Bibliography of Prison Treatment Research

Prepared by the Drug Policy Modelling Program

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Introduction

One way that the DPMP contributes to improved Australian drug policy is through providing access to research evidence. We have prepared an annotated bibliography of relevant research in relation to prison-based drug treatment. We have endeavoured to focus on Australian research but also included much international work. Only research papers that report on programs in prison settings are included.

More than 200 papers were located – the majority (approx 98) are Australian, followed by about 65 from the USA, and 50 from European countries.

Wherever possible we provide an Abstract and a link to the reference. Access to the journal articles via the links will depend on your organisational subscription access. DPMP would be pleased to assist with retrieval of any specific papers if required.

The bibliography is divided into a number of sections:

Reviews	2
Therapeutic communities	7
Pharmacotherapies	21
Needle Syringe Programs	31
Throughcare / aftercare	

URL: http://www.ancd.org.au/publications/pdf/rp9 australian prisons.pdf

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990).

Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*(3), 369-404.

Abstract: Careful reading of the literature on the psychology of criminal conduct and of prior reviews of studies of treatment effects suggests that neither criminal sanctioning without provision of rehabilitative service nor servicing without reference to clinical principles of rehabilitation will succeed in reducing recidivism. What works, in our view, is the delivery of appropriate correctional service, and appropriate service reflects three psychological principles: (1) delivery of service to higher risk cases, (2) targeting of criminogenic needs, and (3) use of styles and modes of treatment (e.g., cognitive and behavioral) that are matched with client need and learning styles. These principles were applied to studies of juvenile and adult correctional treatment, which yielded 154 phi coefficients that summarized the magnitude and direction of the impact of treatment of recidivism. The effect of appropriate correctional service (mean phi = .30) was significantly (p < .05) greater than that of unspecified correctional service (.13), and both were more effective than inappropriate service (-.06) and non-service criminal sanctioning (-.07). Service was effective within juvenile and adult corrections, in studies published before and after 1980, in randomized and nonrandomized designs, and in diversionary, community, and residential programs (albeit, attenuated in residential settings). Clinical sensitivity and a psychologically informed perspective on crime may assist in the renewed service, research, and conceptual efforts that are strongly indicated by our review.

URL: http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1 EAIM 0 A9429505 & A9429505?Z3950=1&sw aep=unsw Electronic resource (HTML) HTML

Campbell, N. D., Olsen, J.P., & Walden, L. (2008). The Narcotic Farm: The Rise and Fall of

elicit views about possible standards and models of practice. Information about current service provision was gathered through focus groups and interviews, and a review of documentation.

Reviews

services. The former received a broader range of support than their imprisoned counterparts and rated the assistance that they received significantly more positively. It is concluded that prison services in Scotland are making efforts to assist their drug-using inmates, but greater access to a wider range of prison drug treatments and efforts to improve prison client's perceptions of the help they receive are required.

URL: http://www.informaworld.com/10.1080/09687630310001653598

- Pallone, J. N. (Ed.). (2003). *Treating Substance Abusers in Correctional Contexts: New Understandings, New Modalities.* New Brunswick: Haworth Press.
- Pelissier, B., Jones, N., & Cadigan, T. (2007). Drug treatment aftercare in the criminal justice system: A systematic review. *Journal of Substance Abuse Treatment, 32*(3), 311-320.

Abstract: Drug treatment aftercare is frequently cited as necessary for individuals served within the criminal justice system. The purposes of this article are to review how much is actually known about aftercare and to highlight issues in studying the role of aftercare. We begin with a review of the literature, looking at how aftercare is defined within the criminal justice system

URL: http://www.justice.gov.uk/news/announcement130608a.htm

Therapeutic communities

This section covers therapeutic communities, drug-free units and intensive treatment programs. Some interventions include cognitive-behavioural therapies. Both program descriptions and evaluations are included. The distinction between 'therapeutic community'

programs for drug-involved offenders has been functioning for several years in

community on levels of institutional disorder. *International Journal of Offender Therapy and Comparative Criminology, 47*(2), 210-223.

Abstract: There is a growing emphasis in corrections on the treatment of inmates with drug problems. The typical method of evaluating drug treatment programs is to examine how the treatment affects the inmate in terms of relapse and recidivism. This study examines the institutional consequences of operating a therapeutic community located in a medium/high-security male institution. The effect on management is examined from a perspective of institutional disorder. Disorders, from less severe inmate rule violations to more serious assaults, and rates of grievance filing are examined within the treatment unit and compared with rates in the general population. The inmate's perception of the environment, whether in treatment or non-treatment, is also examined. Findings indicate that in-prison therapeutic communities have lower levels of disorder than non-treatment housing units and tend to produce more positive perceptions of the living environment among the inmates living there. The impact of these findings for prison management is discussed.

Einsberg, M., Reichers, L., & Arrigona, N. (2001). Evaluation of the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Programs. Austin TX: Criminal Justice Policy Council.

URL: http://web.archive.org/web/20030705185134/http://cjpc.state.tx.us/reports/alphalist/RehabilitationTier.pdf

Eisenberg, M., & Fabelo, T. (1996). Evaluation of the Texas Correctional Substance Abuse Treatment Initiative: The Impact of Policy Research. *Crime Delinquency*, 42(2), 296-308

Abstract: An evaluation of the first Texas correctional therapeutic community substance abuse program indicated that recidivism was significantly reduced for offenders completing treatment. However, a large number of offenders did not complete treatment and those persons had recidivism rates comparable to those not participating. Rapid expansion of these programs caused problems associated with client selection, program consistency, and retention in treatment. Research showed that the operational "nuts and bolts" were not in place to effectively expand these programs from 5,000 beds to the originally planned 14,000 beds. Based on these findings, the Texas Legislature decided against expansion.

URL: http://cad.sagepub.com/cgi/content/ Abstract/42/2/296

Falkin, G. P., Lipton, D. S., & Wexler, H. K. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior*, 17(1), 71-92.

Abstract: This study reports treatment findings for the Stay'n Out therapeutic community (TC), which has operated in the New York correctional system for over 12 years. Prison-based TC treatment can produce significant reductions in recidivism rates for males and females.

URL:

education level, criminal history and risk for recidivism) was Abstracted from the state criminal justice databases and a structured interview led by clinical staff. During treatment process measures were based on inmate self-ratings of their counselors, program and peers. A post-treatment interview conducted by field research staff assessed satisfaction with transitional aftercare. Post-release recidivism was based on state-maintained computerized criminal history records. FINDINGS: ITC treatment, especially when followed by residential aftercare, was effective for reducing post-release recidivism rates. Lower satisfaction with transitional aftercare treatment was associated with not completing the residential phase of community-based aftercare. CONCLUSIONS: Corrections-based treatment policy should emphasize a continuum of care model (from institution to community) with high quality programs and services.

 $\begin{array}{l} URL: \underline{http://proquest.umi.com/pqdlink?did=42663687\&Fmt=7\&clientId=25620\&RQT\\ \underline{=309\&VName=PQD} \end{array}$

Hiller, M. L., Knight, K., & Simpson, D. D. (2006). Recidivism following mandated residential substance abuse treatment for felony probationers. *Prison Journal, 86*(2), 230-242. Abstract: The findings from a modified therapeutic community (TC) serving drugabusing probationers in a large metropolitan area is presented. The findings show that treatment dropouts were more likely to be rearrested for a serious felony within 2 years of leaving the TC program than were treatment graduates and probationers from an untreated comparison group. URL:

Abstract: A multistage therapeutic community treatment system has been instituted in the Delaware correctional system, and its effectiveness has captured the attention of the National institutes of Health, the Department of Justice, members of Congress, and the White House. Treatment occurs in a three-stage system, with each phase corresponding to the client's changing correctional status-incarceration, work release, and parole. In this paper, 18 month follow-up data are analyzed for those who received treatment in: (1) a prison-based therapeutic community only, (2) a work release therapeutic community-followed by aftercare, and (3) the prison-based therapeutic community followed by the work release therapeutic community and aftercare. These groups are compared with a no-treatment group. Those receiving treatment in the two-stage (work release and aftercare) and three-stage (prison, work release, and aftercare) models had significantly lower rates of drug relapse and criminal recidivism even when adjusted for other risk factors. The results support the effectiveness of a multistage therapeutic community, model for drug-involved offenders, and the importance of a work release transitional therapeutic community as a component of this model.

URL: http://proquest.umi.com/pqdlink?did=13045368&Fmt=6&clientId=25620&RQT=309&VName=PQD

Incorvaia, D., & Kirby, N. (1997). A formative evaluation of a drug-free unit in a correctional services setting. *International Journal of Offender Therapy and Comparative Criminology, 41*(3), 231-249.

Abstract: The effectiveness of a drug-free unit in reducing the use of drugs by adult offenders in Cadell Training Centre, South Australia, is evaluated. Frequency of preprison and prison drug use was measured using questionnaires. Urinalysis records of all offenders were also examined. The drug-free unit was found to have a significant effect in reducing the use of drugs by offenders residing therein. Problems associated with urinalysis procedures and different drug use patterns of offenders are also discussed.

URL: <a href="http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.csa.com/htbin/getfulltext.cgi?username=unsw&access=unsw513&mode=pdf&db=sagecrim-set-c&issn=0306-624X&volume=41&issue=3&firstpage=231

Klebe, K. J., & O'Keefe, M. (2004). *Outcome Evaluation of the Crossroads to Freedom House and Peer 1 Therapeutic Communities.* Colorado Springs: University of Colorado. Abstract: The present study aims to further evaluate these previous findings by investigating the effectiveness of two Colorado RSAT TC programs for offenders. The first is a prison based program, the second a community TC program. Together these programs provide a continuum of care for high risk substance abusing felons. The

studies indicated that internal motivation rather than external motivation seems to be an indicator of positive outcomes. The case study results demonstrated that programs offer benefits to participants; however, they also suggest that strengthening treatment in developing social support may help to reduce recidivism. URL:

Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-

offenders need gender-responsive treatment that is designed specifically for their complex needs.

URL: http://orwh.od.nih.gov/about/acrwh news/NIDA Messina.pdf

Miller, J. M., & Koons-Witt, B. (2003). *Outcome Evaluation of the South Carolina Residential Substance Abuse Treatment Program for State Prisoners*. Columbia: University of South Carolina.

URL: http://www.ncjrs.gov/pdffiles1/nij/grants/199407.pdf

Mosher, C., & Phillips, D. (2002). Final Report on the Program Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Community for Women Offenders in Washington State. Pullman WA: Washington State University.

URL: http://www.ncjrs.org/pdffiles1/nij/grants/196670.pdf

Mosher, C., & Phillips, D. (2006). The dynamics of a prison-based therapeutic community for women offenders: retention, completion and outcomes. *Prison Journal*, 86(1), 6-31.

Abstract: Part of a special issue on gender across correctional systems. A study was conducted to examine the day-to-day operation of a drug prevention, prison-based therapeutic community for female offenders. Data were obtained from observations and interviews with participants and principals in the New Horizons program administered by the Washington State Department of Corrections. Findings revealed that over 44 percent of program members successfully completed the program. Furthermore, it was found that exposure to the program resulted in lower levels of recidivism and that completion of the program further reduced recidivism, although the positive effects of program participation abated as the months passed following release.

URL: <a href="http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.csa.com/htbin/getfulltext.cgi?username=unsw&access=unsw513&mode=pdf&db=sagecrim-set-c&issn=0032-8855&volume=86&issue=1&firstpage=6

- Nash, J. E. (2000). Final Report of Outcomes for Ozark Correctional Center Drug Treatment Program. Springfield MO: Center for Social Sciences and Public Policy Research. URL: http://www.ncjrs.gov/pdffiles1/nij/grants/181649.pdf
- Nielsen, A. L., Scarpitti, F. R., & Inciardi, J. A. (1996). Integrating the therapeutic community and work release for drug-involved offenders: The CREST program.

 Journal of Substance Abuse Treatment, 13(4), 349-358.

 Abstract: As the nation's first therapeutic community (TC) and work release center

for drug involved offenders, CREST combines the basic elements of both modalities into an effective agent for behavioral change. This article explores the ways in which these elements are integrated and applied, and the outcome of such treatment as determined by subsequent substance abuse and criminal activity. Clients entering the program from prison progress through several phases of counseling, group interaction, confrontation, and education before they enter the work release phase, where they gain realistic experience and can implement what they learned in the TC concerning living drug free. Follow-up data collected at 6 and 18 months after entry into the program indicate that CREST clients have significantly lower relapse and recidivism rates than a comparable comparison group. CREST has similar effects on relapse and recidivism across sexes, racial/ethnic groups, and different age categories, although length of time in treatment and whether clients graduated do impact outcome variables.

URL:

34(2), 210-237.

Abstract: Approximately 700 substance-abusing youthful offenders were assigned to either a two-month residential substance abuse treatment program group or a comparison group. Upon completion of the program, the residential treatment group youths were placed in either the treatment or comparison group for a four-month community aftercare phase. Youths who participated in the residential portion of the program reported significantly decreased drug use and delinquency and increased cognitive decision-making skills and demonstrated a longer period of time from entry into the study until rearrest than control youths. Results for the aftercare segment of the program show that the positive gains made while in the residential program were not bolstered through aftercare. Aftercare youths reported more delinquent behavior and demonstrated more participation in drug-related crime than control subjects. After-care youths did, however, exhibit less participation in crimes of an interpersonal nature.

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Siegal, H. A., Wang, J., Carlson, R. G., Falck, R. S., Rahman, A. M., & Fine, R. L. (1999). Ohio's prison-based therapeutic community treatment programs for substance abusers: Preliminary analysis of re-arrest data. *Journal of Offender Rehabilitation*, 28(3/4), 33-48.

Abstract: This study evaluates the Ohio Department of Alcohol and Drug Addiction Services' prison-based therapeutic communities (TCs) for inmates with histories of drug abuse. The study compares arrests/charges following release from prison among 487 inmates with TC experience and 242 inmates without TC treatment. Outcome measures were based on arrest and charge statistics. The results of survival analysis and Cox hazards model analysis indicate that length of time in the TC is crucial to a positive outcome. Controlling for age, gender, ethnicity, and education, inmates who spent at least 180 days in a TC were significantly less likely than those with less time in treatment or no TC exposure to be re-arrested/charged with violent or drug-related crimes one year after release.

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Sullivan, Dagger, McKendrick, K., Sacks, S., & Banks, S. (2007). Modified therapeutic community treatment for offenders with MICA disorders: substance use outcomes. The American Journal of Drug and Alcohol Abuse, 33(6), 823 - 832.

Abstract: Correctional systems nationwide have increasingly turned to therapeutic community (TC) programs for the treatment of addiction in prisons. TC treatment, with modifications, has shown considerable promise in treating offenders who have co-occurring mental and substance use disorders, a group that has a mounting prevalence in prison populations. This article reports data from a study that randomly assigned male inmates with mental illness and chemical abuse (MICA) disorders (n = 139) to either a Modified TC (MTC) or a comparison group. Analyses revealed that the MTC group had significantly greater declines in alcohol and drug use at 12-months post-prison release. Additional analysis related positive substance use outcomes to reduced contact with the justice system and self-reported criminal activity. Implications for triedtpm/eintvandryfolicityaare discussed.

therapeutic communities for drug-involved offenders. *The Prison Journal*, 82(2), 189-212.

Abstract: The authors examine the use of a social observation and interview method for evaluating the therapeutic integrity of drug treatment programs known as therapeutic communities.

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Turley, A., Thornton, T., & Johnson, C. (2004). Jail drug and alcohol treatment program reduces recidivism in nonviolent offenders: A longitudinal study of Monroe County, New York's, Jail Treatment Drug and Alcohol Program. *International Journal of Offender Therapy and Comparative Criminology, 48*(6), 721-728.

Abstract: Substance abuse treatment has become the new fashion for reducing recidivism among inmates. But the question is, does this work? Various studies have been done tracking the same cohort of inmates over time to assess the validity of treatment. This study assesses one treatment program's success over 5 years to determine if drug and alcohol treatment reduces recidivism among nonviolent, short-term (sentence of less than a year) inmates. Monroe County's drug treatment program demonstrates that for 1 year after receiving the treatment, three different cohorts of nonviolent, short-term inmates (1995, 1998, and 2000) were found to be substantially less likely to be recidivists than control group inmates. .

URL: http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790ed34b537fd18e7dac7d21e407260abff6d1dd7f469aeac6b2709b945f164f5a54&fmt=C

Vaughn, M. S., Furjen, D., & Lou-Jou, L. (2003). Evaluating a prison-based drug treatment program in Taiwan. Journal of Drug Issues, 33(2), 357-383. Abstract: Using data collected from prerelease and 12-month follow-up interviews with drug-using offenders, this article evaluates the efficacy of the first prison-based drug treatment program in Taiwan. A quasi-experimental design matching drugabusing offenders into treatment and non-treatment groups was adopted. Program outcomes were measured in five domains: criminal recidivism, post-release drug use patterns, improved family and social relationships, problems adjusting to community life, and mental health after release. Logistic and OLS regression were employed to identify possible correlates of program outcomes. The results generally failed to confirm positive outcomes generated by the compulsory drug treatment program. Program participants reported higher rates of recidivism and post-release illicit drug use than non-program participants. Program participants also reported more problems adjusting to community life after release. Post-release living arrangements, friends or family members abusing illicit drugs, and problems adjusting to community life after release were also found to be significant correlates of recidivism and post-treatment drug use. Post-release employment status and mental health status were significantly related to post-treatment drug use, but not to recidivism. Since multiple factors lead to drug addiction, the article concludes that the structure and implementation of Taiwan's prison-based drug treatment program needs reform to effect positive behavioral change on drug-abusing offenders. .

drug treatment program for offenders who have been seriously involved with drugs in the past. This ten-month program is comprised of seven principal elements or components-Intake/Evaluation/Follow-Up, Drug Education, Skills Development, Lifestyle Modification, Wellness, Responsibility, and Individualized Counseling/Case Supervision-each of which is discussed in the body of this paper. The individual strengths, weaknesses, and future research agenda of this residential program for drug-involved offenders are discussed in the conclusion of this preliminary report. URL: http://ijo.sagepub.com/cgi/content/Abstract/36/1/21

- Welsh, W. N. (2007). A multisite evaluation of prison-based therapeutic community drug treatment. *Criminal Justice and Behavior, 34*(11), 1481-1498.

 Abstract: A quasi-experimental study examined multiple post-release outcomes up to 2 years for inmates who participated in therapeutic community (TC) drug treatment programs (n = 217) or comparison groups (n = 491) at five state prisons. Statistical controls included level of need for treatment, current and prior criminal history, and post-release employment. Prison TC was effective even without mandatory community aftercare, although main effects and interactions varied somewhat across different outcome measures and sites. TC significantly reduced rearrest and reincarceration rates but not drug relapse rates. Post-release employment predicted drug relapse and reincarceration, and employment interacted with age to predict rearrest. Two sites had higher drug relapse rates than the other three. Implications for research and policy are discussed.

 URL: http://cjb.sagepub.com/cgi/content/Abstract/34/11/1481
- Welsh, W. N., McGrain, P., Salamatin, N., & Zajac, G. (2007). Effects of prison drug treatment on inmate misconduct: A repeated measures analysis. *Criminal Justice and Behavior, 34*(5), 600-615.

 Abstract: A small body of research supports the "treatment hypothesis" that participation in prison treatment programs reduces inmate misconduct, although methodological weaknesses have limited generalizable conclusions. Using general linear modeling repeated measures techniques, this study examined pre- and posttreatment misconduct for 1,073 inmates who participated in therapeutic community (TC) drug treatment (n = 294) or a comparison group (n = 779) at five state prisons. Predictors included age, length of sentence, drug dependency, and prior and current criminal history. The hypothesis that TC treatment alone would significantly reduce misconduct over time was not supported. Instead, changes in misconduct over time interacted with individual characteristics and time served posttreatment. The article discusses implications of these results for treatment policies and future research.
- Welsh, W. N., & McGrain, P.N. (2008). Predictors of therapeutic engagement in prison-based drug treatment. *Drug and Alcohol Dependence, 96*(3), 271-280.

 Abstract: Few studies to date have examined predictors of therapeutic engagement (TE) or other indicators of responsiveness to prison drug treatment. Subjects were 347 inmates participating in a 12-month modified therapeutic community (TC) drug treatment program at a specialized treatment prison for convicted, drug-involved offenders. Data were obtained through correctional databases and the administration of the TCU Drug Screen II, the Resident Evaluation of Self and Treatment (REST), and the Counselor Rating of Client (CRC) form. Three main hypotheses were supported: (1) baseline motivation predicted therapeutic engagement net of other inmate characteristics; (2) critical dimensions of the treatment experience (e.g., peer

predictors and programmatic characteristics became more important over time. Implications for research, theory and policy are discussed.

URL: http://www.sciencedirect.com/science/article/B6T63-4SJ952S-1/2/e6ad3f2749f300a4063994748f92dac0

Wexler, H. K., Melnick, G., Lowe, L., & Peters, J. (1999). Three-year reincarceration outcomes for amity in-prison therapeutic community and aftercare in California. *The Prison Journal*, 79(3), 321-336.

Abstract: The study assessed 36-month recidivism outcomes for a prison therapeutic community (TC) program with aftercare using an intent-to-treat design with random assignment, Outcomes-for 478 felons at 36 months replicated findings of an earlier report on 12 - and 24-month outcomes, showing the best outcomes for those who completed both in-prison and aftercare TC programs.

URL: <a href="http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.csa.com/htbin/getfulltext.cgi?username=unsw&access=unsw513&mode=pdf&db=sagecrim-set-c&issn=0032-8855&volume=79&issue=3&firstpage=321

Pharmacotherapies

This section covers research on pharmacoth

low dose methadone treatment and counselling. The groups were similar in terms of most basic demographic characteristics but subjects who had been maintained on methadone reported a significantly lower prevalence of heroin injection, syringe sharing and scored lower on an HIV Risk-taking Behavioural Scale than subjects who received standard drug treatment and time-limited methadone treatment. This study suggests that methadone treatment is associated with reduced injecting risk behaviour in prison with adequate (greater than 60 mg) dose and duration in treatment. These treatment conditions are known to increase effectiveness in community-based methadone programmes. Prospective studies are required to evaluate the effectiveness of methadone programmes in the prevention of HIV and other blood-borne viral infections among IDU prisoners.

URL: http://info.library.unsw.edu.au/cgi-bin/local/access/ejaccess.cgi?url= http://www.informaworld.com/openurl?genre= journal&issn=09595236&volume= 17&issue= 2&spage= 153

Dolan, K. A., Hall, W. D., & Wodak, A. D. (1998). The provision of methadone within prison settings. In J. Ward, R. P. Mattick & W. Hall (Eds.), *Methadone maintenance treatment and other opioid replacement therapies*. Amsterdam: Harwood Academic Publishers.

Abstract: The rationale, implementation and likely benefits of providing methadone programs to prisoners are examined. The arguments against prison methadone programs are considered and the limited published research into prison based methadone programs is reviewed.

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cause mortality, re-incarceration, hepatitis C and HIV serostatus and MMT retention. Findings There were no deaths recorded while subjects were enrolled in MMT. Seventeen subjects died while out of MMT, representing an untreated mortality rate of 2.0 per 100 person-years (95% CI, 1.2-3.2). Re-incarceration risk was lowest during MMT episodes of 8 months or longer

Pharmacotherapies

maintenance. Journal of Drug Issues, 23(1), 75-99.

URL: http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790e d34b537fd18e7dacb74e646edc9de470e544a9c6512093cf3da6246caae07e97&fmt=C

McLeod, F. (1991). *Methadone, AIDS and jails.* Paper presented at the Corrections Health: First National Conference.

Abstract: This paper provides a narrative account of the development of the Methadone Program in New South Wales prisons and addresses particular problems found related to specifics of the prison population. McLeod discusses the drug itself, unwanted side effects, treatment models, the benefits of the program, and its costs. (Based on paper presented at the Australian Institute of Criminology Conference on 'HIV/AIDS and Prisons', November 1990). treatm

behaviours, reduction in criminal conduct and recidivism, facilitating the manageability of drug using prisoners and improving their physical stabilisation. In this context, substitute dosage, treatment duration, patient retention rates, complementary psycho-social care and the effects of disrupting maintenance treatment when entering the institution are scrutinised. Results show that prison-based ST and especially prison-based methadone maintenance treatment (PMMT)

Abstract: Background: Although methadone maintenance treatment in community settings is known to reduce heroin use, HIV infection and mortality among injecting drug users (IDU), little is known about prison methadone programs. One reason for this is the complexity of undertaking evaluations in the prison setting. This paper estimates the cost-effectiveness of the New South Wales (NSW) prison methadone program. Methods: Information from the NSW prison methadone program was used to construct a model of the costs of the program. The information was combined with data from a randomised controlled trial of provision of prison methadone in NSW. The total program cost was estimated from the perspective of the treatment provider/funder. The cost per heroin free day, compared with no prison methadone, was estimated. Assumptions regarding resource use were tested through sensitivity analysis. Results: The annual cost of providing prison methadone in NSW was estimated to be AUD\$2.9 million (or \$3,234 per inmate per year). The incremental cost effectiveness ratio is AUD \$38 per additional heroin free day. Conclusions: From a treatment perspective, prison methadone is no more costly than community methadone, and provides benefits in terms of reduced heroin use in prisons, with associated reduction in morbidity and mortality.

URL: http://www.sciencedirect.com/science/article/B6T63-4J90W1H-4/2/e9cb000883932b094af13565939cecef

Naltrexone

Cornish, J. W., Metzger, D., Woody, G. E., Wilson, D., McLellan, A. T., Vandergrift, B., et al. (1997). Naltrexone pharmacotherapy for opioid dependent federal probationers. *Journal of Substance Abuse Treatment*, 14(6), 529-534.

Abstract: Federal probationers or parolees with a history of opioid addiction were referred by themselves or their probation/parole officer for a naltrexone treatment study. Participation was voluntary and subjects could drop out of the study at any time without adverse consequences. Following orientation and informed consent, 51 volunteers were randomly assigned in a 2:1 ratio to a 6-month program of probation plus naltrexone and brief drug counseling, or probation plus counseling alone. Naltrexone subjects received medication and counseling twice a week, controls received counseling at similar intervals. All therapy and medication were administered in an office located adjacent

treatments for crack cocaine addiction alone, there is evidence that naltrexone can be useful in cases of concurrent cocaine and heroin use. In 2005 Bristol Specialist Drug Service initiated a naltrexone treatment programme targeted at pre-release offenders using both crack cocaine and heroin. Of 172 referrals, only 51 (30%) were inducted into treatment, and only 16% of these were retained

Needle Syringe Programs

This section covers Needle Syringe Programs in prisons. The five articles here explicitly address NSP in prison. In the "Risk Behaviours" listing, there are many papers that note NSP as an important risk reduction strategy but do not explicitly address the evidence for NSP.

Dixon, D., Dolan, K. A., Hall, W. D., Maher, L., Rutter, S., & Wodak, A. D. (1995). *Is syringe exchange feasible in a prison setting? An exploratory study of the issues.* Sydney: National Drug and Alcohol Research Centre.

Abstract: The issues raised by Prison Syringe Exchange programs are considered with a view to assessing possible benefits, possible adverse consequences and the feasibility of implementing Prison Syringe Exchange. The feasibility was examined by documenting issues raised by key stakeholders in the New South Wales prison system. Groups were asked to discuss problems in a correctional context associated with syringe use, effectiveness of and problems associated with HIV and hepatitis prevention measures, and possible benefits and costs of establishing and evaluating a pilot syringe exchange program in prisons. URL:

Needle Syringe Programs

Throughcare / aftercare

This section covers research that specifically addresses issues of throughcare and postprison continuity of treatment. Some of the papers in the other sections (TC, pharmacotherapies) also include reference to throughcare, so this list is only those that specifically evaluated or discussed throughcare issues.

Burrows, J., Clarke, A., Davidson, T., Tarling, R., & Webb, S. (2000). *The Nature and Effectiveness of Drugs Throughcare for Released Prisoners*. London: Home Office Research, Development and Statistics Directorate.

Abstract: This summary report provides the results of a study examining the nature of drugs throughcare for severely drug dependent prisoners who were eligible for prison treatment. Drugs throughcare relates to the treatment and support offered to prisoners making the transition from prison to the community. The research gauges the impact of these interventions on offenders' drug taking and offending behaviour, as well as what constitutes good practice in this area. Half of the prisoners surveyed were offered help to obtain treatment on release. However, only 11% had a fixed appointment with a drug agency; most were given more indirect help. Effective throughcare is reliant on multi-agency co-operation. However the survey identified structural problems restricting provision, with responsibility not falling to any single agency. Unless treatment is maintained in the community, offenders are likely to relapse, returning to crime and to prison. Some four months after their release, 86% reported that they had used some form of drug. About half were using heroin every day, which represents a decline of about 20 percentage points on the proportion using heroin before going into prison.

URL: http://www.homeoffice.gov.uk/rds/pdfs/r109.pdf

Farrell, M., & Marsden, J. (2008). Acute risk of drug-related death among newly released prisoners in England and Wales. *Addiction*, 103(2), 251-256.

Abstract: To investigate drug-related deaths among newly released prisoners in England and Wales. Database linkage study. National sample of 48,771 male and female sentenced prisoners released during 1998-2000 with all recorded deaths included to November 2003. There were 442 recorded deaths, of which 261 (59%) were drug-related. In the year following index release, the drug-related mortality rate was 5.2 per 1000 among men and 5.9 per 1000 among women. All-cause mortality in the first and second weeks following release for men was 37 and 26 deaths per 1000 per annum, respectively (95% of which were drug-related). There were 47 and 38 deaths per 1000 per annum, respectively, among women, all of which were drug-related. In the first year after prison release, there were 342 male deaths (45.8 were expected in the general population) and there were 100 female deaths (8.3 expected in the general population). Drug-related deaths were attributed mainly to substance use disorders and dr

Melnick, G., De Leon, G., Thomas, G., Kressel, D., & Wexler, H.

likely to have lower drug use rates and successful parole discharge levels than those who did not get any residential treatment.

URL: .H==EAI[4a:wIATm[ew2s9u klt110 1029[4a6 672 425.82 0.]]

OthAtttreatments

Decorte, T. (2007). Problems, needs and service provision related to stimulant use in European prisons. International Journal of Prisoner Health, 3(1), 29 - 42. Abstract: The objective of this study was to examine practices and policies in place for the provision of targeted prevention and treatment of cocaine and Amphetamine Type Stimulant (ATS) users in prison in nine European countries. *Methodology:* Across nine European member states (Belgium, the Netherlands, Czech Republic, Lithuania, Slovenia, Sweden, Malta, Ireland and Portugal), interviews were conducted with ministerial representatives professionals (i.e. service providers and security officials) working in prisons and a total of 16 focus groups with a total of 125 prisoners. Results: The use of stimulants in prison is associated with aggression and violence, financial problems, and psychological and physical problems in prisoners (depression, anxiety and psychological craving). Both security and healthcare staff in prison often feel ill-equipped to deal with stimulant-related problems, leading to a lack of equivalence of care for stimulant users in prison, therefore the variety and quality of drug services outside is not reflected sufficiently inside prison. There is a need for more specific product information and hardneneeduistooneris...0032 Tw 10 Td(ide and)]T Cthca An educational comic was developed and covered a range of relevant topics. A survey was included in the comic to assess inmates' knowledge. There was a very high level of knowledge among inmates who took part in the survey, but the response rate was very low. It appears that comics are a useful medium for the education of inmates about harm reduction measures, but education alone is insufficient. Inmates need to be provided with the means for prevention. URL: http://ijfp.psyc.uow.edu.au/IJFPArticles/ssue1/Dolan.pdf

Dowden, C., & Blanchette, K. (2002). An evaluation of the effectiveness of substance abuse programming for female offenders. *International Journal of Offender Therapy and Comparative Criminology*, 46(2), 220-229.

Abstract: Although a recent meta-analysis reported that substance abuse treatment was associated with moderate reductions in recidivism for female offenders, very few of the tests of treatment (k=4) focused on adults. The purpose of this study was to contribute to this relatively sparse area of scientific inquiry by exploring the effectiveness of substance abuse programming in reducing recidivism for a sample of 98 federally sentenced female offenders in Canada. Results revealed a significant reduction in general recidivism for treated substance abusers. Moreover, the data indicated that violent reoffending was also reduced for the treated group, although the difference did not reach statistical significance.

URL: <a href="http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.csa.com/htbin/getfulltext.cgi?username=unsw&access=unsw513&mode=pdf&db=sagecrim-set-c&issn=0306-624X&volume=46&issue=2&firstpage=220

possible reasons for the complacency around alcohol in prisons in contrast to illicit drugs. The paper critically assesses the new strategy in relation to the testing and treatment initiatives proposed and the lack of research and resources underpinning them. There is a real risk that the strategy will fail unless adequate resources are forthcoming to expand treatment provision. Given the neglect and complacency around alcohol, policy champions or policy entrepreneurs are needed to lobby for funding and keep the prison alcohol issue on the policy agenda.

URL: http://www.informaworld.com/10.1080/09687630500281873 <</1<</MCID 0 > 03 or polic

treatment groups was found in relation to the primary variable of severity of withdrawal symptoms (effect SIZE=0.12). No discernible difference was found in the sitting blood pressure or heart rate of the two groups during the trial. These results provide support for the use of lofexidine for the management of opioid detoxification in the prison setting.

URL: http://www.sciencedirect.com/science/article/B6T63-45J947V-1/2/e444363926cbad1fbbe27fd16b8a6907

Jeanmonod, R., Harding, T., & Staub, C. (1991). Treatment of opiate wi

Other treatments

were found in type of first arrest or in drug test results. Subjects who completed both prison-based and community-based treatment performed significantly better than subjects who received lesser amounts of treatment on every measure. Survival analysis suggested that subjects were most vulnerable to recidivism in the 60 days after release. Although the overall results from the analyses presented support the effectiveness of prison-based treatment, conclusions about the effectiveness of a treatment program may vary depending on which outcomes are selected. The results of this study argue for including more than fewer outcomes in assessing the impact of prison-based substance abuse treatment.

Drug testing

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This section covers drug testing and other supply reduction papers. Two papers on screening for drug problems are included at the end of the section.

Bird, A. G., Gore, S. M., Hutchinson, S. J., Lewis, S. C., Cameron, S., & Burns, S. (1997). Harm reduction measures and injecting inside prison versus mandatory drugs testing: results of a cross sectional anonymous questionnaire survey. *British Medical Journal*, 315(7099), 21-24.

Abstract: Objectives: (a) To determine both the frequency of injecting inside prison and use of sterilising tablets to clean needles in the previous four weeks; (b) to assess the efficiency of random mandatory drugs testing at detecting prisoners who inject heroin inside prison; (c) to determine the percentage of prisoners who had been offered vaccination against hepatitis B. Design: Cross sectional willing anonymous salivary HIV surveillance linked to a self completion risk factor questionnaire. Setting: Lowmoss prison, Glasgow, and Aberdeen prison on 11 and 30 for the second self-second self-secon

This research examines the reality of the problem and some of the issues that have arisen over the past 10 years. The current usage of mandatory drug testing and some possible future implications of its usage are researched through the realistic but forward-looking approach currently utilised at Edinburgh prison.

URL: http://www.informaworld.com/10.1080/17449200600553134

Edgar, K., & O'Donnell, I. (1998). *Mandatory Drug Testing in Prisons: The relationship between MDT and the level and nature of drug misuse.* London: Home Office. Abstract: This report is based on a study of mandatory drug testing (MDT) in five

cost of putting in place a credible prisons' drugs reduction programme. We then used Scottish data on incarceration and regional prevalence of injecting drug users to estimate the extent of the injecting drug use problem that prisons face. Findings Costs per 28 days of the random mandatory drugs testing control initiative in an establishment for 500 inmates where refusal rate is a) 10[percent] or b) nil; and 35 [percent] of urine samples test positive, one tenth of them for class A drugs were estimated at between a) £ UK22,800 and b) £ UK16,000 per 28 days { a) \$US35,100 and b) \$US24,600}. This cost was equivalent to twice the cost of running a credible drugs reduction and rehabilitation programme, and around half the total healthcare expenditure for a prison of 500 which averaged £ UK41,114 per 28 days { \$US64,860}. Major cost-generating events

population on a monthly basis. Urine samples are screened for a broad range of psychoactive substances. The stated purpose of such screening is to reduce substance use in federal jails. Analysis of data provided by CSC for testing between 1994 and 1998 reveals small but statistically significant increases in the percentage of all urine samples that tested positive over that time. Analysis of the results of screening for opiates, cocaine and THC from data provided by CSC for the same time period, shows steady rates of opiate and cocaine detection at maximum and medium levels of security, decreases in opiate and cocaine detection in minimum security, and statistically significant increases in THC detection at all levels of security. The implications of these findings are discussed.

URL: http://proquest.umi.com/pqdweb?did=52626681&Fmt=7&clientId=25620&RQT=309&VName=PQD

Shearer, J., White, B., Gilmour, S., Wodak, A. D., & Dolan, K. A. (2006). Hair analysis underestimates heroin use in prisoners. *Drug and Alcohol Review, 25*(5), 425 - 431. Abstract: The value of hair analysis in measuring treatment outcome was examined in a randomised controlled trial (RCT) of an Australian state prison-based methadone programme between 1997 and 1998 (n = 382 male prisoners). Hair samples were analysed for morphine using immunoassay techniques. Agreement between hair analysis and self-report was tested using kappa, McNemar's test of symmetry and Pearson's correlation coefficient r. Hair analysis based on immunoassay was inadequate as the primary outcome measure for the RCT but had value in supplementing self-reported heroin use. There was a modest correlation (r = 0.31, p < 0.001) between self-reported frequency of heroin use and morphine concentrations in hair. Sectional hair analysis, a reflection of duration of drug use, was uninformative and generally impractical due to the length of hair sections needed.

URL: http://www.informaworld.com/10.1080/09595230600868512

Singleton, N., Pendry, E., Simpson, T., Goddard, E., Farrell, M., Marsden, J., et al. (2005). The impact of mandatory drug testing in prisons. UK: Home Office Online Report 03/05.

URL: http://www.homeoffice.gov.uk/rds/pdfs05/rdsolr0305.pdf

- Woodham, R. G. (1995). Briefing paper on drug trafficking into NSW correctional centres. Sydney: NSW Department of Corrective Services.

 Abstract: Woodham discusses drug trafficking in and out of correctional centres in New South Wales. Issues discussed include drug trafficking methods, corrupt staff, civilian workers, deliveries and stores, vehicles, inmate mail, hoarding and trading of medication, drug and alcohol manufacture, Task Force Sted, drug detection dog unit, urinalysis, searching, visitor restriction and drug rehabilitation programs.
- Kevin, M. (1997). The Alcohol and Other Drug Screen with inmate receptions in New South Wales: a pilot initiative. Sydney: NSW Department of Corrective Services.

 Abstract: The results of a pilot project aimed at identifying inmates with alcohol or other drug related problems on reception into prison are reviewed. By this means, current drug users, especially those with a high dependency problem, can be channeled into appropriate drug treatment programs, with the ultimate aim of greater rehabilitation and less recidivism post-release.
- Peters, R. H., Greenbaum, P. E., Steinberg, M. L., Carter, C. R., Ortiz, M. M., Fry, B. C., et al. (2000). Effectiveness of screening instruments in detecting substance use disorders among prisoners. *Journal of Substance Abuse Treatment*, 18(4), 349-358.

Tobacco

Awofeso, N. (2003). Implementing Smoking Cessation Programmes in Prison Settings. *Addiction Research and Theory, 11*, 119-130.

Abstract: In spite of abundant evidence as to the adverse health problems of tobacco use over the past half century, progress towards tobacco control in prisons have been minimal. Lack of political will, boredom, stress, imprisonment-related deprivation, sub-optimal demographic characteristics of prisoners, and the unavailability of formal funding mechanisms for smoking cessation support - including nicotine replacement therapy - are common reasons for this minimal progress. The author suggests that another important obstacle is a limited adoption of smoking cessation interventions that are specifically tailored for use in prison cohorts. Since 2000, the author developed and implemented smoking cessation programmes, using a Social Marketing framework, in eight Australian prisons as part of a tobacco control project. Based on his experience, the author discusses issues to consider in implementing such programmes in other prisons. Prison-based smoking cessation programmes remain a neglected but important health intervention. Adaptation of Social Marketing techniques may facilitate the feasibility and effectiveness of such programmes.

URL: http://www.ingentaconnect.com/content/tandf/gart/2003/0000011/00000002/ art00005

Belcher, J. M., Butler, T., Richmond, R. L., Wodak, A. D., & Wilhelm, K. (2006). Smoking and its correlates in an Australian prisoner population. *Drug and Alcohol Review*, 25(4), 343 - 348.

Abstract: Despite evidence of high rates of smoking among prisoners, there has been limited research that describes smoking patterns and risk factors associated with smoking in this group. This study describes inmate smokers and identifies factors associated with smoking in prison, using a survey comprising a cross-

Colclough, J. A. (2003). Smoking cessation dilemmas in prison. *British Medical Journal*, 327(7405), p. 29.

Attitudes

This section covers attitudes of prison staff and prisoners towards drug use and treatment.

- Airey, N., & Marriot, J. (2002). Measuring therapeutic attitudes in the prison environment: development of the Prison Attitude to Drugs scale. *Addiction, 98*(2), 179.

 Abstract: To develop and test the validity of a scale measuring therapeutic attitudes among prison staff working with drug misusers. A cross-sectional postal questionnaire study using 27 statements with a five-point Likert scale was used. Four prisons in the south-west of England were administered the questionnaire. A total of 252 prison staff (response rate 70%), including 67 for test-retest (response rate 57%). The study resulted in a three-dimensional, nine-item scale: the Prison Attitude to Drugs scale (PAD). The three subscales measure confidence in skills (four items), personal rewards (three items) and job satisfaction (two items). Test-retest correlations for the questions were above 0.7, with each factor having an internal coherence (coefficient alpha) of greater than 0.7. The PAD is a reliable tool that can be used in the prison environment.
- Carlin, T. (2005). An exploration of prisoners' and prison staff's perceptions of the methadone maintenance programme in Mountjoy Male Prison, Dublin, Republic of Ireland. Drugs: Education, Prevention and Policy, 12(5), 405 - 416. Abstract: This study, which was based in Ireland's main committal prison, used semi-structured interviews and a focus group to explore the perceptions of staff and prisoners towards methadone maintenance within the prison setting. Although the research subjects identified advantages and disadvantages associated with methadone prescribing within the prison, they were generally positive in their assessment of Mountjoy's methadone programme. Prisoners perceived it as leading to an improvement in their relationships with their families, while staff viewed it as facilitating a more stable and safer working environment. However, although prisoners' use of heroin had reportedly declined since the advent of the methadone maintenance programme in the prison, their use of other drugs had not. There were negative views expressed by both groups about the manner in which methadone is dispensed within the prison, and also because methadone was viewed as being as addictive as heroin. Regarding perceptions of the purpose of methadone maintenance, there was a spectrum of interpretations among the interviewees. Five purposes were identified. These were: (1) to ensure continuity of harm-reduction policies from the community; (2) to reduce the supply of heroin in the prison; (3) to prevent needle sharing and the spread of blood-borne infections; (4) to treat heroin addiction; and (5) to control prisoners and maintain order and discipline within the prison. Apropos the latter, there was a widely held perception within the total sample that this latent function of methadone maintenance could be seen as of greater importance than the more conventional harm-reduction functions that were also identified.

URL: http://www.informaworld.com/10.1080/09687630500249599

Gjersing, L. R., Butler, T., Caplehorn, J. R. M., Belcher, J. M., & Matthews, R. (2007).

Attitudes and beliefs towards Tc T(U) 0.0J-0.001 Tc 0.0027 Tw 10.tio0.0-0.0011 Tc 0.lf(that)a1 TPa

methadone staff. Design and Methods. A cross-sectional survey of 202 staff employed by Justice Health New South Wales was undertaken in 2003. Results. The mean scores on the various sub-scales were: abstinence-orientation (AO) 2.9 (95% Cl 2.8 - 3.0); disapproval of drug use (DDU) 3.3 (95% Cl 3.2 - 3.4); knowledge (Know) 2.7 (95% Cl 2.4 - 2.9); and toxicity 4.6 (95% Cl 4.2 - 5.0). Both the AO and DDU score were correlated negatively with the Know score (r = -0.37 and r = -0.13, respectively). Prison health staff had higher AO (2.9 vs. 2.6, p < 0.001) and DDU (3.3 vs. 2.6, p < 0.001) scores, and lower Know (2.7 vs. 7.0, p < 0.001) scores thanmethadone staff working in the Australian community. They were more knowledgeable than US community methadone staff about the toxicity of methadone (4.6 vs. 0.0, p < 0.001). Discussion and Conclusions. This is the first survey to examine prison health staff attitudes to methadone treatment. Correctional health staff tend to be more abstinence-orientated, more likely to disapprove of drug use, and less knowledgeable about the risks and benefits of methadone than Australian community methadone staff. The findings have important implications for training health staff working in the prison environment with regard to client retention on methadone treatment.

URL: http://www.informaworld.com/10.1080/09595230701499118

Program descriptions (Australian)

This section covers papers that provide Australian program descriptions – they do not include evaluations nor specify necessarily the types of treatment provided. Rather they are generic program descriptions.

- Abru, E. (1999). Drugs behind bars. New South Wales Police News, 79, 18-19.

 Abstract: Drug use in prisons not only hurts prisoners, but can also be dangerous for prison officers who may become potential victims of drug users. Corrective Services have introduced a package of new anti drug measures which include zero tolerance. Abru outlines some of these measures, including the searching of visitors, monitoring contact visits, and random testing of prisoners by urinalysis.
- Allen, D. (1994). Social justice issues and drug and alcohol services: implications for correctional programmes. Paper presented at the Health for all? Social justice issues in the alcohol and other drug field: proceedings from the seventh National Drug and Alcohol Research Centre Annual Symposium.

 Abstract: The opportunities for inmates to experience social justice in relation to alcohol and other drug issues in prison are discussed in this paper. Since a large proportion of inmates in New South Wales prisons have drug and alcohol problems, the Drug and Alcohol Services provide a treatment and education program to inmates in these prisons. The program seeks to provide inmates with support and skills to minimise the harm associated with their alcohol and other drug use both in jail and on release.

 URL:

the role of the Prison Medical Service, harm minimisation strategies, drug testing, management of communicable diseases, and appropriate research.

Kevin, M. (1995). Research driven drug treatment strategies for prisoners: the NSW experience. Paper presented at the National Drug and Alcohol Research Centre Annual Symposium.

Abstract: The Drug and Alcohol Services has been conducting drug and alcohol dedicated research of prisoners drug use for a number of years. This paper presents research findings which have been addressed in service planning and delivery for men, women, Aborigines and recidivists. Some prison context factors which impact on the provision of treatment are examined. The paper outlines a number of priorities, strategies and program content which are being adopted by the Drug and

Alcohol Services.

- Kevin, M. (2005). Offenders with drug and alcohol dependencies. In S. O'Toole & S. Eyland (Eds.), *Corrections Criminology* (pp. 145-150). Leichhardt, NSW: Hawkins Press. Abstract: On arrival to prison in New South Wales, half of all prisoners reportedly experience drug withdrawal syndrome and on any given day more than one in ten prisoners receive some form of drug substitution therapy for their drug problem. After discussing the links between drug abuse and offending, this chapter describes the findings from a biennial data collection which is conducted in NSW on a sample of about to be released prisoners on a range of drug related measures. The findings show that drug use prevalence rates and frequency levels decline with imprisonment, that most prisoners who share injecting equipment clean the equipment with water and bleach, and that a sizeable proportion of drug users in the prison system seek treatment. The chapter also describes drug treatment services in NSW prisons, and discusses the challenges of prison drug strategy.
- Legislative Assembly, WA (1997). Taking the profit out of drug trafficking: an agenda for legal and administrative reforms in Western Australia to protect the community from illicit drugs: interim report

 Abstract: An analysis of problems that need to be addressed by drug and alcohol treatment programs which target offenders serving community based orders by use of legal and social forms of coercion is provided. The chapter also seeks to emphasise the magnitude of difficulties faced by prison administrators in adequately assessing and managing prisoners with histories of drug abuse.
- Marngoneet: Victoria's first Programs Prison (2006). *Justice Review, 3,* 1.

 Abstract: This brief article describes the opening of Victoria's Marngoneet
 Correctional Centre, which has a strong focus on rehabilitation. Therapeutic
 programs for sex offenders, violent offenders and offenders with substance abuse
 offence behaviour will all be located within this centre.
- New South Wales Auditor General. (2006). Performance audit: prisoner rehabilitation:

 Department of Corrective Services Sydney: Audit Office of New South Wales.

 Abstract: Currently New South Wales has over 9,000 people in prison and this figure is growing. Prisons help us to feel safe my removing offenders from our streets. Prisons also provide an opportunity for offenders to rehabilitate themselves. This not only gives them the chance to lead a life free of crime once released, it can have major benefits for the community in reducing crime and its associated costs. But rehabilitating prisoners is not easy. Many come from some of the most disadvantaged and underprivileged sectors of our society. Many have complex needs arising from antisocial thinking, drug use, poor work skills and limited education. The

Department of Corrective Services aims to address these factors while offenders are in prison. However crime is more than a corrective services issue. Many of the factors that influence offending are outside the department's immediate control. Government and community agencies must work closely together to tackle these complex social issues. This report highlights some of the challenges faced by those working to rehabilitate prisoners. .

URL: http://www.audit.nsw.gov.au/publications/reports/performance/2006/prisoner/

are suggested for treatment, research, evaluation, demonstrations, management information, community linkage, training, and technical assistance.

URL: http://www.sciencedirect.com/science/article/B6T90-460XJSH-88/2/4dc98675ba731ce6c51834399f96ccca

Miovsky, M., & Gajdosikova, H. (2005). The prison system in the Czech Republic: analysis of the current state of illicit drug use and prevention and treatment measures. *International Journal of Drug Policy*, 16(4), 262-266.

Abstract: After 1989, rapid ideological and political change led the Czech Republic toward a more rational drug policy. The nature of substance use and prevention and treatment services in the Czech prison system, however, has not yet been comprehensively described and this paper reviews the available evidence. Limitations to evaluation and monitoring of service delivery in Czech prisons are highlighted and recommendations to improve responses to drug use are discussed. Changes in substance use in the Czech Republic in the 1990s, especially opiate use, are reflected in Czech prisons, which now more closely resemble the substance use situation in Western European prisons.

URL: http://www.sciencedirect.com/science/article/B6VJX-4GWBDTG-3/2/1521370535c0a67e8794bd8226f179f6

Pereira, M. (1999). Drugs: there has to be a better way: part one. *Inside Out, 39,* 6-7.

Abstract2368(999) (Sijnot stractiste) (veaciozech) 4() Porpor6(v, F. J., Robiscr 0.0046 w 13.898 0

treatment services that offer few clinical services. Given that drug-involved offenders are likely to have dependence rates that are four times greater than those among the general public, the drug treatment services and correctional programs available to offenders do not appear to be appropriate for the needs of this population. The National Criminal Justice Treatment Practices survey provides a better understanding of the distribution of services and programs across prisons, jails, and community correctional agencies and allows researchers and policymakers to understand some of the gaps in services and programs that may negatively affect recidivism reduction efforts.

URL: http://www.sciencedirect.com/science/article/B6T90-4N74J20-7/2/21 rg-0c4J20-

C/2/18852d5cb10f3f53fd06919667f2922f

Turnbull, P. J., & Webster, R. (1998). Demand reduction activities in the criminal justice system in the European Union. Drugs; Education, Prevention & Policy, 5(2), 177-184. Abstract: With increased prisoner numbers, many European Union member states have begun to consider the possibility of drug demand reduction interventions within the criminal justice system. In this paper the results of a six month study of drug demand reduction activity within the criminal justice system (CJS) of the member states of the European Union are presented. The extent of activity at the arrest stage varies widely between states. The two most common objectives of interventions aimed at drug using arrestees are to provide information and to encourage contact with treatment services. The extent of activity at the court stage was difficult to establish, however, in many countries legislation exists which extends the possibility of drug treatment as an alternative to a legal sanction. There is a considerable and increasing range of interventions focused on drug users in prison. All countries provide some form of demand reduction activity within this context. Many respondents indicated a very low level of drug demand reduction activity targeted at released prisoners. Despite the existence of many interventions, no member state has an extensive programme of demand redu

Population descriptions

There is an extensive literature that describes prisoners, demographic characteristics, health needs and so on. We have endeavoured to select papers in this section that mainly describe the prison population in relation to drug use histories, rates of drug use in prison, demand for drug treatment, barriers to drug treatment, pharmaceutical misuse and mental health issues.

Belenko, S., & Peugh, J. (2005). Estimating drug treatment needs among state prison inmates. *Drug and Alcohol Dependence*, 77(3), 269-281.

Abstract: Growing prison populations in the U.S. are largely due to drug-related crime and drug abuse. Yet, relatively few inmates receive treatment, existing interventions tend to be short-term or non-clinical, and better methods are needed to match drug-involved inmates to level of care. Using data from the 1997 Survey of Inmates in State Correctional Facilities, a nationally representative sample of 14,285 inmates from 275 state prisons, we present a framework for estimating their levels of treatment need. The framework is drawn partly from the American Society of Addiction Medicine Patient Placement Criteria and other client matching protocols, incorporating drug use severity, drug-related behavioral consequences, and other social and health problems. The results indicate high levels of drug involvement, but considerable variation in severity/recency of use and health and social consequences. 31 Twti2.593

Population descriptions

incarcerated women. Over half of the women in this study had concurrent substance dependencies and mental health problems in the six months prior to arrest. Factors associated with having mental health problems include past experiences of sexual and emotional abuse, prescription drug use, drug dependency, and concurrent drug and alcohol dependency. Drug dependency was associated with involvement in crime or sex work to earn a living, early exposure to drug problems in the family of origin, use of prescription drugs, previous adult prison, and mental health problems. Alcohol dependency was associated with Indigenous status and physical abuse. The results of this study can contribute to treatment planning for women offenders. The finding that repeated admissions to prison is a predictor of drug dependency suggests that identification and treatment of drug problems is frequently absent, ineffective or not suited to the particular needs of women. (Abstract.).

URL: http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.atypon-link.com/AAP/doi

- Kevin, M. (1994). Women in prison with drug related problems: part 2: contact with treatment services. Sydney: NSW Department of Corrective Services.

 Abstract: This report represents the second of a two part series which examines the patterns of drug use of imprisoned women, their treatment needs and the effectiveness of the Drug and Alcohol Service in reaching those women with drug and alcohol problems. It investigates whether women with drug related problems experience barriers to accessing treatment. It examines the prevalence of sanctioned prescription drug use, including methadone by women in prison and assesses the treatment needs of women with drug related problems in prison.

 URL: http://www.dcs.nsw.gov.au/information/research and statistics/research publication/rp033.pdf
- Kevin, M. (2003). Addressing the Use of Drugs in Prison: prevalence, nature and context. Sydney: NSW Department of Corrective Services.
- Kevin, M. (2005). Addressing prisoner drug use: prevalence, nature and context: 3rd collection of a biennial survey of prisoners in New South Wales. Sydney: NSW Department of Corrective Services.
 Abstract: Drug misuse is one of the key criminogenic factors that affects both the general community and the prison community. This is the third data collection in a

general community and the prison community. This is the third data collection in a biennial series designed to obtain information on the actual drug use behaviour of inmates both prior to and during imprisonment and the social context in which prison-based drug use takes place. The extent and severity of drug-related problems among inmate populations presents significant challenges to correctional administrators. Inmates presenting with drug problems are among the most difficult to care for and manage. The aim of the research was to obtain data on the patterns of drug use of inmates prior to and while serving a custodial sentence. It further sought to provide a safer understanding of the social context of drug use in the New South Wales correctional system. The sample survey consisted of 307 (265 males and 42 females) full-time inmates serving a sentence of at least one month who were shortly to be released to the community. The current findings suggest an encouraging trend in the rate of drug-related offending and drug-related morbidity in the NSW inmate population. Even though this trend is positive, the levels of drugrelated morbidity remain sufficiently high to maintain this as a priority area. The findings from this data collection series provide factual data to improve policy and strategy for this high need and high risk population. It also provides a valuable insight into prison life that can be used in the development of further effective management and rehabilitation programs. (Preface, Executive summary, Introduction, edited.).

URL: http://www.dcs.nsw.gov.au/information/research and statistics/research publication/rp047.pdf

Kjelsberg, E., & Hartvig, P. (2005). Too much or too little?

Population descriptions

deal with various drug withdrawal.

Peters, R. H., Strozier, A. L., Murrin, M. R., & Kearns, W. D. (1997). Treatment of substance-abusing jail inmates Examination of gender differences. *Journal of Substance Abuse Treatment*, 14(4), 339-349.

Abstract: Females incarcerated for drug-related offenses represent one of the

Abstract: Females incarcerated for drug-related offenses represent one of the fastest growing populations within jails and prisons. The few studies of female offenders with substance abuse disorders depict a population with multiple psychosocial problems and treatment needs, and one that is characterized by frequent exposure to sexual abuse and other violence. The current study examined intake assessment results from a sample of 1,655 substance-involved jail inmates referred to a jail treatment program in Tampa, Florida, including 26% female and 74% male inmates. The study was designed to identify gender differences in psychosocial characteristics and substance abuse treatment needs among jail inmates. Results indicate that female inmates more frequently experienced employment problems, had lower incomes, more frequently reported cocaine as the primary drug of choice, and were more likely to report depression, anxiety, suicidal behavior, and a history of physical and sexual abuse. Implications for developing specialized treatment approaches for female offenders are discussed, including use of integrated treatment strategies.

URL: http://www.sciencedirect.com/science/article/B6T90-3RM0204-4/2/a5d0d3aa7f61e23c04d4846a55f0c568

Rounds-Bryant, J. L., Motivans, M. A., & Pelissier, B. M. M. (2004). Correlates of drug treatment outcomes for African American and white male federal prisoners: Results from the TRIAD study. *The American Journal of Drug and Alcohol Abuse, 30*(3), 495 - 514.

Abstract: The purpose of this study was to compare the effects of family background and preincarceration socioenvironmental variables on three-year postrelease drug use for African American and white prison-based drug treatment participants in order to explain the previously found disparities in rates of three-year post-release drug use between the two groups. There were two hypotheses: 1) for both groups, family background and preincarceration socioenvironmental variables would predict post-release drug use more strongly than sociodemographic characteristics and preincarceration behaviors, and 2) the predictors would be different for each group. The sample included 279 African American and 512 white male treatment participants who were supervised by a U.S. probation officer following incarceration. Event history analyses were used to model time to first drug use during post-release supervision. The results indicated that none of the family background factors or socioenvironmental variables predicted post-release drug use. The variables predictive of drug use for one or both racial groups were limited to sociodemographic characteristics and preincarceration behaviors such as age at release, prior commitments, and preincarceration employment. Yet, there were no significant between-group differences for these predictors. The authors concluded that future assessment of the effects of socioenvironmental variables on post-release drug use likely requires evaluation of the post-release social environment at the time of release.

URL: http://www.informaworld.com/10.1081/ADA-200032265

Simpson, M., & McNulty, J. (2008). Different needs: Women's drug use and treatment in the UK. *International Journal of Drug Policy*, 19(2), 169-176.

Abstract: The experiences of female drug users are often very different from that of their male counterparts. Female, and especially pregnant, drug users suffer greater

social stigma than men, and often suffer a greater severity of addiction with physical and psychological reactions. This paper explores how women's experience of drug use differs from men, and the implication that this has for delivering drug treatment and drug services in the UK, including in the prison setting. It is argued that drug services in the UK need to be better tailored to meet the specific needs of women. URL: http://dx.doi.org/10.1016/j.drugpo.2007.11.021?nosfx=y

Strang, J., Gossop, M., Heuston, J., Green, J., Whiteley, C., & Maden, A. (2006). Persistence of drug use during imprisonment: relationship of drug type, recency of use and severity of dependence to use of heroin, cocaine and amphetamine in prison. *Addiction*, 101(8), 1125-1132.

Abstract: Aim To investigate the persistence of use of heroin, cocaine and amphetamine drugs during imprisonment, and to identify factors associated with increased levels of persistence. Design The use of heroin, cocaine and amphetamine by current prison inmates has been examined and, in particular, the relationship between drug use within prison and the type of drug used prior to imprisonment, recency of use and severity of dependence. Setting and participants A randomly selected sample of 1009 adult male prisoners in 13 prisons in England and Wales during 1994/95; structured confidential interviews conducted by independent research staff. Enquiry about prior use of heroin, cocaine or amphetamine focused on three time-periods (ever, last year and last month pre-prison) and the use of these drugs during the first d

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is the first nationally coordinated survey of prisoners conducted in Australia, and included 612 of the 739 individuals entering prison from the community over a two week period in May 2004, in New South Wales, Queensland, Tasmania and Western Australia. Confidential questionnaires and serology requests were completed using a unique code for each inmate. The community Needle and Syringe Programs survey questionnaire was modified slightly for the correctional setting, and collected risk factor information on body piercing, tattooing, injecting drug use, sexual activity, and immunisation status. The results are comprehensively detailed. This survey demonstrates that further research into injecting drug use in prisons is required. Such data would allow custodial authorities to make informed decisions about the need for greater enforcement or better harm minimisation provisions in the custodial setting.

URL: http://www.justicehealth.nsw.gov.au/pubs/bbv_survey.pdf

Butler, T., Boonwaat, L., Hailstone, S., Falconer, T., Lems, P., Ginley, T., et al. (2007). The 2004 Australian prison entrants' blood-borne virus and risk behaviour survey. *Australian and New Zealand Journal of Public Health, 31*, 44-50.

Abstract: The objective of this study was to assess the prevalence of blood-borne viruses and associated risk factors among prison entrants at seven Australian prisons across four states. The survey was of a consecutive cross-sectional design, with voluntary confidential testing of all prison entrants for serological markers of human immunodeficiency virus (HIV), hepatitis C (HCV) and hepatitis B (HBV) over 14 consecutive days in May 2004. Demographic data and data related to risks for blood-borne virus transmission, such as sexual activity, body piercing, tattooing, and injecting drug use, were collected. The National prevalence for HIV was 1%, hepatitis B core antibody 20%, and hepatitis C antibody 34%. Fifty-nine per cent of participants had a history of injecting drug use. Among injecting drug users, the prevalence of HIV was 1%, hepatitis C antibody 56%, and hepatitis B core antibody 27%. Forty-one per cent of those screened reported a prev

Cross Blood Bank Victoria in 1995. Forty five per cent of 2175 prison entrants and 51% of 293 IDUs were seropositive for HAV, compared with 30% of 2995 blood donors. When standardized for age against the blood donors, HAV seropositivity in IDUs was 44% and in prison entrants 60%. The strongest association of HAV seropositivity among the IDUs on multivariate analysis was a history of imprisonment. There are high rates of exposure to HAV among prison entrants. whether with a history of IDU or not, and among IDUs who have a prison history. The role of sharing contaminated injecting equipment in transmission of HAV seems to be less important than institutionalization per se. With adequate resourcing, both populations are appropriate targets for HAV vaccination, especially in a context of continuing decline of transmission of HAV in the general community. URL: http://www.blackwell-synergy.com/doi/abs/10.1046/j.1365 2893.1997.00059.x

- Crofts, N., Dolan, K. A., & Webb-Pullman, J. (1996). An analysis of trends over time in social and behavioural factors related to the transmission of HIV among injecting drug users and prison inmates: evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96. Canberra: Australian Government Publishing Service. Abstract: This review summarises research into risk taking behaviours for HIV infection among injecting drug users and prison inmates in Australia from 1985 to 1994. The data presented are concerned with injecting drug use, cleaning and sharing of needles and syringes, use of bleach when cleaning needles and syringes, and tattooing among prisoners.
- Crofts, N., Hernberger, F., Thompson, S., & Wale, E. (1996). Risk behaviours for bloodborne viruses in a Victorian prison. Australian and New Zealand Journal of Criminology, 29, 20-28. Abstract: The authors present the findings of a study of injecting drug use and tattooing practices in Pentridge Prison, Victoria, and the implications for the spread of blood-borne viruses, including hepatitis B and C, and HIV. They conclude that the risks of spreading infectious viruses is high. Urgent consideration of methods to decrease these risks is necessary, including assessment of the feasibility of controversial strategies such as needle and syringe exchange programs, and the provision of sterile tattooing equipment.
- del Castillo, L. S., Ruiz-Perez, I., de Labry-Lima, A.O., Soto-Blanco, J.M., Girela-Lopez, E., et al. (2008). Influence of antiretroviral treatment on quality of life in seropositive inmates. International Journal of STD & AIDS, 19(3), 172-177. Abstract: The aim of the study is to evaluate the influence of antiretroviral treatment on health-related quality of life (HRQOL) of three groups of HIV-positive inmates: those who are taking antiretroviral treatment, those who are not on treatment as it has not yet been indicated, and those who refuse to take treatment even though it has been recommended. A cross-sectional study was conducted on 585 HIV+ inmates in three prisons. The response variable was HRQOL. Independent variables were: sociodemographic variables, psychosocial and drug-related variables. Two multivariate linear regression models were constructed in order to determine the HRQOL, physical health score (PHS) and mental health score (MHS), for each of the three groups identified, using patients who refused treatment as the reference category. Patients who refused therapy had a lower MHS compared with patients in whom treatment was not indicated (P = 0.038). With regard to PHS, patients refusing therapy had a lower score than patients who were not indicated therapy (P = 0.005), and than patients receiving therapy (P = 0.010). URL: http://ijsa.rsmjournals.com/cgi/content/abstract/19/3/172

Dolan, K., & Larney, S. (2006). HIV in prison in Asia and the Pacific. *Development Bulletin*, 69, 72-74.

Abstract: Elevated levels of HIV infection and the over-representation of injecting drug users (IDUs) in prisons combined with HIV risk behaviour, create a crucial public health issue for prisons and the surrounding communities. Most research on these topics has occurred in developed countries; therefore the extent of the problem in Asia and the Pacific regions is largely unknown. This paper reviews data on imprisonment rates, the proportion of IDUs, and the prevalence and incidence of HIV in prison in Asia and the Pacific. It appears to be the first attempt to collate information for this area.

Dolan, K., Wodak, A., & Hall, W. (1999). HIV risk behaviour and prevention in prison: a bleach programme for inmates in NSW. *Drug and Alcohol Review, 18*(2), 139 - 143. Abstract: One hundred and eighty-one inmates in AIDS education courses were surveyed about their risk behaviour and access to disinfectants for syringe cleaning in 1993. Overall, 40% of respondents reported HIV risk behaviour in prison. One-quarter of respondents reported injecting, of whom three-quarters reported sharing syringes in prison. Most respondents who shared syringes reported cleaning them with disinfectants (96%), even though only one-third reported having easy access to

- Dolan, K. A. (1996). HIV prevalence and transmission in prisons. Paper presented at the National Drug and Alcohol Research Centre Annual Symposium.

 Abstract: This paper examines HIV transmission in prisons and draws on evidence from community settings for comparison. While considerable research into HIV has been undertaken in community settings, very limited research has been undertaken into HIV risk behaviour and transmission in prison resulting in little progress in the prevention of HIV transmission among prisoners. This situation has serious health consequences for people who inject drugs because they are the group most at risk of imprisonment and then of infection while in prison.
- Dolan, K. A. (1997). AIDS, drugs and risk behaviour in prison: state of the art. *International Journal of Drug Policy, 8*, 5-17.

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cleaning (46%) when last in prison. A new methodology for prison research was found to be feasible in this study.

URL: http://proquest.umi.com/pqdweb?did=40003946&Fmt=7&clientId=25620&RQT = 309&VName= PQD

Douglas, R. M. (1991). AIDS in Australian prisons: what are the challenges? Paper presented at the National Conference on HIV and AIDS in Prisons. Abstract: After giving some background information about the first national HIV/AIDS and Prisons Conference, Douglas describes the communiqué which was issued by the participants. The communiqué dealt with: the influence of HIV/AIDS in prisons on the wider community; the realities of prison life; prison sexuality; drug use in prison; education; detection and management of HIV positive prisoners; ex offenders; occupational health and safety; collection of epidemiological information; and the legal obligations of prison authorities.

URL: http://www.aic.gov.au/publications/proceedings/04/index.html# douglas

Douglas, R. M., Gaughwin, M. D., & Wodak, A. D. (1991). Behind bars: risk behaviours for HIV transmission in prisons, a review. Paper presented at the National Conference on HIV and AIDS in Prisons.

Abstract: Gaughwin focuses on: how to determine the extent of risk behaviours in prisons; the behaviour of HIV infected prisoners; evidence for prison environments facilitating risk behaviour; and the possible future of HIV infection in prisons. The appendices contain a number of statistical summaries compiled from international research.

URL: http://www.aic.gov.au/publications/proceedings/04/index.html# gaughwin

Dwyer, J. (1991). Minimising the spread of the Human Immunodeficiency Virus within the Australian prison system. Paper presented at the National Conference on HIV and AIDS in Prisons.

Abstract: Dwyer argues that education and counselling are key components in minimising the spread of AIDS in prisons. He also comments on: dealing with sexual activity; problems associated with intravenous drug use; compulsory blood testing for HIV antibodies; and advance planning for release from jail.

URL: http://www.aic.gov.au/publications/proceedings/04/index.html# dwyer

Gaughwin, M. D., Gold, J., Miller, M., Ross, M., Shaw, J. M., & Wodak, A. D. (1991). Behind bars: HIV risk-taking behaviour of Sydney male drug injectors while in prison. Paper presented at the National Conference on HIV and AIDS in Prison. URL: http://www.aic.gov.au/publications/proceedings/04/index.html# wodak

Gaughwin, M. Gerull, S. & Norberry, J. (1991). HIV/AIDS and prisons: proceedings of a conference held 19-21 November 1990. Paper presented at the 1st National Conference on HIV/AIDS and Prisons, Canberra.

Abstract: The first national Conference on HIV/AIDS and Prisons was organised by

Hamilton, P. (1991). *Managing a therapeutic community: K Division, a case study.* Paper presented at the National Conference on HIV and AIDS in Prison.

Abstract: HIV seropositive prisoners are located in Unit 5 of K Division in Pentridge Prison. Hamilton describes the operations of K Division in some detail. He attributes the successful management of seropositive prisoners to the introduction of a unit management regime as well as to a reverse integration policy.

URL: http://www.aic.gov.au/publications/proceedings/04/index.html#hamilton

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health services than members of the general population. This indicates the need for careful release planning to ensure that released prisoners have easy access to appropriate health services and are encouraged to use them.

URL: http://www.aic.gov.au/publications/rpp/71/

Inciardi, J. A. (1996). HIV risk reduction and service delivery strategies in criminal justice settings. *Journal of Substance Abuse Treatment*, 13(5), 421-428.

Abstract: Because of the HIV risk behaviors of substance abusers, particularly injection drug users and those who exchange sex for drugs, and the large numbers who are already infected with HIV or showing symptoms of AIDS, significant service delivery issues are associated with their criminal justice processing. Many strategies have been implemented in correctional settings in an effort to prevent and control the transmission of HIV. A number of these are for the purpose of lowering transmission risk in institutions, whereas others have been structured for the sake of offering prevention/intervention to in

Critical of the zero tolerance policy and the prohibition of needles and syringes, Levy asserts that harm minimisation principles should apply to the prison environment in order to increase the safety of prisoners and prison workers. Options such as controlled heroin prescribing and provision of needles and syringes are suggested as measures to reduce trafficking in contaminated equipment.

URL: http://www.mja.com.au/public/issues/171 1 050799/levy/levy.html

MacDonald, M. (2006). People with problematic drug use and HIV/AIDS in European prisons: An issue of patient confidentiality. *International Journal of Prisoner Health*, 2(3), 207 - 218.

Abstract: Research has shown that a key issue for prisoners using healthcare services during their sentence is that of patient confidentiality. Maintaining prisoners' medical confidentiality has been shown to be difficult in the prison setting as many treatments, especially those considered to be out of the ordinary, are more likely to result in a breach of medical confidence. This can include treating infectious diseases, such as HIV/AIDS, Hepatitis or tuberculosis, which can often include long term and regular contact with healthcare staff, and which, in some cases, may

Risk behaviours