

# The role of alcohol and drug rehabilitation in custodial settings



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# Overview

- \* Background
- \* Tasmanian Prison Service
- \* The Policy Context
- \* My Research
- \* Key themes from Literature Review
- \* Preliminary Stakeholder Feedback

# Background: The Drug/Crime Cycle



- \* Approximately half of all prisoners in Australia attribute their offending to drug use
- \* Australian studies have shown up to 92% prevalence of lifetime illicit drug use among prisoners and 44-64% prevalence of injecting drug use

*Johnson, 2004; Makkai & Payne, 2003; Kinner, 2006; Butler & Papanastasiou, 2008; Butler et al., 2003*

**atdc**

# Links between crime and ill health

*AIHW report 2009 - The health of Australian prisoners 2009*

\*health of prisoners is poorer than the general community on a range of indicators including alcohol and drug use and mental health concerns:

- \* **52 %** of prison entrants reported drinking at levels that place them at **significant risk of alcohol-related harm**
- \* **71 %** of prison entrants had **used illicit drugs** during the **12 months prior** to their **current incarceration**
- \* **35 %** of prison entrants tested **positive to hepatitis C**, **21 %** tested positive to the **hepatitis B** and **less than 1 % tested positive to HIV**

*Australian Institute of Health and Welfare (AIHW) (2010) The health of Australia's prisoners 2009, Canberra: AIHW*

# Opportunity

- \* Evidence tells us that only a small percentage of individuals experiencing complex substance misuse issues, seek treatment voluntarily, therefore, the incarceration of an offender with significant alcohol and drug issues provides a unique opportunity for intervention.



# Tasmania Prison Service

TPS has six prisons

## \*Risdon Prison site

- Risdon Prison Complex(RPC)
- Ron Barwick Minimum Security Prison (RBMSP)
- Mary Hutchinson Women's Prison (MHWP)

## \*Hobart and Launceston Reception prisons

## \*Hayes Prison Farm



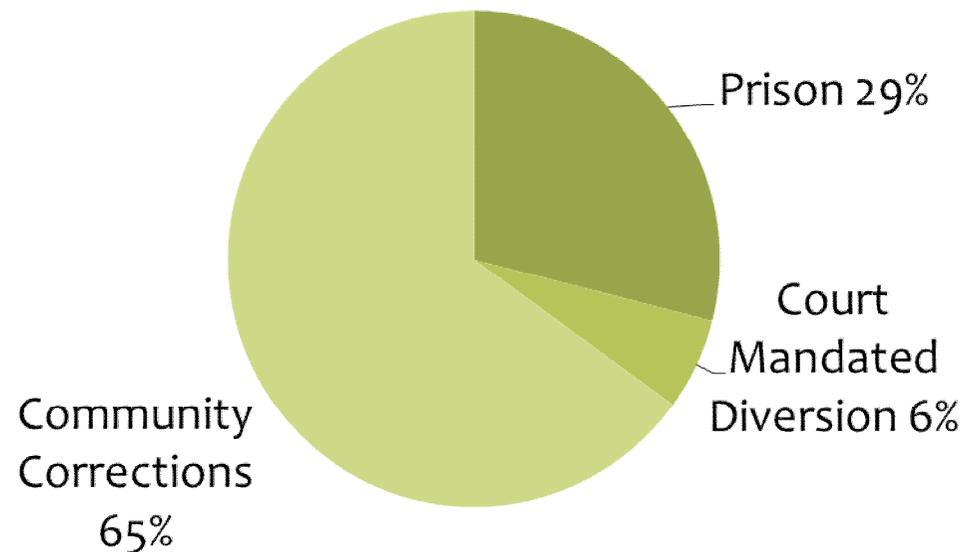
# Tasmanian Prison Service

- \* DHHS provides Health Services for prisoners through the Correctional Health Service
  - \* 6 beds
- \* Wilfred Lopes Centre
  - \* Secure mental health unit for inmates diagnosed with a severe mental illness

2008-09

- \* 522 (29%) in the prison system
- \* 1177 (65%) supervised by Community Corrections
- \* 100 (6%) managed by CMD

### Daily Offender Population



# Community Corrections

- \* Court Mandated Diversion Program
- \* Operating since 2007
- \* Capacity of 80 offenders Statewide
  
- \* Current model is working well with Community Corrections continually looking at ways to engage with the community sector to better address the needs of the client

# Tasmanian Prison Service

- \* Recent Developments
  - \* Introduction of Integrated Offender Management (IOM) model
  - \* Development of partnerships and linkages with the community sector



# The Policy Context

## ***The National Drug Strategy***

***\*Strong partnerships and integrated service approaches with alcohol and other drug treatment, social welfare, income support and job services, housing and homelessness services, mental health care providers and correctional services are needed if people with multiple and complex needs are to be assisted to stabilise their lives, reintegrate with the community and recover from alcohol and other drug-related problems.***

# The Policy Context

## Breaking the Cycle

- \* Discussion paper put together in 2009 to meet the objectives of:
  - \* Developing appropriate infrastructure and the most effective targeting of resources
  - \* Well research, evidence based initiatives which decrease the offender population, benefit those who come into contact with the corrections system and result in safety security and crime reduction in the community



# The Policy Context

## Breaking the Cycle

- \*Seven goals have been identified
- \*1. *To reduce re-offending by providing rehabilitation and reintegration services to address issues which contribute to offending*
- \*4. *To provide more effective and accessible service delivery through better integration with service providers*
- \*5. *To increase community engagement with the corrections system and the rehabilitation of offenders*

# The Palmer Review

- \* In 2011 the Risdon Prison Complex Inquiry was compiled by Mick Palmer
- \* According to Palmer
  - \* *The reality is that there is currently a lack of clear and decisive leadership within the TPS at RPC. Further, there is a high level of distrust between management and staff.*

# My Study

## - why do we need this?

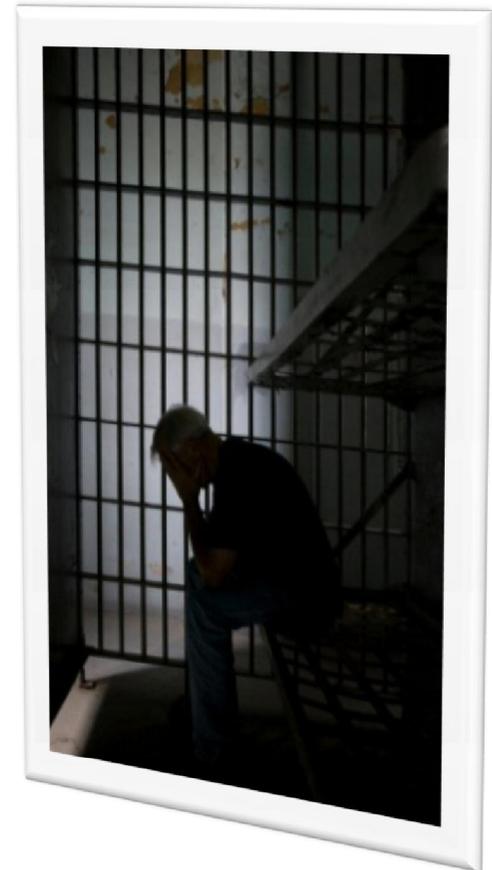
Masters of Criminology and Corrections Research  
Thesis

Interviews with 10 -15 key stakeholders identified  
through contacts and the snowball sampling  
method

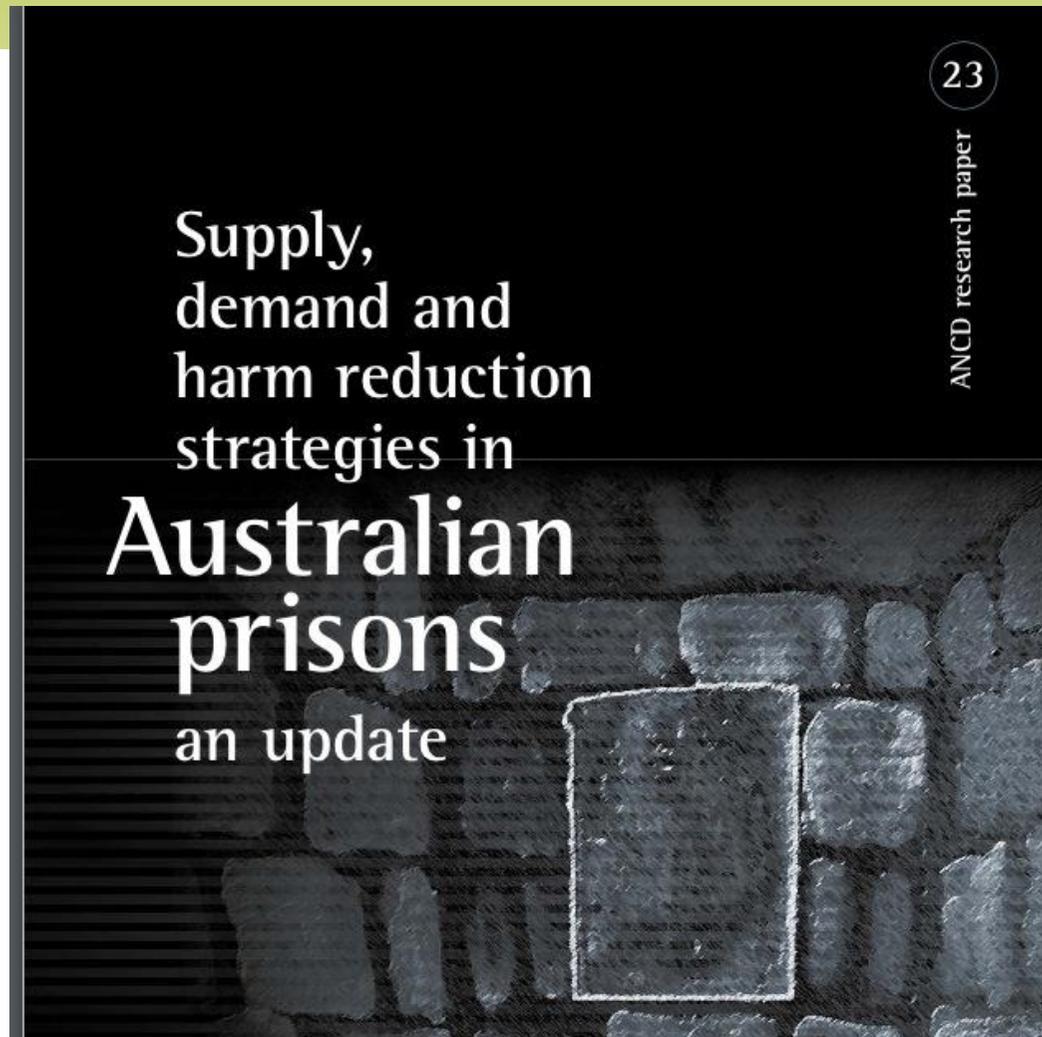
Literature review, policy review, case study,  
stakeholder analysis and recommendations

ATDC will produce a discussion and policy paper  
based on the final document

Due for submission in October 2012.



# ANCD's report released yesterday



# Key themes from the Literature

- \* TCs in prisons have consistently and persuasively been found to improve inmates' psychological functioning, to lower levels of psychoticism, neuroticism, depression and hostility, and to inculcate greater self esteem and self confidence and pro social interpersonal and communication skills.
- \* 'may reduce reoffending for older, motivated, serious recidivists who remain in therapy for at least 18 months, and who progress through the optimal 5 stage therapeutic career model'
- \* Genders, E. and Player, E. (1995) Grendon: A Study of a Therapeutic Prison. Oxford: Clarendon Press

# TC Treatment Philosophy

- \* The quintessential element of the therapeutic community (TC) is community. Community is both the context and method in the change process. It is the element of the community that distinguishes the TC from all other treatment and rehabilitative approaches to substance abuse and related disorders.
- \* (*The Therapeutic Community: Theory, Model and Method De Leon, 2000*)

# TCs in Prison

- \* TCs in Prison
  - \* Alternative concept to inmates
  - \* Promotion of positive social relationships
  - \* Provision of positive role models (staff)
  - \* Transition from institutional to community – continuity of care

# Pod Style Living

- \* Dietze et al (2003) suggests that the benefits of inmate pods should not be underestimated.
- \* *“By holding inmates accountable to one another and by involving them more directly in the daily responsibilities of running the unit, one might see the same positive effects that were shown in the treatment unit”*
- \* Dietze et al (2003) "Therapeutic Communities and Prison Management: An Examination of the Effects of Operating An In-prison Therapeutic Community on Levels of Institutional Disorder." *International Journal of Offender Therapy and Comparative Criminology* 47.2 (2003): 210-223.

# The Cost of Incarceration

- \* High rates of incarceration of drug users can have some impact on drug use and associated problems HOWEVER, these impacts are at best marginal and have not lead to a significant or lasting undermining of the market in any country.

# The Cost of Incarceration

- \* Cost of prison – approx \$282 per day = over \$100,000 per year
- \* Cost of treatment in community \$10.50 per day
- \* Research demonstrates that ‘every dollar spent on policies and programs aimed at reducing drug misuse and drug-related harm among offenders, produces a four to twelve dollar return, measured in terms of healthcare and crime cost reductions.’

# The AMC Experience



- \* Solaris  
Therapeutic  
Community
- \* Opened in 2009
- \* Stand alone  
cottages  
housing up to  
20 men

# Compulsory Drug Treatment Centre Parklea Correctional Centre

- \* Opened in 2006
- \* Houses up to 70 participants
- \* 3 staged approach



# Amity Prison Based Therapeutic Community

- \* At 5 year post release, 90% of the original 715 prisoners were located and 81% were interviewed.
- \* Significantly lower rates of re incarceration than the control group.
- \* Those who attended aftercare had lower levels of re incarceration, longer time to re incarceration and high levels of employment.
- \* Prendergast, M. L., Hall, E. A., Wexler, H. K., Melnick, G., & Cao, Y. (2004). *Amity prison-based therapeutic community: 5-year outcomes. The Prison Journal*

# Through care

- \* Continuity and communication are key to effective through care models.
- \* Through care describes how custodial and community service systems must work together to ensure that continuity of care is preserved for prisoners during their time in prison and post-release
- \* (*Borzycki, 2005; Burrows et al., 2000*).

# Aftercare

- \* Studies have provided consistent evidence that adding aftercare to prison based TC treatment for graduates paroled into the community significantly improves clients' behaviour while under parole supervision and thus increases the likelihood of positive outcomes (i.e. Reduced recidivism and relapse to drug use)
- \* (Wexler, Blackmore & Lipton 1991, Wexler, De Leon, Kressel and Peters 1999, Wexler, Melnick, Lowe and Peters, 1999)

# Communication

- \* Communication between clients and community-based workers should be facilitated to continue or be initiated during sentences and after release

*Borzycki, 2005; Burrows et al., 2000; VAADA, 2003; Ward, 2001*

Eg. Pharmacotherapy in prison vs out of prison

# Justice Reinvestment

- \* Research has shown that **smart investment** that tackles the **causes of crime** can be **cost effective**.
- \* For example – it costs over \$100,000 a year to house a prisoner at Risdon. If we divert even 10% of these prisoners that will be a saving of at least 5 million to reinvest in programs and services that address the causes of crime.

# Justice Reinvestment

- \* The US state of Kansas saved \$80.2 million over 5 years by implementing a justice reinvestment approach in 2008-2009.
- \* The growth of the prison population was halted and funding for substance abuse programs, halfway houses for those on parole and increasing access to education opportunities in prison were provided as a result.

# Preliminary Stakeholder Feedback

- \* Positive about the work they are doing with the prison
- \* Need to engage more with CSOs
- \* Custodial officer culture
- \* Need more residential beds in the community for post release

# Summary

- \* There needs to be a willingness to -
  - \* Explore new models of service delivery (ie. TCs in prison, through care and aftercare models)
  - \* Implement progressive drug policy in this area



## Contact Details

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