

# **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:

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## Reviews

This section includes systematic reviews and meta-analysis of prison-based drug treatment. There have been two systematic reviews: one from US researchers Mitchell et al (as a Campbell Collaboration) and one by researchers at the National Drug and Alcohol Research Centre (Larney et al). The report published by the Australian National Council on Drugs (Black et al) provides a comprehensive review of Australian prison programs. These are central resources and have been listed first, the remainder follow alphabetically.

Mitchell, O., Wilson, D. B., & MacKenzie, D. L. (2006). *The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior*: Campbell Collaboration.  
URL: <http://www.campbellcollaboration.org/doc-pdf/Incarceration-BasedDrugTxSept06final.pdf>

Mitchell, O., Wilson, D. B., & MacKenzie, D. L. (2007). Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research. *Journal of Experimental Criminology*, 3(4), 353-375.

Larney, S., Mathers, B., & Dolan, K. (2007). *Illicit drug treatment in prison: detoxification, drug-free units, therapeutic communities and opioid substitution treatment*. Sydney: National Drug and Alcohol Research Centre.

**Abstract:** The relationship between drugs, crime and subsequent imprisonment is acknowledged around the world. Although it is recognised that offering drug treatment to drug using offenders may contribute to reducing re-offending, treatment availability is often limited. This report summarises the published literature on illicit drug detoxification and treatment interventions in prisons. Where relevant, literature on community-based interventions is also discussed. This report is not intended to be used as a guide for clinical practice; rather, its aim is to draw attention to various approaches for the treatment of illicit drug dependence in prison settings.

URL: [http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/TR+263-267/\\$file/TR266.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/TR+263-267/$file/TR266.pdf)

Black, E., Wodak, A. D., & Dolan, K. A. (2004). *Supply, demand and harm reduction strategies in Australian prisons: implementation, cost and evaluation*. Canberra: Australian National Council on Drugs.

**Abstract:** The purpose of this study was to identify supply, demand and harm reduction strategies within Australian prisons, their associated costs and evidence of their effectiveness. For each state and territory, the study identifies supply reduction strategies, including drug detection dogs and urinalysis; demand reduction strategies, which include detoxification, methadone treatment, inmate programs and counselling, and drug free units; harm reduction strategies, including harm reduction education, peer education, bloodborne viral infection testing, hepatitis B vaccination, condom provision, bleach / detergent provision, naloxone provision and needle and syringe programs; and pre and post release programs. The report finds that many of these strategies were poorly documented, their costs were largely unknown and their benefits and adverse consequences have rarely been defined. The study recommends, overall, that there is an urgent need to increase the quantity and quality of evaluation and expand the implementation of those strategies best supported by existing evaluations, namely demand and harm reduction strategies.

URL: [http://www.ancd.org.au/publications/pdf/rp9\\_australian\\_prisons.pdf](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&dyn=5!xrn\\_1\\_0\\_A9429505?Z3950=1&sw\\_aep=unsw\\_Electronic\\_resource\\_\(HTML\)\\_HTML](http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1_EAIM_0_A9429505&dyn=5!xrn_1_0_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 America's First Prison for Drug Addicts*. London/New York, Abrams.

Forensic Psychology Research Group. (2003). *Substance use treatment in Victorian corrections : service mix and standards. Stage 1 report : literature review only*. Adelaide: Centre for Applied Psychological Research, University of South Australia.

**Abstract:** The use and abuse of licit and illicit drugs by offenders is a major concern for the Victorian criminal justice system. This report forms the first stage of a project looking at substance use treatment in the Victorian corrections system, and involved a review of the national and international literature on best practice in prison and community offender substance use programs, and on harm minimisation in prisons. This was approached in two ways: first, by a review of the published literature reporting the outcomes of correctional substance use treatment programs; and second, by a review of good practice in offender rehabilitation programming more generally. Both were used to inform the site-visits and discussions with key stakeholders, leading to the development of the proposed service framework. The literature reviewed for this report comes from a wide variety of sources. A narrative review of the literature was supplemented by a specific database search to yield program evaluations of offender programs. Four major bibliographic databases that include citations for criminal justice literature were searched: CINCH, PsychINFO, Sociological Abstracts, and the FAMILY database. These databases were selected because they are the key citation sources in the criminal justice field, cover both Australian and international literature, and include high quality Abstracts. The aim of the site visits was to discuss the current service mix with key stakeholders, and to

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.

URL: [http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/e/b8d9d0f6ab0160/Literature\\_Review\\_Drug\\_and\\_Alcohol\\_Treatment\\_Services.pdf](http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/e/b8d9d0f6ab0160/Literature_Review_Drug_and_Alcohol_Treatment_Services.pdf)

Harrison, L., Cappello, R., Alaszewski, A., Appleton, S., & Cooke, G. (2003). *The Effectiveness of Treatment for Substance Dependence with the Prison System in England: A Review*. Canterbury, Kent: Centre for Health Services Studies.

URL: <http://www.kent.ac.uk/chss/researchcentre/docs/etdd.PDF>

Hough, M. (1996). *Drugs misuse and the criminal justice system: A review of the literature*. London: Central Drug Prevention Unit.

McSweeney, T., Turnbull, P. J., & Hough, M. (2002). *Review of criminal justice interventions for drug users in other countries*. London: Criminal Policy Research Unit, South Bank University.

**Abstract:** This paper examines the provision of drug treatment within the criminal justice system, comparing and contrasting British interventions with examples from America, Australia and other European countries. The discussion is restricted, as much as possible, to those criminal justice interventions that have been independently evaluated for their effectiveness. Drug treatment interventions are discussed at four common points of intervention: arrest; trial and sentencing by a court; imprisonment; and release from prison. The analysis includes consideration of referral and diversion schemes operating in different Australian states; findings on the effectiveness of drug courts and coerced treatment in reducing illicit drug use; and evidence on the effectiveness of different kinds of prison based drug treatment and post release drug treatment programs. The paper concludes that evaluations measuring the effectiveness of different interventions aimed at helping and treating drug users within the criminal justice system have shown mixed results.

URL: [http://www.nao.org.uk/publications/nao\\_reports/03-04/0304366\\_international.pdf](http://www.nao.org.uk/publications/nao_reports/03-04/0304366_international.pdf)

Mears, D. P., Winterfield, L., Hunsaker, J., Moore, G. E., & White, R. (2003). *Drug Treatment in the Criminal Justice System: The Current State of Knowledge*. Washington D.C.: The Urban Institute.

URL: <http://www.urban.org/publications/410618.html>

Neale, J., & Saville, E. (2004). Comparing community and prison-based drug treatments. *Drugs: Education, Prevention and Policy*, 11(3), 213 - 228.

**Abstract:** Evaluations of drug treatment services are essential for the development and funding of future provision. This paper seeks to fill a gap in the existing literature by comparing community and prison-based drug services in terms of a range of factors that are important in assessing drug treatment effectiveness. Data were collected as part of the Drug Outcome Research in Scotland (DORIS) study. Over a period of approximately eight months, two structured questionnaires were administered to 716 drug users. At the first interview, 487 respondents (68%) were beginning community drug treatment and 229 (32%) were starting prison drug treatment. Analyses compared the two groups in terms of characteristics at treatment entry ; treatment services received ; and characteristics at eight-month follow-up. Consistent with previous research, the findings provide evidence that at least in the short term drug treatments work. However, the clients of community drug agencies experienced greater improvements than the clients of prison-based

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 outcome literature and the findings on aftercare for offenders who received initial treatment from in-prison substance use treatment programs. We continue with a discussion of how substance use treatment provided within the federal system, drug use patterns, and responses to drug use create methodological difficulties in adequately assessing the effectiveness of aftercare services. Taking into account both the previous research on aftercare and the issues encountered in attempting to evaluate the federal aftercare services, we concluded that the claim of certainty about aftercare effectiveness is not well substantiated and that the precise nature of aftercare services needed is not well understood. We conclude with a discussion of the methodological and substantive issues that need to be addressed in future research. Issues identified include the need to address self-selection bias and to disentangle offender behavior from the effects of criminal justice system policies. Research is also needed to identify the most effective type and intensity of aftercare.

URL: <http://www.sciencedirect.com/science/article/B6T90-4MHPHK9-5/2/82958b40d3616175ea07ba72fe84f2c5>

Pearson, F. S., & Lipton, D. S. (1999). A meta-analytic review of the effectiveness of corrections-based treatments for drug abuse. *The Prison Journal, 79*(4), 384-410.

**Abstract:** Part of a special issue on drug treatment outcomes for correctional settings. A study was conducted to examine the effectiveness of corrections-based treatment for drug abuse. Data were drawn from the meta-analysis of evaluation research studies, both unpublished and published, of treatment/intervention programs reported from 1968 to 1996. Findings support the effectiveness of therapeutic community programs but do not support the effectiveness of boot camps and drug-focused group counseling. It is revealed that evaluations of other interventions were founded on too few studies to lead to strong conclusions; however, promising treatments that deserve further attention include use of methadone maintenance treatment, substance abuse education, 12-step programs, and cognitive behavioral therapy for offender populations.

URL: <http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790ed34b537fd18e7dadb74e646edc9de4709250fa6468e8181e4167ba4b63aa0b1c&fmt=C>

PriceWaterhouseCoopers (2008). Review of Prison-Based Drug Treatment Funding. London, PriceWaterhouseCoopers.

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

Weekes, J., Thomas, G., & Graves, G. (2004). *Substance abuse in corrections: FAQs*. Ottawa: Canadian Centre on Substance Abuse.

URL: <http://www.ccsa.ca/pdf/ccsa-011058-2004.pdf>

Zurhold, H., Stover, H., & Haasen, C. (2004). *Female drug users in European prisons - best practice for relapse prevention and reintegration*. Hamburg: Centre for Interdisciplinary Addiction Research, University of Hamburg.

[no author] *Drugs in prisons: national strategy review and corrections-health interface*. (1998). Paper presented at the Australasian Conference on Drugs in Prisons, Brisbane.

**Abstract:** This book contains the proceedings of the Australasian Conference on Drugs in Prisons, held in April 1998. Papers, which are separately indexed, cover resolutions of the Drugs in Prisons Conference held in Melbourne in 1996, the ABCI-ACID database, the intelligence network in Queensland prisons, the New Zealand strategy on drugs in prisons, the South Australian drug and alcohol strategy, the Western Australian Ministry of Justice drug management strategy, prison drug initiatives in Victoria, the impact of decriminalisation of cannabis in South Australia, health management in corrections as it relates to drugs, the methadone experience in NSW prisons, drugs and HIV/AIDS prevention in Swiss prisons, and conference resolutions.

URL: [http://www.crimecommission.gov.au/content/publications/aidr\\_1999/09\\_Drugs\\_in\\_prisons.pdf](http://www.crimecommission.gov.au/content/publications/aidr_1999/09_Drugs_in_prisons.pdf)

## ***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' and 'drug-free unit' is somewhat unclear and unfortunately many of the evaluation papers do not provide sufficient program description to truly disentangle the TC from other intensive forms of prison-based treatment.

This is the one of the largest section of the bibliography (44 articles) as the residential / TC model has been the most studied form of prison-based treatment. Much of the research in this section is from the USA.

Breteler, M. H. M., Van Den Hurk, A. A., Schippers, G. M., & Meerkerk, G.-J. (1996).

Enrollment in a drug-free detention program: The prediction of successful behavior change of drug-using inmates. *Addictive Behaviors*, 21(5), 665-669.

**Abstract:** Factors predicting the behavior change of drug-using detainees were investigated in detainees in two penitentiaries in The Netherlands. Subjects attended either a standard program or a Drug-Free Detention Program (DFDP) and were assessed at the beginning of detention, at release/transfer, and at 2 years after the end of detention. Predictors of post-program contact with treatment agencies and changes in criminal recidivism, substance abuse, and psychosocial functioning were investigated using regression analysis. Detainees who started drug use early, without previous DFDP detention, and who frequently expressed self-esteem and who had many family problems realized meetings with drug treatment agencies more often. Those with a legal source of income showed decreases in addiction severity and in the number of days in which hard drugs were used. Comparison of the normal program and the DFDP showed that only for the normal wing could changes in substance use and psychosocial functioning be predicted. Results show the value of multiple-outcome criteria in criminal recidivism research and call for more studies investigating change processes.

URL: <http://www.sciencedirect.com/science/article/B6VC9-3VWPXWB-9/2/104465b358c0a55cdd45c23247a04463>

Burdon, W. M., Prendergast, M. L., Eisen, V., & Messina, N. P. (2003). Sanctions and rewards in prison-based therapeutic community treatment. *Federal Probation*, 67(2), 47-52.

**Abstract:** Burdon et al explore the roles that sanctions and rewards play in promoting client motivation and involvement in prison-based therapeutic community (TC) substance abuse treatment programs. A proposed model for assessing behavioral transgressions and eliminating inconsistencies in the administering of TC and correctional sanctions is presented. The use of behavioral reinforcement approaches for promoting client participation and engagement in treatment is also discussed.

URL: <http://proquest.umi.com/pqdlink?did=440331561&Fmt=7&clientId=25620&RQT=309&VName=PQD>

Butzin, C. A., Martin, S. S., & Inciardi, J. A. (2002). Evaluating component effects of a prison-based treatment continuum. *Journal of Substance Abuse Treatment*, 22(2), 63-69.

**Abstract:** A continuum of correctional-based therapeutic community (TC) treatment



programs for drug-involved offenders has been functioning for several years in Delaware. Previous evaluations have shown the efficacy of the full continuum for up to three years post-treatment, though there has been some question of the benefits of treatment within prison. The particular focus here is on the relative impact of the within-prison, transitional, and aftercare treatment components upon criminal recidivism and relapse to illicit drug use. The relative benefit of participation in each component is supported, over and above the effects of differences in demographics and histories of criminal behavior and illicit substance use. However, the residential transitional program effects are generally larger and more long lasting. Additionally, the two outcomes appear differentially sensitive to the degree of completion of the continuum.

URL: <http://www.sciencedirect.com/science/article/B6T90-45FPF3R-2/2/2f749f81e5036666e3e90f9410c7e014>

Butzin, C. A., Martin, S. S., & Inciardi, J. A. (2005). Treatment during transition from prison to community and subsequent illicit drug use. *Journal of Substance Abuse Treatment, 28*(4), 351-358.

**Abstract:** This study examined the effects of post-release transitional therapeutic community treatment on the drug use and employment rates of drug involved prisoners in the Delaware corrections system followed for up to 5 years after release. A comparison group received standard post-release supervision. Abstinence rates were 32.2% in the treatment group and 9.9% in the no-treatment group, and the treatment group had a higher overall proportion of time free of drug use. Time to relapse was a mean of 28.8 months in the treatment group versus 13.2 months in the no-treatment group. Relapse was defined as any use of any drug and was confirmed by urinalysis. Positive effects were seen even for those who did not complete treatment. The treatment group had a significantly higher rate of employment after leaving work release (54.6%) than did the no-treatment group (45.4%). Treatment during the transitional period between prison and community showed substantial and persistent benefits even for a cohort marked with extensive criminal history, low rates of marital bonds, and substantial unemployment.

URL: <http://www.sciencedirect.com/science/article/B6T90-4G8DVG9-9/2/9e2d98f2636da8cf86280a0a383972da>

De Leon, G., Melnick, G., Thomas, G., Kressel, D., & Wexler, H. K. (2000). Motivation for treatment in a prison-based therapeutic community. *American Journal of Drug and Alcohol Abuse, 26*(1), 33-46.

**Abstract:** Current research concludes that participation in post-prison aftercare is critical to the effectiveness of prison-based therapeutic community (TC) treatment. This conclusion makes it imperative to understand the client determinants of retention in prison treatment, particularly continuance in post-prison aftercare. Currently, however, little data exist as to client predictors of seeking and remaining in prison-based TCs or entering post-release aftercare. In the present study, significant relationships were obtained between initial motivation (i.e., Circumstances, Motivation, Readiness [CMR] scores), retention, aftercare, and outcomes in a sample of substance abusers treated in a prison-based TC program. Implications are discussed for theory, research, and treatment policy.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC- Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A60794295&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Dietz, E. F., O'Connell, D. J., & Scarpitti, F. R. (2003). Therapeutic communities and prison management: An examination of the effects of operating an in-prison therapeutic



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

URL: [http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790ed34b537fd18e7dac7d21e407260abff6227ea7fa5eeac58a8913f274da5892c3&fmt=C\\$3Citation\\$yArticle Citation in WilsonWeb](http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790ed34b537fd18e7dac7d21e407260abff6227ea7fa5eeac58a8913f274da5892c3&fmt=C$3Citation$yArticle Citation in WilsonWeb)

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: <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=0093-8548&volume=17&issue=1&firstpage=71>

Farabee, D., Prendergast, M., Cartier, J., Wexler, H., Knight, K., & Anglin, M. D. (1999).

Barriers to implementing effective correctional drug treatment programs. *The Prison Journal*, 79(2), 150-162.

**Abstract:** During the past several years, a number of aggressive federal and state initiatives have been undertaken to expand substance abuse treatment within correctional settings. These efforts have been fueled by the high rates of substance involvement among offenders and the growing body of research literature suggesting that intensive, prison-based treatment efforts can significantly reduce post prison substance use and recidivism.

URL: <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=2&firstpage=150>

Griffith, J. D., Hiller, M. L., Knight, K., & Simpson, D. D. (1999). A cost-effective analysis of in-prison therapeutic community treatment and risk classification. *The Prison Journal*, 79(3), 352-368.

**Abstract:** Policy makers need scientifically based information to help them to determine which correctional treatment alternatives are effective and economically viable. Three-year outcome data from 394 parolees (291 treated, 103 untreated comparison) were examined to determine the relative cost-effectiveness of prison-based treatment and aftercare, controlling for risk of recidivism. Findings showed that intensive services were cost-effective only when the entire treatment continuum was completed, and that the largest economic impact was evident among high-risk cases. Therefore, assignments to correctional treatment should consider an offender's problem severity level, and every effort should be made to engage them in aftercare upon release from prison.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A59033274&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Hartmann, D. J., Wolk, J. L., Johnston, J. S., & Colyer, C. J. (1997). Recidivism and substance abuse outcomes in a prison-based therapeutic community. *Federal Probation*, 61(4), 18-25.

**Abstract:** Authors David J. Hartmann, James L. Wolk, J. Scott Johnston, and Corey J. Colyer focus on legal involvement, reincarceration, and substance abuse at follow-up as outcomes for men successfully discharged from a prison-based therapeutic community, the Ozarks Correctional Drug Treatment Program. They compare these results to those of a control group of male inmates who had substance abuse problems but did not attend the therapeutic community.

URL: [http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1\\_EAIM\\_0\\_A20625148&dyn=5!xrn\\_1\\_0\\_A20625148?Z3950=1&sw\\_aep=unsw\\_Electronic resource \(HTML\) HTML](http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1_EAIM_0_A20625148&dyn=5!xrn_1_0_A20625148?Z3950=1&sw_aep=unsw_Electronic resource (HTML) HTML)

Hiller, M. L., Knight, K., & Simpson, D. D. (1999). Prison-based substance abuse treatment, residential aftercare, and recidivism. *Addiction*, 94(6), 833.

**Abstract:** AIMS: This study examined the impact of residential aftercare on recidivism following prison-based treatment for drug-involved offenders. DESIGN: A matched group quasi-experimental design. Survival regression analyses were used to predict time until rearrest. A logistic regression model was constructed for predicting aftercare completion. SETTING: A 9-month in-prison therapeutic community (ITC) and several community-based transitional therapeutic communities (TTCs). PARTICIPANTS: Data were collected from 396 male inmates (293 treated, 103 untreated). MEASUREMENTS: Background information (gender, ethnicity, age,

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.

URL: <http://proquest.umi.com/pqdlink?did=42663687&Fmt=7&clientId=25620&RQT=309&VName=PQD>

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 drug-abusing 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: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A147596988&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Hooper, R. M., Lockwood, D., & Inciardi, J. A. (1993). Treatment techniques in corrections-based therapeutic communities. *Prison Journal*, 73(3-4), 290-307.

**Abstract:** Corrections-based therapeutic communities (TC) such as the Delaware system use various treatment methods to rehabilitate drug abusers. The TC is separated from the prison population and has a clinic staff of those who have been substance abusers in the past, and who were treated in TCs. Treatment methods such as cognitive therapy, behavioral therapy, emotional therapy and psychodrama along with My House and Bee-Bee techniques help the individuals to lead a drug-free life.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A14867669&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Hughey, R., & Klemke, L. W. (1996). Evaluation of a jail-based substance abuse treatment program. *Federal Probation*, 60, 40-44.

**Abstract:** Authors Ray Hughey and Lloyd W. Klemke report on an evaluation of the Inmate Recovery Program, a substance abuse treatment program in the Linn County (Oregon) Jail. The evaluation revealed that inmates who graduate from this program have more favorable recidivism statistics. Also, the program is relatively inexpensive and saves taxpayers considerable post-program expenses. .

URL: [http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790e\\_d34b537fd18e7dadb74e646edc9de47014d2590b329208d001b21919dc25428a&fmt=C](http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790e_d34b537fd18e7dadb74e646edc9de47014d2590b329208d001b21919dc25428a&fmt=C)

Inciardi, J. A., Martin, S. S., Butzin, C. A., Hooper, R. M., & Harrison, L. D. (1997). An effective model of prison-based treatment for drug-involved offenders. *Journal of Drug Issues*, 27(2), 261-278.

**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 pre-prison 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: <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 current project will allow for an analysis of outcomes for felons with varying amounts of treatment as well as further examining factors that may affect outcomes. The effectiveness of these TC programs will be examined using two methodologies. The first study is a large sample analysis of quantitative data comparing the groups on several recidivism variables, including rearrest data, return to prison, and length of time until offense. The second study uses a case study methodology to further explore how the programs may have impacted the participants' outcomes as well as the supports and barriers that influence outcomes. Overall, the results of these two studies indicated that long-term intensive residential TC treatment providing a continuity of care as inmates transitioned from prison to the community can produce strong reductions in recidivism over a two-year period. Contrary to previous research, this study did not show any participant characteristics to be strong predictors of recidivism, at least when using quantitative data. In contrast, the case

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: <http://www.ncjrs.org/pdffiles1/nij/grants/208126.pdf>

Knight, K., Simpson, D. D., & Hiller, M. L. (1999). Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *The Prison Journal*, 79(3), 337-351.

**Abstract:** Longer term in-prison therapeutic community (ITC) outcome studies are needed, along with more attention on who benefits most from these programs. This study examined reincarceration records for 394 nonviolent offenders during the 3 years following prison. Those who completed both ITC and aftercare were the least likely to be reincarcerated (25%), compared to 64% of the aftercare dropouts and 42% of the untreated comparison groups. Furthermore, high-severity aftercare completers were reincarcerated only half as often as those in the aftercare dropout and comparison groups (26% vs. 66% and 52%). The findings support the effectiveness of intensive treatment when it is integrated with aftercare, and the benefits are most apparent for offenders with more serious crime and drug-related problems.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A59018303&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Linhorst, D. M., Knight, K., Johnston, J. S., & Trickey, M. (2001). Situational influences on the implementation of a prison-based therapeutic community. *Prison Journal*, 81(4), 436-454.

**Abstract:** Issues concerning the manner in which criminal offenders can be treated for substance abuse are examined. Topics include the establishment of therapeutic communities, the counterproductive effect of enforcing a smoking ban, and the disruptive effect of changing treatment providers.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A82266706&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Malinowski, A. (2003). 'What works' with substance users in prison? *Journal of Substance Use*, 8(4), 223 - 233.

**Abstract:** A theoretical model for a prison-based rehabilitation programme is described. It was developed from a theory manual, written for a prison-centred programme in Oxfordshire run by the Ley Community, a concept-based therapeutic community. It draws on two theoretical models that are historically separate and distinct, reviews their key theoretical components and explores integrative links. Concept-based therapeutic communities, their origins, aims, values and methods are discussed. Cognitive behavioural group work approaches are explored and the features crucial to their effectiveness are identified. Two types of prison-based drug treatment programmes, based on therapeutic community and cognitive behavioural approaches are described and discussed. This includes consideration of research findings into their effectiveness and identifies features that are considered crucial to a programme's success. It is suggested that the adoption of a transtheoretical model would enable an integration of concepts and components that underpin both cognitive behavioural and structured therapeutic community approaches, and may provide a pragmatic solution to any inherent theoretical tensions.

URL: <http://www.informaworld.com/10.1080/14659890310001636107>



Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-based treatment outcomes: a comparison of men and women participants (Clinical report). *American Journal of Drug and Alcohol Abuse*, 32(1), 7(22).

**Abstract:** The purpose of this study was to examine differences between men and women entering prison-based therapeutic community (TC) treatment and to explore the relationship of those differences to posttreatment outcomes (i.e., aftercare participation and reincarceration rates). Extensive treatment-intake interview data for 4,386 women and 4,164 men from 16 prison-based TCs in California were compared using chi-square analyses and t-tests. Logistic regression analyses were then conducted separately for men and women to identify gender-specific factors associated with post-treatment outcomes. Prison intake data and treatment participation data come from a 5-year process and outcome evaluation of the California Department of Corrections' (CDC) Prison Treatment Expansion Initiative. The return-to-custody data came from the CDC's Offender Based Information System. Bivariate results showed that women were at a substantial disadvantage compared with their male counterparts with regard to histories of employment, substance abuse, psychological functioning, and sexual and physical abuse prior to incarceration. In contrast, men had more serious criminal justice involvement than women prior to incarceration. After controlling for these and other factors related to outcomes, regression findings showed that there were both similarities and differences with regard to gender-specific predictors of posttreatment outcomes. Time in treatment and motivation for treatment were similar predictors of aftercare participation for men and women. Psychological impairment was the strongest predictor of recidivism for both men and women. Substantial differences in background characteristics and the limited number of predictors related to posttreatment outcomes for women suggests the plausibility of gender-specific paths in the recovery process.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A144605250&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Messina, N., Burdon, W. & Prendergast, M. (2006). Prison-based treatment for drug-dependent women offenders: Treatment versus no treatment. *Journal of Psychoactive Drugs*, 3, 333-343.

**Abstract:** This outcome study compared six- and 12-month return-to-custody data for 171 treatment participants and 145 nontreated general population inmates at the Central California Women's Facility (implementing a traditional TC program). Findings showed that there were no differences between the TC treatment group and the no treatment comparison group with regard to six- and 12-month return-to-custody rates (six-month: 16% vs. 16% and 12-month: 36% vs. 27%). The only significant difference in six-month return-to-custody rates was found between treatment-only participants (21%) and the treatment plus aftercare participants (6%). Treatment participants who participated in community-based aftercare were significantly less likely to be returned to custody compared with those who did not participate in aftercare. Multivariate analysis was also used to control for the large difference in psychological impairment between the two groups and other background factors related to reincarceration, while assessing the effect of treatment group status on return-to-custody. Findings indicated that treatment/no-treatment status was not significantly related to a six- or 12-month return-to-custody. However, success on parole was associated with participation in community-based aftercare. The lack of a prison-based treatment effect could be an indication that drug-dependent women

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](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.

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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: <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: <http://www.sciencedirect.com/science/article/B6T90-3W3FKXY-9/2/93d3e86adc96e6ab992de687fc7cfc1c>

Pelissier, B., Wallace, S., O'Neil, J. A., Gaes, G. G., Camp, S., Rhodes, W., et al. (2001). Federal prison residential drug treatment reduces substance use and arrests after release. *American Journal of Drug and Alcohol Abuse*, 27(2), 315-337.

**Abstract:** Objective: The effectiveness of federal prison-based residential drug and alcohol treatment programs was evaluated using event history procedures that addressed the problem of selection bias and included a wide range of control variables. Methods: The sample comprised 760 treatment subjects and 809 comparison subjects. Treatment subjects were from 20 different prisons of medium, low, and minimum security levels. Comparison subjects were drawn from over 30 prisons. Results: The results indicated that individuals who entered and completed in-prison residential treatment were less likely to experience the critical post-release outcomes of new arrests and substance use during the first 6 months following release. Conclusions: Without controlling for selection bias, the effects of treatment would most likely have been attenuated. The results have greater generalizability than other studies of prison-based treatment. This study occurred within a multisite context of 20 programs serving both male and female inmates and operating within different security levels and different geographic regions. .

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A112083060&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Prendergast, M., Hall, E., & Wellisch, J. (2003). *An Outcome Evaluation of the Forever Free Substance Abuse Treatment Program: One-Year Post-Release Outcomes*. Santa Monica: Drug Abuse Research Centre.

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Prendergast, M. L., Hall, E. A., Wexler, H. K., Melnick, G., & Yan, C. (2004). Amity prison-based therapeutic community: 5-year outcomes. *The Prison Journal*, 84(1), 36-60.

**Abstract:** The outcomes of the prison-based treatment program over a 5-year observation period are highlighted. The main findings were based on a conservative intent-to-treat approach, on measures of recidivism as The Amity treatment group had significantly lowered rates of reincarceration.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A124681932&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Schippers, G. M., van den Hurk, A. A., Breteler, M. H., & Meerkerk, G. J. (1998). Effectiveness of a drug-free detention treatment program in a Dutch prison. *Substance Use & Misuse*, 33(4), 1027-1046.

**Abstract:** Several Dutch penitentiaries, which have relatively severe drug-use related problems, experimented with drug-free detention treatment programs (DVA). These programs aim at controlling drug use by offering a therapeutic atmosphere and serve as linkage to detention post-treatment. In a Rotterdam jail (335 cells), ca. 10% were the DVA. Information was gathered from 86 male inmates who volunteered to enter the program, and 42 from other wings. After 1 year the drug-free detention group more actively searched and accepted treatment. No differences were found in drug use, recidivism, or physical, social, and psychological problems.

Sealock, M. D., Gottfredson, D. C., & Gallagher, C. A. (1997). Drug treatment for juvenile offenders: some good and bad news. *Journal of Research in Crime and Delinquency*,

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.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A19465419&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

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.

URL: [http://www.haworthpress.com/store/E-Text/View\\_EText.asp?sid=XHM4UJSG89UU9LTS1BCUJLLT9SGEF1C7&a=3&s=J076&=28&i=3%2F4&fn=J076v28n03\\_03](http://www.haworthpress.com/store/E-Text/View_EText.asp?sid=XHM4UJSG89UU9LTS1BCUJLLT9SGEF1C7&a=3&s=J076&=28&i=3%2F4&fn=J076v28n03_03)

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 treatment and policy are discussed.

URL: <http://www.informaworld.com/10.1080/00952990701653800>

Taxman, F. S., & Bouffard, J. A. (2002). Assessing therapeutic integrity in modified

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.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A102922868&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

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**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 drug-abusing 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. .

URL: <http://proquest.umi.com/pqdlink?did=380003081&Fmt=7&clientId=25620&RQT=309&VName=PQD>

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**Abstract:** This article describes the CHOICE program, a comprehensive residential

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 support, counselor rapport) also predicted therapeutic engagement; and (3) dynamic

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: <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 pharmacotherapies in prisons, including methadone, buprenorphine, LAAM and naltrexone. Evaluations of programs as well as descriptions of implementation are included. There is less literature on pharmacotherapies than TCs but much more of it is Australian. Opioid agonist research (methadone and LAAM) is listed first (alphabetically), followed by antagonists (naltrexone).

Alberti, S., & Cowie, M. (2001). *Evaluation of the Methadone Maintenance Program in South Australian Prisons*. Melbourne: Turning Point Alcohol and Drug Centre.

Brecht, M.-L., Anglin, M. D., & Wang, J.-C. (1993). Treatment effectiveness for legally coerced versus voluntary methadone maintenance clients. *American Journal of Drug and Alcohol Abuse*, 19(1), 89-107.

**Abstract:** Analyses examined whether addicts reporting themselves coerced into drug abuse treatment by actions of the criminal justice system differed from voluntary admissions in their response to treatment, and whether such responsiveness varied across gender or ethnicity. Six hundred eighteen methadone maintenance clients admitted to programs in six southern California counties were categorized into high, moderate, and low legal coercion levels. Multivariate analysis of variance procedures for repeated measures (before, during, and after initial treatment episode) were used to test relevant hypotheses. Dependent variables included criminal justice system contact, criminal activities, drug and alcohol involvement, and measures of social functioning. Few differences within any measured domain were found among the three groups. All groups were similar in showing substantial improvement in levels of narcotics use, criminal activities, and most other behaviors during treatment with some regression in these behaviors post-treatment. Results support legal coercion as a valid motivation for treatment entry; those coerced into treatment respond in ways similar to voluntary admissions regardless of gender or ethnicity.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC- Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A13497388&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Bruce, R. D., & Schleifer, R.A. (2008). Ethical and human rights imperatives to ensure medication-assisted treatment for opioid dependence in prisons and pre-trial detention. *International Journal of Drug Policy*, 19(1), 17-24.

**Abstract:** Opioid dependence is a complex medical condition affecting neurocognitive and physical functioning. Forced or abrupt opioid withdrawal may cause profound physical and psychological suffering, including nausea, vomiting, diarrhoea, extreme agitation and/or anxiety. Opioid-dependent individuals are especially vulnerable at the time of arrest or initial detention, when they may, as a result of their chemical dependency, be coerced into providing incriminating testimony, or be driven to engage in risky behaviour (such as sharing needles in detention) in order to avoid painful withdrawal symptoms. Upon incarceration, many opioid-dependent prisoners are forced to undergo abrupt opioid withdrawal (both from legally prescribed agonist therapy such as methadone as well as illicit opioids). Physical and psychological symptoms attendant to withdrawal may impair capacity to make informed legal decisions, and cause prisoners to risk HIV and other blood-borne diseases by sharing injection equipment. Although prisons must provide at least the standard of care to prisoners that is available in the general population,



medication-assisted treatment, endorsed by international health and drug agencies as an integral part of HIV prevention and care strategies for opioid-dependent drug users, is unavailable to most prisoners. Medication-assisted treatment is a well-studied and validated pharmacological therapy for the medical condition known as opioid dependence. The failure to ensure prisoner access to this medical therapy threatens fundamental human rights protections against cruel, inhuman or degrading treatment and rights to health and to life. It also poses serious ethical problems for health care providers, violating basic principles of beneficence and non-maleficence (i.e., do good/do no harm). Governments must take immediate action to ensure access to opioid substitution to prisoners to ensure fulfilment of ethical and human rights obligations.

Cropsey, K. L., Villalobos, G. C., & Clair, C. L. S. (2005). Pharmacotherapy treatment in substance-dependent correctional populations: A review. *Substance Use & Misuse*, 40(13), 1983 - 1999.

**Abstract:** The number of drug or alcohol dependent inmates has increased dramatically in recent years. About half of all inmates meet DSM-IV criteria for dependence at the time of their arrest and require substance use treatment or detoxification. Few inmates receive treatment while in prison, increasing the likelihood that they will continue to use substances in prison and after release. While pharmacotherapy interventions have been shown to be effective with substance users in the community, few studies have investigated these treatments with a prison population. Further research is needed to better understand the feasibility and efficacy of providing pharmacotherapies for substance dependence disorders within this population.

URL: <http://www.informaworld.com/10.1080/10826080500294866>

Dolan, K., & Wodak, A. (1996). An international review of methadone provision in prisons. *Addiction Research*, 4(1), 85-97.

**Abstract:** In many developed and an increasing number of developing countries, illicit drug use has created major health, social and legal problems. Production of illicit drugs is expanding globally, consumption is spreading to new populations (Stimson, 1992) and consequences of illicit drug use are becoming more serious. Therefore, measures which offer promise of ameliorating the adverse consequences of illicit drug use and especially those which are under-utilised deserve careful consideration. In this paper, the rationale, current international implementation and evidence of the effectiveness of methadone provision to inmates is reviewed.

URL: <http://www.informaworld.com/smpp/content~content=a784814302~db=all>

Dolan, K. A., Hall, W. D., & Wodak, A. D. (1998). Methadone maintenance treatment reduces heroin injection in New South Wales prisons. *Drug and Alcohol Review*, 17(2), 153-158.

**Abstract:** The purpose of this study was to examine whether methadone maintenance treatment reduces injecting risk behaviour (and therefore transmission of blood-borne viral infections) among prisoners in New South Wales (NSW), using comparison of retrospective reports of drug use in prisons for people who received standard drug treatment, time-limited methadone treatment and methadone maintenance treatment. The setting for the study was the NSW prison system. One hundred and eighty-five injecting drug users who had been recently released from NSW prisons were recruited in 1993. Self-reported drug use and injecting risk behaviour were compared in inmates who received standard drug treatment (counselling), time-limited methadone treatment and methadone maintenance treatment. HIV status was determined by serology. Intervention comprised high and



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/ej-access.cgi?url=http://www.informaworld.com/openurl?genre=journal&issn=0959-5236&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.

Dolan, K. A., Shearer, J., MacDonald, M., Mattick, R. P., Hall, W., & Wodak, A. D. (2003). A randomised controlled trial of methadone maintenance treatment versus wait list control in an Australian prison system. *Drug and Alcohol Dependence*, 72(1), 59-65.

**Abstract:** Objectives: The aim was to determine whether methadone maintenance treatment reduced heroin use, syringe sharing and HIV or hepatitis C incidence among prisoners. Methods: All eligible prisoners seeking drug treatment were randomised to methadone or a waitlist control group from 1997 to 1998 and followed up after 4 months. Heroin use was measured by hair analysis and self report; drugs used and injected and syringe sharing were measured by self report. Hepatitis C and HIV incidence was measured by serology. Results: Of 593 eligible prisoners, 382 (64%) were randomised to MMT (n=191) or control (n=191). 129 treated and 124 control subjects were followed up at 5 months. Heroin use was significantly lower among treated than control subjects at follow up. Treated subjects reported lower levels of drug injection and syringe sharing at follow up. There was no difference in HIV or hepatitis C incidence. Conclusions: Consideration should be given to the introduction of prison methadone programs particular where community based programs exist.

URL: <http://www.sciencedirect.com/science/article/B6T63-494SB7R-1/2/e467b8872c412a83d9bda6e88d9088db>

Dolan, K. A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A. D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-incarceration and hepatitis C infection. *Addiction*, 100(6), 820-828.

**Abstract:** Aims: To examine the long-term impact of methadone maintenance treatment (MMT) on mortality, re-incarceration and hepatitis C seroconversion in imprisoned male heroin users. Design, setting and participants: The study cohort comprised 382 imprisoned male heroin users who had participated in a randomized controlled trial of prison-based MMT in 1997/98. Subjects were followed-up between 1998 and 2002 either in the general community or in prison. Measurements All-

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 (adjusted hazard ratio 0.3 (95% CI, 0.2-0.5;  $P < 0.001$ ), although MMT periods 2 months or less were associated with greatest risk of re-incarceration ( $P < 0.001$ ). Increased risk of hepatitis C seroconversion was significantly associated with prison sentences of less than 2 months [adjusted hazard ratio 20 (95% CI, 5-76;  $P = 0.001$ )] and MMT episodes less than 5 months [adjusted hazard ratio 4.2 (95% CI, 1.4-12.6;  $P = 0.01$ )]. Subjects were at greatest risk of MMT dropout during short prison sentences of 1 month or less (adjusted hazard ratio 10.4 (95% CI, 7.0-15.7;  $P < 0.001$ ). HIV incidence was 0.3 per 100 person-years (95% CI, 0.03-0.99). Conclusions Retention in MMT was associated with reduced mortality, re-incarceration rates and hepatitis C infection. Prison-based MMT programmes are integral to the continuity of treatment needed to ensure optimal outcomes for individual and public health.  
URL: <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1360-0443.2005.01050.x>

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., & O'Grady, K.E. (2008). A randomized clinical trial of methadone maintenance for prisoners: findings at 6 months post-release. *Addiction*, 103(8), 1333-1342.

**Abstract:** Aims: This study examined the effectiveness of methadone maintenance initiated prior to or just after release from prison at 6 months post-release. Design: A three-group randomized controlled trial was conducted between September 2003 and June 2005. Setting: A Baltimore pre-release prison. Participants: Two hundred and eleven adult pre-release inmates who were heroin-dependent during the year prior to incarceration. Intervention: Participants were assigned randomly to the following: counseling only: counseling in prison, with passive referral to treatment upon release ( $n = 70$ ); counseling + transfer: counseling in prison with transfer to methadone maintenance treatment upon release ( $n = 70$ ); and counseling + methadone: methadone maintenance and counseling in prison, continued in a community-based methadone maintenance program upon release ( $n = 71$ ). Measurements: Addiction Severity Index at study entry and follow-up. Additional assessments at 6 months post-release were treatment record review; urine drug testing for opioids, cocaine and other illicit drugs. Findings: Counseling + methadone participants were significantly more likely than both counseling only and counseling + transfer participants to be retained in drug abuse treatment ( $P = 0.0001$ ) and significantly less likely to have an opioid-positive urine specimen compared to counseling only ( $P = 0.002$ ). Furthermore, counseling + methadone participants reported significantly fewer days of involvement in self-reported heroin use and criminal activity than counseling only participants. Conclusions: Methadone maintenance, initiated prior to or immediately after release from prison, increases treatment entry and reduces heroin use at 6 months post-release compared to counseling only. This intervention may be able to fill an urgent treatment need for prisoners with heroin addiction histories.

URL: <http://dx.doi.org/10.1111/j.1360-0443.2008.002238.x>

Haig, T. (2003). Randomized controlled trial proves effectiveness of methadone maintenance treatment in prison. *HIV/AIDS Policy & Law Review*, 8(3), 48.

**Abstract:** A study on methadone maintenance treatment (MMT) undertaken by the Correctional Service of Canada in 2001 demonstrated that MMT has a positive impact on release outcome and on institutional behaviour. Now, a new study undertaken in

an Australian prison system has demonstrated that MMT also reduces drug use and injection in prisons. The implications of this study are far reaching. They suggest that in all jurisdictions where community-based programs operate, prison-based methadone programs should be introduced or expanded.

Hall, W., Ward, J., & Mattick, R. (1993). Methadone maintenance treatment in prisons: The New South Wales Experience. *Drug and Alcohol Review*, 12(2), 193 - 203.

**Abstract:** This paper uses the New South Wales experience with methadone maintenance treatment in prison to address the question: should methadone maintenance treatment be provided in Australian prisons for opioid-dependent prisoners? First, it outlines three rationales for providing drug dependence treatment in prisons: as a way of giving prisoners access to community-based forms of drug treatment in the prison setting; as a measure to reduce recidivism in opioid-dependent prisoners; and as a measure to prevent the transmission of HIV and other infectious diseases within prisons, and to the sexual partners of prisoners on their release. Secondly, it reviews the kind of research evidence that supports the effectiveness of community-based methadone maintenance treatment in Australia. Thirdly, the effectiveness of the New South Wales Prison Methadone Programme, one of the few prison-based methadone programmes in the world, is evaluated in the light of the available research evidence.

URL: <http://www.informaworld.com/10.1080/09595239300185631>

Heimer, R., Catania, H., Newman, R. G., Zambrano, J., Brunet, A., & Ortiz, A. M. (2006). Methadone maintenance in prison: Evaluation of a pilot program in Puerto Rico. *Drug and Alcohol Dependence*, 83(2), 122-129.

**Abstract:** Objectives: To describe and evaluate a pilot methadone maintenance program for heroin-dependent inmates of Las Malvinas men's prison in San Juan, Puerto Rico. Methods: Data from self-report of inmates' drug use before and during incarceration, attitudes about drug treatment in general and methadone maintenance in particular, and expectations about behaviors upon release from prison and from testing inmates' urine were analyzed comparing program patients (n = 20) and inmates selected at random from the prison population (n = 40). Qualitative data obtained by interviewing program staff, the correctional officers and superintendent, and commonwealth officials responsible for establishing and operating the program were analyzed to identify attitudes about methadone and program effectiveness. Results: Heroin use among prisoners not in treatment was common; 58% reported any use while incarcerated and 38% reported use in past 30 days. All patients in the treatment program had used heroin in prison in the 30 days prior to enrolling in treatment. While in treatment, the percentage of patients not using heroin was reduced, according to both self-report and urine testing, to one in 18 (94% reduction) and one in 20 (95% reduction), respectively. Participation in treatment was associated with an increased acceptance of methadone maintenance. Prison personnel and commonwealth officials were supportive of the program. Conclusions: The program appears to be a success, and prison officials have begun an expansion from the current ceiling of 24 inmates to treat 300 or more inmates.

URL: <http://www.sciencedirect.com/science/article/B6T63-4HR75M2-1/2/11e50e1e10e1234101e44fc42c936cba>

Hume, S., & Gorta, A. (1998). *The effects of the NSW Prison Methadone Program on Criminal Recidivism, and Retention in Methadone Treatment*. New South Wales, Australia: NSW Department of Corrective Services.

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URL: [http://www.csc-scc.gc.ca/text/rsrch/reports/r119/r119\\_e.pdf](http://www.csc-scc.gc.ca/text/rsrch/reports/r119/r119_e.pdf)
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URL: <http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=163>
- Kinlock, T. W., Gordon, M.S., Schwartz, R.P., & O'Grady, K.E. (2008). A study of methadone maintenance for male prisoners: 3-month postrelease outcomes. *Criminal Justice and Behavior*, 35(1).  
**Abstract:** This study examined benefits of methadone maintenance among prerelease prison inmates. Incarcerated males with preincarceration heroin dependence (n = 197) were randomly assigned to (a) group educational counseling (counseling only); (b) counseling, with opportunity to begin methadone maintenance on release (counseling + transfer); or (c) counseling and methadone maintenance in prison, with opportunity to continue methadone maintenance on release (counseling + methadone). At 90-day follow-up, counseling + methadone participants were significantly more likely than counseling-only and counseling + transfer participants to attend drug treatment (p = .0001) and less likely to be reincarcerated (p = .019). Counseling + methadone and counseling + transfer participants were significantly less likely (all ps < .05) to report heroin use, cocaine use, and criminal involvement than counseling-only participants. Follow-up is needed to determine whether these findings hold over a longer period.  
URL: [http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1\\_EAIM\\_0\\_A1731010\\_02&dyn=5!xrn\\_1\\_0\\_A173101002?Z3950=1&sw\\_aep=unsw](http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1_EAIM_0_A1731010_02&dyn=5!xrn_1_0_A173101002?Z3950=1&sw_aep=unsw)
- Kinlock, T. W., Battjes, R. J., & Schwartz, R. P. (2005). A novel opioid maintenance program for prisoners: report of post-release outcomes. *American Journal of Drug and Alcohol Abuse*, 31(3), 433-455.  
**Abstract:** Because prisoners with preincarceration heroin dependence typically relapse following release, a pilot study examined a novel opioid agonist maintenance program whereby consenting males initiated levo-alpha-acetylmethadol (LAAM) treatment shortly before release from prison with opportunity to continue maintenance in the community. Treated prisoners (experimental group) were compared with controls who received community treatment referral information only and prisoners who withdrew from treatment prior to medication regarding treatment participation and community adjustment during nine months post-release. Nineteen of 20 (95%) prisoners who initiated maintenance in prison entered community treatment, compared with 3 of 31 (10%) controls, and 1 of 13 (8%) who withdrew. Moreover, 53% of experimental participants remained in community treatment at least six months, while no other participants did so. Differences in heroin use and criminal involvement between experimental participants and each of the other two groups, while not consistently statistically significant, uniformly favored the experimental group. Despite study limitations, robust findings regarding treatment attendance suggest that this intervention is highly promising. .  
URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A135661025&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>
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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).

Mistral, W., Wilkinson, S., Mastache, C., Midgley, S., & Law, F. (2008). Efficacy of naltrexone treatment with combined crack and opiate users: A descriptive study of a new treatment service in Bristol, UK. *Drugs - Education Prevention and Policy*, 15(1), 107-120.

**Abstract:** Naltrexone has been shown to be clinically effective in treating opioid dependence, although there are reports that it may be unsafe in treatment of unselected cases. Although there are no generally accepted pharmacological 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 at 3 months, and 4% at 9 months. There was evidence to support induction in prison, as 90% of those who were inducted there continued treatment on release. An integrated approach between criminal justice and community services is of primary importance in getting users into treatment. Interviews highlighted that the environment outside of prison can trigger relapse, and that community clinics need to separate clients on an abstinence programme from those who continue to use. Of clients interviewed, 52% reported that they use heroin to mitigate severe come down from crack, and it is suggested that naltrexone may be of use for these specialized combined users.

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Shearer, J., Wodak, A., & Dolan, K. (2004). *The Prison Opiate Dependence Treatment Trial*. Sydney: National Drug and Alcohol Research Centre.

**Abstract:** (NA). This paper describes the results of a NSW trial of naltrexone, methadone and buprenorphine in prison.

URL: [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TR\\_3/\\$file/TR.199.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_3/$file/TR.199.pdf)

Stallwitz, A., & Stover, H. (2007). The impact of substitution treatment in prisons: A literature review. *International Journal of Drug Policy*, 18(6), 464-474.

**Abstract:** Substitution treatment (ST) has established itself as a generally recognised type of treatment for opioid dependence worldwide. Although the number of countries providing ST in prison has slowly started to grow over the last years, its application in the custody setting remains controversial. ST in prison is mainly employed in form of detoxification. Maintenance treatment is provided in only a limited number of international prisons. This literature review is centred around the question: "What is known about the effectiveness of prison based ST?" Furthermore, it investigates how this knowledge can be applied to improve treatment scope and quality. Effectiveness, as defined by the examined studies, refers to short- and long-term reduction of drug use and relapse, reduction in drug use related risk



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) can reduce drug use and injection in penal institutions. Moreover, PMMT provision can reduce injecting risk behaviours as well as drugs charges and re-admission rates. However, for PMMT to retain patients in treatment and reduce illegal drug use and criminal behaviour a sufficiently high dose of methadone (e.g., >60 mg) and the treatment duration lasting the entire period of imprisonment appear crucial. On the basis of the analysed results the authors recommend the provision of PMMT for individuals with long-standing opioid dependence and suggest major expansions of prison based ST in many countries.

URL: <http://www.sciencedirect.com/science/article/B6VJX-4MRNCN2-3/2/0f2d5242afc46bf60cd049990f724e46>

Stover, H., Casselman, J., & Hennebel, L. (2006). Substitution treatment in European prisons. A study of policies and practices in 18 European countries. *International Journal of Prisoner Health*, 2(1), 3 - 12.

**Abstract:** The objective of this study was to examine practices and policies in place for the provision of substitution treatment in prison in 18 European countries. Methodology. Across the 15 European member states (prior to 1 May 2004) and Czech Republic, Poland and Slovenia, interviews with ministerial representatives, professionals (i.e. service providers and security officials) working in prisons, and a total of 33 focus groups with a total of 132 male and 52 female prisoners were conducted. Results. Although constraints of access to substitution treatment for specific target groups only (e.g. HIV-positive opiate users) have largely vanished, substitution treatment is now offered to a broad cross-section of prisoners. The provision of this treatment still lags behind the standards of substitution treatment in the community (regarding access and continuity). In most countries, this form of therapy is most likely to be discontinued when entering prison. A treatment gap persists between prisoners requiring substitution maintenance treatment and those receiving it. Heterogeneous and inconsistent regulations and treatment modalities appear throughout Europe, sometimes within the same country or region. The concrete provision practice of substitution treatment in prison varies from one country to the other, from one prison to the other, within a medical team, and even from one doctor to another. Although psychosocial care was seen as a valuable additional and necessary part of the treatment to support the medical part of the substitution treatment in prison, it was found that such support was rarely provided. Compared to previous research, this study illustrates that the scope of substitution treatment has extended considerably across Europe. Across the board, a consensus surrounding the need to continue substitution treatment that had already been started in the community was apparent.

URL: <http://www.informaworld.com/10.1080/17449200600743396>

Warren, E., & Viney, R. (2004). *An Economic Evaluation of the Prison Methadone Program in New South Wales*. Sydney: Centre for Health Economics Research and Evaluation.

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Warren, E., Viney, R., Shearer, J., Shanahan, M., Wodak, A., & Dolan, K. (2006). Value for money in drug treatment: economic evaluation of prison methadone. *Drug and Alcohol Dependence*, 84(2), 160-166.

**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 to the federal probation department. Fifty-two percent of subjects in the naltrexone group continued for 6 months and 33% remained in the control group. Opioid use was significantly lower in the naltrexone group. The overall mean percent of opioid positive urine tests among the naltrexone subjects was 8%, versus 30% for control subjects ( $p < .05$ ). Fifty-six percent of the controls and 26% of the naltrexone group ( $p < .05$ ) had their probation status revoked within the 6-month study period and returned to prison. Treatment with naltrexone and brief drug counseling can be integrated into the Federal Probation/Parole system with favorable results on both opioid use and re-arrest rate.

URL: <http://www.sciencedirect.com/science/article/B6T90-3S131FS-K/2/eede81e585001a7d8f1d4abbb86db255>

Mistral, W., Wilkinson, S., Mastache, C., Midgley, S., & Law, F. (2008). Efficacy of naltrexone treatment with combined crack and opiate users: A descriptive study of a new treatment service in Bristol, UK. *Drugs: education, prevention and policy, 15*(1), 107 - 119.

**Abstract:** Naltrexone has been shown to be clinically effective in treating opioid dependence, although there are reports that it may be unsafe in treatment of unselected cases. Although there are no generally accepted pharmacological



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 at 3 months, and 4% at 9 months. There was evidence to support induction in prison, as 90% of those who were inducted there continued treatment on release. An integrated approach between criminal justice and community services is of primary importance in getting users into treatment. Interviews highlighted that the environment outside of prison can trigger relapse, and that community clinics need to separate clients on an abstinence programme from those who continue to use. Of clients interviewed, 52% reported that they use heroin to mitigate severe come down from crack, and it is suggested that naltrexone may be of use for these specialized combined users.  
URL: <http://www.informaworld.com/10.1080/09687630601109098>

Shearer, J., Wodak, A. D., & Dolan, K. A. (2007). Evaluation of a prison-based naltrexone program. *International Journal of Prisoner Health*, 3(3), 214.

**Abstract:** The study evaluated the introduction of naltrexone in an Australian prison system for imprisoned male heroin users. Treatment outcomes were analysed for two sub-samples taken from an unsuccessful randomised controlled trial. The first sample comprised 68 participants who were randomly allocated to naltrexone treatment. The second sample comprised 47 participants who commenced opioid pharmacotherapy during the study period. Thirteen per cent of subjects started naltrexone, with only 7% retained in treatment at six months. Six-month retention was significantly lower in naltrexone compared to methadone ( $p = 0.0007$ ). Poor patient acceptability and retention did not support oral naltrexone maintenance in this treatment group.

## 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: [http://notes.med.unsw.edu.au/NDARCWeb.nsf/resources/TR\\_27/\\$file/TR.025.pdf](http://notes.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_27/$file/TR.025.pdf)

Dolan, K., Rutter, S., & Wodak, A. D. (2003). Prison-based syringe exchange programmes: a review of international research and development. *Addiction*, 98(2), 153-158.

**Abstract:** Journal publications and conference presentations on prison-based syringe exchange (PSE) programmes were identified by a comprehensive search of electronic databases. Experts involved with development and evaluation of current PSE programmes or policy were contacted for reports, documents and unpublished material. Spanish information on PSE was translated for this review. We identified 14 papers specifically on PSE programmes in Switzerland (six papers), Germany (four) and Spain (four). The first PSE programme started in 1992 in Switzerland. As of December 2000, seven PSEs were operating in Switzerland, seven in Germany and five in Spain. There have been six evaluations of prison syringe exchange programmes and all have been favourable. Reports of drug use decreased or remained stable over time. Reports of syringe sharing declined dramatically. No new cases of HIV, hepatitis B or hepatitis C transmission were reported. The evaluations found no reports of serious unintended negative events, such as initiation of injection or of the use of needles as weapons. Staff attitudes were generally positive but response rates to these surveys varied. Overall, this review indicated that prison syringe exchange programmes are feasible and do provide benefit in the reduction of risk behaviour and the transmission of blood-borne infection without any unintended negative consequences.

URL: <http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.blackwell-synergy.com/openurl?volume=98&date=2003&spage=153&issn=0965-2140&issue=2&genre=article>

Lines, R., Jurgens, R., Betteridge, G., & Stover, H. (2005). Taking action to reduce injecting drug-related harms in prisons: The evidence of effectiveness of prison needle exchange in six countries. *International Journal of Prisoner Health*, 1(1), 49 - 64.

**Abstract:** This article examines the issue of prison needle-exchange programmes

(PNEP) based upon the international experience and evidence in six countries. A review of existing literature was undertaken together with original research comprising site visits to prison needle-exchange programmes in four countries operating such initiatives in October 2002. During the course of the research, prison needle-exchange programmes were initiated in two other countries, Kyrgyzstan and Belarus. Site visits were not possible in respect of these two countries, and data was gathered via conversations with staff and funding organisations involved and by the examination of documentary evidence. The paper presents an overview of the PNEP initiated and a commentary on the outcomes. Based upon the evidence emerging from the investigation, the paper concludes that while prison syringe-exchange programmes have been implemented in diverse environments and under differing circumstances, the results of the programmes have been remarkably consistent. Improved prisoner health and reduction of needle sharing have been achieved. Fears of violence, increased drug consumption, and other negative consequences have not materialised. Based on the evidence and experience, it can be concluded unequivocally that prison needle-exchange programmes effectively address the health-related harms associated with needle sharing in prisons and do not undermine institutional safety or security.

URL: <http://www.informaworld.com/10.1080/17449200500157085>

Selvanera, G. (1996). The case for needle and syringe exchange in the prison system. *HIV/AIDS Legal Link*, 7(4), 6-7.

**Abstract:** The Australian prison system's refusal to allow prisoners access to methods of minimising HIV and Hepatitis C positive transmission is raising concerns that the prison system is becoming a source of infection for prisoners and the rest of the community. This article presents data on the prevalence of HIV infection in Australian prisons, before providing examples of needle and syringe exchanges which have been established in prisons overseas and the results of these programs.

Stover, H., & Nelles, J. (2003). Ten years of experience with needle and syringe exchange programmes in European prisons. *International Journal of Drug Policy*, 14(5-6), 437-444.

**Abstract:** Results of needle and syringe exchange programmes (SEPs) in prisons based on 10 years experience in Switzerland, Germany, Spain and Moldova are presented. SEPs have been introduced in 46 European prisons, predominantly as pilot projects. Forty-three of these projects were still operating at the time of writing. In 11 prisons, SEPs were evaluated to assess feasibility and efficacy. Results did not support fears that commonly arise in the start-up of implementation of SEPs. Syringe distribution was not followed by an increase in drug use or injection drug use. Syringes were not misused, and disposal of used syringes was uncomplicated. Sharing of syringes among drug users reduced. Based on these experiences, it can be concluded that in these settings harm reduction measures, including syringe exchange, were not only feasible but efficient. Despite these positive results, syringe exchange in prison is far from general acceptance. However, a governmental decree released in Spain in 2001 that all prisons in the country are required to provide drug users with sterile injection equipment may lead to a breakthrough of this harm reduction measure in the future. The discrepancy concerning the success of SEPs in prisons on the one hand and its low acceptance on the other hand is striking. Suggestions for the installation of SEPs in prison are given to assist a more objective discussion.

URL: <http://www.sciencedirect.com/science/article/B6VJX-49W370K-C/2/74b526e2bd99ed3df62eb264e35d9418>

## **Throughcare / aftercare**

This section covers research that specifically addresses issues of throughcare and post-prison 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 drug overdose. Coronial records cited the involvement of opioids in 95% of deaths, benzodiazepines in 20%, cocaine in 14% and tricyclic antidepressants in 10%. Drug-related deaths among men were more likely to involve heroin and deaths among women were more likely to involve benzodiazepines, cocaine and tricyclic antidepressants. Newly released male and female prisoners are at acute risk of drug-related death. Appropriate prevention measures include overdose awareness education, opioid maintenance pharmacotherapy, planned referral to community-based treatment services and a community overdose-response using opioid antagonists.

Melnick, G., De Leon, G., Thomas, G., Kressel, D., & Wexler, H. K. (2001). Treatment process in prison therapeutic communities: motivation, participation, and outcome. *American Journal of Drug and Alcohol Abuse*, 27(4), 633-651.

**Abstract:** Although the largest effects of prison-based therapeutic community (TC) programs are associated with entry into aftercare, only a minority of prisoners volunteer for these aftercare programs. The study addresses the gap in our knowledge concerning these low rates of voluntary entry. A theoretical formulation of the TC process involving the effect of the interaction of clients' motivation and participation in the activities of the TC on entry into aftercare was tested on a sample of 110 volunteers in a prison-based TC for whom there were client and staff ratings of 3-month participation and 12-month follow-up data on relapse and recidivism. Path analyses support a model in which the interaction of motivation and 3-month participation ratings have a direct effect on the selection of aftercare, and aftercare has a direct effect on relapse and recidivism. The use of a combination of enhanced motivation and early program participation as a means of increasing the utilization and effectiveness of aftercare is discussed.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A80771913&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

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 outcome literature and the findings on aftercare for offenders who received initial treatment from in-prison substance use treatment programs. We continue with a discussion of how substance use treatment provided within the federal system, drug use patterns, and responses to drug use create methodological difficulties in adequately assessing the effectiveness of aftercare services. Taking into account both the previous research on aftercare and the issues encountered in attempting to evaluate the federal aftercare services, we concluded that the claim of certainty about aftercare effectiveness is not well substantiated and that the precise nature of aftercare services needed is not well understood. We conclude with a discussion of the methodological and substantive issues that need to be addressed in future research. Issues identified include the need to address self-selection bias and to disentangle offender behavior from the effects of criminal justice system policies. Research is also needed to identify the most effective type and intensity of aftercare.

URL: <http://www.sciencedirect.com/science/article/B6T90-4MHPHK9-5/2/82958b40d3616175ea07ba72fe84f2c5>

Prendergast, M. L., Wellisch, J., & Wong, M. M. (1996). Residential treatment for women parolees following prison-based drug treatment: treatment experiences, needs and services, outcomes. *The Prison Journal*, 76(3), 253-275.

**Abstract:** There have been few studies on the experiences of drug-using women prisoners out on parole and the reasons behind the success or failure of drug treatment programs for these women. To remedy this problem, the community residential phase of the prison-based 'Forever Free Substance Abuse Program' at the California Institute of Women is evaluated. Results indicate that women who apply for residential treatment when they have been discharged from prison are more

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

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A18920361&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Ramsay, M. (Ed.). (2003). *Prisoners' drug use and treatment: seven research studies* (Vol. Study 267). London: Home Office Research, Development and Statistics Directorate.

URL: <http://www.homeoffice.gov.uk/rds/pdfs2/hors267.pdf>



## Other treatments

This section covers various treatments other than TC and pharmacotherapies, such as detoxification, cognitive-behavioural treatment, counselling, education, peer based programs, alcohol treatment and one paper on amphetamine type stimulant treatment in prison.

Crundall, I., & Deacon, K. (1997). A prison-based alcohol use education program: evaluation of a pilot study. *Substance Use & Misuse, 32*(6), 767-777.

**Abstract:** Northern Territory prisoners were followed up after release to determine the effect of an alcohol education course on their alcohol consumption, drinking group, disruptive behavior, criminal activity, family relationships, how they use their time, general health, ability to cope and take responsibility. Measures were obtained both from prisoners and key informants, and two groups of prisoners were compared: those who completed the course and others who had not done the course. A high level of correspondence was found between measures from key informants and prisoners. The prisoners attending the course showed significant improvements on all dimensions when compared to the control subjects.

Daley, M., Love, C. T., Shepherd, D. S., Petersen, C. B., White, K. L., & Hall, F. B. (2004). Cost effectiveness of Connecticut's in-prison substance abuse treatment. *Journal of Offender Rehabilitation, 39*(3), 69-92.

**Abstract:** Over the past two decades, the criminal justice population in the US has grown by over 200%, most of this due to an increase in drug-involved offenders. Although there is good evidence that prison-based substance abuse treatment programs can be effective in reducing rearrest, few cost-effectiveness studies have been conducted. Using data from the Connecticut Department of Correction and the Connecticut Department of Mental Health and Addiction Services (DMHAS), we compared the cost-effectiveness of four tiers (levels) of substance abuse treatment programs for a sample of 831 offenders who were released during FY1996-FY1997. Effectiveness, measured by reductions in the likelihood of rearrest within six months, one year and 18 months post-release, was compared for inmates who had received treatment while incarcerated (n = 358) and those who had not (n = 473). At all intervals, offenders who attended any of the higher tier programs (two, three and four) had significantly lower rates of rearrest when compared to offenders who attended Tier One only or who had attended no tier programs, even after controlling for background characteristics that may have differentiated the two groups. The benefits to the State of Connecticut correctional system alone, measured in terms of the costs of avoided re-incarcerations, were from 1.8 to 5.7 times the cost of implementing the programs, ranging from \$20,098 (Tier Four) to \$37,605 (Tier Two). Since society receives a favorable return on its investment in prison-based treatment programs, we should find ways to ensure that more drug-involved inmates receive treatment.

URL: [http://find.galegroup.com/itx/retrieve.do?contentSet=IAC-Documents&resultListType=RESULT\\_LIST&qrySerId=Locale%28en%2C%2C%29%3AFQE%3D%28JN%2CNone%2C36%29%22Journal+of+Offender+Rehabilitation%22%3AAnd%3ALQE%3D%28DA%2CNone%2C8%2920041001%24&sqHitCountType=NONE&inPS=true&sort=DateDescend&searchType=PublicationSearchForm&tabID=T002&prodId=FAIM&searchId=R2&currentPosition=4&userGroupName=unsw&docId=A126120005&docType=IAC](http://find.galegroup.com/itx/retrieve.do?contentSet=IAC-Documents&resultListType=RESULT_LIST&qrySerId=Locale%28en%2C%2C%29%3AFQE%3D%28JN%2CNone%2C36%29%22Journal+of+Offender+Rehabilitation%22%3AAnd%3ALQE%3D%28DA%2CNone%2C8%2920041001%24&sqHitCountType=NONE&inPS=true&sort=DateDescend&searchType=PublicationSearchForm&tabID=T002&prodId=FAIM&searchId=R2&currentPosition=4&userGroupName=unsw&docId=A126120005&docType=IAC)

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 harm reduction material on stimulants, for clear guidelines for the management of acute stimulant intoxication and stimulant withdrawal, for structural adjustments to improve potential diagnosis of personality and psychiatric disorders, for more non-pharmacological treatment strategies and more opportunities for prisoners to engage in purposeful activities. URL: <http://www.informaworld.com/10.1080/17449200601149122>

Devilly, G., Sorbello, L., Eccleston, L., & Ward, T. (2005). Prison-based peer-education schemes. *Aggression and Violent Behavior*, 10, 219-240.

**Abstract:** Historically, peer programs have been utilized in school and community settings to address a range of health issues such as HIV / AIDS, drug and alcohol abuse, and youth violence. However, in terms of offender rehabilitation, the change process has generally rested upon professional staff, with little formal consideration of the powerful positive influence that offenders can have on fellow offenders. This paper, therefore, suggests that prison-based, peer-led programs have something to offer to correctional organizations. First, the paper explores the theoretical underpinnings of peer programs, followed by a general overview of the scarce empirical research on correctional peer programs in the areas of HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, prison orientation, and suicide/violence prevention. The discussion then focuses on the difficulties of implementing such programs, as well as their overall appeal for fellow offenders, peers, and the organization itself. The paper concludes that while preliminary reports of offender-peer programs are positive, controlled research is lacking. To aid in the development of such programs, and promote further research, the paper provides an outline to effectively implement and evaluate peer programs. It is further concluded that such innovations are important to the future of offender rehabilitation policies and practices (Author **Abstract**).

URL: [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6VH7-4BNMJ09-1&\\_user=37161&\\_rdoc=1&\\_fmt=&\\_orig=search&\\_sort=d&\\_view=c&\\_acct=C000004218&\\_version=1&\\_urlVersion=0&\\_userid=37161&md5=f69a404edb4b0c9bd49c73b4df98b1f0](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VH7-4BNMJ09-1&_user=37161&_rdoc=1&_fmt=&_orig=search&_sort=d&_view=c&_acct=C000004218&_version=1&_urlVersion=0&_userid=37161&md5=f69a404edb4b0c9bd49c73b4df98b1f0)

Dolan, K., & Rouen, D. (2003). Evaluation of an educational comic on harm reduction for prison inmates in New South Wales. *International Journal of Forensic Psychology*, 1(1), 138-141.

**Abstract:** The aim of this study was to educate inmates about harm reduction measures as a first step towards the reduction of hepatitis C transmission in prison.

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/IJFPArticlesIssue1/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: <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>

Dugan, J. R., & Everett, R. S. (1998). An experimental test of chemical dependency therapy for jail inmates. *International Journal of Offender Therapy and Comparative Criminology*, 42(4), 360-368.

**Abstract:** A treatment group and a non-treatment (control) group were comprised of 145 jail inmates who were screened for chemical dependency and who were assigned randomly to the two groups. Treatment involved 72 hours of group therapy based on Glasser's (1985) "Reality Therapy." Post release criminal behaviour was evaluated for a period of 2 years after treatment. The analysis of recidivism using the National Crime Information Center Interstate Identification Index-III indicated no significant differences in recidivism between treatment and non-treatment groups. Characteristics of successful chemical dependency treatment are discussed. .

URL: <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=42&issue=4&firstpage=360>

Duke, K. (2005). Déjà vu? Opportunities and obstacles in developing alcohol policy in English prisons. *Drugs: education, prevention and policy*, 12(5), 417-430.

**Abstract:** Under the new *Alcohol Harm Reduction Strategy for England* published by the Prime Minister's Strategy Unit in 2004, there has been an increasing focus on crime and public order issues and alcohol-related harm experienced by 'vulnerable' & 'at risk' groups. Prisoners have been identified as a vulnerable group who have high rates of dependence on alcohol and problems with alcohol-related offending. In late 2004, the Prison Service launched its first alcohol strategy. Based on an analysis of key policy documents, official enquiries and research, this paper explores how the 'problem' of alcohol can be defined within the prison setting and the issues it raises for both the individual prisoner and the institution. It examines the lack of policy and strategic direction prior to the publication of the new prison alcohol strategy and the

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>

Elkadi, S., Dick, S., & Dain, S. (2006). *The psychological impact of prison based drug and alcohol programs on young offenders*. Paper presented at the 5th International Conference on Drugs and Young People. from <http://www.adf.org.au/article.asp?ContentID=Presentations> **Abstract:** Young offenders are a significant group within the Victorian Prisons system. This conference paper outlines a study undertaken by Caraniche Pty Ltd for Corrections Victoria, to examine the psychological impact of prison based, moderate intensity drug treatment programs on young offenders in comparison to older offenders. In addition, the implications of the findings were discussed in relation to program content and program delivery, including future directions for prison based treatment. All male and female offenders assessed by Corrections Victoria as being of medium to high risk of alcohol and other drugs abuse are referred to Carniche. This review focuses on those young offenders identified as medium to high risk of reoffending who also completed the 40 hour closed drug treatment program (i.e. 724 young people). The results suggest that young offenders constitute a group with unique and complex needs within the prison population, and that treatment requires a system-wide approach, including education, employment and case management, with early intervention critical.

URL: <http://www.adf.org.au/article.asp?ContentID=Presentations>

Gaes, G. G., & et al. (1999). Adult correctional treatment. In M. Tonry & J. Petersilia (Eds.), *Prisons, Crime and Justice: A Review of Research*. Chicago: University of Chicago Press.

Henderson, D. J. (1998). Drug abuse and incarcerated women: a research review. *Journal of Substance Abuse Treatment*, 15(6), 579-587.

**Abstract:** Drug abuse is the primary reason women enter prison and is the primary health problem of women in prison. There has been little research conducted specifically with this population; information must be drawn from studies with nonincarcerated addicted women and incarcerated addicted men. The purpose of this paper is to review what is known about the treatment and aftercare needs of this group (including relapse and recidivism prevention) and to propose an agenda for future research.

URL: <http://www.sciencedirect.com/science/article/B6T90-3V8CHXJ-C/2/6bf0090854ca7aa16379d5f84886c25d>

Howells, C., Allen, S., Gupta, J., Stillwell, G., Marsden, J., & Farrell, M. (2002). Prison based detoxification for opioid dependence: a randomised double blind controlled trial of lofexidine and methadone. *Drug and Alcohol Dependence*, 67(2), 169-176.

**Abstract:** This paper reports results from the first controlled trial of opioid withdrawal treatment in the UK using lofexidine in a prison setting. Seventy-four opioid dependent male inmates at a Southern England prison were randomised to receive either methadone (the standard prison treatment) or lofexidine using a randomised double-blind design. No significant statistical difference between the

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 withdrawal on entry to prison. *British Journal of Addiction*, 86(4), 457-463.

**Abstract:** Forty-nine opiate-dependent persons entering remand prison were treated with methadone over 5-10 days in decreasing doses according to standard practice of the prison medical service. The prisoners were mainly young, unmarried men with an average of 5 years regular opiate use and an average of four previous imprisonments; 45% were known to be HIV infected, although routine testing was not carried out. Ten were on methadone maintenance prior to imprisonment. Urine analysis on entry detected an average of three psychoactive substances, principally opiates, benzodiazepines and cannabis. Prescribed starting doses of methadone were not correlated to independently assessed withdrawal severity. Starting doses were related to prisoners' requests and to their age. Withdrawal severity decreased after 4 days treatment but symptom relief was incomplete. Treating withdrawal symptoms on entry to prison poses unsolved ethical and practical problems.

Koski-Jannes, A. (1997). Prevention and treatment of alcohol-related violence through prison programs: a Finnish perspective. *Contemporary Drug Problems*, 24(4), 765-785.

**Abstract:** Reviewing the connection between drinking and violent crimes in Finland, the paper describes the features of effective programs for offenders in order to stop the cycle of intoxication and violence, and suggests ways this knowledge can be used to improve interventions with prisoners. This paper reviews the connection between drinking and violent crimes in Finland and discusses ways of intervening in this connection through correctional programs. It summarizes features of effective programs and presents examples of substance-abuse programs for violent offenders, with some suggestions on how to improve their efficacy.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A20932545&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Moller, L. F., van den Bergh, B.J., Karymbaeva, S., Esenamanova, A., & Muratalieva, R. (2008). Drug use in prisons in Kyrgyzstan: a study about the effect of health promotion among prisoners. *International Journal of Prisoner Health*, 4(3), 124 - 133.

**Abstract:** In Kyrgyzstan the prevalence of injecting drug behaviour is among the highest found throughout the world. Health promotion training, improved health care and needle/syringe exchange (NSE) programmes have been shown to decrease risk behaviour among injecting drug users. In Kyrgyzstan, an intervention study with training of prison staff and prisoners was performed in one prison. Before and after the training, a random selection of the prisoners answered a questionnaire about drug use, risk behaviour and health care. The survey was carried out in both the intervention prison and in a reference prison. The number of drug users, the use of drugs and risk behaviour were improved significantly within half a year and, especially, the injection and use of drugs decreased in the intervention group. The study clearly shows that increased focus, improved healthcare and training of



prisoners and staff on drug use and harm reduction can reduce both use of drugs and risk behaviour.

URL: <http://www.informaworld.com/10.1080/17449200802264654>

Pelissier, B. M. M., Camp, S. D., Gaes, G. G., Saylor, W. G., & Rhodes, W. (2003). Gender differences in outcomes from prison-based residential treatment. *Journal of Substance Abuse Treatment*, 24(2), 149-160.

**Abstract:** This study examines gender similarities and differences in background characteristics, the effectiveness of treatment, and the predictors of post-release outcomes among incarcerated drug-using offenders. The sample of 1,842 male and 473 female treatment and comparison subjects came from a multi-site evaluation of prison-based substance abuse treatment programs. Three-year follow-up data for recidivism and post-release drug use were analyzed using survival analysis methods. Despite the greater number of life problems among women than men, women had lower three-year recidivism rates and rates of post-release drug use than did men. For both men and women, treated subjects had longer survival times than those who were not treated. There were both similarities and differences with respect to gender and the other predictors of the two post-release outcomes. Differences in background characteristics and in factors related to post-release outcomes for men and women suggest the plausibility of gender-specific paths in the recovery process.

URL: <http://www.sciencedirect.com/science/article/B6T90-48J3RHX-8/2/337fd5c651d778b67c510e9dcaed7168>

Peters, R. H., Kearns, W. D., Murrin, M. R., Dolente, A. S., & et al. (1993). Examining the effectiveness of in-jail substance abuse treatment. *Journal of Offender Rehabilitation*, 19(3-4), 1-39.

**Abstract:** Evaluated 6-week jail substance abuse treatment program. Compared to no-treatment controls (n=422), program participants (n=535) remained significantly longer in community until rearrest, experienced fewer arrests, and served less jail time during the first year following their release. Participants made significant improvements in coping abilities, knowledge acquisition, and self-confidence.

Pedic, F. (1990). *Drug use in prisons: data collection procedures: a review and recommendations*. Sydney: National Drug and Alcohol Research Centre.

**Abstract:** Potential sources of data that might be of interest to the National Drug Abuse Data System with regard to drug use in prisons are reviewed. Information which is presently collected in the various jurisdictions is listed and the feasibility of further and more detailed collection is then examined. Recommendations are made regarding future prison data collection.

Prendergast, M. L., Hall, E. A., & Wexler, H. K. (2003). Multiple measures of outcome in assessing a prison-based drug treatment program. *Journal of Offender Rehabilitation*, 37(3/4), 65.

**Abstract:** Evaluations of prison-based drug treatment programs typically focus on one or two dichotomous outcome variables related to recidivism. In contrast, this paper uses multiple measures of outcomes related to crime and drug use to examine the impact of prison treatment. Crime variables included self-report data of time to first illegal activity, arrest type, and number of months incarcerated. Days to first reincarceration and type of reincarceration are based on official records. Drug use variables included self-report data of the time to first use and drug testing results. Prisoners randomly assigned to treatment performed significantly better than controls on: days to first illegal activity, days to first incarceration, days to first use, type of reincarceration, and mean number of months incarcerated. No differences



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.

Rosen, P. J., Hiller, M. L., Webster, J. M., Staton, M., & Leukefeld, C. (2004). Treatment motivation and therapeutic engagement in prison-based substance use treatment. *Journal of Psychoactive Drugs, 36*(3), 387-396.

**Abstract:** Studies of community-based substance use treatment show that motivation for treatment is critical for clients becoming therapeutically engaged. Little research, however, has been conducted on therapeutic engagement in corrections-based substance use treatment. The current study examines the association between internal treatment motivation and therapeutic engagement for a sample of 220 male substance-using offenders enrolled in a corrections-based treatment program. Findings showed that problem recognition and desire for help were associated with cognitive indicators of therapeutic engagement, specifically confidence in and commitment to treatment. Increased focus on internal motivation for treatment may lead to more effective treatment for substance-using offenders. Pretreatment motivational interventions therefore are recommended for substance-using offenders with low internal motivation for treatment.

## Drug testing

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 October 1996. Subjects: 293 (94%) of all 312 inmates at Lowmoss and 146 (93%) of all 157 at Aberdeen, resulting in 286 and 143 valid questionnaires. Main outcome measures: Frequency of injecting inside prison in the previous four weeks by injector inmates who had been in prison for at least four weeks. Results: 116 (41%) Lowmoss and 53 (37%) Aberdeen prisoners had a history of injecting drug use but only 4% of inmates (17/395; 95% confidence interval 2% to 6%) had ever been offered vaccination against hepatitis B. 42 Lowmoss prisoners (estimated 207 injections and 258 uses of sterilising tablets) and 31 Aberdeen prisoners (229 injections, 221 uses) had injected inside prison in the previous four weeks. The prisons together held 112 injector inmates who had been in prison for more than four weeks, of whom 57 (51%; 42% to 60%) had injected in prison in the past four weeks; their estimated mean number of injections was 6.0 (SD 5.7). Prisoners injecting heroin six times in four weeks will test positive in random mandatory drugs testing on at most 18 days out of 28. Conclusions: Sterilising tablets and hepatitis B vaccination should be offered to all prisoners. Random mandatory drugs testing seriously underestimates injector inmates' harm reduction needs. Key messages Half of injector inmates of two Scottish prisons who had been in prison for more than four weeks had injected in the previous four weeks--an average of six times Injector inmates used sterilising tablets to clean injecting equipment as often as they injected Only 4% of inmates had ever been offered vaccination against hepatitis B Vaccination against hepatitis B and sterilising tablets are prisoners' rights Random mandatory drugs testing is likely to detect only one third to two thirds of heroin injectors in prison and so seriously underestimates injector inmates' drug reduction needs.

URL: <http://www.bmj.com/cgi/content/Abstract/315/7099/21>

Dean, J. (2005). The future of mandatory drug testing in Scottish prisons: A review of policy. *International Journal of Prisoner Health*, 1(2), 163 - 170.

**Abstract:** This article reviews the procedures for the management of drug misuse in Scottish prisons 10 years after the introduction of the legislative framework permitting the introduction of mandatory drug testing (MDT). In April 2005 the Scottish Prison Service announced its decision to discontinue mandatory random drug tests (MRDTs) in Scottish prisons. This decision was not without controversy and was met by criticisms in the media that the prison service had given up on the fight against controlling substance abuse among inmates within Scottish prisons.

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 Prison Service establishments. One hundred and forty eight prisoners who had been tested recently (three - quarters on a random basis) were interviewed about their experiences of drug misuse and the extent to which this had changed as a result of MDT. One hundred and forty six members of staff were asked about the impact of MDT on their response to prisoners' drug misuse and more generally about their views on the effectiveness of the policy.

URL: <http://www.homeoffice.gov.uk/rds/pdfs/hors189.pdf>

Fraser, A. D., & Zamecnik, J. (2002). Substance abuse monitoring by the correctional service of Canada. *Therapeutic Drug Monitoring*, 24(1), 187-191.

**Abstract:** The Correctional Service of Canada implemented a urine drug-testing program over a decade ago. Offenders residing in federal correctional institutions and living in the community on conditional release were subject to urine drug testing. The objective of this study is to describe this testing program and the extent of drug use by conditional release offenders in 2000. Urine specimens were tested for drugs of abuse and prescription drugs including amphetamines, cannabinoids, cocaine metabolite, opiates, phencyclidine, benzodiazepines, methyl phenidate, meperidine, pentazocine and fluoxetine by immunoassay screening followed by GC-MS confirmation. Ethyl alcohol was analyzed when specifically requested. Alternative screening and confirmation methods with lower cut-off values were used whenever urine specimens were dilute (creatinine <20 mg/dL and specific gravity <1.003). Total number of urine specimens analyzed in 2000 was 38,431 (6.7% were dilute). The positive rate for one or more drugs was 27.2% in 2000 in conditional release offenders. In the community setting 28,076 normally concentrated (nondiluted) specimens were tested (9.6% were positive for cannabinoids and 3.3% positive for cocaine metabolite), In the 1,270 dilute specimens collected from conditional release offenders in 2000, 12.8%, were positive for cannabinoids and 10.6% were positive for cocaine metabolite. The authors conclude that forensic urine drug testing provides an objective measure of drug use when assessing offenders living in the community on conditional release from correctional institutions in Canada.

URL: <http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://gateway.ovid.com/ovidweb.cgi?T=JS&checkipval=yes&PAGE=fulltext&D=ovft&MODE=ovid&NEWS=N&SEARCH=0163-4356.is+and+24.vo+and+1.ip+and+187.pg>

Gore, S. M., & Bird, A. G. (1996). Cost implications of random mandatory drugs tests in prisons. *Lancet*, 348, 1124-1127.

**Abstract:** Background Compulsory urine testing of prisoners for drugs, a control initiative, was introduced in eight prisons in England and Wales early in 1995. Despite no evidence of effectiveness, testing was extended to all prisons in England and Wales by March 1996. We consider the cost of testing. We combined the costs of refusals, confirmatory tests, punishment of confirmed positives for cannabis or for class A drugs to estimate the average costs of random compulsory drugs testing. These costs were then compared to: i) the healthcare budget for a prison; and ii) the

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 were the punishment of refusals--over one third of cost a)--and testing positive for cannabis--over 50[percent] of cost a). In Scotland, around 5[percent] of injecting drug users (IDUs) are incarcerated at any time: 5[percent] of Lothian's drugs care, treatment and prevention costs and 2.5[percent] of its HIV/AIDS prevention budget in 1993-94 amounted to £ UK101,300 per annum--or £ UK7770 per 28 days (\$US11,970)--and about 35[percent] of monthly MDT costs. We suggest that 5[percent] of current resources for drugs prevention and treatment and for IDU-targeted HIV/AIDS prevention should be directed towards the prisons because in the prisons, where 5[percent] of the clients are at any time, injectors have less access to harm reduction measures than on the outside.

URL: <http://vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790ed34b537fd18e7dacb74e646edc9de470424f1ef635b41228bf438a5811ff5077&fmt=C>

MacPherson, P. (2001). Random urinalysis program: policy, practice, and research results. *Forum on Corrections Research*, 13(3), 54-57.

**Abstract:** Urinalysis is a method of detecting recent drug use by looking for evidence of drugs (metabolites) in urine. In Canadian federal penitentiaries, offenders can be asked to provide a urine sample when there is reasonable grounds to suspect use; as a condition of participation in a program or activity involving community contact, as part of participation in a substance abuse treatment program, or if they have been chosen to participate in the random testing program. The purpose of this paper is to describe some of the results from the random component of urinalysis testing conducted by Correctional Service Canada (CSC).

URL: <http://198.103.98.138/text/pblct/forum/e133/v13n3a17e.pdf>

McDonald, M. (1997). *Mandatory Drug Testing in Prisons*. Birmingham: Centre for Research into Quality, The University of Central England in Birmingham.

URL: <http://www0.bcu.ac.uk/crq/publications/mdt.pdf>

Mundy, J. (1996). Crackdown on drug use in jails. *Connexions*, 16, 24.

**Abstract:** A computer-based information system for visitors, screening prisoners' outgoing phone calls, limiting the number of prisoners' visits and closing toilets in prison visiting areas are among measures introduced in South Australian prisons in an attempt to reduce drug use. In Victoria, similar detection measures and random drug sampling have resulted in a drop in positive drug tests from 35 to 8 percent. The Victorian Corrections Commissioner notes 'our measures have been called draconian but we are saving lives. Overdosing in Victorian prisons is now almost nil.'

Perry, R. W. K., & Marty, P. (2000). Drug testing in Canadian jails: To what end? *Canadian Journal of Public Health*, 91(1), 26-28.

**Abstract:** Since 1995, Corrections Services Canada (CSC) has conducted randomized urinalysis screening of a minimum of 5% of the federal inmate

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.

**Abstract:** This study examined the effectiveness of several screening instruments in detecting substance use disorders among prison inmates. A sample of 400 male inmates were administered eight different substance abuse screening instruments and the Structured Clinical Interview for DSM-IV (SCID-IV), Version 2.0, Substance Abuse Disorders module. The latter was used as a diagnostic criterion measure to determine the presence of substance use disorders. Based on positive predictive value, sensitivity, and overall accuracy, the Texas Christian University Drug Screen, the Simple Screening Instrument, and a combined instrument--Alcohol Dependence Scale/Addiction Severity Index-Drug Use section were found to be the most effective in identifying substance abuse and dependence disorders.

URL: <http://www.sciencedirect.com/science/article/B6T90-407GJ5J-6/2/7288ef79021358f14d25a5c38521c105>



## 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/2003/00000011/00000002/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-sectional random sample of inmates stratified by sex, age and Aboriginality. A total of 914 adult inmates (747 men, 167 women) were recruited from 29 New South Wales (Australia) correctional centres. Information on the prevalence of smoking, smoking history, smoking behaviours and other risk factors were collected. Of the participants, 79% were current smokers (78% men, 83% women). Younger inmates were more likely than older inmates to smoke (86% vs. 64%). Most individuals smoked between 11 and 20 cigarettes a day and a median of 50 grams per week. In the previous year, over half (52%) of current smokers had attempted to quit or reduce the amount they smoked. At the time of the survey, 58% of smokers had plans to quit; 21% within 3 months. Independent predictors of current smoking in the multivariate analysis were past use of cannabis and a history of illicit drug use. The prevalence of smoking in prison is extraordinarily high and exceeds that of the general community. Despite this, the majority of prisoners report plans to quit. Readily available smoking cessation advice, support and treatment are needed to assist those wanting to quit in this stressful environment. As the prevalence of smoking within the general community declines, assisting cessation in groups containing a disproportionate number of smokers will become increasingly important. Despite high levels of tobacco dependence, many prisoners intend to quit and health planners and custodial authorities need to encourage and support inmates who do attempt to quit.

URL: <http://www.informaworld.com/10.1080/09595230600741198>

- Colclough, J. A. (2003). Smoking cessation dilemmas in prison. *British Medical Journal*, 327(7405), p. 29.  
URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A105852012&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>
- Richmond, R. L., Butler, T., Belcher, J. M., Wodak, A., Wilhelm, K. A., & Baxter, E. (2006). Promoting smoking cessation among prisoners: feasibility of a multi-component intervention. *Australian and New Zealand Journal of Public Health*, 30(5), 474-479.  
**Abstract:** Objective: To conduct a pilot study to determine the feasibility and effectiveness of a multi-component smoking cessation intervention among prison inmates.  
Conclusions: Prison inmates are able to quit or reduce tobacco consumption while in prison but any smoking cessation intervention in this setting needs to address prison-specific issues such as boredom, stress, transfers to other prisons, court appearances, and isolation from family and friends.  
Implications: The prevalence of smoking within Australian prisons is alarmingly high. Further work into how to encourage prisoners to quit smoking is required.  
URL: [http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1\\_EAIM\\_0\\_A153517155&dyn=5!xrn\\_1\\_0\\_A153517155?Z3950=1&sw\\_aep=unsw\\_Electronic\\_resource\\_\(HTML\)\\_HTML](http://infotrac.galegroup.com/itw/infomark/1/1/1/purl=rc1_EAIM_0_A153517155&dyn=5!xrn_1_0_A153517155?Z3950=1&sw_aep=unsw_Electronic_resource_(HTML)_HTML)

## 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 methadone maintenance treatment among Australian prison health staff. *Drug and Alcohol Review*, 26(5), 501 - 508.

**Abstract:** Introduction and Aims. Justice Health NSW has one of the most extensive prison-based methadone programmes in the world. We examine prison health staff attitudes towards methadone treatment and compare these with community

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% CI 2.8 - 3.0); disapproval of drug use (DDU) 3.3 (95% CI 3.2 - 3.4); knowledge (Know) 2.7 (95% CI 2.4 - 2.9); and toxicity 4.6 (95% CI 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 than methadone 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>

Wilson, G. B., Galloway, J., Shewan, D., Marshall, L., Vojt, G., & Marley, C. (2007). 'Phewww, bingoed!': Motivations and variations of methods for using heroin in Scottish prisons. *Addiction Research & Theory*, 15(2), 205 - 224.

**Abstract:** While prison is recognised as a setting for infectious disease transmission among drug users, little is known about psychological and situational factors influencing high-risk behaviours, knowledge vital to prison-based interventions. Qualitative interview and focus group data were collected from staff and prisoners in six Scottish prisons. A general view was that prison heroin use had increased, but injecting and sharing remained a covert and minority behaviour. "Anti-injecting culture" among staff and most prisoners emerged as an important factor, though not linked by prisoners to an "anti-drug culture". Of individual and social risk factors identified, only the desire to inject in prison for maximum effect was unique to prison injectors and sharers. This decision-based behaviour requires further theory-focussed research. Given these findings, introducing needle exchanges into Scottish prisons could undermine their low drug injection rates. Enabling injecting, albeit within a public health framework, conflicts with the major prison objective of rehabilitation.

URL: <http://www.informaworld.com/10.1080/16066350601160639>

## ***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: [http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Mono\\_3/\\$file/Mono.21.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Mono_3/$file/Mono.21.pdf)

Anderton, C. (2004). Justice Drug Plan : 15 months on... what have we achieved? *APCCA Newsletter*, 19, 5-6.

**Abstract:** This article describes the implementation of key therapeutic elements of the Western Australian Department of Justice's Justice Drug Plan. At 15 September 2004, 230 prisoners were receiving pharmacotherapies, mainly methadone, provided by the Prisoner Addiction Services Team. Seventeen additional treatment programs have been introduced for high risk offenders, and these have catered for an additional 166 drug offenders, with a total of 259 offenders completing the programs in 2003-2004. Two Drug Free Units (DFUs) have also been opened at Bandyup Women's Prison and Albany Regional Prison, and there have been 71 placements so far in the Bandyup DFU and 32 placements in the Albany DFU.

URL: [http://www.apcca.org/Pubs/News/19/newsletter\\_19\\_2004-12.pdf](http://www.apcca.org/Pubs/News/19/newsletter_19_2004-12.pdf)

Cameron, M. (2001). *Women prisoners and correctional programs*. Canberra: Australian Institute of Criminology.

**Abstract:** This paper discusses trends in the incarceration of women and intervention programs available to women in prison. Currently there is considerable interest in the design and delivery of interventions for prisoners with drug abuse problems. However, although women are often unemployed and tend to be poorly educated at the time of their incarceration, little attention is paid to employment and education programs. Cameron examines drug intervention programs and employment and education programs for women, and finds that they are often delivered without consideration of their effectiveness.

URL: <http://www.aic.gov.au/publications/tandi/ti194.pdf>

Carroll, M. (1998). *Turning the Tide : the perspective of CORE : the Public Correctional Enterprise*. Paper presented at the Drugs in prisons : national strategy review and corrections-health interface : proceedings of the Australasian Conference.

**Abstract:** This paper looks at the 'Turning the Tide' drugs in prisons initiative operating in the Victorian prison system. The initiative has been extensively implemented at the Bendigo Community Treatment Prison, where the treatment regime is significantly improving inmate behaviour and attitudes towards drugs. CORE (Public Correctional Enterprise) recommends that more attention now be focused on young offenders who are serving short sentences, are disinclined to change, are not in treatment for long enough to make a difference, and are not deterred from using drugs in prison by the usual disciplinary methods.

Guy, D., & Irlam, P. (1999). *Drug rehabilitation within prisons : stemming the flow or bandaiding? (the Cadell Training Centre Model)*. Paper presented at the Australasian Conference on Drugs Strategy.

**Abstract:** The Drug Therapeutic Unit at Cadell Training Centre is a drug free unit within a low security prison where prisoners are contracted to remain drug free. The underlying principles of the Unit are: to create an environment where each person can improve their sense of self worth; to improve their behaviour towards others while in the Unit; and to reduce the number and severity of future crimes. This paper presents a profile of prisoner clients and program characteristics.

Hamilton, P. (1991). *Prison based treatment programs*. Paper presented at the Corrections Health : First National Conference.

**Abstract:** Since 1986 the Corrections Health Service has provided a number of alcohol and drug programs for the Office of Corrections in Victoria. Hamilton's paper focuses on one aspect of this - the delivery of programs within the prison system, particularly programs in the 'K' Division, a maximum security environment. The programs are designed to challenge the prisoner's approach to life and to their attitudes and lifestyle within a community atmosphere. Hamilton includes data which proves that the program does have an effect on prisoners, both while on the program and on their release.

Henry-Edwards, S., Grant, L., Community Restorative Centre, & New South Wales. Dept. of Corrective Services. (2005). Drugs in prisons : policy and practice. *Of Substance, 3*, 24-25.

**Abstract:** In these articles, two organisations working in the correctional sector present their point of view on the issue of drugs in prisons. The Community Restorative Centre (NSW) describes the difficulties involved in addressing drug problems in prison, based on discussions with twelve ex inmates. The New South Wales Department of Corrective Services describes initiatives for reducing the risk of HIV and hepatitis C infection among prisoners, especially those serving very short sentences, and indicates that the Department is reviewing the alcohol and other drug treatment programs available to prisoners with a view to providing integrated treatment pathways.

Hunter, W. (1998). *A perspective of the health-corrections interface*. Paper presented at the Drugs in prisons : national strategy review and corrections-health interface.

**Abstract:** The intersection of corrections policies on drug use and inmate health care is investigated. This paper considers the need for appropriate health care and drug treatment for substance-abusing inmates, training of custodial staff in health issues,



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 by 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/prisoner\\_rehabilitation.pdf](http://www.audit.nsw.gov.au/publications/reports/performance/2006/prisoner/prisoner_rehabilitation.pdf)

New South Wales Legislative Council Standing Committee on Law and Justice. (2000).

Recidivism and programs within prison. *Crime prevention through social support : second report.*

**Abstract:** This chapter discusses how effective programs administered in NSW prisons are at preventing recidivism. It concludes that some programs reduce recidivism risks for some types of offenders. Due to increasing prisoner populations, combined with restricted program budgets, places for prisoners within programs are limited. It is recommended that drug and alcohol programs, mental health programs and educational and vocational programs be increased to keep up with increases in the prison population.

Weller, P. (1998). *Drugs, clients and performance indicators*. Paper presented at the Drugs in prisons : national strategy review and corrections-health interface.

**Abstract:** Economically rational arguments for funding prison drug treatment programs are explored, from the point of view of justifying the need to adequately fund such services rather than cutting funding in this area. The clients of prisons are not the prisoners but the general public, and thus they deserve to receive rehabilitated offenders back into the community, rather than individuals who are likely to reoffend, and continue to cost the community rather than contribute positively to it.

White, V. (1998). *The South Australian drug and alcohol strategy*. Paper presented at the Drugs in prisons: national strategy review and corrections-health interface : proceedings of the Australasian Conference.

**Abstract:** This paper looks at the drug and alcohol strategy currently operating in South Australian prisons. The strategy is based on: the minimisation of alcohol and other drug related harm; the Department for Correctional Services' duty of care to offenders and staff; integrated service provision; reflection of community standards in attitudes to drug use; differential response based on potential harm of the specific drug; and undertaking programs and tasks which reduce the perceived need for drugs.

White, V. (1999). *Eliminating elimination: South Australian Department for Correctional Services embraces harm minimisation*. Paper presented at the Australasian Conference on Drugs Strategy.

**Abstract:** Despite the prohibition of drugs in prison, some prisoners arrange an illicit supply of drugs. The responsibility of the prison is to prevent that supply, and to stop the use of the alcohol and other drugs that still manage to get into the prison. White describes the Drug and Alcohol Strategy Project which is a collaboration between the Drug and Alcohol Council and the Department for Correctional Services.

## **Program descriptions (International)**

This section covers papers that describe generic prison-based treatment programs outside Australia.

European Monitoring Centre for Drugs and Drug Addiction. (2003). *Treating drug users in prison - a critical area for health promotion and crime reduction policy*.

URL: [http://www.emcdda.europa.eu/attachements.cfm/att\\_538\\_EN\\_pb\\_07\\_en.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_538_EN_pb_07_en.pdf)

Farabee, D., & et al. (1999). Barriers to implementing effective correctional drug treatment programs. *The Prison Journal*, 79(2), 150-162.

**Abstract:** This paper identifies six common barriers to developing effective correctional treatment programs in USA.

Huriwai, T. (2002). Innovative alcohol and drug-user treatment of inmates in New Zealand prisons. *Substance Use & Misuse*, 37(8), 1035 - 1045.

**Abstract:** The Kowhai Alcohol and Drug Treatment Unit at Rolleston Prison offers an innovative treatment approach for New Zealand inmates. The development of the program has involved local staff from Public Prisons, Psychological Services, and the Community Probation Service (CPS). This presentation outlines the author's impression of this bold innovation. The primary aim of the program is to reduce recidivism. This is achieved by assisting inmates to recognize the thoughts, emotions, and behaviours that are present in the period preceding and/or during the commission of criminal activity - particularly those that are precipitated and/or maintained by alcohol and drug use. This insight, coupled with the learning of specific coping skills and intensive lifestyle and reintegration planning, leads naturally to the follow-up phase that is conducted in the community. The functional relationship between offending and substance use is far more explicitly addressed in this new program compared with past programs that focused more on substance use.

URL: <http://www.informaworld.com/10.1081/JA-120004164>

Kothari, G., Marsden, J., & Strang, J. (2002). Opportunities and obstacles for effective treatment of drug misusers in the criminal justice system in England and Wales. *The British Journal of Criminology*, 42(2), 412-432.

URL: [http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.oxfordjournals.org/content?genre=article&issn=0007-0955&volume=42&issue=2&atitle=Opportunities%20and%20obstacles%20for%20effective%20treatment%20of%20drug%20misusers%20in%20the%20criminal%20justice%20system%20in%20England%20and%20Wales&aurlast=Gemma&spage=412&id=metalib:PQ\\_TEMPLATE&pid=content:fulltext](http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.oxfordjournals.org/content?genre=article&issn=0007-0955&volume=42&issue=2&atitle=Opportunities%20and%20obstacles%20for%20effective%20treatment%20of%20drug%20misusers%20in%20the%20criminal%20justice%20system%20in%20England%20and%20Wales&aurlast=Gemma&spage=412&id=metalib:PQ_TEMPLATE&pid=content:fulltext)

Leukefeld, C. G., & Tims, F. R. (1993). Drug abuse treatment in prisons and jails. *Journal of Substance Abuse Treatment*, 10(1), 77-84.

**Abstract:** Acknowledging the fact that the criminal justice system is currently awash with drug abusers and that prison drug abuse treatment has had a varied history in the United States, this article explores possible directions for the future of drug abuse treatment in prisons and jails. The current status of drug abuse treatment is reviewed, and selected treatment approaches are highlighted. In addition, evaluation issues are presented, and special issues are reviewed including case management, community follow-up, and methodological considerations. Finally, recommendations

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.

**Abstract:** In 1998 Gino Vumbaca visited various agencies throughout Switzerland, Holland, England, Wales and Canada, consulting with practitioners, researchers, policy makers and service providers in the areas of public health, drug use and corrections. This article presents the findings from his time in Switzerland. It examines the prison system, community drug use, and heroin prescription programs.

Porporino, F. J., Robinson, D., Millson, B., & Weekes, J. R. (2002). An outcome evaluation of prison-based treatment programming for substance abusers. *Substance Use & Misuse*, 37(8), 1047 - 1077.

**Abstract:** This paper briefly documents the results of a broad-based implementation of substance user treatment programs within the Federal correctional system in Canada.

URL: <http://www.informaworld.com/10.1081/JA-120004165>

Taxman, F. S., Perdoni, M. L., & Harrison, L. D. (2007). Drug treatment services for adult offenders: The state of the state. *Journal of Substance Abuse Treatment*, 32(3), 239-254.

**Abstract:** We conducted a national survey of prisons, jails, and community correctional agencies to estimate the prevalence of entry into and accessibility of correctional programs and drug treatment services for adult offenders. Substance abuse education and awareness is the most prevalent form of service provided, being offered in 74% of prisons, 61% of jails, and 53% of community correctional agencies; at the same time, remedial education is the most frequently available correctional program in prisons (89%) and jails (59.5%), whereas sex offender therapy (57.2%) and intensive supervision (41.9%) dominate in community correctional programs. Most substance abuse services provided to offenders are offered through correctional programs such as intensive supervision, day reporting, vocational education, and work release, among others. Although agencies report a high frequency of providing substance abuse services, the prevalence rates are misleading because less than a quarter of the offenders in prisons and jails and less than 10% of those in community correctional agencies have daily access to these services through correctional agencies; in addition, these are predominantly drug

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/B6T90-4N74J20-7/2/348ba091cea3f16de528592ce5e19510>

Tompkins, C. N. E., Neale, J., Sheard, L., & Wright, N. M. J. (2007). Experiences of prison among injecting drug users in England: A qualitative study. *International Journal of Prisoner Health*, 3(3), 189 - 203.

**Abstract:** Imprisonment is common among drug users. However, historically healthcare for injecting drug users in prison in England and Wales has not been equivalent to that offered in community settings. Fifty-one injecting drug users who had a history of imprisonment were interviewed. Interviews focused on the experiences of drug-related care and treatment in prison. The interviews were analysed using the Framework method. Accounts of prison drug treatment experiences provided valuable insights into drug treatment in the English prison. The participants' accounts provided a historical perspective, many of which reflected the different practices of different prisons and prison staff and the changes in policy and practice that have occurred in prison healthcare over recent decades. Positive and negative experiences of healthcare and drug treatment in prison were discussed. Issues that affected levels of drug use inside prisons and their receipt of care, support and treatment in prison included prescribing policies, illicit drug availability and prison staff and doctor attitudes. Whilst negative experiences of prison and drug treatment prevailed, users identified that recent policy and practice changes had positively influenced healthcare provision for drug users in prison, particularly the provision of opiate maintenance therapy. Drug users often saw prison as an opportunity to detoxify and contemplate their drug use. Further work needs to build on the positive experiences identified to ensure that prison drug treatment in England and Wales is consistent, effective and efficient in the future.

URL: <http://www.informaworld.com/10.1080/17449200701520123>

Trace, M. (1998). Tackling drug use in prison: a success story. *International Journal of Drug Policy*, 9(4), 277-282.

**Abstract:** Downview prison, like most UK prisons, experienced a growth in drug use, and addiction among prisoners, throughout the 1980s. In 1992 a strategy was introduced with the aims of reducing the level of drug use in the prison, and of providing treatment to prisoners with the most severe problems to help them stay drug and crime free on release. The strategy, jointly managed by the Prison Managers and an independent treatment organisation, included the requirement that all prisoners sign a contract promising to avoid all drug use in prison; a system of incentives that reward compliance with the drug strategy; and provision of a treatment programme to those prisoners who admit they need help. The results now observed include a reduction in positive drug tests from 50% in 1983 to 8% in 1997; contravention of prison rules reduced by 775% over the same period, and almost 200 graduates of the treatment programme. This article will detail these achievements and analyse the key elements of a successful prison drug strategy.

URL: <http://www.sciencedirect.com/science/article/B6VJX-3TYG1G1->

[C/2/18852d5cb10f3f53fd06919667f2922f](https://doi.org/10.18852/d5cb10f3f53fd06919667f2922f)

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 reduction activities at every stage of the criminal justice system. Further, activities are rarely available throughout all geographical areas of a country.  
URL: <http://proquest.umi.com/pqdlink?did=31924090&Fmt=7&clientId=25620&RQT=309&VName=PQD>

Zurhold, H., & Haasen, C. (2005). Women in prison: Responses of European prison systems to problematic drug users. *International Journal of Prisoner Health*, 1(2), 127-141. **Abstract:** Problematic drug use in prison remains a pervasive and increasing concern throughout the European Union (EU) in terms of costs to the individual, community and the state. Drug-related problems in prison seem to be more prominent among female prisoners, as a high proportion of them are problematic drug users whose use continues in prison. Assuming that women's drug use is an indication of need for treatment and health care, it becomes increasingly interesting how the European penal institutions differ in their response to this need. For this reason, a survey of the prison drug services for adult female drug users has been carried out among the Ministries of Justice of all 25 EU member states. The main purpose of the survey was to gain comprehensive and systematic information on the prevalence of female problematic drug users in European prisons and the availability of treatment and healthcare services. Altogether, 27 European countries and autonomous regions completed the questionnaire developed for this survey. The results of the data analyses indicate that there is poor availability and quality of data relating to the extent of problematic drug use in women's prisons and, where it is available, it seems to underestimate the proportion of female problematic drug users in prisons. However, most of the European countries provide a range of different harm-reduction and drug treatment services to respond to the reported health and rehabilitation problems of female problematic drug users. At the same time, however, it is evident that there is a need for further action in some countries, due to their low provision of prison drug treatment and healthcare services for this group.  
URL: <http://www.informaworld.com/10.1080/17449200600553019>



## **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. We estimate that one-third of male and half of female inmates need residential treatment, but that half of male and one-third of female inmates may need no treatment or short-term interventions. Treatment capacity in state prisons is quite inadequate relative to need, and improvements in assessment, treatment matching, and inmate incentives are needed to conserve scarce treatment resources and facilitate inmate access to different levels of care.

URL: <http://www.sciencedirect.com/science/article/B6T63-4DK5634-1/2/948f4d681939ae965ab2e52c7c65b427>

Bockman, D. (1991). *Medication: uses and abuses*. Paper presented at the Corrections Health: First National Conference.

**Abstract:** Bockman discusses what he considers to be normal medical care within a prison community, particularly emphasising appropriate drug use. He explains the increased prescribing of medication when prisoners enter a prison and considers common factors affecting new prisoners requiring medical attention. He also examines what level of drug use can be considered normal for the chemically dependent prison population.

Brooke, D., Taylor, C., Gunn, J., & Maden, A. (1998). Substance misusers remanded to prison - a treatment opportunity? *Addiction*, 93(12), 1851-1856.

**Abstract:** AIMS: To describe self-reported levels of substance misuse before arrest among remanded prisoners (unconvicted prisoners awaiting trial), to assess their degree of dependency on opiates and stimulants and to record their experiences of treatment in prison. DESIGN: Random selection of subjects from prisons chosen to give a geographical spread across England and Wales; self-report at semi-structured interview, plus examination of the prison medical record. SETTING: Thirteen male prisons, three Young Offenders' Institutions and three womens' prisons. PARTICIPANTS: Nine hundred and ninety-five consenting, unconvicted prisoners randomly selected from all locations within the prisons: 750 men (9.4% sample) and 245 women (82.2% of all remanded women). MEASUREMENTS: CAGE Questionnaire,

Severity of Dependence Scales (SDS) for daily users of opiates and/or stimulants. FINDINGS: Before arrest, 145 (19.3%) men and 72 (29.4%) women had been dependent on street drugs; 91 (12.1%) men and 16 (6.5%) women were solely dependent on alcohol. Seventeen (2.3%) men and four (1.6%) women reported injecting drugs during this imprisonment. Mean SDS scores were 10.6 for opiate and 7.7 for stimulant users. 244 (25%) of all subjects described withdrawal symptoms on reception into custody; 157 (16%) reported being prescribed some symptomatic relief; 235 (24%) requested treatment at interview. CONCLUSIONS: By extrapolation, 1905 people--23% of all unconvicted prisoners--want treatment for substance misuse. This apparent shortfall in provision must be addressed; the rapidity with which remanded prisoners return to the community dictates that prison and community services should be closely linked.

URL:<http://proquest.umi.com/pqdlink?did=37352266&Fmt=7&clientId=25620&RQT=309&VName=PQD>

Butler, T., Levy, M. H., Dolan, K., & Kaldor, J. M. (2003). Drug use and its correlates in an Australian prisoner population. *Addiction Research and Theory*, 11, 89-101.

**Abstract:** In this paper the prevalence of past and present tobacco, alcohol, and illicit drug use is examined in a cross sectional random sample of prisoners. A total of 789 male and female prisoners from 27 correctional centres across New South Wales participated in the survey. Information was collected using face-to-face interview on community and prison drug use, and intoxication while offending. Current tobacco use was reported by 72% of the sample. Use of alcohol by females was more likely than males to be classified as 'safe' according to the Alcohol Use Disorders Identification Test (39 vs. 26%). Overall, 64% of prisoners had used illicit drugs at some time in the past with cannabis and heroin the most common. Forty four percent of prisoners had a history of injecting drug use, with injecting prevalence significantly higher in females than males (64 vs. 40%) with approximately half of both male and female injectors reporting that they had injected while in prison. 'Harmful' or 'hazardous' use of alcohol was associated with imprisonment for violent crimes. Sixty two percent of property offenders had an injecting history. Correctional authorities need to ensure that drug treatment programs are available to prisoners and consideration should be given to piloting needle and syringe exchange programs in NSW prisons given the high levels of sharing injecting equipment in prison.

URL:<http://www.ingentaconnect.com/content/tandf/gart/2003/00000011/00000002/art00003>

Butler, T., & Milner, L. (2003). *The 2001 New South Wales Inmate Health Survey* Matraville, NSW Corrections Health Service, NSW.

**Abstract:** This survey follows on from the success of a wide-ranging health survey of the New South Wales inmate population conducted in 1996, which led to the introduction of health interventions and other initiatives aimed at improving prisoners' health. The main aim of the previous survey was to provide reliable epidemiological data on the health status of the prisoner population. Several new topics were incorporated into the 2001 survey to reflect areas of emerging concern such as intellectual disability, head injury, and mental health. The methodology design represents a cross-sectional random sample of inmates stratified by sex, age and Aboriginality. The sample includes approximately 10% male and 34% female inmates in full-time custody. In addition the individuals who had participated in the 1996 survey and were still in custody were re-screened. This cohort of prisoners is unique and will enable the long-term impact of incarceration on health to be examined. The research clearly shows that prisoners' health is poor compared with the general community in all areas, in particular the high level of infectious diseases

which pervade this population. This report presents the overall findings of the 2001 survey classified by sex and age, and forms a key component of the Corrections Health Service planning strategy for the prison health system.

URL: [http://www.justicehealth.nsw.gov.au/pubs/Inmate\\_Health\\_Survey\\_2001.pdf](http://www.justicehealth.nsw.gov.au/pubs/Inmate_Health_Survey_2001.pdf)

Denton, B. (1994). *Prison, drugs and women: voices from below*. Victoria: Report for the National Campaign Against Drug Abuse.

**Abstract:** It has been recognised that the lives of women drug users in prison are different to those of drug using men. This project seeks to explore the prevalence of substance dependence disorders among women in prison, the factors which contribute to drug use and the interventions needed to provide adequate health care services for drug users in prison. In understanding the participation of women in the criminal justice system and their relationship with drugs, the study also focuses on the perceptions and experiences of the women drug users in prison.

Eckstein, G., Levy, M. H., & Butler, T. (2007). Can health inequalities be addressed? : An assessment of Prisoner Health Services in New South Wales, Australia. *International Journal of Prisoner Health, 3*, 69-76.

**Abstract:** The poor health of prisoners was highlighted in the results of two comprehensive health surveys conducted with prisoners in New South Wales. The capacity of a dedicated service to address the health needs of prisoners was tested through analysis of the health of two prisoner cohorts: a continuously serving cohort, and a cohort of prisoners who had been incarcerated and released during the period of interest, 1996-2001. It appears that mental health services best addressed the needs of a stable prisoner population. Short-stay prisoners do not gain any degree of benefit. Primary health and drug and alcohol services address the needs of prisoners less effectively, irrespective of their duration of stay. Women's health was very poor on all measures that were assessed. With the exception of mental illness, the health inequalities that prisoners experience are not addressed by existing prisoner health services. This may be due to the magnitude of the burden of ill health among prisoners, or due to inadequate resources - or some combination of both. While these results should not be taken as supportive of coercive institutionalisation (i.e. imprisonment) as a therapeutic option, there may be benefit in more humane and compassionate institutions for some of society's most vulnerable individuals. The results highlight the potential for prisoner health service providers in redressing years of health neglect and the low levels of service utilisation by this group while in the community.

George, S., & Moreira, K. (2008). Subutex snorters: A case series. *Journal of Substance Use, 13*(2), 131-138.

**Abstract:** Aim: To present an account of six heroin addicts who have snorted buprenorphine (Subutex) and to provide a brief insight into their reasons for and experiences of snorting Subutex. Design: A case series of six patients studied using a semi-structured questionnaire with a qualitative component. Setting and participants: A tier 3 NHS community drug treatment service in Birmingham. Six heroin dependent patients who reported having snorted Subutex. Findings: The practice of snorting Subutex seemed almost exclusive to prison settings. The sample snorted Subutex on average 4.8 times while in prison, always as a group activity and never overdosed on it. Reasons given for snorting Subutex included: it is safer than injecting, only a small amount required to get a buzz, peer influence and the relative ease of procuring Subutex in prisons. Patient experiences after snorting Subutex were: a 'buzz', similar to using heroin and some unpleasant experiences. Conclusions: Snorting Subutex seems particularly popular in prisons. Peer influence,

contextual factors and availability of Subutex in prisons all play their part in initiating and maintaining this habit. Most patients seem to try snorting Subutex for a 'buzz', and reported feelings similar to a 'gouch', but often quicker in onset and shorter lasting. Prescribers should note this risk of misuse, especially if Subutex is dispensed un-supervised.

Hakanssona, A., Schlyterb, F., & Berglunda, M. (2008). Factors associated with history of non-fatal overdose among opioid users in the Swedish criminal justice system. *Drug and Alcohol Dependence*, 94, 48-55.

**Abstract:** Background: Overdose (OD) is a common cause of death in opioid users. Also, many current opioid users report a history of non-fatal OD. The present study aimed to identify factors associated with a history of non-fatal OD. Methods: A sample of 7085 Swedish criminal justice clients with alcohol or drug misuse was assessed, using the Addiction Severity Index. Subjects reporting use of opioids during the 30 days prior to incarceration were included (n = 1113). Relevant variables of misuse pattern, heredity, psychiatric symptoms and previous criminal charges were analysed in a logistic regression model. Results: A history of non-fatal OD was reported by 55% (n = 604). The estimated contribution to the variance in OD history was 25% for variables describing misuse pattern, compared to 10% for psychiatric symptoms, 8% for heredity, and 8% for previous criminal charges. The final model included the following variables: history of injection drug use (OR 3.28), history of heroin use (OR 2.87), history of suicide attempt (OR 1.92), history of tranquilliser use (OR 1.91), being born in Sweden or other Nordic countries (OR 1.74), difficulty in controlling violent behaviour (OR 1.68), and paternal alcohol problems (OR 1.57). Conclusions: Suicide attempts and difficulty in controlling violent behaviour were associated with history of non-fatal OD, independent of variables of misuse pattern. This may indicate a possible association with impulse control disturbances, and may have clinical applications. Country of birth and heredity of alcohol problems also had some influence. As expected, severity of misuse most strongly contributed to history of non-fatal OD.

Hiller, M. L., Knight, K., Broome, K. M., & Simpson, D. D. (1996). Compulsory community-based substance abuse treatment and the mentally ill criminal offender. *Prison Journal*, 76(2), 180-192.

**Abstract:** An analysis of the relationship between mental health status and 18-month follow-up rearrest data of 191 probationers remanded to 4 months of treatment at a corrections-operated community-based residential substance abuse program was conducted. The results indicate an association between psychopathology and personality diagnoses with rearrest after discharge from treatment. Diagnoses of drug dependence and dysthymia are significant risk factors for rearrest of probationers after treatment.

URL: <http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A18580482&source=gale&srcprod=EAIM&userGroupName=unsw&version=1.0>

Johnson, H. (2006). Concurrent drug and alcohol dependency and mental health problems among incarcerated women. *Australian and New Zealand Journal of Criminology*, 39, 190-217.

**Abstract:** Research suggests that the determinants and pathways of substance use and mental health problems differ for women and men in important ways and therefore women's experiences merit special attention. The 2003 Drug Use Careers of Offenders female study is used in this article to examine the prevalence, patterns and predictors of drug and alcohol dependency and mental health problems among

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/pdf/10.1375/acri.39.2.190>

Johnson, H. (2006). Drug use by incarcerated women offenders. *Drug and Alcohol Review*, 25(5), 433 - 437.

**Abstract:** The Drug Use Careers of Offenders (DUCO) project, conducted by the Australian Institute of Criminology, aims to contribute empirical evidence about the interaction between drug use and criminal offending. A total of 470 women incarcerated in six jurisdictions in Australia were interviewed for the female component of the DUCO project. This study examines illegal drug use prior to arrest and the correlates of drug use among these incarcerated women. Regular use of illegal drugs in the 6 months prior to arrest was reported by 62% of offenders and 39% reported multiple drug use. Indigenous women reported higher rates of cannabis use while non-Indigenous women had higher rates of heroin, amphetamines and benzodiazepines as well as multiple drug use. Multivariate analysis identified the following statistically significant predictors of regular drug use prior to arrest: age, marital status, not having children, early exposure to drug problems among family members, violent victimisation as an adult, earning an income primarily from crime or sex work and using amphetamines, benzodiazepines or morphine on prescription. Additional factors predicting multiple drug use were low education, non-Indigenous status, having mental health problems and having been in juvenile detention. These results suggest that drug treatment that fails to identify and respond to some of the antecedents of drug use such as mental health problems and the effects of violent victimisation may result in higher rates of drug use relapse and lower success upon release from prison. <i>[Johnson H. Drug use by incarcerated women offenders</i>. *Drug Alcohol Rev* <i>2006;25:433&nbsp;&ndash;&nbsp;&nbsp;437]</i>.

URL: <http://www.informaworld.com/10.1080/09595230600876598>

Kevin, M. (1994). *Women in prison with drug related problems : part 1 : background characteristics*. Sydney: NSW Department of Corrective Services.

**Abstract:** This report represents the first 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 Services in reaching those women with drug and alcohol problems. The findings in this booklet relate to the drug related background characteristics of the women interviewed. Also included are other background characteristics which literature in the field has identified as being potentially relevant when addressing the treatment needs of women with drug problems.

URL: [http://www.dcs.nsw.gov.au/information/research\\_and\\_statistics/research\\_publication/rp032.pdf](http://www.dcs.nsw.gov.au/information/research_and_statistics/research_publication/rp032.pdf)



- 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](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 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 drug-related 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](http://www.dcs.nsw.gov.au/information/research_and_statistics/research_publication/rp047.pdf)
- Kjelsberg, E., & Hartvig, P. (2005). Too much or too little? Prescription drug use in a nationwide prison population. *International Journal of Prisoner Health*, 1(1), 75 - 87.  
**Abstract:** Aim: To describe prescription drug use in a nationwide prison population and compare it with contemporary drug use in other relevant populations as well as in a prison population 25 years ago. Detailed medication sheets from 37 prisons, covering 90% of the Norwegian prison population, were collected. All drugs were transcribed into the Anatomical Therapeutic Chemical classification system, and Defined Daily Doses/100 inmates were calculated. Data enabling relevant comparisons were gathered from reliable sources. Among the 2,617 inmates investigated, 48% used no medication. Sixteen percent used both psychotropic and



somatic drugs, 17% psychotropic drugs only, and 19% somatic drugs only. Strong correlations between drug use and gender, age, and prison characteristics were demonstrated. Psychotropic drug use was higher than in the general population but lower than in a psychiatric hospital unit. Somatic drug use was lower than in the general population, except non-steroid anti-inflammatory agents, antihistamines, and drugs to alleviate obstructive airway diseases. Psychotropic drug use, particularly antidepressant use, was higher than in prisons 25 years ago. High levels of use of all psychotropic and a number of somatic drugs were demonstrated in this nationwide prison population. Treatment studies are needed in order to ascertain whether the high levels of use of particularly psychotropic medications are indeed improving the mental health of prisoners.

URL: <http://www.informaworld.com/10.1080/17449200500156871>

Niveau, G. & Ritter, C. (2008). Route of administration of illicit drugs among remand prison entrants. *European Addiction Research*, 14(2), 92-99.

**Abstract:** Aims: To describe the self-reported routes of administration of illicit drugs among subjects entering a remand prison and the different drugs used by this population. Methods: A cross-sectional study, with a sample of 770 subjects, was conducted in Geneva (Switzerland). Participants were assessed with the semi-structured interview from the Council of Europe Pompidou Group multi-city study. Results: 428 (55.6%) subjects admitted to having used illicit drugs during the 3 months prior to entry. Amongst these illicit drug users, 54.7% took several drugs. Injectable drugs (heroin, cocaine or illicit benzodiazepines) were taken by 75.7% of drug users but the majority (84.1%) declared that they had not injected drugs during the 3 months prior to entering prison. 68 subjects (8.8% of the total sample) declared that they had injected drugs during the 3 months prior to entering prison, either alone or in association with other methods. Conclusion: By extrapolation it is possible to suggest that about 200 intravenous drug users entered the remand prison in Geneva in 1 year. This confirms the need for prison health services to implement a policy of treatment, prevention and education adapted to patterns of drug use in the local context.

URL:

<http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowPDF&ArtikelNr=113723&Ausgabe=234546&ProduktNr=224233&filename=113723.pdf>

Norden, P. (2004). *Prison is not a healthy place*. Paper presented at the Anex Harm Reduction Conference.

**Abstract:** During the last decade, there has been a 50% expansion of the Australian prison population. This conference paper claims that much of this dramatic increase can be explained by the relationship between untreated mental health needs, subsequent illegal use of drugs as a form of self-medication, and the eventual intervention by instrumentalities of the criminal justice system. The author argues that the high proportion of the Victorian prison population who have been or continue to be injecting drug users and the high rate of Hepatitis C virus infection is one of the clearest indications that the criminal justice system is extending its boundaries.

URL: <http://www.jss.org.au/news/documents/AnexConferencePresentationPaperJuly2004.doc>

Pereira, M. (1998). Medication of prisoners. *Inside Out*, 37, 11-13.

**Abstract:** The excessive prescription of psychotropic drugs or anti-depressants for inmates is examined. A survey of male and female inmates at Adelaide Women's Prison and Yatala Labour Prison found that these drugs are regularly prescribed to help women cope with familial separation anxiety and to help both men and women

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 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 post-release 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://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?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 month of imprisonment. Findings A total of 557 (55%) of the 1009 prisoners had used previously one of the three drugs selected for study: 58% had used heroin, 69% cocaine and 75% amphetamine. More than half (59%; 327/557) had used these drugs in the month before the current imprisonment. Drug use in prisons was most likely to occur among those who had used in the month prior to imprisonment. The persistence of heroin use in prison occurred more frequently (70%) than use of cocaine (20%) or amphetamine (15%). Of those using heroin pre-imprisonment, 67% considered they were dependent, compared to 15% and 22%, respectively, for cocaine and amphetamine users. Conclusions Changes in the drug-taking behaviour of drug users after imprisonment vary according to the type of drug being taken. Prisoners were much more likely to continue to use heroin than either cocaine or amphetamines while in prison. Heroin was most likely to be used by those who had been using heroin during the immediate pre-imprisonment period, and particularly by the two-thirds of heroin users who considered themselves dependent. In view of the high prevalence of prior use of these drugs by individuals currently imprisoned, continuing attention is required to study of their behaviour and of the impact of interventions that may be introduced during or following their incarceration.

URL: <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1360-0443.2006.01475.x>

## **Risk behaviours**

There is a very large literature on risk behaviours in prisons (mainly HIV and Hepatitis). This section covers papers on risk behaviours, harm reduction and interventions for blood borne viruses. See also NSP listings. The first resource is an annotated bibliography on-line; followed by the WHO guidelines (remaining references are listed alphabetically).

Jurgens, R. (2005). HIV/AIDS and HCV in Prisons: A Select Annotated Bibliography. [Electronic Version]. Retrieved 15th Feb 2008  
URL: [http://www.hc-sc.gc.ca/ahc-asc/pubs/int-aids-sida/hiv-vih-aids-sida-prison-carceral-7\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/pubs/int-aids-sida/hiv-vih-aids-sida-prison-carceral-7_e.html)

World Health Organisation. (1992). *WHO Guidelines on HIV Infection and AIDS in Prisons*. Geneva: World Health Organisation.  
URL: [http://data.unaids.org/Publications/IRC-pub01/JC277-WHO-Guidel-Prisons\\_en.pdf](http://data.unaids.org/Publications/IRC-pub01/JC277-WHO-Guidel-Prisons_en.pdf)

Banaszczyk, Brown, Falconer, Harvey, Hearne, Kaldor, et al. (1999). HIV prevalence at reception into Australian prisons, 1991-1997. *Medical Journal of Australia*, 171, 18-21.

**Abstract:** The extent and outcome of HIV antibody testing for prison entrants is measured. High rates of HIV antibody testing and low prevalence of HIV infection were assessed among people entering Australian prisons. HIV prevalence among prison entrants is low but the high incidence of Hepatitis C infection suggests continuing risk of HIV infection for prison inmates.

Batey, R. G., Jones, T., & McAllister, C. (2008). Prisons and HCV: a review and a report on an experience in New South Wales Australia. *International Journal of Prisoner Health*, 4(3), 156-163.

**Abstract:** Prison populations in Western countries are characterised by a high hepatitis C prevalence. This reflects a high rate of imprisonment for drug related offences. Prison entrants who are HCV-negative face a significant risk of acquiring hepatitis C. Effective prevention strategies and successful treatment of a significant percentage of hepatitis C-positive inmates could reduce the risk of transmission in the prison context significantly. Several reports of treating hepatitis C in prisoners in major facilities have been published. We report our experience of establishing a liver clinic service in two regional prisons in New South Wales, Australia. Liver biopsy requirements to access treatment in Australia meant that only 46 of 196 reviewed patients were able to commence treatment in our 5-year experience. Treatment completion rate was 61% and end of treatment viral response was 57%. The removal of liver biopsy requirements in Australia in April 2006 has freed up access to treatment and our results encourage further effort to optimise the process of assessment and treatment in this high-risk population.

URL: <http://www.informaworld.com/10.1080/17449200802264712>

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 October 1996. Subjects: 293 (94%) of all 312 inmates at Lowmoss and 146 (93%) of all 157 at Aberdeen, resulting in 286 and 143 valid questionnaires. Main outcome measures: Frequency of injecting inside prison in the previous four weeks by injector inmates who had been in prison for at least four weeks. Results: 116 (41%) Lowmoss and 53 (37%) Aberdeen prisoners had a history of injecting drug use but only 4% of inmates (17/395; 95% confidence interval 2% to 6%) had ever been offered vaccination against hepatitis B. 42 Lowmoss prisoners (estimated 207 injections and 258 uses of sterilising tablets) and 31 Aberdeen prisoners (229 injections, 221 uses) had injected inside prison in the previous four weeks. The prisons together held 112 injector inmates who had been in prison for more than four weeks, of whom 57 (51%; 42% to 60%) had injected in prison in the past four weeks; their estimated mean number of injections was 6.0 (SD 5.7). Prisoners injecting heroin six times in four weeks will test positive in random mandatory drugs testing on at most 18 days out of 28. Conclusions: Sterilising tablets and hepatitis B vaccination should be offered to all prisoners. Random mandatory drugs testing seriously underestimates injector inmates' harm reduction needs. Key messages Half of injector inmates of two Scottish prisons who had been in prison for more than four weeks had injected in the previous four weeks--an average of six times Injector inmates used sterilising tablets to clean injecting equipment as often as they injected Only 4% of inmates had ever been offered vaccination against hepatitis B Vaccination against hepatitis B and sterilising tablets are prisoners' rights Random mandatory drugs testing is likely to detect only one third to two thirds of heroin injectors in prison and so seriously underestimates injector inmates' drug reduction needs.

URL: <http://www.bmj.com/cgi/content/Abstract/315/7099/21>

Bloom, G. (1995). The community policy: prisons and blood borne communicable diseases. *HIV/AIDS Legal Link*, 6, 14-15.

**Abstract:** The AIDS Council of NSW, the Gender Centre, the NSW Users and AIDS Association, and the Prisoners Action Group in New South Wales have joined forces to produce a policy on the prevention and treatment of blood borne diseases such as HIV and hepatitis in the prison system. The policy, called 'Prisons and blood borne communicable diseases - the community policy' is unique in reflecting the interests of a wide range of community based organisations which recognise the threat posed by such diseases to their constituencies. The policy covers legal reform, access to means of prevention, testing, access to treatments, positive prisoners and transgender prisoners. Its authors believe the climate for its implementation is favourable.

Butler, T., Boonwaat, L., & Hailstone, S. (2005). *National prison entrants' bloodborne virus survey report, 2004: prevalence of HIV, hepatitis C, hepatitis B, and risk behaviours among Australian prison entrants*. Sydney: Centre for Health Research in Criminal Justice.

**Abstract:** Prisoner populations are noted for engaging in high-risk behaviours, particularly injecting drug use, in both the community and prison setting. Consequently they are at an increased risk of exposure to bloodborne viruses such as Hepatitis B and C and HIV. Studies have also shown that the correctional environment is a high risk environment for bloodborne virus transmission. This study

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](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 previous incarceration. In the multivariate model, Queensland and Western Australian prison entrants were significantly less likely to test positive to HCV than those in New South Wales. Amphetamine was the most commonly injected drug in Queensland, Tasmania and WA. In NSW, heroin was the most common drug injected. In the multivariate analysis a history of injecting drug use, being aged 30 years or more, and a prior incarceration were positively associated with hepatitis C infection. For hepatitis B core antibody, age over 30 years and a history of injecting drug use were associated with an increased risk. The findings support the view that prisoner populations are vulnerable to blood-borne virus infection, particularly hepatitis B and C. Prisoner populations should be included in routine surveillance programs so as to provide a more representative picture of blood-borne virus epidemiology in Australia.

URL: <http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1753-6405.2007.00009.x>

Crofts, N., Cooper, G., Stewart, T., Kiely, P., Coghlan, P., Hearne, P., et al. (1997). Exposure to hepatitis A virus among blood donors, injecting drug users and prison entrants in Victoria. *Journal of Viral Hepatitis*, 4(5), 333-338.

**Abstract:** To assess prevalence of exposure to hepatitis A virus (HAV) among injecting drug users (IDUs) and prison entrants in Victoria, and to compare this with prevalence of HAV among a reference population of blood donors, sera stored from two previous studies and from randomly selected blood donors were tested for total antibody to HAV. The first study was a longitudinal study of field-recruited IDUs from 1990 to 1992 and the second was a study of all prison entrants in 1991-92 (both studies were carried out in Victoria); blood donors were from the Australian Red



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 blood-borne 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://ijrsa.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 disinfectants. One-sixth of respondents reported sharing tattooing equipment, of whom two-thirds reported using a disinfectant to clean the tattoo needle. Few respondents reported fellatio (8%) or anal intercourse (4%) in prison. Although some respondents faced difficulty in obtaining disinfectants, almost all respondents cleaned syringes with bleach when sharing. High levels of risk behaviour in prison might be reduced by methadone maintenance and condom programmes. A trial of strict one-for-one syringe exchange warrants consideration.

URL: <http://www.informaworld.com/10.1080/09595239996563>

Dolan, K. A. (1994). *Monitoring HIV infection and risk behaviour among ex-prisoners in NSW*. Paper presented at the National Drug and Alcohol Research Centre Annual Symposium.

**Abstract:** An overview of HIV infection and transmission in prisons around the world and in Australia is presented. Dolan then describes a study in which ex-prisoners in NSW with a history of injecting drug use were interviewed. The study examines risk behaviours such as injecting, syringe sharing and sexual activity of drug injectors when they are in and out of prison. Dolan concludes by making recommendations to prevent the spread of HIV within the prison systems.

URL: [http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Mono\\_3/\\$file/Mono.21.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Mono_3/$file/Mono.21.pdf)

Dolan, K. A. (1995). *In and out of jail for the last ten years : risks behaviours and prevention in prison*. Paper presented at the National Drug and Alcohol Research Centre Annual Symposium.

**Abstract:** It has been suggested that incarcerating drug users is not an effective strategy. Now, more than ever, the repetitive incarceration of IDUs is a major concern with respect to HIV, hepatitis B and C. This paper examines the relevance of the National Drug Strategy to prisoners; studies risk behaviours; and considers HIV prevention in the prison setting and evidence of the effectiveness of such measures. Dolan suggests research priorities and recommends policy changes.

URL: [http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Mono\\_3/\\$file/Mono.27.pdf](http://www.med.unsw.edu.au/NDARCWeb.nsf/resources/Mono_3/$file/Mono.27.pdf)

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.

**Abstract:** After considering the characteristics of prisoners and ethics of prison research, this article reviews the literature on the prevalence of HIV infection among prisoners; the proportion of prisoners who are drug injectors; and the risk behaviours in which prisoners engage such as drug injecting, tattooing and sexual activity. In order to improve understanding of the likelihood of HIV infection in prison, the evidence of HIV transmission in prison is also reviewed and the notion of mixing, or the extent of intermingling of inmates that is integral to prison systems, is considered. Dolan believes conditions in prison systems hinder detection of HIV transmission, and that efforts to prevent wider infection must include prisons.

Dolan, K. A., Hall, W. D., & Wodak, A. D. (1994). *Bleach availability and risk behaviours in prison in New South Wales*. Sydney: National Drug and Alcohol Research Centre.

**Abstract:** The aim of this study is to monitor the access of New South Wales prisoners to disinfectants for syringe decontamination and to investigate the prevalence of injecting drug use, syringe sharing, tattooing and sexual activity in prison. The findings indicate there are major deficiencies in existing measures to prevent the spread of HIV in prison. The authors offer a number of recommendations to reduce the problems.

URL: [http://notes.med.unsw.edu.au/NDARCWeb.nsf/resources/TR\\_27/\\$file/TR.022.pdf](http://notes.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_27/$file/TR.022.pdf)

Dolan, K. A., & Wodak, A. D. (1999). HIV transmission in a prison system in an Australian State. *Medical Journal of Australia*, 171, 14-17.

**Abstract:** In this study, interviews were conducted with 13 ex-prisoners who claimed to have been infected with HIV in prison. This and other data was assessed, with the conclusion that despite the difficulties with confirming HIV transmission in prison, of the group studied, there was a high probability that four acquired their HIV infection from shared injection equipment in prison. The conclusion is that HIV prevention strategies such as methadone maintenance treatment and syringe exchange schemes should be considered, in the interests of prisoner health.

URL: [https://www.mja.com.au/public/issues/171\\_1\\_050799/dolan/dolan.html](https://www.mja.com.au/public/issues/171_1_050799/dolan/dolan.html)

Dolan, K. A., Wodak, A. D., & Hall, W. D. (1998). A bleach program for inmates in NSW: An HIV prevention strategy. *Australian and New Zealand Journal of Public Health*, 22(7), 838-840.

**Abstract:** Syringe cleaning guidelines for injecting drug users were revised in 1993. A study examines efforts by IDUs in New South Wales prisons to adopt the revised guidelines in 1994. Consecutive inmates (229) nearing release were visited and asked to call a toll free number for an interview once released. Respondents (102) did not differ from non-respondents (127). Many respondents (64%) reported ever injecting and many of these reported injecting (58%), sharing (48%) and syringe

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 the Australian Institute of Criminology and the National Centre for Epidemiology and Population Health. It examined many issues deriving from the relationship between health care in the prison setting and the management of prisons. Topics covered included overseas management of AIDS in prisons; risk minimisation strategies including education, health services, testing and segregation; and the problems of special groups within the prison population. Individual papers are separately indexed.

URL: <http://www.aic.gov.au/publications/proceedings/04/index.html>

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>

Heale, P. (2003). *Survey of harms in Victorian prisons*. Melbourne, Vic: Turning Point Alcohol and Drug Centre.

**Abstract:** While there is an acknowledgement that risk behaviours for blood borne viruses occur in prison, there is limited understanding of such behaviours. The aim of this project, which was based on interviews with 133 prisoners in five Victorian prisons, was to conduct an assessment of the harm related activities undertaken by prisoners in the Victorian prison system. The report of the project includes a review of relevant national and international literature, and presents findings from the prisoner interviews on the following areas of interest: work practices; sport / recreation; tattooing; piercing; sharing personal hygiene equipment; injecting drug use; unprotected sexual practices; other blood contact, mainly through fighting and self harm; serostatus with respect to hepatitis C and HIV / AIDS; and risk reduction strategies implemented by participants, as well as what they thought the prison could do in order to minimise the risks. The report concludes by making a number of recommendations designed to promote better infection control in prisons.

URL: [http://server-au.imrworldwide.com/cgi-bin/b?cg=downloads&ci=vic-justice&tu=http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb4fa60fc29d09f/Survey\\_of\\_Harms\\_in\\_Victorian\\_Prisons.pdf](http://server-au.imrworldwide.com/cgi-bin/b?cg=downloads&ci=vic-justice&tu=http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb4fa60fc29d09f/Survey_of_Harms_in_Victorian_Prisons.pdf)

Hobbs, M., Krazlan, K., Ridout, S., Mai, Q., Knuiman, M., Chapman, R., et al. (2006). *Mortality and morbidity in prisoners after release from prison in Western Australia 1995-2003*. Canberra: Australian Institute of Criminology.

**Abstract:** Released prisoners are generally assumed to have poor health compared with members of the general population. Previous studies, including a recent study in Western Australia, have shown that released prisoners are at greater risk of death compared with the general population, particularly in the first few months after release. Other studies describing the health of prisoners during imprisonment have emphasised a high prevalence of mental disorders, addictive behaviours and infectious diseases including HIV-AIDS and hepatitis C, all of which are likely to affect health after release. There have, however, been few systematic studies of general health problems in released prisoners, due to the difficulty in identifying prisoners in routinely collected health statistics. In Western Australia this has become possible through the development of the Western Australian Data Linkage System that enables data from statistical health collections, including hospital admissions, mental health services and deaths, to be linked to other administrative records. The objectives of the present study were to: compare mortality in released prisoners with the general population and identify factors associated with increased risk of deaths after release from prison; and compare patterns of use of hospital and mental health services by released prisoners with the use of such services by the general population and identify factors associated with increased risk of use of services in released prisoners. Selected information relating to individual prisoners released from prison in the period 1995-2001 was extracted from Department of Justice records and linked to health data for the same individuals accumulated over the period 1980-2003. The findings show that released prisoners are at substantially greater risk of death and illness leading to hospitalisation or contact with mental



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 inmates before they return to the free community. As such, prisons and jails represent opportune settings for HIV prevention and education. The most common HIV control/prevention/education strategies include mandatory testing of inmates for HIV, segregating infected inmates from the general prison population, establishing special health care units for HIV positive and AIDS symptomatic inmates, offering HIV prevention and risk reduction programs, and granting medical parole for the terminally ill. Because drug abuse treatment results in substantial declines in the use of heroin, cocaine, and other drugs, treatment per se can play a significant role in reducing the spread of HIV and AIDS among those coming to the attention of the criminal justice system. Most promising are continuous and integrated treatment services that are tied to the stages of correctional supervision: primary treatment while incarcerated; secondary treatment while on work release, halfway house or community supervision; and, tertiary treatment in ongoing aftercare.

URL: <http://www.sciencedirect.com/science/article/B6T90-3W3FM0C-M/2/13eedd9197b756f50600d3a009cfe2c8>

Larney, S., & Dolan, K. (2008). An exploratory study of needlestick injuries among Australian prison officers. *International Journal of Prisoner Health*, 4(3), 164-168.

**Abstract:** Prison officers face multiple occupational hazards including needlestick injuries, which may result in the transmission of blood-borne viral infections. This study aimed to assess the prevalence of needlestick injuries, the circumstances under which needlestick injuries occur and the responses of injured prison officers. Cross-sectional data were collected from prison officers in two Australian jurisdictions between January and May 2006, using a self-report questionnaire. Descriptive analyses were conducted. Of 246 prison officers who completed the survey, two-thirds had found needles and syringes in the workplace. Seventeen officers (7%) reported having experienced a needlestick injury. Most injuries occurred during searches. Serological testing for blood-borne viral infections following injury was common, but less than half the injured officers accessed support services. Needlestick injuries appear to be a relatively rare occurrence, but may be further reduced by improving search techniques and equipment and regulating needles and syringes in prisons.

URL: <http://www.informaworld.com/10.1080/17449200802264720>

Levy, M. H. (1999). Australian prisons are still health risks. *Medical Journal of Australia*, 171, 7-8.

**Abstract:** In this editorial, responsibility for the continuing health risks faced by inmates in Australian prisons is placed on prison authorities and governments.



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](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 require referrals to specialists outside the prison setting. In addition, institutional factors unique to prisons may impact on healthcare staffs' ability to maintain prisoners' confidentiality, such as security or health and safety concerns. Drawing on research carried out by the author on healthcare and people with problematic drug use in prisons in a range of European countries, this paper considers the factors that impact on maintaining prisoners' medical confidentiality and some of the attempts to address this issue.

URL: <http://www.informaworld.com/10.1080/17449200601043671>

Stefansson, R., & Hesse, M. (2008). Personality Disorders in Substance Abusers: A Comparison of Patients Treated in A Prison Unit and Patients Treated in Inpatient Treatment. *International Journal of Mental Health and Addiction*, 6(3), 402-407.

**Abstract:** A large body of literature has shown a high prevalence of personality disorders in substance abusers. We compared a sample of substance abusers treated in a prison setting with substance abusers treated in a non-prison inpatient setting rated with the Millon Clinical Multiaxial Inventory-III. Base rate scores indicated a prevalence of 95% of personality disorders. A logistic regression analysis correctly identified 95% of the sample, and showed that antisocial personality disorder traits were characteristic of the prison sample, and masochistic personality disorder traits were characteristic of the inpatient sample. The findings indicate that treatment models used in prison settings should be adjusted to meet the needs of antisocial patients.

URL: <http://info.library.unsw.edu.au/cgi-bin/local/access/ej-access.cgi?url=http://www.springerlink.com/openurl.asp?genre=article&issn=1557-1874&volume=6&issue=3&page=402>

Sutton, A. J., Edmunds, W.J., Sweeting, M.J., & Gill, O.N. (2008). The cost-effectiveness of screening and treatment for hepatitis C in prisons in England and Wales: a cost-utility analysis. *Journal of Viral Hepatitis*, 15(11), 797-808.

**Abstract:** Prisoners have a high prevalence of hepatitis C virus (HCV) infection compared with the general population in England and Wales and in many locations throughout the world. This is because of large numbers of injecting drug users that engage in behaviours likely to transmit HCV being present within prison populations. It is, therefore, suggested that prison may be an appropriate location for HCV screening and treatment to be administered. Using cost-utility analysis, this study considers the costs and benefits of administering a single round of screening on

reception into prison to all individuals followed by possible later screening in the community and comparing this to individuals who may only be tested and treated in the community at a later date. The cost/QALY of one round of prison testing and treatment was found to be £54,852, although probabilistic sensitivity analysis showed extensive uncertainty about this estimate. One-way sensitivity analysis revealed the importance of the parameters describing the progression of chronic HCV and the discount rates. While the results presented here at baseline would suggest that screening and treatment for HCV in prisons is not cost-effective, these results are subject to much uncertainty. The importance of the rates describing the progression of chronic HCV on the cost-effectiveness of this intervention has been demonstrated and this suggests that future work should be undertaken to gain further insight into the rates that individuals progress to the later stages of chronic HCV infection.

URL: <http://dx.doi.org/10.1111/j.1365-2893.2008.01008.x>

Taylor, S. (1994). *New South Wales Prison HIV Peer Education Program: an evaluation*. Sydney: NSW Department of Corrective Services.

URL: [http://www.dcs.nsw.gov.au/information/research\\_and\\_statistics/research\\_publication/rp030.pdf](http://www.dcs.nsw.gov.au/information/research_and_statistics/research_publication/rp030.pdf)

Turnbull, P. J., Power, R., & Stimson, G. V. (1996). 'Just using old works': Injecting risk behaviour in prison. *Drug and Alcohol Review*, 15(3), 251-260.

**Abstract:** A minority of injecting drug users engage in high risk injecting behaviours when in prison. In the United Kingdom between a quarter and a third of injectors who enter prison inject when in prison, and of these about three-quarters share needles and syringes. In the present study, 44 drug injectors who had been released from prison for no longer than 6 months were recruited and interviewed in three geographical areas in England. Interviewees were asked to recount their experiences of drug use during their most recent period of imprisonment. The majority of interviewees were male (38/44), had a mean age of 28 years, with a mean age of 16 years at first drug use, were primarily opiate users (39) and had multiple imprisonments. All respondents reported drug use when imprisoned and drug injecting was reported by 16 interviewees. Most injected at irregular intervals and at a reduced level, compared with injecting when in the community. Nine reported using needles and syringes that others had previously used. When considering other injecting equipment, more sharing occurred than was actually reported. Much re-use of equipment was viewed simply as "using old works". The sharing of "cookers" and "filters", and drug sharing by "backloading" and "frontloading" were common. The concept of "sharing" tended to be understood by respondents as related to the use of tools of injection (needles and syringes rather than other equipment); the use of tools in the act of injection (rather than for mixing drugs); proximity (multiple use of needles and syringes in the presence of others); temporality (shorter time elapse between consecutive use of needles and syringes previously used by another) and source (hired rather than borrowed or bought). We conclude that syringe sharing is an integral part of drug use and drug injecting in prison. Many of those interviewed displayed a restricted understanding of what denotes syringe sharing. Our data reinforce the need for interventions and initiatives to be developed within prisons to deal with the considerable risk posed by continued injecting drug use.

URL: <http://www.informaworld.com/10.1080/09595239600185991>