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Healthy Prison Review of Alexander Maconochie Centre

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Introduction

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) represents the Alcohol Tobacco and Other Drug (ATOD) sector in the ACT. Members include specialist alcohol and other drug treatment organisations, distinguished drug experts with deep knowledge of the criminal justice system and population health; the group representing families and friends who have lost loved ones to drugs; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA welcomes this second Healthy Prisons Review of the Alexander Maconochie Centre (AMC). Given ATODA's remit and the involvement of the ATOD sector in the AMC, this submission focusses on opportunities to strengthen AOD treatment outcomes for detainees at the AMC, specifically in relation to the relevant ACT Standards for Adult Correctional Services. ATODA notes that addressing these specific needs are key to ensuring detainees are treated with respect and dignity, as per the second of the four pillars of the 'healthy prison test'.¹

The ATOD sector's engagement with Corrective Services in the ACT is driven by the high proportion of individuals in the criminal justice system who experience or are at risk of experiencing risky AOD consumption. For example, in 2020, over 1 in 4 (28%) detainees reported consuming alcohol in the 24 hours prior to their arrest, with a median of 11 standard drinks consumed prior to arrest and almost 1 in 6 (16%) reported that alcohol contributed to their most recent arrest.² In 2018 in the ACT, 31% of prison entrants reported having consumed alcohol at levels that placed them at high risk of alcohol-related harm in the twelve months prior to prison.¹ Similarly, detainees are at greater risk of harm due to consumption of illicit drugs: an estimated 65% of prison entrants across Australia had used illicit drugs in the past year: the ACT had the highest proportion of detainees who report having used illicit drugs in the past year are in the ACT, at 89%.³ This points to a need to ensure that detainees in prison are provided with equitable access to AOD treatment and harm reduction measures.

The ACT Standards for Adult Correctional services are thorough and comprehensive, and therefore a significant proportion of them impact on issues related to AOD treatment and harms.⁴ In this submission ATODA focusses on the most relevant standards, in particular:

STANDARD 62: Conditions in detention promote the health and wellbeing of detainees. The health care service evaluates, promotes, protects, and improves the physical and mental health of detainees, paying particular attention to detainees with special health care needs or with health issues that hamper their rehabilitation. The standard of health care is equivalent to that available to other people in the ACT in the public health system

STANDARD 63: Individual health care plans are prepared, implemented, monitored and reviewed for each detainee requiring physical or mental health care of a significant or on-going nature as soon as practicable after their initial health care assessment is performed.

STANDARD 65: Where detainees require urgent, emergency or specialised health services they can access the required services in a timely way.

STANDARD 78: As far as practicable, the correctional centre provides and promotes a smoke-free environment on public health grounds, with appropriate intervention and support provided to detainees to assist with abstinence and withdrawal.

STANDARD 81: *Correctional centre systems have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into the correctional centre, reduce the demand for drugs and minimise the harm arising from drug use in correctional centres through education, treatment and enforcement.*

STANDARD 93: *Based on an individual risk and needs assessment, detainees are provided access to a range of evidence-based programs (for sentenced detainees) and transitional/pre-release programs that match detainee needs*

Specialist AOD services are part of the health system with specific expertise

ATODA notes the important role that the skilled specialist AOD sector in the ACT can play in supporting the AMC to meet these Standards. Specialist AOD services deal directly with AOD assessment, treatments, prevention, referrals and education. These services meet the required accreditation standards and have the necessary infrastructure and networks within the broader health system to most effectively support their clients. The specialist AOD workers in these services are highly qualified in their fields of expertise and are committed to positive therapeutic outcomes for service users.

Recovery, support, and therapeutic specialist AOD programs

It has been shown that punishment alone is not an effective tool in reducing recidivism.⁵ The ATOD sector has provided many examples of the effectiveness of treatment and its correlations with reductions in reoffending.⁶ ATODA recognises and supports the ACT Government initiative to reduce recidivism in the ACT by 25% by 2025.⁷ The ATOD sector can assist the ACT government to reach this goal by enhancing the AOD treatment available at the AMC.

ATODA notes that a number of opportunities for reform were identified in the 2019 Review and commends ACT Corrective Services for the actions taken to date.¹ Outstanding issues of particular concern for ATODA and the broader ATOD sector are detailed below, noting this is not an exhaustive list.

Comprehensive drug strategy

A significant overarching concern is the lack of a publicly available “comprehensive and integrated drug strategy” as detailed in Standard 81, since the expiry of the last relevant strategy in 2017. The 2019 Review Report noted the lack of this Strategy, and it was disappointing that there was no specific recommendation to develop such a strategy to address the issues noted in the 2019 Report, including the factors working against harm reduction in the AMC.¹ While the 2019 Review in relation to Standard 81 made important recommendations regarding the availability of naloxone (discussed further below), there is an urgent need for a comprehensive strategy that clearly articulates AMC’s goals regarding preventing the supply of drugs, reducing the demand and minimizing harms, in equal measure.

It is ATODA’s understanding that, like many prisons, the AMC does not provide the same level of emphasis on AOD harm reduction as it does on AOD treatment. ATODA is aware that the AMC is starting to engage more actively, for example educating Corrective Services staff about Naloxone overdose treatment (discussed further below), and commends this activity. A comprehensive strategy would provide the AMC an opportunity to extend its harm

reduction efforts to bring them into line with the ACT Government's commitments regarding harm reduction within the broader community. For example needle and syringe programs (NSP) are available in the community but currently not at the AMC. Harm reduction in prison is key to reduce harms related to AOD use.⁶ ATODA would welcome the opportunity to work with the AMC in the development of this strategy, in particular the balance between treatment and harm reduction measures. Both the development of a strategy and ATODA's involvement in this process would help to increase the transparency of harm reduction measures delivered in the AMC.

Equitable access to AOD treatment

Given that limited information is made public about the preventive, treatment and continuing care services provided at the AMC, it is difficult to determine the extent to which drug treatment services in the AMC meet the needs of detainees, and to what extent they are equivalent to drug treatment services available to other people in the ACT community. ATODA is aware that there are significant gaps in the provision of these services, for example, women are not provided with the same access to drug treatment services in the AMC as men. It is important to ensure that there is also equitable access for individuals on remand at the AMC, particularly given the increase in remandees since the last Review.

ATODA is aware of AOD treatment currently being delivered at the AMC through a range of providers, including Canberra Health Services, Winnunga Nimmityjah Aboriginal Health and Community Services, and individual NGOs including Karralika Programs, Toora Women Inc and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA).

While ATODA notes the programs that currently exist, it is of significant concern that the AMC detainee survey reported over 67% disagree or strongly disagree that they are aware of programs available to them at the AMC, and similarly over 75% report that they do not have access to programs that meet individual needs.⁹ Additionally, 33% felt that drug programs at the AMC did not assist detainees with drug issues.⁹ There is clearly a need for better promoted treatment programs that better meet individual needs. ATODA proposes that individuals in custody at the AMC should have adequate access to all treatment options, on an equal basis to the available of treatment options in the broader community, in line with Standard 62. There may be a need to review whether the existing suite of AOD programs available meets the needs of the current detainee cohort.

For example, male detainees at the AMC with an AOD dependency have access to well-regarded Solaris Therapeutic Community Program.⁸ ATODA notes the need for an appropriately designed program for women at the AMC with an AOD dependency that meets their specific needs.

An additional important principle regarding access to AOD treatment at the AMC is that detainees seeking treatment should have access to the same treatment options that are available in the broader community and freedom of choice over what treatment options best meet their needs. As an example of potential restricted access to treatment options, ATODA is aware of concerns regarding the availability of daily sublingual versus depot buprenorphine for the treatment of opioid use disorder. The availability and choice of Opioid Maintenance Therapy (OMT) at the AMC should be the same availability as in the broader community to best meet individual needs, as should be the case with all medication. The

availability of treatment options should be reviewed to ensure equitable access, in line with Standard 62 in particular.

Given this, ATODA recommends that to ensure Standard 62 in particular is met, that the AMC reviews existing AOD treatment availability and access, in consultation with specialist AOD services. ATODA also recommends that the AMC engage with specialist AOD services and other stakeholders through an inclusive process to design a comprehensive suite of AOD and related programs to meet specific needs. This could include developing a therapeutic model of care specific to the needs of detainees within the AMC.

Tobacco

Smoking rates for individuals in the criminal justice system are higher than the general population. National Drug Strategy Household Survey reported in the Australian general population 14 and over, approximately 11% smoked daily and 14% were current smokers.² However, smoking rates among individuals involved with the criminal justice system was much higher, with 75% currently smoking tobacco, and 67% daily smokers.³ Additionally, 66% of the AMC cohort smoked tobacco in 2019.⁹ This points to a need to do more to reduce smoking within this cohort.

ATODA notes the 2019 Healthy Prison Review commentary on smoke-free prisons, that “in 2019 it should not be necessary to argue the “health case” for a smoke-free prison environment”.¹ Smoke-free prisons seek to minimise health risks caused from smoking, or second-hand smoke for individuals at the AMC, including staff. ATODA also understands that all Australian jurisdictions, excluding WA and ACT have introduced a smoking ban in prison.⁹ ATODA suggests the AMC should seriously consider whether a ban on smoking is appropriate to bring ACT in line with other jurisdictions. ATODA acknowledges, although smoke bans may not prevent tobacco from entering smoke-free jails, they can reduce the supply and use of tobacco whilst in custody.

ATODA is aware of the diversity of community views on making the AMC smoke-free. On the one hand, some people view that smoking is a right which should not be infringed upon by a prison. On the other hand, some people argue that the health effects of smoking (including of second-hand smoke on other inmates and prison staff) trump any right to smoking. Regardless of where one stands on this continuum, it is clear that more can be done to preserve the health of prisoners through policy alterations.

A substantial proportion of AMC detainees smoke *more* on their discharge from prison than compared with prior to prison: nationally 10% of detainees smoke more, but in the ACT 47% of detainees smoke more.³ Further, a higher proportion of people exiting the AMC are smokers than the proportion who enter. In other words, some people take up smoking in the AMC. Given that over half of lifelong smokers will die from smoking, this is a significant issue, as it means that people will begin a habit which is effectively a death sentence, when their custodial sentence is much shorter.

Regardless of whether the AMC follows most Australian prisons in becoming smoke-free, there is scope to improve the knowledge and extent of smoking cessation programs. ATODA understands that nicotine replacement therapy patches are made available to detainees at

no charge. Access to free treatment has been implemented across other jurisdictions.¹⁰ ATODA recommends four ways to improve smoking cessation.

1. Increase the detainee knowledge of the smoking cessation support which is available. Results of the Detainee Survey 2019 indicate that 25% of detainees would quit, and 31% were unsure if they would quit if free treatment was available.⁹
2. Increase the types of nicotine replacement therapy freely available to detainees. Best practice use of nicotine replacement therapy combines patches with intermittent forms of nicotine replacement therapy, such as gum or lozenges.
3. Ensure there are specialist counselling services available to support quit attempts. These should be offered by specialist organisations and staff with relevant expertise.
4. Support to cease smoking should continue to be available upon exit from prison, given 43% of detainees exiting prison report intending to smoke upon release.³

All four of these recommendations would be useful to supporting health and human rights regardless of whether or not the AMC becomes a smoke-free prison.

Conditions for successful treatment outcomes

A range of environmental factors contribute to successful AOD treatments for detainees at the AMC. This submission comments on two factors of particular concern, but this is not an exhaustive list.

Overcrowding

As stated in standard 45, overcrowding in cells should be avoided where possible, and if capacity is reached, detainees should not be disadvantaged, such that they should have adequate access to support, programs, visits, services, activities, time out of cells and any other relevant rights and privileges. ATODA notes that for successful and continued treatment, overcrowding should be kept to a minimum where possible, to ensure detainees have adequate access to AOD treatment, support, activities, emergency treatment and other services.

Appropriately trained staff

The realisation of the standards noted at the outset of this submission depends upon appropriately training and supported staff in order to ensure reduced stigma and successful treatment outcomes for detainees at the AMC experiencing an AOD issue - noting that AOD issues themselves in all instances should be treated by a specialist AOD provider. In addition, specific standards (in particular standards 38 and 39) detail the requirements for appropriately qualified and skilled staff.

It is of significant concern that in the AMC staff survey conducted as part of the AMC Healthy Prison Review in 2019, 70% of AMC staff did not feel that they received adequate training in the management of detainees with drug issues.¹¹ While this finding was noted in the Healthy Prison Review 2019 Report in relation to drug and alcohol issues, it was disappointing that there was no specific related recommendation made and subsequently no commitment from

Government in the Government Response.^{1, 12} ATODA would welcome clarification from ACT Corrective Services about what training is available to support AMC staff and would be happy to work with AMC on training if required, noting ATODA's role in providing AOD training to related sectors in the ACT.

It was pleasing that the Government Response to the 2019 Review indicated that the recommendations regarding availability and administration of Naloxone in the event of a drug overdose would be acted upon. ATODA understands that CAHMA has recently been able to commence delivery of Naloxone training to AMC staff. This is welcomed by the sector, particularly given the strong evidence for Naloxone availability in reducing deaths due to drug overdose.¹³ This initiative demonstrates the important role that specialist AOD services play in identifying opportunities for improved management of AOD issues and harms. Building on this, the ATOD sector would welcome more opportunities for a collaborative relationship with the AMC.

Therapeutic alliance

It is important with all AOD support services that the AOD workers are seen as separate from the Corrective Services guards to enhance the therapeutic alliance. This is especially important for treatment or harm reduction for illicit substance use, when detainees would be reluctant to disclose illegal activities to those perceived as enforcing the rules. This principle also extends to alcohol, which is not permitted in the AMC.

ATODA remains provider-neutral, but notes that establishing a positive therapeutic alliance with all prisoners who want AOD treatment or harm reduction could be more difficult for those employed by the AMC or JACS.

Once established, it is important that a therapeutic alliance can be maintained. For those exiting the AMC, there are potential advantages if their specialist AOD services provider (individual or organisation) can also be accessed after release.

Reintegration

ATODA acknowledges the current programs to help with reintegration to the community after incarceration, however there is still significant room for improvement. The AMC detainee survey found that over 70% of detainees disagreed that programs at the AMC helped prepared them for their release.⁹ This helps voice the concern around the supply of current and relevant programs.

It is important that engagement with all detainees who are experiencing AOD issues, should occur at the earliest possible opportunity, to ensure that they are receiving the best care and outcomes. This needs to continue throughout the transition from incarceration to reintegration in the community, to ensure continuity of care and successful treatment outcomes.

Additionally, successful reintegration is often highly influenced by stable accommodation, education, employment, and access to suitable treatment programs. Providing additional support in these areas can assist detainees with the reintegration process, and reduce the likelihood of recidivism, including for people with AOD issues.⁶

Education has been directly linked with employment outcomes after incarceration, and with increased stigma around individuals with AOD issues it is important to offer high quality education to increase employment opportunities. ATODA commends AMC for the existing educational programs offered at the AMC. However, the detainee survey reported over 75% disagree or strongly disagree that the education offered at the AMC met their needs, and almost 60% did not feel a sense of achievement participating in the AMC's education programs.⁹ This points to a need to revise the education programs offered.

ATODA recognises the stigma faced by individuals involved with the criminal justice system, and the problem it poses finding employment after incarceration. This stigma and discrimination may be exacerbated for individuals who experience AOD issues. Reports from detainees exiting AMC stated the difficulty of securing a suitable occupation, with the qualifications gained whilst in custody, as they were not high enough qualifications to be meaningful outside of prison.¹⁴ Ensuring that individuals with AOD issues are appropriately supported to access employment opportunities pre-release will assist in reducing recidivism. Previously detained individuals have also noted the impact of AOD issues on their employment prospects upon exit from prison.¹⁴ Individuals exiting prison should be made aware of the range of AOD treatments available to support them outside of treatment if their offending was related to an AOD issue and/or if AOD issues are likely to impact upon their employment prospects.⁶

Reintegration Centre

The ACT Government announced as part of the 2019 Budget a commitment to develop a Reintegration Centre alongside the AMC, which would support up to 80 individuals in their transition from prison to the community, to improve reintegration outcomes and reduce re-offending. ATODA's understanding is that this facility would also increase the rehabilitation programs on offer to detainees at the AMC, including AOD treatment options, as individuals would have access to the full range of programs available in the community. ATODA understands that this project is delayed. It is also important to ensure that the role of AOD treatment programs (as with other rehabilitation supports) at the Reintegration Centre are properly costed: the demand for AOD treatment outstrips supply in the ACT, and it cannot be assumed that AOD providers can absorb up to 80 new participants through their community-based programs. ATODA and the broader ATOD sector have welcome this initiative, and are eager to work with the ACT Government, in particular the ACT Health and Corrective Services to ensure that detainees requiring AOD treatment as part of their reintegration are appropriately supported. It is also important to ensure that both male and female detainees have access to reintegration support.

ATODA notes that important lessons regarding the establishment of the Reintegration Centre can be drawn from the experience of establishing the ACT Drug and Alcohol Sentencing List.¹⁵ These lessons include the need to engage early with the ATOD sector and to provide appropriate reimbursement for treatment of an additional caseload. The ACT ATOD sector already experiences issues with waiting times for treatment. In order to ensure that detainees are best supported towards a successful treatment outcome, appropriate funding mechanisms need to be established with the ATOD sector so that places are available for these individuals. While ATODA notes that some early engagement did occur,

renewed engagement with the ATOD sector regarding the current status of the Reintegration Centre would be welcomed.

Conclusion and Recommendations

Effective AOD treatment can make an important contribution to reducing recidivism for individuals whose AOD use contributed to their offence. Detainees at the AMC, especially those with AOD issues, should have adequate access to the appropriate services that can properly treat their needs. Given the issues raised in the 2019 Review, including in the detainee and staff surveys, the prison would benefit from a comprehensive drug strategy. This would be an important part of the ACT Government's strategy to reduce recidivism in the ACT by 25% by 2025, and benefit those who are affected by AOD issues.

Recommendations

1. **Prioritise the development and implementation of a comprehensive drug strategy as required under Standard 81**, noting that this strategy would likely address a number of other issues raised in this submission.
2. **In consultation with specialist AOD services, review existing AOD treatment availability and access to ensure equitable access to AOD treatment for detainees at the AMC as required under Standard 62.**
3. **Implement an inclusive engagement process with specialist AOD services and other stakeholders to develop a comprehensive suite of AOD programs and/or a therapeutic model of care specific to the needs of detainees at the AMC.**
4. **Take the four proposed steps to promote smoking cessation, regardless of whether the AMC becomes a smoke-free prison.**
5. **Prioritise engagement with the ATOD sector on appropriate funding mechanisms for AOD places as part of the new Reintegration Centre, to ensure that detainees healthcare needs are met.**

ATODA welcomes the opportunity to provide any further clarification on the issues raised in this submission.

About ATODA

ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT. Its purpose is to lead and influence positive outcomes in policy, practice and research by providing collaborative leadership for intersectoral action on the social determinants of harmful drug use, and on societal responses to drug use and to people who use drugs.

ATODA's vision is a healthy, well and safe ACT community with the lowest possible levels of alcohol, tobacco and other drug related harms. Underpinning ATODA's work is a commitment to health equity, the social and cultural determinants of health, and the values of collaboration, participation, diversity, respect for human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

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