Western Australian
Auditor General's Report

Minimising Drugs and Alcohol in Prisons

Report 22: November 2017

Office of the Auditor General
Western Australia

7th Floor Albert Facey House
469 Wellington Street, Perth

Mail to:
Perth BC, PO Box 8489
PERTH WA 6849

T: 08 6557 7500

F: 08 6557 7600

E: info@audit.wa.gov.au

W: www.audit.wa.gov.au

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ISSN: 2200-1913 (Print)
ISSN: 2200-1921 (Online)

WESTERN AUSTRALIAN AUDITOR GENERAL'S REPORT

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WESTERN AUSTRALIA

THE PRESIDENT
LEGISLATIVE COUNCIL

THE SPEAKER
LEGISLATIVE ASSEMBLY

MINIMISING DRUGS AND ALCOHOL IN PRISONS

This report has been prepared for submission to Parliament under the provisions of section 25 of the *Auditor General Act 2006*.

Performance audits are an integral part of the overall audit program. They seek to provide Parliament with assessments of the effectiveness and efficiency of public sector programs and activities, and identify opportunities for improved performance.

This audit assessed whether there are effective strategies in place to minimise drugs and alcohol in Western Australian prisons. My report finds that considerable improvements are needed to prevent the supply of drugs, and to treat prisoners' addictions.

I would like to acknowledge the help of the many Department and prison staff we spoke with, who shared their expertise and insights into this complicated issue. I would also like to thank the various stakeholders we spoke with for their time and help.

COLIN MURPHY
AUDITOR GENERAL
8 November 2017

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Auditor General's overview

Addressing the presence of drugs and alcohol in the prison system is not a simple, or easy task. While it is unrealistic to expect prisons to be drug and alcohol free, minimising their presence is important to the safe and effective operation of our prisons, and to achieving better health and rehabilitation outcomes for prisoners.

Prison is an ideal opportunity for the State to intervene in the cycle of addiction and drug related crime. Treating addiction amongst prisoners is vitally important, but at the moment many prisoners are not receiving the treatment they need to break this cycle.

Much is done to try to reduce the supply of these substances into prisons. However, as long as prisoners desire them there will continue to be those that attempt to supply, and the risks for both prisoners and staff will remain. Current drugs of choice amplify these risks, as does prison overcrowding.

Prisons already use multiple layers of security to prevent drugs and alcohol from entering prisons, and to identify any that have. However, processes must be rigorously carried out and prisoners' underlying demand for drugs and alcohol needs to be addressed. While considerable work is done in this area, the Department of Justice needs to increase its focus to be effective. We found that strategic direction is lacking, processes are not followed, approaches need to be evaluated for success, and some prisons need to be better equipped.

My recommendations build upon the Department's existing practices and focus on practical and achievable actions that reflect the constrained resource environment within which agencies are operating.

Intervening to help prisoners break the cycle of addiction and crime, and become more productive members of society, offers many benefits for prisoners and the community.

Executive summary

Introduction

This audit assessed whether there are effective strategies in place to minimise drugs and alcohol in Western Australian (WA) prisons.

We focused on the Department of Justice (the Department), specifically the Corrective Services branch, and its efforts in adult prisons. We looked at the approaches to reduce drugs and alcohol from entering prisons, and the efforts to help prisoners with addictions. We sought feedback from a range of stakeholders involved in managing WA's prisons and prisoners.

Background

Drug and alcohol use in prisons pose risks to the health and safety of staff and prisoners. Their use contributes to violent and disruptive behaviour, bullying and intimidation among the prison population, and the spread of blood borne viruses. Failure to address drug and alcohol addictions can lead to reoffending.

The prison population has risen sharply in the past 3 years, increasing from 5,242 in July 2014 to 6,309 in December 2016. In 2016, the Inspector of Custodial Services found that most of WA's prisons are crowded, and that services to prisoners are increasingly stretched[1].

In 2016, 13%[2] of offenders in WA prisons were imprisoned for illicit drug offences and 67% reported using drugs in the 12 months before imprisonment[3]. Other crimes such as assaults, thefts or burglaries are sometimes committed to feed drug and alcohol addictions.

The Department faces a difficult task in reducing drug and alcohol use amongst a rising prison population. The Department manages WA's 17 adult prisons (Appendix 1). At the time of our audit there were more than 6,000 adult prisoners. In 2015-16 the Department had a total budget of $906 million and more than 4,000 administration and prison staff.

In 2010, the Department released its *Offender Drug and Alcohol Strategy 2010-2014*, and the *Drug and Alcohol Agency Action Plan 2010-2014*. The Strategy proposed a 3-part supply, demand and harm reduction approach, in line with interstate and international practice. The action plan outlined the specific approaches the Department intended to take, such as gender specific health promotion and a range of therapeutic programs.

To reduce the supply of drugs, the Department uses a range of practices and security devices. These rely heavily on staff and include searches, electronic barriers, drug detection dogs, drug testing, and security controls for medications.

Prisons are supported by a centrally coordinated network of intelligence staff. They work closely with prison security teams to reduce the amount of drugs and alcohol by identifying people and areas of interest, and patterns in trafficking and drug use.

Since 2005 the Department has estimated the level of drug and alcohol use in prisons using its random Drug Prevalence Testing (DPT) program. All prisons are required to participate and testing is held 3 to 4 times each year.

The Department provides treatment programs for sentenced prisoners to reduce the demand for and harm from drug and alcohol addiction and linked criminal behaviour. The Pathways addiction therapy course, is available to prisoners assessed as having a medium-to-high risk of drug related criminal behaviour. The Department provides a clinical drug replacement program for opiate addicts, to reduce and control the harm of physical withdrawal. It also

[1] Office of the Inspector of Custodial Services 2016 *Western Australia's Prison Capacity*
[2] Australian Bureau of Statistics, 4517.0 – Prisoners in Australia, 2016.
[3] http://www.aihw.gov.au/prisoner-health/illicit-drug-use/ – AIHW website accessed 22 Sept 2016.

runs a mandatory education program to educate prisoners on the dangers of blood borne viruses.

Prisoners who use or possess drugs and alcohol while in prison can be charged under the *Prisons Act 1981*. This can lead to a loss of privileges and result in closer supervision. Good behaviour can see prisoners rewarded with privileges, including greater access to work and possible self-care accommodation.

The Department collects a large amount of information on prisoners, which is stored in a number of centralised databases. For example, the Total Offender Management Solution (TOMS) holds more than 88,000 prisoner records, 43,000 drug test results, and more than 1 million security search results. Intelligence information on suspicious behaviour and activity is stored in a separate central database. Large amounts of data are used by intelligence and security teams to limit the supply of drugs and alcohol in prisons.

We consulted with the Department in writing this report to make sure the information could not be used to exploit an already stressed system. At times, this resulted in the need to report limited identifiable and detailed information. Our detailed findings were provided to the Department.

Audit conclusion

Considerable improvements are needed to minimise the supply and use of drugs and alcohol in WA's prisons and to help treat prisoners' addictions. This presents a number of challenges for the Department as it continues to manage increased prisoner numbers and the stresses from overcrowding.

The Department's most recent approach to minimising drugs and alcohol ended in 2014. Since then, the Department has not updated its strategic approach to reflect current drugs of choice and the substantial impact of an increased prison population. Central strategic oversight and coordination is essential in a challenged and dispersed prison system.

The Department does not have a comprehensive understanding of the extent of drug and alcohol use in each prison and across the prison system. Work is needed to ensure its centrally controlled intelligence and drug testing systems provide these insights. Routine tests for all commonly used drugs and greater consideration of existing intelligence led test and search results would also significantly improve the Department's understanding of the job it faces and inform the development of a new strategy.

Efforts to limit supply are being undermined by poorly executed search practices, limited intelligence communication, and limited access to quick and reliable searching devices. Further, prisoners' treatment needs are not being met, missing a key opportunity to intervene in their demand for drugs and alcohol and rehabilitation before they are released into the community.

Key findings

The Department does not have a clear understanding of the extent of drug and alcohol use in prisons

The system used to estimate drug and alcohol use in WA's prisons presents an incomplete and inaccurate picture. The Department relies on the DPT program to establish the level of drug and alcohol use but we found:

- it only ran the DPT program 3 to 4 times a year, and the program did not test for all drugs that are known to be a problem in prisons. Reports did not analyse how frequently drugs not included in the DPT program were found and the effect of this on the DPT estimate. The Department's DPT estimate provides a narrow view of drug use, which does not reflect the full extent of the problem

- the DPT estimate was inaccurate because it was not adjusted for prisons that did not participate. Prisons did not complete all scheduled tests, with 94.2% completing all tests in June 2014 and only 74.7% completing in December 2016. At the same time, more prisons did not conduct any tests. Reports did not analyse the effect of prison non-participation on the accuracy of the DPT estimate. This reduced the accuracy and reliability of the DPT estimate
- the Department did not identify mistakes as they were made in the DPT program, or ensure that all prisons participated. This lack of central oversight reduced the DPT's reliability as an estimate of drug use across prisons.

Processes need better coordination, and their effectiveness assessed

The Department does not have an up-to-date strategic approach, and centrally run systems are not well coordinated.

- The Department's strategic approach expired in 2014 and since then prisons have not had a central approach against which to align their efforts.
- Central data systems contain errors and the description of data fields has not been documented in a data dictionary. We reviewed extracts of TOMS and found incomplete or missing records, and inconsistent entry of data. Information in TOMS is critical to the Department's overall operations, including its ability to develop effective strategies to minimise drugs and alcohol.
- Nine of the 17 adult prisons do not have direct access to the central intelligence database. There are processes in place to pass information from central intelligence to these prisons, but there are no checks in place to ensure this happens in a timely fashion. Prison security teams may not be made aware of risks, particularly with transferred prisoners.

The Department does not review its approaches to see if they are effective. For example, we found:

- no standard operating procedures or formal training for intelligence staff. The Department cannot evaluate the effectiveness of intelligence methods across prisons and ensure that its staff have the skills needed to provide the analysis prisons rely on
- the Department only monitors the number of prisoners enrolled in the Pathways treatment program. The program's effectiveness has not been assessed since 2013 and its content has not been reviewed since 2010. The Department does not know if the program reduces the demand for drugs and alcohol
- prisoners who have been sanctioned for drug offences, or who have received incentives, are not routinely retested, or monitored. As a result, prisons do not know if these approaches improve prisoners' behaviour.

Poor practices and lack of security devices reduce efforts

Prisons use a range of controls to reduce the supply of drugs, alcohol, and prescription medicines. However, insufficient searching, security devices, and medicine controls reduce their effectiveness. We found:

- non-targeted searching is ineffective. The current policy requires a very small percentage of staff and visitors to be searched. This percentage is not always met, and some prisons use highly visible selection methods which can be easily avoided. This reduces the effectiveness of non-targeted searching as a control mechanism
- prisons do not always follow gatehouse searching and inspection processes. We reviewed a sample of gatehouse traffic at 3 prisons and found 29% of parcels were not inspected and personal rub down searches were not in line with policy. Practices were

worse when staff were required to search other staff. Poor searching weakens efforts to reduce the supply of drugs and alcohol

- not all prisons have access to security devices. For example, parcel x-ray machines are present at less than half of the 17 prisons, and ion scanners for detecting drug residue at only 6 prisons. While drug detection dogs are used across the metropolitan area, 5 of the 8 regional prisons do not have regular access. Generally, regional prisons also had less access to electronic barriers, and therefore need to rely on less effective and more time consuming manual searches
- prisons did not always follow controls to limit prisoners from sharing their prescribed medicines. We reviewed medication dispensing at 3 prisons and found 83% of post medication checks were not thorough. If these processes are not followed prisoners may not receive the medication they need, medicines could be traded, and prisoners may be intimidated or bullied into sharing medication.

More needs to be done to reduce drug and alcohol demand and the harmful effects

The Department tries to reduce the demand for drugs and alcohol through the provision of therapeutic programs. Since 2010, the number of programs available to treat addiction based offending has narrowed from 4 to 1. The single therapeutic program, Pathways, is required to address the diverse needs of prisoners. A single program may not meet the cultural, educational, and gender specific needs of all prisoners, leading to poorer outcomes.

The Department cannot provide enough places in Pathways to meet demand. During the audit period 1,382 prisoners recommended for Pathways were released. However, 310 (22%) were released before a place was available in the program. These are missed opportunities to intervene in prisoners' addictions before they are released from prison.

Not delivering treatment programs has also contributed to parole being denied. We reviewed parole notes of prisoners who had not received their treatment by the time they were eligible for parole, despite being eligible and willing to participate. We found in 88.5% of cases, a failure to complete a treatment program was included as a contributing reason for denying parole. Denial of parole leads to additional prison time and increased costs to the State.

Remand and short sentence prisoners do not have access to the Pathways program. Instead, they can voluntarily access short, non-therapeutic programs. However, the Department does not track participation in these programs. The Department is missing opportunities to intervene in prisoner addictions which can lead to further offences.

Prisoners are not assessed for treatment within the required time period which delays their access to treatment programs, and impacted parole decisions. We found that 88% of prisoners were not assessed within the Department's 28-day target. On average, prisoners did not receive assessments for 70 days, with 28% taking more than 100 days.

The Department also provides a 2-part, compulsory harm reduction education program. However, prisoners do not all receive the program. We found that the initial portion was delivered to only 35% of prisoners, and the second portion to 5.6%. This is a missed opportunity to educate prisoners about safer practices that can lead to better health outcomes.

Recommendations

1. **By the end of June 2018, the Department should:**
    a. **develop a new drug and alcohol strategy that includes targets and measures of success**
    b. **review the DPT program, to ensure that it gives a more accurate and complete view of drug and alcohol use in prisons**
    c. **consider other information it collects, such as security reports, incident reports, and search results to present a more holistic view of drug use in prisons**
    d. **review gatehouse searching requirements, and ensure that all prisons have processes in place to select targets in a non-predictable way**
    e. **review prison compliance with key supply reduction procedures to ensure they are carried out consistently and correctly**
    f. **formalise processes and standard operating procedures for all areas, including its intelligence team, ensure that staff are suitably trained, and prisons have timely access to intelligence information.**
2. **By the end of December 2018, the Department should:**
    a. **review current treatment approaches to demand and harm reduction, to ensure they are up-to-date and able to meet the diverse needs of prisoners**
    b. **review current treatment programs, and establish measures to allow their effectiveness to be assessed**
    c. **establish methods to assess the effectiveness of incentives and sanctions on reducing drug and alcohol use by prisoners to inform ongoing improvements in strategy**
    d. **compile a data dictionary for TOMS, and review controls in critical data systems to improve data accuracy and reliability**
    e. **assess whether prisons have access to the security devices they need to reduce the entry of drugs and alcohol into prisons.**

Response from the Department of Justice

The Department of Justice (the Department) welcomes the findings of the Office of the Auditor General (OAG) report – Minimising Drugs and Alcohol in Prisons.

The acknowledgement by the OAG that the Department and its employees face a difficult task in delivering services to a rapidly rising prison population is welcomed.

The outcomes of this performance audit will be used to inform a new strategic policy direction for minimising the supply of, and demand for, drugs and alcohol, and to strengthen key controls to ensure they are consistently applied across the WA prison estate.

The findings and recommendations are accepted by the Department and will be considered within cost and resource parameters and against a number of Department and Interagency alcohol and other drug strategies that are currently in development.

Audit focus and scope

The audit objective was to assess whether the Department has effective strategies to minimise drugs and alcohol in WA prisons. The specific lines of inquiry were:

1. Does the Department have effective strategies to prevent drugs and alcohol entering prisons?
2. Are drug and alcohol treatment programs effective at minimising drugs and alcohol in prisons?

We focused on the 17 metropolitan and regional adult prisons (Appendix 1). We looked at strategies to minimise illicit drugs and alcohol, and the illegal use of prescription medications.

Information from 1 July 2014 to 30 June 2017 was considered, with data analysis limited to 1 July 2014 to 31 December 2016.

We did not consider juvenile detention, or adult community corrections facilities.

In undertaking this audit we:

- reviewed Department and prison strategies, prison rules, prison procedures, standing orders, local procedures, Department policies, health policies, and prison standards
- reviewed published international and interstate practices and approaches. This included material from the World Health Organisation, the United Kingdom, the United States of America, New Zealand and Canada
- reviewed extracts from TOMS on targeted and DPT drug and alcohol tests, and prisoner treatment programs
- visited and conducted interviews at Acacia Prison, Bandyup Women's Prison, Casuarina Prison and Greenough Regional Prison
- reviewed CCTV footage from Acacia Prison, Bandyup Women's Prison and Greenough Regional Prison
- consulted with key stakeholders, including the Office of the Inspector of Custodial Services, and the Western Australian Prison Officers Union
- visited the Perth Watch House to observe the use of full body millimetre scanner technology.

This was a narrow scope performance audit, conducted under section 18 of the *Auditor General Act 2006* and in accordance with Australian Auditing and Assurance Standards. Performance audits primarily focus on the effective management and operation of agency programs and activities. The approximate cost of tabling this report is $427,000.

Audit findings

The Department does not have a clear understanding of the extent of drug and alcohol use in prisons

The testing program is too infrequent to identify trends, and excludes some known problem drugs

The Department has a narrow view of drug prevalence that does not include all commonly used drugs. The Drug Prevalence Testing (DPT) program is carried out infrequently, and does not include all problem drugs. The small number of testing rounds make identifying trends difficult, and the range of substances tested for has not been updated to include all drugs of choice.

The DPT estimate of drug use has varied from 10% in June 2005 to 2% in March 2017. While this suggests a decrease in drug use in WA prisons over time, we found this was not a reliable estimate as testing is infrequent and the DPT program does not test for all commonly used drugs.

The Department conducts the DPT program 3 to 4 times a year. Other jurisdictions have more frequent testing. For example, Corrections Victoria publishes the results of monthly random testing on its website. More testing would allow a better view into changes in patterns of drug use over time, and could be used to better target supply reduction efforts.

The DPT program does not include a key problem drug that is available in the wider community, and the Department knows is highly desired by prisoners[4]. It was also identified as an ongoing problem at 2 of the prisons we visited. Testing for the drug was not included when the Department revised its DPT program testing agreement in 2015.

The drug is tested for by prisons based on intelligence or after incidents, but not as part of the DPT program. We found:

- only 2 drugs included in the DPT program returned more positives (Figure 1)
- it accounted for 14% of all positives when tested for
- it was found at 9 of the 17 adult prisons during the audit period.

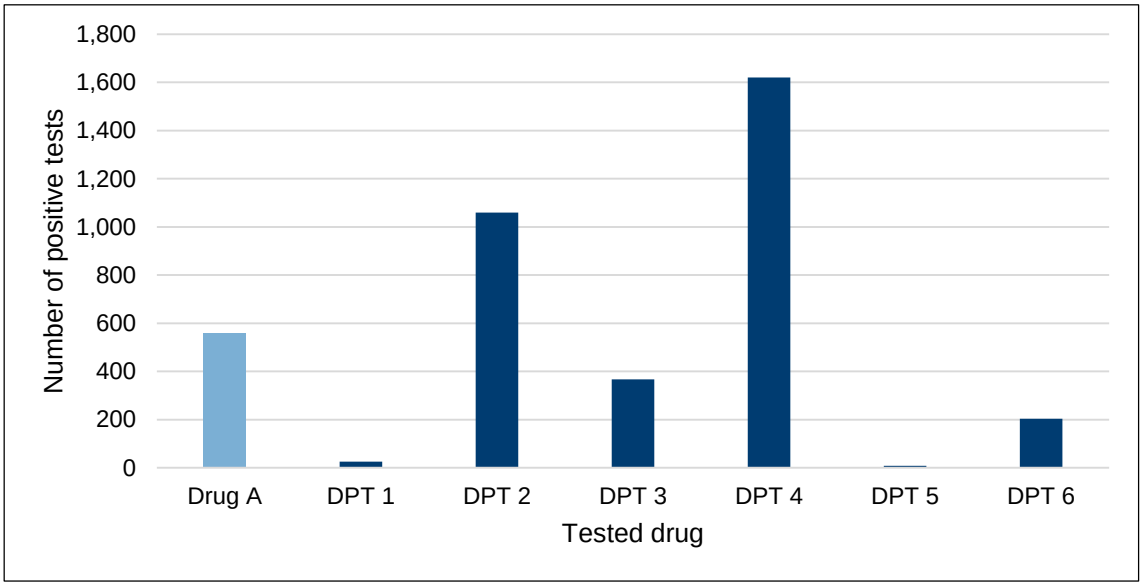

Figure 1: Number of positives from non-DPT, showing drugs included in DPT[5] and a known drug of choice (Drug A)

[4] The name of this drug has been provided to the Department.
[5] The names of these drugs have been anonymised to prevent undermining the Department's operations.

The Department does not use available information to better understand prisoner drug and alcohol use

The Department's understanding of drug and alcohol use could be improved through analysis of DPT results, and information gathered during other operations. The Department estimates drug use in prison through the DPT program. Internal reports present the DPT estimate as a single number, with no analysis or explanation. There is a risk that presenting DPT results in this way will fail to recognise wider trends and issues.

From June 2014 to December 2016 the DPT estimate was inaccurate, because it failed to account for falling prison participation in the program. We found:

- 10,621 DPT tests were scheduled but only 8,760 tests were carried out. The proportion of tests completed is also decreasing, with 94% completed in June 2014 but only 74.7% in October 2016
- the number of occasions when prisons did not conduct any tests has increased. There were 11 occasions when prisons did not complete any of the required DPT tests, 8 of which were during 2016.

The Department had not removed non-participating prisons from the DPT estimate. Tests not conducted were treated as non-positive results which lowered the accuracy of the DPT estimate. When we removed prisons that completed 0% to 25% of their tests from the calculation, the DPT estimate for July 2014 increased by up to 1.2%, from 5% to 6.2%.

These issues likely arose from a lack of central coordination and oversight for the DPT program. From 2015 to April 2017, the Department did not check prison participation in the program or the accuracy of results entered into TOMS. There was also no central liaison to update prison contact details after staff changes, which resulted in some prisons not receiving prisoner testing lists, and therefore not testing. The Department does not know how many times this happened, but we found DPT data from the 10 rounds carried out during our audit period was corrected and reloaded in TOMS at least 7 times.

In mid-2016, prison performance indicators were developed that include DPT program participation, and in April 2017 the Department appointed an Assistant Director Drug Mitigation to oversee the DPT program, amongst other duties. These are steps in the right direction to increase the reliability of the DPT estimate.

The Department does not monitor trends in the use of individual drugs. Identifying trends could help prison efforts to restrict supply. This is done elsewhere, with Corrections Victoria[6] reporting on drug types identified at each prison, and the prevalence of specific drugs over time.

A large amount of information on drug and alcohol use is gathered through general prison operations and could be used to identify trends and monitor use. This includes targeted drug test results, intelligence reports and search results. For example, the Department conducted over 46,000 targeted drug tests during our audit period.

Some prisons include targeted drug test results in internal intelligence and security documents but this was not a consistent practice at all prisons. For example, Acacia Prison analysed trends in drug test results alongside intelligence results to identify patterns in drug use. This provided valuable intelligence and context to help the prison be more targeted in their approach to minimising drugs and alcohol.

[6] Drugs in Victorian Prisons Report – January 2017.

Central coordination is lacking, and outcomes are not measured

System-wide strategic direction is lacking

The Department does not have a coordinated strategy for managing drugs and alcohol in prisons. The Department's *Drug and Alcohol Strategy 2010-2014* and its *Drug and Alcohol Agency Action Plan 2010-2014* have expired, and have not been renewed. New challenges since 2014 include a rising prison population and new patterns in drug use. Central strategic coordination and oversight is essential in a challenged and dispersed prison system.

Prisons develop their own drug strategies. These are tailored to the needs of each prison but must align to the statewide approach. The Department recognises that a new statewide strategy is needed and in August 2017 formed a working group to develop one.

Data systems contain significant inaccuracies, and access to the central intelligence system is uneven

Key systems that capture critical information are not accessible and are not reliable. These systems are not utilised to reduce the supply of drugs and alcohol. Examples we identified during the audit included:

- under existing licence arrangements, 9 of the 17 adult prisons cannot run reports or view the Department's central intelligence records. Instead, they rely on Department analysts at central office to provide them with information on their prisoners. The Department has not set timeframes and does not monitor how quickly information is provided to prisons. Prisons we visited expressed concern that the lack of direct access decreased the ability to detect drugs and alcohol
- the Department's central database for prisoner records, TOMS, contained partial, or missing prisoner and drug test information. For example, 642 drug tests completed during our audit period did not have results entered, and 2,863 tests did not show the date the test result was received
- fields in TOMS are used inconsistently by staff. A data dictionary describing the purpose and content of each field would help provide clarity. These issues are not new. We previously reported concerns with the integrity of data in TOMS in our June 2016 Information Systems Audit Report.

A review of approaches and assessment of outcomes is needed

The Department cannot reliably tell which approaches to minimising drugs and alcohol are working. There are no measures to assess if the Department is minimising drugs and alcohol in prisons or the effectiveness of key areas such as intelligence, treatment programs, and the use of sanctions and incentives.

The success of intelligence approaches in reducing supply are not assessed. The techniques used by central office intelligence staff and collators at prisons are not documented or evaluated. Many processes are prison-specific and there is no formal process for improving practices. Better documentation would allow the Department to evaluate the effectiveness of approaches and guide best practice. During the audit, the intelligence area began generating standard operating procedures, including approaches used by prison collators, to improve their practices.

The Department now relies on a single therapeutic program, Pathways, to meet prisoners' addiction needs. However, it does not know if Pathways meets the needs of participants or is effective in reducing addiction. The program's content has not been reviewed since 2010, and its effectiveness since 2013. The Department only monitors the number of prisoners participating in the program, through each prison's key performance indicators. The Department has recently reviewed its service agreements for the delivery of treatment

programs. The draft service specifications include intended measures for short, medium and long term impact.

Prisons do not know if sanctions and incentives are effective in reducing drugs and alcohol in prisons. There are no systems in place to determine if sanctions or incentives lead to a change in prisoner behaviour, prisoners are not routinely monitored afterwards and there are no additional drug and alcohol testing requirements. Prisoners may be 'flagged' by intelligence for additional monitoring or security. However, this is not done systematically and intelligence procedures are still being developed.

Efforts to limit supply are reduced by poor practices and limited access to security devices

Gatehouse controls are not always effective

Poorly executed searches and limited access to security devices reduce the detection of drugs and alcohol before they enter prisons. We saw several instances where individuals and parcels were allowed into prisons without adequate inspection. Illicit items can be small (Figure 2), and thorough and efficient checks are needed to find them.

The Department requires that a non-predictable sample of staff and visitors entering each prison are searched. This is normally done at the gatehouse (Figure 3) and acts as both a deterrent, and an additional layer of security. However, we found:

- the percentage of people required to be searched is too low to act as a real deterrent, or to be effective in detecting drugs and alcohol
- the required percentage of searches is not being met, generally because there is not an officer present of the appropriate gender to carry out the search
- some prisons use a very predictable selection system that can be easily avoided
- compliance with the policy is not internally monitored.

Figure 2: Examples of illicit drugs: cannabis (left) and methamphetamine (right) [7]

The Department provides clear policies for processing staff and visitors through the gatehouse. But, these are not always followed. We reviewed gatehouse CCTV footage from 3 prisons including the processing of 85 individuals, and saw that not all items were inspected, and searches of individuals were not thorough:

- 29% of parcels carried into prisons were not thoroughly checked including bags, food, and drink containers
- none of the 10 rub down searches followed policy, generally failing to search key areas. In a prison we visited, our staff were selected for a random search. This search was not thorough and did not cover all areas outlined in the policy

[7] Images supplied by Corrective Services.

- the majority of searches involved custodial staff searching other custodial staff. We saw that these searches were not thorough. Similar issues were raised by many prison staff we spoke with who talked about the risk of complacency when staff searched their colleagues, and the pressure on staff when searching their superiors. We also observed the processing of 20 visitors at a prison, and found that visitors were generally searched more thoroughly.

Identifying drugs and alcohol is harder for some prisons, as they do not have access to modern gatehouse equipment. Of the 17 prisons, 8 have access to a parcel x-ray machine, 10 have walk through metal detectors, and 6 have ion scanners (Figure 3), which detect trace residues of drugs.

Regional prisons have less equipment, with no metal detector or x-ray at 5 of the 8 regional prisons compared to only 2 of the 9 metropolitan prisons. Our analysis found that access to equipment is not directly linked to prisoner numbers or whether the prison is maximum or medium security. It is not clear why some prisons have more effective equipment than other prisons.

Equipment is not the only barrier used. Prisons without x-ray machines are required by policy to conduct manual inspections. However, x-ray machines and metal detectors offer a more efficient way to inspect items. For example, without an x-ray machine officers cannot easily view inside common items such as food or sealed containers.

Figure 3: Ion detector (left), and gatehouse security devices (right)

Prisons also use drug detection dogs to inspect groups of visitors quickly and efficiently (Figure 4). These dogs are a valuable tool for prisons, as they are highly visible, and therefore act as a deterrent, and work faster than ion scanners. The Department operates 15 drug detection dog teams across the public prisons, and Acacia Prison has 2 privately owned teams.

Figure 4: Handler with drug detection dog[8]

[8] Images supplied by Corrective Services.

As with other devices, we found that regional prisons had less access to drug detection dogs. Drug detection dogs routinely visit all 9 metropolitan prisons, but only 3 regional prisons get regular access. The remaining 5 regional prisons, which hold 38% of the regional prison population, did not have regular access. The high cost of drug dogs and the difficulties of using them in hot environments are challenges for the Department in regional areas.

Controls to prevent the sharing of medicines are not always performed

Prisoners use various techniques to conceal taking their medications to make them available to other prisoners, so it is important that controls are followed correctly. We observed medication dispensing at 3 prisons, including public and private, and found that controls to stop prisoners sharing medication were not always followed. Not checking prisoners' mouths thoroughly after medicines are taken, and insufficiently diluting medication, increase the chance of diversion to other prisoners. Of the 53 prisoners we observed receiving medication:

- 2 did not have their mouth checked to ensure the medicine had been swallowed
- 83% had only cursory checks of their mouth
- prisoners did not always drink the required 100 ml of post methadone water or juice. At a prison we visited, only a quarter of post medication liquid was swallowed by prisoners.

One-third of staff were not included in a random drug testing trial

As discussed earlier in this report, prison staff are searched as part of random and targeted search practices. In addition, staff are drug tested on suspicion or following certain incidents, such as prisoner escape. Since May 2016 the Department has trialled random drug and alcohol testing of staff. Between May 2016 and January 2017, the Department conducted 437 drug tests and 1,008 alcohol tests. From these, there were no confirmed positive drug tests and only 2 positive alcohol tests.

However, the Department could not test all staff. About one third of staff, many of whom have contact with prisoners, were not allowed to be tested. The Prisons (Prison officers and Drug and Alcohol Testing) Regulations 2016 only authorises random drug tests on custodial officers, such as prison guards and prison management. Non-custodial staff such as social workers, service providers, doctors, and maintenance and administration staff are excluded. The value of staff random drug testing will only be fully realised if all staff are included. The Department is currently reviewing the testing program.

Since February 2017, the Department has carried out 57 non-random drug and alcohol tests on staff. Five of these tested positive to cannabis.

Addiction treatment needs are not met, and the harm reduction program is not being delivered

There is only one addiction treatment program available, it is not available to all prisoners, and the Department cannot meet demand

The Departments relies on a single therapeutic program to address prisoners' addictions and linked criminal behaviour. Most prisoners cannot access therapy, and the Department doesn't assess participation in non-therapeutic programs.

The Department has a strategic focus on high needs prisoners, like prisoners with addictions, but addressing their needs takes time. Prisoners on longer sentences have the time. But, programs are not always available when required. The Strategy had committed to providing a

range of addiction programs. However, the number of available programs has decreased from 4 programs in 2010[9], to currently only 1 therapeutic program, Pathways.

Some treatment staff we interviewed during the audit expressed concern that Pathways does not address the diverse range of prisoners' backgrounds and needs. The program was described by a number of staff as requiring a high level of literacy and not tailored to cultural differences. Two programs that catered for the needs of Aboriginal prisoners, who make up 38% of the prison population[10], were stopped in 2010 and 2015. There have also been no gender specific addiction treatment services for women since 2010.

Around 65% of prisoners cannot access Pathways because they have sentences of less than 6 months or are on remand awaiting sentencing. During the audit period, the proportion of prisoners who were ineligible increased by 7%. This likely reflects the 6% increase in the number of prisoners held on remand during the same time. These prisoners can voluntarily access short, non-therapeutic programs but the Department does not assess the effectiveness of the programs. These programs are funded by other government agencies and external providers. Opportunities to intervene in the addictions of short sentence and remand prisoners are being missed.

Treatment is delayed by slow assessments and programs cannot cope with demand

Prisoners cannot access treatment because there are not enough places on the Pathways program. Further, assessments are taking too long. This has led to delays in prisoners receiving treatment, and delays in being granted parole.

The Department does not assess prisoners for addiction treatment within its 28-day policy requirement. During the audit 2,973 prisoners were assessed but only 11.6% of those were within the required 28 days. On average, prisoners did not receive their assessments until 70 days, with 28% of assessments taking 100 days or more. The Department tracks the number of prisoners awaiting assessment, but it does not assess its performance against the 28-day requirement.

This delays treatment, as prisoners cannot be considered for a place in a program until they have been assessed. Figure 5 shows how many days it took to assess the treatment needs of prisoners sentenced between June 2014 and December 2016.

[9] Pathways, Indigenous Men Managing Anger and Substance Use, Women's Substance Use Program, and the Aboriginal Educational Preventing and Managing Relapse Program.
[10] Australian Bureau of Statistics. 30 June 2016 CAT4157, Table 13.

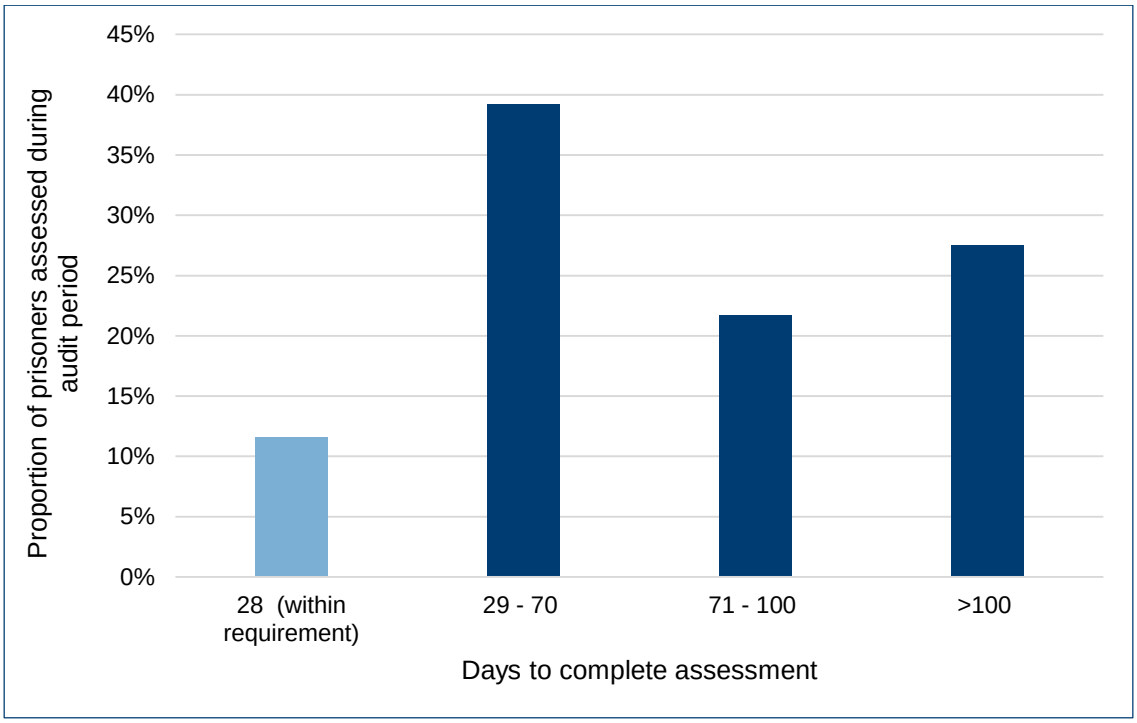

Figure 5. Number of days taken to assess prisoner treatment needs

When prisoners were assessed, more than half were recommended for Pathways. However, the Department does not provide enough places in Pathways to meet this need. During the audit period 22% of all prisoners recommended for Pathways were released before starting the program, as there was no place available.

Failure to complete a recommended program can delay parole. During the audit period, almost 74% of prisoners recommended for Pathways, did not receive the program before they were eligible for parole. We reviewed the parole notes from a randomly selected 36 of these prisoners. We found 10 chose not to ask for parole, 23 had unmet substance treatment listed as a reason for denying parole, and for 3 of these it was the sole reason. The remaining 3 prisoners did not have unmet substance treatment listed as a reason.

The Department is not delivering its harm reduction program

The third part of the Department's expired strategy was harm reduction, which is delivered through the Health in Prison, Health Outta Prison (HIP HOP) education program. While the Department intends to deliver this program to all prisoners, only a small number of prisoners actually receive the program, and the Department does not assess delivery of the program against its set timeframes.

The HIP HOP program is intended to be delivered in 2 parts, the first within 14 days of imprisonment and the second within 3 months of release.

We found that only 35% of prisoners received the first portion of the program and only 5.6% received the second portion. We were not able to assess delivery timeframes as the Department does not record this information. Opportunities to help prisoners reduce the harm from dangerous practices are being missed.

Some prison health centres we visited provide prisoners with pamphlets on the risks of drug and alcohol use. The Department also operates an opioid replacement program at all adult prisons to reduce the demand for and harm from illicit drugs.

Appendix 1: Metropolitan and regional adult prisons

Metropolitan		Regional
Public	Private	Public
Bandyup Women's Prison	Acacia Prison	Albany Regional Prison
Boronia Pre-release Centre for Women	Melaleuca Remand and Reintegration Facility	Broome Regional Prison
Casuarina Prison	Wandoo Reintegration Facility	Bunbury Regional Prison
Hakea Prison		Eastern Goldfields Regional Prison
Karnet Prison Farm		Greenough Regional Prison
Wooroloo Prison Farm		Pardelup Prison Farm
		Roebourne Regional Prison
		West Kimberley Regional Prison

Appendix 2: Department of Justice response to recommendations

Recommendation	Response	Implementation timeline
1a. Develop a new drug and alcohol strategy that includes targets and measures of success	Accept	End of June 2018
1b. Review the DPT program, to ensure that it gives a more accurate and complete view of drug and alcohol use in prisons	Accept	End of June 2018
1c. Consider other information it collects, such as security reports, incident reports, and search results to present a more holistic view of drug use in prisons	Accept	End of June 2018
1d. Review gatehouse searching requirements, and ensure that all prisons have processes in place to select targets in a non-predictable way	Accept	End of June 2018
1e. Review prison compliance with key supply reduction procedures to ensure they are carried out consistently and correctly	Accept	End of June 2018
1f. Formalise processes and standard operating procedures for all areas, including its intelligence team, ensure that staff are suitably trained, and prisons have timely access to intelligence information.	Accept	End of June 2018
2a. Review current treatment approaches to demand and harm reduction, to ensure they are up-to-date and able to meet the diverse needs of prisoners	Accept	December 2018
2b. Review current treatment programs, and establish measures to allow their effectiveness to be assessed	Accept	December 2018
2c. Establish methods to assess the effectiveness of incentives and sanctions on reducing drug and alcohol use by prisoners to inform ongoing improvements in strategy	Accept	December 2018
2d. Compile a data dictionary for TOMS, and review controls in critical data systems to improve data accuracy and reliability	Accept	December 2018
2e. Assess whether prisons have access to the security devices they need to reduce the entry of drugs and alcohol into prisons.	Accept	December 2018

Auditor General's Reports

Report number	2017 reports	Date tabled
21	Audit Results Report – Annual 2016-17 Financial Audits	7 November 2017
20	Financial Controls – Focus Area Audits 2016-17	7 November 2017
19	Opinion on Ministerial Notification	1 November 2017
18	Diverting Young People Away From Court	1 November 2017
17	Management of Pastoral Lands in Western Australia	11 October 2017
16	Rich and Rare: Conservation of Threatened Species Follow-up Audit	6 September 2017
15	Opinion on Ministerial Notification	6 September 2017
14	Non-Clinical Services at Fiona Stanley Hospital	16 August 2017
13	Audit of Journal Entries and Property, Plant and Equipment Using Data Analytic Procedures	19 July 2017
12	Information Systems Audit Report	29 June 2017
11	Opinion on Ministerial Notification	29 June 2017
10	Timely Payment of Suppliers	21 June 2017
9	Opinion on Ministerial Notification	8 June 2017
8	Management of Medical Equipment	25 May 2017
7	Audit Results Report – Annual 2016 Financial Audits – Universities and TAFEs – Other audits completed since 1 November 2016	11 May 2017
6	Opinions on Ministerial Notifications	13 April 2017
5	Accuracy of WA Health's Activity Based Funding Data	11 April 2017
4	Controls Over Purchasing Cards	11 April 2017
3	Tender Processes and Contract Extensions	11 April 2017
2	Opinion on Ministerial Notification	6 April 2017
1	Opinion on Ministerial Notification	30 March 2017

Office of the Auditor General
Western Australia

7th Floor Albert Facey House
469 Wellington Street, Perth

Mail to:
Perth BC, PO Box 8489
PERTH WA 6849

T: 08 6557 7500

F: 08 6557 7600

E: info@audit.wa.gov.au

W: www.audit.wa.gov.au

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