSW inmates. These range from posters and information booklets to structured group programs and peer support training. Disease prevention in relation to the transmission of HIV and hepatitis C (HCV) is the primary target area in harm reduction. In terms of reach, 50% of the sample (49% of males and 52% of females) reported exposure to at least one of these strategies during their current prison episode. This represents a declining trend relative to the rates of exposure recorded in 2007-08 (61% of males and 71% of females). Table 13 provides a breakdown of the strategies delivered to those who reported exposure to harm reduction strategies. As expected, the Health Promotion Diary was the most commonly received resource (65%). Reportedly, it is standard practice to distribute the Diary to inmates on reception to prison. Close to one-third of those exposed to harm reduction strategies had participated in the group-based Health Survival Program (34%) or peer support training (30%).

Inmates were surveyed on whether they had modified their behaviour to avoid contracting hepatitis C and HIV since coming to prison. Nearly all inmates stated that they had done so (91% and 92% respectively). There was no appreciable difference between males and females on this risk factor.

52%
received
some form
of drug
treatment
in prison

Table 11: Type of service by those who received drug treatment services during the current prison episode: 2009-10

Type of treatment	Males (n=112*; 34%) %	Females (n=27; 52%) %	Total (n=139*; 37%) %
Structured group program	63.4	70.4	64.7
One-to-one counselling	33.0	63.0	38.8
Self-help group (NA/AA/SMART Recovery)	32.1	25.9	30.9
Report preparation interviews (e.g., court, parole)	7.1	22.2	10.1
Residential therapeutic program	5.4	0.0	4.3

(Base= those who received drug treatment services delivered by Offender Services and Programs; n=139) [Set=multiple responses as % of cases - hence does not total 100%]; *1 missing case.

Table 12: Opioid substitution therapy during current prison episode by total sample: 2009-10

Treatment status	Males (n=328) %	Females (n=52) %	Total (n=380) %
Methadone – current	20.1	32.7	21.8
Methadone – discontinued during current episode	4.3	5.8	4.5
Buprenorphine – current	1.8	5.8	2.4
Buprenorphine – discontinued during current episode	1.8	0.0	1.6

(Base=total inmate discharge sample; n=380); [Set=multiple responses as % of cases - hence does not total 100%].

Table 13: Type of health promotion information received during the current prison episode by those who received information: 2009-10

Type of strategy	Males (n=161; 49.1%) %	Females (n=27; 51.9%) %	Total (n=188; 49.5%) %
Health Promotion Diary	62.7	81.5	65.4
Save a Mate (SAM) drug emergency training	13.7	11.1	13.3
Health Survival Program	33.5	37.0	34.0
Harm Reduction Peer Supporter Program	33.5	3.7	29.3

(Base=those inmates who received health promotion information; n=185); [Set=multiple responses as % of cases - hence does not total 100%].

3.5.3 Supply reduction programs

Various drug interdiction strategies are deployed to both deter and detect drug use in correctional centres. Cell searches, 'pat-down' searches (body searches), urinalysis and drug detector dogs (sniffer dogs) are the most common. Cell searches and body searches are simple, low-cost procedures used in the detection of general contraband which would include drugs and drug paraphernalia (Kevin, 2010). Urinalysis and drug detector dogs are comparatively expensive, drug-dedicated procedures. This data series examined both exposure and deterrence factors. In 2009-10, the entire sample had been exposed to at least one interdiction measure during the current prison episode (Table 14). In addition, 87% (87% of males and 89% of females) reported being exposed to a drug dedicated detection strategy (drug dogs or urinalysis). Exposure to drug detector dogs (80%) was more prevalent than urinalysis (57%). The series attempted to gauge the impact of these strategies on the use of drugs in prison (Table 15). Consistent with prior collections, urinalysis appeared to have the greatest deterrence effect with more than half (60%) of the inmate sample rating the impact as either medium or high. Around half the sample (51%) rated drug detector dogs as having either a medium or high impact.

Inmates rated urinalysis as having the greatest drug deterrence effect

Table 14: Exposure to drug screening and detection measures during current episode by total sample: 2009-10

Type of measure	Males (n=323*; 100%) %	Females (n=52; 100%) %	Total (n=375*; 100%) %
Cell searches	95.0	86.5	93.9
'Pat-down' searches (body)	95.0	86.5	93.9
Drug detector dogs	80.8	73.2	79.7
Urinalysis	54.5	69.2	56.5

(Base=total inmate discharge sample; n=380); * 5 missing cases.

Table 15: Perceived deterrence effect of drug screening and detection measures during current prison episode: 2009-10

Type of measure	Perceived deterrence								
	Males (n=321 ^{*1}) %			Females (n=50 ^{*2}) %			Total (n=371 ^{*3}) %		
	Low	Medium	High	Low	Medium	High	Low	Medium	High
Cell searches	62.9	25.9	11.2	46.0	36.0	18.0	60.6	27.2	12.1
'Pat-down' body searches	71.0	20.6	8.4	62.0	32.0	6.0	69.8	22.1	8.1
Drug detector dogs	50.8	32.7	16.5	36.0	40.0	24.0	48.8	33.7	17.5
Urinalysis	43.3	37.4	19.3	22.0	40.0	38.0	40.4	37.7	21.8

(Base=total inmate discharge sample; n=380); ^{*1}7missing cases; ^{*2}2 missing cases; ^{*3}9 missing cases.

Drug availability

To gauge the impact of drug availability in NSW prisons, this series not only surveyed inmates on actual drug use behaviour, but also on whether they had been offered any drugs in the current prison episode. Overall, 60% of the sample (60% of males and 54% of females) reported that they had been offered an illicit drug in prison in the month prior to interview.

Table 16 shows a breakdown of each drug type by the proportion of inmates who reported being offered the drug. Cannabis was the most commonly offered illicit drug (49%), followed by non-prescribed buprenorphine (27%) and non-prescribed medication (24%). In comparing this finding against actual drug use behaviour, it was found that a much lower proportion had used illicit drugs in the same period. Of the total sample, 24% (24% of males and 21% of females) reported using a drug in prison in the month prior to interview.

To further examine the level of inmate acceptance of drug availability in prison, inmates were asked if they had declined an offer of drugs during their current prison episode. Overall, 60% of inmates reported declining an offer of drugs (60% of males and 64% of females, respectively). While the availability of drugs, such as cannabis and non-prescribed medication is reportedly widespread, the acceptance of drugs by inmates does not appear to be commensurate with the level of availability. The perceived risks, including the adverse consequences associated with drug debts would, to some extent, account for this disparity between drug availability and actual drug use in prison.

Table 16: Drugs offered in prison during previous month: 2009-10

Drug type	Males n=328	Females n=52	Total n=380
	%	%	%
Tobacco	60.1	67.3	61.1
Cannabis	50.6	42.3	49.4
Non-prescribed buprenorphine	29.3	7.7	26.9
Non-prescribed medication	23.8	25.0	23.9
Heroin	18.6	5.8	16.8
Pills ¹	13.1	15.4	13.4
Amphetamine	17.2	7.1	15.9
- Crystal methamphetamine /Ice	7.3	1.9	6.6
Non-prescribed methadone	8.8	3.8	8.2
Cocaine	3.0	1.9	2.9
Alcohol	2.7	1.9	2.6
Ecstasy	0.6	0.0	0.5
Steroids	0.6	0.0	0.5
Hallucinogens	0.6	0.0	0.5
Solvents	0.0	0.0	0.0

(Base=total inmate discharge sample; n=380) [Set=mult. responses as a % of cases]

¹pills=benzodiazepines/sedatives.

3.6 Inmate Adaptation to Prison Life and Prison Subculture

The data collection series has examined various psycho-social aspects of imprisonment as experienced by inmates and also examined prison drug use within this context. This information, while of importance is supplementary to the main purpose of the series. Psycho-social factors are included in the current report to provide updated findings on prison life as defined by inmates and also to examine any changes over time that may be of interest to management and service providers.

As prison drug use occurs within this social context, the responses of prison drug users (in the current prison episode) were compared with those of non-drug users to provide greater understanding of the drug using population.

Examining social factors entailed a mix of qualitative and quantitative measures. The quantitative measures comprised two standardised scales and closed response questions on the occurrence of selected incidents, such as frequency of assault by another inmate. Qualitative measures comprised open-ended questions that were later content analysed by the researchers. It is of note that there was general concordance between qualitative and quantitative findings on the social conventions among inmates.

3.6.1 Hardships experienced, coping strategies, social conventions and drug use

Hardship and coping strategies

Inmates were asked to identify the four most salient hardships associated with life in prison. Separation from family (52%) was the most commonly cited hardship associated with imprisonment (both prison drug users and non-users). Deprivation of liberty (43%), loss of control/following prison orders (22%), prison food (17%) and other inmates (17%) were the next most commonly cited factors causing hardship. While the primary themes around hardship have remained reasonably constant over the series, boredom featured more prominently in past collections. In 2009-10, just 6% of inmates identified boredom as a hardship of prison life as compared with 15% in 2003-04.

The most common strategies put forward by inmates for coping with life in prison were: physical training (45%); employment (45%); reading (27%); watching TV/listening to radio (26%) and playing cards (18%). Community contact (letters, telephone calls and visits) was put forward by 12% of inmates. Consistent with prior collections, those who did not use drugs in prison in their current prison episode more commonly cited employment as a coping strategy than those who used drugs (51% versus 36% respectively). While the principal coping strategies have remained relatively constant over the survey series, 'sleeping' featured more prominently in prior collections. In 2009-10, just 7% of inmates identified 'sleeping' as a coping strategy as compared with 34% of inmates in 2003-04. Even though separation from family was the most commonly identified hardship of prison life, maintaining community contact was not a commonly cited coping strategy.

Inmate social conventions

Inmate determined social conventions can be seen, to some extent, to shape the prison environment. Inmates were asked to identify four main rules that determined the inmate code of behaviour. The response-set for this question was open-ended and responses were widely spread. Most of the sample (69%) was able to identify at least three rules. The most common rule clusters put forward by inmates are shown in Table 17. Findings were consistent with those reported earlier in the decade (2001-02) suggesting that isolationism is the central mechanism of the inmate social code (i.e., maintaining independence, need for caution in interpersonal relationships, respecting other inmates and avoiding conflict). Overall, prison drug users and non-drug users showed a similar pattern of responding, with prison drug users more commonly identifying 'not stealing from other inmates' and 'not informing on other inmates'. This finding is suggestive of prison drug users being more 'prisonised' than non-drug users.

**Isolationism
- the central
marker of
inmate
social
conventions**

To determine the extent to which inmates adopted these rules in their day to day experience of the prison environment, a five-point rating scale was administered. In 2009-10, most inmates (92%) stated that they adopted these rules frequently during their current sentence term.

Table 17: Inmate social code: most frequently cited rules: 2009-10

Code	Prison drug user* (n=135) %	Non-user* ¹ (n=233) %	Total (n=368) %
Maintain independence/do your own thing/do your own time	44.4	44.2	44.3
Show respect for other inmates/ 'don't speak out of school'	25.9	24.9	25.3
Don't steal from other inmates	30.4	21.0	24.5
Keep your mouth shut/stay quiet	25.9	20.2	22.3
Don't get involved in the gaol politics/conflicts	20.7	20.6	20.6
Don't use drugs	13.3	15.0	14.4
Be wary/careful/don't trust	10.7	5.9	9.0
Don't inform on other inmates	15.6	4.7	8.7

(Base=total inmate discharge sample; n=380); *Any inmate who used an illicit drug (incl. alcohol and medication not prescribed for self) in the current prison episode (4 missing cases); *¹ Non-drug users (8 missing cases).

Social conventions around drug use in prison

In an attempt to illuminate the contextual aspects of prison-based drug use, the general social code question was extended to in-prison drug use (**Table 18**). A further objective was to provide information on the evolving conventions of prison-based drug use and also to monitor trends on the extent of inmate awareness of harm reduction messages. Accordingly, inmates were asked to identify the four main rules, among inmates, around drug use behaviour in prison. Most inmates (89%) provided a response to this question and 67% were able to identify at least two rules. The primary theme arising from the responses was the need to avoid drug debts in prison (41%). Drug debt avoidance has emerged as the key theme in the drug use conventions among inmates throughout this data collection series. Presumably this is due to the practice of retribution for non-payment within the prison drug market. Not to engage in needle sharing behaviour was also commonly identified (33%). Even though non-drug users most commonly identified 'don't use drugs' as a rule (42%), the responses of prison drug users and non drug users were similar. In 2009-10, enrolling in the methadone program was identified as a rule by 9% of the inmates who responded to this question. In prior collections, the mitigating role of methadone in prison-based drug use did not feature largely. The remaining themes identified in 2009-10 correspond with those recorded in past collections. Across collections, the continuing overriding view that has emerged among inmates is that prison-based drug use is a covert activity that is high risk and potentially harmful (Kevin, 2010).

Drug debt avoidance - the key rule in the inmate drug code

Table 18: Inmate drug code: most frequently cited rules: 2009-10

Rule	Prison drug user* (n=138) %	Non-user* ¹ (n=199) %	Total* (n=337) %
Don't obtain drugs on credit/pay debts	46.3	37.7	41.2
Don't use drugs	26.1	41.7	35.3
Don't share needles	32.6	33.7	33.2
Keep drug use to yourself (discretion)	10.1	10.0	10.1
Use clean syringes/needles	12.3	7.5	9.5
Don't associate with the drug scene	7.2	10.6	9.2
Go on the methadone program	10.1	8.5	9.2

(Base=total inmate discharge sample; n=380); *Any inmate who used an illicit drug (incl. alcohol and medication not prescribed for self) in the current prison episode (1 missing case); *¹ Non-drug users (42 missing cases).

3.6.2 Prisonisation and adaptation to the organised culture

Prisonisation

Prisonisation has been broadly defined as adaptation to anti-institution and pro-criminal values and broader beliefs on the social structure of prison (Grapendaal, 1990). This process is seen to be at odds with rehabilitation efforts and potentially undermines the success of programs. A scale on prisonisation was introduced in the second collection in the series (Kevin, 2003). The scale comprised 16 items designed to measure the level of prisonisation or prison sub-culture (Grapendaal, 1990). The purpose of incorporating such a measure into this series was to determine whether prisonisation was widespread in the NSW prison population and also to examine whether there were differences between prison drug users and non-drug users on levels of prisonisation. The scale measured three dimensions of prisonisation – opposition, exploitation and isolation.

Table 19 shows the level of agreement by inmates to statements within the three dimensions. For the purposes of analysis, responses to the original five point Likert scale were collapsed into three categories (Agree, Unsure and Disagree). This aggregation was undertaken as the strong endorsement/non-endorsement options (strongly agree and strongly disagree) resulted in negligible numbers. The most highly endorsed items were Item 13 and Item 10 – these emphasised independence or isolation - ‘you have to do your own time’ (96% of both prison drug users and non-users) and distrust - ‘think twice before you tell personal things to another inmate because it can be used against you’ (96% of prison drug users versus 89% of non-users). The majority of inmates also endorsed Item 9 (81% of prison drug users versus 73% of non-users) and Item 7 (66% of prison drug users versus 62% of non-users) which reflected exploitation within the inmate subculture.

Consistent with findings from earlier years in this series (2001 and 2003), a large majority of inmates endorsed statements that emphasised the inmate driven subculture and the associated isolationism and exploitation. It is of note that these attitudes shown in the scale have concordance with the open-ended measure on the inmate social code of behaviour as defined by inmates (**Table 17**). When compared with isolationism and exploitation, inmate opinions on anti-authority statements or items that emphasised opposition to the institution were not as skewed with responses being more evenly spread. The exception to this pattern was Item 12 which measured the practice of ‘only speaking with officers if something was needed from them’, which was highly endorsed (90% of prison drug users and 83% of non drug users). More than two-thirds endorsed Item 15, which measured the practice of telling staff what they wanted to hear rather than telling them the truth (76% of prison drug users and 62% of non-users). Some anti-authority sentiments (items 2, 3 and 11) were endorsed by a smaller majority. The scale enabled a composite score to be calculated on the three dimensions. Those who used drugs in their current prison episode appeared to be significantly more ‘prisonised’ than

Findings suggested that prison drug users were more prisonised

those who did not use drugs. Prison drug users showed significantly higher scores on the opposition dimension or endorsement of anti-institution statements when compared with non-users ($t=2.2$, $df=373$, $p<.05$). Gender differences were observed with females showing significantly lower rates of endorsement for oppositional or anti-institution statements ($t=6.5$, $df=373$, $p<.01$) and statements emphasising independence and isolation ($t=2.89$, $df=373$, $p<.01$) than males. However, females showed, near significant, higher rates of endorsement for statements emphasising inmate exploitation when compared with male inmates.

Staff adaptation

Related to the process of prisonisation is the rejection of staff. Inmate opinions of staff were measured using a standardised scale of ten semantic differential item pairs (Winfrey et al., 1994). The scale included personal qualities and aspects of job performance. A total score of staff acceptance was calculated and reported as a median score with higher scores denoting more negative opinions. The scale was applied to three categories of staff – correctional officers, case managers and services and programs staff (**Table 20**). More than half of the sample (55%) stated that they were unable to provide feedback on professional staff due to no or minimal contact. Further, of those with sentences of more than three months, 63% reported no or minimal contact with case managers. Corresponding with prior data collections, services and programs staff received the highest endorsement from inmates, which is not surprising given that their role is one of assistance. More than three-quarters of inmates who had had some contact with services and programs staff positively ranked the staff across all attributes. Correctional officers received least endorsement which is to be expected given their role is primarily one of policing. The majority of inmates negatively ranked officers across all attributes. Although more than one-third of inmates ranked officers as good (44%), fair (43%), honest (42%), competent (42%) and helpful (40%). It is worth noting that case managers (correctional officers with a welfare role) were ranked more positively than general scale correctional officers across all attributes. Median scores on staff acceptance are shown for the three staff categories in **Table 20**. The median score for correctional officers was appreciably higher than the median scores for case managers and services and programs staff indicating a more negative rating overall.

Table 19: Prisonisation and adaptation: 2009-10
 (Base=total inmate discharge sample; n=380 – 5 missing cases)

Scale item	Agree		Neither		Disagree	
	Prison drug user %	Non-user %	Prison drug user %	Non-user %	Prison drug user %	Non-user %
1. Most rules here make sense	41.0	56.8	4.3	6.8	54.7	36.4
2. All the organised activities in here are only meant to keep you quiet	56.1	63.1	5.0	5.9	38.8	30.9
3. When prison officers are friendly there is more to it than that	69.1	63.6	5.0	11.0	25.9	25.4
4. The officers are only doing their jobs, they are not trying to make your life harder than it already is	41.0	51.3	10.1	7.6	48.9	41.1
5. Most prison officers will do anything to help you	23.7	27.5	2.9	6.4	73.4	66.1
6. I have the feeling that I spend my time in here in a useful way	50.4	58.9	7.9	11.4	41.7	29.7
7. Among inmates, there are bosses and servants	66.2	62.3	4.3	11.4	29.5	26.3
8. It hardly ever happens in here that inmates use other inmates to finish off a job	47.5	43.6	5.8	14.4	46.8	41.9
9. Inmates are often put under pressure by other inmates to do something for them	81.3	72.5	2.9	7.6	15.8	19.9
10. You have to think twice before you tell personal things to another inmate, because it can be used against you	95.7	89.0	0.0	3.8	4.3	7.2
11. The prison officers have nothing to do with what happens among inmates	59.0	66.1	3.6	8.5	37.4	25.4
12. I only talk with prison officers if I need them from something	89.9	83.1	0.7	3.0	9.4	14.0
13. It does not matter if you have a good relationship with other inmates or not, you have to do your own time	96.4	96.2	0.0	0.8	3.6	3.0
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	74.8	76.2	6.5	8.1	18.7	15.7
15. It's better to tell the staff what they want to hear than to tell them the truth	75.5	62.3	9.4	7.6	15.1	30.1
16. It's necessary to crawl if you want things	27.3	30.1	5.8	3.8	66.9	66.1

Table 20: Inmate ratings of staff: 2009-10
(Base=total inmate discharge sample; n=380)

	Good %	Bad %	Deep %	Shallow %	Active %	Inactive %	Sensitive %	Insensitive %	Interested %	Uninterested %	Not Judgmental %	Judgmental %
Correctional officers¹	44.0	56.0	20.1	79.9	30.0	70.0	22.8	77.2	23.6	76.4	23.1	76.9
Case managers²	84.6	15.4	49.6	50.4	61.0	39.0	57.7	42.3	62.6	37.4	77.2	22.8
Services and programs staff³	88.9	11.1	80.7	19.3	86.0	14.0	84.5	15.5	85.0	15.0	82.1	17.9

	Helpful %	Unhelpful %	Honest %	Dishonest %	Fair %	Unfair %	Competent %	Incompetent %	MEDIAN SCORE* Prison drug user	MEDIAN SCORE* Non drug user	MEDIAN SCORE* Total sample	SCORE RANGE Total sample
Correctional officers¹	39.9	60.1	42.4	57.6	43.2	56.8	41.8	58.2	82	66	74	10-90
Case managers²	81.3	18.7	80.5	19.5	82.1	17.9	78.0	22.0	18	18	18	10-90
Services and programs staff³	86.5	13.5	87.4	12.6	88.9	11.1	89.9	10.1	10	10	10	10-90

¹ Correctional officers (n=7 missing cases);

² Case managers are correctional officers with a welfare role (n=257 missing cases, most reportedly due to no/minimal contact);

³ Non-custodial stream of staff, such as drug counsellors, psychologists, welfare workers, education officers (n=207 missing cases reportedly due to no/minimal contact);

* Higher scores represent more negative opinions.

Inmates who used drugs in their current prison episode were significantly more likely to reject correctional officers when compared with non-users (respective medians = 82 versus 66 - Independent Samples Median Test= p <.05). This pattern was not evident in relation to case managers or services and programs staff. Males were significantly more likely to reject correctional officers when compared with females (respective medians = 74 versus 42 - Independent Samples Median Test= p <.01).

3.6.3 Tension and violence in the prison environment

Perceptions and experience around violence within the prison environment was a supplementary topic of investigation within the series that has not been routinely reported. In 2009-10, these factors were examined once again to provide current indicators of the level of tension in the prison environment and also to identify any trends over the previous decade. **Tables 21 and 22** present frequency rates of perceived threat and exposure to prison violence. Consistent with prior collections, a large majority of inmates reported never feeling threatened or unsafe around staff (85%) or inmates (75%). Just over one in ten inmates (12%) reported feeling threatened or unsafe around other inmates at least monthly.

The majority of inmates, (53%) reported witnessing three or more physical fights during their current prison episode (**Table 22**). Close to one-third (29%) reported being threatened by other inmates or being involved in physical fights (32%) on at least one occasion during their current prison episode. Close to one-quarter (22%) reported that they had been assaulted by other inmates and a small minority (8%) reported being assaulted by officers during their current prison episode. Those who used drugs in prison were significantly more likely to:

- (i) witness fights ($\chi^2 = 10.34$, $df=1$, $p < .01$);
- (ii) receive verbal threats ($\chi^2 = 5.49$, $df=1$, $p < .05$);
- (iii) be involved in prison fights ($\chi^2 = 6.03$, $df=1$, $p < .05$); and
- (iv) be assaulted by other inmates ($\chi^2 = 4.30$, $df=1$, $p < .05$).

These findings serve to reinforce the association between prison drug use and conflict as inferred by inmates when asked to identify the conventions around drug use in prison (**Table 18**).

Table 21: Frequency of feeling threatened or unsafe in the presence of other inmates and staff: 2009-10

	Inmates* %	Staff* ¹ %
Never	74.5	84.9
Less than monthly	13.8	9.0
Weekly - Monthly	4.0	3.7
More than weekly	7.7	2.4
Total	100.0	100.0

(Base=total discharge sample; n=380) *3 missing cases,*¹ 2 missing cases

Prison drug users were more involved in prison violence

Table 22: Inmate experience of physical and verbal violence in prison: 2009-10

	Occasions as percentages				Total
	Never	One	Two	Three or more	
Witnessed physical fight	25.3	8.7	13.4	52.6	100.0
Verbally threatened by inmate	70.5	9.5	11.6	8.4	100.0
Involved in physical fight	68.2	16.3	7.6	7.9	100.0
Physically assaulted by inmate	78.4	15.0	3.9	2.6	100.0
Physically assaulted by officer	92.4	4.2	1.3	2.1	100.0

(Base=total inmate discharge sample; n=380)

3.6.4 Trends in inmate perceptions of the prison environment: acceptance of staff and prison tension

Figure 10 shows inmate ratings on three categories of staff over the decade. A constant pattern was observed over time with the level of acceptance being highest for services and programs staff, followed by case managers. These findings provide a marker of the success of the case management approach (assigning a welfare role to selected correctional officers). When compared with previous years, there appeared to be increased rejection of correctional officers in 2009-10 as denoted by a higher median score.

Figure 11 presents prevalence trends in prison tension as measured by inmates' reports of feeling threatened or unsafe around other inmates and having witnessed physical fights in their current prison episode. Allowing for some year to year fluctuation, there appeared to be a reduction in prison tension over the decade. In 2009-10, 25% of inmates reported that they felt unsafe in their current prison episode, declining from 42% in 2003-04. Between 2003-04 and 2009-10, the rate of exposure to fights declined slightly (from 83% to 75%).

Officers with a case management role were well regarded by inmates

Figure 10: Decade trends in acceptance of staff by inmates: 2002-2010

Note: Higher scores represent more negative ratings by inmates

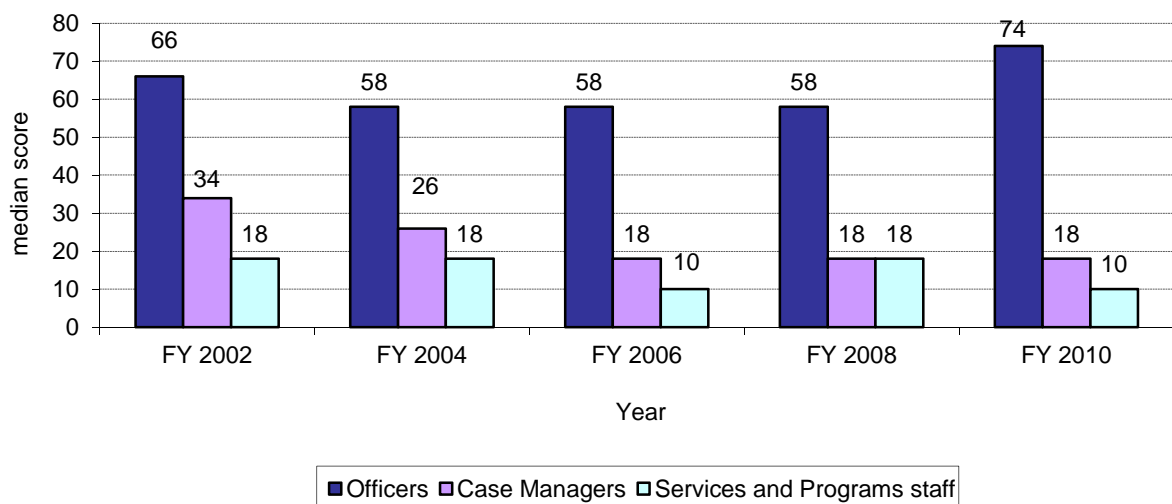
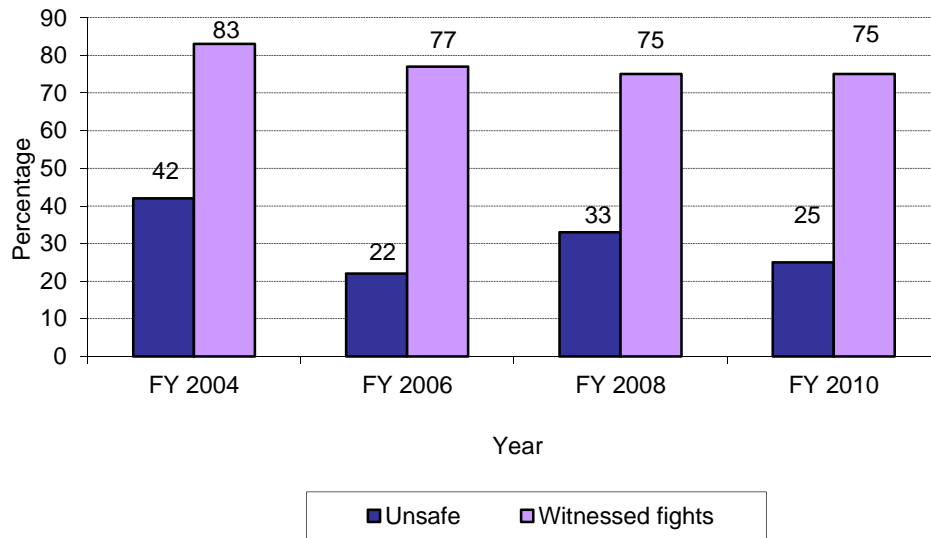


Figure 11: Decade trends on perceptions of safety and exposure to violence in the current prison episode: 2004 -2010 (occurrence of feeling unsafe around other inmates and witnessing fights)



Base=total inmate discharge sample for each respective year

3.6.5 Pre-release issues

As the inmates in this survey series were shortly due for release, it provided an opportunity to include a measure of *Throughcare* or pre-release preparation. This was not the main purpose of the survey and is therefore a broad summary measure. As Table 23 shows, the most commonly identified pre-release concerns by inmates were accommodation (30%), drug relapse (18%) and employment (17%). Of those who responded, 27% stated that they had no concerns about their upcoming release into the community. Prison drug users in comparison to non-drug users, more commonly cited drug relapse (24% versus 15%), employment (23% versus 14%) and access to support services (12% versus 5%). Non-drug users more commonly cited that they had no concerns than prison drug users (33% versus 18%). At the time of interview, around one in three inmates (34%) reported that a prison staff member had assisted them with plans for release during the current prison episode.

Table 23: Pre-release concerns: most commonly cited concerns: 2009-10

Issues	Prison drug user* (n=138) %	Non-drug user* ¹ (n=235) %	Total (n=373) %
Accommodation	31.9	28.9	30.0
No concerns	18.1	32.8	27.3
Drug relapse/need for referral	23.9	14.9	18.2
Employment	22.5	13.6	16.9
Access to support services	12.3	5.1	7.8
Money	3.6	9.4	7.2

(Base=total inmate discharge sample; n=380); *Any inmate who used an illicit drug (incl. alcohol and medication not prescribed for self) in the current prison episode (1 missing case);*¹ Non-drug users (6 missing cases).

4. Discussion and Conclusions

The current research report presents drug statistics and exploratory research findings from the DUIP 6th Biennial Data Collection which was conducted on a sample of the NSW prison population. The Biennial Data Collection series commenced with a sample drawn in 1998. The current survey was administered to inmates about to be released to the community in the latter half of 2009-10. The sampling framework was based on the stratification of the discharge population by geographical region and security classification. A proportionate to population random sampling frame was used to ensure a representative sample was derived. The current findings detail the extent of drug and alcohol related problems among inmates and provide an updated empirical basis for future drug prevention, treatment and operational strategies for use by CSNSW.

Methodological limitations

Self-reporting bias is inherent to all survey data. Given that drug use is illicit behaviour and the target population was imprisoned at the time of interview, underreporting of illicit behaviours would be expected. Yet this series continues to yield comparatively high rates of self-reported drug use in prison. This high rate of reporting is a response to methods adopted specifically for this survey in order to reduce bias. These methods include recruiting inmates towards the end of their sentence, canvassing their views on a broad range of topics and careful interviewer selection. The biennial data series has involved repeated measurements using methodology operationalised in the same way which enables analysis of trends over time. In terms of the core drug indicator variables the trend data have been relatively uniform. The prevalence rates of self-reported drug use have not been widely varied over the decade. Therefore, it could be argued that any differences that have been observed are more likely to be true differences. However, the analysis of sub-samples from within the overall female sample has involved modest numbers and the associated estimates need to be interpreted with some caution. Even though the series has replicated the methodology with each administration the methodology cannot control for any changes in the prevailing social organisation in prison which may have affected inmates' willingness to respond honestly. However, the refusal rate has remained very low over the decade at less than five percent, which confirms the widespread acceptance of the methodology adopted.

Although coverage of prison social dynamics and adaptation was secondary to the main purpose of the research, this survey has produced many direct findings in this often neglected area. The method was predominantly qualitative and designed to shed some light on the social context of drug use in prison. As the response structures were open-ended and actual responses showed substantial variance the findings presented are very much a broad aggregation of themes. Prison subculture is more complex than these summary findings would suggest and dedicated research would be warranted.

Extent and trends

In 2009-10 close to three-quarters of the sample reported that their current offences were drug and/or alcohol related. While this overall rate was fairly uniform with that recorded in 2007-08, there was an upward trend in drug and/or alcohol related offending among females denoted by a rise of ten per cent within the female sample relative to 2007-08. In the main, this increase appeared to be accounted for by a rise in alcohol-related offending.

Both Indigenous males and females reported significantly higher rates of drug-related offending than their non-Indigenous counterparts.

The nature of the drug-crime link was most commonly attributed to intoxication with alcohol the single drug most commonly linked to the principal offence. Relative to 2007-08, there was a declining trend in attributing acquisitive intent (property crimes) to finance drugs to the principal offence. In 2009-10, there was also a decline in the rate of reported amphetamine-related offending when compared with 2007-08. In line with prior years, polydrug and polycrime patterns continued to be commonly reported by inmates.

Upward trend in alcohol-related offending among women

The declining trend in heroin-related offending continued

Decade trends in drug and/or alcohol related offending showed an overall declining trend among male inmates with more year to year fluctuations being shown by female inmates. There was a sharp decline in the rate of drug-related offending in 2003-04 which coincided with a heroin shortage in the illicit drug market in NSW. The illicit heroin market has not recovered to levels reported earlier in the decade. Similarly, there has been a continuing declining trend in reported heroin-related offending among inmates.

In 2009-10 the extent of drug-related offending among females had returned to the level recorded in 2001-02. As mentioned above the 2009-10 rate coincided with an increase in the Indigenous female discharge population - which in turn showed a disproportionately higher rate of reported drug-related offending than the female non-Indigenous population.

While the NSW prison population continued to show a disproportionately higher rate of illicit drug use than the general population, the overall rate of pre-prison illicit drug use among inmates showed a declining trend over the decade. This was matched by a declining trend in illicit injecting drug use both prior to and during imprisonment. Similarly in-prison drug use showed a steadily declining trend. The exception to this general trend was a rise in the rate of non-prescribed buprenorphine use in prison in 2009-10.

From a health perspective, the continued widespread use of tobacco among inmates is a major concern. Just over one in ten adults in the general community smoke tobacco showing a declining trend over time (AIHW, 2011). This declining trend is not seen in the NSW prison population with close to nine in ten inmates reportedly smoking tobacco. At the time of preparing this report a regional correctional centre in NSW was trialling an indoor non-smoking policy with the prison population.

The long term declining trend in illicit drug use among inmates in NSW is consistent with trend data reported from other data collections on the broader illicit drug using community (DUMA, 2011; DPMP, 2011). It is of note that in 2009-10 there were some drug class exceptions to the declining trend in pre-prison drug use. Relative to comparable rates recorded in 2007-08, there were modest rises in pre-prison cocaine use among male inmates and pre-prison amphetamine use among female inmates in 2009-10.

The experience of drug withdrawal syndrome is a key indicator of the extent of recent drug morbidity. Among male inmates in this research sample, there has been a declining trend in the experience of drug withdrawal symptoms on reception to prison over the decade. Whereas among female inmates there has been no clear trend in the experience of withdrawal symptoms on reception, with the lowest rate recorded in 2009-10.

This research series identified drug use in NSW prisons as a continuum of behaviour rather than a consequence of imprisonment. Importantly the occurrence and frequency of drug use has been found to drop sharply with imprisonment. Consistent with prior years, two weeks was the median time which elapsed before the first occasion of drug use in prison occurred for prison drug users. Accordingly, a fortnight appears to be a reliable indicator of the time that elapses before drug use takes place after reception to NSW prisons.

The agency's increasing mandate to reduce the risk of reoffending and correctional policies that require inmates to demonstrate that they have addressed their offending behaviour while in custody may well have contributed to the declining rate of in-prison drug use in the NSW prison population.

Agency responses

According to the strategic framework adopted by CSNSW, addressing drug problems is underpinned by the National Drug Strategy and the *What Works* literature on reducing offending. The broad indicators in this data series provide a measure of the reach, balance and impact of drug demand reduction, harm reduction and supply reduction programs implemented by CSNSW. As with previous years more than three-quarters of both male and female inmates reported a drug problem history and nearly all of those with drug problems had participated in drug treatment in the past. This finding is suggestive of the intractable and relapsing nature of drug-related problems within the prison population.

In 2009-10, one in three males and one in two females received drug treatment services provided by CSNSW in their current prison episode which represented a decline in participation rates relative to 2007-08. Structured group programs were the most common form of treatment received. This pattern is in line with recent offender program policy which plans to transition from one-to-one counselling to group-based programs as the dominant mode of delivery.

The declining trend in the rate of participation by inmates in drug treatment is not necessarily reflective of a decrease in service provision over time. This may have more to do with systematic targeting by providers as opposed to self-selection for treatment by inmates. According to more recent agency policy a pre-requisite for treatment is a medium or higher reoffending risk level as determined by standardised assessment using the LSI-R. The declining trend in drug treatment participation in NSW prisons must also be interpreted against a backdrop of declining rates in reported drug withdrawal on reception to prison and drug use in general among inmates.

Confirming the finding of prior collections, imprisonment continued to provide a critically important opportunity for treatment for more than one in ten of those with drug problems - as their only experience of non-medical drug treatment had been that in a prison setting.

The current findings show a declining trend in the extent of exposure to health promotion or harm reduction programs among inmates relative to 2007-08 and previous years. Harm reduction is one of the three pillars of the national harm minimisation policy which underpins the National Drug Strategy. These findings indicate that the allocation of resources to this program area could be reviewed and strengthened.

Even though prisons are for the most part closed and highly monitored environments, prison administrators generally acknowledge that drugs are smuggled into and diverted within prison settings. In response to this, substantial resources have been allocated to drug interdiction measures over many years. In 2009-10, more than three-quarters of inmates reported experiencing a drug dedicated detection strategy (either sniffer dogs or urinalysis testing). The rates of exposure to both sniffer dogs and urinalysis had increased between 2007-08 and 2009-10. Consistent with prior years, urinalysis was rated as having the greatest drug deterrence effect for inmates when compared with other screening and detection measures.

Inmate social dynamics and drug use

This data collection series has examined the impact of imprisonment, social dynamics among inmates and prison drug use within this context. This report provides some updated insights into this rich and complex area of penological research.

On examining social conventions that exist within the inmate subculture, the findings were consistent with those reported earlier in the decade. Isolationism was indicated as the central mechanism of the inmate social code (i.e., maintaining independence, need for caution in interpersonal relationships and respecting other inmates in order to avoid conflict). Isolationism in this sense is not necessarily about withdrawing from other inmates but rather limiting involvement with other inmates so as to avoid incurring obligations as well as limiting contact with staff.

In terms of drug use in prison, drug debt avoidance has emerged as a key theme in the drug use conventions of inmates throughout this data collection series. Presumably this is due to the practice of retribution for non-payment within the prison drug market. More importantly, awareness of the risks associated with sharing drug injecting equipment has featured more prominently over time. The continuing overriding view that has emerged among inmates is that prison-based drug use is a covert activity that is high risk - from a health perspective, and potentially dangerous - from a criminal retribution perspective.

On the prisonisation measure, the great majority of inmates endorsed statements that emphasised the inmate driven subculture and the associated isolationism and exploitation, which supports prior findings in this series. Prison drug users were more likely to endorse opposition and anti-institution sentiments when compared with non-users. It is noteworthy that while female inmates were less likely to endorse oppositional

Prison provides a critical juncture for drug treatment

or anti-institution sentiments than male inmates they were more likely to endorse sentiments that emphasised an atmosphere of inmate exploitation.

The qualitative findings on inmate social conventions concord with those from the standardised measure on prisonisation and the social themes identified in prior years. This provides support for their reliability and relevance. These insights into inmate social patterns have direct potential application in staff training. Understanding these aspects of inmate behaviour will serve to assist staff to contextualise and deal with inmate behaviour.

On staff acceptance measures, services and programs staff received highest endorsement from inmates which is not surprising given that their role is one of assistance to inmates. Prison drug users were significantly more likely to reject correctional officers when compared with non-users which is to be expected given their policing role. This pattern of rejection was not evident in relation to case managers. These findings provide a marker of success for case management (assigning a welfare role to selected correctional officers). Reaching marginalised and resistant populations is a challenge. Findings from this data collection series serve to highlight the importance of support staff when it comes to the management of inmates who use drugs in prison and highly prisonised inmates per se.

Gauging the level of tension in the prison environment was a supplementary line of investigation in this research series. Allowing for some year to year fluctuations, findings were suggestive of a reduction in tension in NSW prisons over the decade. Findings also served to reinforce the association between prison drug use and the threat of violence. Those inmates who used drugs in prison were significantly more likely to report being exposed to and to experience actual violence.

Concluding remarks

This report has documented some encouraging findings on the NSW prison population with numerous drug problem indicators showing either declining or stable trends over the past decade. Nevertheless drug use remains widely prevalent among NSW inmates and is a proven risk factor in reoffending. Therefore this should remain a priority area for CSNSW. The perceptions of inmates were directly addressed which has provided some useful insights into prison subculture and the social dynamics of prison drug use. This study has a number of policy implications. The current findings illuminate the relationship between in-prison drug use, the informal inmate economy and prison tension. The findings point to the importance of diminishing the adverse prisonised and criminogenic effects of high-risk drug taking activities (Winfree and colleagues, 1994). The findings also underscore the need for correctional management to increase its reach and impact with highly resistant and marginal populations - typically in-prison drug users. Suitability for drug treatment programs might take into account the type and nature of drug use in prison on the basis of harm and risk within the prison community as well as any judgement of reoffending risk. By setting a positive social agenda and moulding the environment through therapeutic principles, there is the potential to improve social dynamics and safety within the prison community and inmates' post-release prospects.

**Prison drug
use be
factored
into
treatment
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5. Endnotes

1. LSI-R (Level of Service Risk Inventory) – this instrument is designed to aid correctional professionals in making decisions regarding the level of service required for an offender. The purpose being to identify dynamic areas of risk/need that must be addressed in order to reduce the likelihood of future criminal activity.
2. The most serious offence (MSO) or principal offence is the offence with the longest sentence.
3. Prison subculture – some continuity in the values, norms, attitudes and expectations of the inmate community.
4. Prisonisation – a culture featuring an anti-authority, pro-criminal values and behaviour code 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.)

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7. Annexe

1. Binomial test for sample size determination

Based on a specified accuracy level of 5%, the sample size was derived through applying the following formula:

$\pi = 0.60$ represents a conservative estimated proportion of inmates received into correctional centres with drug-related offences

$$\eta = (1.96/\delta)^2 \eta (1-\eta)$$

$$\eta = (1.96/0.05)^2 \cdot 0.60(1 - 0.60)$$

$$\eta = 368$$

2. Discharge population frame [males]

Population frame: 01/02/10 to 31/04/10 discharges - stratification by region and security classification for the two-month time period prior to fieldwork.

	Non-metropolitan region				Metropolitan region			
	Population	%	Achieved Sample	%	Population	%	Achieved Sample	%
Minimum	415	51.5	113	51.1	212	52.0	56	52.3
Medium	281	34.9	79	35.7	98	24.0	26	24.3
Maximum	110	13.6	29	13.1	98	24.0	25	23.4
TOTAL	806	100.0	221	100.0	408	100.0	107	100.0

Noteworthy is that the population frame included those inmates due for parole with an earliest date of release within the research time-frame who may have subsequently had their parole refused by the State Parole Authority.

3. Achieved sample capture rate

The sampling frame excluded remandees, appellants and those with sentences of less than one month.

Males: Captured 27.2% (n=328) of actual discharges to freedom (n=1,205) in the study's time period.

Females: Captured 40.0% (n=52) of actual discharges to freedom (n=130) in the study's time period.

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