

**DRUG USE IN PRISONS: DATA
COLLECTION PROCEDURES --
A REVIEW AND
RECOMMENDATIONS**

Fadil Pedic, PhD
NDARC Technical Report No. 7



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SUMMARY

This report reviews potential sources of data that might be of interest to the National Drug Abuse Data System (NDADS) with regard to drug use in prisons. Information which is presently collected in the various jurisdictions is listed and the feasibility of further and more detailed collection is examined. Recommendations are then made regarding future prison data collection.

Consultation with corrective services and drug/alcohol authorities in all jurisdictions forms the basis of the information presented in this report. Published and unpublished reports of prisoner surveys guided the recommendations made in the report with regard to data collection methodology.

The recommended data collection system pertaining to prisons consists of a self-report survey to be carried out either while offenders are in remand, or during reception, and the collation of a data form to be completed bi-annually by prison medical and drug/alcohol staff. The self-report survey would collect data related to the involvement of drugs in crime and, if feasible, drug use in prison. The essential issue for NDADS, however, is the number and types of individuals who are likely to need treatment for drug/alcohol problems in prison. The survey should therefore focus on collecting data while individuals are in remand or prior to incarceration in order to assess the size of the drug/alcohol problem in gaols.

The proposed surveys would be conducted in all jurisdictions, with data collated at State/Territory levels, through face-to-face interviews regarding substance use a week or month prior to incarceration. Interviewers must either be especially trained for this task or be experienced prison drug/alcohol counsellors. The Short Michigan Alcoholism Screening Test (MAST) could be used in assessing alcohol problems, while questionnaires previously used with prison populations may be adapted to assess other drug problems.

The proposed data collection form would consist only of aggregate figures on the number of prisoners who (in the last six months): commenced methadone; received methadone prior to incarceration; received drug free counselling; received residential treatment; died due to drug/alcohol problems; tested HIV+ on reception; and tested HIV+ on discharge. The form would be completed twice annually by prison medical staff or by drug/alcohol staff and would enable the collation of these data at either the federal or State/Territory level. The information could then be fed back to the prison or the jurisdictional drug/alcohol authority to be used in allocating funds and/or staff for prison-based drug and alcohol problems.



TABLE OF CONTENTS

PAGE

1	SUMMARY
2	TABLE OF CONTENTS
3	BACKGROUND
4	DATA OF INTEREST
5	ESTIMATES OF PRISONER DRUG/ALCOHOL USE
5	EXISTING DATA COLLECTIONS
6	FEASIBILITY OF DATA COLLECTION
6	(A) INVOLVEMENT OF DRUGS IN CRIME
8	(B) DRUG USE IN PRISON
10	(C) INTERVENTIONS
11	(D) HARM
12	A DIGEST OF PAST RESEARCH
12	(1) Indermaur & Upton (1988)
13	(2) Indermaur (1986)
13	(3) Dobinson & Ward (1985)
13	(4) Krefft & Brittain (1983)
14	(5) Zibert & Howard (1989)
14	(6) Lightfoot & Hodgins (1988)
15	(7) Assessing Alcoholism in the Prison Population
15	DATA COLLECTION METHODOLOGY ISSUES
15	* All States/Territories or only partial coverage
16	* Sample or population data
16	* Reliability/validity
17	* Clinical testing: EMIT and RIAH
18	* Quantity of data
18	* Centralized or state based collections
18	* Ethical issues
19	* Reporting - frequency and format
20	OVERALL PICTURE OF RECOMMENDED DATA COLLECTION
21	REFERENCES
24	APPENDIX 1

PRISONS DRUG DATA COLLECTION

The aim of this report is to discuss the following:

- (1) The type of data sources which might be of interest to NDADS with regard to drug/alcohol-related problems in the prison population.
- (2) The feasibility of collecting these data.
- (3) Recommendations regarding future data collections.

It is hoped that the technical report and the recommendations herein will act to stimulate discussion within NDADS with regard to data collection in this area.

BACKGROUND

A certain proportion of individuals experiencing health problems due to drug use are not included in routine morbidity and mortality statistics because they are at the same time experiencing legal problems associated with substance use and are therefore likely to be imprisoned. Moreover, as illicit drugs become available in a community, more deviant persons can be expected to be among those who first use them. In time, use spreads to the larger community. One might, therefore, predict that changes in the level of illicit drug use in an offender population would be a leading indicator of community drug use. This is one important reason why data collection on offender drug use (both prior to and during incarceration) is necessary.

American experience shows the value of collecting such data. A comparison of urine test results for arrestees in Washington, DC with the traditional indicator of community drug use showed close time-lagged associations (Wish, 1982; Forst & Wish, 1983). In Washington, DC, the rise in heroin use between 1977 and 1980 showed up in the statistics from the arrestee urine testing program 1 to 1.5 years before it appeared in local statistics on overdose deaths, hospital emergency room admissions, and drug abuse treatment program admissions. Results from the arrestee urine

testing program in Washington, DC and research in New York (Wish, 1986) have also documented the rising use of cocaine in these cities in the 1980s.

Another objective of data collection on drug use in prisons is to allow identification of drug problems among the prison population and to monitor the effect of in-prison treatment on these problems. The background to this collection is that there is an interaction between addiction, crime and health problems. This link may be investigated through the systems associated with the provision of medical services in each jurisdiction.

Why are criminals likely to be drug users? There are generally three approaches in explaining the relationship between crime and drug use. First, there is the pharmacological approach. This explanation is of historical interest only and argues that the drug itself directly leads to criminal behaviour. One is reminded of images of "reefer madness" in this explanation. However, no evidence exists for this explanation.

Second, the economic viewpoint—because drugs are often expensive, it may be necessary for the addict to engage in illegal activities in order to raise a large enough income to cover this expense. Some support can be found for this viewpoint in the over-representation of drug users among imprisoned property offenders. No such disproportions have been found for non-income-generating offences, such as violence. Further evidence for this explanation (drug use causes crime) is apparent in studies relating criminal activity to periods of drug use (e.g., Ball et al., 1980, 1983; Dobinson & Ward, 1985). Dobinson and Ward (1985) found that 64% of heroin users incarcerated for property crime ceased criminal activity whenever their drug use had ceased.

Third, there is the ecological explanation—drug use and crime are not causally related, but are both the product of a common factor. This common causal factor is usually the social environment (e.g., Mc Bride & Mc Coy, 1982). That is, the social environment of an individual may lead that person to engage in a number of 'deviant' behaviours. Crime and drug use are then only two

examples of such 'deviance'. This explanation cannot, however, account for some of the findings outlined above such as the temporal relationship between drug use (generally first) and crime (generally follows drug use) and the over-representation of drug users among offenders whose crime could lead to income-generation.

While the main concern of NDADS are health problems, the interaction between addiction, crime and health problems necessitates a broader focus in this case. Moreover, the link has far-reaching policy implications for control of the use of heroin in particular. In Australia, the Ministerial Council on Drug Strategy (MCDS) has identified prisoners as being a special target group under the National Campaign Against Drug Abuse (NCADA). Moreover, Jones and McAllister (1986) have recommended that

Investigations...be undertaken in association with correctional services authorities to **establish data collection procedures which allow identification of drug problems among the prison population and monitors the effect of in-prison treatment on these problems.**

This recommendation was agreed to, in principle, at the July 1986 NDADS Network Meeting. It was also agreed that Victoria would investigate the feasibility of a correctional services data collection and report back to the Commonwealth by end of September 1986. Victoria then informed NDAIC of the drug use data collections in Victorian prisons: an initial classification interview and a medical reception interview, with drug use being self-reported.

The November-December 1989 NDADS Network Meeting reported that no data has been collected to that date with regard to drug use in prisons. NSW then volunteered to prepare this discussion paper. At the meeting, other states/territories were expected to report on action taken to monitor the use of drugs and the need for treatment services in prison within their jurisdictions.

DATA OF INTEREST

The following is a list of areas about which data would ideally be collected with regard to drug use in prisons. It is the feasibility of collecting these data that will be explored in this report. The information needed is divided up into four areas:

- (A) involvement of drugs in crime;
- (B) drug use in prison;
- (C) interventions; and
- (D) harm.

(A) INVOLVEMENT OF DRUGS IN CRIME

- (i) Number of persons admitted to prisons who say their crime is drug/alcohol related: by crime & drug type.
- (ii) Number of persons convicted of crime not sentenced to gaol who say their crime is drug/alcohol related: by crime & drug type.

(B) DRUG USE IN PRISON

- (iii) Results of random urine drug screens.
- (iv) Survey of prisoners (self-report) with regard to drug use.
- (v) Reports of incidents bashing/ robbery/riots/ escapes where drug/alcohol involvement is known or suspected.

(C) INTERVENTIONS

- (vi) Number of prisoners who commence methadone treatment in prison.
- (vii) Number of persons entering prison who are already receiving methadone.
- (viii) Number of prisoners receiving drug free counselling.
- (ix) Number of prisoners receiving "residential" drug /alcohol treatment.

(x) Number of persons on probation/parole receiving drug-free counselling.

(D) HARM

(xi) Number of prisoners who die of drug/alcohol related factor.

(xii) Number of persons on parole/probation who die of drug/alcohol related factor.

(xiii) Number of prisoners who are HIV+ on admission.

(xiv) Number of prisoners who are HIV+ on discharge.

ESTIMATES OF PRISONER DRUG/ALCOHOL USE

Prior to considering how such data might be collected, it might be instructive to consider some estimates of offender drug use offered by a range of individuals, institutions and jurisdictions.

* Dobinson and Ward (1985) found that approximately 35% of NSW property offenders in their study were regular or heavy users of heroin prior to arrest.

* Indermaur (1986) found that 87% of inmate survey respondents in WA said alcohol or drugs were related to their imprisonment, and that alcohol (49%) was the main substance of abuse.

* Visser (1986) estimated that 50-70% of South Australian inmates indicated alcohol and drug-related problems.

* The NSW Corrective Services Minister Michael Yabsley (1988) estimated that heroin was used by 70% of persons in gaols.

* Willson (1987) argued that 85% was a conservative estimate of drug abuse amongst women in gaol.

* Hough and Schwartz (1985) found no confirmed AIDS cases in Australian prisons.

* Biven and Benton (1986) give an estimate of 25-50% of Australian prisoners as serving time for drug-related crime.

* Task Force on Women (1985) drug use survey found that 78% of female prisoners engaged in daily use of drugs or alcohol. Heroin was the most common drug of abuse.

EXISTING DATA COLLECTIONS

Police statistics on drug offences are generally reported in categories compatible with the three subdivisions of the Draft Australian National Classification of Offences (DANCO) in the annual report of the Police Commissioner of each state. More detailed breakdowns of drug type may be available—for example, in Victoria and South Australia, narcotics offences are recorded under heroin, morphine/other narcotics and cocaine, cannabis/marijuana offences are divided under Indian hemp and hashish, and offences involving amphetamines and hallucinogens can be identified separately. Details of offenders given in published tables are usually limited to sex and age group, with some variation in age group categories. Within each class of offence, the number of offences recorded and cleared and the number of persons charged are given. Summary tables are published annually and submitted to the Australian Federal Police. Records of drug-related incidents are reported on Drug Incidence Report forms and forwarded to the Australian Bureau of Criminal Intelligence.

Information on matters finalized, outcomes and penalties imposed in respect of criminal matters in the higher courts, lower courts and childrens' courts of each State and Territory are published annually by the Australian Bureau of Statistics. The NSW Bureau of Crime Statistics and Research maintains an independent collection on appearances before the lower courts and the Office of Crime Statistics has primary responsibility for compiling and reporting court statistics in South Australia. In all other States and Territories, compilation, processing and reporting of court statistics is conducted by the ABS.

An information paper on 'The development and implementation of national standards for court statistics for criminal and child welfare matters, Australia' (ABS Catalogue No. 4514.0) provides basic information about the standards which have been developed and are being applied for the preparation of national statistics. The objective is to produce a set of national core tables of court statistics from all States and Territories (Jones & McAllister, 1986, p. 30).

Those experiencing legal problems due to an alcohol problem have most likely been charged with drunk-driving. Drivers convicted of drink-driving offences may be referred by the courts for assessment of alcoholism, and information on such referrals is compiled by the treatment agencies in the various States and Territories. However, differences in blood-alcohol limits applied in different States and Territories, in the enforcement policies of both the police and the courts, and in the data compiled, limit the usefulness of this information for monitoring alcohol use and abuse at national, State or Territory level (Jones & McAllister, 1986, p. 58).

Generally, however, arrest figures for possession (not necessarily trafficking) of various substances will serve as a reliable indicator of the nature and size of the drug/alcohol problems likely to be experienced by the offender population once imprisoned. In turn, this information should serve as a guide for the range and likely size of the treatment services which would need to be set up within gaols.

FEASIBILITY OF DATA COLLECTION

Next, the feasibility of collecting the 15 data points listed above will be examined. The information outlined below was gathered through contact with the various jurisdictional corrective services departments. Contact was made either through the NDADS data representative responsible for each State/Territory or personally by the author if the data representative could not be contacted.

(A) INVOLVEMENT OF DRUGS IN CRIME

(i) Number of persons admitted to prisons who say their crime is drug/alcohol related. AND

(ii) Number of persons convicted of crime not sentenced to goal who say their crime is drug/alcohol related.

Collection of these data has been identified as a priority by NDADS. All jurisdictional corrective services departments indicated, however, that these data are not routinely collected. There are then three possible ways of gathering such information: by extracting etiological fractions from the relevant literature; through interviews with all incoming prisoners, or by means of representative surveys of the prison population.

One option would therefore be to carry out a one-off study to find the etiological fractions related to number of persons entering on drug/alcohol related charges. Due to the large variation in the nature of charges across jurisdictions, separate fractions would need to be calculated for each State/Territory. However, such studies would need to be repeated at regular intervals (e.g., every 5 years) because such fractions are likely to change over time.

With regard to interviewing all prisoners on reception, there is no assessment or interview at reception at present in NSW. Prison officers merely engage in property collection and other such formalities. Interviews were conducted at Long Bay at one stage, but this programme has been discontinued. According to the Drug and Alcohol Services section of Corrective Services, screening is needed at entry in order to get an overall, general data set to begin with, so that all these data will be available. NSW Corrective Services does therefore have its own plans for at least a brief screening procedure. It is likely that with minimal staff and financial encouragement from the NSW Directorate of the Drug Offensive, such a collection would be undertaken by Corrective Services.

Moreover, provision does already exist for data collection in Long Bay and Parramatta gaols for new arrivals. Quality of these data could be tested by a one-off study if it is decided to investigate the possibility of collecting drug-use information from all offenders on reception.

In South Australia, both the Acting Director of the Drug and Alcohol Services Council (DASC) and the Co-ordinator of the Council's Prison Drug Unit indicated that collection of data on the proportion of those convicted for drug/related offences is not carried out by any of the agencies in the SA Criminal Justice System. Collection of this information would be possible, however the reliability of the data may be questionable. In theory, there would be no foreseeable barriers to collecting this information. The opinion was expressed that a joint research project would be the preferred option if such data collection were to take place.

It can be argued, however, that NDADS is only interested in health issues, not crime, and that, therefore, the above two questions are properly only a concern for the police. It is an important question (i.e., number of those convicted who say their crime is alcohol/drug related), but possibly not one that should be addressed by NDADS. That is, the above question can be perceived as consisting of two parts: (a) does involvement in drug use/dealing lead to gaol sentences? and (b) does the gaol population suffer from drug/alcohol problems? The latter is a health issue and therefore worthy of NDADS attention. The question of interest, and therefore the information needed, is the number of persons in prison who suffer from drug/alcohol related problems.

In relation to collecting these data, it would be feasible to either carry out a sample survey of the prison population or to conduct on-going collections. An advantage of the latter approach would be that the researchers would not be perceived as **foreign** to the social environment. That is, they would not simply come in, collect the data and leave. Such one-off visitors might be viewed with suspicion in a prison environment. They would instead be a part of the prison environment. A one-off study would not be well-received and

may not be supported by the authorities and the officers. In Victoria, for instance drug and alcohol interviews could simply become part of the currently routine and on-going Reception and Orientation Program. In this way, questions about past drug use could become part of the routine at reception and thereby avoid the "foreigner" approach inherent in one-off surveys.

It is therefore recommended that an ongoing data collection be carried out in NSW prisons by Corrective Services with financial and personnel backing of the NSW Directorate of the Drug Offensive. If a national data collection on drug/alcohol problems in the prisoner population is considered, it could be financed by NDADS and made an integrated part of the national drug data base.

THE REMAND POPULATION

A much larger number of offenders will be on remand than will actually be sentenced. There are future ambitions within the Drug and Alcohol section of NSW Corrective Services to assess those on remand for drug/alcohol problems. The group on remand would in fact be wider than the gaol population because it would include most persons sent to gaol as well as some of those who would subsequently be released with fines or on parole. This would therefore be an ideal population to study. This group also offers more timely information about drug/alcohol use as offenders could be asked about this behaviour soon after apprehension. Surveys/studies in prison would give us information some months and perhaps years after arrest, and therefore might be affected by poor recall. Remanded individuals provide immediate data on drug/alcohol problems of those engaged in illicit activities and, therefore, of those likely to end up in gaol.

The futility of conducting urinalysis tests for drugs once the offender has been incarcerated for a period of time (as opposed to testing while on remand or on reception) was illustrated during 1988 in NSW. During a 10 week period, 400 urine samples were collected and only 2% of these tested positive for traces of illegal drugs. The

prisoners had by this time therefore either stopped using drugs or had developed ways of avoiding detection.

One factor which would facilitate collection of data about drug use of those on remand is a computer record of people in remand. Such a computer record is to be developed shortly within the Drug and Alcohol section of NSW Corrective Services as a separate file. The plan is to collect data on current drug use, on the history of drug-related problems and whether use was a factor in the offence.

Individuals may stay in remand up to 12 months (or longer) before being sentenced or released. Therefore, it is a population whose immediate pre-apprehension drug use can be assessed. Each person on remand or each new reception can be interviewed. Alternatively, if funds are short, it may be possible to concentrate only on those with possession charges and gather data only from this group.

In the United States (US), with the exception of the Washington, DC pretrial urine-testing program, no jurisdiction routinely screens all arrestees, parolees, or probationers for use of illicit drugs (Wish, 1988). Probation officers are supposed to monitor their probationer's compliance with the conditions of probation, one of which is to abstain from illicit drug use. However, a research study has found that five times the number of probationers tested positive for cocaine than were identified as recent cocaine users by their probation officers (Wish, 1988).

During 1988, the US National Institute of Justice established the Drug Use Forecasting (DUF) Program. Voluntary anonymous specimens are obtained from a new sample of the remand population every three months in 20 of the largest cities across the nation. Through this procedure, trends of drug use in the criminal population can be monitored. The information may provide advance warning of drug epidemics and enable cities to plan better the allocation of treatment and law enforcement sources.

The results from the first seven cities in the DUF

network showed that 50% or more of those tested while on remand in each city tested positive for one or more drugs. In New York City and Washington, DC the results approached 80%. Furthermore, patterns of drug use varied by region of the country with cocaine found more frequently on the east coast and amphetamines on the west coast.

Substantial variation in findings indicates that the arrestee testing program detected real changes in drug use in the potential prison population. There are therefore good reasons for considering a research study to determine the feasibility of gathering such data in the Australian context and to determine whether interviews or urinalysis are the optimal means of data collection.

It is therefore recommended that a research study be carried out to determine the feasibility of collecting drug use data from persons in remand. A readily accessible population, drug use information from this group would provide timely information about the nature and size of the prison population likely to suffer drug/alcohol related problems.

(B) DRUG USE IN PRISON

(iii) Results of random urine drug screens.

The Prisons Sub-committee of the National Advisory Council on AIDS (NACAIDS) submitted a report dated 7 August 1987 to the Commonwealth Minister for Community Services and Health providing recommendations on minimizing the spread of the AIDS virus within the Australian prison system. That report recommended, among other things, that

Drug users (in prison) should be discouraged by the immediate introduction in both male and female prisons of routine, mandatory, but random urine screening for narcotics, barbiturates and amphetamines. "Dirty" urine will be punished by loss of contact visits.

Moreover, David McDonald (1989), Deputy Head of Research with the Royal Commission Into Aboriginal Deaths In Custody, writing on the issue of drug testing in prisons has argued that

Having data available from regular drug testing programs within prison can be of assistance to prison management in estimating how many drug users there are in prison and monitoring the effectiveness of intervention strategies. **Such information can be useful, in turn, in the development of budgets and bids for additional staff when new resources are required to address drug use within prison. (p. 11)**

McDonald's (1989) overview of Australian policy and practice relating to drug testing in prisons revealed that:

(1) Urine testing can be ordered in NSW, Victoria and Western Australia as a matter of law, in Tasmania and the Northern Territory for medical purposes only; and cannot be ordered in Queensland and South Australia; in the ACT, medical examination can be ordered on admission.

(2) The number of tests ordered prior to February 1988 were as follows:

NSW = 712
 VICTORIA = 3,700
 WA = 343
 TASMANIA = 4

(3) Testing is ordered in different jurisdictions according to a variety of criteria—suspicion by prison staff that an inmate has used drugs; for the purposes of research and monitoring; and as an integral part of treatment programs.

(4) Most jurisdictions indicated that cost is not a relevant consideration in determining policy and practice regarding drug testing in prisons. Victoria and NSW indicated costs could become a relevant consideration if more widespread testing were to be implemented.

(5) NSW, Queensland, Western Australia, South Australia and the ACT expressed the view that

more extensive testing would be helpful in terms of prison management.

The NSW government which instituted the trial of random offender urinalysis is likely to keep this programme going. The Department of Corrective Services in NSW hopes eventually to test all prisoners on reception and to build up a database in this way. The Department could therefore be convinced to carry out point of reception testing if the NSW Directorate of the Drug Offensive perceived urinalysis as one means of collecting offender drug use data. Present testing occurs some time after prisoners have been in gaol. The tests are supposed to be carried out randomly, but, it is believed, are often non-random and based on suspicions of prison officers. Major modifications would therefore be necessary to the present testing program, in terms of randomness and time of testing, if urinalysis results were to form part of a useful drug use data set.

Because present urinalysis tests are largely carried out once the offender has been incarcerated for some time, such data may not be of direct interest to NDADS. Drug use in prison is more of an issue for custodial staff—the problem of contraband. Urine testing that would collect data of interest to NDADS would be either a general screen or random testing on reception, a program not currently underway in any of the States/Territories.

It is therefore recommended that the presently collected urinalysis data not be considered for inclusion in an NDADS prison drug use data collection because it would not reflect the extent of the drug/alcohol problems of offenders as they are incarcerated. Useful data would only be collected if general or random testing was carried out on reception. The extant data, moreover, vary in comprehensiveness and coverage across jurisdictions, and have been collected for varying reasons. The data are therefore highly unstandardized.

(iv) Survey of prisoners (self-report).

This information is most readily available from Western and South Australia. Self-report surveys

of some but not all prisons with regard to drug use have been undertaken in both WA and SA in recent years. The successful employment of self-report surveys in the two jurisdictions indicates that on-going data collection on drug use through this method would be feasible.

The advantages and disadvantages of collecting data through urinalysis and through self-report are discussed below in the "Methodology" section. In short, it is **recommended that self-report surveys of either new arrivals or those in remand be undertaken in all relevant jurisdictions to assess the viability of this relatively inexpensive and ethically-sound method of measuring the extent of drug/alcohol problems in the offender population.**

(v) Reports of incidents bashing/robbery/riots/escapes where drug /alcohol is known or suspected.

Interpretation of these data would be questionable because one would have to assume that incidents involving intimidation, fighting, etc. might be drug-related. The cost of collection and the need for especially trained people to collect the data could not be justified given the limited potential of the information base. In WA and SA, however, all such incidents would result in prison charges and the relevant data could therefore be collated. Given the lack of relevance of these data and the potential difficulties in collecting them, it is **recommended that collation of this information not be undertaken.**

(C) INTERVENTIONS

(vi) Number of prisoners who commence methadone treatment in prison?

This data does exist in NSW and South Australia. A methadone register has been started in NSW and the relevant persons can be marked out. The Prison Medical Service holds the relevant records. In other jurisdictions, however, the situation is different. Western Australia, Tasmania and the Northern Territory do not have a prison methadone program, so no prisoners are ever com-

menced on methadone in prisons within these jurisdictions.

Where these data do exist, collection appears to be very feasible and quite easy. Data on the number of prisoners commencing methadone treatment in prison **should therefore become part of NDADS prison drug use data base** because the numbers would measure the level of demand for methadone services.

(vii) Number of persons entering prison who are already receiving methadone?

These data are collected as a matter of routine in all jurisdictions apart from South Australia. In WA, these data are available on individual files and could be collated: incoming prisoners are mostly withdrawn from this drug and only HIV+ and pregnant prisoners may be prescribed methadone. Therefore, where applicable, these data can be located in the Prison Medical Service files in most States/Territories. However, the information often becomes part of the prisoner's personal file and would need to be extracted through a time-consuming file search.

It is therefore **recommended that use of a "Standard NDADS Form" be given consideration.** Such a form would include all the data that could feasibly be collected in each jurisdiction with regard to drug/alcohol use and would be completed by prison medical staff and drug/alcohol services personnel. **Forms would contain aggregate data for each prison with regard to data points (vi) to (ix) (i.e., Interventions, apart from data point x) and could be completed and sent to a central location either to a local or federal agency.** If collated federally, detailed breakdowns of the data could then be given as feedback to each prison and/or to each jurisdiction as an incentive for completing and sending the relevant forms.

(viii) Number of prisoners receiving drug free counselling.

In NSW, the Drug and Alcohol section of the Department of Corrective Services has basic client

demographic data on record. These data are based on monthly reports sent in by the Drug and Alcohol workers in gaols. However, the data base in question needs to be developed further to facilitate accessibility. In WA and SA, such data are available from the Substance Abuse Team in the Corrective Services Department. Data are available on individual prisoner files and could feasibly be collated.

As for points (vi) and (vii), collection of these data, in the jurisdictions where such a service is offered, is feasible but is likely to be time-consuming. The collection of the data would be greatly facilitated by adoption of the above-mentioned Standard NDADS Form and inclusion of this question in that form.

(ix) Number of prisoners receiving “residential” drug/alcohol treatment.

In NSW, these data are available only for Silverwater gaol. Information is collected on entry and client registration data are also available. Personal communications with those at the relevant gaols indicate, however, that the records are not well documented and that a lot of the data are missing.

In some jurisdictions, this question does not apply. In WA, none of the prisons include “residential” drug /alcohol treatment. South Australia runs such programs, but does not collect the relevant data. As above, the data could be collected in relevant jurisdictions through a Standard NDADS Form.

(x) Number of persons on probation/parole receiving drug-free counselling.

In NSW, Drug and Alcohol Court Assessment Programme (DACAP) data contain this information and such numbers are therefore readily available for those that are registered through DACAP. Treatment information is provided by the officer supervising the offender on parole/probation, who may offer counselling but often refers out. It may also be a condition of the court order that the individual go to a treatment facility.

However, self-referral to treatment is also possible and there is always the possibility that the offender’s drug/alcohol problem is not known to the authorities. The situation is the same in other jurisdictions: persons on parole/probation are not confined to one area physically and are therefore hard to study and collect data on. In Western Australia and South Australia probationers and parolees may be required to receive drug free counselling under a court or Parole Board order, but may also do so voluntarily. The value of these data is not clear at this stage, and this should be considered further by NDADS. However, **it is doubtful that the effort necessary to collect these data would be justified.**

(D) HARM

(xi) Number of prisoners who die of drug/alcohol related factor.

The NSW Department of Corrective Services keeps a record of whether cause of death in a prison was natural or violent, but ‘drug-related’ is not an option here. If such data therefore do need to be collected, the addition of one option to the relevant record form would achieve this aim.

Without such a change, these data would be hard to find. The process would involve searching through the prison records and collecting numbers. Coronial enquiries are usually carried out and the data should therefore be available. Therefore, one would need to connect prisoner’s death data to coroners data and check how many prisoners died of drug-related causes, according to the coroner. The impression of corrective services staff in all jurisdictions is that such deaths are rare, in any event, and that it would be too much effort with little result to carry out actual collection.

However, if a Standard NDADS Form is completed bi-annually by each prison, it might be possible to include this question in the form.

(xii) Number of prisoners on parole/probation who die of drug /alcohol related factor.

It is only in Western Australia that deaths of offenders who die while on probation/parole are recorded and the number who die of drug/alcohol related factors could therefore be identified. Moreover, this question is of no direct interest to NDADS and it is **recommended that the data not be collected.**

(xiii) Number of prisoners who are HIV+ on admission.

In NSW, data on this should have been available by January/February 1990—the Department of Health is informed of the HIV positive cases. In Western Australia, testing for HIV on admission is restricted to prisoners suspected or known to have engaged in high risk drug and/or sexual behaviour. Those testing negative are retested after three months.

In South Australia compulsory AIDS testing of all prisoners is carried out prior to entering the system, and again three months later. HIV-positive cases identified by compulsory tests prior to incarceration are monitored and symptomatic cases are notified to the Health Commission.

If one assumes that sharing of syringes is widespread in prisons and that unprotected anal sex occurs frequently, there are potentially serious health consequences when a HIV+ prisoner enters gaol. Moreover, it is likely that the number of jurisdictions testing for HIV prior to incarceration will increase and that these data will become more readily available. For these two reasons, it is **recommended that inclusion of HIV status be included in the proposed Standard NDADS Form.** As such a step has serious ethical consequences, this point may need to be further considered by NDADS.

(xiv) Number of prisoners who are HIV+ on discharge.

Testing is only carried out on discharge in South Australia and the data are accessible. As for testing on arrival, it is likely that testing on discharge will also become more general. It is therefore **recommended that aggregate bi-annual data relating to the number of HIV+**

cases leaving gaol be recorded through a standardized form, bearing in mind that the ethical consequences of this step would need to be considered beforehand.

**A DIGEST OF PAST RESEARCH
ON DRUG USE AMONG
OFFENDERS**

(1) Indermaur & Upton (1988): Drug Abuse Screening Project—Conducted by the Western Australian Department of Corrective Services. Funded by NCADA.

Objectives

- (i) to develop a reliable means of identifying substance abuse and a classification scheme.
- (ii) to gather data on incidence and pattern of drug use, with social & demographic correlates.

Methodology

Sample—all people received at Perth's 7 metropolitan prisons between June and September 1987. 926 offenders, or 78% of all received, were interviewed for an hour on average by drug/alcohol staff. Those not interviewed either refused the request for interview or had been moved elsewhere prior to a planned interview.

It was emphasized that answers during the interview were confidential and would not be used for any purpose beyond research and that answers would not effect charges or placement in prison. They succeeded in eliciting quite detailed information from the new arrivals in relation to drug/alcohol use: frequency of use; effects (if any) of drinking/drug use on self, family, and job. The researchers also collected data on the perceived relationship between imprisonment and substance use. **The high response rate of 78% and the wide range of questions to which they obtained responses would seem to indicate that any attempts to gather data from offenders on reception must include the assurances of confidentiality given by Indermaur and Upton**

(1988).

(2) Indermaur (1986)

Examined substance using histories of prisoners at Fremantle Maximum Security Prison, WA. The aim was to provide baseline data to assist in the planning of drug abuse treatment programmes.

Three approaches were taken to assessing the drug/alcohol problem in Fremantle:

a) Actual number of prisoners in gaol for drug offences on a given day was ascertained through random sampling of the offender population. "Drug offences" were use or supply of drugs excluding alcohol, solvents and prescription drugs.

b) A survey of prisoners' substance using behaviour by means of a "substance abuse inventory".

c) Examination of medical records.

Problems—The self-report section of the study suffered from a biased sample because volunteers were used. Moreover, sample sizes were small in some cases due to a low volunteer response rate. As a large proportion of prisoners often cannot read or write, the low response rate may be quite understandable. The substance use inventory was left under each prisoner's door and volunteers completed the form and placed it in a marked box. Therefore, as opposed to the 1988 study of Indermaur and Upton, there was no direct contact between interviewer and offenders. Moreover, no assurances were given of confidentiality.

Conclusion: personal contact and certainty of confidentiality of responses are two important factors in interviewing or surveying offenders. Although the methodology of the 1986 study was questionable, the questionnaire employed did have two advantages: it was considerably shorter than that used in the 1988 study by Indermaur and Upton, and it appeared to use language that could more readily be understood by the gaol population.

(3) Dobinson & Ward (1985): "A Survey of N.S.W. Prison Property Offenders, 1984"

This study was concerned with the links between drug use and crime and entailed an extensive investigation of incarcerated property offenders in NSW gaols.

Sample: Total Prison Population = 930

Sample = 314

Interviewed = 225

Refused = 65

Other = 24

Selection Criteria Major offence must be a property offence. The sample was selected randomly through prison warrant searches.

Groups Sample was divided into two categories:

USERS (n = 89): consumed barbiturates/hypnotics, cocaine, heroin &/or other opiates/narcotics on a regular or heavy basis in the six months prior to arrest.

NON USERS (n = 136): all other respondents.

Data Collection: Data collected by face-to-face interviews using a schedule assessing four main areas: (a) drug and alcohol use in the 6 months prior to arrest; (b) criminal activity in 6 months prior to arrest; (c) overall drug/alcohol use history; and (d) overall criminal history.

Considering the sensitivity and the privacy of the questions asked by Dobinson and Ward, the relatively low refusal rate for interviews of 20% emphasizes once again the importance of face-to-face interviews. This is the case because the interviewer can then explain the randomization through which the offender was chosen for the study and reassure the interviewee about confidentiality of answers.

(4) Krefft and Brittain (1983):

Krefft and Brittain (1983) used a random sample of 283 inmates drawn by computer from the male inmate population of 2,000 at a Louisiana prison. Since it was expected that some inmates would refuse to participate and others would be discharged from prison before they could be included in the survey, a number greater than 200

(10%) was chosen as the sample to be drawn by computer. All 149 **female** inmates were selected.

Psychologists and psychiatrists were both employed to screen offenders for substance abuse problems. The researchers found that for the 8.76% of the male inmates recommended for treatment services within the prison, nearly two-thirds needed substance abuse treatment. The majority of these abusers had not been previously identified. High levels of interrater reliability were found for the assessment of individuals assessed by both a psychologist and a psychiatrist. **Therefore, the conclusion to be drawn from this study is that screenings of gross levels of substance abuse may be accomplished by either professional.**

(5) Zibert & Howard (1989):

Zibert and Howard (1989) carried out a study of the patterns of drug use among incarcerated young offenders on behalf of the NSW Department of Family and Community Services (F.A.C.S.). They were interested in determining whether the pattern of drug use in that group differs from the average adolescent. [Crundall (1987) provided some information to answer this question for young Victorians. He found significant differences between institutionalized young people and secondary school students in their use of most drugs. The students were less likely to have used a variety of drugs and tended to use drugs less frequently than the young people under institutional care.] Zibert and Howard's study is of potential interest because the prison population largely consists of individuals who are in the 18-24 age range and are likely to have been previously institutionalized.

Two hundred and ninety-three (293) young persons were surveyed—86% of all young persons detained at any one given time in NSW. Results obtained were similar to the Victorian study—greater proportion of “ever tried” young persons for most substances in the incarcerated than in the school sample.

Participation in the survey was anonymous and voluntary. As found by previous research, this

reduces the non-compliance rate as well as the level of fabrication (e.g., Rouse et al., 1985). A standardized introduction was provided to all respondents emphasizing confidentiality and anonymity. The respondents were also told that there was no covert agenda underlying the survey, and that it was not a test of their knowledge about drugs or any other topic.

The method adopted was therefore designed to maximize valid responses. This approach was highly effective. The young persons were even disclosing drug use which occurred whilst they were incarcerated, or when they were on privileged leave, such as weekend release. **The method used appeared to reduce some of the anxiety and suspicion experienced by the young persons; the anxiety about their ability to perform; suspicion regarding who would have access to the information and how it was going to be used. However, this structured individual interview method was time consuming and therefore expensive.**

The four-page questionnaire could be considerably reduced by excluding questions relating to why drugs were used. **In this form it would take approximately 20 minutes to administer and could be directly applied to a prison population in the proposed trials of self-report surveys recommended here.**

(6) Lightfoot & Hodgins (1988)

In Canada, no systematic drug use data is collected for the prison population. Lightfoot and Hodgins (1988) sought to collect some one-off data on this topic. They administered a battery of self-report tests to 275 Canadian Federal Penitentiary inmates from nine prisons. A detailed assessment battery was developed which included a structured interview format entitled “A Structured Addictions Assessment Interview for Selecting Treatment for Inmates” (ASIST—I). This instrument was partially based on a form developed by the Addiction Research Foundation (ARF, 1984).

The structured interview format consists of 12 sections each designed to elicit detailed informa-

tion regarding the inmates level of psychosocial functioning in the *6 months prior to incarceration*, the nature and severity of life problems, and the relationship of alcohol and drug use to those problems. In addition to the structured interview, six brief self-report inventories were included in the assessment battery. These inventories were designed to measure key variables which could be predictive of differential treatment effectiveness. Two of the tests were relevant to substance abuse—the Alcohol Dependence Scale (Skinner & Horn, 1984) and the Drug Abuse screening Test (DAST) (Skinner, 1982).

Recruitment of subjects was initiated through a form letter asking for volunteers and emphasizing that the purpose of the survey was to obtain information relevant to the development of new substance abuse treatment programs. Anonymity was guaranteed and inmates were asked to advise the prison psychologist if they were willing to volunteer.

All interviewers participated in approximately eight hours of training which included instruction in (a) the conduct of structured interviews including interpretation and scoring of responses, (b) administration and scoring of supplementary tests, (c) guidelines for working with inmates in federal prisons, and (d) procedures for obtaining informed consent from inmate volunteers and for assessing literacy. It is therefore recommended that Australian interviewers also be thoroughly trained with respect to the prison or remand population from which they will obtain drug use information because these groups are highly likely to be suspicious of middle-class professionals asking personal questions.

(7) Assessing Alcoholism in the Prison Population

In assessing the level of alcoholism among the New Zealand prisoner population, McLean (1988) used the Michigan Alcoholism screening Test (MAST). The study involved individual interviews with each new inmate upon entry to the prison. In this way, 129 male and 102 female prisoners were screened. In all cases, the respondents were informed of the purpose of collecting

the information, of their right to refuse to assist, and assured of the confidentiality of any information they gave.

Fewer than 5% of the inmates approached declined to be interviewed. Using a criterion score of five, the MAST classified 70% of male inmates and 65% of female inmates as problem drinkers. McLean found the internal structure of the MAST to be quite sound when used for the prisoner population. Scores on most items were significantly correlated with sums of scores on remaining items.

The alternative form of the MAST, the Short MAST, was used by White and Boyer (1985) in assessing the level of alcoholism amongst the Tasmanian prison population. This test consists of only 10 questions requiring a varying "Yes-No" response. All persons sentenced to Tasmania's only prison (Risdon) during a 12 month period (October 1982—September 1983) were screened. The test was administered by a doctor or a nurse during the initial medical examination of each prisoner. In this manner, 440 male and 22 female persons were screened. The Short MAST classified 44% of prisoners as alcoholics.

Given the proven feasibility of using the MAST with prison populations, it is recommended that **the short form of the MAST scale be included in any interviews or self-report questionnaires through which data on drug use in the prison or remand population are to be gathered.**

DATA COLLECTION METHODOLOGY ISSUES

The two main tools of data collection recommended above are therefore a screening test prior to incarceration or on remand and a data record form to be completed by prison medical and drug/alcohol staff. The methodology of using these tools will now be considered.

*** All States/Territories or only partial coverage:**

Given the great variation in the nature of drug/

alcohol problems in the offender population across the various Australian jurisdictions, total State/Territory coverage would be the only means of collecting data truly representative of the national picture. Partial coverage involving only two or three of the larger States would not necessarily indicate the nature and size of the drug problem in the offender population of the smaller jurisdictions. **Total State/Territory coverage is therefore recommended.**

*** Sample or population data:**

Collecting drug/alcohol use history data by sampling is likely to be unsuitable in the prison context for one important reason: singling out of a particular individual for an interview or urinalysis, as opposed to all new arrivals being questioned or tested, will lead to suspicion of motive and might therefore lead to a lack of frankness in responses.

However, David McDonald (1989), Deputy Head of Research with the Royal Commission Into Aboriginal Deaths In Custody, writing on the issue of drug testing in prisons concludes that

Frequent random testing or 100 per cent testing of certain groups of prisoners is desirable on some occasions, while less expensive random screening of samples of prisoners is appropriate on other occasions. Experience in methadone programs in the community setting suggests that little value is to be gained ... by 100 per cent screening compared with well implemented random screening programs. (p. 12)

Random interviews or urinalysis are therefore recommended only if it is possible to convince the whole gaol population that results would be confidential and would therefore not affect offender's treatment by gaol staff.

*** Reliability/validity: Self-report vs. Urinalysis**

The most common methods of evaluating the drug use of an arrestee are verbal or written interview questions and urinalysis. The former methods are often subject to falsification by the arrestee (cf. Ball, 1967; Stephens, 1972), but are relatively nonthreatening and inexpensive; the

latter method, although presumably less subject to manipulation by an arrestee, is often traumatic (Lewis et al., 1972) and generally expensive.

In recent years, the self-report method of collecting data on drug/alcohol consumption has been broadly applied to both community surveys and studies of special populations. Two of the more important reasons for this acceptance are its relative low cost and its ethical acceptability.

While the major concern about the use of the self-report in most community-based studies is with under-reporting, in the field of alcohol and crime concern is also focused on over-reporting of alcohol consumption. A number of studies have discussed how offenders may exaggerate their drinking in an attempt to disavow the crime (Roizen, 1977; Room, 1978; Dobash & Dobash, 1980; Mosher, 1981). Therefore, doubts about the use of self-report in studies with criminal populations appear to be prompted by the high consumption generally reported by offenders and by the dubious assumption that such respondents are always dishonest (Clark & Tiff, 1966; Sparkset al., 1977).

Page et al. (1977) compared the results of urinalysis and self-reports with regard to drug use in a sample of 896 incarcerated offenders. They found a rate of 91.6% agreement between the two screening procedures. Given the relative expense of urine testing and the ethical problems posed by such testing, it is **recommended that the self-report method be preferred to urinalysis in collecting drug use data in the offender population.**

Indermaur and Upton (1988) agree with this view. They argue that self-report is the most direct, efficient and economic means available to determine the extent of alcohol and drug use within a population.

There is mounting evidence that, at least with self-referred substance abusers, self-report measures are not only as good as clinical measures but perhaps considerably more useful (Skinner et al., 1984; Berndt et al., 1982). The main difficulties with clinical indicators is that they are limited in the types of drugs they can detect, and there are

logistical problems related to reaching offenders within a sufficiently short time after the commission of an offence. Add to this the fact that clinical indicators could only provide an indication of substance use for one particular point and time and their utility in the development of a general data base is limited.

Moreover, Indermaur and Upton's (1988) research has highlighted the value of direct and unambiguous questions (particularly in the area of consumption) in detecting substance abuse. Their results suggest that one or two simple questions on consumption levels of drugs and alcohol and past attempts to get treatment are useful in selecting those who should be followed up. They conclude that "the proportion of problem drinkers is so great that mass programs could be justified" (p. 38). Based on their experiences in running the screening project, they also argue that general screening would have another advantage apart from obtaining numbers. That is, administration of the screening procedure itself can heighten the awareness of the individual to their drug and/or alcohol problem. "The administration of the measure, therefore can act not only as a detection procedure but also as an actual intervention" (p. 38).

In recruiting interviewers to elicit self-report information, **experienced drug counsellors** have been found to be the most appropriate group in the prison context (Amsel et al., 1976). **It is recommended that this group of interviewers be preferred because of their knowledge of the drug subculture and their familiarity with many of the respondents. They are also likely to be well known in the drug community as nonthreatening, non-police affiliated individuals. In many instances a relationship of trust already exists between the counsellors and the clients they will interview.** Through intensive training sessions, counsellors can become familiar with every section of a questionnaire. In addition, they should be taught to spot evasions and to use probing questions to clarify areas where truthfulness is suspect. Space should be provided in the questionnaire for the interviewer to evaluate the respondent's truthfulness, attitude and behaviour.

*** Clinical testing: EMIT and RIAH**

The primary tool for drug testing in prison is the so-called EMIT (Enzyme Multiplied Immunoassay Technique) system. The system uses antibodies to detect the presence of drugs in urine. It does not measure intoxication or impairment and indicates only that the particular drug tested for was consumed within the relatively recent past. EMIT is used to test for marijuana, barbiturates, methadone, amphetamines, cocaine, opiates, ethyl alcohol, and other drugs. Detection time varies for different drugs.

Radioimmunoassay of hair (RIAH), on the other hand, is an experimental procedure with potential for drug detection. As hair is formed in the scalp, the cells are nourished by the blood, and drugs present in the blood are deposited in the cells at the root level. One can extract the drugs from the hair for analysis by radioimmunoassay. Researchers have found that the level of the drug taken is correlated with the amount deposited in the hair cells. Perhaps of most importance is that a historical record of a person's drug use level can be obtained. While hair at the scalp level contains evidence of current drug use, hair further from the root contains evidence of use months before the root was formed. Thus, by analyzing sections of hair, especially in persons with long hair, a trend in drug use over time can be obtained (Thanepohn, 1986; Witherspoon & Trapani, 1983), and procedures are available for detecting most drugs.

One possible advantage of RIAH is that the test cannot be easily falsified. For example, an individual cannot suspend use before a scheduled test to avoid detection. Once the drug is stored in the hair, it remains there permanently. The technique of obtaining hair is noninvasive and is less objectionable to some persons than that of obtaining urine. The analysis can provide evidence of the level and trend of use over time. In addition, if the test is inconclusive or a retest is required, a similar sample for analysis can be obtained. The largest drawback to the test include the fact that it requires radioactive materials and the types of precautions usually needed in handling such substances, the cost (roughly \$50 per drug tested), the turnaround time of approximately 24 hours, and

the unavailability of standardized and accepted extraction techniques.

This newly developing testing technique could therefore in the future be used in the prison context once the general cost of testing has decreased.

*** Quantity of data**

The minimal data requirements might vary between jurisdictions, but the following are likely to cover the information needs of most States/Territories:

Age Gender Ethnicity
 Area of Residence Offence
 Alcohol use prior to offence
 Drug use prior to offence
 Perceived need for treatment
 Type of treatment most likely to accept
 Attitude to prison treatment
 Role of substance use in crime
 Treatment history Current treatment

Myers (1983) found a group of male prisoners highly reliable in eliciting information on alcohol consumption. Drinking levels reported by the prisoners were corroborated through reports of the wives/cohabitees of the offenders. Myers found no significant difference in the mean alcohol consumption at the time of the offence between prisoners' self-reports and those provided by wives/cohabitees. The prisoners' self-reports of alcohol consumption at the time of the offence were positively correlated with reports of the female partners.

Myers (1983) found that the degree of agreement between self and other-reports was inversely related to the number of response options and directly related to the specificity of the question. With regard to specificity, greater agreement was found to be present in relation to reports of alcohol consumption which focused on a single day than in those which focused on a seven-day period. Similarly, agreement was higher for a previously-defined consumption period (the week preceding the offence) than for a self-defined consumption period (a typical week). It is therefore **recommended that data collection in either the remand or prison population also focus only on**

a specified (and short) period of drug history such as the week or month preceding the offence.

Prison psychologists advise that no attempt should be made to obtain information about current alcohol/drug use by inmates. Any attempt to obtain this kind of information is likely to cause suspicion in the prisoners and will greatly reduce the number of volunteers. Research in American prisons indicates that only a small proportion (approximately 6%) of the inmate population first use drugs in prison and that pre-prison drug use is generally reflective of use when incarcerated. Information needed could therefore be obtained even if data collection is restricted to questions regarding pre-incarceration substances use.

*** Centralized or state based collections.**

Given the great variation in the types of drug/alcohol problems likely to present in the offender populations of different jurisdictions, **centralized data collection would appear to be unnecessary.** Each State/Territory would respond to the need for drug/alcohol services in its own jurisdiction as revealed by the data collected, and there would be no immediate need to store such data centrally. Moreover, if each jurisdiction were responsible for own data collection, the process would most likely be less time consuming than efforts at federally-coordinated data gathering.

*** Ethical issues**

Any type of data collection from the prisoner population is likely to raise ethical issues regarding confidentiality and anonymity of responses. Assurances of confidentiality so crucial to obtaining valid responses must therefore be accompanied by real effort to ensure privacy and confidentiality of responses. It is therefore **recommended that names and prison numbers not be recorded and that offenders write their responses, where quantifiable, and place questionnaires in sealed envelopes in boxes so that their questionnaire cannot be distinguished from others'.**

Self-report questionnaires or interviews are likely to be less intrusive than urine testing and pose no direct ethical concerns and are therefore prefer-

able on this account as well. Moreover, as found in some of the prison-based studies, mere interviews appear to have a positive effect in convincing the offender to think about their substance use problems and to consider treatment.

*** Reporting-frequency and format**

The questions of frequency and format of reports is also likely to vary between jurisdictions, depending on their data needs, the cost of data collection and availability of funds. With regard to frequency, no guidance can be extracted from past research in prisons because one-off studies have been the norm and, hence, no time trend data exists which would indicate how quickly changes in the drug using population develop. It is therefore **recommended that pilot studies be run in each jurisdiction to determine the optimal frequency of data collection.** Monthly screening of new arrivals could be carried out for a year and month-by-month changes in data examined to decide whether monthly, tri-monthly or six-monthly reports are optimal in detecting changes in the size of the offender population with drug/alcohol problems.

OVERALL PICTURE OF RECOMMENDED DATA COLLECTION

The recommended data collection system pertaining to prisons therefore consists of

- (1) A self-report survey to be carried out either while offenders are in remand or during reception and
- (2) Collation of a data form to be completed bi-annually by prison medical and drug/alcohol staff.

(1) *SELF-REPORT SURVEY*: : The self-report survey would collect data related to the involvement of drugs in crime and, if feasible, drug use in prison. The essential issue for NDADS, however, is the number and types of individuals who are likely to need treatment for drug/alcohol problems in prison. The survey should therefore focus on collecting data while individuals are in remand or prior to incarceration in order to assess the size of the drug/alcohol problem in gaols.

Details of the proposed surveys:

- * to be conducted in all jurisdictions
- * sample or population data are both acceptable [This point can be discussed with regard to cost]
- * data to be collated at State/Territory levels
- * pilot tests to be carried out to determine optimal frequency of surveys
- * personal face-to-face interviews to elicit questions
- * sealed envelopes to be provided for completed questionnaires to be deposited in boxes following the interview
- * confidentiality of answers should be emphasized
- * substance use questions should be limited to the week or month prior to offence
- * interviewers must either be especially trained for this task or be experienced drug/alcohol counsellors
- * the Short MAST should be used in assessing alcohol problems
- * questionnaires previously used with prison populations may be adapted to assess drug problems.

(2) *NDADS Prison Data Form*:: The proposed form would collect data on "Interventions" and "Harm". The form would consist only of aggregate data reporting on data points (vi) to (ix) and (xi) to (xiv), that is, number of prisoners who, in the last six months,

- commenced methadone
- received methadone prior to incarceration
- received drug free counselling
- received residential treatment
- died due to drug/alcohol problems
- tested HIV+ on reception and
- tested HIV+ on discharge.

The data collection form would be completed twice annually by prison medical staff and would enable the collation of these data at either the federal or State/Territory level. The information could then be fed back to the prison or jurisdictional drug/alcohol authority to be used in allocating funds and/or staff for prison-based drug and alcohol programs.

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APPENDIX 1

Data sources on drug use prior to and during imprisonment National Australian Bureau of Criminal Intelligence (A.B.C.I.) Data Base.
National Crime Statistics - Australian Federal Police.
Court Statistics, Australia - Australian Bureau of Statistics.

NSW

Crime Information and Intelligence System - Police Department.
NSW Court Statistics - BCSR.
Reception of Intoxicated Person at Proclaimed Places - BCSR.
Higher Criminal Courts, NSW - ABS.

VICTORIA

Crime Information System - Victoria Police.
Court Proceedings Initiated by Police - ABS.
Childrens' Court Information Service - Youth and Community Affairs.
Prisoner Information Management System - Office of Corrections, Department of Community Welfare Services.
Community Based Corrections Census - Office of Corrections, Department of Community Welfare Services.

QUEENSLAND

Law and Order, Queensland - ABS.

SOUTH AUSTRALIA

Crime and Justice in South Australia - Office of Crime Statistics, Department of the Attorney-General Courts of Summary Jurisdiction Office.
Young Offenders - S.A. Department of Community Welfare.
Courts, South Australia - ABS.

WESTERN AUSTRALIA

Crime Statistics System - Police Department.
Court Statistics, W.A. ABS: Courts of Petty Sessions, Higher Courts and Children's Courts.

TASMANIA

Police Commissioner's Annual Report - Police Department.
Court Statistics - ABS.
Prison Statistics - ABS.

NORTHERN TERRITORY

N.T. Courts - Australian Federal Police.
Prosecutors Management Information System (PROMIS) - N.T. Police, Department of Law, & Correctional Services.

AUSTRALIAN CAPITAL TERRITORY

A.C.T. Crime Statistics - Australian Federal Police.
A.C.T. Courts - ABS.

There are no prisons in the A.C.T. and very little data is collected on those on probation/parole from other jurisdictions.