



Research Publication

Drug & Alcohol Exit Survey - Part Two: Inmate Contact with Drug & Alcohol Services

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Executive summary

This is the second of a two part report series which examines the patterns of drug use of inmates and also the effectiveness of Drug and Alcohol Services (D&A Service) in relation to reaching and treating inmates with drug problems.

The D&A Service requested this survey of inmates prior to their release to freedom from Correctional Centres. The survey directly follows another commissioned by the D&A Service which investigated patterns of drug use of inmates on reception to Correctional Centres. The present study was funded by the N.S.W. Drug and Alcohol Directorate (DAD) under the National Campaign Against Drug Abuse (NCADA). This funding was administered by the Department of Corrective Services.

The current report presents findings in relation to inmate contact with the D&A Service. Data relating to the drug-related background of the inmates are presented in Kevin (1992).

- ▶ The sample consisted of 175 inmates about to be released to freedom during June, 1992. The sample was representative of the population of those about to be released in terms of age, gender, marital status, aboriginality and country of birth. The sample under-represented inmates with longer sentences since work release inmates could not be interviewed. There were also some discrepancies on distribution of offence type.

Reception

- ▶ 22% of the sample reported they were withdrawing from alcohol/drugs on reception for their current sentence. Of those who were withdrawing, less than half reported that they received treatment for their symptoms.
- ▶ Of the total sample 36% stated that a

D&A Worker was present at the reception meeting for their current sentence. However, 18% of inmates stated that they did not have a reception meeting.

- ▶ 42% of inmates reported that they were given a drug and alcohol assessment on or shortly after being received into the correctional system.
- ▶ Of those inmates who had used alcohol and drugs in the six months prior to their imprisonment, 94% were aware of the availability of the D&A Service in N.S.W. Correctional Centres.

Use of the D&A Service

- ▶ Of the total sample 33% had used the service during their current sentence period and 13% had used the service at more than one Correctional Centre. Four inmates stated that attendance had been compulsory. 41% of those classified by the study as "regular-heavy users" of drugs had used the service (inmates were classified as regular-heavy users of drugs based on their reported patterns of drug use in the six months prior to imprisonment).
- ▶ The most frequently cited source of referral to the service was self-referral (47%). Remaining referrals were from the following sources: professional staff (17%), other inmates (14%), management meetings, i.e., classification & reception (9%); other legal sources (4%). Those who reported that they were recruited by the service represented 9% of those who used the D&A Service.
- ▶ Some background factors were found to be significantly related to whether "regular-heavy users" of drugs used the service or not. However, these factors varied with the type of drug used. Factors which were found to be significantly related to whether users of

drugs (excluding alcohol) used the service or not were: length of sentence; court referral; and withdrawal from drugs at reception. Whereas for alcohol users prior drug treatment in the community was the only background factor significantly related to use of the service. For users of both alcohol and drugs no background factors were significantly related to their use of the service.

- ▶ Of those inmates who used the service, significantly more received one-to-one counselling (81%) than any other form of treatment. This was followed by group programs (48%), Alcoholics Anonymous (36%), Narcotics Anonymous (21%), inmate support group (12%) and Unicomb House (a separate residential unit which has since closed) (7%).
- ▶ The majority of inmates who used the service perceived it be either "very helpful" or "quite helpful" across all forms of treatment. There did not appear to be a marked difference between the different forms of treatment on the perceived level of help derived.
- ▶ Inmates who received one-to-one counselling (n=47) were asked how often they had received counselling. The most common response was just one occasion (28%). The second most frequent response was weekly (21%). Two thirds of inmates who had counselling stated that they considered the number of sessions which they received was sufficient.
- ▶ Of those who used the service 28% had experienced problems in accessing it. The most frequently cited problem was that the D&A Worker was too busy. The second most frequently cited problem was lack of co-operation from custodial officers.
- ▶ Of those inmates who used the service during their current sentence and also

had been transferred to another Correctional Centre during this period, 29% reported that a D&A program in which they were enrolled had been interrupted by the transfer.

Those who did not use the service

- ▶ Those inmates who did not use the service and who were identified by the study as being potential clients of the service were asked why they had not used the service. The most common response provided by these inmates was that they did not have a drug problem (42%). The second most common response was that they were able to control their drug use alone (11%). Of concern was the fact that 10% of this group were unaware of the D&A Service.
- ▶ The majority of those who did not receive treatment (excluding those who said they did not have a problem) thought that it was not at all important for them to seek treatment while in prison (61%).

Plans on release

- ▶ The majority of drug users said that they had set goals in relation to their future use of drugs. Those drug users who had undertaken treatment with the D&A Service were more likely to have set goals than those users who had no treatment (79% versus 65%).
- ▶ All those who had identified heroin as their main problem drug had set goals in relation to future use and 62% of those who identified alcohol as their main problem had set goals.
- ▶ Those who had undertaken treatment with the D&A Service were more likely to state that it was very important for them to receive treatment on release than the total sample of drug users (30% versus 22%). The most frequently cited proposed future treatment was counselling.

Recommendations

- ▶ Successful management of drug treatment programs within Correctional Centres requires commitment and co-operation from senior administration and correctional officers. To facilitate this negotiations should be initiated by D&A Service senior management with a view to enhancing the status of the service within Correctional Centres. In relation to inmate access, policy and procedure for using the D&A Service should be made uniform with other inmate development programs being conducted within the Centres. Further, correctional officers should receive at least two days of drug and alcohol training including information on the D&A Services either as part of primary training at the Academy or on-site at correctional centres. In addition, ongoing in-service training should also be offered.
- ▶ Inmates undergoing withdrawal on reception to Correctional Centres should receive, at the very minimum, clinical supervision. There should be greater collaboration between the D&A Service and the Prison Medical Service in relation to procedures for identifying and referring inmates with drug problems.
- ▶ An overall drug treatment plan be devised by the D&A Service and its approach be systematic.
- ▶ There is a need for active screening and case identification. A brief standardised screening procedure should be conducted on all inmates at reception to Correctional Centres. The procedure should be used as a basis for classifying inmates for further assessment and treatment.
- ▶ Inmates should be matched with interventions. Those inmates identified by assessment as high risk cases should be referred to high intensity programs and receive more hours of intervention than those identified as low risk.
- ▶ A range of standardised drug treatment programs should be provided including the following: drug education; cognitive-behavioural group programs; relapse prevention and self efficacy; and pre-release programs.
- ▶ The apparent pervasiveness of alcohol abuse in the inmate population should be specifically targeted. At the very least, an alcohol education program aimed at the general population of inmates should be developed.
- ▶ At least one therapeutic community should be established with the following characteristics: goals, aims and staff roles are clearly defined; content and structure is set; time frame is fixed (at least 6 months); a well trained multi-disciplinary staff, including ex-users and correctional officers; and a monitoring/evaluation process built into the design. The unit should be located at a minimum security institution as this would facilitate an easier transition into the general community.
- ▶ A pre-release program should be developed including financial, residential, family and employment issues in addition to relapse prevention skills.
- ▶ Ex-users and ex-offenders should be included as role models of successful rehabilitation in the provision of treatment.
- ▶ Close liaison with community-based treatment programs should be established for referral and follow up.
- ▶ Objective criteria should be established by which all treatment programs can be evaluated. Ideally a randomised allocation methodology should be used. Evaluation should incorporate outcome and process measures. Evaluation should be used to develop and refine programs.
- ▶ The unique needs of identified groups, such as women and Aboriginal inmates should be addressed. Further research aimed at identifying the needs of these groups should be conducted. Working parties should be established to regularly review Departmental policy and practice in relation to these groups.
- ▶ Regular data collection on the patterns of drug use of inmates prior to imprisonment should be maintained in order to provide uniform data for use in policy and program evaluation.

Introduction

Over a decade of well documented research has led to increased recognition of the pervasiveness of drug abuse in the offender population and awareness of the relationship between drug usage and crime (Dobinson & Ward, 1984; Miner & Gorta, 1986; Indemaur & Upton, 1988; Stathis, Eyland & Bertram, 1991; National Institute of Justice, 1991; Correctional Service of Canada, 1991). As a consequence heightened attention has been directed to the provision of treatment in correctional settings.

The Reach of Correctional Drug Treatment

The 1990 census of state and federal correctional facilities conducted by the U.S. Bureau of Justice Statistics recorded that 11% of the 698,570 confined inmates were enrolled in drug (excluding alcohol) counselling programs and 7% were enrolled in alcohol counselling programs on the day of the census. Of those residing in community-based facilities (n=17,079) 26% were enrolled in drug counselling programs and 18% were enrolled in alcohol counselling programs. More inmates were enrolled in drug and/or alcohol programs than any other type of program (other program types included: psychological/psychiatric; employment; parenting and life skills).

By comparison, the Drug Use Forecasting program, 1991, conducted by the U.S. National Institute of Justice measured drug use (excluding alcohol) of arrestees by urinalysis and found that across

locations between 30% and 78% of arrestees tested positive for a drug. Further, self-reported recent use of alcohol by the arrestees was higher than other drug use, 59% of males and 47% females.

While it showed promise that 18% of inmates with drug problems were receiving treatment on the day of the census, there appeared to be some disparity between the prevalence of offenders who were users of drugs at the time of arrest and the prevalence of offenders actually enrolled in prison-based drug treatment programs. This comparison, while being somewhat loosely based (arrestees do not always become inmates and general patterns of drug use were not shown for arrestees, etc.) may be interpreted as an indication of the reach of "in-prison" programs. The findings of a previous U.S. Department of Justice publication endorse this indication. The study found that more than 50% of all U.S. inmates regularly used drugs before their last arrest but received no treatment for drug use while imprisoned (Chaiken, 1989).

While it would seem more appropriate to frame the above argument in the Australian context, local data are not currently available. Suffice to say that a range of drug and/or alcohol treatment programs are available in Australian Correctional Centres. However, there is no reason to assume that the above pattern would be any different here.

The effectiveness of treatment

The main issue which has to be

addressed when arguing for rehabilitation programs in a correctional setting, like drug treatment, is whether they are effective. After their comprehensive review on the evaluation of rehabilitation programs in the 70's and 80's, Whitehead and Lab (1989) endorsed the stance already fostered by Martinson, 1974 (both in Andrews, Zinger, Hoge, Bonta, Gendreau & Cullen, 1990) that "nothing works". The measure they used to assess effectiveness was recidivism.

Andrews et al (1990) countered this stance by contending that other reviewers had routinely found that at least 40% of controlled evaluations reported positive outcomes. Further, they themselves analysed the effectiveness of a broad sample of correctional rehabilitation programs. Using meta-analysis (seen as a methodological advance it allows large groups of studies to be compared for overall effectiveness by using common measures of effect size) they included the same programs as Whitehead and Lab and attempted to replicate their results. They were of the opinion that Whitehead and Lab failed in that they did not investigate why some programs worked and others did not. Andrews and colleagues found, on average, reductions of 50 per cent in recidivism and concluded that some programs were effective with some offenders under some conditions.

Gendreau & Andrews (1990) in their review on studies which had attempted to evaluate the effectiveness of prison-based programs concluded that the number of those described as effective was greater than those described as ineffective.

Bauchiero (1989) reported on the drug treatment program run by the Hampden County House of Correction and the corresponding Pre-release Centre. Bauchiero found that over an eleven year period 1,175 inmates had participated in the program and only 125 graduates had "recidivated" (based on a one year follow-up, conducted annually). However, Bauchiero failed to mention the number of graduates overall.

Chaiken (1989) reviewed four prison based-programs for drug-involved offenders: Cornerstone; Lantana; Simon Fraser; and Stay'n Out. Generally inmates admitted to the above programs had been serious recidivists. These programs reported comparatively low rates of recidivism in inmates after program involvement. Rates were as low as 16%.

What works ?

From their meta-analysis Andrews et al (1990) concluded that treatment was more likely to reduce recidivism if it was delivered to high risk cases, targeted to criminogenic need, and matched to the learning styles of offenders. Criminogenic need was described as clinically dynamic risk factors, for e.g., antisocial attitudes and peer associations.

Peters, May and Alaimo (1992) in their review of a number of gaol demonstration treatment programs conducted in the U.S. concluded that relatively brief skills-based treatment programs reduced recidivism among drug-involved offenders. They also reported that treatment could be effective for offenders with a chronic drug

abuse history and psychological, family or vocational problems of a significant kind. They identified certain treatment modalities which appeared to be more most effective: relapse prevention; drug coping skills; and therapeutic community approaches. They also pointed to the need for linking correctional treatment with community agencies and probation and parole services.

McMurrin and Baldwin (1989) surveyed prisons in the U.K. in an attempt to identify the extent of alcohol intervention programs offered and found that 91% of responding institutions reported that services were provided. Further, they concluded from the information provided by the prisons that the development of drug and alcohol services requires centralised administration and supportive co-ordination.

Wexler, Blackmore and Lipton (1991) in their work on treating narcotic abusers in a correctional setting reported on promising approaches especially the therapeutic community model. They also asserted that effective programs include the following: isolating program participants from the gaol subculture; cognitive-behavioural techniques such as reinforcing pro-social behaviours and providing incentives for participation; and maintaining therapeutic gain in the community through post-release care and follow up.

Rouse (1991) reported that the effects of drug treatment programs on recidivism had been mixed. He argued that there is limited literature which is specifically concerned with comprehensive descriptions of programs, quality of

programs and discussions about client/staff interactions.

Wallace, Pelissier, Murray & McCarthy (1991) reported on the treatment initiatives of the U.S. Bureau of Prisons. They stated that in recent years there has been an emphasis on drug education, and in addition to this, limited group and individual therapy. However, the most recent strategy was to expand programs and provide unit-based treatment opportunities (inmates enrolled in the program had separate residential accommodation to the general population of inmates and these were staffed by a team) followed by pre-release community based programs and a period of aftercare services. Relapse prevention aimed at providing individuals with the behavioural and cognitive skills necessary to cope effectively with high risk situations featured prominently in these programs. Program design also included the following comprehensive evaluation component: outcome follow up to 5 years; a process evaluation; and cost-benefit analysis. Finally, low intensity programs such as drug education continued with the onset of the unit-based programs.

In returning to the local context, while NCADA and the N.S.W. Department of Corrective Services have made programs available to inmates in N.S.W. there has been limited evaluation on the reach or quality of the programs.

Background to Current Study

This study follows that conducted by Stathis, Eyland & Bertram of the Research and Statistics Division of the

N.S.W. Department of Corrective Services, in 1991. The previous study surveyed a sample of inmates on reception to N.S.W. Correctional Centres in relation to their prior patterns of drug use, criminal activity and perceived drug and alcohol problems. It found that 62% of inmates sampled had current offences which were drug and/or alcohol-related, 46% of inmates stated that they were dependent on either drugs or alcohol and almost half the sample stated that they wanted treatment for their drug/alcohol use while in custody.

Born out of these findings was a need to:

- (i) Identify whether those inmates received into Correctional Centres with drug & alcohol problems were provided with the opportunity to receive treatment and further to examine their perceptions of the treatment provided. The findings are addressed in this second report.
- (ii) In order to achieve the above it was necessary to obtain baseline information on the drug-related background of the inmates. These findings have been reported in Kevin (1992).

Methodology

Aims

The primary aim of this study was to obtain information from inmates, prior to their discharge to freedom, on the extent of their drug and alcohol problems and also their perceptions of the D&A Service, with a view to recommending strategies by which the service can be improved. Specifically the study aimed to:

- (i) gather data on the incidence of inmates with drug and alcohol problems and their treatment history prior to imprisonment;
- (ii) investigate whether inmates with drug and alcohol problems had access to the D&A Service while in custody and what, if any, were the barriers to access;
- (iii) identify inmate expectations of the D&A Service and also their perceptions on how the service benefits them and the type of service which is of most benefit to them while they are in custody; and
- (iv) identify inmate suggestions on how the service can be improved.

The results pertaining to the first aim are addressed in Kevin (1992) while aims ii-iv are addressed in this the second report (Part Two).

Sampling Frame

Based upon March 1992 inmate discharge data (see Appendix A) inmates were selected from the following

Correctional Centres:

1. Cessnock Correctional Centre
2. Bathurst Correctional Centre
3. Goulburn Correctional Centre
4. Reception Centre (Long Bay)
5. Silverwater Correctional Complex
6. Training Centre (Long Bay)
7. St. Heliers Correctional Centre
8. Emu Plains Correctional Centre
9. Mulawa Correctional Centre
10. Norma Parker Centre

The first six institutions represent the six largest Correctional Centres in N.S.W. holding male sentenced inmates (Eyland, 1992) and are also represented in the sample of Correctional Centres with the highest discharge rates for the month of March, 1992 (the 8 Correctional Centres from which more than 22 inmates were discharged during the month). St Heliers Correctional Centre and Emu Plains Correctional Centre were included because of high discharge rates. Most inmates are received into maximum security institutions, progress through medium and then into minimum security institutions. The majority of inmates are released from minimum security institutions. However, more than 10% of the March releases were from institutions with solely maximum classification, hence the inclusion of the Reception Centre which also showed a high number of discharges. There are two Correctional Centres for female inmates in N.S.W. and both Mulawa and Norma Parker were selected.

The sample included only those inmates who were due to be released to freedom with no further charges on record. That is, inmates were excluded if there was a possibility that they would be imprisoned

again due to already outstanding matters. Those with outstanding matters may have been unwilling to provide accurate details about their crime and their use of illicit drugs while the matter was still before the courts. Also, as they may have been contemplating serving further time in prison rather than life in the community they were seen to be distinct from the sample due to be released to freedom. Therefore, only those who had the opportunity to make future plans about resuming life in the community were included. Further, fine defaulters (n=82) were excluded as they are not technically sentenced to imprisonment. Fine defaulters may elect to go to prison in preference to paying fines and/or in preference to cutting out their fines by way of community service. Hence, they are quite distinct from the sentenced population. Finally, only those whose sentence was one month or more were included.

the total population of sentenced discharges for the same month (n=468). As Table 1 shows the study captured 84% of the 210 inmates due to be released to freedom from the selected Correctional Centres. Of the remaining 16% the majority were unavailable on the day of interview. Only 1% of the sample refused to be interviewed. See Appendix B for sample breakdown by Correctional Centre.

Data Collection

The data were collected by personal interviews. Pedic (1990), in his review and recommendations of collection procedures for drug use data, emphasised the importance of face-to-face interviews. As Pedic noted, due to the personal and sensitive nature of the questions, the interviewer can explain to the respondent the objective method of selection which was used and also provide reassurance about confidentiality.

The questionnaire comprised four identifiable areas of investigation:

- (i) demographic characteristics;
- (ii) prior to current incarceration - drug and alcohol-related background;
- (iii) current episode of imprisonment - specific to the effectiveness of D&A Service; and
- (iv) following release to freedom - personal goals and plans in relation to future drug and alcohol use, treatment and lifestyle.

Table 1: Number of inmates - sampled and interviewed

	Count	%
Interviewed	175	84
Work Release* ¹	23	11
Other* ²	9	4
Refusal	3	1
TOTAL	210	100
SAMPLED		

*¹ cf. Appendix B.

*² Unavailable due to illness, etc.

A total of 175 inmates were interviewed in June, 1992¹ which represents 38% of

Pilot Study

The interview schedule was piloted over a 2 day period at both Emu Plains (1

day) and Norma Parker (1 day) Correctional Centres. Approximately 10 interviews were conducted at both Centres. Administrative staff and Drug and Alcohol Workers (D&A Workers) at the Centres selected inmates with the following characteristics:

- (i) to be discharged to freedom within the following three weeks, due to sentence completion, licence or parole; and
- (ii) to have either used the D&A Service during their sentence or to have been identified as having drug-related offences or a known history of drug misuse.

Inmates were selected in this way so that they were able to complete most/all of the interview. Therefore, all questions were tested for methodological defects as well as indicating the approximate maximum time for an interview, the latter being pertinent in relation to the time frame specified for interviews and subsequent estimates of the time needed to complete approximately 175 interviews.

Procedure

The survey was conducted within a specified one month period. Working within the constraint of the actual number of inmates being discharged to freedom, inmates were surveyed between 2 days and 3 weeks prior to discharge. The time frame (up to 3 weeks) between interview and release was deemed necessary due to practical considerations, such as the possibility of inmates being transferred to other institutions within a day/s of release and the lower likelihood of response from inmates who are within hours of release.

Between 2 and 3 interviewers spent an average of 2 days at each Centre to allow for adequate recruitment. On average, 20 release interviews were conducted per Centre. All three interviewers had social science qualifications. The interviewing process relied heavily on the co-operation of Correctional Centre staff. Towards this end, the Governors at all selected Centres were contacted personally and in writing to facilitate approval and co-operation. Those inmates to be released were identified in advance using a main frame data base and the Correctional Centres were provided with a list of those inmates to be recruited in advance. They in turn were able to identify the work and cell locations of the inmates. This greatly assisted in the administration of the field work.

During the early stages of the study it was decided that if the number of sentenced inmates to be released from any of the selected Correctional Centres exceeded the projection (maximum of forty inmates within a three week period) sampling would be random. However, the number of discharges fell short of this maximum and therefore all inmates who fell within the sampling frame were called. This was done by intercom and the researchers then attempted to recruit the inmates within the 1/2 day period they were in attendance at the Correctional Centre. For the most part inmates consented to be interviewed immediately. The average length of time of interview was 25 minutes. Finally, when the inmates were called for interview, custodial staff were requested not to discuss the general nature of the interview with the inmates.

Results

1. Withdrawal from drugs and the provision of treatment

Of the total sample 22% (n=39) reported that they were withdrawing from a drug/s at reception for their current sentence. Both alcohol (n=10) and heroin (n=10) were the drugs most frequently cited as being associated with withdrawal and 9 inmates reported that they were withdrawing from more than one drug when first received. The most common drug combination was pills and heroin.

Of those who reported to be withdrawing, less than half reported that they received treatment (n=17). The most common form of treatment received was medication alone (n=12) followed by a valium withdrawal regime (n=4). Two inmates reported that their condition was monitored.

2. Exposure to the D&A Service

Reception meeting

All inmates were asked if there had been a D&A Worker at their reception meeting¹. Of the total sample 36% stated that there was a D&A Worker at their reception meeting, 33% stated there was no worker, 18% said that they did not have a reception meeting when first received into the Correctional Centre system and 13% were unsure.

Assessment

When asked whether they had been assessed for their drug use 42% of

inmates said yes they had and of these 22% specified that were assessed by the Prison Medical Service. Based on inmate responses just over half the entire sample had not been assessed. However, it should be noted that reception to the correctional system is undoubtedly a highly stressful experience for the majority of offenders which in turn may affect their ability to recall and interpret the events of their reception.

Knowledge of service

Inmates were asked whether they were aware of the availability of the D&A Service in N.S.W. Correctional Centres. Those whose use of drugs over time had been non-existent or minimal were excluded from this and further questions about the service (n=21).

Most inmates were aware of the service (94%). An additional 5% believed there was no service and 1% were unsure.

3. Use and Expectations of the D&A Service

Use

Of the total sample, 33% (n=58) had used the D&A Service during their current sentence period. Table 2 shows how many inmates used the service at each Correctional Centre. This presentation allowed for inmate transfers to other Correctional Centres within the current sentence period. Therefore, if an inmate used the D&A Service at more than one Correctional Centre than s/he was counted at each Centre where the service was used. Table 2 also shows the number of inmates classified as

Table 2: Correctional Centres in which inmates served time for current sentence and those Centres at which the D&A Service was used.

Correctional Centre	Inmates who served time		Inmates who used D&A Service		Users who served time		Users who used D&A Service	
	No.		No.	%	No.	%	No.	%
Reception	64		9	14	46	72	8	17
Parramatta	37		7	19	26	70	6	23
Cessnock	34		14	41	26	76	12	46
St. Heliers	27		7	26	19	70	5	26
Training Centre	25		4	16	17	68	3	18
Emu Plains	24		8	33	16	67	6	38
Remand	24		11	46	18	75	9	50
Bathurst	23		5	21	16	70	3	19
Silverwater	21		4	19	13	62	3	23
Maitland	19		1	5	14	74	1	7
Goulburn	17		4	24	14	82	4	29
John Moroney	11		-	-	8	73	-	-
Grafton	10		3	30	10	100	3	30
Mulawa/NP	11		5	45	6	55	5	83
Parklea	9		1	11	7	78	1	14
Assessment	8		3	37	6	75	3	50
Tamworth	7		1	14	5	71	1	20
Prison Hospital	2		-	-	2	100	-	-
Mannus	2		-	-	2	100	-	-
Oberon	1		-	-	1	100	-	-
Lithgow	1		-	-	-	-	-	-
Kirkconnell	1		1	100	1	100	1	100
Berrima	1		1	100	1	100	1	100
Special Care Unit	1		1	100	1	100	1	100
Special Purpose Prison	1		-	-	1	100	-	-

"regular-heavy users" of drugs by each Correctional Centre and also the proportion of "regular-heavy users" who used the service at each Centre. The classification of inmates as "regular-heavy users" of drugs was based on their patterns of drug use in the six months prior to imprisonment, as reported in the first of this two-part report series. The present study used the following criteria to classify inmates as "regular-heavy users" (users):

- (i) anyone who drank more than 6 glasses of alcohol a day or 42 glasses of alcohol a week;
- (ii) anyone who used any drug (excluding cannabis) on a daily to weekly basis; and
- (iii) anyone who used cannabis on a daily basis.

Findings from the above classification framework indicated that 63% of the total sample were users of alcohol and/or other drugs. Further, 41% of users had used the service. Similarly, of those who reported that they were intoxicated at the time of their most serious offence 41% had used the service. Finally, of those who stated that alcohol was their main problem (n=71) 38% used the service and of those who stated that heroin was their main problem (n=23) 48% had used the service.

Of those who used the service, 40% (n=23) had done so at more than one Correctional Centre.

Source of referral

Table 3 shows the source of referral as reported by inmates who used the service. The most frequently cited source of referral was self-referral (47%). Remaining referrals were by: professional staff (17%), other inmates (14%), management meetings, i.e., classification & reception (9%); other legal sources (4%).

Those who used the service were for the most part self-selecting. Only 9% (n=5) reported that they had been recruited by the D&A Service and only one inmate reported being referred by the Reception Committee. No inmates reported being referred by the Psychological or Education services. The Prison Medical Service (PMS) conducts a brief drug screening procedure on inmates at reception, however only one inmate reported that he was referred by the PMS.

Of those who were referred from an official or professional source (n=22) only 4 inmates stated that attendance with the service was compulsory.

Those who used the D&A Service

Background characteristics which were found to be significantly related to whether a user² used the service or not were: length of sentence; court referral; previous treatment for drug use; and withdrawal from drugs when received into the correctional system.

	No.	%
Self	27	47
Other inmate	8	14
D&A Services	5	9
Classification Meeting	4	7
Correctional Officer	2	3
Parole Officer	2	3
Welfare Worker	2	3
Reception Meeting	1	2
Industrial Manager	1	2
Prison Medical Service	1	2
Young Offender Program	1	2
Judge (during court case)	1	2
Solicitor	1	2
More than one source	1	2
Unsure	1	2
TOTAL	58	100

	No.	%
Reduced drug use	14	24
Court report	6	10
Satisfy curiosity	5	9
Guidance re drug use	5	9
Nothing	5	9
Education re drug use	4	7
Parole	3	5
Don't know	3	5
Understanding drug problem	2	3
Talking	2	3
Referral	2	3
Fill in time	2	3
Other	2	3
Reduced drug use in prison	1	2
Group feedback on drug use	1	2
Security rating re-classification	1	2
TOTAL	58	100

Use of the D&A Service increased incrementally with length of sentence. ($X^2_4 = 15.7, p < .01$). Those who were referred by the Court system were more likely to use the service than those who

were not ($X^2_1 = 6.4, p < .05$). Those who reported to be withdrawing from drugs when they were received into prison were more likely to have used the service than those who were not ($X^2_1 = 6.06, p < .05$).

Those who had received previous drug treatment in the community were more likely to have used the service than those who had not ($X^2_1 = 5.2$ $p < .05$). When the relationship between background variables and use of the service was analysed separately for drug, alcohol and both alcohol and drug users differences were found. For drug users (excluding alcohol) sentence length ($X^2_4 = 16.6$, $p < .005$), withdrawal at reception ($X^2_1 = 9.5$, $p < .005$), and court referral ($X^2_1 = 6.6$, $p < .01$) were found to be significantly related to use of the service. Concerning alcohol users, previous treatment in the community ($X^2_1 = 5.8$, $p < .05$) was the only background variable significantly related to use of service. No background variables were found to be significantly related to whether users of both alcohol and drugs used the service.

Non-english speaking born inmates were also less likely to use the service, but this finding was not statistically significant. An inmate's age did not appear to be related to whether the service was used or not. Because of the small number of females in the sample it was not possible to test for gender effect.

Expectations and satisfaction

Table 4 shows what inmates stated that they hoped to gain from using the D&A Service. The categories used were based on inmate responses. Half of the inmates who used the service reported using it in relation to problems with their use of drugs. In addition to this was the group of inmates who used the service to obtain a favourable report for legal or classification conditions. However, it appeared that the motivation for some

inmates was to occupy time or find someone with whom to have a conversation.

The inmates were asked if their hopes were satisfied once they used the service. Of the 29 inmates who expressed hopes directly related to their use of drugs, the majority ($n=21$) stated that their hopes were satisfied once they used the service. This group included one inmate who wanted to reduce his drug use in the prison. Of the 10 inmates who hoped to achieve a gain in terms of legal status or Correctional Centre conditions, six reported satisfaction.

Types of treatment

Table 5 shows the number of inmates who attended the various treatment modalities which the service offered by the perceived level of help derived by the inmates. By far the most common form of treatment received was one-to-one counselling (81%). The second most common form of treatment received was group programs (48%) and the next most common was Alcoholics Anonymous (36%). A binomial test showed that significantly more inmates received one-to-one counselling than any other form of treatment.

The majority of inmates perceived treatment to be either "very helpful" or "quite helpful" across all treatment modalities. In making comparisons between treatment modalities on the level of help derived, it should be noted that the number of inmates who received the individual treatment modalities varied.

Therefore the findings should be interpreted with caution and seen only as an indication of the perceived level of help derived from the various treatment modalities.

Notwithstanding the above, the perceived level of help received appeared to be high for inmate support groups. Unfortunately the number who received this treatment was low (n=7) which hinders valid comparison. A slightly higher percentage of inmates found group programs (39%) to be very helpful compared to one-to-one counselling (36%). When the categories of "very helpful" and "quite helpful" were combined a higher percentage found one-to-one counselling (76%) to be helpful when compared to group programs (68%).

In summary, significantly more inmates received one-to-one counselling than any other form of treatment. Across treatment modalities, the majority of inmates found treatment to be either "very helpful" or "quite helpful". There appeared to be no significant difference between the various treatment modalities on the perceived level of help derived.

Those inmates who received more than one treatment modality (n=32) were asked to identify the treatment modality which was most helpful during their sentence and the treatment modality which would be most helpful towards the end of their sentence. Inmates appeared to favour group programs during their sentence, however this trend was slight. Towards the end of their sentence inmates showed a marked preference for one-to-one counselling. The above

pattern may be possibly explained by the following. It may be more important for an inmate to identify with a group, that is "to fit in" during the sentence, whereas towards the end of the sentence an inmate may be concerned with personal issues in relation to life in the community.

Table 6 shows how frequently inmates received one-to-one counselling (n=47). The most common frequency was only one occasion (28%). This was followed by weekly (21%). The majority of inmates thought that the number of one-to-one counselling sessions which they had received was sufficient (68%). However, 27% stated that they would have liked more sessions.

Inmates were asked to state how the D&A Services had helped them. Based on inmate responses the most frequently cited form of help was self-awareness in relation to drug problem (19%). Table 8 shows a breakdown of key areas of help identified by the questionnaire (forced choice format) and whether inmates believed they were helped in these areas.

The majority of inmates believed they received help in the areas of: lifestyle change (64%); emotions (52%); and formulating plans for when they would be released (52%). In terms of being helped with skills for reduced drug use 45% of inmates believed that they were helped. Some inmates stated that they were helped concerning relationships with other inmates (40%) and correctional staff (14%). Therefore, it seems that the D&A Service was also making a contribution to the safe management of the Correctional Centres.

Table 5: Type of treatment received from the D&A Service by the perceived level of help derived

	Total		Very Helpful		Quite Helpful		Not very helpful		Not helpful at all	
	No. (58)	%	No.	%	No.	%	No.	%	No.	%
One to one counselling*	47	81	17	36	19	40	3	7	7	15
Group therapy	28	48	11	39	8	29	7	25	2	7
Alcoholics Anonymous*	21	36	8	38	7	33	1	5	4	19
Narcotics Anonymous*	12	21	4	33	3	25	2	16	2	16
Inmate support group	7	12	3	43	3	43	-	-	1	14
Unicomb House * ¹	4	7	-	-	3	75	-	-	1	25

* 1 inmate was unsure about level of satisfaction derived from treatment.

*¹ A residential drug treatment program at Silverwater Prison Complex.

Table 6: How often inmates received one-to-one counselling

	No. (n=47)	%
Once	14	28
Half yearly	1	2
Every 2/3 months	4	9
Monthly	6	13
Every 2/3 weeks	4	9
Weekly	10	21
More than weekly	6	13
Other	2	4
TOTAL	47	100

Table 7: Types of difficulties inmates experienced in using the D&A Service

	No.
D&A worker too busy	5
Lack of co-operation from correctional officers	4
Work commitments in gaol	2
Getting access	2
No pm services	1
Worker turnover	1
Impersonal attitude of D&A worker	1
TOTAL	16

4. Barriers to accessing the D&A Service

Of those who used the service 28% (n=16) had experienced problems in doing so. Table 7 shows the type of problems which inmates identified. The most commonly cited problems were that the D&A Workers were too busy (n=5) or lack of co-operation from correctional

officers (n=4).

Those inmates who were transferred to at least one other Correctional Centre during the term of their sentence (n=51) were asked if the transfer interrupted any drug treatment program they had been attending. Of this group 29% reported that their treatment program had been interrupted. The most commonly cited

Table 8: Inmates' perception of help received from the D&A Service in relation to specified areas

	Yes	%.	No	%.
Change of lifestyle	37	64	21	36
Emotions	30	52	28	48
Plans for life after release from prison	30	52	28	48
Relationships with family/friends	29	50	29	50
Health	27	47	31	53
Skills in reduced drug use	26	45	32	55
Relationships with other inmates	23	40	35	60
AIDS education	21	36	37	64
Relationships with correctional staff	8	14	50	86
Security re-classification*	11	19	46	80
Court Reports	18	31	40	69
Parole* ¹	6	10	-	-
Friendship/someone to talk to* ¹	3	5	-	-
A new start* ¹	2	3	-	-

* One inmate was unsure about help in this area

*¹ These categories were based on inmate responses

effect of this interruption was the loss of an established relationship with a counsellor. Another inmate stated that he had lost the trust which he had felt in a group with which he was involved. When asked if there was anything they disliked about the service, 22% identified

something which they disliked. The number of inmates was nominal (n=13) and responses did not lend themselves to categorisation. The most common response was the insincerity of some inmates in the group sessions (n=3). Another two inmates said that they

disliked groups for inmates with alcohol problems being combined with groups for inmates with other drug problems.

Finally those who used the service were asked if they had any suggestions for improving the service. The most commonly cited suggestions were: increase number of treatment sessions (n=7); greater support from custodial officers (n=5); D&A Workers should have more training/experience (n=4); D&A Service should be more easily accessible (n=3); residential unit treatment should be made available (n=3). Table 9 shows some of the inmates suggestions in greater detail.

5. Those users who did not receive treatment

Table 10 shows the reasons provided by inmates who were classified as potential clients³ as to why they did not use the service (n=90). The most frequently cited reason was they did not have a drug or alcohol problem (42%). After no problem, the second most frequently cited reason was that they considered they were able to control drug use themselves (12%). Of concern is that 10% of potential clients who did not use the D&A Service said that they were not aware that the service existed.

Of those potential clients who did not use the service (excludes those 38 users who said they did not have a drug problem) 8% (n=4) stated that they had made attempts to use the service, however they had been unsuccessful.

Table 11 shows that the majority of potential clients who did not receive

treatment (excluding those who said that they did not have a problem, n=38) thought that it was not important at all for them to receive treatment while in prison 61% (n=27). Unfortunately data were missing on 8 inmates for this question.

Therefore, it appeared that the main barriers to access for potential clients were self-imposed barriers.

6. Inmate suggestions on optimal drug treatment

The following findings relate to that group of inmates who used the service and also to those who did not use the service but: (a) were regular-heavy users; (b) reported drug-related problems; or (c) perceived there to be a relationship between their drug use and imprisonment. A total of 110 inmates were included in this group. Those drug users who did not use the service but also stated that they did not have a problem were excluded.

This group were asked to suggest: the best people to run treatment programs; the best time to run treatment programs; the type of treatment program which could have helped them while in prison; and also to describe how they would design a drug treatment program.

The most frequently cited category of people selected as the best to run D&A treatment programs were D&A Workers (34%). After D&A Workers, ex-users were cited as the best to run D&A programs (21%). Specifically, ex-users who were current inmates were most frequently cited (n=8). One inmate

suggested that custodial officers be involved in treatment with the intention of fostering better relations between inmates and officers.

The most frequently cited, most suitable time to run D&A programs was throughout the entire sentence (45%). The next most frequent response was on reception to prison (19%).

With regards to the type of program drug users thought may have helped them while imprisoned, suggestions were many and varied. Table 12 shows selected individual responses. The most frequently cited category of response was the same program which they had already received from the service (8%). Other categories derived from inmate responses were: self-esteem program (3%); pre-release program (3%); audio-visual program (3%); and support group (3%). Of the total group half did not put forward any suggestions in response to this question.

With regards to the question on designing a D&A program over half the group did not put forward any suggestions. Table 13 shows selected individual responses. From the general categories based on inmates' responses, the most frequently cited program modality was a residential unit (6%). Other categories of response were: discussion groups (5%); programs run by ex-users (4%); provision of a choice of programs (3%); audio-visual based program (3%); and individualised programs.

7. Future plans

Goals re future drug use

Potential clients of the service (excluding those who said that they did not have a drug/alcohol problem) and those who actually used the service were asked if they had set themselves any goals in relation to their drug use once they were released. The majority said that they had set goals (73%). Those who had received correctional centre D&A treatment were more likely to have set goals than those who had no treatment (79% versus 65%). Of note is that 4 of the inmates who stated that they had set goals identified the goal as being to purchase drugs once they were released. All other goals stated were related to reducing drug use. The most common goal cited was reduced drinking (16%). This was followed by not to use some unspecified drug (12%) or not to use more than one drug type (12%).

Those inmates who reported having problems with drugs were asked which drug had caused them the most problems. The findings of those who identified a main problem drug were cross-analysed with goals in relation to future drug use. All those who identified heroin as their main problem had set goals. Of those who had identified alcohol, 62% had set goals in relation to future use.

Table 9: A selection of inmate suggestions for improving the D&A Service

" I found D&A Services pretty useful - things that will help me in the community and myself."

" A lot more co-operation between psychologists and D&A workers because they are both helping in the same direction."

Availability of Service

" It should be made more available. Information should be given at the beginning as to how - what to do, times etc. The screws should give priority to those who want to move through the system."

" More readily available, easy access, more counsellors, Aboriginal counsellors and more support from prison officers - they should make it easier to attend."

" Longer and more frequent sessions."

" To be able to see them more often - the worker is always overworked - needs another person."

" Inmates should be told where the D&A offices are - the Wing Officers don't do their job properly."

Counsellors

" A person with professional insight and training."

Programs

" Talking about what you are going to do when you get out."

" Could design a program for each of the different areas, for example, alcohol, heroin, cannabis, pill poppers - a separate program for each."

" More information on alcohol - there was too much emphasis on drugs."

" Set programs - an inmate should have the opportunity to participate in a unit environment, like Silverwater. It's not beneficial to go over old ground with each transfer to different gaols."

Table 10: Reasons provided by potential clients as to why they did not use the D&A Service

	No. (n=90)	%
No drug or alcohol problem	38	42
Able to control use alone	11	12
Unaware of D&A Service in prison	9	10
Waste of time	5	6
Not concerned about drug use	3	3
Tried treatment before	3	3
No need for D&A treatment-unspecified	3	3
On methadone program	2	2
Drug problem is not serious enough	2	2
Made attempts but D&A worker did not follow through	2	2
Short sentence	1	1
No time due to prison work commitments	1	1
Waiting list to see D&A worker is too long	1	1
Other inmates gave bad reports about D&A Services	1	1
Currently abstinent in prison	1	1
Not comfortable in talking about drug use	1	1
Other	6	7

Post-release treatment

Table 14 shows the perceived level of importance for future treatment by the total sample of drug users⁴ and those who used the service. The most frequently cited response for the total sample was not important (36%). However, those who used the service were more inclined to state that it was very important to receive treatment on release (30%) than the total group of drug users (22%). Further, significantly

more of those who used the service thought it was very important to receive post-release treatment than those drug users who did not use the Service ($\chi^2 = 4.3, p < .05$).

Form of treatment to be undertaken

Table 15 shows that the most frequently cited treatment for future use was counselling. Counselling was markedly more popular than other treatment modalities. The other treatment

Table 11: The perceived importance of receiving treatment for drug use by potential clients* who did not undertake treatment with the D&A Service

	Very important		Quite important		Not very important		Not important at all		Don't know		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Potential clients*	1	2	1	2	13	30	27	61	2	5	44	100

* Excludes those who stated that they did not have a drug problem (n=38).

Table 12: A selection of inmate ideas on the type of D&A program which could have helped them

Choice of one-to-one counselling and groups	Content
" Just the same - I liked one-to-one, because I am a loner. I don't like talking in groups, but I have learnt to share this."	"Talking and videos about drugs and effects."
" Should have choice of groups or one-to-one."	" How to adapt to life without drugs, self esteem work and in a group format - a discussion group."
" Support group - with a D&A worker and other inmates."	Input from the outside
" A self-esteem group - I'm lacking a bit. More ideas come out when there are more people."	" What I really needed was someone to talk to from outside, as well as D&A counsellor."
	" A famous sports personality - running discussions, but, with guidance of a psychologist."
	" More contact with people who come in from the outside and one to one counselling."

Table 13: Inmate ideas on implementing their own drug treatment program in Correctional Centres

" A unit operation - a set program for a set amount of time - three to six months."

" Use a completely detached unit."

" It would have to be away from mainstream gaol. There is peer pressure within the wings to use."

" Different people need different things - a choice of different things."

" Show slides about what happens inside the body."

" Give information, but not drilling - talk with people, but not at them - a few jokes and people who are qualified."

" Run by ex-users who know what they are on about - a peer group."

" Include families at the end of a sentence - use brochures to advertise meetings."

" Bring in the families - important people."

" Finding out who has been in for drinking and then have group sessions and questions afterwards - hear others stories, so they can relate to it."

" Show the effects of drugs , where they are leading you to - the consequences and the positive side when people don't use - the respect you get from others when you don't use."

" Directed towards young offenders and first timers and using the long termers and old timers to tell them the way not to go."

" I'd have group sessions - go more for steering in the direction of replacing drugs with training and education."

" All the boys in a room with tea, biscuits, videos and a couple of nice looking women to keep us interested and someone to keep us talking. "

" Start at the beginning of the sentence and be responsive to inmates."

" Confidential, easy going, no pressure applied."

" Up to the individual - no pressure to attend, choice of one-to-one or group counselling."

Table 14: A comparison between the total sample of drug users and those who used the D&A Service on the perceived importance of seeking treatment on release

	Drug users*		Used D&A Services	
	No.	%.	No.	%.
Very important	23	22	17	30
Quite important	16	15	11	19
Not very important	27	26	12	21
Not important	37	36	17	30
Don't know	1	1	-	-
Total	104 ^{*1}	100	57 ^{*2}	100

* Excludes those users who said that they did not have a problem (n=38)

*¹ There were 10 missing cases for this question

*² One missing case

modalities were fairly evenly matched in terms of selection for future treatment.

Table 16 shows whether inmates had made post-release plans in relation to key life areas, such as: accommodation; employment; family/friends; and budgeting. It appeared that those who used the service were more likely to have made plans in relation to employment and family/friends and less likely to have made plans about accommodation and finances, than drug users in general.

However, these observed differences were not marked and could be due to sampling fluctuations.

Table 17 shows inmates' feelings about being released (forced choice format). It appeared that those who used the D&A Service were more likely to have mixed feelings and less likely to have positive feelings about release than drug users in general. This may be explained by the finding that those who used the service were more likely to have set goals for change in relation to their future drug use.

Table 15: Form of treatment to be undertaken on release by those who believed treatment was important

	Drug users* No. (n=39)	Those who used D&A Service No. (n=28)
Counselling	20	15
Alcoholics Anonymous	6	4
Help from family/friends	6	5
Narcotics Anonymous	4	2
Group therapy	4	3
Rehabilitation Centre/ therapeutic community	4	1
Psychologist/psychiatrist	4	2
Self-detoxification	3	3
Doctor	2	1
Detoxification unit	1	1
Other	1	1

* Drug users includes those categorised as potential clients and those who used the Service, but excludes those who said they did not have a problem

Table 16: Inmates who reported having made post-release plans in relation to key life areas

	Total sample		Drug users*		Drug users who used the D&A Service	
	No. (n=175)	%.	No. (n=152)	%.	No. (n=57* ¹)	%.
Accommodation	146	84	129	85	45	79
Employment	121	69	103	68	41	72
Family/friends	93	53	84	55	36	63
Budget	28	16	20	13	5	9

* Those who did use the D&A Service and those who were classified as potential clients of the D&A Service.

*¹ One missing case

Table 17 : Inmate attitudes in relation to being released

	Total sample		Drug users*		Drug users who used the D&A Service	
	No.	%	No.	%	No.	%
Positive	118	68	100	66	31	54
Negative	3	2	2	1	2	4
Mixed	53	30	50	33	24	42
Total	174*¹	100	152	100	57*¹	100

* Those who did use the D&A Service and those who were classified as potential clients of the D&A Service.

*¹ One missing case

7. Reliability of data

The accuracy of some of the data gathered was able to be verified with inmate records held by the Department. The following data were verified: most serious offence type; sentence length; age; and Correctional Centre transfer information. Of the total sample 13% (n=22) had provided inaccurate data on these data items and no inmate provided inaccurate data on more than one of these items. Most of the discrepancies were in relation to most serious offence information; findings were as follows: offence type totally different category to actual offence (n=5); offence stated was committed by the inmate, but was not the most serious (n=5); and offence stated was related/similar, but not the actual offence (n=5). These discrepancies may have been due to a number of factors, such as: memory, dishonesty or lack of understanding. The fact that no one provided inaccurate data on more than one check suggests that dishonesty was not the main contributing factor. The findings were cross-analysed with those on frequency and amount of alcohol and heroin use prior to imprisonment. There appeared to be no significant difference between those whose data showed discrepancies and those whose data matched in terms of reported prior drug use.

Interviewers were also asked to rate inmates in terms of their co-operation and truthfulness. The majority of inmates were reported to be "very co-operative" (55%), followed by "fairly co-operative" (42%). With regards to truthfulness, the majority were rated as "fairly truthful" (54%) followed by "extremely truthful" (39%), with only 5% being rated as "untruthful". When truthfulness was cross-analysed with frequency and

amount of alcohol and heroin consumption prior to imprisonment there appeared to be no marked difference between those rated as truthful and those rated as untruthful.

As inmates were being asked at the end of their sentence about their use of drugs before their sentence had commenced, the reliability of drug use data could be called into question. However, the median sentence length was 4 months and the majority of inmates were recalling their use within the previous 12 month period. A 12 month time frame for recall is consistent with other studies.

In conclusion, these measures have not provided any reason to doubt the reliability of the self response data and lend support to Pedic's (1990) recommendation for collecting drug use data by way of face-to-face interviews.

Discussion

This report is the second of a two part series. The main objective of this study was to examine the effectiveness of the D&A Service in reaching those inmates with drug problems and in addition to examine inmate perceptions on the effectiveness of that contact. Inmates nearing the completion of their sentence were deemed to be the most appropriate to study. In order to meet the above objective it was necessary to identify drug-related background characteristics of inmates. The findings arising from the background characteristics of the inmates have been presented in the first report. This second report addresses the effectiveness of the D&A Service in meeting the needs of inmates with drug problems and draws implications from these findings in relation to suggesting ways by which the service can be improved.

Exposure to the D&A Service

Most of the inmates were aware of the existence of the D&A Service. Further, findings indicated that a number of inmates had been exposed to the D&A Service during the early stages of their sentence, in that 36% of inmates stated that a D&A Worker was present at their reception meeting.

Notwithstanding the above, based on inmate responses the majority of inmates did not recall being given a drug assessment and 10% of those who did not use the service but were identified by the study as being potential clients had no knowledge of the D&A Service.

It was of concern that more than half of those who reported to be withdrawing

from drugs at reception had not received treatment. (Note this would, for the most part, fall within the jurisdiction of the Prison Medical Service as it considered to be primarily a medical concern). It is highly likely that withdrawal symptoms would be compounded by the stress of being introduced into a Correctional Centre environment and hence due care should be given to those inmates who are in withdrawal.

As reception to prison is undoubtedly a stressful experience for most inmates it would seem important for the D&A Service to establish contact with inmates at this time. The first report in this series recommended that a standardised screening procedure be conducted on all inmates at reception.

In terms of coordinating case identification and referral, the relationship between Prison Medical Service and the D&A Service seems to vary across Correctional Centres. It would appear that a collaborative effort between the two services would be beneficial to inmates with drug and alcohol problems.

A brief drug screening procedure is already conducted by the Prison Medical Service at reception. A single drug screening procedure jointly managed by the D&A Service and the Prison Medical Service would appear to be the most cost-effective utilisation of resources.

Screening would not only serve to identify those with drug problems but also provide the opportunity to introduce inmates to the range of treatment options available. Literature on the service needs to be provided to inmates as a matter of course. The present study's findings indicate that literature on the service should include details about how

to gain access including the location of the D&A office within the particular Correctional Centre.

Provision of treatment

The findings showed that 33% of inmates in the sample had used the D&A Service. Further, 41% of those classified as "regular-heavy users" of drugs used the service. Similarly 38% of those who said that alcohol was their main problem and 48% of those who said heroin was their main problem had used the service.

Consistent with Chaiken's (1989) findings on U.S. inmates, the present study found that more than 50% of regular-heavy users had not received drug treatment in prison during their current sentence.

This study found that inmates who used the service appeared to be, for the most part, self-selecting. D&A worker initiated recruitment of clients was reportedly not very high. As already noted the Prison Medical Service conducts a brief drug screening procedure on inmates, however only one inmate reported to be referred by the Prison Medical Service. Similarly only one inmate reported being referred by the Reception Committee. No inmate reported being referred by the psychological service.

Allowing for the possibility that official and professional Correctional Centre staff referred other inmates who did not follow through with the referral and that some "self-referrals" may have been prompted by staff it appears that increased referrals from staff would be beneficial to the needs of inmates. Such a practice would be consistent with the area management⁵ approach currently being adopted in N.S.W. Correctional Centres.

Considering that the majority of those classified as having drug problems did not use the service and those who did use the service were mostly self-selecting then there appears to be a strong case for increased targeting of high risk cases (those heavily involved with drugs and who have committed many serious crimes). In further support of this argument, the major barriers to access for those who did not use the service appeared to be self-imposed barriers, in that those inmates perceived that they did not have a drug problem or that they could control their drug use. This finding reflects, to some extent, a reliance on voluntary contact with the D&A Service. While the present paper is not endorsing mandatory enrolment in treatment for those identified through screening as risk cases, it does endorse some form of additional contact, such as a detailed, standardised assessment procedure.

Given the limited resources available to the D&A Service it would seem appropriate to set up assessment criteria for identifying medium-high risk cases and developing corresponding intervention strategies. For example, inmates classified as medium-high risk cases through assessment could be followed up with an additional intervention such as a motivational interview, with a view to matching the inmate to a treatment option if possible.

Wallace et al (1991) reported on national initiatives being established in U.S. Correctional Centres. These included all inmates being screened on reception. Based on screening results inmates were rated as having "no significant problem", "a moderate problem" (use of drugs negatively affected at least one major life area in the previous 2-year period), or "a serious problem" (frequent-heavy use of

drugs negatively affected two or more major life areas in the previous 2-year period). This classification system was to be used as a basis for allocating inmates to treatment. However the only mandated treatment was drug education for inmates who had committed offences related to drug use.

Adopting a systematic basis for matching inmates to treatment represents sound practice. Inmates classified as high risk cases should be offered more high intensity programs and more hours of treatment such as a therapeutic community program. It would be appropriate to offer those classified as low risk cases, low intensity programs such as drug education.

The finding that only 50% of inmates indicated their goal for using the service was directly related to their use of drugs lends further support to the case for setting up systematic criteria as a basis for treatment to begin. Some of the reasons provided by inmates as to why they used the service were: someone to talk to; to fill in time; or satisfy curiosity. Given the policy of area management a number of staff from various disciplines could possibly fill the role of companion, as could inmate support groups.

Findings from the present study also indicated that an increase in court referrals may be a way of engaging more inmates with drug problems into treatment.

The D&A Service offers a range of treatment options for inmates. The findings showed that significantly more inmates received one-to-one counselling than any other form of treatment. However, based on inmate responses one-to-one counselling did not appear to

be more helpful than other forms of treatment. Inmate responses indicated support for the provision of a range of treatment options and, as already stated, the D&A Service does provide this. However, based on inmate responses there appeared to be a disproportionate amount of one-to-one counselling compared with other programs. Empirical evidence (derived from inmate samples) has not indicated support for a larger allocation of resources to one-to-one counselling over any other form of treatment (Andrews et al, 1990; McLaren, 1992). There appears to be a case for reducing the amount of resources being allocated to one-to-one counselling by the D&A Service. The advantage of group programs is that they offer increased coverage of the client population and potential continuity of service.

McLaren (1992), in her review of the effectiveness of in-prison rehabilitation programs, reported that non-directive client centred counselling had not been found to be effective and that effective programs were most likely to be based on social learning principles. Other specific principles which McLaren reported had proven to be effective were:

- ▶ provide clear rules (a "firm, but, fair approach", rather than domination);
- ▶ concentrate on strengthening prosocial attitudes and behaviour that are consistent with a law abiding lifestyle. The whole group reinforces prosocial and noncriminal behaviour and attitudes when they occur;
- ▶ control offender peer groups (less opportunity to reinforce anti-social behaviour);

- ▶ modelling and reinforcing of positive alternatives and pro-social behaviours;
- ▶ problem solving skills (so inmates are better able to cope with personal difficulties);
- ▶ provide relapse prevention and self-efficacy skills;
- ▶ provide a span of activities which encourage constructive and responsible patterns of behaviour.

In the present study a number of inmates indicated support for the therapeutic community approach. A separate residential program (6%) was the most frequently cited program chosen by those who were asked what type of treatment program they would introduce into Correctional Centres. Another popular choice by inmates was the involvement of ex-users in the provision of treatment. Research has shown that drug programs which include both these approaches are associated with effective outcomes such as reduced drug use and reduced recidivism (Wexler, 1991; Chaiken, 1989).

Post-release

The lives of drug abusers are often characterised by instability. Findings from the present study indicated that a quite a number of inmates had made no post-release plans in relation to key life areas and a substantial number reported mixed feelings about being released to the community. Zamble and Porporino (1990) found that the heavy use of drugs compounded difficulties with coping which were already highly evident amongst offenders. It would seem appropriate to

offer drug offenders a pre-release program. Such a program should include financial and residential issues, work on family and job adjustment and relapse prevention planning. Further, to facilitate an easier transition for these inmates close links with community-based treatment programs should be established and follow up provided. Research has shown that programs which provide a pre-release component and community after-care are more effective in terms of reducing drug use and recidivism (Chaiken, 1989 & Anglin, 1990 in McLaren, 1992).

Correctional Centre gains

The existence of drug treatment programs in Correctional Centres provides several advantages for the Centres as well as the individuals with drug problems. For the Correctional Centre, drug users enrolled in treatment, most likely means less drug use in the Centre. Further, as Bauchiero (1989) reports, inmates who are actively engaged in drug treatment programs are less likely to exhibit behavioural or disciplinary problems. The present study's findings indicated that the D&A Service is making a contribution to the safe management of the N.S.W. Correctional Centre system. Inmates who used the service reported being helped in a variety ways not directly related to their use of drugs, including: their relationships with other inmates (40%); their relationships with correctional officers (14%); and two inmates reported that they were less aggressive since receiving treatment.

For inmates treatment provides the opportunity to begin a process of rehabilitation to improve the quality of their lives. Further, inmates for whom

drugs are no longer a problem after release are less likely to be a threat to the community or those close to them.

As the entire Correctional Centre system stands to gain from inmates enrolled in drug treatment then the findings suggest that there should be greater encouragement and co-operation from Correctional Centre administration and correctional officers at wing level, particularly in relation to facilitating access to the service. One obstacle reported by the D&A Service is that inmates who also work in the Correctional Centre may lose wages for taking time out from work to attend D&A Service sessions, whereas this is not the case for those who attend other programs. It would seem appropriate to amend such inequitable policy.

It should be noted these findings represent a single discharge cohort and caution should be exercised in interpretation. Additional population-representative cohort studies need to be conducted in order to confirm findings. Further, criteria for classifying inmates as "regular-heavy users" of drugs needs to be further refined.

In summary, empirical evidence has shown that some interventions do succeed in reducing drug use and recidivism. The D&A Service has only been in operation in N.S.W. Correctional Centres since the mid-1980s. The findings from the present study indicate that the D&A Service has played a valuable role in reaching and helping drug involved inmates. From the available research documenting current best practices in the field and given the limited resources available to the D&A Service, strategies by which the service can more effectively respond to drug involved inmates have been identified.

Endnotes

1. **Reception meeting** - It is the policy of the Department of Corrective Services that a reception meeting is held within 48 hours of an inmate being received. The Reception Committee informs the inmate of programs and daily routines of their institutions. The committee can also make recommendations in relation to the security classification and placement of short-term inmates.
2. **User** - the classification of inmates as regular-heavy users of drugs was based on their patterns of drug use in the six months prior to imprisonment, as reported in the first of this two part report series. The following criteria was used to classify inmates as regular-heavy users (users): anyone who drank more than 6 glasses of alcohol a day or 42 glasses of alcohol a week; anyone who used any drug (excluding cannabis) on a daily to weekly basis; and anyone who used cannabis on a daily basis.
3. **Potential clients** - those who did not use the D&A Service but were: (a) classified as users of drugs; or (b) believed there was a relationship between their drug use and imprisonment; or (c) believed they had a drug problem.
4. **Drug users** - those who did use the D&A Service and those who were classified as potential clients of the D&A Service.
5. **Area management** - The process whereby staff directly supervise inmates in order to enhance security and facilitate their individual management. Area management combines static and dynamic security and devolves responsibility to the lowest practical level. Case management and a structured day are integral parts of the model. The structured day is based on a proper mix of education, industry and recreation.

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Appendix A

Table 18: No. of Discharges for March, 1992 :
 (includes those released on sentence completion, to parole and on licence)

Correctional Centre (male inmates)	No. released		Correctional Centre (male inmates)	No. released
St. Heliers	41		Assessment	6
Silverwater	36		Broken Hill	6
Parramatta*	34		Tamworth	4
Goulburn	32		Prison Hospital	4
Cessnock	29		Maitland	3
Training Centre	29		Lithgow	2
Bathurst	28		Berrima	2
Reception	27		Cooma	2
Emu Plains	23		Remand	1
Glen Innes	22		Special Care Unit	-
Mannus	21		Newnes	-
Grafton	19		TOTAL (male)	421
Windsor	19		Correctional Centre (female inmates)	No. released
Parklea	13		Norma Parker	9
Kirkconnell	12		Mulawa	28
Oberon	10		TOTAL (female)	37

Key: ■ = Correctional Centres selected for study.

* = Parramatta was re-classified to a remand prison during the course of the study and therefore was excluded.

Appendix B

Table 19: Breakdown of sample by Correctional Centre

	Expected No. Discharges	Refusals	Not Present	Interviewed
	No.	No.	No.	No.
Cessnock	28	2	-	26
Reception	11	-	1	10
Goulburn	20	-	2	18
Training Centre	25	1	1	23
Bathurst	23	-	2	21
St. Heliers	27	-	-	27
Silverwater	42	-	23 ^{*1}	19
Mulawa/ Norma Parker	14	-	3	11
Emu Plains	20	-	-	20
TOTAL	210	3	32	175

Key:^{*1} = Silverwater is a work release Centre, therefore inmates may not be on the grounds during general office hours.

Appendix C

Tables 20 to 24 show a comparison between the present sample and a discharge cohort from the N.S.W. Prison Census, 1992 on demographic and offence data.

Table 20: Age - sample and Census			Table 21: Marital status - sample and Census		
	Sample (n=175)	Census (n=334)		Sample (n=175)	Census (n=334)
	%	%		%	%
18-24	41	38	Single	58	56
25-29	22	22	Married/ de facto	29	31
30-34	18	17	Separated/ Divorced	13	12
35+	19	23	Unknown	-	1
Total	100	100	Total	100	100

Table 22: Sex, Aboriginality and Australian born - sample and Census							
	Sex			Aboriginality		Australian-Born	
	Sample (n=175)	Census (n=334)		Sample (n=175)	Census (n=334)	Sample (n=175)	Census (n=334)
	%	%		%	%	%	%
Male	94	95	Yes	15	13	80	86
Female	6	5	No	85	87	20	14
Total	100	100	Total	100	100	100	100

Appendix C cont.

**Table 23: Sentence length-
 sample and Census**

Sentence length	Sample (n=175) %	Census (n=334) %
1 mth < 3	20	15
3 mths < 6	36	24
6 mths < 1 yr	21	21
1 yr < 2 yrs	11	14
2 yrs plus	12	26
TOTAL	100	100

**Table 24: Most serious offence-
 sample and Census**

Offence	Sample (n=175) %	Census (n=334) %
Property	27	30
Driving	20	11
Assault	17	20
Drug* ¹	14	6
Robbery	12	13
Order	9	11
Sexual Assault	-	6
Other	1	3
TOTAL	100	100

*¹ Includes offences such as possession, selling, importing & cultivation.