

Corrections Alcohol and Drug Strategy 2015

Overview

Corrections Victoria

1 Treasury Place, Melbourne
October 2015

Printed by Prominent Press, Shepparton

ISBN 978-0-9944236-3-4 (print)
ISBN 978-0-9944236-4-1 (online)



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Also published on www.corrections.vic.gov.au

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1 Foreword



The *Corrections Alcohol and Drug Strategy 2015* will guide the way in which alcohol and drug use among prisoners and offenders will be tackled over the next decade. The Strategy represents, for the first time in Victoria, an integrated approach to dealing with alcohol and

drug use across both adult custodial and community corrections environments.

The new Strategy builds on both the 2002 *Victorian Prison Drug Strategy*, which prioritised the safety and security of the system and introduced the harm minimisation approach, and the 2008 *Community Correctional Services Alcohol and Drug Strategy*, which has guided our community-based response.

Responding to drug and alcohol use in the corrections system requires us to focus on the health, well being and safety of staff and offenders as well as meeting the long-term interests of the community by decisively confronting inappropriate and illegal behaviours.

The new Strategy has arisen from a thorough review of practice in Victoria and other jurisdictions, enabling our prison-focused policies to be well aligned with our community-based approaches.

We have reviewed our overall approach to dealing with drug and alcohol-related issues in response to changes in drug using patterns in the community and among the prison population. For example, ice use has overtaken heroin use as the most commonly used drug among male prisoners prior to entry to prison.

We know that by reducing drug use among offenders whom we are responsible for supervising, we have the opportunity to impact on their reoffending rates. This will in turn contribute significantly to community safety.

We are confident that our drug detection, intervention and treatment programs are based on the most up-to-date evidence of what actually works. We will continue to evaluate the effectiveness of what we do to ensure we are investing in the best strategies to address alcohol and drug use.

This *Overview* provides the high-level blueprint to guide Corrections Victoria and Justice Health in addressing the range of issues described. It also provides a structure that will enable us to deal with emerging issues as they arise. The complementary *Strategic Action Plan* and *Evaluation Framework* will further tighten the focus of the Strategy as a whole.

In particular, the *Overview* is intended to strengthen our commitment to innovation and responsiveness. A rigorous governance model has been introduced, which will focus on monitoring the implementation and effectiveness of our policies. This will help to ensure that the best available approaches, technologies and ideas are being applied. In this way, we will continue to address those issues that have the potential to impact on the safety and good order of the prison system, while at the same time promoting best practice in managing offenders in the community.

While this Strategy lays out the broad direction, our aims will only be achieved through strong partnerships with our service providers. The critical importance of these relationships is reflected in the current document.

The overall goal of the *Corrections Alcohol and Drug Strategy 2015* is to reduce the harm caused by drug and alcohol abuse on the part of prisoners and offenders. This will contribute to the fundamental purpose of the corrections system: helping to make the community a safer place through positive interventions in the lives of the prisoners and offenders whom we are responsible for supervising.

A handwritten signature in black ink, reading 'Jan Shuard'.

Jan Shuard PSM
Commissioner
Corrections Victoria

2 Purpose

The purpose of the *Corrections Alcohol and Drug Strategy 2015 – Overview* is to provide a high-level blueprint for how the corrections system will reduce drug and alcohol-related offending, as well as the harm caused by drugs and alcohol to corrections staff, prisoners and offenders, their families and the community. It complements the *Strategic Action Plan* that describes the key initiatives and actions arising from the strategy, and *Evaluation Framework* that outlines the broad approach to monitoring and evaluation of the strategy.

3 Introduction

Substance abuse is a significant driver of serious crime. In 2013–14, of all the court proceedings that resulted in a prison sentence, the most serious offence in just over 11 per cent of the cases involved the possession/use, or the cultivation/manufacture/trafficking, of illicit drugs. Looking only at the higher courts, which deal with more serious offending, over 21 per cent of all proceedings in the same year involved these same drug-related categories (as the most serious listed offence).

In addition to drug-specific offending, drug and alcohol use is a key driver in much offending behaviour. A recent study by the Australian Institute of Criminology (AIC) suggests that as much as 52 per cent of criminal charges may be attributable to substance use¹. This is consistent with another AIC study on drug use among police detainees that found that 46 per cent of police detainees who provided a urine sample tested positive for cannabis, 11 per cent for opiates, 11 per cent for methamphetamine and two per cent for cocaine².

By the time offenders become involved in the criminal justice system, they often have long-term habits of drug and alcohol abuse that have played a key role in their criminal behaviour. These patterns pose a threat to the safety and security of prisons as well as to correctional operations in the community. They also undermine individual prospects of rehabilitation.

There are several broad characteristics common to prisoners and offenders that increase the risk of drug and alcohol dependency. These characteristics include acute and chronic physical and mental health disorders; relationships with family that are chaotic, sporadic or marked by conflict; social dislocation and a lack of access to social services; histories of trauma and abuse; poor education; a lack of safe, secure

and affordable housing; and unemployment. These characteristics can also have a significant impact on the likelihood of a person reoffending³.

In Victoria, a 2011 sample of prisoners found that over 75 per cent of males and at least 83 per cent of females reported illicit drug use⁴. Another study, using a small sample, found that 27 per cent of males and 20 per cent of females had problematic alcohol use⁵. Prisoners also report high levels of injecting drug use prior to entry to prison. In 2013, 35 per cent of Victorian prison entrants reported having ever injected drugs. Amphetamines were the most common drug to be last injected (52 per cent) and heroin was the second most common drug to be last injected (37 per cent) prior to entry into prison⁶.

Similar patterns are observed in community settings. As of 30 June 2015, 74 per cent of supervised court orders had a drug or alcohol treatment/rehabilitation condition attached.

Problems associated with drug and alcohol use include altered behaviour, infection risk, overdose and continued offending. This presents a range of challenges for prisoner and offender management. These include:

- Prisoners may place their visitors or other prisoners under considerable pressure to traffic drugs, or use violence to obtain drugs from others within prison.
- The methods of using drugs in prison, particularly unsafe injecting practices, lead to an increased risk of health problems such as blood-borne viruses, ulcers, and collapsed veins.
- Peer pressure may result in offenders continuing to use drugs, and even increasing their drug use.

¹ 'How Much Crime is Drug or Alcohol Related?: Self-Reported Attributions of Police Detainees', *Trends & Issues in Crime and Criminal Justice* 439 Jason Payne and Antoinette Gaffney, Australian Institute of Criminology (2012)

² *Drug Use Among Police Detainees: A Comparative Analysis of DUMA and the US Arrestee Drug Abuse Monitoring Program*, Australian Institute of Criminology (2012)

³ *Reducing Reoffending by Ex-Offenders*, UK Social Exclusion Unit (2002)

⁴ *Acquired Brain Injury in the Victorian Prison System*, Corrections Research Paper Series, 4 (2011): p.17. Note: the data is presented in a way that does not allow a calculation of the level of poly-drug use.

⁵ *Homelessness and Housing Need among Victorian Prisoners*, HomeGround Services, forthcoming, p.29

⁶ Butler, T., Callander, D., & Simpson, M. (2015). *National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004, 2007, 2010 and 2013*. Sydney: Kirby Institute (UNSW Australia).

- The negative consequences of intoxication are numerous and include violence, depression and suicidal behaviour.
- The consequences of accumulating prison drug debts and being involved in the politics of prison drug activity can result in safety issues.
- The risk of reoffending is elevated through involvement in prison drug activity, which has the potential to reinforce risk-taking behaviour and further entrench addiction.
- The relapse of prisoners into drug use, either while still in custody or after release, is associated with an increased risk of overdose.

The *Corrections Alcohol and Drug Strategy 2015* focuses on addressing the use of those substances, which have the potential to contribute to criminal behaviours. To this extent, programs targeting tobacco use/nicotine dependency are outside the scope of this Strategy and, within Corrections Victoria, are managed via separate operational procedures. However, there are clear links with elements of this Strategy, particularly the ‘harm reduction’ dimension (see section 6.3).

This new Strategy represents a unified approach, encompassing both prisons and Community Correctional Services (CCS), to ensure a consistent and integrated response to alcohol and drug use among all prisoners and offenders under the supervision of Corrections Victoria.

The *Corrections Alcohol and Drug Strategy 2015* has three major components: this high-level Overview, a *Strategic Action Plan*, and a multi-stage *Evaluation Framework* that will help us to progressively re-focus our approach, in accordance with its outcomes.

4 Policy context for the new Strategy

The current Victorian policy frameworks that underpin the development of this Strategy include:

- *Victoria's Ice Action Plan*⁷ – released in March 2015, this sets out the framework for tackling ice, as well as a range of specific measures that will be implemented to prevent and respond to the use of ice.
- *Koori Alcohol Action Plan 2010–2020*⁸ – this plan recognises that alcohol use in the Koori population occurs in social, historical and cultural contexts that are different from those in the non-Koori population. It sets out a long-term plan to reduce alcohol misuse and the negative consequences of harmful alcohol use.
- *Victorian Aboriginal Justice Agreement (Phase 3)*⁹ – this details an agreement between the Victorian Government and the Koori community to work together to improve Koori justice outcomes. In 2013, the Department of Justice committed to a renewed Corrections Alcohol and Drug Strategy as part of this Agreement.

The above strategies are also consistent with the *National Drug Strategy 2010–2015*¹⁰, which adopts a similar harm minimisation approach, and aims:

to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.

Examination of the State and national policy context has confirmed that the approach outlined in the *Corrections Alcohol and Drug Strategy 2015* is consistent with broader approaches being taken to address the harm caused by drug and alcohol abuse. All current frameworks tend to be underpinned by a common set of three goals – supply control, demand reduction and harm reduction.

These goals will continue to form the basis of Victoria's approach to drug and alcohol use both in prisons and by CCS in its role supervising offenders in the community.

⁷ State of Victoria, Department of Premier and Cabinet (2015)

⁸ State of Victoria, Department of Health (2010)

⁹ State of Victoria, Department of Justice (2013)

¹⁰ Commonwealth of Australia, Department of Health and Ageing – Ministerial Council on Drug Strategy (2011)

5 Corrections Alcohol and Drug Strategy 2015

The integrated Corrections Alcohol and Drug Strategy builds on the harm minimisation approach that has underpinned strategies adopted within the Victorian corrections system since 2002. The Strategy maintains a primary focus on the safety and security of the system. It aims to balance a tough approach to those prisoners who traffic drugs in prison, with effective therapeutic interventions and a range of specially targeted initiatives. These measures are designed to reduce the harms associated with alcohol and drug use, to reduce reoffending and, as a consequence, to contribute to community safety.

This *Overview* document provides the framework for the new Strategy, and explains the four broad goals on which it is based. These goals are consistent with best practice in other jurisdictions and with other federal and state drug and alcohol policies.

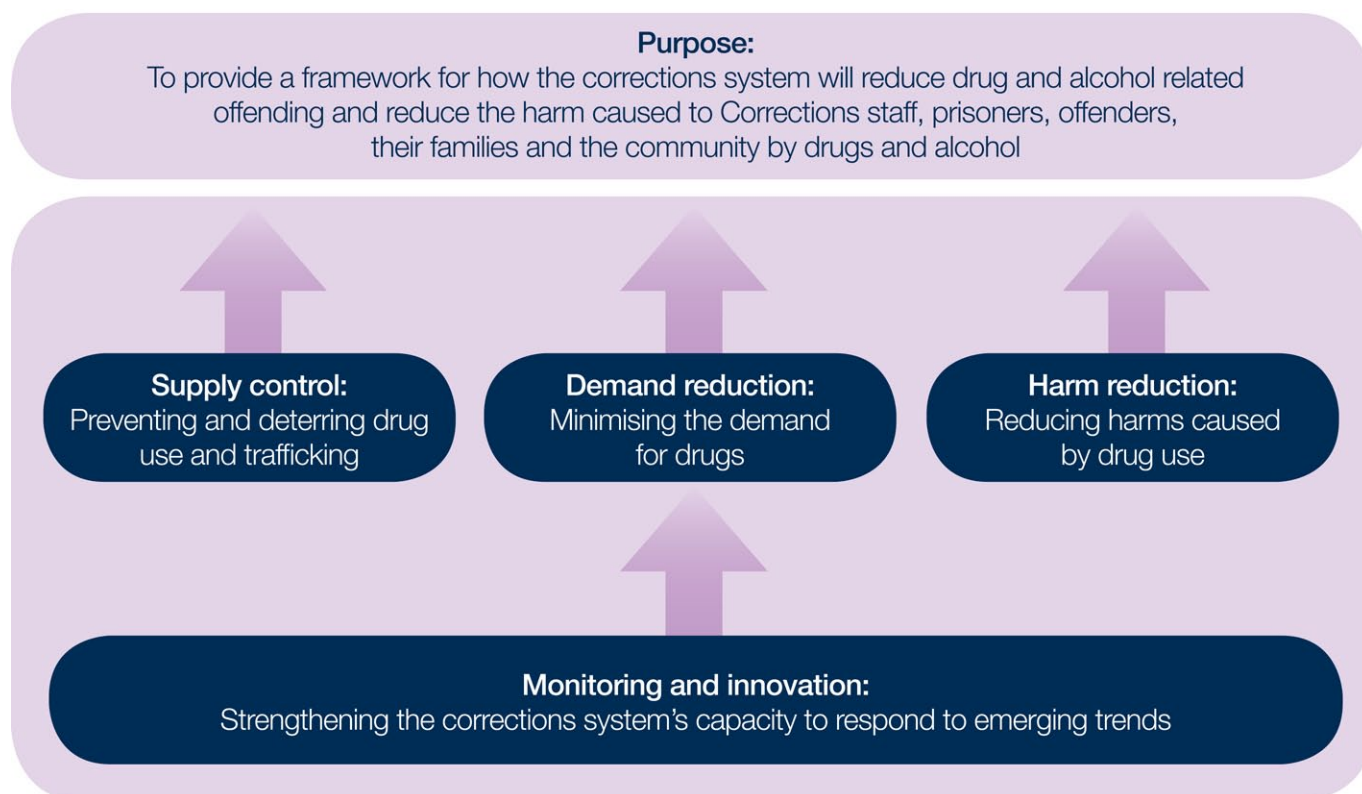
The first three of the Strategy's goals – supply control, demand reduction and harm reduction – are complemented by a fourth goal – monitoring and innovation. This new goal focuses on ensuring that the

Strategy continues to be effective, flexible and relevant to changing external dynamics and emerging trends (see Figure 1).

While acknowledging that responding to alcohol and other drug (AOD) issues is a shared responsibility, Corrections Victoria has responsibility for the supply control goal of the strategy within prisons and for oversight of the response to alcohol and other drug issues within CCS. Justice Health has primary carriage of initiatives that contribute to reducing the demand for alcohol and other drugs in prison and the harms caused by their use. Goal four – monitoring and innovation – is a shared responsibility.

The following sections in this *Overview* describe each of the Strategy's high-level goals, and outline some of the key initiatives that will occur. These will be further detailed in the complementary *Strategic Action Plan*.

Figure 1: Strategy goals and how they contribute to the purpose



6 Goals of the Corrections Alcohol and Drug Strategy 2015

6.1 Goal 1: Supply control

6.1.1 Preventing and deterring drug use and trafficking

Corrections Victoria's focus on supply control relates to prisons. In the community, Victoria Police has the responsibility for this activity, especially in relation to illicit drugs, although also (partly) in relation to the misuse of prescription pharmaceuticals and alcohol.

Preventing drugs from entering prisons and deterring drug use and trafficking within prisons is a critical component in maintaining a safe and secure prison environment.

Ideally, the best way to eliminate the harm caused by drugs in prison would be to eliminate the demand for them. However, as it is unrealistic to believe that demand can be completely removed, any more than it can be in the general community, it is necessary to make every reasonable effort to prevent drugs from getting into prisons in the first place. While prevention and deterrence strategies do aim to limit the availability of drugs through detection, interception and prevention, it is hoped that they also have the effect of reducing prisoners' interest in drug use. To this extent, there is a strong link between the 'supply control' goal and the strategy's second goal of demand reduction (see section 6.2).

Approaches to supply control can be divided into general deterrence and specific deterrence techniques. General deterrence aims to create a climate where prisoners who may be tempted to use or traffic drugs do not do so. This approach is underpinned by the randomness and visibility of the control measures that are employed, and the level of awareness that prisoners (and others) have of these measures and of the management responses and sanctions that are in place.

Specific deterrence complements the more general component by aiming to actively discourage prisoners who are using or trafficking drugs. This is achieved through the credibility of the measures employed to detect and respond to drug use, as well as the enforcement of sanctions.

6.1.2 Key initiatives and major activities

As prisons have improved methods for detecting drugs, the methods used by those trying to bring drugs into prisons have become correspondingly more sophisticated. Current measures to achieve the goal of reducing the supply of drugs into prisons include physical searching of prisoners, visitors, staff, and vehicles; drug detection dogs and ion scanners; collection and analysis of intelligence, including phone and mail monitoring; and extensive drug testing.

Under the Strategy, Corrections Victoria will strive for continuous improvement across all of these domains. However, a key focus will be on the integrated range of initiatives designed to improve intelligence-gathering. There is also an ongoing commitment to enhance drug testing efforts and to respond effectively to drug use.

Enhanced use of intelligence

In addition to prison-based initiatives, intelligence efforts are increasingly being directed to community settings. There is a strengthened focus on targeting certain parolees who are being supervised by CCS, where particular attention has been identified as important.

Key initiatives	
Improved intelligence in custodial settings	Intelligence targets all persons trafficking and using drugs within Victorian prisons. Significant investment has been made to enhance the role of intelligence in reducing the supply of drugs into Victorian prisons including: • a new dedicated intelligence database to improve the collation, evaluation and dissemination of information • improved staff training in sophisticated intelligence-gathering techniques and analysis • additional staff resources to ensure each prison location has a dedicated Intelligence Unit • improved liaison with Victoria Police with embedded liaison officers in the Corrections Victoria Intelligence Unit and Victoria Police State Intelligence Unit • greater information sharing with other law enforcement agencies and Youth Justice • developing a new process for prison contraband management • establishing a dedicated Search Coordinator within the Security and Emergency Services Group. Through these enhancements, Corrections Victoria will be better positioned to detect and intercept drug-related contraband.

Drug testing of prisoners

Drug testing aims to deter prisoners from using drugs by monitoring for the use of both illegal and prescription drugs. Currently, several drug-testing programs, based on the analysis of urine specimens, operate in Victorian prisons. These include:

- random general testing: involving random testing of a proportion of the prisoner population each week
- targeted testing: focused on prisoners who are suspected of drug use
- random Identified Drug User (IDU) testing: involving more frequent testing each week of five per cent of those prisoners who have been identified as engaging in drug-related behaviours
- Drug-Free Incentive Program (DFIP) testing: involving even more frequent testing of prisoners who consent to participate in the program.

Implementation of this Strategy presents opportunities to further refine drug testing policies and procedures. Strengthened performance monitoring and analysis will help to identify ways to tighten the focus of the targeted testing program.

Key initiatives	
Targeted drug testing review	The targeted drug testing program will be reviewed as a priority to ensure that it is being delivered in the most effective way.

The Identified Drug User program

In addition to the Governor's Disciplinary Hearing process, the IDU program is part of the framework that shapes Corrections Victoria's management response to prisoners who are using drugs, and those who are involved in trafficking drugs into prisons. Prisoners who engage in drug-related behaviours are given an IDU status. These prisoners are subject to more frequent drug tests and loss of contact visits for a specified period, to deter further drug use. They are also encouraged to participate in an IDU Review to discuss their participation in drug and alcohol treatment and harm minimisation programs.

The ways in which prisoners with an IDU status are classified is complex, and there is some evidence that the program is not well understood by all staff. Under this Strategy, a review of the existing IDU program will provide an opportunity to streamline the program, and examine the range and type of management responses that are available to prisoners with an IDU status. The review will also examine the connection between the type(s) of behaviour displayed by each prisoner and the specific sanction(s) employed, as well as looking at current practices in other jurisdictions.

The Drug-Free Incentive Program

The DFIP allows some prisoners with an IDU status to voluntarily consent to more frequent random drug tests to reduce the amount of time they are excluded from contact visits. The program provides incentives for prisoners to be drug-free and an opportunity for prison and alcohol-and-drug-treatment staff to work collaboratively to address the range of issues presented by prisoners who use drugs. As an important component of the IDU program, the DFIP recognises the relapsing nature of chronic drug use, with the individualised review process providing encouragement to prisoners to engage in treatment programs. The review of the IDU program will incorporate an examination of the DFIP, and identify (among other aims) opportunities to increase the incentives to participate in the program.

Key initiatives

IDU / DFI program review

A review of the Identified Drug User and Drug Free Incentive programs will be undertaken, as a strategic priority, to identify opportunities to further strengthen this approach and ensure that the system is well placed to respond and adapt to changing patterns of drug and alcohol use.

Searching prisoners and visitors

Physical searches are an important way of preventing drugs and drug-related equipment from entering prisons. Drug detector dogs and their handlers assist in searches and can be deployed to all Victorian prisons. They are used for searching the perimeter of prisons, car parks, visit areas, all service areas and prisoner accommodation. Corrections Victoria policy is that visitors found on prison property with drugs, alcohol or drug-related equipment are banned from visiting any Victorian prison for 12 months and are referred to Victoria Police for investigation and possible prosecution. Visitor signage is provided at all Victorian prisons clearly stating the consequences of being caught bringing drugs or alcohol into prisons.

Under this Strategy, improved performance reporting frameworks and analysis will be used by Corrections Victoria to inform further policy and practice developments for drug searching (see also Goal 4: Monitoring and Innovation).

Ion scanner detection devices

Fixed ion or walk-through scanners are used at the entrance to some prisons to detect contraband. In addition, a number of portable scanners are employed at key locations. The scanners detect traces of drugs or explosives. All positive scans must be reported to the prison General Manager or delegate who may require the visitor to undergo a strip search or body scan prior to determining whether a contact visit, a non-contact visit, or no visit be allowed. Corrections Victoria regularly reviews its existing and newly available technologies to ensure that the most up-to-date and effective detection methodologies are being applied. Use of appropriate and emerging detection technology is a critical component of this Strategy, and will be supported by the new governance framework outlined under Goal 4: Monitoring and Innovation.

6.1.3 Performance objectives

As noted above, in the context of Corrections Victoria's mandated responsibilities, the supply control goal applies specifically to the prison system. The performance objectives for the supply control goal are:

- prisoners and visitors attempting to introduce or traffic drugs are identified and dealt with appropriately
- drugs and related equipment concealed on people, in goods, mail, property, produce or vehicles are detected and intercepted
- prisoners who use drugs in prison are identified and managed appropriately
- prisoners are deterred from using drugs because of the likelihood of being detected and penalised
- prisoners are provided with disincentives to use drugs.

6.1.4 Measures of success

The primary measures of the success of supply control strategies in a prison context, are:

- decreased proportion of positive results from random general urinalysis testing, against benchmarks established and validated for each facility
- program-specific reviews/evaluations demonstrate that current strategies have positive impacts
- intelligence information guides operational practice in relation to contraband detection.

Some of the measures identified below for Goal 2: Demand Reduction also apply to supply control.

6.2 Goal 2: Demand Reduction

6.2.1 Minimising the demand for drugs

Successfully tackling drug use requires a range of approaches to ensure that appropriate treatment is available and accessible to those who need it. Demand reduction seeks to respond to drug use through interventions that include brief psycho-educational programs, longer-term group treatment programs, individual counselling, identified drug user counselling sessions and transitional support.

The Offender Management Framework (OMF) underpins the demand reduction goal. The intent of the OMF is to identify prisoners' and offenders' issues and to motivate them to engage in and continue with programs and services. It also helps to coordinate and prioritise access to appropriate programs, services and activities and to promote well-being (which includes personal safety and health) with the aim of reducing reoffending.

The OMF is a critical component of Corrections Victoria's response to alcohol and drug use in prisons and CCS, in terms of maintaining the connection of prisoners and offenders with appropriate programs and services. The pivotal relationship between offenders and their case manager is a key factor in motivating and encouraging offenders to achieve their programmatic goals.

6.2.2 Key initiatives and major activities

Strengthening community-based alcohol and drug treatment

Effective alcohol and drug treatment for community-based offenders can help to reduce reoffending. All treatment for offenders on community-based orders is coordinated through the Australian Community Services Organisation – Community Offenders Advice and Treatment Service (ACSO-COATS), a specialist independent agency funded by the Department of Health & Human Services to coordinate alcohol and drug treatment services for offenders being processed by the courts. The treatment itself is provided by community-based organisations approved and funded by the Department of Health & Human Services.

ACSO-COATS provides forensic assessments within five working days from the date of referral for court based or correction clients. However, forensic clients identified as high risk of self-harming and/or harming others, due to their AOD issues, must be assessed within two working days, via the Responsive, Assessment, Planning, Intervention and Diversion Service (RAPIDS) program. ACSO-COATS will then refer individual clients to appropriate, approved AOD treatment services based on their assessed needs.

A key challenge in our response to community-based offenders, is the significant growth in the number of offenders supervised by CCS. The number of offenders required to be managed by CCS is expected to continue to increase significantly over the coming years as a result of law reform and changes in sentencing practices, specifically:

- the abolition of suspended sentences (effective in the Magistrates' Court from 1 September 2014)
- the increased use of a combined sentence of imprisonment and a Community Correction Order (CCO)
- the Guideline Judgement on the CCO handed down by the Court of Appeal on 22 December 2014¹¹.

Key initiatives	
Strengthening community-based alcohol and drug treatment	The 2015–16 State Budget allocated \$4.7 million, for 12 months, to community-based alcohol or other drug (AOD) treatment programs to meet the expected growth in offenders with an AOD treatment condition attached to their order. There are two components related to this funding: • expansion of AOD treatment services via the Department of Health & Human Services • establishing a pilot for a community-based criminogenic program. As part of the broader CCS System Review and Reform Program, Corrections Victoria, Justice Health and the Department of Health & Human Services will monitor demand and review needs for AOD treatment for community-based offenders in 2015–16, with a view to establishing ongoing treatment requirements.

¹¹ Boulton & Ors v the Queen [2014] VSCA 342 (22 December 2014)

Strengthening prison alcohol and drug treatment

Prison alcohol and drug treatment services are informed by research that demonstrates that offenders who engage in structured cognitive behavioural treatment programs show reductions in reoffending. Depending on the level of treatment need and risk of reoffending, prisoners may be referred to either a health stream or criminogenic stream of drug and alcohol treatment services. Health-stream programs are designed to minimise the harm of drug use and/or increase prisoners' motivation to engage in a higher-intensity treatment program. The criminogenic stream, for prisoners with a moderate to high risk of reoffending and moderate to high drug and alcohol treatment needs, aims to reduce drug- and alcohol-related reoffending through a focus on the link between substance use and crime.

In addition to matching treatment to the identified level of risk and need, prison drug and alcohol treatment is delivered in a style and mode that prisoners will respond to and engage in. Under this Strategy, the need to provide Aboriginal prisoners with programs that are culturally sensitive and that acknowledge the importance of personal empowerment, will be a key consideration within the programmatic framework.

An emphasis within this strategy is strengthening the capacity of the system to respond flexibly to changing needs and demands. To meet these challenges, Justice Health has developed new alcohol and other drug (AOD) treatment programs and significantly increased the number of programs and services offered. Since 2012, service delivery in the public prison system has grown from 21,050 hours to 32,032 hours in 2014–15, a 50 per cent increase. Justice Health is planning more increases in the years ahead.

Key initiatives

Strengthening prison alcohol and drug treatment

Alcohol and drug use patterns change over time. Heroin use has declined over the last decade. However, pharmaceutical opioid misuse (including prescribed and diverted medications) appears to have increased. An increase in prisoners presenting with problematic use of ice has also been identified. At the same time, reforms to the parole system have increased the demand for alcohol and other drug treatment programs in the prison system.

In this context, strengthening prison AOD treatment means developing, delivering or even decommissioning programs in response to changes in evidence, the client group and drug use patterns. It also requires continued strong oversight of existing programs and AOD trends.

Planned initiatives include the following:

- expanded suite of treatment programs including a new 80-hour program, a program for Aboriginal prisoners and programs targeting prisoners with ice use histories
- expansion of AOD standards across the system to include private prisons. Developed in 2014, the Standards for AOD programs and services in prisons establish the minimum requirements for these services and are a tool to ensure accountability and consistency in the delivery of AOD programs and services across the Victorian prison system.
- expansion of the public prison AOD Service Monitoring Framework to include private prison AOD treatment programs
- periodic reviews of the effectiveness of prison alcohol and drug treatment programs, along with strengthened performance reporting systems (See the *Evaluation Framework* and *Strategic Action Plan* that support this Strategy). An independent evaluation of AOD treatment programs is planned for 2015–16.

Prison health services

Health services deliver treatment to prisoners based on individual needs and play an important role in assisting prisoners in drug withdrawal and supporting those who present with opioid dependence via the Victorian prison Opioid Substitution Therapy Program (OSTP). Health services maintain a close involvement in the ongoing treatment of health and mental health issues identified as a result of drug use.

Key initiatives	
Improved integration of health services with AOD treatment	Development and piloting of an initiative where OSTP recipients are offered an assisted referral to the AOD service provider.

6.2.3 Performance objectives

The primary performance objective for the demand reduction goal is:

- Prisoners and community-based offenders participate in a range of targeted programs to address their alcohol and drug use and related offending.

6.2.4 Measures of success

Key measures of the success of demand reduction strategies include:

- increased program completion rates for offenders assessed as requiring community-based drug and alcohol treatment programs
- increased proportion of IDU-status prisoners participating in relevant alcohol- or drug-treatment programs, including DFIP
- reduced waiting lists for community-based drug and alcohol treatment programs
- implementation of pilot community-based criminogenic drug and alcohol treatment program
- increased rates of participation in, and completion of, alcohol- and drug-treatment programs by Aboriginal prisoners/offenders (as committed to in the Aboriginal Justice Agreement – Phase 3)
- the net results of annual psychometric tests (that measure knowledge and attitudinal changes of prisoners as a result of participation in prison-based drug and alcohol programs) indicate that programs have a positive impact and align with expectations.

6.3 Goal 3: Harm reduction

6.3.1 Reducing harms caused by drug use

Harm reduction seeks to reduce the adverse health, social and economic impacts of drug abuse on offenders, their family and friends, corrections staff and the wider community. This approach recognises that many offenders struggle to abstain from drug and alcohol use and aims to help reduce the frequency of use and minimise the harmful consequences. The focus is on the prisoner's/offender's behaviour, rather than the drug abuse itself. Harm reduction covers a broad continuum of interventions from those that promote safer drug-use practices to those that assist offenders to achieve abstinence.

For example, education about safe injecting practices and medical support can reduce the risks from blood-borne communicable diseases, such as hepatitis C. Health promotion activities, such as encouragement to undertake screening and vaccination where applicable for infectious disease, are also important components.

Returning to the community from prison is a time of particular vulnerability for ex-prisoners. Because of this, Corrections Victoria offers transitional support through the Reintegration Pathway to reduce the risk of offenders relapsing into drug use and offending. For some prisoners, this is achieved through programs such as the ReGroup and ReLink programs (delivered in prison) and the Remand Release Assistance Program (which provides information to all remandees). For others, support continues in the community through the ReConnect program and, to some extent, through case management on parole.

As explained in section 3, programs targeting tobacco use are outside the scope of this Strategy, and are managed via separate operational procedures. However, the broad objective of harm reduction applies to the delivery of programs focused on tobacco use and dependence.

6.3.2 Key initiatives and major activities

Under this Strategy, a range of initiatives focused on reducing the transmission of communicable diseases will be introduced and monitored. While the primary focus is within the prison system, the impacts also extend into community-based settings, post-release.

Justice Health's Communicable Diseases Framework

The Communicable Diseases Framework outlines initiatives to reduce the transmission of infectious diseases, in particular blood-borne viruses and sexually transmissible infections. Given the potential transmission of communicable diseases between prisoners and other members of the community upon release, it is important that prison health services and prison management address the factors that contribute to the spread of disease. This involves facilitating access to information, prevention, screening, diagnosis and treatment.

Key initiatives	
Justice Health Communicable Diseases Framework	To reduce the acquisition and transmission of infectious diseases, a number of activities have been or are being introduced. Activities target both prevention and management, and include: • education and health promotion, including peer education, to raise awareness and reduce the likelihood of transmission of communicable diseases • screening for blood-borne viruses and sexually transmissible infections on reception to prison and on transfer between prisons • harm minimisation to improve outcomes for groups at elevated risk of acquiring communicable diseases, including through OSTP (see below) • promotion of, and access to, immunisation • safe access to powdered bleach sachets • access to condoms and dental dams • access to management and treatment for hepatitis B and C • discharge planning, including referral to community services on release.

Opioid Substitution Therapy Program

The OSTP aims to reduce the harm associated with illicit opioid use among prisoners both during their time in prison and upon their return to the community. It achieves this by reducing the demand for illicit drugs and by addressing risky injecting behaviours, such as the sharing of injecting equipment. In this way, OSTP also impacts on the transmission of blood-borne infectious diseases.¹² In early 2015, approximately 19 per cent of the Victorian prison population was receiving an opioid substitute.

Studies and program evaluations indicate that opioid substitution therapy programs can reduce the spread of infectious diseases, lower the consumption of illicit opioids, reduce rates of criminality and increase the likelihood of rehabilitation and employment.

The Victorian prison OSTP guidelines were reviewed and updated by Justice Health in 2014–15. The 2015 guidelines provide clinicians and custodial staff with a practical and professional resource to guide delivery of the OST Program in Victorian prisons and reflect the contemporary evidence base for the delivery of OST in corrections settings.

Key initiatives	
OSTP review	• Evaluation of the effectiveness of the OST program will be undertaken. • The impact of the post-release pharmacotherapy dispensing subsidy program [see below] will also be assessed.

¹² Stallwitz A & Stover H, 'The impact of substitution treatment in prisons—a literature review', *International Journal of Drug Policy*, 18 (2007): pp.464-474.

Transitional support

Transitional support services are aimed at reducing the risk of drug- and alcohol-dependent ex-prisoners resuming use in the period immediately after release – when potentially confronting ongoing challenges such as homelessness, family breakdown and unemployment. These services help maintain continuity of care in drug and alcohol treatment from custody to the community. They also seek to promote harm-reduction strategies in the event of further drug use, as well as addressing the underlying causes of offending. Current services include:

- ReGroup – this program is available to all prisoners and commences up to 18 months pre-release or immediately on entry for prisoners serving shorter sentences, and takes the form of information sessions, provision of targeted support and referrals to external agencies and other government departments.
- ReLink Group program – this program involves facilitated group sessions that focus on practical strategies to address the identified transitional needs of participating prisoners. Group sessions are tailored for delivery to vulnerable groups of prisoners.
- ReLink Individual program – provides flexible one-on-one transitional support to prisoners who, through participation in the ReLink Group program, are identified as having significant and complex transitional needs requiring further planning support.
- ReConnect – this supports community reintegration of prisoners leaving custody, including targeted support for Aboriginal and female prisoners.
- Post-release pharmacotherapy dispensing subsidy program – this program aims to prevent relapse and death from an overdose in the period immediately after release from prison through the payment of pharmacy-dosing fees for 30 days.
- ACSO-COATS – prisoners who will be subject to CCS supervision following release (usually parole) may be referred to ACSO-COATS for assessment and referral, if appropriate, to community-based drug treatment agencies.
- STEPOUT – prisoners who will not be subject to CCS supervision following release (known as ‘straight release’ prisoners) may be referred to STEPOUT for assessment and referral, if appropriate, to community-based drug treatment agencies.

These programs ensure that the necessary supports are in place to assist prisoners with their drug problems after release, prevent further reoffending and promote prisoners’ reintegration into the community.

Bleach

Bleach is made available to prisoners to minimise potential disease transmission in the event of their involvement in illicit injecting practices.

Peer education

This program involves trained prisoners informing other prisoners about the effects of illicit drug use, and providing information aimed at reducing related harm. Peer education programs involve training and supporting selected prisoners, so that they can then provide support and information to other prisoners, to encourage positive behaviour change and improved health outcomes.

Blood-borne virus testing and treatment

The potential transmission of communicable diseases between prisoners and other members of the community upon their release makes it imperative that prison health services and prison management address the factors that contribute to the spread of disease. This will include facilitating access to information, prevention, screening diagnosis and treatment.

Statewide hepatitis service

All prisoners are offered screening for blood-borne viruses on entry to prison and on transfer between prisons. Prisoners who receive a positive test result will be referred to the new statewide hepatitis service. This service provides access to assessment, management and treatment for prisoners with hepatitis B and C across all Victorian prisons. The service is led by specialist nursing staff, with support from liver specialists and primary health service providers.

6.3.3 Performance objectives

The performance objectives for the harm reduction goal are:

- prisoners and offenders are provided with practical information about the risks of drug and alcohol abuse
- effective and accessible screening, assessment, management and treatment is provided for prisoners with blood-borne viruses
- bleach is available to prisoners throughout Victorian prisons in a way that minimises the likelihood they will be targeted as drug users
- prison and CCS staff are trained in infection control and appropriate occupational safety practices to reduce or eliminate harm associated with prisoners' drug activities.

6.3.4 Measures of success

Measures of the success of harm reduction strategies in correctional settings include:

- increased numbers participating in the post-release pharmacotherapy dispensing subsidy program
- absence of fatal prison drug overdoses
- increased number of (optional) screening tests of prisoners for blood-borne viruses (while recognising that some blood-borne viruses may not have been acquired through drug use)
- reduced rates of drug-related safety incidents such as needle-stick injuries
- program-specific reviews/evaluations demonstrate that current strategies have positive impacts.

6.4 Goal 4: Monitoring and innovation

6.4.1 Strengthening the correctional system's capacity

A dynamic governance structure is a key component of this Strategy. This initiative will help ensure that the Strategy is underpinned by rigorous monitoring of Corrections Victoria's performance in implementing its drug and alcohol-related policies and in achieving the related operational goals and objectives. A formal *Evaluation Framework* is a corresponding priority, and is the subject of a complementary Strategy document. Governance arrangements need to ensure that the corrections system is equipped to keep pace with changes and developments in other jurisdictions and with trends in drug and alcohol use in Victoria.

Correctional staff, in their interactions with prisoners and community-based offenders, have the greatest opportunity to promote positive behaviour change. This may involve motivating prisoners, and offenders who are supervised in the community, to undertake treatment programs, or supporting them to live drug-free lives. It may also involve initiating disciplinary procedures where necessary. Corrections Victoria will support staff by ensuring they have the appropriate training, legislation, tools, technology and working environment to carry out their duties effectively.

Innovative technology can lead to significant advances in the delivery of correctional services. Corrections Victoria will continue to identify and evaluate current and emerging technologies to enhance the detection both of drug use and of attempts to introduce drugs into prison environments.

It is critical that, as an organisation, we maintain an updated understanding of the prevalence and patterns of drug and alcohol use in the community. This can help managers and staff to identify and anticipate issues that might arise in the correctional system. Corrections Victoria works in partnership with Justice Health and with the Victorian Department of Health & Human Services to identify trends and to monitor emerging issues and changing practices in the wider community.

Corrections Victoria and Justice Health will also continue to build and maintain strong partnerships with peak bodies, academic experts, recognised community groups and contracted service providers. Strengthening these partnerships will enable the sharing of learnings and resources to address prisoners' and community-based offenders' drug- and alcohol-related problems. The governance and reporting framework supporting this Strategy will include representation and regular reports from key agencies. This will help to ensure that these partnerships are effectively acknowledged and incorporated into our business practices.

6.4.2 Key initiatives and major activities

Coordinated governance

The Strategy introduces a range of initiatives designed to improve the system's responsiveness to emerging issues. A new governance model has been established to provide strategic oversight and advice on key trends and issues and to monitor the overall performance of the Strategy. A Strategy Governance Committee has been tasked with ensuring that emerging trends are identified early, existing policies are operating effectively and the best available approaches, technology and thinking are being applied. This includes implementing improvements to data collection, collation, analysis and performance reporting.

Key initiatives	
Coordinated governance	Responsibilities of the Strategy Governance Committee include: • implementing an improved and integrated performance reporting framework • monitoring system performance against the goals of the Strategy • maintaining alignment of the Strategy with government priorities • clarifying roles and responsibilities for deliverables between Corrections Victoria, Justice Health and the Department of Health & Human Services • identifying, monitoring and managing identified risks • providing guidance on the response to emerging trends and issues • overseeing the <i>Strategic Action Plan</i> • overseeing evaluation of the Strategy. The Strategy Governance Committee is chaired by the Corrections Commissioner and includes representatives from Corrections Victoria, Justice Health and the Department of Health & Human Services. The Strategy Governance Committee is advised by a group of senior officers, who are responsible for collating and analysing the data needed to monitor the Strategy.
Improved data collection, collation and analysis	The Strategy Governance Committee will oversee improvements in data collection, collation, analysis and reporting. This will promote a culture of continuous improvement by allowing the Committee to assess opportunities to enhance programs and services. For example, data analysis may reveal specific locations that are achieving significantly better outcomes. Where appropriate, the approaches used in these areas may be able to be deployed across the rest of the Victorian corrections system.

Staff training

Training for prison and CCS staff is fundamental to ensuring best practice in the corrections workforce. General staff training covers induction, workplace practices, professional ethics, values, behaviours, and attitudes as they relate to management of prisoners and offenders. Targeted training will also be delivered to develop awareness of the principles behind prison and community-based drug and alcohol policies and treatment programs, and to improve understanding of the critical issues affecting implementation of the new Strategy.

Offenders and prisoners affected by ice present particular challenges due to their often irritable, hostile and aggressive behaviour and propensity to exhibit major psychological and behavioural problems including psychosis, anxiety states, depression and cognitive problems. The Ice Action Plan, released in March 2015, allocated \$400,000 for development of a standard best practice training curriculum, which can be tailored to workplaces to better equip frontline workers in responding to clients affected by ice. This training will be relevant for prison and CCS staff and will be provided to correctional staff when it becomes available.

Key initiatives

Ice Action Plan

Provision of training for prison and CCS staff in responding to prisoners and offenders affected by ice.

Partnerships

Partnerships with other government departments, community organisations and service providers that promote holistic approaches to alcohol and drug treatment and to related services such as mental health, housing and employment programs are fundamental to the success of this Strategy. Integrated service partnerships are essential if prisoners and offenders are to be assisted to stabilise their lives, successfully reintegrate into the community and address drug- and alcohol-related challenges.

Partnerships with Aboriginal communities and organisations are also needed to provide effective, culturally appropriate responses to alcohol and drug issues among Aboriginal prisoners and offenders, and to help reduce reoffending. This builds on the whole-of-government commitment incorporated in the Aboriginal Justice Agreement.

6.4.3 Performance objectives

The performance objectives for the monitoring and innovation goal are:

- governance structures are operating effectively
- an integrated performance monitoring framework is implemented
- effective partnerships are in place with other Victorian government departments, community groups and service providers to improve outcomes for prisoners and offenders with drug and alcohol problems.
- emerging technologies, practices and programs are being monitored to determine their suitability for Victoria
- emerging trends in community drug use and changing patterns of drug use in prisons are identified and appropriate strategies adopted
- staff training covers Corrections Victoria's approach to alcohol and drug-related programs, issues and trends.

6.4.4 Measures of success

The measures of the success of the monitoring and innovation strategies are:

- establishment and effective functioning of the Strategy Governance Committee and senior officers' working group
- incorporation of appropriate induction training on the *Corrections Alcohol and Drug Strategy 2015* to both prison and CCS staff
- integration and strengthening of key partnerships, such as that with the Department of Health & Human Services, including the involvement of relevant agencies in governance and reporting frameworks
- introduction of program enhancements and innovations in response to system monitoring and evaluation activities, to ensure that practice in Victoria remains reflective of recognised best practice.

7 Evaluation framework

In addition to improved performance-reporting systems and the ongoing monitoring provided by the Strategy Governance Committee, a framework has been developed to ensure formal long-term evaluation of the Strategy. The *Evaluation Framework* is one of the three key documents supporting the Strategy, complementing this *Strategy Overview*, and the *Strategic Action Plan*.

Evaluation of the *Corrections Alcohol and Drug Strategy 2015* will be structured in three phases:

- **Phase 1:** A process evaluation after approximately 12 months will review the implementation of the Strategy to ensure that the Strategy is operating as intended and to identify any actions required to strengthen outcomes. This phase will include a review of the findings of all discrete evaluation activities undertaken for individual policy or program elements of the Strategy, as this may help to inform the design of phases two and three.
- **Phase 2:** An interim evaluation will be undertaken after the Strategy has been in place for approximately three years to identify the short- and medium-term impacts of the Strategy and its individual programs, and to identify opportunities for further refinement. This evaluation will include an assessment of the priorities for further program-specific reviews, and associated timeframes.
- **Phase 3:** A final evaluation will be undertaken to assess the full impact of the Strategy including longer-term outcomes. The timing and components of this phase will be guided by the findings of Phase 2.

Key dimensions of Strategy evaluation (at each phase) are likely to include:

- evaluation and comparative analysis of performance across the system, measured against other jurisdictions
- evaluation of the outcomes of specific programs and initiatives, as guided by the Strategy Governance Committee.

The new governance arrangements, with the complementary *Evaluation Framework*, are designed to ensure that the integrated *Corrections Alcohol and Drug Strategy 2015* is embedded in the operational practices of Corrections Victoria across both prison and community-based settings.

Once these elements are in place, the Strategy will be positioned to drive continuous improvement in Corrections Victoria's responses to alcohol and drug-related issues throughout the corrections system, and ultimately to deliver improved outcomes for prisoners, offenders and the community.

8 Strategic Action Plan

The *Strategic Action Plan* will be implemented as a priority to provide more detailed guidance to Corrections Victoria staff, particularly prison and CCS general managers, on the practical, short- and medium-term, implications of the Strategy.

The *Strategic Action Plan* will be overseen by the Strategy Governance Committee, and revised as necessary over the lifetime of the Strategy. Initial priorities, described in more detail in the Action Plan itself, include those initiatives already noted in this Overview, such as:

- development and endorsement of the Strategy reporting and monitoring framework
- Identified Drug User program review – incorporating a review of the Drug Free Incentive Program
- Opioid Substitution Therapy Program review: An evaluation of the program's effectiveness will be undertaken
- review of targeted drug testing.

