



Drugs, crime and prisons

The links between drug use and crime

'In Australia, there is a strong association between illicit drug use and criminal activity.'¹ However, the relationship is complex and is often associated with entrenched social and health problems such as unemployment, income inequality, homelessness, disadvantage and poor mental health.

According to the Victorian Department of Human Services, 'drug use is the most common factor affecting the lives of offenders with over half of all prisoners serving periods of imprisonment for drug-related offences'.²

Criminalising certain drug use and imprisoning people for drug-related offences prevents drug users accessing health and support services, adding to the chaos in their lives and the likelihood of re-offending upon release. Indeed, around 34 per cent of Victorian prisoners return to corrective services within two years of release.³

Locking up drug-related offenders is expensive and there is little evidence that imprisonment reduces crime. In 2008/09 prisons cost an average of \$242.65 per offender per day,⁴ or around \$88,000 per year. These costs take limited funds away from programs and interventions that address the causes of crime and offending.

Drug-related offences among prisoners

Around 70 percent of all prisoners admit to having recently used an illegal drug,⁵ with around 55 percent having drug and alcohol issues linked to their offence.⁶

There were almost 4350 prisoners in Victoria on 30th June 2009.⁷ This means around 2390 prisoners are incarcerated for drug and alcohol related offences in Victoria on any given day.

Research by the Australian Institute of Criminology points to some notable gender differences in terms of drug use and offending. In a study of drug use, women and crime they found 'in general, it seems that the association between drug use and criminal activity is stronger in women than in men.'⁸ The female police detainees in the study were less likely to have used alcohol heavily or be dependent on alcohol but

¹ Moore, T., Ritter, A. & Caulkins, J. (2007) 'The costs and consequences of three policy options for reducing heroin dependency', *Drug and Alcohol Review*, 26, p.369.

² Victorian Department of Human Services (2006) *Improving health, reducing harm: Victorian drug strategy*, Victorian Government, Melbourne, p.12.

³ Victorian Department of Justice [Correction Statistics FAQs](#) accessed 11.06.10

⁴ Victorian Department of Justice, [Corrections Statistics FAQs](#) accessed 11.06.10

⁵ Victorian Department of Human Services (2006) *Improving health, reducing harm: Victorian drug strategy*, Victorian Government, Melbourne.

⁶ Victorian Department of Human Services (2006) *Improving health, reducing harm: Victorian drug strategy*, Victorian Government, Melbourne.

⁷ Australian Bureau of Statistics (ABS) (2009) [Prisoners in Australia 2009](#), ABS: Canberra.

⁸ Loxley, W. & Adams, K (2009) *Women, drug use and crime: findings from the Drug Use Monitoring in Austral* Canberra: Australian Institute of Criminology, p.iii.

were more likely to have used and injected illicit drugs than their male counterparts. They had higher rates of self-perceived dependency and were more likely to contribute their offending to illicit drug use. Women detainees were found to be more 'socially and occupationally disadvantaged' with just under half of the 3,000 participants responsible for the care of dependent children.⁹

Prisons don't work

Prisons are expensive and there is a substantial body of evidence that shows imprisonment fails to rehabilitate, deter offending and make communities safe.¹⁰

Many prisoners continue to use licit and illicit drugs while in prison. *The health of Australian prisoners 2009* report published by the Australian Institute of Health Welfare found the health of prisoners to be poorer than the general community on a range of indicators including alcohol and drug use and mental health concerns:

- 52 per cent of prison entrants reported drinking at levels that place them at significant risk of alcohol-related harm
- 71 per cent of prison entrants had used illicit drugs during the 12 months prior to their current incarceration
- 35 per cent of prison entrants tested positive to hepatitis C, 21 per cent tested positive to the hepatitis B and less than 1 per cent tested positive to HIV.¹¹

The disparity between rates of hepatitis C among adult prisoners and the general community is concerning. The level of hepatitis C has been estimated to be up to 17 times greater among prisoners than in the general community.¹²

The rates of blood borne viruses such as hepatitis C within prisons draw attention to the need for access to quality drug treatment and harm reduction services within correctional settings.

A study of the health of Victorian prisoners conducted on behalf of Corrections Victoria by Deloitte Consulting found:

...an estimated 25 per cent of young prisoners who inject drugs within the system are sharing needles...alarmingly, of those prisoners who reported that they had shared a needle the last time they injected illegal drugs in prison, high percentages...reported that the needle was not cleaned prior to using it¹³

International evidence demonstrates that needle and syringe programs have been successfully implemented in a variety of custodial settings, using a range of different models.¹⁴ The evidence also shows that needle and syringe programs in prisons **do not increase drug use**, nor do they lead to increased safety risks to prison staff. Studies have shown that these programs help make prisons

⁹ Loxley, W. & Adams, K (2009) *Women, drug use and crime: findings from the Drug Use Monitoring in Australia program*, Canberra: Australian Institute of Criminology, p.iii.

¹⁰ Australian Human Rights Commission (2009) *Social Justice Report 2009*, Australian Human Rights Commission, Sydney.

¹¹ Australian Institute of Health and Welfare (AIHW) (2010) *The health of Australia's prisoners 2009*, Canberra: AIHW, p.x.

¹² National Drug Strategy (2008) *National Corrections Drug Strategy 2006-2009*, NDS: Canberra.

¹³ Deloitte Consulting 2003 cited in Ombudsman Victoria (2008). Investigation into contraband entering a prison and related issues, Ombudsman Victoria: Melbourne.

¹⁴ Jurgen, R., Ball, A., & Verster, A. (2009). 'Interventions to reduce HIV transmission related injecting drug use in prison', *Lancet Infectious Diseases*, 9(1): 57-66.

safer for both staff and prisoners; result in more prisoners accessing drug treatment and other health services; and prevent the transmission of blood-borne viruses such as HIV and hepatitis C.¹⁵

Limited access to drug treatment and other rehabilitation programs while in prison and upon release means many offenders will continue to misuse alcohol and other drugs. Post-release stressors such as poor access to housing and employment opportunities, ongoing mental health problems and discrimination and stigma exacerbate this risk of continued drug use and increase the likelihood of re-offending.

Drug treatment works and is cost effective

Research demonstrates that 'every dollar spent on policies and programs aimed at reducing drug misuse and drug-related harm among offenders, produces a four to twelve dollar return, measured in terms of healthcare and crime cost reductions.'¹⁶

Recent research in New South Wales (NSW) highlights the potential value of investment in treatment for co-occurring mental health and substance use disorders as a means of reducing re-offending among prisoners.¹⁷ Similarly a study reporting the outcomes of 282 actively dependent heroin users entering methadone treatment found involvement in crime dropped from 39 per cent to 20 per cent of participants after three months for those still in treatment.¹⁸

In spite of this evidence, more than half of all Australian government spending on alcohol and other drugs goes into law enforcement, compared to only 17 percent on treatment.¹⁹

In Victoria, there has been a gradual shift towards court and prison diversion programs and community corrections orders for drug and alcohol offenders, because it is recognised these programs are more cost effective, humane, and make our community safer in the long run.

Forensic drug treatment programs are a vital component of the Victorian Government's response to illicit drugs. The Victorian forensic drug treatment system has generally served the community well. A range of benefits have been derived for both individuals and the general community but it continues to be underfunded and delivering these services is placing a number of alcohol and drug treatment agencies under considerable financial pressure. More funding and support must be provided to the forensic drug treatment system (for a full discussion of the issues impacting on forensic treatment services see VAADA's 2009 submission to the Victorian Government).

¹⁵ Jurgen, R., Ball, A., & Verster, A. (2009). 'Interventions to reduce HIV transmission related injecting drug use in prison', *Lancet Infectious Diseases*, 9(1): 57-66 and World Health Organization (WHO) (2007) *Health in prisons: A WHO guide to the essentials in prison health*, WHO: Copenhagen.

¹⁶ CALDATA 1992 cited in National Drug Strategy (2008) *National Corrections Drug Strategy 2006-09*, National Drug Strategy: Canberra, p.2

¹⁷ Smith, N. & Trimboli, L. (2010). *Comorbid substance and non-substance mental health disorders and re-offending among NSW prisoners*, Crime & Justice Bulletin No. 140, NSW Bureau of Crime, Statistics and Research .

¹⁸ Digiusto, E., Shakeshaft, A., Ritter, A., Mattick, R.P., White, J., Lintzeris, N., Bell, J., Saunders, J.B. (2006). 'Effects of pharmacotherapies for opioid dependence on participants' criminal behaviours and expenditure on illicit drugs' *Australian & New Zealand Journal of Criminology* 39(2) 171-189.

¹⁹ Moore, T. (2008) 'The size and mix of government spending on illicit drug policy in Australia', *Drug and Alcohol Review*, 27:404-413.

Actions to break the link between drugs, crime and prisons

Responses to break the links between drug use, crime and prisons include:

At the policy level:

- Updating the Victorian Prison Drug Strategy to provide a current policy framework from which to implement specific strategies and programs
- Developing a Women's Prison Drug Strategy in recognition of the complex and multiple needs of female drug-related offenders

At the practice level:

- Increasing funding for community alcohol and drug treatment services which have been shown to reduce offending and address the underlying causes of crime
- Promoting, increasing and strengthening alternatives to prison including community-based, non-custodial penalties for drug-related offenders that focus on treatment and rehabilitation (this includes retaining suspended sentences as an option; drug diversion programs and community-based orders)
- Improving access to alcohol and other drug treatment services and supports within prisons
- Implementing a trial of needle and syringe exchange programs within Victorian correctional settings to reduce the spread of blood borne viruses
- Improving transitional supports and treatment options for people exiting prison to assist reintegration into the community and reduce their risk of re-offending

June 2010