

Minimising Drugs and Alcohol in Prisons

Executive Summary

Report 22: November 2017

Introduction

This audit assessed whether there are effective strategies in place to minimise drugs and alcohol in Western Australian (WA) prisons.

We focused on the Department of Justice (the Department), specifically the Corrective Services branch, and its efforts in adult prisons. We looked at the approaches to reduce drugs and alcohol from entering prisons, and the efforts to help prisoners with addictions. We sought feedback from a range of stakeholders involved in managing WA's prisons and prisoners.

Background

Drug and alcohol use in prisons pose risks to the health and safety of staff and prisoners. Their use contributes to violent and disruptive behaviour, bullying and intimidation among the prison population, and the spread of blood borne viruses. Failure to address drug and alcohol addictions can lead to reoffending.

The prison population has risen sharply in the past 3 years, increasing from 5,242 in July 2014 to 6,309 in December 2016. In 2016, the Inspector of Custodial Services found that most of WA's prisons are crowded, and that services to prisoners are increasingly stretched¹.

In 2016, 13%² of offenders in WA prisons were imprisoned for illicit drug offences and 67% reported using drugs in the 12 months before imprisonment³. Other crimes such as assaults, thefts or burglaries are sometimes committed to feed drug and alcohol addictions.

The Department faces a difficult task in reducing drug and alcohol use amongst a rising prison population. The Department manages WA's 17 adult prisons (Appendix 1). At the time of our audit there were more than 6,000 adult prisoners. In 2015-16 the Department had a total budget of \$906 million and more than 4,000 administration and prison staff.

In 2010, the Department released its *Offender Drug and Alcohol Strategy 2010-2014*, and the *Drug and Alcohol Agency Action Plan 2010-2014*. The Strategy proposed a 3-part supply, demand and harm reduction approach, in line with interstate and international practice. The action plan outlined the specific approaches the Department intended to take, such as gender specific health promotion and a range of therapeutic programs.

To reduce the supply of drugs, the Department uses a range of practices and security devices. These rely heavily on staff and include searches, electronic barriers, drug detection dogs, drug testing, and security controls for medications.

Prisons are supported by a centrally coordinated network of intelligence staff. They work closely with prison security teams to reduce the amount of drugs and alcohol by identifying people and areas of interest, and patterns in trafficking and drug use.

Since 2005 the Department has estimated the level of drug and alcohol use in prisons using its random Drug Prevalence Testing (DPT) program. All prisons are required to participate and testing is held 3 to 4 times each year.

The Department provides treatment programs for sentenced prisoners to reduce the demand for and harm from drug and alcohol addiction and linked criminal behaviour. The Pathways

¹ Office of the Inspector of Custodial Services 2016 *Western Australia's Prison Capacity*

² Australian Bureau of Statistics, 4517.0 – Prisoners in Australia, 2016.

³ <http://www.aihw.gov.au/prisoner-health/illicit-drug-use/> – AIHW website accessed 22 Sept 2016.

addiction therapy course, is available to prisoners assessed as having a medium-to-high risk of drug related criminal behaviour. The Department provides a clinical drug replacement program for opiate addicts, to reduce and control the harm of physical withdrawal. It also runs a mandatory education program to educate prisoners on the dangers of blood borne viruses.

Prisoners who use or possess drugs and alcohol while in prison can be charged under the *Prisons Act 1981*. This can lead to a loss of privileges and result in closer supervision. Good behaviour can see prisoners rewarded with privileges, including greater access to work and possible self-care accommodation.

The Department collects a large amount of information on prisoners, which is stored in a number of centralised databases. For example, the Total Offender Management Solution (TOMS) holds more than 88,000 prisoner records, 43,000 drug test results, and more than 1 million security search results. Intelligence information on suspicious behaviour and activity is stored in a separate central database. Large amounts of data are used by intelligence and security teams to limit the supply of drugs and alcohol in prisons.

We consulted with the Department in writing this report to make sure the information could not be used to exploit an already stressed system. At times, this resulted in the need to report limited identifiable and detailed information. Our detailed findings were provided to the Department.

Audit conclusion

Considerable improvements are needed to minimise the supply and use of drugs and alcohol in WA's prisons and to help treat prisoners' addictions. This presents a number of challenges for the Department as it continues to manage increased prisoner numbers and the stresses from overcrowding.

The Department's most recent approach to minimising drugs and alcohol ended in 2014. Since then, the Department has not updated its strategic approach to reflect current drugs of choice and the substantial impact of an increased prison population. Central strategic oversight and coordination is essential in a challenged and dispersed prison system.

The Department does not have a comprehensive understanding of the extent of drug and alcohol use in each prison and across the prison system. Work is needed to ensure its centrally controlled intelligence and drug testing systems provide these insights. Routine tests for all commonly used drugs and greater consideration of existing intelligence led test and search results would also significantly improve the Department's understanding of the job it faces and inform the development of a new strategy.

Efforts to limit supply are being undermined by poorly executed search practices, limited intelligence communication, and limited access to quick and reliable searching devices. Further, prisoners' treatment needs are not being met, missing a key opportunity to intervene in their demand for drugs and alcohol and rehabilitation before they are released into the community.

Key findings

The Department does not have a clear understanding of the extent of drug and alcohol use in prisons

The system used to estimate drug and alcohol use in WA's prisons presents an incomplete and inaccurate picture. The Department relies on the DPT program to establish the level of drug and alcohol use but we found:

- it only ran the DPT program 3 to 4 times a year, and the program did not test for all drugs that are known to be a problem in prisons. Reports did not analyse how frequently drugs not included in the DPT program were found and the effect of this on the DPT estimate. The Department's DPT estimate provides a narrow view of drug use, which does not reflect the full extent of the problem

- the DPT estimate was inaccurate because it was not adjusted for prisons that did not participate. Prisons did not complete all scheduled tests, with 94.2% completing all tests in June 2014 and only 74.7% completing in December 2016. At the same time, more prisons did not conduct any tests. Reports did not analyse the effect of prison non-participation on the accuracy of the DPT estimate. This reduced the accuracy and reliability of the DPT estimate
- the Department did not identify mistakes as they were made in the DPT program, or ensure that all prisons participated. This lack of central oversight reduced the DPT's reliability as an estimate of drug use across prisons.

Processes need better coordination, and their effectiveness assessed

The Department does not have an up-to-date strategic approach, and centrally run systems are not well coordinated.

- The Department's strategic approach expired in 2014 and since then prisons have not had a central approach against which to align their efforts.
- Central data systems contain errors and the description of data fields has not been documented in a data dictionary. We reviewed extracts of TOMS and found incomplete or missing records, and inconsistent entry of data. Information in TOMS is critical to the Department's overall operations, including its ability to develop effective strategies to minimise drugs and alcohol.
- Nine of the 17 adult prisons do not have direct access to the central intelligence database. There are processes in place to pass information from central intelligence to these prisons, but there are no checks in place to ensure this happens in a timely fashion. Prison security teams may not be made aware of risks, particularly with transferred prisoners.

The Department does not review its approaches to see if they are effective. For example, we found:

- no standard operating procedures or formal training for intelligence staff. The Department cannot evaluate the effectiveness of intelligence methods across prisons and ensure that its staff have the skills needed to provide the analysis prisons rely on
- the Department only monitors the number of prisoners enrolled in the Pathways treatment program. The program's effectiveness has not been assessed since 2013 and its content has not been reviewed since 2010. The Department does not know if the program reduces the demand for drugs and alcohol
- prisoners who have been sanctioned for drug offences, or who have received incentives, are not routinely retested, or monitored. As a result, prisons do not know if these approaches improve prisoners' behaviour.

Poor practices and lack of security devices reduce efforts

Prisons use a range of controls to reduce the supply of drugs, alcohol, and prescription medicines. However, insufficient searching, security devices, and medicine controls reduce their effectiveness. We found:

- non-targeted searching is ineffective. The current policy requires a very small percentage of staff and visitors to be searched. This percentage is not always met, and some prisons use highly visible selection methods which can be easily avoided. This reduces the effectiveness of non-targeted searching as a control mechanism
- prisons do not always follow gatehouse searching and inspection processes. We reviewed a sample of gatehouse traffic at 3 prisons and found 29% of parcels were not inspected and personal rub down searches were not in line with policy. Practices were

worse when staff were required to search other staff. Poor searching weakens efforts to reduce the supply of drugs and alcohol

- not all prisons have access to security devices. For example, parcel x-ray machines are present at less than half of the 17 prisons, and ion scanners for detecting drug residue at only 6 prisons. While drug detection dogs are used across the metropolitan area, 5 of the 8 regional prisons do not have regular access. Generally, regional prisons also had less access to electronic barriers, and therefore need to rely on less effective and more time consuming manual searches
- prisons did not always follow controls to limit prisoners from sharing their prescribed medicines. We reviewed medication dispensing at 3 prisons and found 83% of post medication checks were not thorough. If these processes are not followed prisoners may not receive the medication they need, medicines could be traded, and prisoners may be intimidated or bullied into sharing medication.

More needs to be done to reduce drug and alcohol demand and the harmful effects

The Department tries to reduce the demand for drugs and alcohol through the provision of therapeutic programs. Since 2010, the number of programs available to treat addiction based offending has narrowed from 4 to 1. The single therapeutic program, Pathways, is required to address the diverse needs of prisoners. A single program may not meet the cultural, educational, and gender specific needs of all prisoners, leading to poorer outcomes.

The Department cannot provide enough places in Pathways to meet demand. During the audit period 1,382 prisoners recommended for Pathways were released. However, 310 (22%) were released before a place was available in the program. These are missed opportunities to intervene in prisoners' addictions before they are released from prison.

Not delivering treatment programs has also contributed to parole being denied. We reviewed parole notes of prisoners who had not received their treatment by the time they were eligible for parole, despite being eligible and willing to participate. We found in 88.5% of cases, a failure to complete a treatment program was included as a contributing reason for denying parole. Denial of parole leads to additional prison time and increased costs to the State.

Remand and short sentence prisoners do not have access to the Pathways program. Instead, they can voluntarily access short, non-therapeutic programs. However, the Department does not track participation in these programs. The Department is missing opportunities to intervene in prisoner addictions which can lead to further offences.

Prisoners are not assessed for treatment within the required time period which delays their access to treatment programs, and impacted parole decisions. We found that 88% of prisoners were not assessed within the Department's 28-day target. On average, prisoners did not receive assessments for 70 days, with 28% taking more than 100 days.

The Department also provides a 2-part, compulsory harm reduction education program. However, prisoners do not all receive the program. We found that the initial portion was delivered to only 35% of prisoners, and the second portion to 5.6%. This is a missed opportunity to educate prisoners about safer practices that can lead to better health outcomes.

Recommendations

1. By the end of June 2018, the Department should:
 - a. develop a new drug and alcohol strategy that includes targets and measures of success
 - b. review the DPT program, to ensure that it gives a more accurate and complete view of drug and alcohol use in prisons
 - c. consider other information it collects, such as security reports, incident reports, and search results to present a more holistic view of drug use in prisons
 - d. review gatehouse searching requirements, and ensure that all prisons have processes in place to select targets in a non-predictable way
 - e. review prison compliance with key supply reduction procedures to ensure they are carried out consistently and correctly
 - f. formalise processes and standard operating procedures for all areas, including its intelligence team, ensure that staff are suitably trained, and prisons have timely access to intelligence information.
2. By the end of December 2018, the Department should:
 - a. review current treatment approaches to demand and harm reduction, to ensure they are up-to-date and able to meet the diverse needs of prisoners
 - b. review current treatment programs, and establish measures to allow their effectiveness to be assessed
 - c. establish methods to assess the effectiveness of incentives and sanctions on reducing drug and alcohol use by prisoners to inform ongoing improvements in strategy
 - d. compile a data dictionary for TOMS, and review controls in critical data systems to improve data accuracy and reliability
 - e. assess whether prisons have access to the security devices they need to reduce the entry of drugs and alcohol into prisons.

Response from the Department of Justice

The Department of Justice (the Department) welcomes the findings of the Office of the Auditor General (OAG) report – Minimising Drugs and Alcohol in Prisons.

The acknowledgement by the OAG that the Department and its employees face a difficult task in delivering services to a rapidly rising prison population is welcomed.

The outcomes of this performance audit will be used to inform a new strategic policy direction for minimising the supply of, and demand for, drugs and alcohol, and to strengthen key controls to ensure they are consistently applied across the WA prison estate.

The findings and recommendations are accepted by the Department and will be considered within cost and resource parameters and against a number of Department and Interagency alcohol and other drug strategies that are currently in development.