Evaluation of the condom trial in three Correctional Centres in New South Wales

Interim Report for the Department of Corrective Services

David Lowe Consulting

July 1996
# Table of contents

Acknowledgments 2

Acronyms 2

Executive Summary 3

## Section 1: Outline of the Corrective Services condom trial 5

- Ministerial announcement 5
- Participating Correctional Centres 5
- Commencement date 5
- Distribution method 5
- Contents of condom packets 5
- Location of vending machines 6
- Disposal 6
- Regulation 6
- Misuse reporting procedures 7
- Information dissemination 7
- Blood Borne Diseases Committee 8

## Section 2: Evaluation objectives and methodology 9

- Methodology 9
- Evaluation objectives 10

## Section 3: Appropriateness of policy and operational aspects of the trial 13

- Appropriateness of the decision to conduct a condom availability trial 13
- Coverage 14
- Method of distribution 15
- Location of vending machines 17
- Disposal 18

## Section 4: Implementation of the trial 19

- Utilisation rates 19
- Sexual activities in prison 21
- Other possible uses of condoms 23
- Access 24
- Inmate attitudes 27
- Staff attitudes 30
- Disposal 31
- Information dissemination 33
- Unintended consequences 35
- Efficiency and effectiveness of implementation 35

## Section 5: Conclusion 37

- Summary of findings and recommendations 38
- References 42
Acknowledgments

We wish to thank all staff and inmates interviewed for providing information which has been used as the basis of this report.

We wish to thank Mr Ron Woodham, Assistant Commissioner, Operations and Mr Gino Vumbaca, Manager, HIV & Health Promotion Unit for their input to the review and assistance in organising access to the three Correctional Centres participating in the trial.

We want to thank the Governors and Deputy Governors of the three Centres for ensuring ready access to staff and inmates and for providing their own contribution to the evaluation. Thanks are also extended to Mr Tim Bridge, Staff Officer at the Remand Centre and Ms Leslie White Acting Area Manager, Industrial Training Centre, for providing a tour of all wings in their Centres and other assistance with the evaluation.

Thanks are also extended to Mr Phil Barry, the condom vending machine contractor, for providing data on utilisation rates and making himself available for interview.

We wish to thank Lyn Bond, HIV/AIDS Project Coordinator for CRC Justice Support for making available the results of a survey on the attitudes of inmate's visitors to the condom trial.

Thanks are also extended to Kate Dolan of the National Drug and Alcohol Research Centre for providing copies of reports on related research and her contribution to discussions regarding methodology.

As this is an independent evaluation, the findings and recommendations expressed in this report are those of David Lowe Consulting and do not necessarily represent those of the Department of Corrective Services.

Acronyms

AIDS  Acquired Immune Deficiency Syndrome
COVB  Commissioned Officers Vocational Branch
HIV  Human Immunodeficiency Virus
IDC  Inmate Development Committee
ITC  Industrial Training Centre
NSW  New South Wales
POVB  Prison Officers Vocational Branch
STD  Sexually Transmissible Diseases
WHO  World Health Organisation
Executive Summary

A six months condom availability trial commenced in three NSW Correctional Centres in late March, 1996. The intention of the trial is to prevent the transmission of HIV, hepatitis B and other STDs among inmates and to the broader community following release from gaol. This is an interim report on the first three months operation of the trial. The main source of information for this report has been interviews with staff and inmates. A final evaluation report will be prepared at the end of the trial. This will include the results of a survey of prisoners.

Packets containing condoms and plastic bags for disposal are dispensed free of charge through a total of 19 vending machines located in wing blocks. The three centres chosen for participation in the trial were appropriate as they provide a cross-section of security classifications, city and rural gaols and longer and shorter term inmates. Vending machines have proved to be an appropriate means of distribution as they provide for anonymity, protection of stock and a means of accounting for the number dispensed. The vending machines are re-stocked by an outside contractor thus avoiding any direct prison officer involvement with the trial.

Vending machines are currently located in view of wing offices. This decision was taken to deter vandalism and prisoners standing over other inmates using the machines. While this was an appropriate decision at the time, it would appear that the lack of anonymity is acting as a barrier to some prisoners using the machines. Consideration should be given to relocating some machines in the second three months of the trial to determine whether this effects utilisation rates. Similarly, dedicated disposal bins should be placed in more discreet locations to encourage greater compliance with disposal requirements.

In the first 13 weeks of the trial a total of 6,778 condoms have been dispensed. Excluding the numbers dispensed for the first week, which were unusually high, the average number of condoms dispensed per prisoner across the three Centres over twelve weeks was 5.5. The average total inmate population of the three Centres is 1033.
The holding capacity of the machines and the frequency of re-stocking has been sufficient to ensure that, with a few exceptions, inmates have had ongoing access to condoms.

While there was initial hostility to the availability of condoms from some prisoners, this has largely dissipated and the majority of prisoners would appear to favour (or at least not oppose) their ongoing availability. There is an absence of strong opposition from officers to the availability of condoms. The majority of commissioned officers interviewed supported the distribution of condoms while prison officers were evenly divided.

There were some relatively minor incidents of improper disposal in the first few weeks of the trial, when condoms were found in different locations around the prisons. This now appears to be a rare event. However, it would appear that the majority of inmates are disposing of condoms by flushing them down the toilet as they do not wish to be seen to be placing them in the disposal bin and thus identified as having male to male sex.

There is no evidence of any negative unintended consequences resulting from condom distribution such as rape or condoms being used as weapons.

The trial has operated efficiently and effectively and can be regarded as an overall success. A number of recommendations for program improvement have been made in light of experience in the first three months of the operation of the trial.
Section 1: Outline of the Corrective Services condom trial

The purpose of this section is to give an outline of the intended operations of the condom distribution trial.

Ministerial announcement

On 5 December 1995 the Minister for Corrective Services, the Hon Bob Debus announced that a condom distribution trial would proceed in three Correctional Centres in early in 1996. It was initially intended that the trial would operate for a period of three months. This was subsequently extended to six months to allow more time for monitoring and evaluation.

Participating Correctional Centres

The Centres chosen for participation in the trial were the Industrial Training Centre (ITC) and the Remand Centre at Long Bay and Bathurst Correctional Centre.

Commencement date

The trial commenced on 25 March 1996 and is due to run through to 23 September.

Distribution method

The method of distribution has been by vending machines which have been modified so that payment is not required. The vending machines are restocked by an outside contractor to avoid the necessity of prison officers having any direct involvement in the trial. The contractor restocks the machines on the same day each week.

Contents of condom packets

The vending machines dispense small cardboard packages containing:

- one condom
- one sachet of lubricant
- one resealable bag for the disposal of used condoms
- an information card which states that condoms are only to be used for consensual sexual activity, sets out the prescribed disposal method and mentions the existence of penalties for breaches of these conditions.
The outside of the cardboard package contains instructions for the correct use of condoms. Each vending machine can hold up to 90 boxes.

**Location of vending machines**

A total of 19 vending machines have been installed in the three Centres:
- 6 machines in the ITC. Located in the entrance to each wing near the stairs and opposite the wing office.
- 7 machines in the Remand Centre. Located in the inmate recreation/meal rooms on each level of the Centre's two wings. The machines are in view of the wing offices with the exception of the one in the Programs (protection) area which is in a small kitchenette.
- 6 machines at Bathurst. These are located next to and in view of the wing offices, adjacent to the entrance to the wings.

**Disposal**

Inmates are advised to place used condoms into the sealed plastic bag and then into one of the designated disposal bins. These are sanitary disposal units which are emptied by the vending machine contractor. The disposal units are placed next to the machine in all wings with the exception of the ITC where, following representations by the Governor, the disposal units have been located in the bathrooms.

In cases of improper disposal, the condoms are to be collected by staff or inmates (wearing latex gloves) and placed in evidence bags. A report should then be completed and forwarded to the Governor. All Governors were reminded that the existing protocols on management of exposure to blood and body fluids are to be implemented when any staff member or inmate is involved in an incident.

**Regulation**

To govern the operations of the trial it was necessary to introduce a Regulation. The key provisions of the regulation are:
- inmates in the participating centres are permitted to be in possession of condoms via authorised means (ie through the vending machines or by some other means approved by the Governor)
- plastic disposal bags are to be provided with condoms
• condoms are to be free of charge
• condoms are not to be used for any other purpose other than sexual activity with another consenting prisoner, in a prison cell
• prisoners are not to use or threaten or to use a condom as a weapon
• prisoners are to comply with the prescribed method of disposal
• penalties for unauthorised possession, use and disposal of condoms are set out.

As use of condoms as a weapon is regarded as a particularly serious matter, this is regarded as a major offence, requiring referral to a Visiting Justice (VJ) for adjudication. Other offences are classified as minor offences and can be dealt with by the prison Governor or referred to the VJ.

**Misuse reporting procedures**

In the event of condoms being misused by inmates, particularly if a staff member or inmate is placed at risk of infection, an Officer Report Form (Condom Misuse Incident) must be completed as soon as possible and forwarded to the Governor. The intention is for these reports to be forwarded to the Assistant Commissioner, Operations and/or the Manager of the HIV & Health Promotion Unit in the Department's Head Office. Upon receipt of the report an investigative panel is to be established consisting of representatives of the Department of Corrective Services and the Department of Health, the union (if available) and an independent agency. The findings of the panel are to be considered by the Inter-Departmental Blood Borne Diseases Committee, the Assistant Commissioner, Operations and the Governor of the Correctional Centre where the incident occurred.

**Information dissemination**

Information packages for all staff and inmates were prepared by the Department's HIV & Health Promotion Unit and distributed prior to commencement of the trial. It was the responsibility for the Governor of each Centre to distribute these packages.

The inmate package contained:
• the media release from the Minister, announcing the trial
• a notice setting out the permitted use of condoms, the method of disposal and penalties for improper disposal
• seven health promotion pamphlets on HIV/AIDS, Hepatitis B & C, STDs and sexual abuse information for men
- a leaflet on using condoms in gaol which outlines hints on safe use, the method of disposal and that it is an offence to use or dispose of condoms improperly.

Two staff information packets were produced. The first contained:
- the Minister's media release
- the Officer Report Form (Condom Misuse Incident) which is to accompany all condom misuse reports
- four health promotion pamphlets on HIV/AIDS, Hepatitis B & C and sexual abuse information for men
- a Needlestick Hotline pamphlet
- Trauma debriefing information, specific to Corrective Services.

The second information kit for staff contained:
- the draft Regulations relating to the distribution, use and disposal of condoms; and
- an outline of punishment and segregation provisions for inmates found guilty of improper or unacceptable behaviour in the use and disposal of condoms.

The inmate information package and the first staff package were distributed to all participating Centres by 15 March, 1996. The supplementary kit for staff was distributed in the week commencing 17 March 1996. In addition, both custodial and non-custodial executive staff attended briefing sessions at their respective regional offices prior to the commencement of the trial.

**Blood Borne Diseases Committee**

Consideration of policies and procedures for the trial and oversight of its operations has been the responsibility of the Blood Borne Diseases Committee. Members of this Committee are drawn from the Department of Corrective Services, the Department of Health, the Corrections Health Service and the unions. The prison and commissioned officer's union representatives declined to participate in meetings due to their opposition to the trial. Operational responsibility for the trial has rested with the Assistant Commissioner, Operations, the Manager of the HIV & Health Promotion Unit and the Governors of the three participating Centres.
Section 2: Evaluation objectives and methodology

Although condoms are distributed in prison systems in 18 countries, this has occurred in the absence of evaluation. Nonetheless, there are no reported negative unintended consequences that have resulted from condoms being available to prisoners in other jurisdictions.

To ensure an informed decision can be made on the overall effectiveness and appropriateness of the NSW trial, the decision was made to appoint an independent evaluator to examine the program.

Methodology

There are a number of limitations that restrict the scope of this evaluation. They are:

- the extreme stigma associated with male to male sexual activity in prison results in considerable efforts by inmates who are participating in these acts to hide this from others. This makes it difficult to form an accurate picture of the extent of male to male sex in prison and, most importantly, the prevalence of safe sex behaviour;
- The evaluation is, to a large extent, reliant upon information obtained through interviews with prison officers and inmates, each of whom have their own biases and interests to protect.
- While it is well established that condoms are an effective means of preventing the transmission of HIV and other sexually transmissible diseases (STDs), it is not possible to quantify the number of new infections which are being prevented by condoms now being available to inmates. To do this would firstly require reliable baseline data on sexual activity among inmates and the number of new HIV and STD infections occurring in prison. It would then be possible to monitor, through self-report surveys, the extent to which safe behaviours are practiced following the introduction of condoms and examine any possible effect this was having on the incidence of HIV and STDs in the prison population. While there is evidence of HIV infection occurring in an Australian prison,\(^1\) as with the general community, there is a lack of data on the incidence of infection. That is, a lack of data on the number of new infections occurring over a given period of time. Even if reliable data was available on the incidence of infection, a longitudinal study over a reasonably long period of time would be needed to measure the actual effect of condom availability.
on infection rates. The high turnover rate in the prison population is an additional confounding factor that would make it difficult to come to firm conclusions on the actual number of infections prevented by the availability of condoms.

For the reasons outlined it is not possible to come to precise, quantifiable findings at an outcome level. The evaluation activities have therefore been concentrated at the process level by examining the appropriateness of the trial and related policy and operational decisions, and the effectiveness and success of implementation.

**Evaluation objectives**

The following objectives were set in order to evaluate the trial:

1. To assess the appropriateness of:
   (a) the decision to conduct a trial condom availability program in three Correctional Centres;
   (b) the coverage of the trial;
   (c) the method of distribution;
   (d) the location of the vending machines;
   (e) the method of disposal;
   (f) the location of the disposal bins.

2. To monitor and evaluate the trial so as to determine:
   (a) condom utilisation rates;
   (b) the extent to which inmates have had access to the condom vending machines;
   (c) the extent to which inmates having male to male sex are using condoms;
   (d) the extent to which inmates have access to the means of proper disposal;
   (e) the existence of any barriers in accessing or disposing of condoms;
   (f) the degree of compliance with the Regulation and other requirements of the Department;
   (g) the attitudes of staff and inmates to the availibility condoms and the operation of the trial;
(h) whether the trial has resulted in any unintended negative consequences and, if so, the extent to which these have impeded the trial and/or the smooth and efficient operation of the Correctional Centres;
(i) the efficiency and effectiveness of implementation of the trial;

3. To identify any problem areas and make recommendations for program improvement and refinement.

4. To assess the overall success or otherwise of the trial and make recommendations on:
   (a) whether the trial should continue past the interim review date;
   (b) whether condoms should be introduced into other Correctional Centres; and
   (c) the preferred method of distribution and disposal should the availability of condoms be extended to other Centres.

The Department of Corrective Services requested an interim evaluation report after the trial has been in operation for three months and a final report at the end of six months.

Information for this interim report, to address each of the above evaluation objectives, has been obtained by:

- a review of Departmental documentation
- a review of data provided by the vending machine contractor on the number of condoms dispensed
- an interview with the contractor
- an interview with the Assistant Commissioner, Operations and the Manager of the HIV & Health Promotion Unit
- interviews with the Governors and Deputy Governors in each of the participating Centres
- interviews with commissioned and prison officers in each Centre. An Area Manager from each area and a Wing Officer from each wing were interviewed.
- interviews with Inmate Development Program staff
- interviews with Corrections Health Service staff
- interviews with prisoners in each Centre. Most prisoners interviewed were members of Inmate Development Committees or AIDS Committees and/or were sweepers. In some Centres a number of prisoners were chosen at random in addition to interviews with committee members.
Interviews were conducted in June after the trial had been in operation for approximately two-and-a-half months so as to obtain the more considered views of stakeholders rather than their initial response to the trial. With a few exceptions, all interviews with staff and prisoners were conducted on a one-to-one basis, in an attempt to minimise a possible bias in responses as a result of peer pressure. Representatives of the Prison Officers Vocational Branch (POVB) and the Commissioned Officers Vocational Branch (COVB), the two union branches representing custodial staff, declined the opportunity to be interviewed by the evaluator.

It was originally intended to review the process and outcome of any investigation into the improper use or disposal of condoms. This, however, has not been necessary as the Department has not had to convene the panel in the absence of any serious incidents.

The major evaluation activity that will take place in the second three months of the trial will be a self-administered survey of all inmates in the three participating Centres. Some follow-up interviews will also be conducted to further gauge progress with the trial.
Section 3: Appropriateness of policy and operational aspects of the trial

Appropriateness of the decision to conduct a condom availability trial

In making the announcement of the trial the Minister cited public health reasons in support of the Government’s decision:

“As well as ensuring that inmates are protected from disease, we are also ensuring that the prison system does not become the source of infection for the rest of the community when inmates return to their families and friends.”

The decision to make condoms available is consistent with the initial National HIV/AIDS Strategy which recommended:

“Condoms should freely and anonymously be available to all prisoners. Homosexual acts between prisoners is a fact. While there is no evidence the provision of condoms will encourage such acts, it is known that condoms will reduce the risk of HIV transmission. The provision of condoms will at least allow prisoners the choice of minimising the risk.”

In making the announcement the Minister acknowledged that, for over a decade, health experts across Australia have been lobbying for the introduction of condoms into prisons as a precaution to prevent the transmission of HIV and hepatitis B.

Based on the limited evidence of HIV transmission occurring in prisons, it has been assumed by some that this is a rare event. This has been used to argue against the necessity for prevention programs such as condom distribution. However, there is now some evidence to suggest that the rate of HIV infection in correctional facilities has probably been underestimated. While sharing of needles is likely to be the greatest risk factor for HIV transmission in prisons, unprotected sexual activity has the potential to be a significant source of infection. There is also some evidence that HIV infected prisoners are more likely to be sexually active in prisons, thus increasing the possibility of transmission in the absence of the means of protection.
The trial is also in accord with the World Health Organisation’s (WHO) Statement from the Consultation on Prevention and Control of AIDS in Prisons, issued in November 1987. This statement proposes that inmates should have the same access to HIV preventive measures as members of the general community and that “careful consideration should be given to making condoms available [to prisoners] in the interest of disease prevention.”

While there is the potential for the introduction of condoms to have negative unintended consequences, such as being used as weapons against officers or inmates, the likelihood of this happening is not assessed to be significant. There have been no reports of negative consequences flowing from the introduction of condoms in other countries. Nonetheless, given the significance of the decision it was appropriate to proceed by way of a trial to:

- determine if there are any significant negative consequences associated with condom availability that would outweigh the public health benefits; and
- to determine, through practical experience, the best way to conduct condom distribution and disposal, should the decision be made to move to permanent availability after the trial period.

**Finding 1:**

*The provision of condoms to prisoners is justifiable upon public health grounds. Given the possibility of negative unintended consequences that could result from condom availability, and the need to determine the best methods of distribution and disposal, it was appropriate to conduct a trial across a limited number of Correctional Centres before considering more widespread implementation.*

**Coverage**

Three Correctional Centres were chosen to participate in the trial. The ITC is a minimum security prison, Bathurst is medium security, (apart from X wing which is minimum security), and the Remand Centre is maximum security. The three prisons thus represented a good cross section of correctional centres in that:

- each security classification is represented;
- city and rural Centres are included; and
- both new and longer term inmates are represented in the populations of the centres.
Finding 2:
The three Correctional Centres chosen for participation in the trial were appropriate in that they provide a reasonable cross-section of correctional environments, security classifications and inmates.

Method of distribution

The main options for distribution that were considered by the Department were:

- vending machines
- clinics, either with or without a requirement for counselling
- as part of prisoner 'buy-ups'
- an open container of condoms in wings or some other location.

Vending machines were chosen as the method of distribution for the following reasons:

- Anonymity. Inmates do not need to approach someone to request condoms. Anonymity could not be assured if access was through buy-ups or the clinics. Anonymity is a particularly important criteria given the stigma associated with male to male sexual activity in prisons.
- No cost to inmates. Given some inmates are particularly poor, a charge could be an impediment to access.
- As the vending machines are serviced by an outside contractor, prison officers and Corrections Health Service clinic staff do not need to have any direct involvement with the trial.
- Vending machines provide a reasonable level of protection for the condoms. If they were, for example, left in an open container it would be possible for someone to dispose of the entire contents of the box or tamper with the condoms.
- It is possible to keep count of the number of condoms dispensed.
- Inmate access to clinics is limited and not direct. The use of vending machines allows for installation in parts of the prison where inmates have more ready and everyday access.

While some Corrections Health Service staff are reluctant to be involved in condom distribution, some public health nurses who specialise in communicable diseases and who are involved in HIV and STD counselling and treatment sessions, see the ability to
distribute condoms as a useful educational adjunct to their clinical work. The Regulation governing the distribution of condoms allows for distribution through vending machines and other methods permitted by the Governor. If some nurses were to have an involvement in the distribution of condoms this would require prior consultation with the relevant unions. It may be possible that any union objections could be overcome if distribution was confined to public health nurses, on a voluntary basis.

**Finding 3:**

*The decision to use vending machines as the method of distribution is appropriate.*

While the level of staff opposition to condoms appears to be lessening over time, the imperative of anonymity will mean that vending machines will continue to be the preferred means of distribution for the foreseeable future.

**Recommendation 1:**

*The Department of Corrective Services and the Corrections Health Service should give consideration to permitting public health staff involved in HIV/STD testing, treatment and counselling to distribute condoms to inmates on a voluntary basis, in addition to distribution through vending machines.*

The major disadvantage of vending machines is their cost. This factor will become more important if condom availability is extended to all Correctional Centres. The two major cost components are leasing of the machines and the cost of regular re-stocking. If the trial is successful and condoms are made available in all Correctional Centres, some significant savings could be made through:

- purchasing machines rather than leasing as the differential is not that significant and savings would be realised quite quickly; and
- assembly of the supplies put into the condom packets to become the responsibility of trusted inmates in one central location or in each prison, under the supervision of commissioned officers. Inmates in one Centre currently assemble the 'split-kits' which contain condoms and are issued to prisoners on day and weekend release. These kits are then distributed to other Centres as needed.
- inmates in each Correctional Centre would be responsible for re-stocking the machines as needed, under the supervision of a commissioned officer.

An alternative to inmate re-stocking of vending machines would be for this function to be carried out by Stores Officers. It is estimated that the above system would reduce the
unit cost of the contents of the condom packages by as much as two-thirds, as the cost of travel and servicing is currently built into the contractor’s costs.

If condoms are introduced into other correctional centres the pattern of reaction would in all likelihood follow that of the trial. That is, following a reasonably low level of local controversy coupled with minor resistance, vending machines will be accepted as just another part of prison life. During the period of initial settling-in, there may be merit in having the machines serviced by an independent contractor before this function becomes a local responsibility. However, the cost of an outside contractor providing statewide servicing of machines would not be sustainable in the longer term. If it is not possible for local responsibility to be assumed for re-stocking vending machines, some other less costly means of distribution would need to be considered. The relative disadvantages of another method of distribution compared to vending machines would need to be balanced up against likely cost savings.

**Recommendation 2:**

If a decision is made to make condoms available to all prisoners, serious consideration should be given to purchasing vending machines, with the re-stocking of the machines being the responsibility of trusted inmates under the supervision of commissioned officers or Stores Officers. However, there may be merit in having machines re-stocked by an outside contractor for an initial period, post-installation.

**Location of vending machines**

The location of the vending machines was decided during a site inspection of each wing involving a representative of the Governor of the Centre, the relevant wing officer, the Manager of the Department’s HIV & Health Promotion Unit and the vending machine contractor.

The criteria for placement of the machines was that:

- they not interfere with occupational health and safety such as obstructing an exit; and
- the machine be in view of the wing office to protect the machines from the possibility of vandalism and to prevent other prisoners standing over inmates who are using the machines.
Finding 4:
Given the strong initial hostility of some prisoners to the installation of the vending machines and the possibility of vandalism, the decision to locate them in view of wing offices was prudent. Nonetheless, further consideration needs to be given to whether this still constitutes an appropriate location, given inmate concerns associated with anonymity of access.

This issue of the location of the machines is also considered in Section 4 below, in the part on access.

Disposal
The decision to have a designated disposal system is appropriate so as to further minimise the small occupational health and safety risk that could arise from poor disposal practices. The disposal system also reduces the risk of blockage to the sewers.

Finding 5:
The designated disposal system for used condoms is intended to provide a high standard of occupational health and safety for staff and inmates.
Section 4: Implementation of the trial

Utilisation rates

In the thirteen week period between 25 May and 24 June 1996 a total of 6,778 condoms were dispensed from the vending machines in the three Correctional Centres participating in the trial. As was to be expected, the number of condoms dispensed was particularly high in the first week of the trial. A total of 1093 condoms were dispensed in this week. This figure is slightly higher than the total inmate population of the three Correctional Centres, which averages around 1033. The rate of use in this initial period can in all likelihood be attributed curiosity and novelty, and possibly the desire on the part of some inmates to access a product that had previously been banned in prison.

The average number of condoms dispensed per week over weeks 2 - 13 inclusive was 474. Dispensing rates for week one have been excluded from this analysis due to their abnormally high rate. While there has been a decline in utilisation after the first few weeks, and in particular after the first week, the number of condoms dispensed each week now appears to have stabilised at around the high three-hundred to the low four-hundred mark.

The total number of condoms dispensed at each Centre for each week of the trial are set out below in Table 1.

The average number of condoms dispensed per prisoner across the three Centres over the 12 week period (weeks 2-13) was 5.5. This is almost equivalent to one condom packet per prisoner per fortnight. Nonetheless, it is not suggested that each prisoner is making use of condoms. This figure is provided so that usage rates can be related to the size of the inmate population in each Centre. On an overall basis there was no significant difference in the utilisation rates between the metropolitan Centres. The highest utilisation rate was at the Remand Centre with an average of 6.2 condoms used per prisoner over the 12 weeks. The average usage rates for the ITC and Bathurst were 5.6 and 4.6 respectively. The relevant data is set out below in Table 2.

There may be a number of reasons for the different utilisation rates at the three Centres:
- There is more inmate and officer opposition to the trial at Bathurst. Prisoners at this Centre may feel intimidated and not use the machines.
Table 1: Condom utilisation rates at the three Correctional Centres

<table>
<thead>
<tr>
<th>Week</th>
<th>ITC</th>
<th>Remand</th>
<th>Bathurst</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>394</td>
<td>370</td>
<td>329</td>
<td>1093</td>
</tr>
<tr>
<td>2</td>
<td>226</td>
<td>200</td>
<td>173</td>
<td>599</td>
</tr>
<tr>
<td>3</td>
<td>215</td>
<td>214</td>
<td>162</td>
<td>591</td>
</tr>
<tr>
<td>4</td>
<td>190</td>
<td>134</td>
<td>99</td>
<td>423</td>
</tr>
<tr>
<td>5</td>
<td>219</td>
<td>166</td>
<td>90</td>
<td>475</td>
</tr>
<tr>
<td>6</td>
<td>172</td>
<td>208</td>
<td>177</td>
<td>557</td>
</tr>
<tr>
<td>7</td>
<td>176</td>
<td>216</td>
<td>99</td>
<td>491</td>
</tr>
<tr>
<td>8</td>
<td>220</td>
<td>156</td>
<td>132</td>
<td>508</td>
</tr>
<tr>
<td>9</td>
<td>203</td>
<td>172</td>
<td>81</td>
<td>456</td>
</tr>
<tr>
<td>10</td>
<td>96</td>
<td>148</td>
<td>106</td>
<td>350</td>
</tr>
<tr>
<td>11</td>
<td>123</td>
<td>203</td>
<td>107</td>
<td>433</td>
</tr>
<tr>
<td>12</td>
<td>110</td>
<td>140</td>
<td>134</td>
<td>384</td>
</tr>
<tr>
<td>13</td>
<td>132</td>
<td>199</td>
<td>87</td>
<td>418</td>
</tr>
<tr>
<td>Totals</td>
<td>2476</td>
<td>2526</td>
<td>1776</td>
<td>6778</td>
</tr>
</tbody>
</table>

- The machines at the ITC, although in a prominent location, afford more privacy than the location of the machines at the two other Centres.
- The Remand Centre has the highest number of prisoners sharing cells, followed by the ITC and Bathurst. There may be a correlation between cell sharing and the frequency of sex, which is in turn reflected in condom usage rates.

There was, however, some significant variation in the dispensing rates between different wings. Due to the strong stigma attached to male to male sexuality in prisons it has been decided not to identify the usage rates for each wing. In any case, these figures could be misleading as in some prisons, inmates housed in one wing could access condoms from another wing. The extent to which this is occurring is not known. The average number of condoms used by inmates ranged from a low of 3.2 condoms per
prisoner over the 12 week period in one wing to a high of 29 in another. The median usage per inmate across all wings was 5.2 over 12 weeks. The distribution of average use per inmate over the 12 week period across the eighteen wings of the three Centres was as follows: 29.0, 13.5, 10.0, 8.1, 6.5, 6.1, 5.8, 5.5, 5.3, 5.2, 4.9, 4.5, 4.3, 4.1, 4.1, 3.8, 3.4 and 3.2.

Table 2: Average number of condoms packets dispensed per prisoner by Correctional Centre over twelve weeks *

<table>
<thead>
<tr>
<th>Centre</th>
<th>Average number of inmates</th>
<th>Total condom packages dispensed in weeks 2 - 13</th>
<th>Average number of condoms packets per inmate over 12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand</td>
<td>348</td>
<td>2156</td>
<td>6.2</td>
</tr>
<tr>
<td>ITC</td>
<td>370</td>
<td>2082</td>
<td>5.6</td>
</tr>
<tr>
<td>Bathurst</td>
<td>315</td>
<td>1447</td>
<td>4.6</td>
</tr>
<tr>
<td>Totals</td>
<td>1033</td>
<td>5685</td>
<td>5.5#</td>
</tr>
</tbody>
</table>

* All calculations in this table have excluded the number of condom packets dispensed in the first week of the trial. The totals and averages are based on utilisation over weeks 2 - 13 inclusive. For the total number of condom packets dispensed over weeks 1 - 13 see Table 1.

# Overall average condom use per prisoner for the 12 week period.

**Sexual activities in prison**

It is not possible to determine the extent to which condoms are being used for their intended purpose. Similarly there are significant methodological difficulties in determining the prevalence, frequency and hazardousness of sexual behaviour amongst inmates. Opportunities for sexual activity will be effected by factors such as whether prisoners are accommodated in single cells or housed ‘two-out’, the number of hours they are locked in their cells, the availability of day leave and possibly the duration of imprisonment. A number of prisoners interviewed for this evaluation indicated that they believed long-term inmates were more likely to have sexual relations with other prisoners, compared to short-term prisoners. The mix of prisoners may also effect the prevalence of sexual activity among inmates. A number of prisoners stated that the
incidence of sex is significantly greater if a sexually active trans-sexual prisoner is in the Centre.

While it is difficult to determine the amount of sexual activity that occurs in prisons there are similarities in research reports of the number of prisoners engaging in sex in prisons in western countries. Between nine and 12 per cent of male prisoners have reported having sex in Australian prisons. However, as this data is based on self-reports it may constitute an underestimate, perhaps of significant proportions. More important than the level of sexual activity is the prevalence of risk behaviour in those having sex in gaol. While there is no data in this area, there are reports of inmates taking measures to protect themselves and others from infection by using make-shift condoms. This has been reported from a study of ex-NSW prisoners and was also mentioned by prisoners interviewed for this evaluation. A number of prisoners mentioned that plastic bread bags had been used as condoms.

Unprotected anal intercourse constitutes the highest risk factor for HIV transmission by sexual means. A study of South Australian prisoners by Gaughwin found that 12 per cent engaged in anal intercourse. A NSW study by Dolan found that 15 per cent of inmates responding (n=149) were aware of sexually active inmates on their wing. They were aware of a mean of six sexually active prisoners with the range being one to 40. Eight per cent of respondents (n=178) self-reported masturbation and oral sex with other inmates. Four per cent reported having had anal sex.

There is no firm evidence to indicate whether sexually active prisoners are using condoms. However, the great majority of prisoners interviewed for this evaluation stated that they believed fellow inmates would use condoms in consensual male to male sex to protect themselves from HIV and other STDs. There appeared to be a high awareness among inmates of HIV/AIDS and Hepatitis B & C and the modes of transmission. There appeared to be a parallel awareness of the importance of disease prevention. Data on the extent of safe sex practices will be collected in the second phase of the evaluation as part of the inmate survey.

If 12 percent of the 1033 prisoners in the three Centres participating in the trial (ie 124 inmates) were having consensual or quasi-consensual anal sex an average of three times per week this would amount to 372 occasions of anal sex. Assuming condoms were used on 80 per cent of these occasions, this would amount to 298 condoms being used
each week. Over twelve weeks this would amount to 3,576 condoms being used by sexually active prisoners. This does not take account of prisoners using condoms during oral sex or possible underestimates of the prevalence of anal sex in prisons.

A large majority of prisoners interviewed indicated that they did not think condoms would be used by rapists. The main reasons for this belief is that:

- most prison rapes are opportunistic rather than planned and the rapist would not have ready immediate access to condoms; and
- a prime concern of the rapist is to get the act completed as quickly as possible so as to avoid detection. He is therefore not going to take the time to put a condom on.

**Other possible uses of condoms**

A number of staff and inmates stated that they believed the contents of the condom packages were also being used for a range of purposes other than sex. A number of possible alternative uses were identified:

- Using condoms for smuggling drugs into prison and within prisons. While there is no evidence of this occurring, a number of prison officers raised this as a possibility. While it is likely that condoms are being used to smuggle illicit drugs into prison it is most unlikely that condoms supplied by the Department of Corrective Services are being used for this purpose. There would be considerable risks in prisoners transferring drugs into a condom during a visit. It is more likely that drugs would be supplied to prisoners in condoms that had been pre-packed outside the prison.
- Using the plastic resealable bags intended for waste disposal purposes, for storage of tobacco and/or prohibited drugs. While some officers and inmates have seen these bags being used for tobacco storage, there are no documented cases of their use for storing illicit drugs. The Acting Governor of the Bathurst Correctional Centre has recently recommended that the resealable plastic bags be removed from the condom packets. This has been referred to the Blood Borne Diseases Committee for consideration. The Regulation governing the use of condoms in prisons specifies the authorised manner of disposal. This includes placing the condom in the plastic disposal bag. If the bags were to removed there would need to be consideration of alternative means of disposal and amendments to the Regulation. Plastic resealable bags are also available from the Corrections Health Services Clinics for the purposes of dispensing pharmaceuticals. In one Centre the Clinic reported dispensing around
100 of these bags each day. While it is possible that the bags have been used for storing tobacco and or illicit drugs, there appears to be multiple sources of this item. Similar bags are also available in the industries area of some gaols.

- It has been suggested that prisoners have been using the lubricant sachets for self-masturbation. While this is likely, it would not be feasible to withdraw supplies of lubricant as this is necessary for safe use of the condoms.
- Using condoms for practical jokes. During interviews staff and inmates indicated that practical jokes were quite frequent during the first few weeks of the trial when condoms had a high novelty value. This probably explains the high usage rates during the first week.

There is, however, no evidence of condoms being used in a way that would compromise the security and safety of the Correctional Centres participating in the trial.

Finding 6:
The utilisation rate for condoms has been high in all three Centres. There is no evidence of condoms being used in a way that would compromise other prison rules and regulations or the security and safety of the Correctional Centres.

Access
All vending machines, with the exception of the one in the Programs area (protection) in the Remand Centre are located in view of wing offices. The reason for this was to protect the machines from possible vandalism from inmates and to prevent inmates standing over other prisoners using the machines. As well as being in the view of wing offices, the machines are in areas where inmates congregate or walk past frequently. As noted above, in the absence of any previous experience, this decision was appropriate.

There have been two occasions of vandalism against the machines. Both incidents have occurred at the Remand Centre. The first occasion was on 22 March 1996, shortly after the machine was installed. This was prior to the commencement of the trial. The machine had been removed from the wall by use of a jemmy or some similar instrument. The damage to the machine was minor. This incident did not affect the trial as the machine was repaired and reinstalled prior to the commencement date. The second occasion occurred on 22 April 1996 when another machine was partially removed from the wall. The machine was still in working order. Most officers and inmates were of the opinion that, given the widespread acceptance the trial now appears to have, these
incidents are unlikely to re-occur, regardless of the location of the machines. In other words, the vandalism was more a part of the early settling-in period.

In the course of interviews a majority of inmates and staff expressed the view that the current location of the machines did not afford sufficient anonymity to those who wished to use them. Given the stigma associated with male to male sex in prisons it was the view of almost all those interviewed that individuals would not want to be seen taking condoms by other inmates or staff. It was frequently stated that inmates seen accessing condoms would be labelled as homosexual and that this could lead to violence from other inmates and verbal harassment from both staff and inmates. Some prisoners claimed that they had witnessed inmates who had used the machines being labelled and given a difficult time by staff and inmates. Others claimed they had seen inmates freely take condoms without any comments from others. Most inmates said they had not seen other inmates using the machines. Most inmates said it would be difficult, but not impossible, to obtain condoms from the machines in their current locations without someone seeing you. They said inmates would need to choose their time carefully or wait around for possibly long periods for an opportunity. One inmate at the Remand Centre in a statement to the Governor said:

"In regard to the location of the vending machines, I would think that the placing of it in the common room will retard the anonymity of its use and thereby deter people from availing themselves of condoms if that is their need."

The most popular nominated alternative location for the machines was the bathrooms. It would be possible to re-locate the machines in the ITC and the Remand Centre to the bathrooms of each wing. However, this would not be possible at Bathurst given the small size of the bathrooms. An alternative location at this institution would be on the wall outside the bathroom. While this would not provide for an optimum level of discretion, it is a more suitable location than the current position. The potential disadvantage of locating the machines away from the wing offices is that they may be subject to vandalism. However, most prisoners and staff expressed the view that the machines are now accepted as an everyday part of the gaol and did not think this outcome likely. However, given the initial opposition from some inmates, vandalism may have been more prevalent at the commencement of the trial if the machines had been located out of sight of wing offices.
A minority of commissioned and prison officers expressed their opposition to relocating the machines to the bathrooms as they believed this would lead to greater levels of wastage through inmates taking condoms for uses other than sex. They saw the current location as a deterrent to misuse.

A number of prisoners at the ITC and Bathurst expressed embarrassment about the vending machines being located in or near the entrance to the wings. They believe this reflected badly on them when people from outside the gaol were visiting the wings. Some said this was the reason for some of the early hostility to the trial.

At the Remand Centre, representatives of the Inmate Development Committee (IDC) advised the Governor, at the commencement of the trial, that there was unrest among some inmates about the placement of the vending machines and disposal bins in inmate recreation rooms. These rooms are also used as dining rooms. The opposition did not appear to be so much concerned with anonymity, but rather that the dining rooms are not an appropriate place for this type of machine, and in particular, the disposal bins.

**Finding 7:**

The current location of the condom vending machines makes it difficult for inmates to access the machines without being seen by other prisoners and/or staff. As such, this is acting as a barrier to access.

Re-location of some machines during the second three months of the trial would enable monitoring of usage patterns in comparison to machines left in their original locations. However, as the possibility of vandalism cannot be ruled out, it is recommended that only a limited number of machines in each institution be re-located at this time.

**Recommendation 3:**

The Department of Corrective Services should give consideration to relocating a limited number of the vending machines to more discreet locations for the second-half of the trial.

Condoms are available to all inmates in all wings of each Centre with the exception of those housed in the Segregation Unit of the Remand Centre. This unit has a capacity of 12 inmates and normally runs at this level. While there are more limited opportunities for sex between inmates in this area, these prisoners are housed two-to-a-cell and
exercise in groups of 2 to 3. It thus possible for sexual activities to take place. Whilst most inmates are housed in this unit for breaches of prison discipline, the intention is not to deprive them of privileges, but rather to segregate them for the safety of other inmates and staff. In any case, access to public health prevention measures should not be regarded as a privilege. Given that inmates in this area are under closer supervision, there may need to be consideration of special procedures to ensure reasonable access.

**Recommendation 4:**

_The Department of Corrective Services should install a vending machine and disposal bin in the Segregation Unit of the Remand Centre._

As noted above the capacity of the condom vending machines is 90 packets. Since the commencement of the trial the 19 machines have been restocked each week. This amounts to 228 times in which the machines have been filled to their capacity. There have been only 6 occasions when machines have been empty at the time of re-stocking. Four of these occasions occurred during the first week of the trial when usage rates were unusually high. The other two occasions occurred in the same machine in weeks 7 and 11. This wing has one of the highest usage rates. On the basis of current usage rates in all other wings, it would now be possible to re-stock the machines on a fortnightly basis without supplies becoming fully depleted. However, as the trial is still in a relatively early stage it is not known whether significant fluctuations in usage may occur from time to time. One prisoner expressed the view that it would be necessary to fill the machines every couple of days if a sexually active trans-sexual prisoner was in the Centre.

There have been no reports of jams or other technical problems which have prevented inmates from using the machines.

**Finding 8:**

_The holding capacity of the vending machines and the frequency of re-stocking has been sufficient to ensure that, with limited exceptions, inmates have had ongoing access to condoms._

**Inmate attitudes**

It is not possible to come to definitive conclusions on the attitudes of inmates to the availability of condoms at this stage of the evaluation as the survey of all prisoners is not scheduled to take place until the second-half of the trial. Nonetheless, on the basis
of previous studies and individual in-depth interviews with a 23 prisoners as part of this evaluation, there would appear to be strong support from prisoners for condom availability. Sixteen (or 70%) of the 23 prisoners interviewed for phase one of the evaluation supported the continued availability of condoms. Almost all prisoners (21 or 91%) supported vending machines as the means of distribution but 65 per cent thought the machines should be moved to the bathrooms or some other more discreet location. An earlier survey of 155 prisoners by Dolan found that over 70 per cent of a sample of male ex-prisoners in NSW thought that condoms should be available. Inmate opposition to the availability of condoms was stronger at the commencement of the trial. Much of the opposition appeared to be based on the belief that people outside the correctional system would form the view that all prisoners were homosexual. A number of prisoners expressed strong concerns about the publicity surrounding the commencement of the trial and the fact that the Department appeared to be encouraging this through allowing television crews access to film the machines in the wings. Based on anecdotal reports from staff and some prisoners, it appears as though some inmates were initially of the view that if the condoms were not used the trial would be disbanded. At the Remand Centre two signs were placed on condom machines (presumably by inmates) stating:

"If no condoms are taken from this machine in a period of 30 days the machine will be removed!!! Please don't use unless necessary!!!" (sic); and

"Don't take unless your gay"

Similar signs were placed on some of the machines at Bathurst, with some of these signs taking the form of a petition stating inmate opposition to the trial. All these signs were removed by prison officers. A petition was also taken up at the ITC. Some inmates who supported the trial claimed that the level of support for petitions was high only because of peer pressure and did not reflect the attitude of most prisoners. It was also claimed that prison officers had strongly influenced the attitudes of some prisoners. The effect of the signs and the petitions would have been to discourage and possibly intimidate inmates who may have wished to use the machines. Anecdotal reports indicate that in some wings one or two inmates made it their business to be in the
vicinity of the machine with the intention of discouraging other inmates from obtaining condoms. This appears to have stopped, although as noted above, prisoners remain reluctant to access condoms in front of others.

Shortly after the commencement of the trial, upon the contractor emptying the disposal bins, a number of inmates were heard to pass comments such as:

"You won't find any in there as there are no poofers, or better not be, in this wing."

There appears, however, to have been a shift in inmate attitudes to the trial, as evidenced through the following statements made by prisoners interviewed:

“When the machines first went up we were worried about being thought of as poofs by people outside the gaol. People aren't so worried about this now. They [the machines] are accepted now.”

“At first, some thought it was an affront. Most now just ignore it.”

“Not that many people take them, but now they are accepted. They had to come in sooner or later.”

In all Centres a number of inmates said that the machines were now accepted as a normal part of prison life, although this was less frequently said by prisoners at Bathurst. Despite the concerns regarding community perceptions of prison life by those in country towns, the daily newspaper in Bathurst carried an editorial in strong support of the trial.12

CRC Justice Support conducted a small survey of visitors reactions to the condom trial.13 Twenty visitors to the Long Bay Complex were interviewed on Saturday 11 May 1996. Nineteen of the respondents were female and 1 was male. Fifteen of the respondents agreed that condoms should be available to inmates, 3 disagreed and 2 did not know. Given the size of the sample it would be unwise to break down responses by variables such as the relationship of the visitor to the inmate.

While all of the inmates interviewed said they did not have a need to use condoms in gaol, a clear majority supported their ongoing availability. While it is possible that the
denials of personal use were not all true, there appeared to be an element of self interest in some responses. Given that a significant number of inmates engage in injecting drug use in prison, and this often involves the sharing of needles, there was an evident desire for HIV prevalence to be kept at the lowest possible level so as to minimise their risk of infection. Some inmates saw condom availability as contributing to maintaining a low prevalence of HIV infection and thus minimising their own risk of HIV infection through injecting drug use.

On the basis of the above evidence it would appear that while there was some initial opposition, the majority of inmates now support (or at are at least indifferent to) the availability of condoms. Nonetheless, even if this was not the case it could be argued that the public health imperative supporting the availability of condoms is strong enough to justify their availability, if only for use by a minority.

Finding 9:

The majority of inmates now appear to support (or at least do not oppose) the availability of condoms in Correctional Centres. There is less support amongst inmates at the Bathurst Correctional Centre.

Staff attitudes

Both the POVB and the COVB have expressed strong opposition to the introduction of condoms. While there is a motion on the books of the POVB for a statewide 48 hour strike upon the introduction of condoms, this has not occurred.

"Strike action has been deferred until an incident where staff safety is threatened or condoms are deliberately misused as weapons against staff."\(^{14}\)

As there have been no instances where either type of event has occurred, there has been no strike action by prison officers. Nonetheless, the POVB has instructed members not to cooperate with the operation of the trial. While the use of vending machines largely removes the necessity for prison officer involvement, there is the need for the outside contractor to be escorted from wing to wing by staff when restocking the machines. As this duty has been refused by prison officers, the escorting has been done by commissioned officers. Nonetheless, there have been some instances where prison officers have been willing to assist with this duty within wings.
These difficulties have caused some delays in the condom vending machine contractor gaining access to the Centres. This has now largely been resolved by the contractor attending the Centres at fixed times on the same day each week. Nonetheless, some delays are still experienced at some Centres given the limited number of officers who are available to assist.

Commissioned Officers complained that escorting the contractor through the whole gaol can take from 45 minutes to 1 hour of their time. A number of commissioned officers expressed the view that as the opposition from prison officers appears to have dissipated, action should be taken to ensure that they are undertaking the full range of their duties in relation to escorts.

**Recommendation 5:**

The Department of Corrective Services should give consideration to resolving the issue of prison officers refusing to assist in the escorting of the condom vending machine contractor.

On the basis of interviews with prison and commissioned officers there does not appear to be strong opposition to the availability of condoms in prisons. Of the 15 Commissioned Officers interviewed, 10 agreed with the distribution of condoms, four disagreed and one was undecided. Prison officers were evenly divided with 9 agreeing with the introduction of condoms and nine disagreeing. While a clear majority of Commissioned Officers supported the present method of distribution and favoured relocating the machines to the bathrooms, prison officers were more evenly divided, with half suggesting condoms should only be available through 'buy-ups' or the clinics. There was stronger opposition to the trial from officers at the Bathurst Correctional Centre.

**Finding 10:**

There is an absence of strong opposition from officers to the availability of condoms. The majority of commissioned officers interviewed supported the distribution of condoms while prison officers were evenly divided.

**Disposal**

For practical reasons, no data in maintained on the number of condoms disposed of through the designated bins. The prescribed method of disposal is set out in section 1 of
this report. The Regulation states that prisoners must dispose of condoms as soon as is reasonably practical, after use. As the most likely place for sexual activity to take place is in cells after prisoners have been locked up for the night, this means that prisoners would have to store the used condom in the re-sealable plastic bag till the next morning and then take it to the disposal bin which is located next to the vending machine (apart from in the ITC where the bins are in the bathrooms). Prisoners would be most unwilling to be seen disposing of a condom as this would be proof to others of sexual activity. If they were seen using the vending machine they could at least claim that they wanted the contents of the package for another purpose. It is therefore most unlikely that many prisoners are disposing of used condoms via the special bins. While there may be a greater chance of disposing of condoms in the ITC without being seen by others, it is unlikely that many would take the risk. In interviews at all Centres prisoners indicated that the most likely means of disposal would be to flush the condom down the toilet.

Finding 11:
Inmates are unlikely to dispose of used condoms using the designated disposal bins because of concern at being identified as sexually active with other men.

Flushing used condoms down the toilet does not pose an occupational health and safety problem but is undesirable on environmental grounds and could cause sewer blockages. It can be argued that provision of stringent means of disposal is the only viable course for the Department to follow for two reasons. Firstly, it sets a high standard for both safety and environmental protection, that is rightly expected. Secondly, in doing this the Department is symbolically demonstrating that any disposal that potentially poses a risk to others will not be accepted.

Recommendation 6:
The designated system of condom disposal should be maintained but the disposal bins moved to the bathrooms or some other discreet location so as to encourage a higher level of compliance.

In the first few weeks of the trial there were a number of minor incidents of improper disposal of condoms at all Centres. These incidents fell into the following categories:
• condoms being blown up and used as balloons or in water fights;
• unopened condom packets or unsheathed condoms that clearly had not been used being littered in some areas; and
• a small number of used condoms being left in different locations.

These incidents appear to have been largely confined to the first few weeks of the trial, and were more common in the first week. While some reports of incidents were submitted to Governors, it has not been necessary to convene a meeting of the investigation panel as none of the events posed any direct threat to the safety of staff or inmates. In addition, there was no evidence that would enable identification of those responsible for the incidents.

While there had been no significant problems with improper disposal at any Centre, the ITC appears to have had less problems than the other Centres. There are two possible reasons for this:
• The Governor addressed all prisoners at muster prior to the trial starting and informed them that any prisoner found improperly disposing of condoms (or using them as a weapon) would be reclassified and sent to a higher security gaol.
• Notices appear throughout the Centre and on the vending machines warning of the penalties for misuse and improper disposal. No such signs were sighted at other Centres. The only drawback was the signs assumed a reasonably high level of literacy.

**Recommendation 7:**

*Signs warning of the penalties for misuse and improper disposal of condoms should be placed on or next to all condom vending machines. These signs should be presented in a style that can be understood by people with low literacy and those with a first language other than English.*

A disposal bin at Bathurst was broken by an inmate. The motivating factor in this incident is not apparent.

**Information dissemination**

Section 1 of this report details the information provided to inmates and officers before the commencement of the trial and information contained in the condom packets.

The orientation of the staff kits was on occupational health and safety issues. A Commissioned Officer who was interviewed was critical of the lack of information in the kits on how the trial would actually operate; 'the who, how, what, when, where, why'.
This criticism has some validity, although this information could have been gleaned by reading the draft regulation. Some officers were also under the impression that the trial had started when the machines were installed, although there was some delay between these events. These officers did not believe they had sufficient information at the time the machines were installed.

**Finding 12:**

The utility of the staff information kit would have been improved if it had contained more basic and easily accessible information on how the trial was going to operate, so as to supplement the information on occupational health and safety.

An information card within the condom packet deals with its intended use, disposal procedures and penalties for breaches of these conditions. It states:

"The misuse or improper use of condoms is now subject to a range of penalties under the Prisons Act. Condoms are only to be used to engage in safe, consensual sexual activity. They must also be disposed of in the disposal units provided (after placement in the plastic bag also provided) as soon as possible after use. Failure to abide by these conditions can possibly lead to a loss of privileges, segregation and/or an extension of your sentence."

The level of literacy required for an understanding of this information is too advanced for many prisoners. This comment also applies to the description that appears on the outside of the packets on how to use condoms correctly.

**Finding 13:**

Given the low levels of literacy among many inmates, the language used in both the inserted notice on use and misuse of condoms and the instructions on the box on correct condom usage, are too advanced.

**Recommendation 8:**

The Department of Corrective Services should prepare printed information on the misuse of condoms in a style that is more suitable for those with low literacy and whose first language is other than English. Consideration should also be given to replacing the current instructions on the box with directions that are more suitable for the target audience.
Unintended consequences

There is no evidence of the condom trial having any negative unintended consequences. The main areas where unintended consequences were predicted by some were:

- Increased rape. There is no evidence of any increase in rape since the introduction of condoms. There are no reports or complaints of sexual assault taking place in the three participating Centres since the commencement of the trial. Most respondents, and in particular longer term prisoners, said that rape was a far less frequent occurrence in prison in the 1990s compared to fifteen to twenty years ago. They did not believe the introduction of condoms would change this.

- Use of condoms as a weapon. There have been no reports of condoms being used as a weapon against inmates or staff. Similarly, there have been no reports of any staff or inmates being placed at any risk of infection through the misuse of condoms. While there is the possibility of inmates filling up a condom with urine or some other substance and throwing this at officers, there are pre-existing means by which prisoners could do this by using rubber gloves or bread bags. A number of prison and commissioned officers said they were not concerned about condoms being used as weapons as there were many other items legally available within prison that could be more effectively used as weapons.

Finding 14:

There is no evidence of negative unintended consequences associated with the availability of condoms such as increased rape or condoms being used as weapons.

Efficiency and effectiveness of implementation

There is strong evidence of a good deal of thought and thorough planning being put into the development of policies and procedures to govern the operation of the trial, prior to its commencement. This has no doubt contributed to the high level of efficiency and effectiveness that has characterised the conduct of the trial.

Finding 15:

The condom trial has operated in an efficient and effective manner and, on an overall basis, there appears to have been a high degree of compliance with policies and procedures.
As is appropriate for an innovative trial of this nature, there has been significant input from the Department's Head Office, with local responsibility for day to day administration resting with the Governors and prison senior management. Head Office involvement has taken the form of leadership from the Assistant Commissioner, Operations, with program and policy advice and coordination coming from the HIV & Health Promotion Unit, and overall guidance from the Blood Borne Diseases Committee. It is appropriate that these roles are maintained for the duration of the trial to ensure ongoing monitoring so that any problems can be addressed in a systematic manner. If the decision is taken to introduce condoms into other Correctional Centres it would be appropriate for Head Office to continue a statewide leadership, policy and coordination role for an initial period of up to six months. However, the aim would be to have condoms seen as just another aspect of prison life where local management would be responsible for implementation in accordance with binding statewide policies and procedures.

**Recommendation 9:**

Should the decision be made to introduce condoms into other Correctional Centres the aim should be to move, within six months, to local management having full responsibility for all aspects of the program in accordance with binding statewide policies and procedures. To monitor compliance with statewide policies, performance indicators should be set.
Section 5: Conclusion

The condom trial has operated successfully to date in each of the three participating Correctional Centres. While there have been some minor instances of improper disposal that occurred early in the trial, there is no evidence to indicate that the health and safety of staff or inmates has been placed at risk through the introduction of condoms. Similarly, there is no evidence of any unintended negative consequences as a result of condoms being available.

Finding 16:

The condom trial has operated successfully to date in each of the three Correctional Centres.

While a number of recommendations have been made for program improvement, these constitute refinements. There are no fundamental problems in the design or operation of the trial.

Recommendation 10:

In the light of the successful operation of the condom trial in the first three months, the trial should now be permitted to proceed over the next three months, through to completion. Monitoring and evaluation activities should continue. In the absence of any significant problems with the trial, the Department of Corrective Services should commence planning for the progressive introduction of condoms to all other Correctional Centres at the end of the trial period.
Summary of findings and recommendations

Findings

1. The provision of condoms to prisoners is justifiable upon public health grounds. Given the possibility of negative unintended consequences that could result from condom availability, and the need to determine the best methods of distribution and disposal, it was appropriate to conduct a trial across a limited number of Correctional Centres before considering more widespread implementation.

2. The three Correctional Centres chosen for participation in the trial were appropriate in that they provide a reasonable cross-section of correctional environments, security classifications and inmates.

3. The decision to use vending machines as the method of distribution is appropriate. While the level of staff opposition to condoms appears to be lessening over time, the imperative of anonymity will mean that vending machines will continue to be the preferred means of distribution for the foreseeable future.

4. Given the strong initial hostility of some prisoners to the installation of the vending machines and the possibility of vandalism, the decision to locate them in view of wing offices was prudent. Nonetheless, further consideration needs to be given to whether this still constitutes an appropriate location, given inmate concerns associated with anonymity of access.

5. The designated disposal system for used condoms is intended to provide a high standard of occupational health and safety for staff and inmates.

6. The utilisation rate for condoms has been high in all three Centres. There is no evidence of condoms being used in a way that would compromise other prison rules and regulations or the security and safety of Correctional Centres.
7. The current location of the condom vending machines makes it difficult for inmates to access the machines without being seen by other prisoners and/or staff. This is acting as a barrier to access.

8. The holding capacity of the vending machines and the frequency of re-stocking has been sufficient to ensure that, with limited exceptions, inmates have had ongoing access to condoms.

9. The majority of inmates now appear to support (or at least do not oppose) the availability of condoms in Correctional Centres. There is less support amongst inmates at the Bathurst Correctional Centre.

10. There is an absence of strong opposition from officers to the availability of condoms. The majority of commissioned officers interviewed supported the distribution of condoms while prison officers were evenly divided.

11. Inmates are unlikely to dispose of used condoms using the designated disposal bins because of concern at being identified as sexually active with other men.

12. The utility of the staff information kit would have been improved if it had contained more basic and easily accessible information on how the trial was going to operate, to supplement the information on occupational health and safety.

13. Given the low levels of literacy among many inmates, the language used in both the inserted notice on use and misuse of condoms and the instructions on the box on correct condom usage, are too advanced.

14. There is no evidence of negative unintended consequences associated with the availability of condoms such as increased rape or condoms being used as weapons.

15. The condom trial has operated in an efficient and effective manner and, on an overall basis, there appears to have been a high degree of compliance with policies and procedures.

16. The condom trial has operated successfully to date in each of the three Correctional Centres.
Recommendations

1. The Department of Corrective Services and the Corrections Health Service should give consideration to permitting public health staff involved in HIV/STD testing, treatment and counselling to distribute condoms to inmates on a voluntary basis, in addition to distribution through vending machines.

2. If a decision is made to make condoms available to all prisoners, serious consideration should be given to purchasing vending machines, with the re-stocking of the machines being the responsibility of trusted inmates under the supervision of commissioned officers or Stores Officers. However, there may be merit in having machines re-stocked by an outside contractor for an initial period, post-installation.

3. The Department of Corrective Services should give consideration to relocating a limited number of the vending machines to more discreet locations for the second-half of the trial.

4. The Department of Corrective Services should install a vending machine and disposal bin in the Segregation Unit of the Remand Centre.

5. The Department of Corrective Services should give consideration to resolving the issue of prison officers refusing to assist in the escorting of the condom vending machine contractor.

6. The designated system of condom disposal should be maintained but the disposal bins moved to the bathrooms or some other discreet location so as to encourage a higher level of compliance.

7. Signs warning of the penalties for misuse and improper disposal of condoms should be placed on or next to all condom vending machines. These signs should be presented in a style that can be understood by people with low literacy and those with a first language other than English.

8. The Department of Corrective Services should prepare printed information on the misuse of condoms in a style that is more suitable for those with low literacy and whose first language is other than English. Consideration should also be given to replacing the
current instructions on the box with directions that are more suitable for the target audience.

9. Should the decision be made to introduce condoms into other Correctional Centres the aim should be to move, within six months, to local management having full responsibility for all aspects of the program, in accordance with binding statewide policies and procedures. To monitor compliance with statewide policies, performance indicators should be set.

10. In the light of the successful operation of the condom trial in the first three months, the trial should now be permitted to proceed over the next three months, through to completion. Monitoring and evaluation activities should continue. In the absence of any significant problems with the trial, the Department of Corrective Services should commence planning for the progressive introduction of condoms to all other Correctional Centres at the end of the trial period.
References


5 Ibid. p 827.


13 This survey was conducted on the initiative of CRC Justice Support and was not part of the evaluation of the condom trial commissioned by the Department of Corrective Services. We are grateful to CRC Justice Support for making the results available.


15 This figure includes the Governors of the three Centres.