Substance Abuse in Corrections FAQs

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This Substance Abuse in Corrections FAQ was prepared by Dr. John Weekes, Senior Research Analyst and Dr. Gerald Thomas, Senior Policy Analyst, Research and Policy Division, and Greg Graves, Coordinator, Best Practices and Training, Canadian Centre on Substance Abuse (CCSA). It is intended to provide current, objective, and empirically-based information to guide the discussion on substance abuse in corrections in Canada.[i]

How does the correctional system in Canada operate?

- While many countries have a single prison system (e.g., England and Wales, Norway, Sweden, etc.), corrections in Canada is two-tiered:
  1. individual provincial/territorial correctional systems responsible for young offenders (under age 18), persons serving probation, and custodial sentences up to two years, and
  2. a federal prison system operated by the Correctional Service of Canada (CSC) for terms of incarceration of two years to life.[ii]
- According to the Corrections and Conditional Release Act (CCRA),[1] a major purpose of corrections in Canada is to prepare offenders for successful re-integration back into society. This includes the delivery of treatment programs that are designed to address factors related to offending (e.g., violence, sexual deviancy, substance abuse, etc.)
- Each federal/provincial/territorial system has individual responsibility for all aspects of prison operations, including the development and delivery of all treatment services for incarcerated offenders, as well as those on conditional release in the community. This includes the provision of substance abuse assessment and treatment.
- The relatively short duration of imprisonment in provincial/territorial corrections, coupled with the large geographical area of most provinces and territories, creates unique challenges for the provision of treatment services and maintenance/aftercare services to offenders in need.
- CSC operates an Addictions Research Centre (ARC) in Montague, PEI. The ARC is responsible for substance abuse program development and related research for federal corrections.
- The de-centralized nature of corrections and correctional programming in Canada suggests that national coordination is needed to ensure the delivery of efficacious and "best practice" assessment, treatment, and maintenance/aftercare services to offenders throughout the country.

What proportion of the prison population has a substance abuse problem?[iii]

- The majority of offenders show evidence some kind of substance abuse problem. Canadian national prevalence data indicate that at least 7 of 10 offenders in the federal correctional system have engaged in problematic use of alcohol and other drugs during the one-year period prior to their incarceration.[2]

[i] Our review indicated that relatively little data on offenders' substance abuse problems was readily available from the provincial/territorial departments of corrections. Accordingly, most of the Canadian statistics cited herein are based on Correctional Service of Canada published data, except where otherwise noted.

[ii] Canada does not have a death penalty.

[iii] Variations in the prevalence of substance abuse problems across correctional jurisdictions is likely to be due, in part, to the different screening and measurement devices used to identify offenders who engage in problematic use of alcohol and other drugs.

- In Canada, about 51% of prisoners housed in federal correctional institutions have an alcohol problem.[3]
- About 48% of Canadian federal prisoners experience problems with drugs (other than alcohol).[4]
- In Saskatchewan, up to 93% of provincial offenders are identified as having a substance abuse problem.[5]
- Approximately 80% of prisoners in prisons in England and Wales have a substance abuse problem.[6]
- An assessment of the entire prison population in Maine found that almost 90% of prisoners had a substance abuse problem.[7]
- In New Zealand, 80% of offenders used alcohol or other drugs immediately prior to committing their most recent offence(s).[8]

How serious are offenders' substance abuse problems?

- There is considerable variation in the *severity* of offender substance abuse problems.[iv] The severity of problems has important implications for the length and intensity of treatment, number of sessions a week, and variety of treatment techniques and modalities, as well as for the cost of treatment and post-treatment maintenance and aftercare.
- While virtually all federal offenders consume alcohol or other drugs, about a third do not show signs of problematic use.
- Another third have a low severity problem; the final third show evidence of more serious problems, including about 20% who have severe problems (i.e., "dependence"). By contrast, only about 3% of the Canadian population (aged 15 and older) show signs of severe problems or dependence.[9]
- Research has found that the likelihood of offenders engaging in poly-drug abuse (i.e., consumption of more than one type of substance at the same time) increases with the severity of their problem.[10]
- In recent years, Fetal Alcohol Spectrum Disorder (FASD) has emerged as a potentially serious problem within correctional systems.[11] Although accurate prevalence statistics are not yet available in Canada, research suggests that individuals with this disorder are at increased risk for substance abuse and for becoming involved with the criminal justice system.[12,13]
- In general, women in prison have more severe substance abuse problems than men and are more likely to be involved in "hard" drugs (e.g., cocaine, heroin, barbiturates, amphetamines, etc.).[14,15,16]
- An Australian study found that women offenders incarcerated in the State of Queensland had a higher rate of injection drug use (51%) than male offenders housed in various institutions around the state (range = 12–42%) as well as higher rates of hepatitis C infection.[17]
- In England, a 2001 Home Office report indicated that 41% of women on remand were dependent on opiates during the year before coming to prison, compared with 26% of men.[18]
- A study of women offenders in Prince Albert, Saskatchewan revealed that 75% had been or were still injection drug users (IDUs[v]).[19]
- In general, Aboriginal offenders in Canada report more serious substance abuse problems than non-Aboriginal offenders.[20,21]
- 38% of male Aboriginal offenders have serious problems with alcohol versus 16% of non-Aboriginal males. On the other hand, 71% of female Aboriginal offenders have a serious drug use problem compared with 66% of female non-Aboriginal offenders.[22]
- Substance use is a major factor in contributing to the re-admission of offenders back into custody following release. Canadian studies have demonstrated that as many as 70% of offender release suspensions involve alcohol and other drugs.[23]

What kinds of drugs do offenders consume?

- There is considerable regional variation in terms of drug preference within Canada as there is across various international correctional jurisdictions. For example, while overall prevalence rates are similar across the country, heroin is abused at high rates in regions with large urban centres (e.g.,

[iv] In combination with the quantity, type, and frequency of alcohol and other drugs used, "severity" is defined as the extent to which an individual's pattern of substance use affects a range of health, social, interpersonal, employment, criminal behaviour, and lifestyle factors.

[v] Injection drug use is a process whereby one or more psychoactive substances is injected directly into the body using a hypodermic needle and syringe. Although many drug users don't like this way of taking drugs because of discomfort or fear of needles, it is often the preferred method of consumption because the drug enters the blood stream more quickly and directly than with other methods (e.g., smoking, swallowing, or snorting). It is often considered by injection drug users (IDUs) to be more efficient and less wasteful than other means of consumption.

Vancouver, Toronto, and Montreal, whereas abuse of alcohol and cocaine are more prominent in Atlantic Canada.

- Analysis of national drug consumption patterns among offenders housed in CSC facilities revealed the following pattern of consumption during the six months prior to offenders' (most recent) arrest:

  - Marijuana 85%
  - Alcohol and drugs 80%
  - Cocaine 60%
  - Tranquillizers 35%
  - Opiates 30%
  - Hallucinogens 25%
  - Stimulants 25%
  - Sedatives 20%
  - Heroin 15%
  - Inhalants 5%

- Data[vi] from the State of Maine Office of Substance Abuse[24] showed the following patterns of offender drug use 12 months prior to arrest:

  - Marijuana 59%
  - Cocaine 22%
  - Heroin 10%
  - Prescription drugs 5%
  - Other 4%

To what extent is substance abuse related to offending?

- About half of all prisoners in the United States have disclosed that they were under the influence of alcohol or other drugs at the time of their offence (Federal = 34%; State = 51%).[25]
- In Canada, the use and abuse of alcohol and other drugs is strongly associated with a broad range of criminal activities and conduct (e.g., violence, property offences, etc.). Data on federal offenders indicated the following:[26]

  - Driving under influence 94%
  - Assault 69%
  - Theft 66%
  - Murder 58%
  - Break and Enter 56%
  - Robbery 56%
  - Sexual Assault 45%
  - Drug-related offences 28%
  - Fraud 22%

- Overall, just over half of all Canadian federal offenders report that substance use and abuse was either directly or indirectly related to one or more of the offences on their present conviction.[27,28]
- The link between substance use and crime can occur in several different ways: 1) as a result of the psychopharmacological effects of the drug (e.g., violence that results from the disinhibiting effects of alcohol), 2) "acquisitive" crime to pay for drugs (e.g., armed robberies to support a cocaine addiction), and 3) criminal activity as a way of transacting business in relation to drugs (e.g., conducting murders in relation to the drug trade).[29]
- The extent to which substance abuse and criminal behaviour are linked increases dramatically with the severity of offenders' problems. Of those offenders with severe problems, 97% reported that they used on the day of the offence; 87% reported that substance abuse was associated with their crimes over the course of their criminal history.[30]
- Offenders with more serious substance abuse problems are more likely to be readmitted to custody following release.[31]

[vi] Unlike the Canadian statistics, the data from Maine do not include alcohol.

To what extent are alcohol[vii] and other drugs available in prison?

- Prisons house the highest per-capita proportion of persons with substance abuse problems in society. Drugs *are* available in prison. Studies examining rates of substance use indicate that the per capita use of drugs in Canada's prisons is substantially higher than on the street. In addition, drug trade is also much more violent in prison than it is on the street.
- Indeed, alcohol and other drugs are available to some extent in virtually every correctional jurisdiction in the world. An interview study of 317 federal prisoners in Quebec revealed that 33% had used alcohol or other drugs at least once during the preceding three months.[32]
- The 2003 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Annual Report cited estimates that 12–60% of inmates housed in European prisons have used drugs during incarceration.[33]
- Despite extensive efforts to limit or eliminate drugs in prisons, alcohol and other drugs continue to be seized, and offenders are discovered to be intoxicated ("condition other than normal"), test positive for various drugs on urinalysis screening, and report on surveys and questionnaires that they use drugs while in prison.
- In England, Her Majesty's Prison Service (HMPS) Drug Strategy Unit reported that between April, 2002 and March, 2003, a broad range of drugs were seized by prison service authorities, including: diamorphine (most frequent), cannabis, steroids, cocaine/crack cocaine, amphetamines/ecstasy, heroin, and a large number of lesser known drugs.[34]
- In Canada, CSC's Security Division annual report for 2003 indicated that just over 11% of offenders test positive for drugs through the Service's random urinalysis program.[35]
- Laboratory analysis of these samples combined with contraband drug seizure reports reveal that cannabis and other THC-based[viii] products are being used most frequently, followed by a variety of opiates, benzodiazepines, and cocaine. Seizure amounts were as follows:

    - THC-based products 9,358 grams
    - Benzodiazepines 1,489 pills
    - Opiates 226 grams
    - Cocaine 159 grams

- During 2003, a total of 8,732 litres of alcohol/brew were seized in Canadian federal prisons.
- In addition, 328 syringes were seized as well as 357 smoking devices (for cannabis and other drugs).

How effective are efforts to limit the availability of alcohol and other drugs in prison?

- A broad range of search and seizure techniques and procedures have been used in an attempt to minimize or eliminate the availability of alcohol and other drugs in prisons. These supply reduction measures include:

    - Random cell and facility searches by security personnel
    - Staff and visitor entry/exit screening and searches
    - Intrusive searches with "just cause" (i.e., body cavity searches)
    - Use of dry cells with "just cause"
    - Drug detection dogs
    - Closed-circuit monitoring (CCTV)
    - Perimeter security measures (netting over exercise yards, higher internal fences to prevent projectiles, rapid response vehicles patrolling the prison perimeter)
    - Purchasing of goods from approved suppliers only
    - Intelligence analysts at every institution
    - Drug detection technologies (e.g., ion scanners, x-ray machines, etc.)
    - Modifications to the design and layout of visiting areas (use of fixed and low-level furniture)

[vii] The alcohol that is available in prisons is typically not commercially produced, but manufactured inside using basic ingredients such as sugar, yeast (from bread), and fruit or vegetable juices. Contraband alcohol is variously referred to in prison terminology as "brew" in Canada and "hooch" in the US and in England and Wales. Alcohol is typically produced when there is a shortage of drugs within prison and is of particular concern to prison authorities because of its disinhibiting effects and potential for facilitating violent behaviour.

[viii] Tetra-hydro-cannabinol, the psychoactive ingredient in cannabis.

- Mandatory random urinalysis testing
- "Drug-free" units[ix]
- Voluntary urinalysis testing programs

- There is little solid and consistent empirical evidence available to confirm the efficacy of these comprehensive and costly drug "interdiction" measures.
- In addition, it is unlikely that even the best efforts of prison staff and officials can completely eliminate alcohol and other drugs from prison. Indeed, the notion of a "drug-free" prison has been acknowledged by some prison systems as "unrealistic."[36] In large measure, it appears that this conclusion has been reached based on attempts to balance security concerns with human rights.

How effective are prison-based urinalysis programs in reducing offender drug use?

- Most correctional jurisdictions make use of some form of random or mandatory drug testing program. This typically involves the laboratory analysis of urine. However, examination of urine testing from England and Wales and Canada paints an inconclusive picture with respect to effectiveness of mandatory drug testing in genuinely reducing the rate of drug use among incarcerated offenders and those on release.[37,38]
- Recent urinalysis statistics from HMPS demonstrated that between 1997 and 2003 the positive rate fell from 24.4% to 11.7%.[39] On the other hand, a 2001 study by the CSC found that between 1996 and 2000 the positive rate remained largely unchanged (11–12%).[40] Despite potential inter-jurisdictional differences in urinalysis program policy and practice, the Canadian results are further obscured by the fact that there has been an increase in the rate at which offenders refuse testing (even when refusal results in disciplinary action). This finding has been most evident at the maximum security level where the refusal rate increased from 16 to 29% over the four-year period.
- Some investigators have suggested that the existence of random testing programs may prompt offenders to turn to more serious drugs with shorter metabolite half lives (e.g., heroin, cocaine, etc.) than THC-based substances to avoid detection.[41,42] However, patterns of urinalysis results in Canadian research do not support this conclusion unambiguously.[43] Nonetheless, the potential health risks associated with offenders turning to more problematic drugs (since some offenders do begin injecting drugs in prison) may outweigh the value for prison systems of continuing to test for THC.

How serious a problem is injection drug use and needle-sharing in prison?

- Given the large proportion of prisoners with substance abuse problems (many of whom engage in injection drug use), there is serious concern regarding the spread of infectious diseases such as hepatitis C and HIV/AIDS.
- The HIV/AIDS infection rate of prisoners in the Canadian federal correctional system (1.7%) is more than 10 times higher than in the general population (0.13%). Rates of HIV/AIDS infection are particularly high among female federal prisoners (8% in the Prairie region).[44]
- Rates of hepatitis C infection among Canadian federal prisoners are even higher than those for HIV/AIDS with the overall prevalence rate (23.6%) more than 20 times higher than in the general population of Canada. Once again, overall rates of hepatitis C infection are much higher for female prisoners (41.2%) than for male prisoners (23.2%).[45]
- The EMCDDA reported in 2003 that 3–34% of European prisoners have injected drugs while in prison.[46]
- In Canada, approximately 18.3% of offenders reported injecting drugs before coming to prison. Of these, 54.6% injected during the six months before incarceration.[47]
- A 1995 survey of inmates in federal custody found that 11% disclosed that they had injected drugs since coming to prison.[48]
- 41% of these individuals indicated that the injection equipment was not clean or that they did not know whether it was clean.[49]
- A survey conducted in 1998 at Joyceville Institution[x] found that 24% of respondents reported using intravenous drugs in prison (25% of whom reported that they started injecting drugs *after* coming to prison).[50]

[ix] Drug-free units are living units within a prison that are populated with prisoner volunteers who have signed a contract promising to remain drug free. They may or may not have a substance abuse problem. Typically, prisoners also agree to submit to additional drug testing and search procedures. In some instances, drug-free units incorporate treatment services. In some correctional systems these units are referred to as "contract" units and "intensive support" units.

How motivated are offenders to change their substance abuse behaviour?

- Although it is often thought that offenders are prone to engaging in "denial" when asked about the existence of alcohol and other drug problems, existing data paint a somewhat different picture. A Canadian study found that virtually every offender in the study with intermediate to severe substance abuse problems acknowledged that they felt that they had a problem.[51]
- Similarly, about 75% of offenders with low severity problems reported that their use of substance was problematic. Rather than concluding that the remaining 25% were in a state of denial, it is possible, given the low severity of their problem, that they simply did not recognize their behaviour as being problematic.[52]
- Taken together, the evidence is that the majority of offenders with a substance abuse problem are aware that they have a problem. However, problem recognition does not necessarily translate directly into motivation to address the issue.
- In general, it has been found that offender motivation for treatment is inversely related to the severity of their problems (e.g., proneness to violence, sexual deviancy, etc.). This phenomenon also appears to hold true for offenders with substance abuse problems. While offenders with severe problems may recognize that their behaviour is problematic and high risk (both to themselves and others), they are the least motivated to address their problem.
- In recent years, a promising intervention approach called *motivational interviewing* has been applied to offenders with substance abuse problems in the hopes of helping them to engage in and follow through with substance abuse treatment both during and following release from prison.[53] In fact, all new intervention programs offered by CSC incorporate motivational interviewing techniques. A number of US state departments of correction also employ motivational interviewing in their substance abuse programs (e.g., Maine, Ohio, Pennsylvania, and New Jersey).

What kind of substance abuse treatment programming is available to offenders in prison and on release in the community?

- Over the years a wide range of prevention, treatment, and counselling services have been implemented with offenders, including:
    - Detoxification programs
    - Residential treatment
    - Therapeutic community programs
    - Non-residential programs
    - Brief interventions
    - Pharmacotherapy (e.g., methadone maintenance treatment)
    - Drug courts
    - Self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.)
    - Relapse prevention programs
    - Transitional treatment
    - Maintenance and aftercare
    - Prevention programs for offenders without a substance abuse problem.

- These interventions and services have varied widely in terms of their theoretical foundation (or they lack theory altogether) and the extent to which the program design is based on solid empirical evidence. Indeed, the majority of programs currently being offered to offenders throughout the world have been developed without a clear theoretical base, empirical evidence, or strong adherence to accepted best practice guidelines.[xi]

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[x] Joyceville Institution is a medium-security federal correctional facility with an offender population of approximately 500, located near Kingston, Ontario.

[xi] Part of the problem may stem from the fact that there is no clear consensus within the clinical community as to the ingredients of best practices and very little well designed research (discussed below) to guide program development and operation.

- Noteworthy exceptions include CSC programs,[54] and programs developed by the US Federal Bureau of Prisons,[55] State of Maine Department of Corrections,[56] and HMPS High Security Prisons.[57] Each of these program models is grounded in integrated theory and employs comprehensive evaluation frameworks.[xii]
- Many correctional substance abuse programs require program participants to be free from all drugs and medications prior to commencing treatment, insist on total abstinence from all alcohol and other drugs as the only suitable outcome for treatment, and dismiss participants from treatment for using. However, some correctional jurisdictions are beginning to realize that many offenders who are interested in receiving treatment are either unwilling or unable to discontinue their alcohol and other drug use and that these individuals can still be appropriate candidates for treatment and can make significant improvements in their substance use behaviour, thereby reducing the likelihood of future substance abuse and criminality.
- It is well established in the broad field of relapse prevention (for various problems including substance abuse) that slips, lapses, and relapses are more the norm than the exception along the road to behaviour change, even for those who have progressed well in treatment. As a result, programs that require abstinence or dismiss participants for using are largely unrealistic and, as will be discussed below, may result in increased likelihood of failure leading to substance abuse and criminality (for offenders).[58]

What are the characteristics of "best practice" substance abuse programs in prison?

- Recent developments in the area of effective correctional treatment have identified three primary principles that are key to determining the development of an appropriate treatment response.[59] Overall, this model extends from the notion that not all offenders need the same type of treatment, nor is every treatment appropriate for every individual. The three principles are:

    1. Intensive intervention services should be reserved for offenders who are assessed as being "high risk" for further criminal behaviour. High risk cases respond better to intensive services whereas low risk cases respond to less intensive services
    2. Treatment should be designed to target "criminogenic" factors or needs that are theoretically and empirically predictive of criminal behaviour. These needs are dynamic in the sense that they may be changed through treatment (e.g., substance abuse).
    3. Treatment should be designed to respond to those persons who participate in treatment taking into account their orientation, cognitive style, learning styles, etc.

- A number of specific treatment techniques and components have been associated with significant reductions in post-treatment substance use:

    - Social skills training
    - Problem-solving skills
    - Coping skills training
    - High risk identification skills
    - Structured relapse prevention
    - Goal-setting in treatment
    - Motivational Interviewing/Enhancement techniques
    - Employment skills
    - Behavioural marital training
    - Stress management training
    - Maintenance, monitoring, and aftercare
    - Community reinforcement techniques

- In recent years, HMPS and the CSC have developed a framework against which prison-based substance abuse programs can be evaluated for likely effectiveness.[xiii]

[xii] CSC substance abuse programs have been implemented in a number of provincial and international correctional jurisdictions and agencies including the Saskatchewan Department of Corrections and Public Safety; New Brunswick Department of Public Safety, Community and Correctional Services Division; Bermuda Department of Corrections; National Probation Service (England and Wales); Norwegian Ministry of Justice and the Police; Swedish Prison and Probation Service; and the Volunteers of America, Delaware Valley.

[xiii] Recently, the Swedish Prison and Probation Service (Kriminalvården) has introduced a similar program review and accreditation process.

- Founded on theory that is evidence-based
- Use effective methods, techniques, and modalities
- Multi-faceted—incorporate different treatment modalities
- Appropriate intensity to respond to participants' needs (low to high severity)
- Program integrity—delivered consistently and according to established principles
- Quality staff—recruited according to selection criteria
- Well trained staff—certified, monitored, and supported
- Management support
- Supportive correctional environment for program delivery
- Proper assessment and selection of participants
- Comprehensive evaluation and monitoring infrastructure

- Unique intervention and service models are needed for women, ethnic minorities (including Aboriginal peoples), and younger offenders. While the basic treatment concepts and techniques (e.g., relapse prevention, motivational interviewing, etc.) are relatively universal and *may* be suitable for use with these treatment populations, the ways in which treatment programs are designed and structured may differ dramatically from programs that are designed and delivered to adult male offenders. Indeed, the pathways to substance abuse, the reasons why they continue to use at problematic levels, the health consequence of using, and the ways in which they seek help and why are quite different from their male counterparts.[60,61,62]

How effective are substance abuse treatment programs for offenders?

- As mentioned previously, one of the legislated mandates of corrections in Canada is to prepare offenders for release. Given the high prevalence rates for substance abuse among the offender population, both in Canada and elsewhere, effective treatment is critical to successful reintegration and reductions in risk to re-offend.
- However, review of the substance abuse literature reveals that relatively few prison- and community-based programs have been the subject of rigorous outcome evaluations.
- Of those programs that have been evaluated there is some evidence that substance abuse treatment services for offenders are capable of reducing substance use and criminality.[63] However, this research is problematic.[64] Problems found in this body of research include misinterpretation of statistical analyses, unclear or inconsistent participant selection criteria, removal of offenders from the analyses who failed to complete the programs, removal of offenders who were dismissed from the program for using alcohol or other drugs, etc. The net effect of these methodological problems is to potentially skew the results in the direction of finding a positive outcome.
- The results of several more carefully designed studies[xiv] have shown reason for optimism when considering the effectiveness of prison-based substance abuse programs:
    - A 19-site evaluation of prison-based residential substance abuse programs operated by the US Federal Bureau of Prisons found that after six months, 20% of program participants versus 36% of untreated offenders had at least one positive urinalysis. Moreover, 3.1% treated compared with 15% of untreated offenders were re-arrested on a new charge.[65]
    - A study of CSC substance abuse programs found that 16% of program participants (including drop-outs and other non-completers) were reconvicted following one full year on release compared with 23% of a matched comparison group[xv]. This difference represents a 30% reduction in the rate of reconviction between the treatment and comparison groups.[66]

- Overall, research suggests that successful programs focus on skill-development (as opposed to "insight-oriented", non-directive approaches), emphasize cognitive-behavioural factors, include structured relapse prevention, and involve gradual transition to extended maintenance and aftercare (to master relapse prevention skills). The post-release phase of the treatment process has been found to be of critical importance in reducing the risk of relapse and further criminal activity among offenders with substance abuse problems. Research has demonstrated this finding repeatedly.[67]

[xiv] Neither of these studies is completely free of potential biases. The use of "quasi"-experimental designs limits the extent to which firm conclusions can be drawn from each.

[xv] The comparison group was not a "no treatment" control; some of these individuals received substance abuse counselling and treatment services, but they did not participate in the programs under study.

- Research also suggests that for most offenders with substance abuse problems, the optimal treatment plan involves prison-based treatment, complimentary community-based follow up treatment, and on-going maintenance, support and after-care services.[68]
- In Canada, community-based treatment is provided by a wide range of organizations, both governmental and non-governmental (e.g., half-way house organizations, substance abuse treatment organizations, etc.). Although, in the past, the efficacy of the treatment services offered by many of these organizations was largely unknown or was determined to be inconsistent with evidence-based practice,[69] more recently, a growing number of these organizations offer "best practice" treatment services to criminal justice clients. However, much work still needs to be done to ensure that high-need criminal justice clients receive effective care and support.

In what ways can harm reduction approaches be used successfully in prison settings?

- A variety of harm reduction[xvi] techniques have been introduced into correctional settings in recent years in an attempt to incorporate innovative and pragmatic alternatives to traditional correctional approaches to dealing with offender substance use and abuse. These include:
    - Dissemination of information on HIV/AIDS and other diseases associated with risky injection practices
    - Provision of bleach dispensers to clean needles
    - Instruction on safe injection practices
    - Prison-based needle exchange programs
    - Removing abstinence as a pre-requisite for offenders to begin treatment
    - Moderated/reduced use as positive treatment goals

- A study conducted by CSC found that following treatment, offenders who had chosen moderated use as their goal for treatment were reconvicted at a *lower* rate than those who were attempting to completely abstain from all intoxicants. A similar pattern was found for those offenders with severe problems.[70] These important findings suggest that treating substance abuse as a public health problem (where the goal is not necessarily to achieve abstinence, but to facilitate improvements in health and a corresponding reduction in criminal behaviour), may be a more effective way of reducing future criminal involvement.

Are there needle exchange programs in correctional institutions?

- Over the past 15 years, needle exchange programs have been introduced in 46 prisons in six countries: Switzerland, Germany, Spain, Moldova, Kyrgyzstan, and Estonia.[71]
- The main impetus behind the introduction of needle exchange programs in these correctional jurisdictions has been concern over the risk of infectious disease transmission through the sharing of dirty needles in the context of drug use in prison.
- Prison-based needle exchange programs can be seen as an integral part of a comprehensive drug strategy, along with other harm reduction, treatment, and maintenance options to reduce prisoner engagement in high-risk behaviours.
- To date, there are no documented cases in which needles have been used as weapons against either correctional staff or prisoners.[72]
- A recent review found no increase in drug use or injection drug use in prisons offering needle exchange programs.[73]
- Currently, needle exchange programs are not available in correctional institutions in Canada, although in 1998 a CSC news release indicated that the agency was monitoring the use of prison-based needle exchange programs in other countries.[74]

[xvi] Harm reduction is a health-centred approach that seeks to reduce the individual and social harms associated with alcohol and drug misuse without necessarily requiring total abstinence from alcohol and other dug use. Harm reduction includes a broad continuum of responses from those that promote safer substance use to those that aim to assist individuals in achieving abstinence.

Endnotes

The authors would like to thank Neil Boyd, Serge Brochu, Andrea Moser, Carmen Long, and Michael Wheatley for their constructive comments and input to an earlier version of this document. Any errors or omissions are solely the responsibility of the CCSA.

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This document was first published in October 2004

The Canadian Centre on Substance Abuse (CCSA), Canada's national addictions agency, was established in 1988 by an Act of Parliament. CCSA provides a national focus for efforts to reduce health, social and economic harm associated with substance abuse and addictions.

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ISBN 1-896323-31-6 (online)

Prepared by the Canadian Centre on Substance Abuse