

**CPSU members submission regarding the
Public Health Association (PHA) report:
Balancing access and safety 19 July 2011**

“Few rights are absolute. Human rights may be subject only to the reasonable limits in law that can be demonstrably justified in a free and democratic society. One individual’s rights may also need to be weighed against another individual’s rights.”

Human rights Act 2004

“Protect our individual human rights and keep us safe.”

Custodial Officers 2011

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INTRODUCTION & EXECUTIVE SUMMARY

This submission was compiled and written by elected CPSU workplace delegates employed as full time ongoing Custodial Officers in the Alexander Maconochie Centre (AMC), in consultation with CPSU members and potential members also working in the AMC.

The submission provides feedback on the Public Health Association (PHA) report and we trust it will also provide Members of the Legislative Assembly some insight and balance to the largely unchallenged pro NSP information they appear to have received to date.

The key issues and observations featured in this submission address the recommended Needle Syringe Program (NSP) models, potential risks to officer safety, practicalities of operating a NSP in a jail environment, the relevance of overseas comparisons and the significant costs associated with an NSP.

Custodial officers are also concerned that independent balanced advice regarding the potential operation of a NSP in the AMC does not appear to have been sought by the government to date. Certainly no such advice or assessment has been made available to AMC staff.

Rather than relying on the Burnett and subsequent Moore reports, we believe the government would have been far better served and informed by an appropriately experienced, independent and skilled joint task force to examine the issues. This task force could then have reviewed all the evidence available and in doing so provided a balanced and relevant assessment of the facts for the appropriate consideration of all stakeholders.

In making this observation we note our (CPSU Delegates working as Custodial Officers in the AMC) paper submitted in response to the Burnett Institutes recommendations, clearly relevant to a NSP, was not even referenced or acknowledged in the PHA report (*see attachment 1*).

Similarly we note the ACT Corrective Services written response to the Burnett Institute which was critical of the proposed introduction of an NSP also failed to get a mention in the PHA report, despite its clear relevance (*see attachment 2*).

Of particular concern we also note the PHA report failed to draw upon the submission of Mr Bill Aldcroft OAM JP made specifically to the PHA as part of their 'consultation processes' in formulating their report. This submission specifically highlighted the fact that during the period 1 June 2010 – 1 June 2011 over 150 prisoners (who had each served a minimum 6 month sentence) visited the Prisoners Aid office and all were without exception opposed the introduction of an NSP in the AMC (*see attachments 3*).

In considering the PHA report we have not identified any recommendations or solutions that satisfactorily address our primary concern that facilitating drug use in our workplace will undermine our safety and that of prisoners. As such the CPSU remains opposed to the introduction of a NSP in the AMC.

SUMMARY OF KEY POINTS

- There is no evidence that a blood borne virus has been transmitted through an unclean syringe in the AMC.
- It is accurate to say 99% of Correctional Officers are opposed to the introduction of a NSP.
- There are serious systemic problems with all NSP models presented in the PHA report.
- The safety of Custodial Officers and prisoners should be clearly recognised as the highest priority.
- It would be inappropriate to make Custodial Officers complicit in the illegal activities associated with a NSP.
- The overseas comparisons are not relevant to the AMC.
- The PHA paper does not provide factual evidence demonstrating the effectiveness of an NSP.
- A NSP would come at a considerable additional cost to ACT tax payers when funding for existing resources is already strained.
- Section 88.1 of the 2010-2011 Justice and Community Safety enterprise agreement requires CPSU agreement on any NSP and such agreement has not been reached.

FOREWARD

In compiling our submission we have provided comments as appropriate under the subject headings and clause numbers featured in the PHA report.

This submission should be read in the context that Custodial Officers actively provide significant support in through-care and rehabilitation services through our involvement with case officer processes, operational roles in education, programs and visits and in promoting and maintaining an understanding and acceptance of rules and regulations.

It is not the desire or intention of Custodial Officers to reduce or hinder our ongoing participation in through-care and rehabilitation of prisoners in the AMC.

CPSU members are of the view that a key consideration in regard to through care and prisoner rehabilitation is enabling prisoners to meet community expectations, particularly upon their release, and this includes obeying the law and demonstrating acceptable behaviour. We believe the implementation of an NSP in the AMC would facilitate unlawful behaviour and as such significantly undermine the through care and rehabilitation of prisoners.

CPSU members also feel the right of all Australians to work in a safe environment extends to us and our workplace and we deserve our reasonable and genuine concerns to be acknowledged and respected.

2.1.3 ACT Alcohol, Tobacco and Other Drug Sector

The ACT Alcohol, Tobacco and Other Drug Association (ATODA) have made comment indicating their support for an NSP in the AMC.

We see no evidence that ATODA has had any impact on protecting the rights of non smoking prisoners to be free from tobacco smoke exposure and the associated health risks in the AMC. Similarly we have not seen any measurable reduction in smoking in the AMC by any strategy recommended by this organisation.

Custodial Officers view ATODA's contribution to the proposed NSP as questionable.

2.4 The role of Custodial Officers

The Michael Moore report states:

"There is widespread concern on the part of officers that the introduction of an NSP in the prison will create an environment that is less safe than the one that currently exists. However, this anxiety is not reflected in the evidence." PHA report 2011

The death of a NSW prison officer in 1998 as a result of being assaulted by a blood-filled syringe is a demonstrated case in point and should be recognised as such.

The lessons learned from the death of any officer in any jurisdiction at any time will result in controls implemented to reduce the risk of it occurring in the future. Custodial Officers maintain that there has not been another death from syringe attack since 1990 because of increased searching, detection and strategic prevention techniques now operating in all Jails and these preventative practices should be maintained.

The jail environment is unpredictable and dangerous and while death is not regular it is not a statistic that Custodial Officers want tested by loose controls.

"It is also clear that some officers are open minded to an NSP depending on how the model is developed." PHA report 2011

This is simply a misleading statement that is not substantiated and would not stand up under scrutiny.

A recent petition had 86% of officers opposing the introduction of an NSP. The only officers who did not sign the petition were those on leave and had they had the opportunity to sign we know the percentage would have been considerably higher.

We acknowledge there is one (1) "casual" Custodial Officer who has indicated support for a NSP and we note this officer is the President of the board of the Australian arm of the American lobby group *Law Enforcement Against Prohibition* i.e. legalisation of drugs.

3.3 Legislative Considerations

The ACT Corrections Management Act 2007 states:

“The Chief Executive must ensure that –

- (1) (a) detainees have a standard of health care equivalent to that available to other people in the ACT; and*
- (b) arrangements are made to ensure the provision of appropriate health services for detainees; and*
- (c) conditions in detention promote the health and wellbeing of detainees; and*
- (d) as far as practicable, detainees are not exposed to risks of infection.”*

PHA report 2011

There is no mandate or justification for the ACT Government to introduce an NSP based on this part of the *ACT Corrections Management Act*. The proposed introduction of an NSP at the AMC would not be consistent with *(b) appropriate, (c) promote the health and well being of detainees, or (d) practicable*.

4.2 Access, Anonymity and the absence of Negative Consequences for Participants.

‘It was universally emphasised that the successful engagement of prisoners with any NSP would be dependent upon ensuring timely and appropriate access to injecting equipment.’

PHA report 2011

‘the vast majority of stakeholders agreed that prisoners would not engage with the program if it was unable to provide them timely access to injecting equipment subsequent to obtaining substances for injecting.’ PHA report 2011

The operational realities of the AMC would make it impossible to meet the NSP participant requirements identified above.

For example the AMC is secured and locked down at night with a low level of staffing. The risks associated with a participant wanting to inject drugs and utilise the services of a NSP at night are disproportionate with the necessary safety and security requirements of the AMC.

Similarly, the daily operations of the AMC are systematic for normal routines however dynamic events can occur daily as a response to incidents or special requirements identified. It would not be possible to have a resource waiting in the event that a prisoner obtains illegal drugs and wants to utilise the NSP facilities.

4.4 Consistency and Linkages with Existing Health and Corrections programs

'prison officers..... agreeing not to specifically target prisoners accessing any NSP.'

PHA report 2011

It would not be sensible or appropriate to restrict, hinder or obstruct Custodial Officers in preventing drugs being obtained, distributed, sold or used within the AMC. To do so would introduce a level of lawlessness that would clearly undermine the safety, security and good order of the AMC. This proposed arrangement would also force Custodial Officers into the untenable position of being complicit in illegal activity and jeopardising the safety of staff and prisoners.

5: Key Lessons from Overseas

'...a decision was taken to examine the programs in communities that are culturally similar from a corrections and community perspective to Australia,' PHA report 2011

The following two extracts are recent reports on an overseas jail visited by the PHA team (Champ-Dollon Penitentiary – Geneva, Switzerland) which clearly show the lack of similarity from a corrections or community perspective.

Apr 6, 2011 - 20:32 Occupancy at Champ-Dollon prison hits record

The number of inmates at Champ-Dollon, Switzerland's most overcrowded jail reached record numbers in 2010.

Built in 1977 for 270 detainees, the prison held an average of 564 people last year, and on July 18 a record 622 were behind bars. Of these 94 per cent were men and the majority aged 18-39.

Champ-Dollon has been chronically overcrowded for years. Campaigners say this has obvious consequences for detainees' living conditions: poor sanitation and promiscuity. It also affects access to health care and legal counsel and could endanger safety.

Owing to the number of detainees and lack of work opportunities, most inmates must spend 23 out of 24 hours in their cells.

A 2010 study found that almost half the inmates at Champ-Dollon suffer from psychological problems.

Rights of prisoners not respected in Champ-Dollon

This report is backed by the latest report of the Swiss Human Rights League (SHRL), who visited inmates at the prison and met with officials. The report condemns the situation at the prison saying that fundamental rights were being flouted in the facility.

Built to hold 270 prisoners, the Geneva facility today averages nearly twice as many – there were 472 in the facility when the experts investigated the situation. At one point last October, more than 500 inmates were crowded into its cells. It is said that many of the inmates have to spend 23 out of 24 hours in their cells, since there are not enough work opportunities. The experts, including medical doctors, said the prison was ill conceived.

Comparisons with overseas jails that generally have poor human rights compliance including locking prisoners in their cells for 23 out of 24 hours, have poor sanitation, high promiscuity rates, lack work opportunities and are drastically overcrowded are not comparable with the AMC.

5.1.3 Relationship with Prisoners

‘In some cases custodial officers passed this information to senior officers who argue that the information was not used, for example, to target specific cells for searching nor was the intelligence used for targeting specific visitors.’ PHA report 2011

The potential for a NSP to obviate, reduce or disregard the intelligence gathering or preventative techniques to reduce illegal drugs entering the AMC is not rational.

5.1.4 Custodial Officers

‘Senior staff: *The perspective put by a number of these officers was that the responsibility of the corrections institutions included priority in this order:*

- *Security in delivering the court ruled punishment of deprivation of liberty*
- *Rehabilitation*
 - * *Arguing that overly severe measures undermined this goal*
 - * *“Normalisation” to the greatest extent possible*
- *Safety of the staff and other prisoners’*

PHA report 2011

This perspective seriously questions the general understanding of the Jail environment by ranking the safety of staff and prisoners lower than rehabilitation requirements.

‘Long-term staff: *A number of the prisons pointed out that the main resistance came from officers who had been in the prison workforce for an extended period but were not in a promotion position.’*
PHA report 2011

The inclusion of this reference is misleading and irrelevant as the demographic evidence across the Custodial Officer ranks of the AMC readily demonstrates opposition across the board to a NSP. **This reference is also generally offensive to Custodial Officers.**

5.3 Anonymity

“There was widespread agreement in the prisons that most of those using drugs in prison would only participate in the system (and therefore be part of stopping the spread of BBVs) if the distribution of needles and syringes was done without the custodial officers knowing who was participating in the program.” PHA report 2011

The operational realities of the AMC in respect to the proposed movement of prisoners engaging in NSP activities necessarily means prisoners could not reasonably expect to remain anonymous. This fact is very significant given the PHA maintain prisoners would not participate in an NSP if they were not guaranteed anonymity.

Chapter 6: Models for Implementation of an NSP in the AMC

6.1 Model 1: ‘One for One’ Exchange (Vending Style) Machines

‘If vending style machines are installed in discrete locations within the facility that are not monitored via security cameras, this objective is achievable.’ PHA report 2011

This model would allow prisoners to simply share the initial clean syringe with any number of other prisoners thereby negating any alleged benefit of reducing BBV transmission and is therefore ineffective. In addition the proposed lack of monitoring would allow prisoners an area to undertake covert activity such as assault, dealing drugs or standover for syringes by non-participating NSP prisoners.

6.2 Model 2: One for one NSP

‘Prisoners would need to be conveyed to the Health Centre by prison officers on presentation of the request form.’ PHA report 2011

‘The one for one exchange would take place in a closed room within the centre without direct or electronic observation by custodial staff.’ PHA report 2011

‘an additional ‘roving’ prison officer would need to be rostered onto each shift’ PHA report 2011

‘an additional ACT Health/nursing staff member to be rostered onto each shift’ PHA report 2011

'at least 1 (possibly 2) staff from an external provider agency to be rostered onto each shift to undertake the provision of injecting equipment.'

The safety of officers and civilians is at risk when syringes possibly containing contaminated material are carried throughout the AMC. There is no preventative control to stop unauthorised access to that syringe by another prisoner.

This model also has other inherent safety risks including events that may occur behind closed doors (with no surveillance) and the unpredictable behaviour of prisoners affected by injecting illegal drugs/unknown substances.

6.3 Model 3 Contained NSP

'the requirement for the prisoner to use the injecting equipment within the Health Centre and provide it to staff for disposal prior to leaving.'

'While close and constant supervision of actual injecting is not envisaged, obviously staff in either model 3A or 3B would need to be able to keep an eye on the person to ensure they were not able to roam freely around the Health Centre unescorted.' PHA report 2011

This model would be more accurately described as an unsupervised injecting room and as such is not in keeping with the scope of the charter for considering an NSP for the AMC.

7. Other Potential Legal Issues – Criminal and Civil Liability

'Disclaimer

This document has been prepared in good faith, exercising due care and attention. PHAA Inc shall not be liable to the user or any other person or entity with respect to any liability, loss or damage caused or alleged to have been caused directly or indirectly by this report. Where ACT Health or the ACT Government generally believe there are Duty of Care implications arising from circumstances described in this Report, it is the ACT Government's responsibility to take this into account in reaching decisions and or taking action arising from this Report.'
PHA report 2011

Custodial Officers believe this statement demonstrates the serious and legitimate concerns of the PHA in relation to the legal implications that would inevitably arise should any of their proposals actually be implemented.

Conclusion

The 2010-2011 Justice and Community Safety Enterprise Agreement states:

88. Needle Exchange Program

88.1. Without implying prior agreement, and for the safety of staff, no needle exchange program, however presented, shall be implemented without prior consultation and agreement by the Department, and union(s) covered by this Agreement on how such a program can be implemented.

In considering the PHA report we have not identified any recommendations or solutions that satisfactorily address our primary concern that facilitating drug use in our workplace will undermine our safety and that of prisoners. As such the CPSU remains opposed to the introduction of a NSP in the AMC.

Terry Gibson

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CPSU Delegates Alexander Maconochie Centre

August 2011

Attachment 1

Needle Exchange Program (NSP)

Comments by work place CPSU delegates AMC – 15/12/2010

EXECUTIVE SUMMARY

The CPSU work place delegates review of the Burnett report was restricted to comments relating to the NSP.

This was necessary because the timeframe did not allow for comments on broader issues contained in the report.

Specific comments are contained in the body of this report but overall we find the report is contradictory, lacks material evidence, provides misleading commentary and lacks balance.

Major concerns include:-

- No feasibility of NSP has been conducted.
- Risks of injury through attack or accident.
- Insufficient evidence to support benefits of NSP.
- Inconsistent medical information relating to NSP.
- Insufficient time to professionally analyse the report and comment prior to Government being briefed.
- No evidence to prove blood borne viruses have been contracted in the AMC.
- There is no validation of reports (no independent review of reference documentation) .
- Unsubstantiated claims effects the integrity of the report.

BURNETT REPORT INTRODUCTION

The evaluation states in the Introduction that it will comment “whether drug strategies and services are achieving their stated goals”.

We could not find any detail within the report which outlined the stated goals.

It raises a lot of questions in relation to what are accepted levels of drug use within a Correctional facility. How this could possibly be compared to a Community outside the AMC whose population of drug users differs enormously.

The report is deficient because there is no base to measure achievements against stated goals.

PRISONERS AND EX PRISONERS REIMBURSED FOR THEIR PARTICIPATION

The process of providing money to Prisoners, within the AMC, for participation may have attracted a different client response to questions. Human nature would tend to think that a person being paid money for answering questions may be more sympathetic to responses expected by interviewees.

There are two concerns. Firstly is the issue considered important by Prisoners if they have to be paid. Secondly are the results inaccurate as a result of the process.

NO DETAIL ON HOW MANY CUSTODIAL OFFICERS WERE INTERVIEWED.

The Burnett report states 26 prison management and staff including health service providers were interviewed. There is no break-up that shows the number of Custodial Officers interviewed from this group.

It appears that there has not been adequate coverage of front line staff who would be faced with the major risks regarding the introduction of NSP.

It is a feeling amongst Custodial Officers that health service providers are sympathetic towards NSP and therefore they should not have been categorised in the same group.

A clear break-up would provide more reasonable data to persons reading the review. For example if 99% of Custodial Officers are against the introduction of NSP then clearly this is an important issue for Government to consider.

This type of reporting adds to the scepticism and credibility of the Burnett report in relation to NSP.

FEASIBILITY STUDY

ACT Alcohol, Tobacco and other Drug Strategy 2004-2008 report

The above report states the following.

“the feasibility of a trial needs to be further explored through a cost-benefit analysis and analysis of occupational health and safety issues for staff”. Page25

It is inconceivable that a NSP trial would be initiated in the AMC before a feasibility study. The findings of the Burnett report ignore this recommendation and have somehow progressed to recommending a NSP trial.

“Because the Strategy was published prior to the implementation of the AMC, the trial is not specifically mentioned in relation to the AMC”. Page 25

This comment in the report indicates further that it did not consider a trial of NSP for the AMC.

This recommendation for a trial before an evaluation is strongly opposed by the Custodial Officers.

MENTAL HEALTH AUTHORISED TO DISPENSE NEEDLES

“Expand the range of health services authorised to dispense needle and syringe equipment (e.g. mental health services) Page 27

It seems inappropriate for mental health to have a role in dispensing medical equipment and their role should be restricted to diagnosis and recommended treatment.

There is doubt that this has been discussed with Mental Health and that they would have accepted this responsibility.

This comment again seems to lack adequate consultation on the implications of NSP for stakeholders.

HUMAN RIGHTS AUDIT ON THE OPERATION OF ACT CORRECTIONAL FACILITIES 2006 – 2007.

The abovementioned report highlights the following.

“the piloting of a needle and syringe program to prevent transmission of blood borne viruses”.

This statement cannot be substantiated at any level. The reverse is actually more accurate. NSP cannot prevent the transmission of blood borne viruses.

The Burnett report should have identified this error rather than cut and pasted the finding without due consideration to its accuracy and implications for the reader of such information.

The statement is completely false but more importantly it is misleading and gives the impression that implementing NSP will prevent the contraction of blood borne viruses.

This is further evidence that the Burnett report should not be used as the basis for consideration of NSP. Conversely it shows exactly why a feasibility needs to be undertaken before consideration of a NSP trial.

ACT ADULT HEALTH SERVICES PLAN 2008 – 2012

The abovementioned plan specifies the following.

“bleach will be made available to prisoners to stem the transmission of infectious diseases within the AMC”. Page 31

This is contradicted by the Jurgen report 2009 which states.

“bleach programs on the other hand have been found to be somewhat ineffective”. Page 43

The differences between the two opinions are evidence that there is conflicting views within the medical profession on best practise and treatment for needles and syringes for people participating in intravenous drug use.

This is further evidence of the lack of depth and analysis of the Burnett report. This type of inconsistency should have triggered a finding that there is insufficient reliable information on best practise.

This type of information when highlighted, reduces the confidence that the persons recommending a NSP have enough information to qualify their opinion.

RELIABILITY OF REPORTS

The Burnett Institute quoted many references from reports and studies but there has been insufficient time to validate any of these reports or studies.

The issue of NSP refers to the results of overseas countries. Visiting or verifying any of the content cannot be undertaken given their location and the time available to comment.

There is no information that outlines the specific detail of these jails or any similarity with AMC prisoner population.

The risk of not including these details leaves the Government exposed to making a decision based on false assumption of similarities.

CONFIRMATION OF DRUG USE VERSUS URINALYSIS

There is no information on the comparison between findings in relation to Prisoner statement of drug use and that found in urinalysis statistics.

It would have been appropriate for the Burnett report to be able to substantiate their findings with the factual result of urinalysis.

Failure to provide this information again questions the credibility of the Burnett report.

METHADONE – similarities with NSP

The Burnett report contains numerous Prisoner complaints about being pushed or forced on to the methadone program. Many Prisoners quoted in the report believe that this has a negative effective on their long term drug use.

There could be a correlation between Methadone and NSP when insufficient research in a jail environment indicates it is a good idea however Prisoners do not support the direction. Further that there seems to be enough debate coming from such a small sample of Prisoners that it again questions the direction of health practises.

It questions by virtue of the Prisoners statements that they believe they are at a level of detoxification because of the delay in getting on the program and then they are forced or pushed onto methadone.

If this type of strategy to introduce perceived health benefits is applied to NSP it could result in the same negative result for some Prisoners.

DRUG USE IN THE AMC PRISON POPULATION

The Burnett report states trafficking of drugs by prison staff was considered to be an issue by a range of interview participants.

The Burnett report quotes a key informant *“if you’ve got plenty of money I’m sure you can find a guard and give them \$5-10 grand to and they’ll bring you the gear”*. Page 117.

“there was staff bringing it in which I saw which is quite common in all the jails I’ve been told as well”. Page 117.

“there are guards bringing in drugs”. Page 117.

There is no evidence to substantiate any of these comments. This information should be removed from the Burnett report unless it can be substantiated. It gives a false impression of custodial operations if not validated.

In addition this matter is a criminal offence and all information relating to these comments should immediately be provided to Management of the AMC.

This sort of sensationalism questions the credibility of the Burnett report. The failure to immediately provide this evidence to AMC Management questions the integrity of those involved in the evaluation from the Burnett Institute.

HEALTH TESTS IN THE AMC

The findings in the Burnett report confirm that *“while testing at Admissions has the potential to estimate prevalence of certain blood borne viruses within the prison population it will not identify incident cases contracted during time spent at the AMC”*. Page 125

This statement clearly indicates that there is no evidence to suggest that there is an actual problem in the AMC that Prisoners are contracting blood borne viruses.

This again questions the requirement for a NSP.

Custodial Officers are being told by health staff that Prisoners are contracting blood borne viruses. The Burnett report comment above clearly shows that this cannot be substantiate by evidence and that their comments that NSP is needed are based on false information.

There are two facts that it does substantiate.

Firstly that Health has no evidence that confirms blood borne viruses are contracted while in custody.

Secondly that if it did occur there is no evidence that proves where or how the blood borne virus was contracted.

PRISONER WITH HCV

There is no evidence that any Prisoner contracted HCV while in custody through intravenous drug use.

The Burnett report states *“one intra prison case of HCV transmission has been recently reported at the AMC”. Page 135.*

This is another example of false and misleading information.

The fact is there is no evidence on how this Prisoner contracted HCV. The Prisoner is not receiving medical treatment in relation to HCV because the Prisoner has now shown up as negative to HCV.

This false information is inexcusable in terms of the ramifications of introducing a NSP without accurate and reliable information.

Since the information was available to the Burnett institute during their evaluation it again raises the question of credibility.

Government would have been misinformed if they trusted the information on this matter.

DUTY OF CARE FOR CUSTODIAL OFFICERS

There are two issues in this area.

The first issue relates to liability if an officer receives a needle stick injury that could be debilitating or fatal.

The second issue relates to the duty of care of Correctional Officers who allow injecting of drugs that subsequently results in harm to the Prisoners.

The first issue is simple in terms of outcome. The needles stick injury could occur through accident or attack. In either scenario who is liable has not been addressed in the Burnett report.

The second issue is best seen in the quote from the Burnett report of a key informant

“ I don’t see how I as a manager and as a human being in conscience can allow, can say to someone I’m going to give you authority to put into your body whatever you want (drugs) and then allow you to perhaps sue me or my organisation because we haven’t taken due care of you” Page 136

The Burnett report should have addressed these issues because they are very real and likely scenarios made worse by the increased availability of syringes with a NSP in the AMC. The fact that it is not raised or considered in the report again questions the credibility of the report.

A LOT OF OFFICERS ARE FOR NSP

The Burnett quotes a key informant *“I know a lot of the senior officers here are for it. Some of the CO3’s” Page 137*

This quote does not represent the view of the overwhelming majority of Officers. The research by ourselves through survey conducted by CPSU indicates 0% of Officers support NSP.

This is a massive difference. It is unacceptable that the Burnett institute has not highlighted the extent of opposition by Custodial Officers for NSP.

This could become an integrity issue and is clearly a misrepresentation.

INFORMAL EXCHANGE PROGRAM

The Burnett report states there are a number of reports that indicate an informal exchange program was already operation.

Prisoners and ex prisoners noted that prison staff had safely disposed of used injecting equipment on behalf of prisoners and that injecting equipment including needles and syringes and other items like alcohol swabs had been provided to prisoners by prison staff. Ref Page 137.

There is no evidence to substantiate any of these comments. This information should be removed from the Burnett report unless it can be substantiated. It gives a false impression of Custodial operations if not validated.

In addition this matter is a criminal offence and all information relating to these comments should immediately be provided to Management of the AMC.

This sort of sensationalism questions the credibility of the Burnett report. The failure to immediately provide this evidence to AMC Management questions the integrity of those involved in the evaluation from the Burnett institute.

INCREASED RISKS TO PRISONERS AND STAFF

More chance of needle stick injury by accident or attack because there will be more needles in circulation in the AMC with a NSP.

Needles and syringes will not be guarded by prisoners as closely under NSP because they are readily available and are almost a consumable. They will turn up everywhere.

The risk of syringes and needles being used as weapon is evidenced in ACT crimes statistics which records the number of crimes committed with a syringe, as a weapon, is significant.

POTENTIAL INCREASE IN DRUG USE WITH NSP

Giving due consideration to the errors contained in the Burnett report there is no confidence that sources have provided accurate information in relation to, drug use increase, where NSP's are implemented.

There is a belief amongst Custodial Officers that the NSP will encourage the use of injectable drugs simply because more Prisoners will have access to the equipment required to inject and these are currently kept by more dominant Prisoners.

LEGALITY OF USING DRUGS IN THE AMC

There is a belief amongst Custodial Officers that by providing a NSP they will be forced to condone what is an illegal activity in the community.

The use of drugs is a criminal offence in the community and the NSP is seen as supporting this illegal activity.

It is obvious that Prisoners who participate in a NSP will be committing further criminal offences by obtaining, concealing and possibly selling or dealing drugs in the AMC.

The difference with the community policing of these offences is the size of the population and the security resources. It is more easily controlled in the AMC.

The relevance to NSP in the community is different to the AMC.

The Burnett report is negligent in not highlighting the legal problems associated with NSP or the major differences with NSP requirements in the community as opposed to the AMC.

SUMMARY

There has not been the opportunity to spend reasonable time in providing comments on the Burnett report. It is appropriate that more time is provided to assist any briefings for Government.

The timeframe has not allowed adequate review of reports used as reference points for the Burnett report.

It is not ethical that the Government make any decision without allowing professional analysis of the material by virtue of an enforced and unreasonable timetable.

This is made more significant an issue because of the misleading, false and unbalanced contents of the report.

There is no agreement for a pilot of NSP by Custodial Officers at the AMC.

The purpose of these brief and initial comments are to ensure the Government has accurate information in relation to matters that effect the good order and running of the AMC.

Terry Gibson and Mick O'Regan

CPSU work place delegates

Alexander Maconochie Centre

15/12/2010

Attachment 2

Attachment 3

ENQUIRY BY MICHAEL MOORE : - ALEXANDER MACONOCHIE CENTRE.

Dear Michael

I am writing to you to provide information concerning the proposed Needle Exchange Program at the Alexander Maconochie Centre (AMC). I understand that you are preparing a report for the ACT Assembly on that and other issues.

My position is that of Prisoners Aid, Court Councillor with the Court Assistance and Referral Service located at the Magistrates Court. This Service is a part of the Prisoners Aid (ACT) programme of help and assistance to prisoners and their family members. I have been in this position for the past 12 years and I also provide assistance to prisoners after their release from the AMC. It should be noted that this my personal statement, as Prisoners Aid (ACT) do not have any official position on this subject.

My past work experience includes being the Official Visitor at the ACT Detention Centres for 10 years up to 1998 and many years with the ACT Corrective Services prior to that. Over the years I have come to know, and I am well known to many offenders, some of whom have long prison records. My non judgemental attitude and past assistance to them, or their families, makes it easy for them to relate to me. I am therefore well qualified to make some relevant and factual comments relating to the introduction of a Needle Exchange Program in the AMC.

Between 1 June 2010 and 1 June 2011, my office has been visited by over 150 persons released from the AMC – this figure includes 12 female persons. This office provides financial and other assistance immediately upon their release. In all cases these prisoners would have served at least a minimum of six months to qualify for assistance. Sentences in many cases were much longer and also involved persons having considerable experience of serving sentences in the AMC and other prisons in NSW. I have consistently to ask the following question without elaboration: “What is your opinion of the proposal to open a needle exchange in the AMC” I can inform you, without exception, that the replies have been expressed firmly in the negative from every single person I have interviewed. The replies were given in various ways, but all were objecting to the very idea of such a scheme, some strongly elaborating on their answers.

There are two points I would like to make from my discussion with these persons. Firstly, the varied objections included some relevant observations – “Smuggling and possession of illegal drugs in any prison is offence, will that be dropped”. “Who will supply the Drugs”. “Because I wasn’t able to continue using, I managed to get off” “What a joke I can’t smoke in my cell yet I could shoot up”. and so on, most answers were expressed in the negative much more explicitly

Secondly –From the information I have received, I am concerned of the manner in which previous surveys and questions concerning this issue have been conducted in the AMC. There seems to be same the type of person selected to be interviewed and the way questions appear to have been asked, which may well have pre- ordained the result of the surveys.

I will be happy for you to interview me in relation to this my Statement.

Bill Aldcroft, O.A.M, J.P.
GPO Box 112 Canberra ACT 2601
Telephone: 62574866 (Phone mornings 62574866)

2 June 2011



ACT Corrective Services

Dr Mark Stoové
Head of HIV/STI Research Group
Centre for Population Health
Burnet Institute
GPO Box 2284
Melbourne Victoria 3001

Dear Dr Stoové

Thank you for the opportunity to comment on the detailed and wide-ranging draft report that was presented to members of the Evaluation Advisory Group (EAG) earlier this month.

Please find attached the detailed ACT Corrective Services comment on the most recent draft of the Burnet Institute report on its evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre.

While there is much in the report with which ACT Corrective Services agrees or does not take issue, you will note that our hopefully constructively critical comments are extensive and at times very detailed.

We have prepared them in two parts, the first covering general themes and the second specific changes.

As was clear during the EAG meeting of 8 November 2010, ACT Corrective Services has concerns with key recommendations of the report that relate to the introduction of a needle and syringe program (NSP). At its simplest your report recommends instigation of a trial program. Both staff and agency management have major concerns with this proposal and have made their opposition to the proposal clear.

While the report alludes to implementation issues such as confidentiality and identification of an appropriate model, it makes no attempt to suggest how these issues could or should be addressed at the Alexander Maconochie Centre (AMC). We believe that this reflects a more fundamental deficiency with the report, namely that the case for a NSP at all, or at least one in the context of the particular environment of the AMC, has not been made out.

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ACT DEPARTMENT OF JUSTICE
& COMMUNITY SAFETY

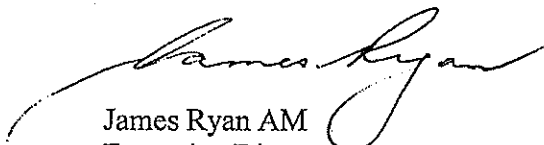
ACT Corrective Services also has serious concerns with how the methodology employed in the research was applied, and specifically with the lack of clarity about the way the reported information supports the draft recommendations.

Due to the detailed comments provided and the impact any acceptance of these will have on the recommendations in the draft report, ACT Corrective Services has not commented on the recommendations individually. Rather we request that you give serious consideration to the extensive comments provided and submit a further draft of the report at which time ACT Corrective Services will comment on the (remaining) recommendations.

Following that, should the Institute agree to accommodate ACT Corrective Service's concerns by further refinement of the report, we suggest that it is likely to be appropriate to reconvene the EAG so that other members may also have a final opportunity for further comment.

Should you wish to clarify any of our comments, please contact Ms Simone Fowlie, A/g Senior Manager, Community Based Corrections who has been part of the EAG since its inception. She can be reached on 02 6207 0355 or vial email on simone.fowlie@act.gov.au.

Yours sincerely



James Ryan AM
Executive Director
22 December 2010

ACT CORRECTIVE SERVICES
INPUT TO DECEMBER DRAFT BURNET REPORT
GENERAL THEMES

ACT Corrective Services is concerned about the draft report and in particular the significant disconnect between qualitative data and the findings of the Burnet team as they relate to the operation of the Alexander Maconochie Centre (AMC).

ACT Corrective Services acknowledges that the Burnet team undertook a reasonably detailed desktop review. This review provided a picture of the general situation in corrections environments that appears to have been based upon proper consideration of the data that was available. We are very concerned that no such proper consideration was undertaken in regard to the operation of the AMC. The ACT and its single prison, the AMC, offer quite a unique corrections environment. It is expected that in reviewing the issue of alcohol and drug issues and strategies, that the Burnet Institute would have closely examined all data available in order to establish the picture as it is in the AMC. This does not appear to have happened.

The draft report quotes selectively from the Inmate Health Survey, esp. at pages 115-135. This survey has not been released. The Burnet team failed to acknowledge this and that raw data that will form part of the Inmate Health Survey was provided by ACT Health for their use. ACT Corrective Services was not provided this data until it was requested and only then after the last working group meeting.

Is there actually a Problem?

While it is the case that contraband drug paraphernalia, including needles, have been located in the AMC, no case has been made that these finds are typical of corrections jurisdictions. ACT Corrective Services is of the view that these finds are probably low and that ongoing search initiatives reveal low levels of contraband. Urinalysis results suggest that the major drug usage relates to cannabis and redirected methadone which are not injected with needles.

Nor has any case been made that illicit drug use has led to blood borne illnesses or death. There has been no overdose and the one alleged in-prison contraction of HVC appears to have resolved.

There is a finding that prison staff may be 'trafficking' drugs and drug paraphernalia, based solely on 'key informant' claims and speculation (see further discussion below). This claim is not supported by any corroborating information. Couched in these terms we are concerned that the Burnet Institute has evidence of the commission of an offence, which may possibly be of such a nature that it should be reported to the authorities. If Burnet does not mean to refer to conduct that amounts to an offence at law, it would probably be advisable not to refer to 'trafficking' at pages 117 and 122.

Reliance on "Key Informant" Data

Except in regard to search and seizures, urinalysis testing and some ACT Health data, the Burnet team has relied exclusively on two sources of questionable reliability to provide the basis of its findings as they relate to the AMC:

- raw data from the inmate health survey conducted by ACT Corrections Health; and
- the un-attributable views of so-called 'key informants'.

It is unclear to ACT Corrective Services how the raw inmate health survey data has been analysed or what weight may have been given to different types of 'key informant' information. It is therefore difficult to be confident of how reliable such data is when the information is provided by prisoners who may not be trustworthy sources. It is certainly the case that the data is unpublished and unreviewed and as such ACT Corrective Services is not yet willing to accept this data as reliable.

ACT Corrective Services notes that it has not been provided with a standard list of questions used to interview 'informants'. We would have expected that the text of survey questions would be included as an appendix to the report, but we understand from the Burnet team that a standard questions format was not used in interviews. As these interviews have become such a key source of 'data' for the report, it is worrying that (as is now apparent) the information has not been collected with the level of statistical consistency ACT Corrective Services expects should have been the case. Alternatively, it may be that this form of information gathering is not amenable to such tight statistical processes but if this is the case, it should not be relied upon as the (often) sole basis for findings.

As it is, information provided by 'key informants' appears to have been accepted by the Burnet team as fact. For example, 'key informants' allege that 'there are guards bringing drugs in' and several other similar statements are made. No evidence is provided for these assertions, nor does it appear that the Burnet Institute has done any independent research into these allegations. Based solely on these allegations, the summary on p122 reads 'Drug trafficking occurring, sometimes through prison staff.' (At the EAG meeting of 8 November 2010, ACT Corrective Services advised the Burnet team that either it needed to provide supporting evidence of these allegations, so they might be referred to ACT Policing, or withdraw the allegation from the report).

This issue occurs again in regard to program access in NSW, where a prisoner statement on p69 becomes a summary finding on p70. If they cannot be objectively substantiated, these matters should be deleted from the report.

Much of the 'key informant' information is of dubious quality, particularly but not exclusively that provided by prisoners. As an indication, ACT Corrective Services has identified a sample of seven quotes which it can show are substantially or wholly inaccurate:

- p52, second quote regarding the Women and Children's Program. As would be expected, the policy was not finalised on Christmas Day;
- p57, last quote regarding case managers working with remandees. The legislation does not preclude, nor is it silent on, case managers assisting remandees (Sections 73 and 78 of the *Corrections Management Act 2007*);
- P59, second last quote regarding doing case notes. Case Officers have been provided with training and there is specific resource material available to

- officers to assist them with doing case notes and this has been the case since prior to the AMC commencing operations;
- p79, fourth quote from the bottom regarding access to programs. Alcoholics Anonymous has been available in the AMC since 2009;
 - p82, quote on TC program content. The content has changed just once, and that was in October 2010 in the wake of informant interviews;
 - p91, final quote regarding mental health training. In fact, the officer recruit course provides training in regard to identifying and dealing with people with mental health issues across a range of modules; and
 - p99, second last quote regarding methadone and parole. This is incorrect as Methadone is never included as a parole condition.

This list is not exhaustive.

Another impediment to interpreting and understanding the relevance of these comments is that no information, other than the 'key informant' status, is provided about the quoted person. ACT Corrective Services understands the need for confidentiality, however, a qualification such as 'prisoner' or 'staff member' or 'NGO' etc would be useful in providing some context for the comments and giving an indication of the diversity (if any) of information sources. It is also the case that different 'key informant' sources provide differing levels of reliability, yet there is no discussion in the report of the reliability of informant information.

Other Data Not Utilised

At times the report references the absence of other data before launching into 'key informant' quotes from which it draws conclusions. This is the case in regard to:

- 9.2 Case management (p54); and
- 9.4 Programs – educational and employment (p69);

In both of these instances, data is available from ACT Corrective Services but was never sought. Despite being so late in the process, that data could still be made available if requested.

Data Analysis

There are several references in the report to data that has been collected, and to this being 'coded' and even 'Quantitative data analyses' being performed using Stata Version 11.0. ACT Corrective Services can see no evidence of any quantitative data analysis. ACT Corrective Services would like to see results of the analysis that the Report states has been completed using Stata.

It is also noted that there have been several jumps of logic in the report reflecting a more fundamental problem with data analysis. For instance, at p75, a 'key informant' quote regarding a short delay before getting on a program becomes a Burnet view that prisoners are reporting "waiting for long periods to begin courses...". Again, at p77, a key informant notes as an afterthought when discussing the positive aspects of therapeutic programs that ... "They probably could do more." This becomes a Burnet view that such programs are "not working to their full potential."

These examples highlight an apparent danger created by the text in the summary boxes in each sub-part. While the evaluation was probably not set up in the manner of a traditional audit, in their brevity and simplification the one-line dot-point summary statements seem to fall well short of what might otherwise be stated in a more formal 'finding'. By way of further example, there is considerable ambiguity associated with terse statements such as "Good relationships with community service providers" (p63) and "Opportunities for recreation can improve wellbeing" (p71).

In passing ACT Corrective Services also notes in this context that very few of the summary statements throughout the report appear to reflect matters of a generally positive nature referred to in the preceding text. While it may have been intended to draw particular attention to matters suitable for change or improvement, it may provide a more balanced summary if good and satisfactory practices are also identified.

Relevance

There are sections of the report where the relevance to the Review goals appears to have been lost. There is a significant focus on mental health issues as well as service delivery. ACT Corrective Services does not dispute that mental health issues can and do intersect with drug abuse and that this is a serious problem for prisoners and prison managers. However, the link between mental health issues and drug and alcohol abuse and treatment is often lost in the mental health section (9.9).

Presentation Bias

The report does at times drift into what appears a presentation bias in support of an NSP. At p136 it notes that custodial officers are, for the most part, opposed to the notion of a prison-based NSP. ACT Corrective Services would argue that a more accurate statement would be that custodial officers are strongly opposed to a prison based NSP. It then highlights comments by those who have a different or more ambivalent attitude. While ACT Corrective Services is not proposing that these alternate views be dismissed or ignored, we believe that more needs to be done to test the prevalence of the views of staff as our own understanding, and that of the staff representatives, is at odds with the views captured in the report. At very least it would be appropriate to indicate that the CPSU's understanding of the wide-spread view of its members suggests that the quoted views are in the minority.

Use of Needles as Weapons

There is some general discussion on p137 about use of needles as weapons. ACT Corrective Services notes that in recent years there have been frequent reports of offenders in the community using drug-filled syringes (or replicas of same) as weapons in violent crimes. While recognising that these incidents are not occurring in a corrections environment, the reality is that those who have resorted to syringes as a weapon are a subset of those who end up in prison. It would have been useful for the actual prevalence of this in the community to have been examined in this discussion.

Dichotomy Between Prison Rehabilitation and Availability of Needles

There appears a dichotomy in the report between the evidence and arguments included that support the use of incarceration as an opportunity to rehabilitate drug using offenders and the recommendation that an NSP is a necessary harm minimisation tool in prison.

In the early chapters there is considerable discussion about the dangers of drug use upon release, including comparatively high levels of morbidity, and the opportunities that incarceration can present to offenders to shake drug addiction (pp 41-46). However, in the discussion as to the value of an NSP to address harm minimisation, the implications for such programs as the Therapeutic Community that seek to address addiction are not canvassed.

ACT Corrective Services considers there is an intersection between prison culture and preparedness (or lack of it) to address addiction, the (short) length of time most prisoners stay at AMC and the ready availability of sources of addiction in prison which should have been explored more thoroughly.

If NSP, what model?

As highlighted at the EAG meeting of 6 December 2010, the report does not examine what model of NSP might be most appropriately trialled at the AMC or how privacy, confidentiality and logistical issues could or should be dealt with in any trial. As stated above, the ACT and its single prison presents a unique corrections jurisdiction and notwithstanding the clear concerns of this agency in regard to NSP, it is certainly the expectation of this agency that if a trial is to be supported then the model to be trialled must be examined at the same time. The report has also failed to examine why other jurisdictions that the ACT would normally compare itself with (such as other Australian jurisdictions, the UK, US and Canada) have not commenced such a trial, whether the proposed NSP might be better suited to a prison with a different type/mix of population (e.g. single sex or longer-term prisoners), and whether/how an NSP would or should apply differently to different groups, for example to any female and youth prisoners that are accommodated in the AMC.

Lesser Concerns

The first of these is weaknesses in the referencing in the report. Several of the references relied upon by the Burnet Institute in the Report are not listed in the Reference section of the Report. Specific details are provided in the 'Detailed Comments' section.

The second relates to a lack of specificity when talking about 'Policy'. The Report repeatedly refers (critically) to 'policy' or 'policies' without specifying which policy is meant. For example, on p53 the summary states 'Policy not adequately guiding how to balance harm minimisation interventions'.

As ACT Corrective Services has a wide and extensive range of written policies in place, in order for deficiencies to be identified and for opportunities for improvement to be implemented, throughout the Report the authors need to specify which policy they are referring to.

The Report is similarly unclear when it states on p23 'While the *Corrections Management Act 2007* was reviewed by the evaluation team, its content is replicated substantially in other ACT policies and strategies reviewed below.' The documents listed below are:

- The *ACT Alcohol, Tobacco and other Drug Strategy*;
- The *ACT Corrective Services Drug, Alcohol and Tobacco Strategy*;

- *The Human Rights Audit on the Operation of ACT Correctional Facilities under Corrections Legislation;*
- *The ACT Health Adult Corrections Health Services Plan;* and
- *The Clinical Review of Corrections Health Drug and Alcohol Related Services.*

None of these documents is a 'policy', and they do not 'replicate substantially' the *Corrections Management Act 2007*.

Analyses of Tobacco Use

The Burnet Institute's consideration of tobacco use at the AMC (at pp119-122) was very much an after thought. Given the potential payback, in health terms, of reducing or eliminating the use of tobacco in the AMC, this should be regarded as a major deficiency of the Burnet Institute's Report. Some better analyses of the possible banning of tobacco use in the AMC is required in this report.

Recommendations

While ACT Corrective Services does not seek to address the draft recommendations in detail at this point, as a generic observation it is considered that it would be more helpful if there was better cross-referencing between the recommendations and the text that is alleged to support them.

For example in part 9 the text progresses from '9.1 Policy and governance issues' to '9.2 Case management', but makes no reference to supply reduction issues, yet in part 11 a series of supply reduction recommendations is inserted between the other two corresponding headings. Likewise, under the heading of 'case management' in the recommendations in part 11 there is a reference to redefining Throughcare to include pre-prison, yet it is not clear from what textual or informant commentary in part 9.2 of the report this conclusion is drawn.

This could be addressed by either first stating the recommendation in the text following the material that purports to support it and/or clearly making references back to page or part numbers where each recommendation is recorded in part 11. It would be most useful for future reference if each of the recommendations could be separately numbered.

Finally, in light of ACT Corrective Services comments about an NSP, it almost goes without saying that ACT Corrective Services suggests that the recommendation on p171 that a NSP trial be 'instigated' goes too far at this time. In our opinion there is nothing in the report to suggest that more than investigating the feasibility of such a trial is warranted, together with the consultations already referred to in the draft recommendation.

ACT CORRECTIVE SERVICES
DRAFT INPUT TO DECEMBER BURNET REPORT
SPECIFIC COMMENTS

**3.0 Executive
summary**

ACT Corrective Services (ACTCS) welcomes the provision of an executive summary in due course and urges that care should be taken to avoid introducing further ambiguities by over-simplification, as has happened with many of the summary boxes in the body of the report.

The executive summary should provide a balanced summary of positives identified in the provision of services at AMC and constructive commentary on opportunities for improvement. If some findings or recommendations are considered to be more significant than others, it would be beneficial to highlight them in this part.

4.0 Introduction

p. 7, 1st paragraph, 1st
sentence

The sentence should read: "Prior to the establishment of the Alexander Maconochie Centre (AMC), prisoners from the Australian Capital Territory (ACT) were **incarcerated** in prisons operated by Corrective Services New South Wales.

p. 7, 5th paragraph, 1st
sentence

The sentence should read: "An evaluation protocol was developed by a **consultant in social research and evaluation with input from representatives from ACT Health and ACT Corrective Services.**"

p. 8, "Demand
Reduction" dot points

"drug-free wings/areas" – unclear what this refers to.

5.0 Methodology

p. 10, Sections 2 and 3
primary/ secondary
data collection/review
and analysis and
throughout

Use of the Inmate Health Survey (IHS) data is not mentioned here. ACTCS has concerns about the use of the IHS data as it is unpublished, unreviewed data; there's potential for errors; obviously it is a mine of information, but it should be reviewed by someone close to it, e.g. the organisation that conducted the IHS.

**6.0 Desktop Policy
Review**

p. 26, 1st paragraph, 1st
sentence

"The draft strategy notes that of the 104 inmates... as at 30 September 2009" – this figure should be 164.

p. 26, 1st paragraph, 1st
sentence

"40% of detainees reported injecting drugs" – It is unclear whether this refers to drug use *in prison*, and/or the time period (e.g. lifetime, last year, since incarceration in the AMC). The fact that the number of prisoners is very low undermines the credibility of the statements relying on it (49% on opioid maintenance, 40% injecting).

- p. 28, last paragraph continuing to p. 29 “In summary, however, the *Strategy* highlights....” Supports rehabilitation agenda. The report contradicts this approach ie supporting NSP
- p. 29 table, 1st column, 2nd dot point The sentence should read: “Searching of prisoners, visitors, cells and areas including physical searches, ion scanning **and X-Ray scanning (prisoners)**.”
- p. 29 table, 1st column, 4th dot point The sentence should read: “Penalties for positive searches of drug tests **and penalties for visitors who attempt to introduce drugs into the AMC.**” (ACTCS do not test visitors for drugs, but can search them).
- p. 30, 3rd paragraph, 2nd sentence This is incorrect, ACTCS notes that the sentence should read. **An X-Ray body scanner was introduced in February 2010 to scan prisoners for contraband. The scanner is used as a less invasive method to strip searching.**
- p 30, 4th paragraph, 2nd sentenced “The AMC welfare position remains vacant”. This is incorrect – the AMC has never had a welfare position in it’s employment profile.
- p. 30, last sentence continuing onto p. 31 Typo - “Medical” should be “Medicare”.
- p. 31, 6th paragraph The reference to “individual counselling” in the Adult Corrections Health Services Plan is interesting, given that it is a constant criticism that there is no generalist counselling available – the Corrections Health Plan strongly implies this is an ACT Health responsibility.

7.0 Brief Literature Review

- p. 35, 2nd paragraph Levy (2005) is not in the reference list. The reference list includes lots of references to “X et al” – this is not accepted practice in the reference list, where a full list of the authors should be provided.
- p. 36, 1st paragraph “Dolan et al (2010) found that 11-53% of prisoners reported injecting while in prison” – it is unclear why there is such a wide range (“11-53%”). This suggests the possibility that it is an estimate rather than actual data.
- It is also noted that the majority injected ice (a casual reader might assume it was opiates) - however this is not mentioned in the report.
- p. 37, first paragraph, 2nd sentence ...”study of prisoners in NSW also indicate high rates of HCV re-infection...” – use of the word “high” is editorialising. Is it a high, or low, or moderate rate? Compared to what?

- p. 39, 3rd paragraph, 1st sentence "...that largely remain untreated or ineffectively treated..." the authors have presented no evidence for this statement. Is there any evidence?
- p. 40, 4th paragraph Burrows et al (2001) is not in reference list; is it meant to be Burrows et al (2000), or is it a different reference?
- p. 41, 3rd paragraph There is only one small paragraph on 'Supply Reduction.' ACTCS considers that this issue warrants much greater discussion.
- p. 41, 4th paragraph, "Demand Reduction," 2nd sentence "Capelhorn et al (1996) found that PWID not in opioid pharmacotherapy were three times more likely to die than those in treatment". Does this comment apply to PWID *in the community*, not in prison? This needs to be clarified.
- p. 41, 5th paragraph, 2nd sentence Warren et al (2006) is not in the reference list; as above, the statement attributed to Warren et al needs to be clear whether it refers to in prison or in the community.
- p. 42, 4th paragraph, 3rd sentence "However, group therapy approaches..." referenced to Black et al – cannot find any such statement, or anything similar, in the Black et al report.
- p. 42, 5th paragraph, 1st sentence "Measures currently available..." but refers to a report dated 2004; this is not very "current".
- p. 43, 2nd paragraph Obviously this is a very contentious topic, and the authors need to be rigorous. Jurgens et al. (2009) seems to largely draw on a paper published in 2001, which reviewed NSPs in prisons since 1992. Surely there must be more recent data than that? Jurgens report primarily focuses on HIV, it is unclear how well it addresses Hepatitis. Also, the use of the passive tense "no new cases... have been reported" hides the fact that there were few evaluations, so there have been limited opportunities for cases to be reported. Similarly for the use of syringes as weapons – it's hard to believe that while they are regularly used to hold up petrol stations, they are NEVER used as weapons in prison. Absence of evidence is not evidence of absence. Regarding needle stick injuries to staff – Jurgens et al's report for the WHO does not adequately address this point.
- p. 44, 2nd paragraph, 3rd sentence "Kinner et al. (under review)" – referring to an unpublished report is always awkward, as the reader cannot go to the primary source; if the paper is still under review, it also means it could change.
- p. 44, 2nd paragraph, last sentence "Although the most common causes of death were identified as drug-related, most deaths in the first year and first four weeks post-release were not drug-related."

For the above reason, it is difficult to understand this last sentence, or to go to the primary source to get the context to understand it.

p. 44, 3rd paragraph, 4th sentence "with highest mortality" should perhaps read "with highest *relative* mortality."

8.0 AMC Background

p. 47, 2nd paragraph, last sentence 'At any point in time, about 25% of the AMC prison population is aged less than 25 years.' There is no evidence provided to support this statement.

p. 48, 1st paragraph, 2nd sentence The sentence should read: 'The average monthly female population of the AMC ranged between 12 and 20 over this time, representing 7 - 10% of the average prison population...'

p. 48, 3rd paragraph More background on the Inmate Health Survey is needed – the number of respondents, participation rate etc, as the reader is unable to refer to any primary source.

p. 49, 4th paragraph, 3rd sentence "Thirty two percent of respondents (24 of 72) reported ever injecting drugs at the AMC" – the authors do this throughout the report, and need to be very careful. It is not 32% of respondents, but 32% of *some other number (possibly those who injected in the last year, but it is unclear)*. This kind of statement can be deceptive – ie "32% of prisoners inject drugs at AMC" when in fact it is 24 out of 134, or 18%. ACTCS want to be absolutely certain that these data refer to *in the AMC* and not "in prison ever" or "in prison in the last year" which may not have been at the AMC.

9.1 Policy and Governance Issues

p. 51, 1st paragraph, 1st sentence A comment was made regarding insufficient consultation taking place with frontline staff when introducing a policy.

Response: Frontline staff are provided with opportunities to raise issues with their managers regarding any operational matters that may influence policy developments. All policies are developed in consultation with senior frontline staff. All staff have opportunity to input to policies through the ACTCS Continuous Improvement Process.

Agencies including the Human Rights Commission and Ombudsman provide comments on policy.

p. 51, last paragraph "One particular area..." – it is surprising that the authors cover such a broad range of issues in the report, much wider than their expected remit to be. This paragraph on male and female prisoners seems

irrelevant to the topic of drug policies.

p. 53, Summary

“Policy not guiding how to balance...” – what policy? Often in the report, and in summaries of findings, the authors are too vague. If talking about policy, they need to identify which policies, or an absence of policies.

The first two dot points in the Summary are incorrect, there is considerable consultation.

9.2 Case Management

p. 54 , paragraph 1, 3rd sentence

Asserts “no quantitative data was received regarding Case management provided by Corrective Services” –

No request for such data was received. ACTCS has an integrated data base upon which all case notes and interventions are recorded along with individual case plans. Also data is stored on all Sentence Planning Group meetings, at which the prisoner is present to discuss their case plan. AMC PPO Case Managers endeavour to see every prisoner on their caseload on a weekly basis. ACTCS has responded to numerous assertions by prisoner that they don’t know who their case manager is via complaints to the Official Visitor, Human Rights Commission and Ombudsman, none of which have been substantiated as the quantitative evidence refutes such allegations.

p. 54 onwards

There is no mention of case officers until quite late in the section. It looks as though the point the authors are trying to get at is that there should be better coordination of the various services providing AOD interventions to prisoners – Health, NGOs, ACTCS case managers and programs staff. This may be a valid point, but the way it is expressed is very longwinded and circuitous.

p. 54 , paragraph 2

Case management roles are now centrally co-ordinated under the Offender Services Unit with a team leader and a Manager overseeing the delivery of case management services including offender classification, case management, programs, Chaplaincy, education and library. AMC Case Managers are no longer rotated at 6 monthly intervals – this practice ceased after one rotation in line with ACTCS Continuous Improvement processes.

p. 55 – see example of 1 week of interventions by CMs.

| | | |
|----------|--|-------------------------|
| AMC PPOs | Number of Remand prisoners seen | 58 (75 times) |
| | Number of Sentenced prisoners seen | 81 (125 times) |
| | Total | 139 (200 times) |
| | Number of Remand prisoner interventions | 52 |
| | Number of Sentenced prisoner interventions | 45 |

p. 56

Case Managers liaise with all other service providers. Information exchange is prohibited by Privacy Legislation in particular from Health, despite information consent forms that are signed by prisoners.

Case conferences are offered to every prisoner prior to release and support services are invited. ACTCS has data that confirms these conferences are occurring.

Since the appointment of the Pre Release Officer, no prisoner has been released from the AMC without pre-arranged transport or accommodation.

ACTCS note that the Discharge booklet provided to prisoners before release is constantly being updated.

p.56, 3rd paragraph, 2nd sentence

“Many prisoners were not aware...” needs to preface by “claimed” or “reported”. This statement may need to be in context of how long they have been in custody. New prisoners will take some time to understand the case management process.

p. 57, last paragraph

Case Managers are no longer rotated from AMC and Eclipse House.

p. 57, second paragraph

NGOs attending the AMC provide elements of case management relating to specific needs such as housing, AOD counselling, women’s support, health and AOD. The primary case manager is within ACTCS who will co-ordinate a range of services to support prisoners both in custody and post release. Prisoners have access to a range of support services which are listed on the free phone list for prisoners. Consistent with best practice, prisoners are encouraged to take responsibility for their rehabilitation and to self-refer where they are able. This is often instigated by the Case Manager who will liaise with services who are engaged with a prisoner. The purpose is to empower the individual in order to educate them to seek appropriate supports and continue to engage with services post release. The statement “it is generally up to prisoners to initiate access to these services” is consistent with an empowerment approach and is consistent with ACT Health’s Community Health Model.

p. 59, paragraph 12

All custodial officers are trained in writing case notes as is evidenced on the ACTCS data base. Policy, Procedure and specific resource material is available to staff to assist in the preparation of case notes.

p. 61, paragraph 4

This statement demonstrates no understanding of the role of Case Managers or the model. AMC case managers do identify criminogenic risk factors including issues with relationships, employment, homelessness, substance abuse, financial management,

education, criminal attitudes and behaviours upon which a case plan is developed in consultation with the individual and appropriate interventions or referrals for interventions is implemented. This plan is regularly monitored and reviewed in accordance with length of sentence planning. The goal being to achieve successful lawful community integration.

p.61, paragraph 6, 2nd sentence

A Pre release officer co-ordinates service delivery prior to release and a case conference is arranged for every sentenced prisoner. Remand prisoners are allocated a case manager.

p. 62, paragraph 1, 2nd sentence

ACTCS has pre-release data. A schedule of release dates is sent out weekly.

p. 62, paragraph 10

Housing issue – this comment relates to the availability of accommodation services in the community. However, the pre-release office arranges accommodation for all sentenced prisoners being released from custody.

p. 63, paragraph 2, 2nd sentence

Prisoners are now required to attend their case conferences.

9.3 Counselling

p. 65

Reference to Forensic Mental Health (FMH) in a section discussing “drug dependence counselling” is deceptive. FMH do not provide any such counselling. This section ignores ACTCS AOD group programs, though they are mentioned much later on. The authors are clearly talking about one-to-one counselling, but don’t say so.

p. 66, last paragraph

If the authors are going to conclude that group programs are not appropriate for all prisoners, they should be clearer about why. A prisoner not wanting to do a group is not the same as it not being appropriate. In criminogenic programs, evidence is strongest for group programs, and they are more cost-effective.

p. 68, first paragraph
“Individuals discussed...”

The authors seem to be saying that each prisoner should have a weekly counselling session. The cost implications of this are very significant. A counsellor could not be expected to see more than 20 clients one-to-one for an hour each week. The rest of the time would be needed for essential record-keeping and administration. To provide this service to a prison population of 220 would require 11 full-time counsellors, not taking into account leave. Every prisoner would love someone to talk to but it is arguable whether every prisoner *needs* a counsellor to talk to.

9.4 Programs – Educational and Employment

- p. 69, paragraph 1 No data was requested. There is a focus on hearsay data regarding the criticism of ACTCS when it is compared to NSW Corrective Services.
- p. 69, 6th paragraph Horticulture programs, including a vegetable garden, are already happening at the AMC.

9.5 Programs - Recreational

- p. 71, paragraph 6 ACTCS is unaware of who made the statement that there is no gym at the AMC. There is a temporary gym and ACTCS has sought funding for a permanent gym.

9.6 Programs – Therapeutic

- p. 72, 2nd paragraph,
3rd sentence The statement about two programs is incorrect, there are **three** programs.
- It should read: The three programs run by this team at the time of this evaluation were First Steps, Back In Control and Health and Wellbeing.
- p. 72, 2nd paragraph, 4th
sentence Sentence should read: These are structured weekly programs delivered by two facilitators.
- p. 72, 2nd paragraph, 6th
sentence This is incorrect and should read: ‘Back in Control’ runs over approximately 20 weeks....’ (it was incorrectly reported as 16 weeks). [ACTCS acknowledge that this was based on information it provided.]
- p. 72, paragraph 3, 3rd
sentence Sentence starts: “Intakes were irregular” – This is incorrect as group cycles ran consistently and concurrently - AOD statistics confirm this.
- p. 72, paragraph 3, 5th
sentence Sentence starts: “These data suggest potentially excellent program coverage in some months“ – This is incorrect, as above, group cycles were consistent and data confirms this.
- p. 72, paragraph 3, 6th
sentence Sentence starts: “The coverage is largely poor for females” – Female prisoners were difficult to engage and four group cycles were offered to women. They continually declined to participate, despite repeated attempts to engage.

- p. 72, paragraph 3, last sentence Incorrect – AOD prison population data was available from **5 May 2009**.
- Page 73, 2nd paragraph, 3rd sentence “largely punitive in nature” - The word “punitive” is somewhat value-laden – exiting someone because they don’t attend is not “punitive” but supports individuals to take responsibility for their choices.
- p. 73, paragraph 3 The authors appear to misunderstand the timetabling of a 6-session group. If a group commences in April, it then runs through May. It will not commence again until June. This doesn’t mean no program ran in May, it just means no program *commenced* in May.
- p. 73, 3rd paragraph, 2nd sentence Begins: “The ‘Health and Wellbeing’ program is based on.....”
Should read: runs over six weeks and is provided to remand or sentenced prisoners regardless of whether they have completed First Steps or Back in Control programs.
- p. 73 – 74 Conclusions regarding access and awareness on page 74 are not supported by the data on the previous page.
- p. 74, 1st paragraph ‘Personal Effectiveness Program’
This program was introduced at the request of prisoners. It was discontinued, however, as prisoners lost interest and did not attend to the point that not enough people were attending. As it was not a criminogenic program, ACTCS was comfortable in ceasing the program as ACTCS’ focus is on criminogenic programs.
- p. 74, 2nd paragraph, key informant comments All sentenced prisoners were referred to AOD through Case Managers and scheduled for groups subject to sentence expiration. Remand prisoners self referred – wait lists were developed to capture those sentenced or remand prisoners that either weren’t referred or didn’t self refer.
- p. 74, 6th paragraph Sentence reads: “Prisoners and ex-prisoners reported finding the programs difficult to access.” This is incorrect, as clear systems to access AOD programs were in place and prisoners were aware of these and utilised them.
- p. 74, last sentence Incorrect – prisoners were and remain aware of who the AOD workers are. Policies and procedures were developed to support the process of referral and to minimise the extent of unnecessary content, as these workers were the first point of contact for all programs.
- p. 75, 1st sentence Statement about it being 4, 5, 6 weeks before prisoners hear about programs is incorrect and ACTCS holds data that confirms this. Policy and procedures are in place to ensure quick turn around (group allocation) between referral and self referral.

- p. 75, 2nd paragraph Sentence begins: "Sign up processes appeared to be passive...." This is incorrect, as previously mentioned policy and procedures were in place to ensure sentenced prisoners were referred and allocated to groups promptly (subject to sentence expiration). Remand prisoners were regularly approached if they didn't self refer. A programs compendium was available for all prisoners to ensure they knew what programs were available.
- p.75, paragraph 6-7 The assertions made are not supported by the quote used regarding waiting times to access programs.
- p. 75, paragraph 8 A false conclusion was made, as the data does not support the hearsay, the gaps in table Figure 3 is consistent with starting and finishing.
- p. 76, 1st paragraph Incorrect – programs were inclusive of all classifications and AOD data confirms this. Women prisoners were difficult to engage hence no Personal Effectiveness Program or limited Health and Wellbeing programs due to attrition. Unlike other jurisdictions, ACT remand prisoners are offered programs without discussions of offences and the possibility of them pleading not guilty for these offences.
- p. 77, paragraph 10-11 The Hepatitis C program is run by NGOs and not by ACTCS.
- p. 77, last paragraph, 2nd sentence "however the ability to tailor is severely limited" – What does this mean? Manualised programs were amended and the focus on groups confirmed other needs. Programs were developed accordingly.
- p. 78, 2nd paragraph, Frequency, 1st and 2nd sentence Incorrect – AOD data confirms programs ran regularly – concurrently to all cohorts.
- "Program schedules clash with other activities..." this actually demonstrates how much activity there is at the AMC. Programs were scheduled with visits etc in mind to ensure minimal program clashes. Prisoners at times will also choose to attend a visit rather than attend a program – this is not a clash with activities, but rather a decision the prisoner has made.
- p. 78, 2nd paragraph Frequency, last sentence It is unclear what programs are being talked about here. AOD programs always ran frequently and all prisoners were aware of groups and triaged for participation subject to sentence expiration or next court date (remand). AOD staff were well known to all prisoners – as a first point of contact.
- p. 78, last paragraph, 2nd sentence "program choice was considered somewhat narrow and similar to what was offered" – correct and confirms best practice and efficacy.
- p. 80, 1st quote Relevance of DBT is unclear, and it is also unclear why this quote has been accepted uncritically; DBT is a therapy evolved from CBT,

and intended for people with Borderline Personality Disorder. It is not an AOD therapy (albeit many people with Borderline PD in prison are also substance abusers).

P80, Summary

Point 1: There is no evidence provided by Burnet that there is poor access to programs. ACTCS AOD has data that refutes the statement that there is poor access to programs.

Point 2: Anecdotal evidence only from informants, AOD data confirms otherwise.

Point 3: Incorrect all cohorts/classifications including the Management Unit and the Crisis Support Unit had access to and participated in AOD programs. AOD data confirms this.

Point 4: No evidence regarding the quality of programs being inadequate.

Point 5: Irregular infrequency of programs – no evidence shown and again AOD data contradicts this.

Point 6: What programs are being talked about here? Is Burnet stating there are not enough AOD programs offered or programs in general? It is possible that ACTCS offer more AOD and specific issue group content than other jurisdictions to address AOD criminogenic need.

9.7 Therapeutic Community and External Residential Rehabilitation

p. 81, 8th paragraph, 3rd sentence

Beginning: “Some ex-prisoners and Corrective Services staff believed that methadone negatively impacted on participants in the TC.....”

There has been no discussion with TC staff about whether methadone either negatively or positively impacted participants in the TC. The TC was established to include those on a range of pharmacotherapy interventions.

p. 81, 9th paragraph, second sentence

This sentence is not logical – rapid withdrawal is not related to duration in the program. This sentence is implicitly criticising the Canberra based rehabilitation centres, but somehow manages to turn this into a criticism of ACTCS/Corrections Health for the rapid withdrawal prior to release.

p. 82, paragraph 7, 2nd sentence

“There was concern that the approach was being altered...”
Program guidelines and content changed in October 2010 after consultation with TC participants at weekly community meetings.

Therefore the staff and participants were aware of the program changes.

p. 83, 4th paragraph,
3rd sentence

“but are largely required to contact the services themselves.”

This is a requirement of the rehabilitation centres themselves – they expect the client to be motivated enough to contact them. The rehabilitation centres want to speak to the client, not their case manager.

p.83-84, Summary

Point 1: Suitable venues to undertake assessment for rehabilitation is the issue in the ACT, not access to residential rehabilitation in general.

Point 2 & 4: “Opioid pharmacotherapy issues in the TC negatively impacting on individual participants” and “Content changing over time, but this may be confusing for participants” - there is no evidence to support this. As previously discussed changes have been discussed with participants.

Point 5: Literacy support is made available to all participants as/if needed through education teachers and TC staff provide additional support as required.

Point 6: No evidence to support this, as established exit pathways are utilised and the TC theory model and method is preparation for release as demonstrated by current international TC efficacy literature.

Point 8: “Improved support for accessing external rehabilitation programs needed.” Not needed for TC participants as the TC transitional release worker assists here as required. The broader AMC community may need some support.

9.8 Primary Healthcare

p. 85, 2nd paragraph,
last sentence

“These delays are indicative of a lack of equivalence...” – the issue of equivalence also relates to the lack of Medicare coverage for prisoners across all jurisdictions.

9.9 Mental Health

p. 90 and onwards

The relevance of this large section on Mental Health services is unclear.

p. 91, 2nd paragraph

“...difficulties accessing mental health staff... for medications” – unclear what this statement means. For medication review? To commence a medication? Often they ask to see MH because they want benzodiazepines or other sedating medication, not because they

have a mental illness.

The comments about withdrawing from mental health medications following admission could just as easily be applied to any medication. While this should be a matter for ACT Health to raise, ACTCS understands that medication will not be dispensed until Corrections Health can confirm with the prescriber that it was prescribed. If a prisoner has been in the AFP Watchhouse overnight on Thursday without medication and arrives at the AMC on a Friday late in the afternoon, it may be that they do not commence medication again until Monday (or Tuesday if Monday is a public holiday). This can be because their prescriber is uncontactable before then. Prisoners often have dropped off their medication even before arrest. There are risks to rapidly recommencing at a high dose, just as there are to rapidly ceasing. However, we understand that neither scenario is completely avoidable.

p. 92, last quote

This is an inaccurate description of the Better Access to Mental Health initiative, which would cast doubt on the expertise and knowledge of the key informant.

p. 93, 2nd quote

Mental Health staff DO provide a copy of their induction assessment to Corrections Health immediately after the assessment is completed.

p. 93, Crisis Support Unit, paragraph 5

This is a largely accurate description of the Crisis Support Unit, but it was never intended to be a therapeutic environment – it was meant to be a *safe* environment. The absence of a secure forensic unit in the ACT surely rates a specific mention here.

9.10 Detoxification

p. 96 summary, 6th point

Unclear what “safety issues for staff” means.

9.11 Opioid Pharmacotherapy

p. 102, 3rd paragraph

“All individuals...” The meaning of this first sentence was unclear and the last sentence “This was perceived...” also did not make sense.

9.12 Searches and Seizures

p. 104

It seems to be implied, or inferred, that searches (of all types, including SOTER) are only for the purposes of locating drugs, whereas there are other items of contraband that are being searched for in addition to drugs.

- p. 104, 1st paragraph,
2nd sentence ACTCS provided the Burnet Institute with data on the number of searches conducted on unique individuals. This included strip searches and SOTER searches.
- p. 104, 2nd paragraph,
5th sentence “there was little relationship between number of strip searches conducted and the number of seizures, suggesting that searches over this time were not being undertaken on the basis of reliable intelligence or reasonable suspicion” This is an incorrect assumption – ACTCS policy states that all prisoners will be strip searched on admission to the AMC. During the period of June 2009 to May 2010 ACTCS was repatriating prisoners from NSW to the ACT. Each prisoner was searched upon admission to the AMC – this search was not necessarily as a result of intelligence but in accordance with the policy.
- Figure 5 does in fact show a relationship between number of strip searches and number of seizures i.e. the number of contraband seizures increased at times when the number of searches increased.
- p. 104, last paragraph,
2nd sentence The sentence should read: “Since the SOTER was introduced at the AMC, in February 2010, 236 SOTER searches have occurred among 143 prisoners...”
- p. 105, 2nd paragraph,
2nd sentence The sentence should read: “Between March and May 2010, prisoner searches with drug detection dogs...” This is important to differentiate between cell and area searches where drug detection dogs have been used.
- p. 105, 3rd paragraph,
3rd sentence The sentence should read: “Whereas the number of monthly cell searches...from 1 in June 2009 to 392 in March 2010.”
- p. 105, 3rd paragraph,
5th sentence “similar to strip search data, there was little relationship between monthly numbers of cell or area searches and monthly seizures of drug related contraband, with cell and area searches resulting in seizure of contraband on less than one percent of occasions”. Again, searches are conducted as per ACTCS Policy and not necessarily as a result of intelligence or for any particular contraband.
- p. 105, 3rd paragraph “resulting in the seizure of contraband” presumably this only means drug-related contraband.
- Page 105 K9 data on cell and other areas searches, and K9 data on cell and other areas contraband seizures is missing. This has been provided to Burnet.
- p. 105, last paragraph,
2nd sentence The sentence should read: “Between June 2009 and May 2010, there were 6519 random and targeted searches of visitors...”
- p. 106, 1st paragraph,
3rd sentence The sentence should read: “Monthly searches of visitors using drug detection dogs...to a high of 906 (102% of recorded visitors in

September 2009, % is greater than 100 as the number of searches includes searches of persons who have not registered to enter the AMC for example, searches conducted in the AMC carpark or at the entrance of the AMC).

p.106, 1st paragraph, 5th sentence “again, there was no relationship between monthly seizures and the coverage of visitor searches as a proportion of all visits.” All visitors will be subjected to the metal detector searches, however not all visitors are subject to K9 searching.

p. 106, 2nd paragraph, 1st sentence A comment was made that members of the review team observed that searching practices were inconsistently applied, as they completed several visits with items in plain view that were later identified as contraband and could not be taken into the AMC.

This reference requires clarity. ACTCS gave permission to evaluation team members to take certain contraband articles into the AMC to assist with their evaluation ie laptop, recorder etc. Is this what is being referenced here?

p. 106, 3rd paragraph, 1st sentence A comment was made that data on the number of visitors scanned through the ioniser and the number of positive indications that resulted in a seizure were not recorded.

Response: Positive indications through an itemiser do not necessarily indicate that a person is attempting to bring contraband into the AMC. The itemiser can detect very fine drug particles on a person. Drug particles may be present on a person as a result of handling money or through other innocent, everyday means. The presence of drug particles on a person does not mean that a person has drugs in their possession, it is merely an indicator.

p. 107, 3rd paragraph onwards (comments from key informants) **Response:** There is no evidence supporting the comments from ‘key informants.’

p. 107, 14th paragraph, 2nd sentence A comment was made regarding aligning searching practices with legislative requirements regarding leaving cells in an orderly manner after searches.

Response. Once again, there is no evidence that supports this comment. While there is no legislative requirement regarding leaving cells in an orderly manner after searches, ACTCS Policy states that cell searches will be conducted in such a way so as to cause as little disruption as possible whilst the search of the area is performed.

p. 108, paragraphs 1 to 5 Various comments were made by ‘key informants’ regarding the way searches were conducted.

Response: Once again, there is no evidence that supports these statements. In accordance with the ACTCS Policy, prisoners may have their cell/room searched at any time.

p.108, paragraphs 7 to 10

A comment was made that prisoners were not informed properly regarding the use of the SOTER and the accompanying risks.

Response: Prisoners were issued with a Prisoner Notice in March 2010 regarding the introduction of the SOTER. The Notice states that the amount of radiation emitted from the SOTER is less than what a person would receive on a flight from Melbourne to Brisbane. This statement was based on evidence taking into account the amount of radiation emitted from the device per scan and the amount of radiation persons are exposed to while flying. A copy of this Notice also exists in the SOTER room which is available to all prisoners to read prior to being scanned by the SOTER. The SOTER Operating Procedure includes a requirement for officers to inform prisoners about the SOTER prior to use.

Officers operate the SOTER behind a shield in accordance with the requirements set by the ACT Radiation Council. Likewise, the 'Radiation Warning' signs placed on the entrances of the SOTER room are a requirement set by the Council.

p. 109, Summary, 2nd dot point

Is this finding as meaningful as the authors imply? There is probably insufficient data to make a connection, and it also ignores the fact that searches are conducted for reasons other than drug-related.

9.13 Urinalysis

p. 110, 5th paragraph, 2nd sentence

The sentence should read: "Over the reporting period a total of 169 positive tests (73% of all receptions and 64% of reception tests) were recorded."

p. 111, 1st paragraph

The number of positive tests of new entrants should be qualified.

Response after first sentence on page 111. The urinalysis results indicate that at least one third of all new entrants tested have had drugs in their system prior to entry to the AMC.

p. 111, 1st paragraph, 2nd sentence

The following comment was made: "At the time of writing this report, the types of drugs detected through reception urinalysis were not available".

Response: This is not correct. A breakdown of number of tests, number of positive tests and number of positive tests by drug type targeted and untargeted (new receptions) was provided to Burnet via ACT Health on 10 September 2010.

p. 111, 3rd paragraph,
3rd sentence The sentence should read: “A total of 44 prisoners returned positive results as **part of targeted tests** (77 drug indications accounting for poly drug use) over this period.”

p. 111, 3rd paragraph,
4th sentence The sentence should read: “Figure 9 indicates that there was not a strong relationship between number of targeted tests performed **from June 2009 to October 2009, however a stronger relationship was evident from November 2009 to May 2010.**”

p. 112, Figure 10 It appears that Figure 10 is identical to Figure 9. Figure 10 should be removed.

p. 113, 2nd and 3rd
paragraphs Key informants have made comments that some prisoners were subject to urinalysis testing more than others.

Response: Officers have the discretion to determine which prisoners get selected for a targeted test and this will reflect available intelligence and prisoner behaviour.

9.14 Drug Use in the AMC Prison Population

p. 117, paragraphs 3-7 No evidence to substantiate these claims. As previously stated to the Burnet Institute, this should be removed or if evidence is available to substantiate this claim, it should be provided to ACT Policing.

p. 117, 8th paragraph,
3rd sentence References to “in prison” – is this the AMC, or any prison? If the latter it makes a huge difference to the findings and their implications.

p. 120, table 9, last line Is this “ever consumed alcohol” *in prison* or in the AMC?

p. 121, 3rd paragraph “increasing numbers of tobacco sales” – these need to be placed in the context of an increasing prison population, i.e. expressed as a rate.

p. 121, 4th paragraph First sentence does not make sense, and the second sentence also needs some revision.

9.15 Blood Borne Viruses

p. 127, 2nd paragraph,
3rd sentence “This is a legislative requirement...” – the authors should cite the legislation, or at least name it.

p. 129, 3rd paragraph,
2nd sentence “reported getting a tattoo in prison” – was this in the AMC or any prison?

9.16 Overdose

p. 131, 1st quote

There is no evidence to support this quote – as already stated there has been no reported overdose from illicit drug use.

9.17 Bleach Provision

p. 133

Regarding concerns that prisoners accessing bleach provisions would trigger searches and urine tests, ACTCS recognises that prisoners use bleach for a variety of cleaning purposes that are not limited to cleaning needles and syringes. As such, ACTCS would **not** assume that prisoners accessing bleach would be using it to clean needles and syringes. ACTCS maintains adequate supplied of bleach products in all dispensers.

9.18 NSP

p. 135, 1st paragraph,
3rd sentence

The sentence should read as follows: "Quantitative data validate these findings, with seizure data indicating that **28** syringes had been seized, **seven of which (33%) had been interdicted prior to entering the AMC.**"

p. 135, 1st paragraph,
5th sentence

"In addition, one intra-prison case of HCV transmission has been recently reported at the AMC."

Comment: A further test has confirmed that the prisoner does not have Hepatitis C. However, it is also noted that the Health Co-Chair directed that this sentence be removed.

p. 136, last paragraph

Should read: Custodial officers and the ACTCS staff are strongly opposed to a prison based NSP.

p.137, 7th paragraph,
2nd sentence

Response. Safely disposing of a needle and syringe is very different from offering a NSP or needle exchange. Alcohol swabs may be provided to prisoners for reasons other than injecting. The presence of sharps bins does not imply widespread needle disposal, as there are other sharps (e.g. razors) that sharps bins are used for.

p. 137, 7th paragraph,
1st and 2nd sentences

"There were a number of reports that indicated that an informal exchange was already operating" and that prison staff had provided prisoners with needles and syringes and alcohol swabs.

Response: There is no evidence to substantiate these reports.

Initial drafts alleged that this was operating through Health staff (who have access to needles and syringes). ACTCS staff do not have access to these items in the course of their work. The way the draft now reads leaves it open to interpretation that this 'informal exchange' involves custodial staff.

p. 139 summary, last bullet point

“Broad support” may mean some support amongst all cohorts, but as the vast majority of staff at the AMC are correctional officers, it would also be accurate to say “overwhelmingly not supported.” The authors have chosen to present their findings in a particularly positive light.

10.1 Evaluation Questions

p. 144, 4th paragraph, 4th sentence

“... access to external residential rehabs... declined in September 2010...” Where is the evidence?

p. 144, 5th paragraph, 4th sentence

Reference to “security classification” is misleading when they are actually talking about remand/sentence, which is a legal distinction, not a security classification.

p. 145, 2nd paragraph, 1st sentence

“these plans are not developed in collaboration with prisoners...” Where is the evidence? Prisoners are interviewed upon entry in the AMC and the case plan is developed in consultation with them.

p. 145, 3rd paragraph, 3rd sentence

Moving the TC elsewhere would either mean building a secure facility elsewhere, or further restricting the intake criteria.

p. 146, 2nd paragraph

This whole paragraph about mental health service provision never once mentions drugs or alcohol – so why is it here?

p.146, 4th paragraph

“poor completion rates” – there is no analysis undertaken to support the findings in this paragraph. There is no acknowledgement of reasons as to why prisoners may have commenced a program and not completed it (ie exit from custody, failure to comply with program requirements etc).

p. 147, 2nd paragraph, 4th sentence

Mention of lockdowns – again is this in the body of the report?

p. 149, 5th paragraph

Reference to alleged “assumptions” – it is unclear who the authors are referring to. It is well-demonstrated that remand prisoners *demand* programs, but when offered them either fail to sign up, or drop out quickly.

p. 150, 1st paragraph, 2nd sentence

“It is a finding...” again displays a naivety about the legal status of remand prisoners and the operation of prisons.

p. 150, 3rd paragraph

What program lasts 12 months? Not any AOD program, so this paragraph is based on a completely false premise.

“...offences typically committed by drug dependent offenders often

| | |
|---|---|
| | result in shorter sentences.....” – where is the evidence for this statement? |
| p. 151, 3rd paragraph, 3 rd sentence | What is “a specifically trained welfare officer”? A social worker? Why can’t a Case Manager perform this role? What does “coming from correctional backgrounds” mean? |
| p. 155-159 | This table includes statistics not previously referred to in the body of the report. They are unreferenced and are therefore hard to check. All such statistics should be contained in the body of the report, and referenced adequately so that the reader can cross-check them. |
| p. 155, table, first row, third column | “No increase in number and total volume of interdictions by drug type and drug-related contraband.” Response: There has been a substantial increase in the number of drug-related seizures in May 2010 due an increase in the number of searches. This shows a positive relationship between the number of searches and drug-related seizures. |
| p. 155, table, first row, third column, 2 nd paragraph, 2 nd sentence | “Increase over time in cell searches...” Response: This is not correct as there were 259 cell searches in June 2009 and 260 searches in May 2010. The number of searches peaked at 294 in December 2009. This statement needs to be removed. |
| p. 155, table, 2 nd row, 3 rd column | “No increase in number of drug detection dog searches of visitors.” Response: This is not correct. There was an increase in the number of searches of visitors over time with 342 searches in June 2009 and 668 searches in May 2010. ACTCS has increased its efforts in drug detection in March 2010 by introducing an additional two Passive Alert Detection Dogs and two dog handlers. |
| p.156, table, 3 rd row, 3 rd column | Assessment – 1 st sentence should read: Remand and sentenced prisoners in all classifications were able to access AOD programs. (ACTCS has statistics to support this claim) 2 nd sentence should read: Individual treatment is outsourced to an approved thoroughcare provider. 3 rd sentence should read: Issues with facilitation quality impacted AOD specialist group efficacy. |
| p. 156, table, 4 th row, 2 nd column | Target sentence should read: 100% of male prisoners who commence the TC program complete the four week induction phase. |
| p. 158, table, 2 nd row, 3 rd column | The comment should read as follows: Some incident cases have been recorded (less than five), however record keeping practices and testing practices are inadequate to determine incident case including |

where blood borne viruses have been contracted.

p. 161, Solaris TC
Corrective Services
salaries, Drug detection
dog handlers salaries

ACTCS acknowledges that the salary information provided to the Burnet Institute may have been incorrect.

The salaries should be reported as follows:

Solaris TC
ACTCS Staff
Total salaries = \$641,000
Total EFT = 7
Cost per EFT = \$91,571.42

Drug Detection dog handlers
Total EFT = 4
Total salaries = \$473,821
Cost per EFT = \$118,455.25

p. 161

All AOD team members are ASO6, yet the cost per EFT is less than the ASO6 starting salary. Clearly it doesn't include any managerial costs or on costs.

10.2 Harm
Minimisation Pillars
p. 163, 2nd paragraph,
1st sentence

The provision of the level of counselling suggested here would be hugely expensive. Especially to have a "drop-in accessibility" – that means a counsellor sitting around doing nothing, waiting for a prisoner to drop in which is unrealistic.

p. 164, 3rd paragraph

If a prisoner is accessing a community service provider, and that provider is not liaising with anyone else in the AMC, how exactly is that "case management?" This is an example of the NGO's who provide services but do not speak to (or e-mail) the prisoner's Case Manager.

p. 165, 4th paragraph

The statements made here are not in line with the content of the main report, or are irrelevant. How does assessment and treatment for suspected broken bones or chest pain relate to drug services? The statement that "refusal of pre-incarceration antidepressant medication" occurs is at odds with what is contained in the body of the report. The body of the report refers to delays in confirming medication, not refusal to prescribe it. The authors could draw attention to the refusal to prescribe ADHD medication, like they do for Buprenorphine, but they don't. The lack of mention of Naltrexone, which used to be heavily promoted in some jurisdictions, is also surprising.

p. 166, 1st paragraph,
2nd sentence

"current data limitations in the ACT" doesn't sufficiently convey the problems ACTCS has in following up anyone post-discharge – as an "island" jurisdiction, many clients have moved interstate, making follow-up impossible.

p. 166, last paragraph It is not clear on what basis it can be asserted that a trial is 'certainly warranted'.

11 Recommendations Generally ACT Corrective Services reserves the right to comment further on the recommendations as:

- many comments were made by stakeholders about these recommendations at the last EAG meeting, and
- once the Burnet Institute has given further consideration to the extensive commentary above, it is anticipated that many of the recommendations may be adjusted.

In the meantime a few observations are made now:

p. 168, 9th dot point Clarify what is meant by 'pre-prison'

p. 168, 'Counselling' The first four words appear to be redundant.
Clarify what is meant by 'equitable'.

p. 171, 'Needle and syringe program' At very least change 'instigate' to investigate the feasibility of' a trial.
The final two paragraphs on p. 172 appear to be redundant.