

# Community Correctional Services

*Alcohol and Drug Strategy 2008*

DEPARTMENT  
OF JUSTICE

State Government  
**Victoria**

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# Foreword

I am delighted to introduce the Community Correctional Services Alcohol and Drug Strategy. The Strategy represents a significant step forward for Corrections Victoria in minimising the harm caused by alcohol and drug related crime for offenders supervised on Community Based Orders or Parole.

The Office of the Correctional Services Commissioner launched the Victorian Prison Drug Strategy (VPDS) in 2002. That Strategy aims to develop a complementary and balanced approach between control and detection, and treatment and rehabilitation. This approach is directed at maintaining the good order of prisons and management of prisoners.

The Community Correctional Services Alcohol and Drug Strategy has been developed to address the specific needs of offenders supervised in the community, and complements the VPDS. It provides a platform for addressing the issue of reducing harm caused by illicit and licit drug use and drug related crime and the violence and anti-social behaviour of offenders with drug and alcohol issues, who are subject to community supervision.

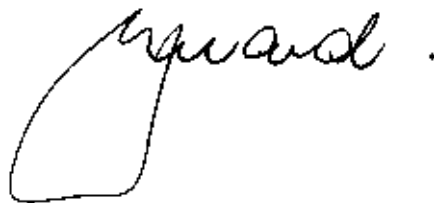
The Strategy builds on existing mechanisms within Community Correctional Services and has been developed in consultation with a range of internal and external stakeholders, particularly the Department of Human Services, Mental Health and Drugs Operations Branch.

Accessing drug and alcohol treatment for offenders on Community Based Dispositions is coordinated across two government departments and provided by non-government community based organisations as outlined by the COATS protocol. With such a complex service system there are a number of factors that will impact on the successful implementation of this Strategy.

They include:

- Recognition that both the criminal justice system and forensic alcohol and drug treatment services operate within different frameworks and maintain different goals. Forensic alcohol and drug treatment services depend on engaging the client in a therapeutic alliance. CCS on the other hand is concerned with balancing efforts of rehabilitation with community protection. Differences in responsibility and frameworks can challenge the ability of the two systems to work together towards a common goal
- Recognition that motivation for change and the offenders' readiness and ability to change are key factors in addressing alcohol and drug issues
- Recognition that effective treatment is responsive to factors such as culture, individual differences, age, gender, and youth.

I am confident that our continuing partnership with the non-government agencies: the Australian Community Support Organisation (ACSO), Community Offenders Advice and Treatment Services (COATS), Hepatitis C Victoria and the National Cannabis Prevention and Information Centre (NCPIC) and the Mental Health and Drugs Operations Branch, Department of Human Service will ensure the success of this strategy.



**Jan Shuard**  
Acting Commissioner  
Corrections Victoria  
September 2008

# Offender Profile

*The CCS Alcohol and Drug Strategy articulates the case management process that occurs for offenders such as John. This process involves CCS liaising with government and non-government agencies to ensure that John complies with, and successfully completes, his Order. It also articulates a more structured approach to the training and professional development of Community Correctional Services staff.*

John Smith is a 23 year old male offender who has been sentenced to a 12 month Community Based Order for drug related offences, including burglary, theft from a shop, and assault. John has a drug-related offence history dating back five years and, as a result, was held in youth detention for three months. He has attributed his current offending behaviour to a need to fund his heroin addiction and problems at home with his stepfather. He started injecting heroin when he was 17 years old, following about five years of poly drug and alcohol abuse.

John has been assessed by CCS at court as being at a high risk of re-offending.

John reports to his assigned CCS location. His court-imposed conditions require that he is referred by CCS to the Australian Community Support Organisation (ACSO-COATS) for assessment of his drug and alcohol-related needs. ACSO-COATS assesses John as being suitable for treatment, and refers him to a local drug and alcohol treatment service to address his substance abuse issues. He must attend treatment as directed, and his CCS case manager continues to monitor his progress and attendance at treatment.

John is also undertaking 100 hours of unpaid community work as part of his court-imposed sentence, and is currently working with two different supervised work teams: a graffiti clean up program and cleaning up the school grounds at the local school on weekends.

The CCO meets with John once a week for supervision and, prior to each meeting, discusses his progress with the counsellor at the drug and alcohol agency. John's case manager reinforces what he has learned in counselling, and also addresses any other relevant issues such as housing and his relationship with his stepfather. John must also meet his Centrelink obligations in relation to job searching.

# Community Correctional Services

Corrections Victoria is a service agency within the Department of Justice that manages and provides adult correctional services in Victoria, including a wide range of community and prison based services.

Corrections Victoria develops and implements policies, programs and services that ensure the safe and secure containment of prisoners, and that seek to rehabilitate offenders by addressing the underlying causes of offending behaviour.

It manages some 60 Community Correctional Services (CCS) locations across the state and is responsible for managing Victoria's 11 public prisons and overseeing the contracts relating to the management of two privately operated prisons.

CCS is dedicated to ensuring that, as offenders and prisoners move between prison and community corrections, it builds on any progress already achieved and provides a continuum of care throughout the offender's contact with the correctional system.

## Overview of Community Correctional Services

Established in 1984 Victoria's Community Correctional Services (CCS) supervises adult offenders (aged 18 years or over) who are sentenced by the Courts to serve community based dispositions or who are conditionally released from prison on parole or to home detention by the Adult Parole Board.

On any one day in Victoria, there are about 7,900 offenders on a range of community correctional orders, compared to around 4,300 prisoners in custody. In any one year, approximately 300 Community Corrections Officers register in excess of 20,000 new Orders and manage around 30,000 Orders from some 60 locations across the state. CCS plays a vital role in community safety

by rehabilitating offenders and diverting low-risk offenders from prison, which helps to break the cycle of re-offending.

Legislative reforms have increased the range of Orders supervised and the corresponding increase in complexity of CCS operations. Offenders' needs are also more complex, including:

- Offenders with drug and alcohol problems
- Offenders with psychological, psychiatric need and suicide ideation
- Offenders with multiple and complex needs.

Treatment programs provided via CCS and ordered by the court may include assessment and/or counselling for drug and alcohol issues, anger management, relationship and cognitive behaviour related issues. The community work program aims to enhance offenders' employment skills and often provides significant community benefits through the unpaid work undertaken.

## Community Corrections Officers

Community Corrections Officers (CCOs) manage offenders and are responsible for ensuring compliance with the conditions of Court or Parole Orders. This includes directing offenders to participate in appropriate community work to enable offenders to make suitable reparation to the community, to undertake educational programs and assessment and/or treatment programs, which are focused on rehabilitation.

Some of a CCO's key duties are to:

- provide pre-sentence advice to Courts
- provide pre-release and progress reports to the Adult Parole Board
- assess offender risk and need levels
- manage and review offender compliance and progress.

## **Offender Management Framework – Achieving the Balance**

The Offender Management Framework was developed in 2006 using practice principles from the “what works” literature. These practice principles ensure that Corrections Victoria offender management practices are linked to evidence based theory and enables a consistent system-wide approach to offender management.

The aims of offender management are to:

- maintain a safe and secure community
- motivate offenders to engage in and continue with programs and services
- identify and monitor offenders’ risks and needs
- coordinate and prioritise offender access to appropriate programs, services and activities, based on the identification of risk and need.

The Offender Management Framework followed on from the Reducing Re-offending Framework which was released by Corrections Victoria in January 2004. This Framework describes a service delivery model for assessing, treating and managing offenders to capitalise on opportunities to reduce their risk of re-offending. The Reducing Re-offending Framework provided the impetus to revise the way Corrections Victoria manages offenders and proposed that these practices act as critical mechanisms for assisting behaviour change.

**CCS staff engage offenders in appropriate programs and services to address their offending behaviour and monitor their compliance with the conditions of their Order.**

# Drugs, Crime and Community Correctional Services

## Drugs and Crime

Drugs and alcohol remain the largest cause of avoidable death and disease in Victoria. Around 5,200 Victorians die each year from the effects of licit and illicit drug use. The health harms associated with drug use include mental and physical illness, disease, communicable blood-borne viruses, road accidents and injuries (Department of Human Services 2006).

The correlation between drug abuse and crime is well documented. Not only does it have a significant impact on individuals, families and communities, but it can also create significant social and economic costs. Further, it is one of the most significant ongoing issues for the criminal justice system.

At 30 June 2007, approximately 10% of sentenced prisoners in Victoria had drug offences as their most serious offence (Corrections Victoria, Statistical Profile of the Victorian Prison System 2002–03 to 2006–07). However, this figure clearly underestimates the level of drug problems among prisoners as it only reflects those prisoners sentenced for a drug offence as their most serious offence, not those prisoners who report that alcohol or drug issues were a factor in their offending.

On 30 June 2007, approximately 57% of sentenced prisoners in Victoria self-reported that their offences were either committed under the influence of drugs and/or alcohol, or committed to support a drug and/or alcohol issue (Corrections Victoria unpublished data). This figure illustrates that a large proportion of prisoners have drug and/or alcohol problems on entry to the prison system, and these problems are often a significant factor in their offending behaviour.

In addition, there is a significant correlation between violent crime and excessive alcohol consumption. Corrections Victoria

data indicates that at 30 June 2007, 38% of violent offences had been committed under the influence of alcohol (Corrections Victoria unpublished data).

Similarly, Corrections Victoria data indicates that 48% of offenders supervised by CCS, on 30 June 2007, had been referred to alcohol and other drug (AOD) treatment services (Corrections Victoria unpublished data).

A number of sub-groups with significant AOD issues have been identified within the broader correctional offender group, including offenders with co-occurring mental health and AOD disorders, female offenders, young adult offenders, Aboriginal and Torres Strait Islander (ATSI) offenders, and offenders from Culturally and Linguistically Diverse (CALD) backgrounds (Turning Point Alcohol and Drug Centre 2006).

Co-morbidity within the criminal justice system in Victoria has been the subject of research since the early 1980s. During this time, prevalence studies have identified an increasing number of men and women entering the criminal justice system with a dual diagnosis of problematic mental health and substance use. Victorian data shows that 13% of offenders referred and assessed by the Victorian Community Offenders Advice and Treatment Service (COATS) in 2005–06 had a dual diagnosis (Turning Point Alcohol and Drug Centre 2006).

## Offenders and Drug Problems

The number of drug related offences is an indication of only one facet of drug problems among offenders. As already stated, 48% of offenders being supervised by CCS on 30 June 2007 were referred for AOD treatment. This figure clearly underestimates the number of offenders subject to a community based disposition who have drug and/or alcohol issues, as it does not include

offenders who are subject to Orders without supervision requirements.

Another way of considering the impact of drug use among offenders is in relation to the number of drug related offender deaths, with more offenders dying from drug related causes than any other cause.

A review of offender deaths conducted by Corrections Victoria found that, over a period of almost eight years (1999–00 to 2006–07), 586 offenders died while serving a community based disposition. Of these, 36% were drug related. There has been a significant decrease in the proportion of drug related deaths from 1999–00 (63%) to 2005–06 (17%). This may be attributed to the introduction of the Victorian Prison Drug Strategy (VPDS) in 2002 which provided additional support to offenders upon release from custody, and the Corrections Long Term Management Strategy (CLTMS) 2001–2006 which provided for additional transitional support services. Although there was a decrease from 1999–00 to 2005–06, there was a marked increase in drug related deaths from 17% to 24% in 2006–07 (VPDS 2006–07 Report).

A study of ex-prisoner deaths, conducted for the State Coroner's Office, found that approximately 60% of all ex-prisoner deaths resulted from drug toxicity (477 deaths over a 10 year period), with 50% of all ex-prisoner deaths being heroin related (414 deaths over a 10 year period). In addition, ex-prisoners accounted for approximately 25% of all Victorians who died from heroin related deaths during the study period (1990–1999), and of these about a quarter occurred within the first week of release (Graham 2003).

A further concern is the public health issue arising from drug abuse. The Hepatitis C virus (HCV) is a blood-borne virus (BBV) that has become a major health epidemic for Australia. Nationally, it is the most commonly reported infectious condition after

Chlamydia. About 82% of current infections and 89% of new infections are estimated to be due to unsafe injecting practices.

A study conducted by Victoria's Burnet Institute in 2002 found that 57% of prisoners were Hepatitis C antibody positive, with the positive rate among women being even higher at 66%. This figure increased to 79% among prisoners who identified as injecting drug users, and again the rate among women was higher. The study concluded that prisoners were more likely to share a needle and syringe in custody than when in the community, and that tattooing was an independent risk factor for HCV in prisons.

### Social and Environmental Factors

Drug and alcohol dependency, acute and chronic physical and mental health disorders, relationships with family that are chaotic, sporadic or marked by conflict, social dislocation and lack of access to social services, poor education, a lack of safe, secure and affordable housing, and unemployment are common among offender populations.

Drugs and alcohol remain the largest cause of avoidable death and disease in Victoria. Around 5,200 Victorians die each year from the effects of licit and illicit drug use.

For example, the United Kingdom Social Exclusion Unit in the Office of the Deputy Prime Minister UK, identified nine key factors related to re-offending, based on extensive criminological and social research:

- education
- employment
- drug and alcohol misuse
- mental and physical health
- attitudes and self-control
- institutionalisation and life-skills
- housing
- financial support and debt
- family networks.

The evidence shows that these factors can have a significant impact on the likelihood of a person re-offending. For example, being employed reduces the risk of re-offending by between a third and a half; having stable accommodation reduces the risk by a fifth (UK Social Exclusion Unit 2002).

Community Correctional Services recognises that social and environmental factors impact on an offender's ability to comply with Community Based Orders and address their drug using behaviour. It also acknowledges that there needs to be an interface with other key services – such as housing, family services and child protection.

# Drug and Alcohol Treatment for Offenders in the community

## **Community Offenders Advice and Treatment Service – COATS**

The Community Offenders Advice and Treatment Service (COATS) was established in 1997 and represented a significant change in the way that alcohol and drug services were provided to offenders on community based dispositions in Victoria. COATS is part of the Australian Community Support Organisation (ACSO), a non-government community based agency that provides support to disenfranchised individuals who face significant barriers to accessing other services. COATS is funded by the Victorian Department of Human Services (DHS) to co-ordinate drug and alcohol services for forensic clients, and all treatment for community based offenders is co-ordinated through COATS.

A protocol was developed by the key stakeholders involved in the provision of treatment to offenders on community based dispositions: (DHS, COATS and CCS). The most recent protocol was developed and signed in February 2006.

This protocol is based on recognition of the differing roles, responsibilities and related philosophies of the key parties. The protocol outlines the mechanisms that enable the key parties to work in a collaborative manner. The protocol also recognises the contribution of each party towards the effective management of offenders with alcohol and drug problems (COATS, Community Correctional Services and Drug Treatment Services Protocol 2006).

It also recognises that CCS operates within a correctional framework and has the primary role of managing offenders according to legislative requirements by assisting them to access opportunities for rehabilitation and protecting the community from any further potential offending. As part of the case management role, Community Corrections Officers (CCOs) also

provide basic drug awareness and harm minimisation advice to offenders, as well as motivational interviewing during supervision.

COATS and the Victorian Alcohol and Other Drug Treatment Service system operate within the health framework of harm minimisation. It is important to remember that the different frameworks do not limit or impact on the service provided by each sector.

COATS clinicians conduct a clinical drug assessment to determine the offender's alcohol and other drug treatment needs. An Individual Treatment Plan (ITP) is developed for the offender. The goals of the ITP for offenders are focussed on changing drug using behaviour. Other health and welfare needs can be referred to (and are coordinated by) the CCS case manager. COATS purchases the drug treatment from a community-based, government funded alcohol and other drug treatment agency. The treatment provider delivers the treatment with the overall aim of contributing to a positive health outcome for the offender.

## **Accessing Treatment Services**

### **Identified AOD need**

CCS case manages offenders and is responsible for the ongoing supervision of the 'Order'. The offender is required to report to their CCO on a regular basis as stipulated in the Order. As part of their case management role, CCS staff have responsibility for the primary assessment, referral of offenders to COATS and ongoing monitoring of Order requirements.

### **AOD assessment and referral**

It is the role of COATS to assess, develop individual treatment plans and broker drug and alcohol services for offenders. This system allows offenders to have priority access to treatment through specialist community agencies and providers.

COATS is one of the key components of the Victorian Government's response to drug issues involving offenders, aimed at significantly improving offenders' access to alcohol and other drug treatment services.

### **Treatment**

Alcohol and other drug treatment services provide specialist AOD treatment for offenders, as brokered by COATS. Treatment services are provided within a harm minimisation framework with the aim of contributing to a positive health outcome for the offender. The primary aim of drug and alcohol community treatment services is to assist the offender in reducing or ceasing AOD use through behaviour change assisting the offender to meet their treatment goals.

As part of the reporting and accountability mechanisms, treatment services provide a treatment completion advice report to COATS and CCS. This is in addition to liaising with CCS staff who supervise the offender in relation to the offender's treatment progress.

# Community Correctional Services Alcohol and Drug Strategy 2008

## Mission

To reduce the harm caused by illicit and licit drug use and to reduce drug and alcohol related crime, violence and anti-social behaviour for offenders with drug and alcohol issues who are subject to a Community Based Disposition.

## Goals

The CCS Alcohol and Drug Strategy has four key goals.

### 1. Harm Reduction

To reduce health and safety risks to the community, staff, and offenders resulting from drug use.

### 2. Demand Reduction

To reduce illegal drug use and harmful legal drug use.

### 3. Improved Treatment Outcomes

To effectively manage treatment opportunities that assist offenders to establish healthy crime free lives.

### 4. Integrated and Coordinated Response

To improve communication and strengthen cooperation between CCS and other relevant agencies for enhanced treatment outcomes.

## Guiding Principles

The guiding principles provide the foundation for the CCS Alcohol and Drug Strategy and underpin the Strategy's goals and mission.

### Harm Minimisation

The principle of harm minimisation has formed the basis of Australia's national drug strategies since 1985. Harm minimisation does not condone harmful drug use, whether licit or illicit. It refers to policies and programs designed to reduce and prevent harm associated with both licit and illicit drugs.

Harm minimisation includes prevention of uptake of harmful use of licit and illicit substances. It aims to improve health (including a reduction in risky behaviour associated with injecting drug use), and social and economic outcomes for both the community and the individual.

Harm minimisation encompasses:

- Supply-reduction strategies to control and regulate licit substances and disrupt the production and supply of illicit drugs.
- Demand-reduction strategies to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use.
- Targeted harm-reduction strategies to reduce drug-related harm for individuals and communities (Ministerial Council on Drug Strategy 2004).

### Evidence-based practice

Evidence-based practice requires that initiatives undertaken as part of the CCS Alcohol and Drug Strategy have demonstrated benefits in helping to achieve the set goals and are effective in achieving performance objectives. Practice will be based on valid and scientific investigation relevant to the environment in which Community Correctional Services operates.

Continued research into, and evaluation of, the practices and procedures that comprise the CCS Alcohol and Drug Strategy is critical. This will ensure that current best practice innovations in the correctional and forensic drug treatment field guide the implementation of future initiatives.

### Social justice

Social justice principles require that the CCS Alcohol and Drug Strategy is sensitive to the diversity of needs among offenders.

Research shows that some population groups have specific needs concerning drug abuse issues. Gender, ethnicity and co-occurring disorders influence responsiveness to treatment (Gornik 2001). The needs of disadvantaged and marginalised groups should therefore be recognised and their circumstances accommodated to provide reasonable and equitable access to services and programs. This Strategy recognises that there is no single treatment modality that is appropriate for everyone. Treatment settings, interventions and services should, as far as possible, match each person's particular need.

### **System integrity**

Under the CCS Alcohol and Drug Strategy, the principle of system integrity refers to the need to continually improve and deliver effective offender case management through ensuring the delivery of relevant programs by contracted providers and by providing support and training for CCS and forensic drug treatment and health protection staff on an ongoing basis.

### **Achieving the Goals – Key Strategies and Services**

This Strategy has identified four key goals: harm reduction, demand reduction, improved treatment outcomes, and an integrated and coordinated response. Under each of the four goals a number of objectives have been identified to guide the development and future direction of the Strategy. The following four sections provide an overview of each of these goals and the way forward to meet each of the objectives.

### **Reducing Harm**

To reduce health and safety risks to the community, staff, and offenders resulting from drug use by:

- reducing the incidence of deaths, disease and injury caused by drug and alcohol use; and

- reducing drug related crime, violence and anti-social behaviour.

### **How will CCS achieve this?**

#### ***Overdose Prevention Workshops – Offenders and Staff***

Corrections Victoria participates in overdose prevention workshops for offenders and staff on an as needs basis. These workshops are in line with the Victorian Department of Human Services heroin overdose awareness campaign.

#### ***Hepatitis C Education for CCS Staff and Offenders***

In recognition of the serious health risks and high rates of Hepatitis C Virus (HCV) among prisoners and offenders, CCS works closely with Hepatitis C Victoria and the Department of Human Services. In conjunction with Hepatitis C Victoria, CCS will facilitate training for CCS staff and offenders as required about Hepatitis C and all CCS staff will be provided with a copy of the booklet 'National Hepatitis C Resource Manual' (Australian Institute for Primary Care 2001).

#### ***Cannabis Awareness Training for CCS Staff***

Training will be provided by the National Cannabis Prevention and Information Centre (NCPIC). NCPIC was established in 2007 to reduce the harms associated with cannabis by providing high quality, evidence-based information on cannabis use, and building the capacity of service providers to respond to the intervention needs of cannabis users. NCPIC is a national consortium led by the National Drug and Alcohol Research Centre (NDARC). The consortium members include the National Drug Research Institute, Lifeline, Australian Institute of Criminology, ORYGEN Research Centre, National Centre for Education and Training on Addiction, and Ted Noffs Foundation.

NCPIC has established a national training program on cannabis-related issues. This

program disseminates best practice clinical information and education to assist workers to respond to offenders with cannabis-related issues. The expected benefits of the project are to:

- increase the skills and knowledge of CCOs
- enhance the capacity of CCOs to oversee and refer to appropriate interventions for offenders with cannabis-related issues
- increase community safety and the opportunity for offenders to engage in treatment to address their substance use.

#### ***Basic AOD Awareness and Harm Reduction Training for CCS Staff***

The CCS Centralised Training Team provides an extensive induction program for CCS staff. This program contains modules in relation to basic harm reduction and an overview of AOD issues.

#### ***ICE or Amphetamine User Awareness Training***

ICE or amphetamine user awareness training has been provided to CCS staff to increase staff knowledge of psychostimulants and enhance their capacity to respond appropriately to users. Further training will be provided for CCOs as required.

#### ***Information to Offenders Who Are Injecting Drug Users or Who Have a History of Injecting Drug Use***

The Mental Health and Drug Operations Branch, DHS has a range of information available for injecting drug users in the community. This includes information on the location of Needle and Syringe Programs (NSPs) as well as valuable information regarding the transmission of blood borne viruses (BBVs).

This Strategy recognises the importance of discrete written information for offenders who report injecting drug use (or a history of

use). This information is provided by CCS in the offender induction program.

#### ***Immunisation Strategy***

This Strategy acknowledges the disproportionately high prevalence of Hepatitis C and Hepatitis B among injecting drug users. There is no vaccine for Hepatitis C, however Hepatitis B immunisation is standard care for people with Hepatitis C, and is strongly recommended for those at risk of contracting Hepatitis B. Information on how to be vaccinated for Hepatitis B will be provided at induction.

#### ***Offender Induction Information***

At each offender induction session provided by CCS, offenders will be provided with information on harm reduction as well as contact information on local services relevant to the offender's needs. The CCS Directorate will liaise with DHS on a regular basis to source current material for distribution.

#### ***Reducing Demand***

To reduce illegal drug use and harmful legal drug use by:

- reducing illicit drug use and harmful licit drug use;
- improving transitional services from prison to the community; and
- strengthening protective factors.

#### ***How will CCS achieve this?***

##### ***Urine Drug Testing***

Research indicates that drug testing alone is not effective in reducing the risk of re-offending. However, it can be a useful tool in assessing the nature and extent of drug problems and assisting treatment providers to design appropriate interventions. Drug testing can also be a measure of an offender's progress in treatment (Lurigio 2000).

The urine drug testing program will continue to focus on:

- offenders who have an abstinence condition attached to their order
- treatment provider requests for testing to assist in the delivery of effective treatment
- offenders who are suspected of being under the influence of drugs or alcohol while at community work or any other correctional related program
- where it is suspected that the offender's drug use places them at high risk of harm to themselves or another person.

#### *Post Release Pharmacotherapy Dispensing Subsidy Pilot*

The Victorian Prison Opioid Substitution Therapy Program (OSTP) was expanded in 2003 to meet the needs of prisoners who continue to take drugs in prison and/or are at likely risk of relapse, when released back into the community. The program aims to reduce the harm associated with illicit opioid use in prison, and prevent deaths from overdoses that occur when ex-prisoners resume heroin use upon release from prison (Office of the Correctional Services Commissioner 2003).

There is anecdotal evidence to suggest that some prisoners who are prescribed methadone and buprenorphine discontinue their treatment upon release from custody, as they are unable to pay for their dispensing fees. Corrections Victoria developed a methadone, buprenorphine and suboxone dispensing subsidy pilot program in 2006. The pilot program was designed for prisoners leaving prison who were prescribed methadone, buprenorphine or suboxone. As part of the pilot, Corrections Victoria will pay for their dosing fees at their nominated community pharmacy for the first four weeks post release.

The aim of the pilot is to help ex-prisoners maintain their treatment program. It provides an opportunity for participants to arrange their finances before they need to pay the pharmacist for dispensing their treatment.

The pilot program commenced on 1 October 2006 and will continue until 30 June 2009. Data collected during the pilot will be monitored to assess whether the objectives of the pilot have been met by assisting post release prisoners in continuing their pharmacotherapy treatment immediately upon release from prison. A report at the end of the pilot period will review the data collected.

#### *Transitional Services*

Corrections Victoria has invested considerable resources in the expansion of transitional support services for prisoners exiting custody and transitioning into the community, since 2001. Most of this expenditure was initially directed at three discrete programs focusing on specific transitional issues, which have now been integrated into two gender specific holistic transition programs.

The *Women's Integrated Support Program (WISP)* is a transitional service for women exiting prison and has operated since October 2006. The program, delivered by a consortium comprising Melbourne Citymission, the Brosnan Centre and the Victorian Association for the Care and Resettlement of Offenders (VACRO), is an initiative under the Corrections Victoria 'Better Pathways' strategy for women prisoners and offenders. WISP is an intensive pre and post release support program offering case management for women exiting Victorian prisons.

The aim of WISP is to assist women to resettle into the community. It operates within a framework of addressing needs, achieving goals and reducing re-offending. It is a holistic, flexible, wellbeing – based case management service that offers a planned and responsive approach to addressing women's multiple and diverse needs. WISP commences in custody, and then continues through the immediate post-release period and beyond.

*Link Out* is Corrections Victoria's key transitional program for high risk/needs men exiting prison. The program provides holistic case managed pre and post release support for up to 500 male prisoners re-entering the community each year. *Link Out* is delivered by a consortium comprising the Australian Community Support Organisation (ACSO), VACRO, the Salvation Army and the Brosnan Centre. The program commenced on 1 December 2007. *Link Out* aims to reduce re-offending and increase community safety by assisting offenders to reintegrate into the community.

*Konnect*, a Koori specific transitional support program, is an initiative under the Victorian Aboriginal Justice Agreement (Phase 2) which began accepting referrals in mid-July 2008. *Konnect* aims to provide intensive pre and post release support to Koori men and women exiting prison back into the community. It provides a case management, welfare based approach to addressing the diverse transitional needs of Koori prisoners, including such issues as substance abuse, housing, employment, health, life skills, re-connection to family/community, social connectedness and education, and aims to provide culturally appropriate support to help address these needs.

With the assistance of a caseworker prior to release, *Konnect* assists the participant by providing an assessment of their transitional needs and identifying the relevant services that can be accessed to achieve their transitional goals upon release. Continued support from the caseworker post release can continue for up to 12 months, depending on the transitional issues that need addressing.

*Konnect* will also advocate for Koori prisoners, ensuring access to specialist services, assisting with developing community networks and facilitating partnerships between Koori and non-Koori community groups.

The case management principles of this program will provide an integrated approach to linking available resources to participants' needs and making best use of the available services to ensure better service delivery to this offender group.

#### *Training of CCS Staff – Protective Factors*

CCS staff will be trained in environmental and social factors that impact on an offender's ability to successfully negotiate a community based disposition. Training will include:

- introduction to external services/agencies (eg, housing, Centrelink, health services including needle and syringe programs)
- introduction to additional program services (eg, referral of pre-sentence clients to therapeutic community services)
- the philosophy of these external agencies
- referral processes for external agencies
- successful negotiation with agencies, including resolution processes
- effective case management and coordination.

Research indicates that drug testing alone is not effective in reducing the risk of re-offending. However, it can be a useful tool in assessing the nature and extent of drug problems and assisting treatment providers to design appropriate interventions.

### Improving Treatment Outcomes

To effectively manage referrals and maintenance of treatment opportunities that assist offenders to establish healthy crime free lives by:

- identifying the extent to which individual substance abuse is criminogenic;
- providing treatment options which are informed by the link between substance abuse and offending behaviour (Hussain and Cowie 2005);
- providing a range of treatment options, which respond to differing levels of risk (of harm and re-offending) and need; and
- providing treatment for ex-prisoners that builds upon that undertaken in prison.

### How will CCS achieve this?

#### *Alcohol and Other Drugs (AOD) Treatment*

There are a number of ways in which the effectiveness of treatment programs can be measured. These include the increased use of safer drug related behaviours, reductions in substance abuse and re-offending, and increased social and emotional wellbeing.

In an attempt to increase treatment take-up by under-represented user groups, including prisoners and offenders, the Victorian Government has made a commitment under the Victorian Drug Strategy 2006–2009 to increase its focus on forensic programs (Department of Human Services 2006).

Similarly, the CCS Alcohol and Drug Strategy will consider the focus of CCS AOD programs and, importantly, the link between substance use and offending behaviour.

Traditionally, offenders with histories of criminal behaviour and substance abuse have been treated by working within the parameters of either offending behaviour, or substance abuse. However, contemporary research challenges the notion that reducing one will necessarily lower the risk of the other in all cases.

Research suggests that one of the most important factors is the association between offending behaviour and substance dependency. While substance abuse may be identified as leading to criminal behaviour in some people, this may not be the case for others.

The Strategy recognises the importance of identifying the extent to which individual substance abuse is criminogenic (i.e. contributes to offending behaviour). The Victorian Intervention Screening Assessment Tool (VISAT) was developed by Corrections Victoria in 2006 as part of the Offender Management Framework (see page 5). This tool is used to assist with identifying and assessing the needs of offenders, including alcohol and drug issues.

This approach is supported in the literature, with Hussain and Cowie (2005) finding that decision making regarding treatment options should be directly informed by the link between substance abuse and offending behaviour. The approach adopted in this Strategy also acknowledges that a range of programs are important to form a co-ordinated response to the needs of the substance using offender. These range in intensity from brief harm reduction and health education programs, to psycho-educational programs, through to therapeutic treatment and residential programs (Forensic Psychology Research Group 2003).

Finally, the CCS Alcohol and Drug Strategy aims to provide some consistency with AOD treatment currently provided through the prison system. The Victorian prison system has implemented a five level model of drug treatment in publicly operated prisons, which includes both a substance use health stream and a criminogenic stream. Treatment programs vary in intensity and entry into each stream is determined by the level of substance abuse, risk of re-offending and the needs of the individual prisoner.

### *AOD Treatment Services for CCS Offenders*

Community based alcohol and drug treatment services for offenders are provided by DHS funded agencies. The range of treatment options available for offenders through these agencies promotes and initiates behaviour change that supports cessation of, or reduction in, substance use, particularly in relation to re-offending. The range of treatment options focus on:

- comprehensive alcohol and drug assessment determined by a validated assessment tool, to ensure accurate identification of drug treatment need
- recognition that there is no single treatment modality that is appropriate for everyone. Treatment settings, interventions and services are matched to each offender's particular need and range from brief interventions, including group based treatment, to high intensity residential programs
- responsive treatment interventions that match the individual learning style, age, cognitive ability, gender, culture, co-occurring disorders and any other barriers to participation
- recognition that engagement and length of time spent in treatment and treatment retention have a positive effect on treatment outcomes
- rehabilitation efforts targeted at the offender's location in the cycle of change. Where there is low motivation, strategies are used to increase problem recognition and commitment to behaviour change
- review and modification of an offender's treatment plan to ensure that plan meets the person's changing needs and
- examination of intensive treatment programs delivered in prison to assist with the development of individual treatment plans and implementation of strategies and transition into community based settings.

The current AOD service system relies upon the following characteristics:

- collaboration between the criminal justice system and drug treatment services
- coordinated joint interventions that target both criminality and substance abuse
- shared programs and procedures that span the respective service systems.

### *CCS AOD Treatment Needs Assessments*

An assessment of offenders' AOD treatment needs was commissioned by Corrections Victoria in 2007, including assessment of risk (of drug related harm and re-offending) and need in relation to AOD treatment. The assessment was completed by Turning Point Alcohol and Drug Centre in October 2007. The assessment highlighted a number of key areas as priorities in community corrections settings including improved data collection, better coordination of agency involvement, case management training and better knowledge of the misuse of ice/ amphetamine type substances.

**Strengthening partnerships and improving communication between CCS staff and other relevant agencies is vital to the success of the Strategy.**

### *CCS Alcohol and Anger Management Program*

As part of the State Government's Alcohol Action Plan, Corrections Victoria will introduce a new therapeutic program for adult offenders who are sentenced by the courts to serve community based dispositions or who are conditionally released from prison on parole by the Adult Parole Board, and whose alcohol consumption causes aggressive behaviour but is below existing treatment thresholds.

### **Integrated and Coordinated Response**

To improve communication and strengthen cooperation between CCS and other relevant agencies for improved treatment outcomes by:

- maintaining and building community confidence in rehabilitation; and
- strengthening partnerships between CCS, COATS, Drug Treatment Services and health services through clearly defining roles and responsibilities and through joint training initiatives

### **How will CCS achieve this?**

#### *COATS and CCS Reviews*

The COATS 2006 protocol was promoted through a series of presentations across the State involving correctional, forensic treatment and COATS staff. To ensure the protocol continues to meet the ongoing needs of all stakeholders, it will be reviewed on a regular basis. The review process is expected to highlight any changes required to the CCS Alcohol and Drug Strategy.

#### *Training Initiatives*

Strengthening partnerships and improving communication between CCS staff and other relevant agencies is vital to the success of the Strategy. The feasibility of joint training programs for CCS staff and AOD clinicians who work with the forensic client group will be investigated as an opportunity to achieve this goal. Opportunities for this training will

be explored through the liaison meetings with CCS, the Mental Health and Drugs Operations Branch, DHS and COATS.

The focus of these joint training programs will be on effective case management, collaboration and coordination. They will include:

- working effectively with the criminal justice system
- broadening forensic clinicians' understanding of CCS operations
- broadening CCS staff understanding of offenders with drug and/or alcohol issues and treatment options available to AOD clinicians
- building essential knowledge of:
  - criminality and criminal behaviour, including the typology of AOD offenders and criminogenic needs
  - systems and processes involved in both CCS and the Forensic AOD area (including Court assessments; types of community based dispositions; types of treatment offered in the Victorian Prison System; interventions available to the AOD field) (Youth Substance Abuse Service 2006).

In addition, regular forums between CCS and local AOD treatment agencies will provide an opportunity to improve relationships and coordination between services.

## CCS Drug and Alcohol Portfolios

Each CCS office has a drug and alcohol portfolio holder. As part of the CCS Alcohol and Drug Strategy the portfolio holder will be supported to become the key contact point for drug and alcohol issues at their CCS office. This contact point is to coordinate information for other CCOs. Portfolio holders will be provided with professional development for alcohol and other drugs, which may include professional development forums and specialist training.

Each region will nominate a regional drug and alcohol representative who will act as the regional representative for CCS in relation to alcohol and drug issues. The representatives will provide the regional response and act as the key contact for AOD treatment services. In addition they will also liaise with the CCS Directorate on issues relevant to this portfolio.

The CCS Directorate in Corrections Victoria and the Mental Health and Drug Operations Branch, DHS will participate in meetings three times each year to address drug and alcohol issues across the regions, outline future training needs and ensure that data and information for ongoing monitoring of the Strategy is collected. This will subsequently form a key component of the Strategy's evaluation.

## CCS Ongoing Training – supported by CCS

Corrections Victoria's Drugs Policy Unit will source ongoing training for CCOs to ensure appropriate and effective training in alcohol and drug issues, complex case management and be responsive to identified needs such as change in drug trends.

## Communication

The strategy recognises the importance of effective communication between all relevant stakeholders in providing AOD treatment to offenders in the community. Joint training

initiatives, in addition to COATS presenting modules in the CCOs induction course, will facilitate communication between the relevant parties.

Furthermore, CCS will support the implementation of the strategy by:

- Working with DHS and other agencies to better identify appropriate timing of referral and engagement in alcohol and drug treatment services concerning other needs requiring attention, for example, mental health, accommodation.
- Developing a maintenance program for those exiting prison to a community based supervision program. For example, a program to assist ex-prisoners who participated in a level four or five AOD program while in custody.
- Continuing to promote pro-active communication between CCS and AOD treatment agencies, particularly in relation to timing and continuity of alcohol and drug treatment.
- Working with AOD treatment agencies on strategies to retain offenders in treatment/engage offenders in treatment for longer periods should this be of clinical benefit.
- Working with DHS regarding the development of innovative treatment strategies, for example assertive outreach such as mobile counselling.
- Supporting drug and alcohol portfolio holders at each CCS location to develop drug and alcohol expertise and to act as a resource at the location.
- Coordinating three meetings per year with CCS and CV's Drugs Policy Unit to identify regional drug and alcohol issues.
- Meeting with the Mental Health and Drug Operations Branch, DHS and COATS three times per year to discuss any implementation issues identified with the strategy and to facilitate joint training initiatives and consider options for further improvement.
- Liaison between CCS, CV's Drugs Policy Unit and the Centralised Training Unit on a regular basis to determine drug and alcohol training needs for CCOs.

# Evaluating the Strategy

It is important that this Strategy evolves over time to achieve continuous improvement of the management of alcohol and drug issues in community based settings, drive new policy development, and ensure that new developments are based on evidence and best practice. This will be achieved through a comprehensive and planned approach to monitoring, research and evaluation of the Strategy.

A comprehensive evaluation program will measure the quality and performance of the various elements of the Strategy. It will also determine if CCS is implementing the Strategy in accordance with its aims, procedures and measurable performance indicators.

As part of this monitoring process, CCS will liaise regularly with the Mental Health and Drugs Operations Branch, (DHS) of the Department of Human Services and the Australian Community Support Organisation (ACSO) on the effectiveness of the coordination and delivery of alcohol and drug treatment services to community based offenders. Three liaison meetings between the key parties will be coordinated and chaired annually by the Drugs Policy Unit. These meetings will be the forum for all parties to the Strategy to discuss process issues, quality assurance, and trends as well as plan for joint training and professional development to support the implementation of the Strategy.

High quality evaluation yields evidence about the impact of correctional programs and services and enables sound decisions to be made about the most effective investment of correctional resources. Arising from this commitment, Corrections Victoria has developed the Corrections Victoria Evaluation Capacity Building Strategy and the Evaluation Toolkit.

CCS, in consultation with Corrections Victoria's Research and Evaluation Unit, will monitor the implementation of the first six months of the CCS Alcohol and Drug Strategy to inform and design the most appropriate evaluation method in line with the Corrections Victoria Evaluation Capacity Building Strategy.

## **Combined Custody and Treatment Order (CCTO)**

A CCTO targets those offenders with drug and/or alcohol related offences. The CCTO can be up to 12 months duration. At least six months must be served in custody where the offender must participate in mandatory drug and/or alcohol treatment and testing. The remaining portion (up to six months) is served conditionally in the community. There is a strong element of treatment intervention attached to this Order.

## **Community Based Order (CBO)**

The objective of a CBO is to allow an offender to remain in the community, while serving his/her sentence. A CBO may include program conditions relating to supervision, personal development or community work. Each order must include at least one program condition but may have more than one condition attached to it.

## **Community Based Order (Fine Default)**

A Fine Default Order is a community based order made in relation to unpaid fines. The fine default hours equate to a dollar value determined by legislation which converts to a certain number of hours as prescribed in that legislation.

## **Community Correctional Services centre**

A Community Correctional Services centre is a full time operational centre which is dedicated to the supervision of offenders fulfilling their Court imposed Orders.

## **Community Correctional Services Reporting Centre**

A Community Correctional Services Reporting Centre is not normally staffed, but is attended by staff on a regular roster basis to ensure that offenders in more remote locations are able to meet their supervision obligations.

## **Community Correctional Services Specialist Unit**

A Community Correctional Services Specialist Unit is a full time operational centre that exists for specific purposes eg, the Fine Default Unit.

## **Community Work**

Prisoners and offenders are often required, as part of their imprisonment or community based order, to perform unpaid community work placements as reparation to the community.

## **Community Work Permit**

A Community Work Permit enables offenders in default of payment of an infringement notice fine to convert the unpaid fine to community work.

## **Community Work Teams**

A community work team consists of up to 12 offenders, who have been given a specific task to complete. These tasks may include small construction jobs, revegetation work or maintenance. The team is led by a supervisor who is experienced in either a trade, working with offenders or both. Responsibility for the supervision of offenders lies with Community Correctional Services.

## **Court Services Unit**

Provides assessment advice to Courts about the suitability of offenders for different sentencing options and conducts prosecutions of offenders who have allegedly breached the requirements of their order.

## **Dandenong Drug Court**

The Drug Court manages offenders subject to Drug Treatment Orders imposed by the Dandenong Drug Court.

### **Drug Treatment Order (DTO)**

The Drug Court administers the Drug Treatment Order while the Drug Treatment Orders are supervised by CCS staff. Under a DTO, the offender is subject to an intensive treatment program which may include drug and/or alcohol treatment, medical, psychiatric or psychological treatment and/or attendance at vocational, educational or employment programs. The DTO comprises two parts: a term of imprisonment of up to two years, which is not served if there is compliance with the Order; and a treatment and supervision component which consists of core and program conditions that the Magistrate imposes to suit the requirements of the individual participant. In addition, the DTO provides for judicial rewards and sanctions, a collaborative treatment provider and CCS case management process.

### **Extended Supervision Order (ESO)**

An ESO provides for the post-sentence supervision of high risk sex offenders (adult-victim and child-victim) who continue to pose a high likelihood of re-offending at the end of their sentence. The Orders are made under the *Serious Sex Offenders Monitoring Act 2005*. All offenders subject to an ESO must comply with a range of conditions as directed by the Adult Parole Board, which may include electronic monitoring, escorted community outings and residential conditions. These conditions may also include participation in rehabilitative programs such as the Sex Offender Treatment Program or, where relevant, drug and alcohol treatment programs.

### **Home Detention Order (HDO)**

Offenders are confined to their place of residence on a 24/7 basis unless otherwise approved by Corrections Victoria. If approved, they can engage in meaningful and constructive activities outside of their place of residence. These activities might include offence specific programs, education, unpaid community work or employment that contributes to their rehabilitation and reparation to the community. Alternatively, an offender can receive a Home Detention

Order through the Court process for a period not exceeding 12 months and prisoners can apply to the Adult Parole Board, to serve their remaining six months on home detention. There are certain offences specified in legislation excluding offenders/prisoners from being placed on a Home Detention Order. For instance, sexual offences, crimes involving serious violence, crimes involving trafficking a commercial amount of drugs and offences where firearms or other dangerous weapons were used.

### **Intensive Correction Order (ICO)**

An Intensive Correction Order (ICO) is a period of imprisonment served in the community that requires the offender to participate in a maximum of 12 hours of programs each week. The offender is also required to complete at least eight hours of unpaid community work per week and spend the balance (if any) of those hours undergoing counselling and treatment.

### **Interstate Correctional Order**

CCS has the capacity to supervise interstate Community Based Dispositions or Parole Orders when offenders relocate to Victoria. These Orders may also contain specific drug and alcohol conditions.

### **Neighbourhood Justice Centre**

Provides supervision of a selected offender caseload managed in conjunction with the pilot program established by the Department of Justice. It opened in Collingwood, an inner suburb of Melbourne in 2007.

### **Parole Order**

A parole order is made following a period of imprisonment, and requires an offender to be subject to supervision in the community. Additional conditions may also be applied such as programs, counselling, or drug testing. Parole provides for a period of supervision and assistance following release from prison. During the period of intensive parole (usually three months), parolees may be required to perform unpaid community work.

# Glossary

- ACSO: Australian Community Support Organisation
- AOD: Alcohol and Other Drugs
- CCO: Community Corrections Officer
- CCS: Community Correctional Services
- COATS: Community Offenders Advice and Treatment Service
- DHS: Department of Human Services
- HCV: Hepatitis C Virus
- NCPIC: National Cannabis Prevention and Information Centre
- Offender: A person found guilty by the court of committing (a) certain offence(s) and sentenced to serve their time in the community.
- OSTP: Opioid Substitution Therapy Program
- Prisoner: A person with a court-issued authority held in full-time custody under the jurisdiction of an adult corrective service agency.
- VACRO: Victorian Association for the Care and Resettlement of Offenders
- VISAT: Victorian Intervention Screening Assessment Tool
- WISP: Women's Integrated Support Program

## **Commonwealth Government Policies**

National Alcohol Strategy 2006–2009

National Cannabis Strategy 2006–2009

National Corrections Drug Strategy 2006–2009

National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006

National Drug Strategy: Australia's Integrated Framework 2004–2009

National Hepatitis C Strategy 2005–2008

National Illicit Drug Strategy: Illicit Drug Diversion Initiative 2003–2007

## **Victorian Government Policies**

Victorian Drug Strategy – Improving health, reducing harm 2006–2009

Victorian Hepatitis C Strategy 2002–2004 and Addendum 2005–2009

Victorian Prison Drug Strategy 2002

Victorian Prison Opioid Substitution Therapy Program 2003

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