

Drugs, Crime and Prisons

Drug¹ and alcohol abuse has a profound impact on individuals, families and communities in Victoria. Problems caused impress upon both personal and public health and create significant economic and social costs.

A major problem is the growing number of heroin overdoses. The Victorian Government's Drug Policy Expert Committee (DPEC) reported that there were 49 fatal heroin-related drug overdoses in Victoria in 1991. By 1996 this figure had risen to 169 and to 365 in 1999, while in 2000 there were 331 recorded heroin-related deaths.² This figure decreased dramatically in 2001, for a range of reasons, with less than 50 heroin-related deaths recorded.

Public health issues arising from drug abuse are also of major concern. In the late 1990s, 143,000 Australians were chronically infected with Hepatitis C and approximately 11,000 new infections occur each year among injecting drug users. DPEC (2000) estimated that in 1999, around half of all injecting drug users had Hepatitis C.³

The increase in heroin-related overdoses and blood-borne viruses among injecting drug users becomes even more concerning because the age at which young people begin drug use is falling and the cost of illicit drugs such as heroin has decreased markedly.

With regards to alcohol abuse, the National Expert Advisory Committee on Alcohol (2001) reported that the harm caused by excessive alcohol consumption accounts for 4.9% of the total disease burden in Australia.⁴ It is estimated that in 1996, 727,820 Australians suffered from the harmful effects of alcohol abuse.⁵

The increasing harm caused to both individuals and society by drug abuse in Victoria has created a growth in research and policy development to address this issue.

Drugs and Crime

The high correlation between drug abuse and crime is one of the major issues confronting the criminal justice system.

For a number of years, Victoria's prisons have witnessed an increasing level of entrenched drug and alcohol abuse among prison entrants. Department of Justice data recently established that approximately two-thirds of new prisoners reported that their offences were related to drug use. This figure increases with second or subsequent sentences, with approximately 80% of

men and 90% of women reporting problems with drug use.⁶ There is a high correlation between violent crime and excessive alcohol consumption, with research estimating that between 41% and 70% of violent crimes are committed under the influence of alcohol.⁷

Maintaining a drug-taking lifestyle is one of the most significant contributors to the increase in crime of the last decade. Certain drugs, such as alcohol and heroin, have a strong addictive quality that can dominate the user's lifestyle, with many users resorting to crime to support their drug use.

Recognising the link between drugs and crime has resulted in a range of creative strategies in Victoria that aim to stop low-level drug users entering and progressing through the criminal justice system. These initiatives recognise that the further an offender progresses into the criminal justice system, the more likely they will become entrenched in a drug-taking culture and criminal lifestyle.

The new Victorian Prison Drug Strategy 2002 aims to address the links between drugs and crime by adopting a more integrated approach to the challenge of reducing drug use by prisoners. It aims to create a healthier, safer environment for everyone living and working in the prison system, and assist prisoners to establish drug-free lifestyles both within and after prison. This should benefit everyone in the prison system as well as society, by decreasing drug use and criminal offending behaviour.

Prisoners and Drug Problems

Drug abuse compounds other problems prevalent among prisoners, such as poor education levels, dysfunctional family environments, poor employment prospects, and psychiatric or health concerns. Harmful, drug-related behaviour, such as violence or the transmission of blood-borne viruses, threatens the health and well-being of prison staff, other prisoners and the broader community.

Prisoners who take drugs generally have complex needs and are likely to have not been engaged in, or have failed to respond to, community treatment. They require intensive support throughout custody and beyond custody to achieve positive treatment and rehabilitative outcomes.



Dimensions of the Problem in Prison

When prisoners use drugs in prison, problems are caused by obtaining and using drugs, behaviour resulting from drug use, infection risk, overdose and continued offending.

Prisons are environments that highlight health and personal problems and can create the potential for public health risks. This presents several challenges for prison management:

- getting drugs in prison has a number of consequences. The nature of confinement, loss of liberty, boredom and despair means that some prisoners are keen to keep using drugs. They may place their visitors and fellow prisoners under considerable pressure to traffick drugs or use violence to obtain drugs from others within prison;
- the methods of using drugs in prison, particularly unsafe injecting practices due to crude injecting equipment used repetitively, may lead to health problems such as blood-borne viruses, ulcers, and collapsed veins. Furthermore, in an environment containing a large group of drug users, peer pressure may result in prisoners continuing to use drugs, and even increasing their drug use;
- the negative consequences of intoxication are numerous and include violence, depression and suicidal behaviour. The consequences of accumulating prison drug debts and being involved in the politics of prison drug activity can be highly negative. Both prison staff and prisoners are affected by this, particularly by threats and acts of physical harm;
- the reality is that 'crash' withdrawal treatment and abstinence do not usually work for long-term and chronic drug users due to the persistent relapsing nature of alcohol and other drug abuse. Any persistence of prison drug activity therefore can undermine the value of treatment interventions offered by prison drug and alcohol treatment providers, as well as efforts to establish positive unit cultures and a more rehabilitative prison environment. Furthermore, the risk of re-offending is elevated through involvement in prison drug activity that has the potential to escalate future use and further offending; and
- drug use in relapse, either in prison or after release, may be associated with an increased risk of overdose through decreased tolerance to the affect of the drug (arising primarily from supply control and deterrence efforts in prison), poor administration practices due to impulsive use, without planning safer drug use, and depression and de-moralisation as an unintended consequence of breaking a personal commitment to cease drug use.



Challenges to Prison Drug Policy

Stopping drugs from entering prisons is increasingly difficult because many prisoners enter the system with entrenched drug use behaviours and are determined to conceal and traffick drugs in prison. A balance is required between protecting the rights of the individual and the need to be pro-active in searching for and seizing drugs. It is therefore important to concentrate both on eliminating the supply of drugs and minimising the harm from any drug use that may occur in prison and provide incentives for prisoners to stop using drugs.

The principle of 'harm minimisation' aims to minimise the health, social, legal and economic harm caused by drugs by acknowledging that drug-taking exists and that there is benefit to be gained by focussing on the harm that may result. This approach to managing drug issues has represented a major philosophical challenge not only for corrections in Victoria but also in other Australian jurisdictions. Although abstinence may be a long-term goal, safe drug-taking practices must also take priority in the short-term to reduce the spread of blood-borne viruses. This approach, therefore, differs from the traditional 'zero tolerance' position or abstinence model that aim to reduce the level of drug use and create a drug-free prison environment through detection, deterrence and law enforcement.

These initiatives in prison are now receiving increased support due to the broad and successful adoption of such activities in community health approaches.

By incorporating the principles of harm minimisation into prison operations, it must be emphasised that the new Strategy is not condoning or going 'soft' on the issue of drug use in prison. In fact, this approach enables the Victorian Government to recognise the challenges confronting prison operators in keeping drugs out of prison, while also providing effective treatment interventions and operational strategies to reduce the harm caused by drug use. This fundamental challenge should be viewed as the basis for the development of the new Strategy.

- 1 Unless otherwise stated, the term drugs has been used to include both alcohol and other drugs.
- 2 Drug Policy Expert Committee, *Drugs: Meeting the Challenge, Stage 2 Report*, Victorian Government Printer, Melbourne, November 2000.
- 3 Drug Policy Expert Committee, *Drugs: Meeting the Challenge, Stage 2 Report*, Victorian Government Printer, Melbourne, November 2000.
- 4 National Expert Advisory Committee on Alcohol, *National Alcohol Strategy 2000-01 to 2002-03*, Australian Government Printer, Canberra, May 2001.
- 5 National Expert Advisory Committee on Illicit Drugs, *National Action Plan on Illicit Drugs 2000-01 to 2002-03*, Australian Government Printer, Canberra, May 2001.
- 6 Data contained in Department of Justice submission to Victorian Drug Policy Expert Committee (2000), unpublished.
- 7 Office of the Correctional Services Commissioner, *Statistical Profile: The Victorian Prison System 1995-96 to 1998-99*, Office of the Correctional Services Commissioner, Melbourne, 2000.