

Strategy to Reduce Drug and Alcohol Use by Offenders

2005-2008



DEPARTMENT
OF CORRECTIONS



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Head Office:
Mayfair House
44-52 The Terrace
Private Box 1206
Wellington

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Introduction from the Chief Executive

I am pleased to introduce this *Strategy to Reduce Drug and Alcohol Use by Offenders*, which is the third the Department has released since 1998.

The title of this Strategy reflects a slight change in our focus or way of thinking. Earlier strategies focused exclusively on reducing drug use in prisons and while this is absolutely critical, we know that we also need to concentrate on achieving positive outcomes for offenders serving community based sentences. We are more likely to achieve this with a co-ordinated, whole of Department approach.

The Strategy is the Department's key response to issues of drug dependency in offenders and the illicit use of drugs and alcohol within prisons. Such dependency and illicit use can undermine the Department's goal to reduce re-offending and can also undermine public confidence in prison security.

I am committed to the implementation of this Strategy. Over the next three years there will be opportunities to consolidate the gains we have made under previous strategies as well as build fresh and stronger responses to the problems that offender drug use presents.



Mark Gerard Byers
Chief Executive
Department of Corrections

The goal of this Strategy is to reduce re-offending by reducing offender drug use in prison and post-release¹. This goal is consistent with wider justice sector and Government goals relating to providing strong social services and building safe communities. It is also consistent with New Zealand's National Drug Policy 1998, which is administered and monitored by the Ministry of Health².

The Department of Corrections is required by law to issue a drug and alcohol strategy at intervals of three years. The Penal Institutions Act 1954 requires that the Strategy include provisions relating to:

- The assessment of individual prisoners;
- Measures to reduce demand and supply for drugs;
- Treatment services and harm minimisation services;
- Staff training.

This is the Department's third such strategy. It builds on the progress of strategies released since 1998 and outlines directions and initiatives for the 2005-2008 period and beyond. Its point of difference from previous strategies is that it extends its focus beyond prisons to offenders in the community as much as practicable. It also has an increased focus on what works to reduce drug and alcohol use by Maori offenders.

¹ Unless otherwise indicated, the term 'drugs' in this publication covers illegal drugs such as cannabis and opiates and also alcohol and the abuse of prescription drugs. It does not include tobacco, however the Department acknowledges the harmful effects of smoking and the need to assist those prisoners who wish to stop or reduce their smoking while in prison.

² See www.ndp.govt.nz for further information.

Strategic Direction

The Strategy to Reduce Drug and Alcohol Use by Offenders 2005-2008 has three key objectives that will guide the Department's work over the next three years:

Objective 1) Enhance efforts at reducing the supply of drugs to offenders;

Objective 2) Strengthen efforts at reducing offenders' demand for drugs;

Objective 3) Increase attention on reducing the harm caused by drugs.

These objectives are consistent with the four overall themes guiding consolidation and development within Corrections for the 2003-2008 period. The themes identified in the Department's Strategic Business Plan are:

Theme 1) Ensuring effective offender management;

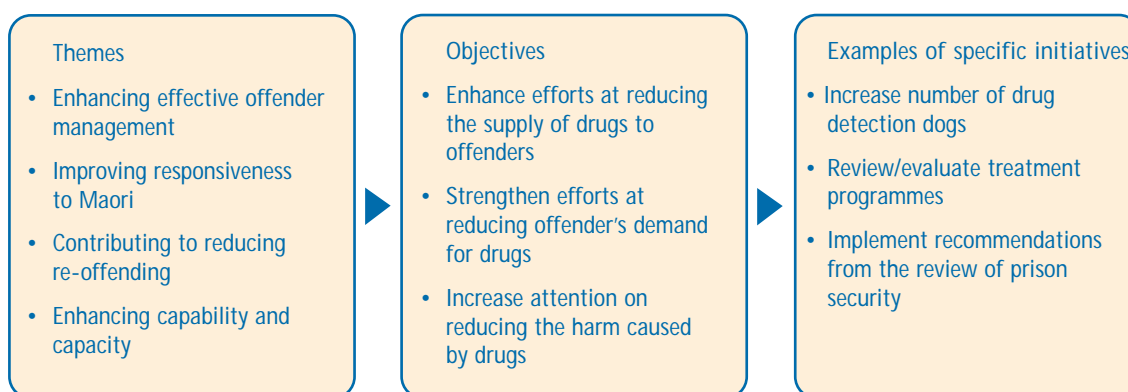
Theme 2) Improving responsiveness to Maori;

Theme 3) Contributing to reducing re-offending;

Theme 4) Enhancing capability and capacity.

The diagram below shows how initiatives such as drug dog detection teams will increase our ability to reduce the supply of drugs to offenders (objective 1) but also have a positive impact on ensuring offenders are managed in a safe, secure and humane manner (theme 1 of the *Strategic Business Plan 2003-2008*).

Likewise, initiatives such as evaluations of drug treatment programmes and services will assist us to improve our programmes and further reduce the demand for drugs by offenders (objective 2). This in itself will make a contribution to reducing re-offending (theme 3). Given the research and evaluations will consider the effectiveness of the interventions for Maori offenders there is also potential to improve the Department's responsiveness to Maori (theme 2).



Improving responsiveness to Maori is a key priority for the Department. A number of projects outside the specific scope of this Strategy are being undertaken to improve the involvement of whanau, hapu, iwi and Maori providers in Corrections' work with offenders but will be relevant to future directions in reducing Maori offender drug use and re-offending. These projects include investigating the development of programmes for whanau that sit within or parallel to offender programmes and reviewing rehabilitation programmes (such as the 100 hour substance abuse programme) with the view to increasing whanau involvement.

A summary of existing Departmental initiatives to reduce offender drug use is included as Appendix One.

The following set of principles has guided the development of initiatives in this Strategy and is based on New Zealand experience and experience in other jurisdictions:

- The most effective and cost-efficient way to reduce offender drug use is to achieve an optimum balance of initiatives that control the supply of drugs and those that reduce the demand for drugs;

- Harm reduction/minimisation approaches limit the harm caused by drugs to prisoners and the wider community;

- Community involvement and being responsive to the different needs of Maori, Pacific Peoples, youth and women offenders is important to achieving positive outcomes in drug reduction;

- Interventions represent best practice based on the available evidence;

- The attitudes and actions of staff are critical to reducing offender drug use.

Objective 1) Enhance efforts at reducing the supply of drugs to offenders

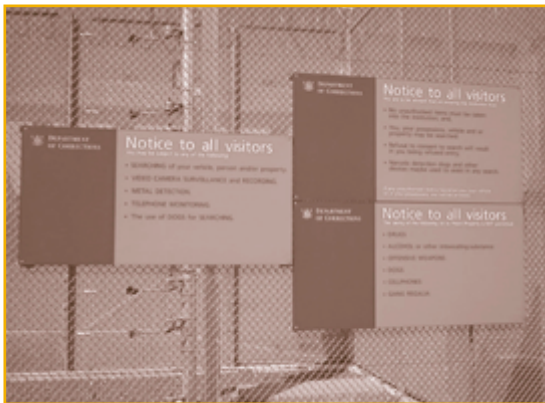
Measures to keep drugs out of prisons and reduce the availability of drugs to offenders are generally well understood both by staff within the Department and people in the community. The primary means of doing this is by focusing on 'border protection'. It is fairly obvious that if we have effective perimeter security systems in place and robust processes for searching staff, visitors and prisoners then we will be able to restrict the flow of drugs to prisoners. Maintaining strong links with other government agencies is also important to identify and concentrate efforts on the organised crime groups that are currently involved in introducing drugs into prisons.

Over the next three years the Department will seek to continuously improve existing 'tried and true' approaches such as systems to manage drug users in prisons, while at the same time monitor new and innovative approaches to reducing offender drug use, such as drug testing offenders on community based sentences including home detention.

Specific initiatives:

- Increase the number of drug dog detection teams in prisons;
- Implement recommendations from the Departmental review of prison security in 2004. These include:
 - developing an implementation plan for best practice intelligence and telephone monitoring systems;
 - identifying options to prevent the use of cell phones in prisons;
 - monitoring advances in security technologies such as alternatives to urinalysis³;
 - further investigating the cost-effectiveness of biometrics⁴.
- Implement changes to relevant policies as a result of the Corrections Act and associated Regulations, (e.g. enhanced searching provisions);
- Review the Identified Drug User (IDU) programme⁵, including sanctions against offenders who continue to use drugs while in prison;
- Monitor international developments in drug testing on community based sentences including drug testing of offenders on home detention;
- Review operational policies relating to prisoner access to books/magazines/newspapers.

Signs on perimeter fences make it clear to visitors that drugs and alcohol are not permitted.



Closed circuit television cameras are used to monitor visiting rooms to detect the smuggling of drugs and other contraband into prisons by visitors.



3 Urinalysis is the testing and analysis of urine to detect drug use.

4 Biometrics is discussed later on page 12. Biometric systems rely on the digitisation of unique human features such as the structure of the eye, voice or fingerprints.

5 Prisoners who test positive for drug use are placed on the IDU programme. They are then subject to sanctions such as non-contact visits.

Objective 2) Strengthen efforts at reducing offenders' demand for drugs

The Department recognises that unless an offender's drug problems are addressed during their sentence, these problems will interfere with any attempts at rehabilitation and contribute to future re-offending.

Probably the key issue to be addressed over the next three years is reaching agreement with the Ministry of Health on where Corrections' responsibility for reducing the demand for drugs ends and where the Ministry's begins. At this stage, the following principles are proposed to promote discussion of the issues:

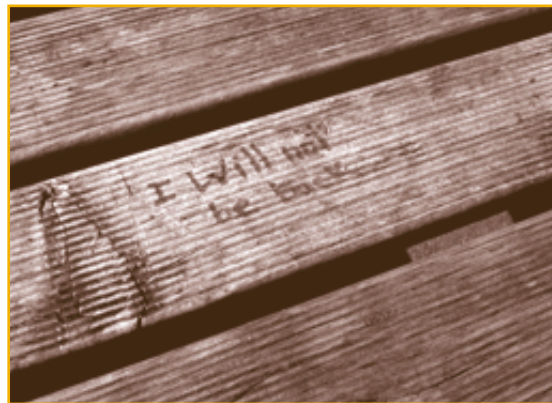
- Corrections provides programmes to prisoners with substance abuse as an assessed criminogenic need, with its focus clearly on reducing re-offending;
- Opportunities for prisoners to undertake treatment to address their drug problems should ideally be equivalent or similar to those found in the community.

Other priorities for 2005-2008 include improving our understanding of what treatment approaches work best with offenders, and building these understandings or findings into our services and programmes.

Specific initiatives:

- Review the substance abuse criminogenic programme with a view to increasing best practice in correctional treatment;
- Seek the Ministry of Health's involvement to develop a basic drug educational module for offenders which could be implemented dependant on future funding;
- Evaluate drug treatment units with a view to identifying opportunities to increase best practice in therapeutic communities within prisons;
- Develop and implement a programme for women offenders with complex multiple needs, including substance abuse;
- Continue to work with central agencies and the Ministry of Health to investigate ways how Vote: Health can increase its contribution to prisoner health care services;
- Continue to work jointly with the Ministry of Health to develop and implement best practice approaches for the assessment and treatment of offenders with alcohol and drug needs;
- Monitor national developments in Drug Courts⁶.

Specialist treatment units have been set up at Arohata, Rolleston and Waikeria Prisons to help reduce demand for alcohol and drugs.



6 The Ministry of Justice is piloting drug courts for young offenders. Subject to evaluation these may be considered for adult offenders in the future.

Objective 3) Increase attention on reducing the harm caused by drugs

Harm minimisation/reduction strategies have been incorporated into the strategies of most corrections jurisdictions over the last 5-10 years. It is now widely understood that drug use is a reality, both in the community and in prisons, and effective measures are needed to reduce the harm they cause both to individuals in prison and the community.

The Department has a duty of care to keep offenders safe. Over the next three years Corrections will build on the work already done to improve offenders' access to health related information and services and the management of heroin-addicted offenders in particular.

Specific initiatives:

- Implement changes resulting from the Departmental review of the Prison Opioid Substitution and Detoxification Protocol⁷;
- National implementation of the communicable diseases pilots conducted in prisons in 2002/2003⁸.

Providing health information to prisoners is a key aspect of Corrections' approach to limit the harm caused by drug use.



⁷ The Protocol is an agreement with the Ministry of Health on the management of heroin-addicted prisoners. Eligible prisoners are provided with methadone by health staff, but the dose is gradually reduced until they are completely withdrawn from drug use. Some prisoners are exempt from being withdrawn from methadone however, such as pregnant women.

⁸ The pilots were run in conjunction with the Ministry of Health and involved enhanced screening and treatment of communicable diseases and the provision of information and health kits to prisoners. Condoms and bleach tablets were also available upon request.

A number of factors impact on the Department's ability to successfully reduce drug use by offenders.

The level of drug abuse in the community and changing trends in drug use

The majority of offenders begin using drugs while living in the community. The availability of drugs once offenders are released from prison offers temptations that even offenders who have completed treatment for addictions find very hard to resist. Families and loved ones smuggle drugs into prisons under pressure from offenders but also offenders are pressured to buy, sell or use drugs, often from other offenders.

All these factors make it very hard for Corrections alone to combat the issue of offender drug use. The Department is part of the Interagency Committee on Drugs and Alcohol, which considers work prepared in response to the numerous government Action Plans on alcohol and drugs, including the Methamphetamine Action Plan⁹. Working closely with other government and community agencies is essential to address the complex issues surrounding drug abuse in our communities.

Cannabinoids¹⁰ continue to be the main drug of choice inside prisons, but this appears to be changing. In 2001/2002 Cannabinoids appeared in 97 percent of all positive drug tests, however in 2002/2003 this had reduced to 94 percent¹¹. This trend is consistent with the increased use and detection of amphetamines and methamphetamines in the community¹². It poses issues for Corrections, however, as prisoners under the influence of drugs such as 'P' (pure methamphetamine) can be unpredictable, violent and difficult for staff to manage.

The extent of drug abuse amongst offenders

We know that prisoners have far worse problems with drugs than the general population. The National Study of Psychiatric Morbidity in New Zealand Prisons identified that 83.4 percent of prisoners have had problems with alcohol and drugs at some point in their lives¹³. This is much higher than the identified 32 percent lifetime prevalence of such problems in the general population.

Alcohol and drug abuse is clearly linked to offending. A Departmental study in 1998 found that 89 percent of serious offenders were alcohol and drug affected in the period leading up to their offence¹⁴.

Since 2001 the Department has introduced comprehensive assessment and treatment for offenders with drug problems. Offenders are screened using recognised assessment tools such as The Drug Abuse Screening Test (DAST) and the Alcohol Use Disorders Identification Test (AUDIT). Substance abuse programmes that run for 100 hours over a 10-week period are offered to both offenders in prison and those subject to community based sentences. The Department also operates three specialist drug treatment units in prisons.

The extent of the problem amongst offenders makes it difficult, however, for the Department to fully address the needs of all offenders. This Strategy proposes initiatives to try to address this issue.

9 Fifteen government agencies are represented on the Committee, which ensures that policies and programmes developed by government agencies are consistent and mutually supportive. It also makes recommendations on new drug policy initiatives to Ministers. Further information on the group and the Action Plans is available on www.ndp.govt.nz.

10 Cannabinoids are derived from Cannabis and include leaf and oil.

11 Another factor to consider is that Cannabis is retained in the fatty tissues of the body, which means it is easier to detect than other drugs that are only present in the body for a very short time.

12 Amphetamine and Methamphetamine are both central nervous system stimulants. Methamphetamine is a specific member of the Amphetamines group that includes drugs with stimulant, euphoric or hallucinogenic properties.

13 This 1999 study investigated the prevalence of psychiatric disorders among prisoners. It was commissioned by the Department of Corrections and co-sponsored by the Ministries of Health and Justice.

14 Seein "I" to the Future: The Criminogenic Needs Inventory (CNI). Wellington: Department of Corrections.

Environmental issues

Facilities and new technologies

The Department's physical infrastructure and related policies have an impact on reducing drug use within prisons in particular. For example, the design of visiting rooms and placement and monitoring of closed circuit television cameras affects how easy it is for staff to detect the smuggling of contraband. Appropriate facilities for drug-testing and delivering treatment programmes are also required. Not only are staff resources required to operate assets such as metal detectors staff also need to be properly trained in their use.

The Facilities and Infrastructure Operational Strategy is one of the Department's key strategic documents for 2003-2008. It guides the upgrading of existing facilities and the building of new facilities over this period.

The Department is constantly looking at new ways in which to do things. Some other jurisdictions have or are in the process of introducing alternative drug testing/detection methods (the testing of hair or sweat instead of urine), ion mobility spectrometry (IMS) and biometrics. IMS devices are usually placed at prison entrances and use vapour or trace detection methods to identify traces of drugs on visitors/staff. Biometric systems rely on the digitisation of unique human features such as the structure of the voice, eye or fingerprints. While not a drug detection method per se, they do allow prisons to irrefutably ensure that individuals are who they say they are. It is also a fast and non-intrusive way to process people through prison perimeters.

The Department recently undertook a review of prison security and in particular examined saliva testing, sweat testing, IMS devices and biometrics.

It found that:

- Alternatives to urinalysis are still developing and further research on their effectiveness is required;
- While IMS is widely used in other jurisdictions it is expensive and requires comprehensive operator training. A trial of IMS in Auckland Prison in 2000 found the device to be erratic in its operation and at times unreliable for producing positive results;
- Biometric technology is well developed and tested overseas but further research on its cost-effectiveness is required.

While it would seem that these alternative technologies are not yet feasible options for the Department to implement, it is likely that as the technologies improve and become cheaper that they will be pursued further. The Department is for example, part of an inter-agency forum co-ordinated by the New Zealand Customs Service to develop a whole of government approach to the implementation of biometric technology in New Zealand. Monitoring developments in new technologies like biometrics is a key aspect of this Strategy.

Items of contraband commonly found during searches and at checkpoints include cellphones, drugs and drug-taking paraphernalia.



Legislation

Much of what the Department can do in terms of drug reduction is prescribed by legislation. Any extension to key provisions such as the powers of staff requires amendment to the law.

The Corrections Act 2004 was enacted in July 2004. Some of the new provisions that will positively impact on the Department's ability to reduce offender drug use include:

- Enhanced searching – for example staff lockers can be searched, cell phones are defined as unauthorised items and persons other than prisoners can be detained for up to four hours if there is reasonable grounds to believe they are in possession of a controlled drug;
- Managing visitors – the Department can undertake its own checks on the criminal background of people wanting to visit prisoners;
- X-ray and scanner searches – electronic devices can be used to identify the presence of concealed unauthorised items. X-ray machines may be implemented in prisons at some point in the future, however it is not a high priority at this stage.

Implementing changes to relevant policies as a result of the Corrections Act is a fundamental part of this Strategy.

Our people

The attitudes and actions of staff are critical to reducing offender drug use. The Department recognises that staff need to be fully aware of issues such as drug trends and trends in the importation of drugs to prisons. Staff in the Community Probation Service also need to be able to detect drug use and support offenders to do something about their problems.

Each staff member in his or her interaction with an offender has the opportunity to promote positive change. This may include motivating an offender to undertake treatment or supporting them to live a drug-free lifestyle. Teaching staff skills to positively interact with offenders in such a way is a key component of staff training.

Vehicle searches are an effective way to detect contraband.



Measuring outcomes

Measuring progress against the three directions in this Strategy will not be straightforward. While there are established performance measures such as the rate of positive drug tests in prisons, there are differences in how other countries perform the tests and report their findings. It is therefore quite difficult to compare New Zealand's progress in this area to other jurisdictions. It can also be argued that the more effort and resources the Department puts into detecting drug use in prison the more it is likely to find.

The following table illustrates the downward trend in positive results from the general random testing programme since it began in March 1998:

Year	Number of tests carried out	Percentage of prisoner muster returning positive results
1998-1999	3062	25.5
1999-2000	3564	22
2000-2001	2822	20
2001-2002	2632	22
2002-2003	2158	21
2003-2004	2804	17

The Department expects to maintain this trend over the next three years. The target for the 2004-2005 year is 16 percent of offenders returning positive results. This is set out in Output 5.6 of the Department's *Statement of Intent 2004-2005*. Other outcomes sought that will be closely monitored include:

- A reduction over time in drug finds in prison;
- An increase in time in the percentage of offenders who start and complete treatment programmes;
- A reduction over time in the number of visitors searched and found in possession of drugs and/or drug-taking paraphernalia.

Appendix One) Examples of existing systems and policies to reduce offender drug use

Existing initiatives to reduce the supply of drugs

- Random searching of staff, prisoners, volunteers/contractors;
- Searching visitors and their property (including vehicles);
- Drug dog detection teams (these can be used to check mailrooms, cells etc);
- All prisons/units use special overalls that restrict the ability to transfer contraband from visitors to prisoners. Prisoners may also have non-contact visits, where they sit in a special booth and communicate with visitors through an impermeable window;
- Procedures for the administering of prescription medications;
- Prisoner drug testing and sanctions for prisoners found to be using drugs;
- Visitor management systems including prohibiting certain persons from entering prisons and providing drug Strategy information to visitors;
- Confidential free 0800 JAILS SAFE telephone line for the public, staff and prisoners to call to pass on information relating to prisons;
- Regional Crime Prevention Officers who oversee drug testing and gather information/intelligence relating to drug detection and prison security.

Existing initiatives to reduce the demand for drugs

- Assessment of offenders' drug and alcohol problems;
- Provision of 100-hour substance abuse programmes to offenders in prison and serving community-based sentences;
- Specialist drug treatment units in prison;
- Drug-free units are available to prisoners who genuinely do not use drugs or wish to break the using cycle while in prison. These prisoners are required to sign an agreement to remain drug-free. They are subject to random drug testing and supported to stay drug-free;
- Referral of offenders to community-based drug and alcohol programmes;
- Support for Alcoholics Anonymous/Narcotics Anonymous programmes within prisons.

Existing initiatives to reduce the harm caused by drugs

- Protocol with the Ministry of Health regarding the treatment of opioid dependent prisoners. Prisoners on remand, serving short sentences or with particular medical conditions can continue their methadone treatment while in prison. Other sentenced prisoners are withdrawn in accordance with managed withdrawal guidelines;
- Measures to support risk reduction and humane treatment for prisoners with blood-borne viruses such as HIV/AIDS.

