EVALUATION
OF
DEPARTMENT OF CORRECTIVE SERVICES
DRUG AND ALCOHOL PROGRAMME
IN NEW SOUTH WALES PRISONS
AN INDEPENDENT REPORT

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Programmes Division,
31 May, 1989.
Thanks are expressed to the staff and inmates of New South Wales Gaols, and to other staff of the Department of Corrective Services and elsewhere who took part in the interviews for this evaluation.

Suzanne MacAllister.
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EVALUATION OF THE DRUG AND ALCOHOL PROGRAMME IN NEW SOUTH WALES PRISONS

INTRODUCTION

In 1985 funding received from the National Campaign Against Drug Abuse (NCADA) enabled the establishment of a Drug and Alcohol Programme in New South Wales prisons.

The programme was initially placed under the control of Programmes Division, Education. In 1986 control was shifted to its present locus under gaol Superintendents and Programmes Division, Drug and Alcohol. Drug and Alcohol Workers are responsible to their gaol Superintendent, with relationships as follows:

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Drug and Alcohol Co-ordinator
Professional Advice

Superintendent
Functional Responsibility

Drug and Alcohol Worker
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Many competing views about drug and alcohol addiction and ways of approaching the problem exist in the community. Corrective Services has adopted a 'socialisation' or holistic approach towards reducing drug and alcohol abusing behaviour in the form of a programme designed to reorient prisoners' lifestyles away from drugs and alcohol.

The formal definition of the Drug and Alcohol Programme in New South Wales prisons is thus:

"A drug and alcohol programme is one which:
-utilises a whole person approach (physical, psychological, social and spiritual), and
-is formulated on the basis of needs analysis determined by assessment and implemented through a case management strategy." (Corrective Services Bulletin, November 1986, p.10)

The programme now employs Drug and Alcohol Workers in twelve gaols - Bathurst, C.I.P. Long Bay, Cessnock, Goulburn, Maitland, M.T.C. Long Bay, M.R.P. Long Bay, M.R.C. Long Bay, Mulawa, Parklea, Parramatta and Silverwater. Broken Hill also has an active Drug and Alcohol Programme but given the small size of the gaol, the superintendent there 'doubles up' as Drug and Alcohol Worker.

Any programme, especially one in its relative infancy, must be subjected to an on-going process of evaluation and revision. It became clear during the course of the evaluation that many people perceive a programme as a discrete entity and assume that, once this entity has been introduced, it will start to operate and continue to operate in a mechanistic way. This cannot be so with any programme in any organisation.

Gaols - probably more than any other institution - are environments in which several conflicting cultures must directly interact and intersect. Any analysis of any programme in such an organisation must give careful consideration to the organisational cultures, particularly those which can impact forcefully on the successes or otherwise of the programme. People within organisations act according to the perspectives they hold and different groups hold different perspectives as a function of their structural position and interests within the organisation. For example, a holistic philosophy of seeing the prisoner as individual is, of course, a philosophy which runs counter to the cultural attitudes of a certain vocal element - sometimes known as the 'old guard' - found amongst some custodial staff. A number of these officers were encountered during the course of the evaluation and they were vehemently against all programmes which might benefit the inmate: their attitude towards the inmate is a controlling and punitive one. This element, although it may be in a minority, is nevertheless a powerful one and its influence in the 'making or breaking' of the programme was frequently apparent during the course of the evaluation.
This first evaluation of the programme was commissioned by Corrective Services Programmes Division. The report presents the results of a series of 149 interviews carried out during the period from February to April 1989 with prison and Head Office personnel and inmates.
RESEARCH OBJECTIVES

The original parameters of the research project were:

"to evaluate the Drug and Alcohol Programme for its success or otherwise from the perspectives of key 'stake holders' or environmental influencers".

The purpose of the research is to evaluate the programme in existence: it is not a function of the evaluation to make recommendations for alternative sorts of programmes.

The research approach is not quantitative or mechanistic. A quantitative approach would involve the researcher making her own judgement about what constitutes 'success' and imposing that on the people interviewed and on the research, whereas it became rapidly apparent in the early stages of the research process that 'success' is defined differently by various people and groups. A quantitative approach would also involve the use of a rating scale of one sort or another. Such a method may be attractive to some who prefer to have a complex situation collapsed down into easily digestible numbers, but in fact it would be a fruitless exercise in understanding what is happening with the programme and why. A mechanistic approach was therefore rejected from the outset as unsuitable.

Focus is thus given to the following interrelated research objectives:

1. to explore the nature of the organisational cultures, particularly those which can impact forcefully on the successes or otherwise of the programme;

2. to explore people's frames of references and/or prejudices in order to isolate:

(i) where prejudices exist and whether thinking can be reoriented,

(ii) ways in which different subcultures can understand each others' perspectives and cooperate effectively,
(iii) ways of creating linking pins between groups;

3. with people's different frames of reference in mind, to explore perceptions of Drug and Alcohol Workers' credibility and factors affecting credibility;

4. to consider whether the current stated objectives are appropriate to the context;

5. to consider whether these objectives serve the needs of the interested parties, and who indeed are the interested parties;

6. to consider whether the programme serves, or needs to serve, other objectives apart from those that were originally envisaged;

7. to determine consistency or inconsistency in objectives across the different goals;

8. to isolate any misconceptions or misunderstandings relating to these objectives;

9. to explore the interpretations of these objectives from the different perspectives of the various individuals and groups involved in various ways with the programme or its implementation;

10. to examine the 'process' of the programme;

11. to isolate problem areas relating to the activities of the actual programme;

12. to isolate problems faced by Drug and Alcohol Workers which may be affecting their implementation of the programme;

13. to determine consistency or inconsistency in the programme strategy across the different goals;

14. to consider reasons for any deviations from the original programme plan;
15. to consider whether the existing programme plan should be modified or expanded by means of:

(i) isolating unmet needs,

(ii) a consideration of who uses the programme;

16. to consider perceived outcomes or results of the programme;

17. to consider perceptions of the programme's value.

Finally, it is an objective of the report to make recommendations to Programmes Division, Drug and Alcohol, on the findings of the above.
RESEARCH METHODOLOGY

The research incorporated both interviews and the examination of relevant documents and papers provided by Head Office. Documents consulted are included in the bibliography at the end of the report. Papers consulted consisted of Drug and Alcohol Workers' Monthly Reports and Drug and Alcohol Sessional Specialists Report dated 12 April 1989.

Key 'stake holders' to be interviewed had originally been identified by Programmes Division, Drug and Alcohol, as Superintendents, Custodial staff, Psychologists, Education Officers, Welfare Officers, Head Office Management staff. At the commencement of the evaluation it was agreed that this group should be extended to include Drug and Alcohol Workers, the Acting Drug and Alcohol Co-ordinator and randomly selected inmates wherever possible. During the course of the evaluation the group was extended to include Prison Medical Service staff, the AIDS and Methadone Programme co-ordinators, the Chaplain at Parklea Prison, and a Drug and Alcohol Worker employed by the Department of Health at the Long Bay complex.

Between 2 February and 26 April 1989, 149 interviews were conducted with staff employed by Corrective Services who had been identified as 'stake holders', that is staff who were either involved in the administration or considered to be influential, formally or informally, in the operation of the Drug and Alcohol Programme, together with inmates in New South Wales gaols. Interviews were carried out in visits to twelve gaols (Bathurst, C.I.P. Long Bay, Cessnock, Goulburn, Maitland, M.T.C. Long Bay, M.R.P. Long Bay, M.R.C. Long Bay, Mulawa, Parklea, Paramatta, Silverwater) and by telephone to one gaol (Broken Hill). Staff interviewed were:

- Gaol Superintendents or their nominees (12);
- Wing Officers (40);
- Drug and Alcohol Workers (12);
- Education Officers (12);
- Welfare Officers (9);
- Psychologists (12);
- Prison Medical Service staff (1);
- Head Office Management staff - Deputy Director General; Director, Programmes Division; Assistant Director, Programmes Division: Drug and Alcohol; Consultant (4);
- Coordinators - AIDS and Methadone, Acting Coordinator Drug and Alcohol (3);
- Chaplain, Parklea (1);
- Drug and Alcohol Worker, Department of Health (1).

(Of the Superintendent group, one was unavailable for interview and did not appoint a nominee, one was absent and appointed an Acting Deputy Superintendent, and one refused to be interviewed and appointed the Deputy Superintendent. Of the Drug and Alcohol Worker group, all workers employed at the time of visit to their gaols were interviewed: the worker at Maitland had not yet commenced duties. Of the Education Officer group, the worker at Broken Hill was not interviewed. Of the Welfare Officer group, four were absent at the time of visiting their gaols, and at one gaol two Welfare Officers were interviewed. Of the Psychologist group, it was not possible to interview at three gaols, and at one gaol three Psychologists were interviewed. During the period of the evaluation no permanent Drug and Alcohol Coordinator was employed; the Acting Coordinator was interviewed.)

In addition to these, 42 inmates were interviewed. Inmate interviewees comprised:

- 23 attending 'group' therapy sessions attended by the researcher;
- 19 randomly selected inmates of whom
  - 7 were, or had been, participants in the programme,
  - 12 were not participants but either knew inmates who were participants or were otherwise aware of the programme.

Wing Officers were also randomly selected. At most gaols (with the exception of three) interviews were carried out in the wings. This was preferred for several reasons: it was found that Wing Officers were more relaxed on their own
territory, it provided both the opportunity to speak to randomly selected inmates, and the opportunity to sometimes interview more than one Wing Officer at a time. The value of the latter lay in observing the force of peer pressure amongst custodial staff: when officers were interviewed in a group it was found that they expressed culturally shared sets of understandings of the programme which tended towards the negative, when they were interviewed individually (and on some occasions the same officers were interviewed in both group and individually) positive responses towards the programme were more likely to be expressed. Superintendents cooperated in allowing this. On some occasions the researcher was permitted to approach the wings, introduce herself and explain the nature of the research; on other occasions escort officers performed the introduction.

Inmate interviews were carried out in the wings or in the yards. Some were carried out in group therapy meetings which were attended by the researcher; on these occasions interviews took the form of group discussion. No difficulties in interviewing inmates were encountered. Superintendents cooperated in allowing this also. Wing Officers maintained a distance to allow inmates confidentiality. Inmates were, for the most part, curious and eager to speak. Most who were approached were aware of the programme.

The length of interviews varied from fifteen minutes to three hours with an average length of fifty minutes. It had originally been suggested by Head Office that interviews could be tape recorded and transcribed by their staff. However, given background noise in the gaols and a paranoia about tape recordings and confidentiality, the idea was quickly abandoned. Interviews were thus taken down verbatim in shorthand by the researcher and transcribed by the researcher onto a word processor. Whenever anxiety was expressed about the sensitive or confidential nature of topics discussed, interviewees were assured that no-one other than the researcher would have access to transcribed interviews and names would not be used in the report. Transcribed copy amounted to over four hundred pages.

After interviews at a 'control' gaol (Maitland, where the Drug and Alcohol Worker had not yet commenced duties) the originally designed structured interview schedule was modified and adapted. Thus for all gaols where a Drug and Alcohol Worker was employed, a common set of questions was posed to all groups of personnel. A variation
in some sections was designed for Drug and Alcohol Workers in order to isolate any particular problems vis a vis other groups, programmes or individuals. Most questions were posed in such a way as to allow considerable freedom in response.

The common interview schedule consisted of questions widely relating to the perceived objectives of the programme; perceived beneficiaries; perceptions of Drug and Alcohol Workers; perceptions of the programme's general approach and activities; perceived unmet needs; perceived outcomes, results and side effects; and perceptions of the programme's value.

Very few problems or difficulties were encountered with the research operation. On some occasions it proved difficult to arrange interview days compatible with the researcher and all gaol personnel. Such difficulties necessitated repeat visits to two gaols and delayed the estimated completion date of the report by approximately three weeks. The major difficulty encountered was some custodial staffs' confusion between the Drug and Alcohol Programme and the Methadone Programme. Antipathy to the latter sometimes caused interviews to be difficult and time consuming. One superintendent was so opposed to the Methadone Programme as to refuse an interview relating to the Drug and Alcohol Programme.
CONCLUSIONS AND RECOMMENDATIONS

The traditional view of organisations sees them in a mechanistic way in terms of lines of communication and control, the correct sort of technique, the correct inputs into the process and the right sort of people employed in positions. It also assumes that all the people in the organisation will share the organisation's stated goals. If a programme is not seen as a 'success', it is assumed that its formal planning or lines of communication were wrong. This mechanistic way of seeing organisations does not take account of the informal levels of the organisation where the different perspectives, conflicts and invested interests are found. It is this informal level, and the influence which it can in fact wield, which the evaluation finds to be of crucial importance to the operation of the Drug and Alcohol Programme. This level is therefore considered throughout the report.

1. Insight into subcultural elements which influence the workings of the programme is obtained, first, through analysis of people's assumed objectives for the programme and second, through analysis of described conflicts and assigned stereotypical characteristics.

2. The results of the analysis not only provide insight into people's frames of references and prejudices, they are also instructive with regard to the nature of communication and social dealings across the Corrective Services organisation.

3. Many of the criticisms of, and much of the antipathy towards, the programme and Drug and Alcohol Workers is closely bound to the different groups' cultures, to their frames of reference and their interests in the organisation. For example the Drug and Alcohol Worker operates from a premise of the inmate as individual, whereas custodial staff generally operates from a premise of the inmate as a mass, to be confined and controlled. All criticisms of, and antipathy towards, the programme are thus considered in this light.
4. At the very least, the Drug and Alcohol Programme is found to benefit gaol management and control in keeping inmates occupied. This is, however, the most minor benefit to be cited: other major benefits are perceived.

5. A significant proportion of respondents are observing some behavioural and attitudinal changes on the part of some inmates who are attending programme activities. These observations are being made even by that element of custodial staff who are on principle opposed to inmate programmes. Only a very small number votes that the programme should not be continued.

6. A number of respondents is also able to cite examples of considerable changes in certain inmates' behaviour and attitude. This is perceived to have come about as a result of them attending the programme. Others are able to state that they know of cases of some programme attendees continuing to derive benefit from it after release.

7. The programme is thus benefitting some inmates and, overall, has the potential to benefit gaol management. The programme's potential to benefit gaol management should be emphasised in attempts to gain greater or continuing acceptance for the programme from custodial staff.

8. There is a strong consensus across all groups of respondents that there is a need for a Drug and Alcohol programme. Respondents are sufficiently aware of the present programme's general philosophy - even if they are unaware of its actual strategy - to have formed the opinion that the programme in existence is the sort of programme which is essential.

9. There is, however, a need to 'market' the programme more than has been done. A coordinated campaign needs to be launched across all the gaols in order to explain and 'sell' the programme, not only to inmates, but to all categories of staff as well. A Drug and Alcohol Month could be organised with special activities, talks and printed matter. Superintendents would need to be heavily involved to ensure cooperation with custodial staff.
10. The Drug and Alcohol Programme, being a programme in its infancy, has had its stated objectives redefined on several occasions. Three Head Office documents have been isolated stating objectives with slightly differing emphases. As two of these documents are undated it is not possible to know which supersedes which. No formal policy document stating objectives appears to exist.

11. A total of twenty different objectives are perceived for the programme by respondents interviewed. Not all of these are amongst the programme's formal stated goals. Nevertheless the majority coincides with the various stated aims of the programme documents and the most frequently perceived objectives are - to a greater or lesser degree - consistent with the main stated aim to re-orient prisoners' lifestyles away from drugs.

12. People are not aware of the programme's formal objectives. This is seen first in the language used in stating their perceptions and second in the patterns of their constructions. What people see as goals is netted with their perspectives: the way they make sense of, and their interests in, the organisation.

13. To many people the objectives of a programme entitled 'Drug and Alcohol' appear obvious given the current problem of drugs and alcohol, especially in the gaol context. Many respondents had not, therefore, thought about specific programme objectives. The programme's broad aims have been taken for granted.

14. It is apparent that some inconsistency and confusion about formal objectives exists amongst the Drug and Alcohol Workers themselves. Consideration must be given here to problems arising from conflicting frameworks - the education framework within which the programme originally fell and which is still perceived by some, and the quasi-psychological framework within which many of the Drug and Alcohol Workers apparently see themselves as operating. These frameworks need not, of course, be mutually exclusive: if the programme is to operate within both an educational framework and a psychologistic framework, the amalgam between the two needs to be clarified.

15. There may be a danger that some of the Drug and Alcohol Workers are interpreting objectives within frames of reference that ignore or fail to comprehend the 'average'
inmates' world of experience. There is some evidence that inmates do not always understand, or have not had explained to them, the goals of the programme. Other evidence suggests that Drug and Alcohol Workers may be regarded as naive in their objectives, as perceiving the inmates as though they are divorced from their structural situations - first, in the gaol, and second, on their release. By the same token, objectives that focus on 'choice' and 'life skills' in the ways that are sometimes spoken of, take no account of the socio-economic groups to which many inmates belong. As several critics of the programme's objectives observe, the inmate must be understood within his or her world of experience, not forced into the worker's prescribed design of helping.

16. 'Lack of communication' of objectives (and of other matters, see below, 28-33) is a criticism not infrequently levelled at the programme. But the situation is far more complex than a mechanistic notion of communicating goals. It is impossible to tell people that 'these' are the objectives if the programme's inherent perceptions or interests are totally opposed to the way certain people make sense of the organisation. Objectives must be presented to the various groups which could influence the programme's success or otherwise in a way which locks in with and coincides with their own interests. That is, objectives must be seen to make sense within people's sets of understandings or meanings.

17. A case in point is custodial staff. When an influential element amongst custodial staff considers all inmates are simply 'crims', 'cons' and manipulators, there is very little likelihood that a programme that starts with a premise that prisoners are individuals will have any credibility with them. The programme's objectives must link in with custodial staff's understanding of what the prison system is about, and what inmates are about.

18. If the programme is attempting to gain custodial staff's acceptance, there must be enough congruence between the programme's objectives and custodial staff's way of seeing things. Custodial culture will not be changed by imposing a completely alien one: a start must be made with what exists. As superintendents and custodial staff perceive the programme's objectives in terms of goal management and benefit, it would therefore make sense that this becomes a primary stated objective.
19. A number of negative perceptions of Drug and Alcohol Workers and the programme emerges. Some of these can be considered in the light of the different groups' organisational interests and cultural perspectives.

20. Other negative perceptions can be attributed to the way in which the programme was first implemented. This highlights the problems with Federal Government special grants for projects. As is often the case, the Drug and Alcohol Programme was introduced without guaranteed continued funding and without proper time allowance for research and planning. This led to the inevitable consequence that a great deal of money is seen to have been 'wasted' in the process and some unsuitable workers appointed in the initial stages. Although this is a political and accounting problem, it has had ramifications for both the programme and its present workers.

21. There is some indication that the workers' credibility is not always ideal. Perceived lack of credibility can also be shown to be the result of several factors, most of which might appear to the individual workers to be beyond their control.

22. A factor affecting the workers' credibility is a legacy of past mistakes on the part of earlier workers - security breaches, relationships with inmates etc. Steps must be taken towards restoring or initiating Drug and Alcohol Workers' credibility in, and attention to, the area of security.

23. It is necessary that overt recognition be given to the normality of attractions developing between worker and inmate. This should be thoroughly addressed in in-service courses at or before the commencement of employment at the gaol. In addition, Drug and Alcohol Workers should be required to undergo the same thorough and rigorous training in areas of security to which custodial staff are subjected. Negotions should be made for all prospective workers to attend Officers' Training Courses for the length of time considered worthwhile and productive for any officer of the Department.
24. Attempts need to be made to improve Drug and Alcohol Workers' relationship with custodial staff. In this respect, management should consider how to influence career paths so that suitable members of the custodial staff may learn the Drug and Alcohol Programme perspectives by becoming Drug and Alcohol Workers, thus serving as linking pins between the two groups and their frames of reference.

25. Confusion exists regarding the employment criteria for Drug and Alcohol Workers. Although a good knowledge of the drug and alcohol area and life experience are generally considered adequate and even more desirable than a worker with formal academic qualifications in one area, a great deal of concern is expressed that the Drug and Alcohol Workers' understanding of both drug and alcohol issues and the addict is not adequate enough. If workers were required to:

*Complete a period of time working amongst drug and alcohol affected people in places such as William Booth, Ward Four Mosman Community Hospital, the Mackinnon Unit, or Wistaria House in Comberland Hospital;

*attend meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon and Nar-Anon; and

*enrol part-time in the new T.A.F.E. Drug and Alcohol course in order to obtain formal qualifications in the area;

it would not only be useful to their jobs but enhance their credibility as Drug and Alcohol Workers throughout the system.

26. Drug and Alcohol Workers seem not to have been given adequate induction or job orientation either into the operation of the programme or into working in the gaol environment. This could be alleviated partly through the adoption of the recommendation in 23, above. It is also recommended that, for the purpose of induction and job orientation, the Drug and Alcohol Coordinator spend the first week of a
new Drug and Alcohol Worker's employment together with the worker in the gaol to which he/she has been appointed.

27. In order to further alleviate some of the problems encountered by workers in their initial stages of employment, it is recommended that a comprehensive orientation handbook be prepared. This should contain information on departmental policy; the programme's objectives, philosophy and strategy; workers' duties; details of functions and responsibilities of other staff members within the organisation, and lines of command; and copies of all departmental forms with comprehensive instructions on how, when, and the occasions on which they are to be completed.

28. Adequate communication from Head Office is seen as lacking. (It must be noted here that during the course of the evaluation the position of permanent Drug and Alcohol Coordinator was vacant.)

29. Drug and Alcohol Workers are clearly operating in isolation - from other programmes, from Head Office and geographically from each other. There is, for the most part, a lack of communication and interaction with other groups in the organisation.

30. Many Drug and Alcohol Workers perceive this isolation as imposed upon them, but many respondents from other groups perceive it as a self-imposed alienation. Part of this may be due, as some respondents suggest, to the nature of the 'system'. It is also well known that established groups will often, as a defensive reaction, accuse an expansionist group of secrecy. It may equally be interpreted in terms of the explanation that 'specialist' groups will often be secretive or hide behind language to protect identity or territory. 'Evidence' emerges which suggests some 'truth' in each of these explanations.

31. The Drug and Alcohol Workers are, for the most part, inexperienced in working in gaols. Without any adequate induction programme into the gaol it is very likely that they have felt, or feel, vulnerable in the light of gaol culture and the taken-for-granted knowledges and understandings about the way things are perceived and done. All accounts suggest that little has been done, or is done, to seek out the new worker and make him or
her feel at ease. The consequent feeling of ignorance and vulnerability - and the associated lack of ability to deal with it - is likely to have made them isolationist.

32. Drug and Alcohol Workers need to recognise that they are part of a whole organisation and that their programme is not an isolated unit in itself and cannot operate as a separate and discrete entity. There is a need to recognise that all other staff in the organisation are colleagues and that they are one functional part of the whole organisation and, as part, are supposedly contributing to organisational goals. By isolating themselves and not forging links and interaction with other parts of the organisation they are, in fact, working against the interests of the programme. At the same time, it is important to acknowledge that there are differences in perspectives and interests between themselves and certain other staff.

33. Although there is awareness of the programme's general holistic philosophy across most groups of respondents, there is very little knowledge about the programme's actual strategy or approach. This lack of knowledge has been attributed by the different groups of respondents to the lack of communication and cooperation on the part of Drug and Alcohol Workers. In order to improve understanding about the programme's strategy between members of the different groups, consideration must be given to a restructuring of the programme so that Drug and Alcohol Workers work in close cooperation with other staff on common goals (see further below, 37, 39-40, 43-5).

34. Some inconsistency and confusion exists with regard to the programme's target groups - is participation in the programme's activities open to all inmates, whether they have drug and/or alcohol problems or not? is the inmate who is participating in the Methadone Programme to be excluded? Because inmates are moving from gaol to gaol, policies relating to the programme's target groups should be clarified and consistency established. If the opportunity for continuity between gaols is to exist, there must be some form of structure, assessment and 'follow through' also established.
35. Whether or not the Drug and Alcohol Programme's philosophy and Alcoholics/Narcotics Anonymous' philosophy are compatible, the services of Alcoholics/Narcotics Anonymous should be fully utilised. It is upon services such as these that the inmate will be dependent after release from gaol. It is recommended that, as part of preparation for the outside, inmates be released for some time each day to attend Alcoholics Anonymous or Narcotics Anonymous meetings outside.

36. Tangential to the issue of target groups is a problem of the relative neglect of alcoholism. More should be done to concentrate on the area of alcoholism.

37. Although such issues as drug pharmacology and AIDS are covered in group discussion, there appears to be no coordination or communication between the Drug and Alcohol Programme and the Department’s AIDS or Methadone Coordinators. In the event of the three Programmes not being united under the same umbrella, it is essential that the Drug and Alcohol, AIDS and Methadone Programmes, at the very least, coordinate to establish joint activities.

38. It is generally agreed that inmates benefit more from ‘group’ support therapy than individual counselling. Whilst individual counselling from the Drug and Alcohol Worker might be considered necessary in some cases, it appears in some gaols to be the prime focus of the programme. This is to the detriment of other inmates. Questions should be asked as to how much individual counselling from Drug and Alcohol Workers is in fact necessary and how cost effective it is.

39. A greater amount of interaction with Psychology should be fostered. Although the Department has stated that the staff of Psychological Services should be used for assessment and counselling, this appears to have rarely happened, if at all. The two groups are seen as working in isolation from each other. Although Drug and Alcohol is seen by some to cover the 'grey areas' which Psychology does not cover, there is a need for communication between the two groups in order to ensure consistency as to what these 'grey areas' are.
40. Communication and Interaction with Psychology is also necessary to ensure consistency when the same inmate is receiving individual counselling from both the Psychologist and the Drug and Alcohol Worker. Communication between the two groups is essential if this is the case and if it is considered necessary.

41. Some hostility and lack of respect towards Drug and Alcohol Workers on the part of Psychologists emerges. It is likely that there will always be some on-going discontent and hostility on the part of the latter so long as the situation exists where the former is seen as having no formal qualifications yet operates within what is seen as a quasi-psychologistic framework, whilst the latter, being paid at a lower scale, customarily completes a four-year honours degree. The evaluation acknowledges that this issue falls into the complicated area of awards and industrial agreements, but at the same time must recognise it as a problem likely - and justifiably - to cause hostility from Psychologists. Somehow or other the problem of the pay differential between Psychologists and Drug and Alcohol Workers has to be addressed. Without some solution Drug and Alcohol Workers may not gain respect and cooperation from Psychologists.

42. The psychologistic framework which concentrates on the individual could be considered inappropriate for a Drug and Alcohol Programme in the gaol context. Perhaps more relevant to the holistic approach adopted by the programme would be the development of a sociological awareness and perspective which would encourage workers to see inmates within wider socio-economic terms rather than seeing them as individuals 'who can make it'. It is recommended that some sort of in-service course be established which will orient workers towards a sociological perspective rather than an Individual-oriented psychologistic one. Arrangements could perhaps be made with one of the C.A.E.s or Universities for staff to conduct such a course. A sociological perspective would complement, but not encroach upon, the approach of Psychology.

43. Some concern is expressed - particularly by Psychologists - about the values and dangers of certain 'therapeutic' activities - such as rebirthing - which have been carried out by the programme. Drug and Alcohol Workers should communicate with
Psychological Services before setting up 'therapeutic' activities in order to discuss possible implications and ramifications.

44. Some programme activities are criticised as being merely recreational or educational and as having no direct bearing on drug and alcohol issues. But within the programme's philosophy of a holistic approach to the person these activities are important. The research has shown that they do increase the inmates' self esteem. Questions must be asked, however, whether it is in fact cost effective for one gaol to carry out the same activity simultaneously under the umbrellas of both the Education and the Drug and Alcohol Programmes. People's perceptions of this sort of thing are important to the credibility of the programme and to its acceptance. It is not sufficient to call one an 'art class' and the other 'art therapy' when the activities are - according to reports - the same, with people of the same qualifications conducting them but with one called (and paid as) a 'teacher' and the other called (and paid as) a 'therapist'.

45. 'Doubling up' of activities, and the confusion, resentments and criticisms it gives rise to, could be alleviated in part through communication and coordination between civilian staff at the individual institutions. It is in cases like these that Goal Management Teams should play a role. Ultimately superintendents should ensure that this coordination takes place.

46. Finally, questions must be asked as to what Drug and Alcohol Workers are supposed to be: whether counsellors, assessors, coordinators, organisers or a combination of all.
DETAILED FINDINGS
1. **AIMS AND OBJECTIVES OF THE PROGRAMME**

Any programme in its infancy constantly defines and redefines its goals or aims. Consideration must thus be given here to current stated objectives: whether they are appropriate to the context, whether they serve the needs of interested parties (and who indeed are the interested parties) and whether the programme serves other objectives quite apart from those that were originally envisaged. Should the stated objectives, then, be redefined, limited or expanded?

Perceptions and understandings of the objectives on the part of delivery personnel, inmates and other involved individuals or groups must be explored in order to first determine consistency and secondly, to isolate any misconceptions and misunderstandings. As an adjunct to this, it is essential to explore the interpretations of these objectives from the widely different perspectives of the various individuals and groups involved in various ways with the programme or its implementation.

In accordance with what normally happens with a programme's stated objectives, the original objectives of the Drug and Alcohol Programme have already been subjected to a certain amount of redefinition. Although there has been no practice of issuing formal policy documents, three separate documents stating 'objectives' have been presented (an entry in *Corrective Services Bulletin*, November 1986, pp. 10-14, entitled "Drug and Alcohol Programmes", appears to be the only 'policy document' - it does not, however, contain stated objectives). The three documents containing stated objectives are:

(i) **Evaluability Assessment of Drug and Alcohol Programs for Prisoners in New South Wales** (undated), written by Alison Mathews, Drug and Alcohol Programmes, NSW Department of Corrective Services and Sue Funnell, Programme Evaluation Unit, NSW Office of Public Management (here referred to as Document 1);

(ii) **Department of Corrective Services, Drug Offensive Framework, Drug and Alcohol** (dated November 1988), written by Alison Pattinson, Assistant Director, Programmes (here referred to as Document 2);
(iii) Untitled and undated document, under the heading 'for inclusion in the Minister's Question Time Folder' setting out information on the Drug and Alcohol Program. This third document contains objectives listed under a heading 'Drug and Alcohol Workers in Prisons: Objectives'. These objectives are, however, better described as a duty statement and are set out in Appendix 1.

Document 1 states the following aims (p.3):

... our program is designed to re-orient prisoners' lifestyles away from drugs. ...

To this end our program endeavours to:

1. develop a lifestyle which incorporates health, fitness and nutrition, recreation, life-management skills, communication, vocational skills, knowledge and attitudes about drugs, interest in non-drug related activities, understanding and acceptance of one's own values, a sense of personal responsibility and control and improved interpersonal relationships;

2. provide positive successful new [non] drug related experiences;

3. increase inmates' self esteem, self confidence and responsibility.

This is a broad philosophy, open to interpretation. As the document states, the rationale for the programme "is based on the belief that drugs are used by the person to make himself/herself feel better, stop feeling bad or stop feeling altogether - for a regular drug abuser normal life would not be rewarding. The design of the institutional programs were (sic) guided by these ideas and directed by what we perceived as a need to make a non-drug abusing lifestyle potentially rewarding." (p.3).

Document 2 was drawn up as a clarification of the programme's aims and objectives. This states the following:

GOAL To prevent, reduce and/or in the longer term hopefully eliminate the use and/or abuse of illegal drugs and the abuse of alcohol and nicotine by people under the care and control of the Department of Corrective Services.

PURPOSE OF GOAL Prevention, reduction and/or in the longer term, elimination of people re-offending because of the behaviour changes which misuse of illegal drugs and alcohol can facilitate.

This assumes that - the abuse of illegal drugs and alcohol facilitates behaviour changes in individuals:
such behaviour changes can consistently have 'negative' effects and consequences and/or facilitate 'anti-social' or illegal actions.

Services should therefore address the objectives:

(I) Prevention/Reduction in demand;
(II) Prevention/Reduction in illegal supply;
(III) Health maintenance/healthy lifestyle.

This document goes on to set out:

'*Approaches/Intervention',
'*Strategies',
'*Programmes',
'*Actions'.

These will also be considered later in this report, see below, 3. Evaluation of Programme.
1.1 Perceived Objectives

Most respondents perceived more than one objective to the programme. The most frequently nominated (30 respondents) was variously expressed as 'a re-orientation of lifestyle', 'the development of new life skills that are not compatible with drug-use', 'to rehabilitate the inmates away from a drug-centered lifestyle'. This coincides with the primary aim of the programme stated in Document 1, that is, 'to re-orient prisoners' lifestyles away from drugs'. This combination of behaviour/lifestyle and drug-taking modification/cessation objectives was posed by members of all categories of respondents. The groups which most frequently nominated this were the Psychologists (6 out of 12) and Drug and Alcohol Workers (5 out of 12).

Rehabilitation without further qualification in terms of drug use was stated as the objective by 12 respondents. A total of 34 responses related solely to the inmates' drug use without reference to lifestyle or life skills ('to be drug free' - 24 responses; 'to modify/reduce/control their drug use' - 8 responses; and a more nebulous 'to address the drug usage of prisoners' - 3 responses). These responses accord with the overall goal as stated in Document 2. Overall, then, the most frequently perceived objectives of the programme are - to a greater or lesser degree - consistent with the main stated objectives of Documents 1 and 2.

Civilian staff generally were less inclined than custodial staff to solely stipulate the drug-use aspect. Custodial staff, on the other hand, were the most inclined to see the elimination of drug taking as the sole objective (10 out of 40). Conversely, 'the modification/control/reduced use of drugs' was perceived as an objective by only one custodial staff member as opposed to seven civilian staff.

Twenty respondents focused upon 'assisting the prisoner with his/her problems' in terms of perceiving the programme's objectives variously but interrelatedly as 'to help them acknowledge/come to terms with/cope with their problems'. Particularly prominent amongst this group were Education Officers (8 out of 12) and Welfare Officers (4 out of 9). Particularly absent from this group were Psychologists (none), Drug and Alcohol
Workers (one only), Wing Officers (two only). This was the most frequently stated objective by inmates.

Other perceived objectives coincided with Document 1's stated 'endeavours'. Most prominent amongst these were those embracing the psychological element:

* 'to develop self perception/insight/understanding' - 11 respondents, mostly Drug and Alcohol Workers (4) and least custodial staff (1) and inmates (1);

* 'to develop self esteem/self confidence' - 15 respondents, mostly Drug and Alcohol Workers (6) and least custodial staff (1);

* 'to develop communication' 12 respondents, mostly Drug and Alcohol Workers, Psychologists and Inmates (equally 3x3);

* 'to develop relaxation techniques/coping mechanisms/stress management' - 8 respondents, mostly Drug and Alcohol Workers and Psychologists (equally 2x3).

* 'to provide an understanding that there are choices in life' - 6 respondents comprising Drug and Alcohol Workers (3), Inmates (2) and Education Officer (1).

Perceived objectives which embraced the area of behaviour were 'to modify behaviour/bring about behaviour change' (5 respondents), 'to develop responsibility' (2 respondents), 'to develop discipline' (2 respondents). The last mentioned was stipulated solely by inmates.

A small range of other perceived objectives included:

* 'to develop an awareness of fitness/health' - 4 respondents (all Drug and Alcohol Workers);

* 'to develop an awareness of the effects of drugs' - 4 respondents (Superintendents 2, Psychologist 1, Drug and Alcohol Worker 1);
"to reduce recidivism" - 3 respondents (Superintendent 1, Wing Officer 1, Education Officer 1);

"to use as a management tool to benefit the operation of the gaol" - 7 respondents (Superintendents 4, Wing Officer 1, Drug and Alcohol Worker 1, Head Office 1);

"to keep prisoners occupied" - 3 respondents (Wing Officers 2, Head Office 1);

"to complement other services" - 1 respondent (Drug and Alcohol Worker).
1.2 **Consistency and Inconsistency**

Drug and Alcohol Workers' responses indicated some variation in the way the programme's objectives are understood or interpreted by its operators. The following sets out the objective areas as perceived by the workers in the twelve gaols where the programme was operating at the time of interview. (NB The worker at Maitland had not yet been appointed).

1. Modify habit, modify behaviour, pharmacology, health/fitness.
2. Modify habit, life skills, health/fitness, self esteem, self understanding.
4. Rehabilitation, self esteem.
5. Freedom from drugs, self esteem.
7. Self esteem, communication.
8. Self esteem, life skills, communication, self understanding.
10. Choice, responsibility, self understanding, communication, health/fitness, coping strategies.
11. Modify/eliminate drug abusing behaviour, complement other services.
12. Modify habit, life skills.

The objective area most focused upon amongst the workers was 'self esteem' (6 instances) and the least, drug pharmacology (1 instance). Given that Document 1 states knowledge and attitudes about drugs amongst its objectives, it is notable that only one Drug and Alcohol Worker emphasised this area. A perceived neglect of this aspect was commented upon spontaneously by several inmates:

There's no point going on at you in groups asking you to imagine you are a washing machine or a car and then asking you what it feels like - that makes no sense and it makes you feel stupid. They should be talking about what different pills can do to you - it's the pills we're scared of when we get outside. (Woman inmate, now drug-free, about to face release)

They should talk to you more at the meetings about the effects of your drug addiction. (Male inmate)
Very few of the workers, then, nominated the fuller aims stated in the programme documents and few were aware of the existence of such documents. When asked the overall programme's objectives, several Drug and Alcohol Workers expressed confusion and implied criticism of their directives:

I don't really know what the stated objectives are. I have not been told any objectives.

I have never been informed but ......

I had to formulate them myself.

But, given such factors as:

(i) the inevitable redefinition to which the programme's objectives have been subjected;

(ii) the non-existence of a formal policy document which states objectives;

(iii) the lack of awareness on the part of many Drug and Alcohol staff of the existence of programme documents; and

(iv) the broadness of the philosophy on which the programme is based;

it is hardly surprising that some confusion and inconsistency exists amongst Drug and Alcohol Workers working in isolation with differing philosophies.

The following interpretation of the programme's aims was expressed in positive terms within an educational framework by the Acting Drug and Alcohol Co-ordinator at Head Office:

The main objective from my perspective is - whether or not it is a viable objective - that inmates gain an understanding of their preoccupation with drugs and alcohol and, depending upon their understanding, their need for certain skills: whether they be emotional, physical or practical. This needs to be given to them via a teaching method with an emphasis on change, change in the sense of attitudinal, value and
behavioural change. I think that is a huge objective to meet. But that to me is the basis of it.
1.3 Lack of Clarity

If a confused and inconsistent set of aims and objectives exists amongst the workers actually employed to implement the programme, it is also hardly surprising that a lack of clarity about the programme's objectives was found amongst other groups. Many of the respondents confessed that they were relying upon 'guess-work': in 47 instances responses were prefaced with 'guess-work' indicators. Most of the variations on this theme are reproduced here in order to emphasise the sort of confusion experienced by respondents when faced with naming the programme's objectives:

I have never observed any objectives, I can't see what the objectives are, I have never been aware of the objectives, but I suppose ... / I don't really know, but I'd say ... / I've never been told but I would say the objectives would be ... / As I imagine it, the aims would be ... / I guess ... / That's interesting, I've never been told. / The objectives would be ... / But I would imagine ... / It would be, I suppose, ... / In some ways I'm confused but ... / I suppose ... / I guess I see ... / I have not caught up with anything, but they'd surely be ... / My knowledge is very sketchy but ... / All I see it as ... / I can't really say what the aims are, but ... / Obviously they must be ... / Whilst I am not conversant with the aims of the program, I would imagine ... / I've not heard formally, so this is my educated guess. / Probably they are ... / But I imagine the objective is ... / I don't know what the Department's objectives are really, they probably ... / I assume that the goals are ... / I think it is to ... / Personally I think ... / One of the objectives would be ... / These objectives are only my guess. / As far as I know and I am not really informed - I can see that ... / They have never been specified as far as I know but I imagine to ... / The objectives have been very vague - I have never been fully told ... / I would say it would be to ... / I suppose, though, the objectives would be ... / My own opinion is ... / My personal opinion is ...

As we have seen above (1.1 Perceived Objectives) many of these exercises in 'guess work' conform to the programme's broad stated aims. To many people the objectives of a programme entitled 'Drug and Alcohol' would appear obvious given the current problem of drugs and alcohol, especially in the gaol context. It is therefore unlikely that the majority of respondents would have thought about specific programme objectives. The programme's broad aims would have been taken for granted.
Nevertheless, some criticism of both the confusion and the programme's apparent lack of objectives was expressed across the board: not only by Drug and Alcohol Workers themselves (see above, 1.2 Consistency and Inconsistency) but also by others:

The original objective was to have the holistic approach to drug and alcohol problems so a person was seen in a total context of their involvement and their needs, rather than looking specifically at their addiction. The Drug and Alcohol program was designed around that. ... I think the programme has created a lot of confusion particularly for the Programmes Division because there never has been, from an outsider's viewpoint, a very clear analysis of what Drug and Alcohol is. ... I think it is a problem primarily at Head Office level because it has not really been addressed by management at the Programmes Division. Apparently the original objectives still remain the same, though I think overall different Drug and Alcohol Workers seem to have different objectives.... (Education Officer)

The objectives have been very vague and I have never been fully told them. I thought it was initially to provide a team approach to the problem .... but they seem to have changed now in that Drug and Alcohol Workers seem to do a lot of psychology and a lot of counselling. ... (Psychologist)

A new person comes in and it is up to them to have to wade through what the programme is on about. There is no in-put. Then when you ask questions about six months later, they take it as something of an insult because you don't know what it is about. I would like to know about the programme's objectives. (Welfare Officer)

I don't know anything about the programme's objectives or whether they have any. But it's our job to refer people to Drug and Alcohol and that's it. (Welfare Officer)

Specific activities are talked about, but what the objectives are - what they hope to gain out of these activities, needs to be explained. (Superintendent)

I put off taking part lots of times because I didn't know what it was on about. (Inmate)

A number of Wing Officers were particularly scathing in their criticisms. This was almost invariably put down to lack of communication:

It's haphazard - it doesn't seem to have set aims. It seems to be a stop-gap thing. / We can't answer that question because of the lack of communication between D&A and custodial staff in here. / We as Wing Officers don't get feedback with relation to D&A. We would like to. Whilst we support everyone who is following it, I feel it should be a two-way street so we can be better informed about what they are trying to do and how we can help. / I have not met any D&A workers up here so I don't really know what they're on about. / We are never told unfortunately and I feel
there is not enough information.... Nobody knows what is going on in the whole department. I would like to know more about their aims. / D&A has nothing whatsoever to do with us, but I feel people should be made more aware of what it is on about. / For a start, D&A don’t communicate with us officers so I wouldn’t know anything about their objectives. They work on their own - we have nothing to do with them whatsoever - or them with us.

An additional eleven Wing Officers approached at random said they were completely unaware of the programme’s existence, let alone its objectives.
1.4 Appropriate or Realistic?

Drug and Alcohol Workers, with the exception of a small few who saw a need for clarification, deemed their perceived programme objectives as entirely appropriate.

For the most part civilian personnel also considered their perceived objectives to be appropriate ones. But as, as several respondents admitted, they had only surmised objectives which they considered were appropriate given the context or environment. Several did go on to state, however, that only a very small success rate could be expected. Generally civilian staff and superintendents were anxious to be 'realistic' or 'non-idealistic' about objectives relating to drug use in the gaol context and environment:

For a person to be totally non-dependent might seem idealistic and might not often be achievable. (Drug and Alcohol Worker)

It's an unrealistic goal to suggest that people should be cured of the problem. (Psychologist)

It is unrealistic to aim for the addict to cease taking drugs in a prison environment - it is the most likely situation where one would want to use drugs. (Psychologist)

If they set their goal at something like everyone who was to leave the gaol should no longer wish to use they would probably be aiming too high. (Welfare Officer)

An unrealistic but hopeful objective to turn the inmates away from drugs. (Welfare Officer)

The main objective is to try to assist as many people as possible to overcome their addiction in some way or another... That's hard to achieve fully but if we can achieve it with a few people it is worthwhile doing. (Superintendent)

The ideal objective is to stop people taking drugs but this is unrealistic, so it's just to make them better equipped to face reality. That's all we can hope for. In the final analysis it depends on them, not us. (Superintendent)

Confirmed by an inmate: Some in the Department are more realistic and know you won't get off drugs.

Custodial staff, for their part, were more ready than civilian staff to say that it would be inappropriate to expect success in the areas of lifestyle change and rehabilitation.
Given their 'inside knowledge of the workings of inmates' minds', many custodial respondents perceived a goal directed towards lifestyle change as unrealistic, and that the most one could hope for would be success in (variously) one in one hundred, one in four hundred, two in one hundred cases. Such a success rate was felt by some as 'worthwhile' and by others 'a waste of time and money' (see also below, 3.5 Outcomes/Results).

Doubt was expressed from several quarters that some of the programme's objectives were actually appropriate to the context. As one Psychologist stated:

The objectives are borrowed from that sort of milieu that exists in a therapeutic community - and they don't sit comfortably with many of the participants who are sitting in several different types of world:
- the Drug and Alcohol Program world,
- the gaol world,
- the outside world.

These three run on different principles.

The objective 'to provide an understanding that there are choices in life' which was nominated by three Drug and Alcohol Workers is open to different interpretations. Does this mean simply choice between using or not using, or providing self confidence to make choice? Or does it refer, as several interviewees indicated, to life choices? It was questioned whether such an objective is realistic in the context or even fair to the majority of inmates:

Is it fair to that woman who has served ten years almost continuously, whose entire body and face are covered with tattoos, to allow her to believe her choice to become an aerobics teacher is a realistic one? Does she really have that choice, does she really have any chance of even getting to first base in applying for such a job?

This is the kind of thing that was questioned by several Wing Officers and criticised by an inmate at one of the maximum security gaols. As the inmate said:

The D&A Worker promises to do big wonders for the crims and then you get let down when no big wonders happen. That's what happened to X and he wont go back [to the programme] now he's back in again. So its hard to have faith in them, you don't know if you can trust them or whether they really know what they are saying.

The same fear was voiced by one of the civilian personnel at a lesser security gaol where inmates face imminent release:
There might be an expectation raised in some of the inmates that use the service that they have solved or overcome their problems and I think there maybe a large false expectation there. So the guys might get the idea that they have dealt with it whereas really they are only on hold.

In other words, if Drug and Alcohol Workers do not understand or face the reality of what often happens when the inmate returns to the drug and alcohol environment on release, it could be seen that the workers are 'selling a lie' to those inmates who believe in the programme. A return to old habits could make these inmates feel any relapse is their own personal failure: this would run counter to the objective of increasing self esteem.
1.5 **Interpretations from Different Perspectives**

The discussion of perceived objectives (above, 1.1 *Perceived Objectives*) has already revealed some commonalities amongst, and divergencies across, the different categories of personnel. An analysis of these indicates that what many people perceived as the programme's objectives arose from their own perspectives and interests in the organisation.

Drug and Alcohol Workers were more inclined to focus upon areas of psychology. This coincides with their self (and others') perceptions of themselves as counsellors (this emerged throughout the evaluation). Custodial staff, on the other hand, were more inclined to focus upon the elimination of drug use. This coincides with their particular frame of reference, that is the maintenance of security and order.

In more specific detail, the psychological area most frequently nominated by Drug and Alcohol Workers was self esteem (6 out of 12). In contrast, this was nominated by only one member of the custodial staff. The latter were more inclined to single out the programme's emphasis on this area for criticism:

They go around giving them pats on the head, and telling them they are poor misunderstood guys. Then the guys think they can get away with anything.

They wander around trying to make them feel good, calling out their names and waving to them.

In gaol there's not the machinery - the resources, space or time - to help people re-establish their self esteem.

We just see them [D&A Workers] get conned so much and when you try to advise them that they are being conned you get a goodie-goodie answer, "Oh, the poor individuals". They can only see it from the point of view of trying to build up their self esteem - the poor crims, so hard done by.

It's a waste of time looking at these people as individuals.

They think these people should be treated as individuals which they aren't when they are in the system - I mean trying to keep 400 men within the walls of an institution and trying to get them to live by one set of rules.
The Drug and Alcohol Worker's frame of reference is the prisoner as individual; the custodial staff member's frame of reference is the prisoner as a mass.

Superintendents - the gaol managers - were the group most likely to view the programme's objectives in terms of gaol management; this was seldom stipulated by civilian staff although some did perceive advantages for management in the programme's objectives to modify behaviour.

Many of the perceived objectives, then, were constructed in accordance with different groups' different perspectives. In other words, to a large extent, sense of the programme is made by the different groups within the different sets of understandings that they hold.
1.6 Perceived Potential Beneficiaries

A tangential question, 'Which individuals or groups do you perceive as standing to benefit by the programme?', was also included in the interviews to assist in isolating different perspectives and interests. Analysis of responses demonstrates - as did that of perceived objectives - perceptions which were similarly meshed with the different groups' frames of reference. (Many respondents nominated more than one beneficiary.)

Although overall the inmate was the most frequently perceived primary beneficiary of the programme, many other individuals or groups were also stated either in addition to, or instead of, the inmate. These were:

* society,
* the family,
* the professional team,
* psychologists,
* D&A Workers,
* superintendents,
* gaol management,
* custodial staff,
* the Department of Corrective Services,
* the Federal Government,
* Probation and Parole.

The family, the Department of Corrective Services and the Government were stipulated equally across all groups of respondents. When the latter two were mentioned it was stressed that "this is the reality, rather than the ideal".

Drug and Alcohol Workers were stated as the beneficiaries by members of all groups: in the majority of cases with cynicism, but in three cases from the point of view of job satisfaction (Head Office 1, Superintendent 1, Drug and Alcohol Worker 1). Psychologists were the most prominent amongst groups to nominate the Drug and Alcohol
Worker (14% of their total responses), followed by Wing Officers and Superintendents (both 11%).

Psychologists were the only group not to nominate society (a reflection of their individualistically oriented discipline?) and also the only group to nominate psychologists as potential beneficiaries. When they nominated themselves they were stressing the need for team effort.

The professional team was nominated as a potential beneficiary only by civilian staff: mostly by Education Officers and least by Drug and Alcohol Workers.

Civilian staff were more inclined to see the inmate as the primary or sole beneficiary. Drug and Alcohol workers nominated the inmate as the primary beneficiary in 84% of responses; Education Officers, in 75%; Welfare Officers, in 68%; and Psychologists, in 67%. Superintendents and Wing Officers, on the other hand, were less likely to nominate the inmate as sole or primary beneficiary: Superintendents, 53%, and Wing Officers, 55%. Both Superintendents and Wing Officers proved more inclined than any of the other groups to nominate multiple beneficiaries. Thus across their total perceived beneficiaries, Superintendents nominated the inmate in 46% of their total responses, and Wing Officers, in 44%.

Superintendents represented the group to most frequently nominate gaol management and custodial staff as potential beneficiaries (31% of total responses). This perceptive response coincided with their perceived programme objective of aiding gaol management.

All of these responses, then, were tempered by people's differing frames of reference. The superintendents who saw gaol management as standing to benefit from the programme were reflecting their own interests in the organisation. The civilian staff who saw the inmate as the primary beneficiary were reflecting the perspectives of their disciplines and raisons d'être. Many of the custodial staff - which was the group to least nominate the inmate as standing to benefit - were reflecting their own frames of reference and, at the same time, (on the part of a particular custodial element) innate criticisms of the programme. Custodial staff know the programme is theoretically supposed to benefit the
inmate and many stated as much. However as this runs counter to their particular interests and frames of reference, some may have chosen to nominate an area of potential benefit other than the inmate. Here, by the same token, there may also have been an element of reluctance to give kudos to the programme.
1.7 Discussion of Objectives

In conclusion a total of twenty different objectives are perceived. It can be seen that not all of these are among the programme's formal stated goals. Nevertheless the majority coincide with the various stated aims of the programme document and the most frequently perceived objectives are - to a greater or lesser degree - consistent with Document 1's main stated aim to re-orient prisoners' lifestyles away from drugs.

To many people the objectives of a programme entitled 'Drug and Alcohol' would appear obvious given the current problem of drugs and alcohol, especially in the gaol context. It is therefore unlikely that the majority of respondents would have thought about specific programme objectives. The programme's broad aims would have been taken for granted.

People are not aware of the programme's formal objectives. This is seen first from the language used in stating their perceptions and second in the patterns of their constructions. What people see as goals is netted with their perspectives: the way they make sense of, and their interests in, the organisation. Even if they had been told the formal goals it is possible that this information would not have been comprehended, or would have been filtered out before reaching consciousness, or would have been re-interpreted, re-constructed or 'rationalised' to accord with their own frames of reference.

It is nevertheless apparent that confusion exists amongst Drug and Alcohol Workers themselves. Consideration must be given here to problems arising from conflicting frameworks - the educational framework within which the programme originally fell (see Introduction and passim) and which is still perceived (see the interpretation of the Acting Drug and Alcohol Co-ordinator), and the quasi-psychological framework within which many of the Drug and Alcohol Workers apparently see themselves as operating. These frameworks need not, of course, be mutually exclusive: the amalgam needs to be clarified.

There may be a danger too, that some of the Drug and Alcohol workers are interpreting objectives within frames of reference that ignore or fail to comprehend the 'average' inmates' world of experience. There is some evidence that inmates do not always understand, or have not had explained, the goals of the programme. Other evidence suggests
that Drug and Alcohol workers may be regarded as naive in their objectives, as perceiving the inmates as though they are divorced from their structural situations - first, in the gaol, and second, on their release. By the same token, objectives that focus on 'choice' and 'life skills' in the ways that were sometimes spoken of, take no account of the socio-economic groups to which many inmates belong. Their sorts of cultures, life experiences, expectations and education are quite different from those of most Drug and Alcohol workers amongst whom a lack of consciousness of social stratification seems to prevail. As several critics of the programme's objectives observe, the inmate must be understood within his or her world of experience, not forced into the worker's prescribed design of helping.

'Lack of communication' of objectives (and, as the evaluation will show, of everything else to do with the programme) was a criticism not infrequently (and not always without validity) levelled at the programme. But as we have seen, the situation is far more complex than a mechanistic notion of communicating goals. It is impossible to tell people that 'these' are the objectives if the programme's inherent perceptions or interests are totally opposed to the way certain people make sense of the organisation. Objectives must be presented to the various groups which could influence the programme's success or otherwise, in a way which locks in with and coincides with their own interests. In other words, objectives must be seen to make sense within their sets of understandings or meanings.

Here we might take as a case in point custodial staff, being the group to most frequently complain about lack of communication. If the influential element amongst custodial staff considers all inmates are simply 'crims', 'cons' and manipulators, there is very little likelihood that a programme that starts with a premise that prisoners are individuals will have any credibility with them. They will reject it out of hand automatically. The programme's objectives must link in with their understanding of what the prison system is about, and what inmates are about. This is not to say that the programme is to conform to their notion nor to say that it should be used in any way as a disciplinary tool. It is simply to say that if the programme is attempting to gain their acceptance and to bring about a change in attitude towards itself, there must be enough congruence between the programme's objectives and custodial staff's way of seeing things. Custodial culture will not be changed by imposing a completely alien one: a start must be made with what exists. As superintendents and custodial staff perceive the programme's objectives in terms of gaol management and benefit, it would therefore make sense that this become a primary stated objective.
2. **DRUG AND ALCOHOL WORKERS**

The analysis in the preceding chapter has shown that objectives for the programme could be assumed by the different subcultures in the organisation and that these objectives relate to the groups' differing interests and perspectives on the organisation. This chapter will attempt to show that organisational culture also becomes apparent when subcultures conflict or assign stereotypical characteristics to one another.

The investigation of people's perceptions of Drug and Alcohol Workers provided the richest data for subcultural analysis. By asking interviewees to describe what sort of people they perceived the Drug and Alcohol Workers to be and what sort of people they thought they should be, the evaluation was able to obtain insight into subcultural elements that influence the workings of the programme.

The responses were not only instructive with regard to the nature of communication and social dealings across the organisation, they also provided insight into people's frames of reference and prejudices. A phenomenon which arose in Wing Officers' responses may be taken here as a case in point. When the topic of the workers was broached, many of the Wing Officers couched their 'observations' in plural personal pronouns: 'we', 'us', 'our' or a collective 'you'. Sometimes, however, they would lapse from the plural into the singular: 'I', 'me', 'my'. When the lapse occurred, a corresponding change in the nature of perceptions could be observed. Negative perceptions were mostly expressed in the plural, whereas positive perceptions were mostly expressed in the singular (plural: 87% negative, 13% positive; singular: 67% positive, 33% negative). The use of the plural in this way suggests that they were expressing a shared set of understanding which clings to the negative, whilst the use of the singular suggests that they were disagreeing with that shared set of understanding. This ties in with the general observation that when Wing Officers were interviewed in groups they were more likely to express negative opinions (see Introduction and Research Methodology). In other words, custodial staff's negative perceptions of Drug and Alcohol Workers may be tied to their cultural perspective on the programme generally.
The results of this chapter's analysis, then, rather than providing clear answers, are more useful for posing questions. How can thinking be re-oriented? How can different subcultures understand each others' perspectives and cooperate effectively? Are there ways of creating linking pins between groups?
2.1 Descriptors for Drug and Alcohol Workers

Well over one hundred descriptors were given for Drug and Alcohol Workers. The question proved a catch-all for observations, rumours, legends, confidences and innuendoes. Spontaneous descriptors ranged from the extreme positive to the extreme negative, with negative descriptors outweighing in number the positive. But as the different categories of respondents were unevenly balanced in numbers (for example, more custodial staff were interviewed than, say, Welfare Officers, because there are more custodial staff in the service), data should not be interpreted quantitatively.

The descriptors can be sorted into several wide clusters under the following headings (the numbers in brackets indicate the number of respondents):

'Competency' cluster:

Good co-ordinators (2), good organisers (1), good administrators (1), knowledgeable people (1), specialists in drug and alcohol issues (3), experienced in drug and alcohol issues (1), positive workers (1), respected (1).

'Professional' cluster:

Professionals (7), trained people (1), social workers (1), counsellors (4), behaviourists (1), similar to/same as other gaol 'professionals' - Welfare Officers (15), Education Officers (3), Psychologists (5).

'Dedication' cluster:

Dedicated workers (10), enthusiastic (2), gung ho (1), active (1), hands-on workers (1), busy (2).
'Diversity' cluster:

Diverse in qualifications/experience (12), no coherent image (1), life experienced (2), ex-addicts/alcoholics (4), generic (1).

'Warmth' cluster:

Caring people (1), helping people (1), friendly (1), genuine (1), well-liked (1), well-meaning (1), well-intentioned (1), with moral conscience (1), mother figures (2), prisoners' friends (1), soft-hearted (1), heart on sleeve (1), do-gooders (6).

'Incompetency' cluster:

Ill-organised (1), lazy (1), confused (2), confusing (1), whistling in the dark (1), the blind leading the blind (1), unimpressive (1), quite useless (1), stupid (1), too abstract (1), tunnel-visioned (2), people who see things in preconceived ways (1).

'Unprofessional' cluster:

Unprofessional (6), unprofessional civilians (1), wanky (2), wishy-washy (1), trendy 'alternatives' (2), charlatans (1), hotch-potch attitudes (1), people with ill-defined approaches (2), ad hoc/unskilled (2), happy-go-lucky amateurs (1), too familiar with inmates (2), too involved with inmates and nature of crime (1), unimpressive (1).

'Untrained/unqualified' cluster:

Untrained (5), unqualified (10), uninformed (1), ignorant of D&A issues (2).

'Inexperienced' cluster:

Inexperienced (1), not gaol-wise (2), ill-prepared for gaol environment (2), straight out of university (5), academic (1), living in fantasy land (2).
'Gullible' cluster:

Gullible (13), naive (5), idealistic (4), lacking objectivity with regard to inmates (1).

'Security risk' cluster:

Security risk (6), unconscious of security (5), unaware of/unwilling to recognise security (5), unable to keep confidences (2), corrupt (1).

'Uncooperative' cluster:

Uncooperative with others (4), deliberately opposing custodial and siding with inmates (1), unhelpful (1), pigheaded (1), aloof (2), think officers are 'dickheads' (1), game players (1), encroaching on others' territories (7), empire builders (3), trying to take over (1), invasive (1).

Other spontaneous descriptors included: insecure (2), uncertain (1), scruffy or unconservative in appearance (3), waste of time/money (2), shadowy people in the background (1).

The categories to most perceive Drug and Alcohol Workers in the 'professional' cluster were Superintendents, Wing Officers and Welfare Officers. With very few exceptions, respondents from other categories did not describe in this cluster. On the other hand, positive descriptors in the clusters embracing 'dedication', 'competency', 'diversity' and 'warmth' were named almost equally across all categories of respondents.

In the two clusters 'diversity' and 'warmth', descriptors were not always intended as positive. This depended on the perspective of the respondent and the context of his or her descriptor. For example, whilst certain civilian staff described Drug and Alcohol Workers positively as caring or helping people, Wing Officers' descriptors of them in terms of 'friends to prisoners', 'do-gooders' or 'soft hearted' were intended as negative descriptors. By the same token, in the cluster 'diversity', descriptors such as 'life experienced' or 'ex-addict/alcoholic' were sometimes intended as positives and
sometimes as negatives, depending on the perspective of the respondent. Some respondents considered life experience or having experienced addiction as more valuable assets to a Drug and Alcohol Worker than formal qualifications, whereas others - particularly Psychologists for whom formal qualifications are necessary - doubted the credibility of a formally unqualified worker. Qualifications and perceptions of the ideal Drug and Alcohol will be discussed in more detail below (2.3 (iii) and 2.4).

Whilst positive descriptors emerged from across all categories of respondents, the more numerous negative descriptors derived mostly from specific groups. Again we stress that this data should not be interpreted quantitatively. Descriptors in the negative 'untrained/unqualified' and the 'incompetency' clusters came primarily from Psychologists, although this group was relatively prominent in the 'dedication' cluster. ('Unqualified' was a descriptor also used by other categories, but mostly confined to civilian staff). Wing Officers were clearly divided in their perceptions: despite representing one of the two groups to mostly nominate in the 'professional' cluster, they were also the most highly represented in the 'unprofessional' and 'inexperienced' clusters. This group also proved the most likely to nominate in the 'gullible' and 'security risk' clusters. Superintendents also, despite representing a group to nominate in the 'professional' cluster, nominated fairly highly in the 'unprofessional' cluster. Education Officers, and to a lesser extent Wing Officers, were the groups to mostly express negatives in the 'uncooperative' cluster.
2.2 Credibility of Drug and Alcohol Workers

Perceptions of Drug and Alcohol Workers' credibility varied. Some respondents were prepared to generalise and others were unable or reluctant to divorce themselves from their perceptions of known personalities. The table below sets out simplified responses from the perspectives of the different categories of respondents. A discussion of stated reasons for these perceptions will follow:

**Table 1**

**Perceived Credibility of Drug and Alcohol Workers**

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Some (%)</th>
<th>Don't Know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(no. of respondents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superintendents (12 res)</td>
<td>50</td>
<td>8</td>
<td>34</td>
<td>8</td>
</tr>
<tr>
<td>Wing Officers (40 res)</td>
<td>20</td>
<td>45</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Welfare Workers (9 res)</td>
<td>22</td>
<td>0</td>
<td>22</td>
<td>56</td>
</tr>
<tr>
<td>Education Officers (12 res)</td>
<td>42</td>
<td>8</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>Psychologists (12 res)</td>
<td>8</td>
<td>8</td>
<td>76</td>
<td>8</td>
</tr>
<tr>
<td>Totals (75 res)</td>
<td>28</td>
<td>14</td>
<td>36</td>
<td>22</td>
</tr>
</tbody>
</table>

N.B. Numbers of responses are converted to percentages. Percentages rounded off to total one hundred.

The high percentage of 'some' responses shows that many respondents were not able or prepared to generalise. Several of the 'don't know' responses also
derived from this. Most 'don't know' responses came from respondents who professed to know too little about the programme to answer, yet others came from people who were expressing hostility towards workers but who were reluctant to express an outright 'no'.
2.3 Factors Affecting Credibility

A sifting through of the rumours, old wives tales and sometimes befuddled language provided insight into the various reasons for Drug and Alcohol Workers' lack of credibility. Some respondents took an almost fiendish delight in relating rumours - hardly surprising, given the nature of Corrective Services' operation where suspicion and tales play a prominent part.

(i) Security Issues

A frequently stated reason for Drug and Alcohol Workers' lack of credibility was the existence of rumours relating to workers having been involved in relationships with inmates and having brought drugs into the gaol. These stories were not only related by custodial staff from the perspective of security and order, but by at least one respondent from all other categories - Welfare Officers, Education Officers, Psychologists and Superintendents. Yet, as the newly appointed Deputy Director General of the Service confirmed in an interview, these sorts of things occur with custodial staff also. But, as another interviewee in Head Office stated, although such activities can occur across the board, the ramifications for non-uniform staff are greater:

A problem non-uniform staff across the board face - if one of them is caught in a compromising situation (that is, anything from bringing an illicit thing into the gaol to actually trafficking in substances, to being involved in sexual favours) - if any non-uniform person is caught in that situation, suspicion is then cast upon everyone out of uniform. Just as much of that sort of activity is found amongst uniformed staff but the culture and climate of the place will have that played down.

Emotional involvement, then, is a danger faced by all members of staff and not only confined to Drug and Alcohol Workers. Several Wing Officers pointed out that they too have to guard against this:

No matter how cool you are, you can't help getting emotionally involved with certain prisoners.
Sometimes I think these fellows are very human and I can see how you'd get caught up in some sort of human involvement with them. Even we wing officers get conned in that way.

Drug and Alcohol Workers, however, given the intimacy and dynamics that certain aspects of their work give rise to, perhaps face greater danger of involvements or relationships than other groups. Another interviewee at Head Office called for the overt recognition and the facing of this problem:

There is a need for training in and talking about the problem of attractions between the worker and someone in the group. There needs to be talk about the normalcy of it, rather than talk of it as a personal problem. People are working on emotive issues and other persuading factors.

Tangential to the stories of the few past Drug and Alcohol Workers being caught in such 'compromising situations', were the stories of other security breaches such as the bringing into gaols of knives for cooking, or the relaying of confidences relating to gaol operation or staff to inmates. These breaches were considered far more scandalous by uniform staff (Wing Officers and Superintendents) than they were by non-uniform staff. Generally civilian staff, although mentioning these kinds of incidents, tended to dismiss them as due to inexperience or thoughtlessness or at least as understandable.

How frequently these sorts of breaches may have taken place and how many knives have actually been brought into how many gaols by how many Drug and Alcohol Workers (or whether in fact they were Drug and Alcohol Workers or sessional workers) was impossible to gauge. Similar tales were told one or more times at most gaols in varying degrees of embellishment and have clearly affected the Workers' credibility severely. But whether incident or incidents, the fact remains that such breaches were regarded seriously by Superintendents and custodial staff and, from their perspectives, with good reason.

Superintendents were more prepared than other custodial staff to express confidence that the workers, once security was explained, would not reoffend. Some Wing Officers, however, stated that they believed such actions to be deliberate and continuing breaches of security. But whether these specific incidents were perceived as thoughtless or deliberate, fear was expressed by some respondents in both groups that other
unwitting breaches of security could occur. Several stated that "Drug and Alcohol Workers just won't listen to warnings".

:Several Wing Officers were very honest in admitting that, although they were couching their complaints in terms of security issues, there was another underlying factor to their feelings of antipathy towards Drug and Alcohol Workers and civilian staff in general. This related to feelings that their own positions and authority were being threatened:

Drug and Alcohol Workers think they are so above us and treat us like the inmates should be treated. They talk down to us especially when they want to get through a gate. But we can put them in place and say that we officers have to be aware of security.

Professional staff can be threatening to the influence of the officers - like the authorities will take more notice of their reports than they do ours.

We as officers have got no power and authority. We feel we are losing power and authority with these programmes put on by do-gooders for the baddies.

We prison officers have a fear that there are far too many academics being introduced into the system, for example, a music teacher, school teacher, welfare officer, psychologist, drug and alcohol workers. Prison officers feel threatened.

Drug and Alcohol Workers are straight out of University and they think you are dickheads because you have not been to university. But we're needed in the system because we know a lot about life and that tends to get overlooked. The professionals consider we are like factory labour but we consider we are professionals too in what we do. There is a lot of expertise amongst the officers but we lose this expertise to the civilians that are coming into the institutions.

Some of custodial staff's perceptions of Drug and Alcohol Workers and the associated security risk must also be considered in the light of the workers' popularity and rapport with many of the inmates. This popularity was confirmed by remarks made about the workers by inmates participating in the programme:

You know that they are on your side. / You can trust them. / They're the only ones around here with any humanity. / It's good to have somebody here that you can relate to.
Several inmates and custodial staff made the perceptive observation that the Drug and Alcohol Workers' popularity with inmates depended, in part, on the dichotomy between workers and custodial staff being maintained.

(ii) Problems Arising from the Initial Implementation of the Programme

A further group of factors affecting Drug and Alcohol Workers' credibility seems to have arisen from the way in which the programme was initially implemented. As several civilian staff stated:

The way the programme was thrown in at the beginning gave Drug and Alcohol Workers low credibility.

There were so many problems with the early handling of the programme that the Workers have had to wear the burden of that ever since.

Given the speed that was required by the Federal Government to spend the money in setting up the programme in the gaols, management at Corrective Services has been perceived as blundering ahead without firmly established objectives and with vague and confusing criteria for employing workers. As one respondent at Head Office explained:

From the implementation point of view it has been quite a nightmare. That would be a charitable way of putting it. The way it was brought in - it was really thrust upon us. Senior management said get into it and blow the top off it. The Commissioner of the time who was responsible for it, moved in quickly without any planning or development - no needs analysis. He just wanted to get in and spend the money. I think because of these political pressures - the Government wanting to spent the money and the Federal Government wanting it to get going - that the programme got off the ground without any conceptual basis to it. At the institutional level there was no real thinking about how it would work. It created enormous industrial problems in the Programmes Division with conflict between Education and the Co-Ordinator for Drug and Alcohol.

Stories about the conflicts between the Education Programme and the Drug and Alcohol Programme were related from both perspectives. Although it was generally perceived that time has resolved differences, ramifications were seen as still lingering:

I was told at that time not to speak to the Drug and Alcohol Worker by the co-ordinator. I was told quite specifically. So I don't, even now. I was told never
to speak to the Drug and Alcohol Worker - that it was not my role - so my attempts at reconciliation went awry.

Drug and Alcohol Workers are people who resist or who were told to resist any interactive working either with the Psychologist or the Education Officer.

This Drug and Alcohol Worker that I'm talking about would never be open with Education and Psychology about what they were doing.

These and other stories demonstrate that a political culture has resulted in which workers from the different programmes perceive aloofness or secrecy on the part of some Drug and Alcohol Workers. This could be interpreted in terms of a well-known theory that specialists do tend to mystify, complexify or otherwise becloud discourse in a way that provides a protective shield for their underlying interests. At any rate, this was the sort of interpretation given by several respondents from amongst other civilian staff:

Because Drug and Alcohol Workers are uncertain and insecure they want to build little power bases around themselves and not let anybody near them or let anybody touch them. Not let anybody know what they are doing. I have been asking the Drug and Alcohol Worker for ages about their work and I don't get any information. What I am told is always very superficial.

I feel that they build these personal little empires around themselves to make themselves feel good.

By the same token, several respondents, particularly from the Education Officer category, also accused Drug and Alcohol Workers as encroaching on others' territories. These accusations could be interpreted within the terms of a counter explanation: that an established group may accuse an expansionist group of encroachment, secrecy or incompetence as a defensive reaction. The perceived lack of communication on the part of Drug and Alcohol Workers is discussed further below (see 2.6 Discussion of Drug and Alcohol Workers).

(iii) Employment Criteria

Another factor affecting some people's perceptions of Drug and Alcohol Workers' credibility related to employment criteria. Initially, rumour has it, people were employed as Drug and Alcohol Workers through a 'friends of friends' system. Although this practice was perceived as a thing of the past, credibility has been difficult
to recover and some suspicion still exists that this is the method used for employing sessional workers:

For example, a new psychologist comes into an institution and that person is credible and believed competent until proved otherwise. With a Drug and Alcohol Worker who, in the past, came in through contacts in the back door and you don't know what they are doing, you take it that they are incompetent until they prove they are competent. They are really struggling from the word go.

They employ their workers on a friends to friends basis.

The group of respondents to most query criteria for employment was that of the Psychologists. Some of these perceived the Drug and Alcohol Worker as being employed primarily as counsellors, that is, in an area enveloped by their discipline. But whilst they, on the one hand, require a four year university honours degree to obtain their jobs, a Drug and Alcohol Worker, on the other hand, need not have any tertiary qualification. Some resentment emerged about the different salary scales: an 'unqualified' Drug and Alcohol Worker can be paid at a higher rate than a 'qualified' Psychologist:

There is probably some resentment on the part of Psychology towards Drug and Alcohol - if you have an honours degree in psychology and work in here and you are getting less wages there is a tendency towards resentment. I don't begrudge them the money, the thing I begrudge is that I wish they were more credentialed.

Drug and Alcohol Workers get good pay and so they should have the credibility that is required of the job.

The issue of qualifications and criteria for employment was usually couched in terms of confusion, not only by Psychologists but by other civilian staff, for example:

A lot of Drug and Alcohol Workers tend not to have an academic background but instead experience. I don't understand why that is - why it is they don't have a more structured background. There should be a background in psychology or something that is going to give them more than just trying to pick out models and patterns through experiences. I know you can do it that way but I don't think it is necessarily the best way. There should be encouragement for part-time study in that area for people who don't have the qualifications already. (Psychologist)

I am confused about the professional qualifications they are supposed to have. I don't really know. They can come from any background it seems. I am confused about their selection criteria and how much expertise they have. In some cases
the background is not one where they would have acquired the necessary skills. (Psychologist)

I am totally confused about the criteria for their employment. It seems they don't need to be qualified professionals, yet they do need to be counsellors. (Welfare Officer)

Two respondents from different groups told the following stories:

I am still confused about what a Drug and Alcohol Worker is supposed to be. ... I remember a few years ago [Head Office] asked me if I wanted to become the Drug and Alcohol Worker and I said I don't know anything about it and they said that doesn't matter. So it seems that this particular discipline in the department can be saturated with any kind of person doing the work. It makes you think that there are some very unprofessional people working in it.

[Head Office] did say to me that they did not want to hire people with qualifications.

The perceived practice of employing people without formal qualifications was spoken about by respondents from all groups. Some considered it a bad practice, perceiving it as contributing to a lack of credibility:

If you have a situation where people are just coming in and learning on the job, it is going to be a matter of them talking to the guys - that will be just like having any person from the street coming in and I don't know whether that is going to be effective. I don't think it is a good idea having people take the job and then learning about it whilst on the job. (Psychologist)

They should be professional but they're not always. The D&A Worker who says "I am learning on the job all the time" makes us feel they are not competent, at least they do not have credibility. (Wing Officer)

The Drug and Alcohol Worker here does not have any qualifications. [They] said [they] were learning from us. This really makes us doubt [they] know what they are doing. (Inmate)

The opposite was expressed by another inmate:

The difference between the Psychologist and the Drug and Alcohol Worker - the Psychologist counsels out of the books so the Drug and Alcohol Worker is more valuable. The best qualification is to have been there, to have had a drug and alcohol problem themselves.
The practice of employing people as Drug and Alcohol Workers from other areas in the system tended to disturb respondents across all categories. How, they asked, could these workers have credibility in the area of drug and alcohol when they had been employed in a completely different role?

Just having had experience in working in the gaol is not enough, they have to be seen as having drug and alcohol qualifications or experience. (Welfare Officer)

One of them I know was a ... here and all of a sudden [they] became a Drug and Alcohol Worker. Imagine, [they] used to do .... and then became a Drug and Alcohol Worker. (Wing Officer)

How do we really know we can have confidence in [them] knowing what [they] are on about, when one day [they] were employed as .... and the next day [they] come in as Drug and Alcohol specialist? (Inmate)

It was not uncommon to encounter reservations relating to the Workers’ competence or experience in the actual drug and alcohol area. These reservations were expressed most vocally by respondents who claimed or were recognised as having some experience in the area, but who were not employed on the programme:

A lot of Drug and Alcohol Workers come in here and they don’t know anything about drug and alcohol addiction. They may be good counsellors but not good at drug and alcohol. I got feedback from the boys that [a certain Drug and Alcohol Worker] knows nothing about drug and alcohol issues.

I have found people working as Drug and Alcohol Workers without any knowledge of drug and alcohol issues, it has been terrible.

In some cases their lack of credibility has been about the way they have talked about drug and alcohol - what they have said and how they have said it.

These respondents also suggested that it was vital that Drug and Alcohol Workers be thoroughly steeped in the ‘realities’ of the whole drug and alcohol area, that personal philosophies and working from a model was not enough. Yet again concern was expressed that some Workers do not comprehend the inmates’ world of experience. This concern related not only to the ‘realities’ of the drug and alcohol experience, but also to the socio-economic background of many of the inmates.
2.4 The Ideal Drug and Alcohol Worker?

The preceding discussion has shown that the Drug and Alcohol Worker's credibility is paramount for the successful operation of the programme. Three issues emerged as the most prominent in contributing to lack of credibility: security breaches, problems arising from the initial implementation of the programme and confusion about workers' qualifications or experience. The importance ascribed to these three issues varied across the different subcultures and was enmeshed with their different frames of reference and interests. For example, Wing Officers and Superintendents proved the most ready to see security breaches as damaging to Drug and Alcohol Workers' credibility; Education Officers, harkening back to the early history of the programme, proved the most ready to accuse Drug and Alcohol Workers of hiding behind a shield of aloofness and secrecy; and formally qualified Psychologists were the most ready to perceive the lack of need for formal qualifications as damaging to the workers' credibility.

The majority of respondents had perceptions of an Ideal Drug and Alcohol Worker for a gaol environment. These ideals were usually couched in terms of 'what the worker needs to be/have' and less frequently in terms of 'what the worker doesn't need to be/have'.

'Credibility' was the most named ideal: this was nominated by people across the board and variously tied to the three issues already discussed above. Other ideals fell into the following clusters (the numbers in brackets refer to the number of respondents, respondents frequently named more than one ideal):

(i) Need to be/have:

* experience in working/ability to work in a prison (21)
* practical experience in the drug and alcohol area (20)
* thorough grounding in drug and alcohol issues/resources (15)
* ex-addicts/alcoholics (5)
* professional qualifications (20)
* life experience (15)
*multitude of semi-skills (12) 
*therapeutic/counselling skills (15) 
*communication skills (16) 
*co-ordination: skills (10) 
*defined approaches (12) 
*empathy (7) 
*open to ideas (6) 
*level-headed and practical (8) 
*flexibility (re working hours) (3) 

(ii) **Doesn't need to be/have**

*professional qualifications (8) 
*strictly labelled (4) 
*ex-addict/alcoholic (5)

The criterion 'experience in working/ability to work in a prison' derived from concerns about security and understanding prison environment. Although this was expressed across the board, the majority to nominate it came from Wing Officer and Superintendent categories. Ten respondents from these two categories and three respondents from Head Office stated that prison officers should be considered for Drug and Alcohol Worker positions.

Although twenty respondents said they felt some form of professional qualification was necessary, others were adamant that life experience was a far more important criterion. Support for life experience rather than formal qualifications was most frequently expressed by Superintendents. The ideal, many respondents said, would be a combination of the two but this was not always possible to find.

Several respondents, particularly Superintendents, were in agreement that the best Drug and Alcohol Workers were the ones who had experienced addiction themselves but that this could present "practical and operational difficulties with matters like security clearances".
An interviewee from Head Office clarified the Department's criteria for employment:

We need to perceive Drug and Alcohol Workers in the broadest possible way. I would resist strongly seeing them as people who are only trained in education skills, psychology skills or welfare skills. I can throw up two highly successful Drug and Alcohol Workers - one who may have no qualifications at all and one who may have high academic qualifications, but both are successful, both understand human nature and experience. I think the whole area of working in the Drug and Alcohol field is so open - in the whole community - to criticisms and differing interpretations because quite obviously no-one knows what works. So to go wholesale on a completely medical, psychological, educative approach is a great mistake. We can't bottle the skills that make a good Drug and Alcohol Worker.
2.5 Perspectives of Drug and Alcohol Workers

Drug and Alcohol Workers generally demonstrated a realistic perception of what the other categories felt or would say about them or the programme.

Most felt that their rapport and interaction with inmates involved in their programme was excellent. This was borne out by comments made by a great number of inmates encountered at group-work sessions.

Most also stated that certain members of the custodial staff perceived them as 'do-gooders', 'security risks' or 'crim lovers'. All perceived some antipathy and obstruction on the part of custodial, but attributed this to differing cultural perspectives. Most stated that if they made the effort to cultivate communication, attitudes towards them and the programme did change. The majority of workers stated that certain officers had become extremely helpful and friendly "once they got to know you". Others spoke in general terms of good relationships with custodial staff in their own gaols. This perception was not always borne out by comments made by randomly selected custodial staff.

Despite the criticisms made by certain civilian staff members, very few workers stated that they perceived any overt antagonism from this direction. One did say that conflicts or clashes were successfully avoided by "keeping out of their way". Two workers particularly stressed cooperation on the part of "the rest of the team" - these cases were confirmed by the civilian staff in these workers' gaols.

Most workers, however, spoke about the difficulties they were facing or had faced in establishing credibility and in "picking up a programme which had fallen down", and most of them expressed feelings of isolation and lack of recognition or cooperation on the part of workers on other programmes. When little or no team work was spoken of, it was attributed either to lack of time, the 'physical isolation of their places of work, 'personality differences' or the 'system".'
The 'system' was seen by some as preventing Drug and Alcohol Workers being recognised or having credibility. As one worker put it:

> I see us as being an extremely valuable part of the prison system who are not acknowledged. When it comes to the daily and weekly running of the institution you are not counted. I have to fight to be heard. We don't have a voice on P.R.C's and Reception Committees. The Education Officer passes on that information to me and I find that very frustrating and I see it so limiting as far as the Drug and Alcohol programme goes. Occasionally I am invited to attend a P.R.C. for my opinion on a certain inmate, but I am not allowed to vote.

The area to cause the greatest concern to the workers, however, was that of Head Office. There they perceived lack of cooperation, lack of support, conflicting messages and overt and implied criticism.

Lack of cooperation and support tended to be mostly exemplified by their complaints relating to their initial employment. This tended to come from relatively recent employees rather than those few who had been employed in the programme since its inception. Workers talked about lack of adequate job description and little or no job orientation:

> I had a lot of problems when I started here. There was no duty statement when I first started. I found one after a while in a filing cabinet. When I first started I didn't even know I had to do monthly reports. I found that out at a conference some time later. I was never shown any paper work. I was never explained what people's roles were. I still don't know with some. I experienced confusion at first about the role of different custodial staff. Who is in charge of what. What your limitations are on your own job.

The first two or three months I floundered. There was a lack of job orientation, a lack of direction, no knowledge about what gaol is like. An understanding of drug and alcohol issues is not enough - there must be some orientation.... In the first place I was not even told that there was a classification form - after some months I happened to see one being used by a Drug and Alcohol Worker at another gaol. When I started the previous Drug and Alcohol Worker spent a couple of days with me which was good but you spend so much time learning to do the bureaucratic things that is not the time to understand drug and alcohol issues in gaols.

Orientation, the induction should be a lot stronger, a lot more comprehensive. Last week for the first time in all the time I've been here I was given a copy of what the programme is - i.e. the departmental programme. There was no orientation - I spent two days at Head Office going through the library to find information. They make me feel like a bag of potatoes. No-one had any time to run through anything with me. The only support you get from Head Office is
they give you five minutes making sweeping statements which have no basis. They sound fine, but they're just unreal to try to implement.

There was no satisfactory job orientation, no satisfactory job description - this caused administrative problems - not knowing what procedures were when you needed somebody or something. An orientation program should be a prerequisite for running an effective program. We are given guidelines, by this I mean this is a core sort of program. There should be some objective communication.

None of my duties or objectives were specified to me in enough detail when I came here. I got no support from Head Office - that made me think it was me. I don't think I can continue putting the energy into it.

When I first came here I was informed of certain things verbally and then these things were contradicted. I had nothing put in writing for me. Maybe that was a communication breakdown at the beginning.

There was no real job description when I started here. I was told one thing at the beginning by Head Office and then told something else by Head Office. I was not given any job orientation whatsoever. Nothing was explained. No paperwork was needed was explained. There was nothing here.

I have never been given any instructions. I have never been told what to do. I have never received a duties statement. I would have liked to have known more or what was expected of me. I was not sure what I was responsible for. Different people would tell me to do this or not do this. I was never sure what I was meant to do, what my guidelines were, what a Drug and Alcohol Worker was supposed to do. I do remember asking Head Office for guidelines and then I would also ring and say I have this particular query or inquiry - what am I meant to do in this instance and I was still often not given comprehensive answers - I was told things like, "don't worry about that because it is not your role". I must admit, compared with any other job I've ever had, the directions I have been given for this one have been the most vague.

Several of the workers talked about their feelings of inadequacy, confusion and insecurity engendered by overt and latent criticisms from Head Office:

Everything you do you get the feeling is being criticised. When you ask questions, they make you feel like a fool.

Everything I do I feel is wrong. I am feeling paranoid - feeling isolated - a feeling of always coming up against criticisms and barriers from Head Office.

You feel that with Head Office they are setting you up to shoot you down.

If only sometimes there was a pat on the head or approval for something you feel you've done well. But no, the only communication there is, is when you are being criticised.
I think over fifty per cent of my energy is consumed by such issues as what is the next criticism coming from Head Office - do I have to be careful here, do I have to be careful there?

From the point of view of most Drug and Alcohol Workers, then, morale is extremely low. Interestingly, feelings of anger, frustration and bitterness were directed at Head Office, rather than at the Superintendents who are directly responsible for the functioning of the programme in their gaols. In the eyes of the Drug and Alcohol Workers, the onus rests entirely on Head Office.

From the point of view of Head Office, Drug and Alcohol Workers should direct local and functional problems to their Superintendents. Orientation to the gaol is considered by Head Office as a functional responsibility of Superintendents. For Head Office's part, it sees itself as performing organisational and political responsibilities.

Head Office, then, sees its position as divorced from the day to day administration of the programme. But, as part of its political responsibility, it performs the role of accounting for the programme and thus demands what it sees as necessary paperwork from the workers. The late or non-submission of paperwork was a problem complained about by Head Office personnel. From the viewpoint of some Drug and Alcohol Workers paperwork generally was described as 'time consuming', 'bureaucratic', a 'headache' or 'irrelevant' and was seen as taking precious time away from their perceived main focus: assisting the inmate.

The paperwork to come under the most criticism was the Programme Attendance Sheets. Here the inmates' names, attendance at sessions, ages, 'ratings', and progress comments are called for. Several Drug and Alcohol Workers stated that the 'ratings' requirement was an impossible one:

It is impossible to rate an inmate's progress in terms of simple numbers. So many other factors have to come into consideration.

The number rating system is the greatest headache - you can't just rate an inmate on a scale of zero to four.
2.6 Discussion of Drug and Alcohol Workers

Some of the negative perceptions of Drug and Alcohol Workers can be attributed to the way in which the programme was first implemented. This highlights the problems with Federal Government special grants for projects. As is often the case, the Drug and Alcohol Programme was introduced without guaranteed continued funding and without proper time allowance for research and planning. This led to the inevitable consequence that a great deal of money was seen to be 'wasted' in the process and some unsuitable workers were appointed in the initial stages. Although this is a political and accounting problem, it has had ramifications for both the programme and its present workers.

Drug and Alcohol Workers are clearly operating in isolation - from other programmes, from Head Office and geographically from each other. There is no doubt that there is a lack of communication and interaction with other groups in the organisation. Many Drug and Alcohol Workers perceive this isolation as imposed upon them, but many respondents from other groups perceive it as a self-imposed alienation. Part of this may be due, as some suggest, to the nature of the 'system'. As already mentioned, it is also well known that established groups will often, as a defensive reaction, accuse an expansionist group of secrecy. It may equally be interpreted in terms of the explanation that 'specialist' groups will often be secretive or hide behind befuddled language to protect identity or territory. 'Evidence' emerging throughout the course of the evaluation suggests some 'truth' in all these explanations.

But the Drug and Alcohol Workers are, for the most part, inexperienced in working in gaols. Gaols are alien institutions totally divorced from anything in the neophytes' previous experience. Without any induction programme into the gaol it is very likely that they have felt, or feel, vulnerable in the light of their ignorance of gaol culture and the taken-for-granted knowledges or understandings about the way things are perceived and done. A Drug and Alcohol Worker is one new person within an institution of so many, and a person in a new work environment is always vulnerable, let alone one so alien. All accounts suggest that little has been done, or is done, to seek the new worker out and make him or her feel at ease. This feeling of ignorance and vulnerability - and the
associated inability to deal with it - is likely to have made them isolationist, causing them to withdraw into something that approximates 'a state of siege' without acknowledgement of what they are doing either to themselves or to others. The lack of relationship and interaction with colleagues could probably, in part, contribute to their attempts to develop close interaction and rapport with inmates.

Drug and Alcohol Workers need to recognise that they are part of a whole organisation and that their programme is not an isolated unit in itself and cannot operate as a separate and discrete entity. There is a need to recognise that all other staff in the organisation are colleagues and that they are one functional part of the whole organisation and, as part, are supposedly contributing to organisational goals. By isolating themselves and not forging links and interaction with other parts of the organisation, they are working against the interests of the programme. At the same time, it is important to acknowledge that there are in fact differences in perspectives and interests between them and certain other staff.

In order to alleviate some of the problems encountered by workers in their initial stages of employment, it is recommended that a comprehensive orientation handbook be prepared. This should contain information on departmental policy; the programme's objectives, philosophy and strategy; workers' duties; functions and responsibilities of other staff members within the organisation and lines of command; and copies of all departmental forms with comprehensive instructions on how, when and the occasions on which they are to be completed.

In order to improve understanding between members of the different subcultures, consideration must be given to a restructuring of the programme so that Drug and Alcohol Workers work in close cooperation with other staff on common goals. Suggestions as to how this might be achieved will be made in a later discussion (below, 3.7, Discussion of Programme Evaluation).

The analysis has demonstrated that Drug and Alcohol Workers' credibility is not always ideal. Credibility is one of the most important contributors to the successful operation of the programme: lack of credibility could break it. Perceived lack of
credibility has been shown to be the result of several factors, most of which might appear to the individual workers to be beyond their control.

One factor affecting the workers' credibility is a legacy of past mistakes on the part of earlier workers - security breaches, relationships with inmates etc. Clearly steps must be taken towards restoring or initiating Drug and Alcohol Workers' credibility in, and attention to, the area of security.

It is necessary that overt recognition be given to the normality of the problem of attractions developing between worker and inmate. This should be thoroughly addressed in in-service courses at or before the commencement of employment at the gaol. In addition, Drug and Alcohol Workers should be required to undergo the same thorough and rigorous training in areas of security to which custodial staff are subjected. Negotiations should be made for all prospective workers to attend Officers' Training Courses for the length of time considered worthwhile and productive for any officer of the Department.

With regard to Drug and Alcohol Workers' relationship with custodial staff, management should consider how to influence career paths so that suitable members of the custodial staff may learn the Drug and Alcohol Programme perspectives by becoming Drug and Alcohol Workers, thus serving as linking pins between the two groups.

Confusion exists regarding the employment criteria for Drug and Alcohol Workers. Although a good knowledge of the drug and alcohol area and life experience is generally considered adequate and even more desirable than a worker with formal academic qualifications in one area, a great deal of concern is expressed that a Drug and Alcohol Worker's credibility is damaged by the absence of formal qualifications. There is also concern expressed that many of the Drug and Alcohol Workers' understanding of both drug and alcohol issues and the addict is not adequate enough. If Workers were required to:

* complete a period of time working amongst drug and alcohol affected people in places such as the Mackinnon Unit, William Booth, 'Ward Four Mosman Community Hospital, or Wistarla House in Cumberland Hospital;
*attend meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon and Nar-Anon; and

*enrol part-time in the new T.A.F.E. Drug and Alcohol course in order to obtain formal qualifications in the area;

it would not only be useful to their jobs but enhance their credibility as Drug and Alcohol Workers throughout the system.

It is likely that there will always be some on-going discontent and hostility towards Drug and Alcohol Workers from Psychologists so long as the situation exists where the former is seen as having no formal qualifications whilst the latter, being paid at a lower scale, customarily completes a four-year honours degree. The evaluation acknowledges that this issue falls into the complicated area of awards and industrial agreements, but at the same time must recognise it as a problem likely - and justifiably - to cause hostility from Psychologists. Somehow or other this has to be addressed. Without some solution Drug and Alcohol Workers may not gain respect and cooperation from Psychologists. The fact that Drug and Alcohol Workers appear to Psychologists to be working within a pseudo-psychologistic framework is going to exacerbate relations between the two groups.

The psychologistic framework which concentrates on the individual could be considered inappropriate for a Drug and Alcohol Programme in the gaol context. Perhaps more relevant to the holistic approach adopted by the programme would be the development of a sociological awareness and perspective which would encourage workers to see inmates within wider socio-economic terms rather than seeing them as individuals 'who can make it'. It is thus recommended that some sort of in-service course be established which will orient workers towards a sociological perspective rather than an individual-oriented psychologistic one. Such a perspective would complement, but not encroach upon, the approach of Psychology.

Finally and tangentially to the above, questions should be asked about what Drug and Alcohol Workers are supposed to be: whether counsellors, assessors, co-ordinators, organisers or a combination of all. Confusion about the necessary
qualifications for the Drug and Alcohol Worker will persist so long as the role of the Worker remains undefined. The following chapter will show that roles are somewhat inconsistent.
3. EVALUATION OF PROGRAMME

This chapter will examine the 'process' of the programme. The analysis will not adopt a mechanistic approach, rather it will attempt, again through an analysis of the perspectives of the different groups of respondents, to isolate problem areas relating to the activities of the actual programme. It will ask questions relating to the programme plan and its implementation, whether deviations from the plan have occurred and why, and whether the programme plan should be modified or expanded. Finally, outcomes or results and side effects will be considered and discussed.

Different philosophies and differences of opinion exist in the community about the way in which drug and alcohol programmes should be handled. An evaluation of these differences led to the adoption by Corrective Services of the programme which is currently in existence (see discussion in Document 1, Evaluability Assessment of Drug and Alcohol Programs for Prisoners in New South Wales, pp.2-3).

The Department's Drug and Alcohol Programme is designed to re-orient prisoners' lifestyles away from drugs and the approach adopted is a holistic one (Document 1). Programme's Division has thus drawn up a comprehensive framework towards this end (Document 2, Department of Corrective Services, Drug Offensive Framework, Drug and Alcohol). Drug and Alcohol Workers in the gaols operate within this framework in accordance with duty statements detailed in Document 3 (see Appendix 1). The following sets out the areas which are the focus of the Drug and Alcohol Workers in the gaols (from Document 2):
Table 2

**DRUG AND ALCOHOL FRAMEWORK**

*Prevention/Reduction In Demand*

<table>
<thead>
<tr>
<th>Approaches/Intervention</th>
<th>Strategies</th>
<th>Programmes</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>Review situation of person as a whole. Skills for taking responsibility.</td>
<td>Group and/or individual personal development programmes.</td>
<td>Counselling, group-work, role play, lifestyle, self-improvement, communications, stress management, etc.</td>
</tr>
</tbody>
</table>

| Educational/Recreational | Provision of skills for living in the community, alternatives (to drug use) and beneficial uses of time. | Educational, vocational and recreational programmes | Courses in daily living and life skills, employment skills, fitness, sport, craft or hobby skills. |

*Health Maintenance/Healthy Lifestyle*

<table>
<thead>
<tr>
<th>Approaches/Intervention</th>
<th>Strategies</th>
<th>Programmes</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>Provision of skills for taking responsibility for own health maintenance.</td>
<td>Group and/or individual healthy lifestyle programmes.</td>
<td>Lifestyle, self improvement, fitness, etc.</td>
</tr>
</tbody>
</table>

| Educational/Recreational | Provision of knowledge and skills | Educational, recreational and/or occupational health and safety programmes. | AIDS prevention programme. |


| Educational/Recreational | Provision of knowledge and skills | Educational, recreational and/or occupational health and safety programmes. | AIDS prevention programme. |

|                       |                           | -AIDS prevention programme. | AIDS education |
3.1 Programme Implementation

The activities set out in Table 2 above are designed around a holistic approach to the person. Drug and Alcohol Workers are employed in the individual gaols to implement, organise and co-ordinate these activities.

The worker designs and co-ordinates a programme specific to his or her gaol and organises, where need be, specialist workers to attend the gaols for the delivery of sessional courses. In addition to arranging sessional courses, Workers also arrange for representatives from organisations, such as, for example, Alcoholics and Narcotics Anonymous, to hold meetings in most gaols and the Drug and Alcohol Workers themselves frequently conduct group sessions and individual counselling. The proportions of time spent on duties carried out by the workers for the month of February is set out in a table in Appendix 2.

Appendix 3 sets out the activities for the month of February as arranged by Drug and Alcohol Workers and carried out by sessional workers in the gaols where the Drug and Alcohol Programme is in operation. It can be seen that activities vary somewhat from gaol to gaol. Variation was said to be due to several factors:

(i) perceived needs of the different inmate population in each gaol;

(ii) lack of facilities and space in the gaol;

(iii) limitations on funds needed to employ an appropriate number of sessional workers;

(iv) difficulties encountered in engaging sessional workers for specific courses;

(v) time constraints imposed by other activities in the gaols, particularly in work-release gaols.
(vi) superintendents, who are ultimately responsible for the implementation of the programme in their gaols, refusing to allow certain activities;

(vii) difficulties encountered in obtaining security clearances - particularly so with Alcoholics and Narcotics Anonymous due to the 'anonymous' philosophy of the organisations and sometimes to problems with records (particularly with N.A. members).

Some variation can also be attributed to differing philosophies, approaches and different areas of strength on the part of the Drug and Alcohol Workers.

Early literature relating to the programme (Corrective Services Bulletin, November 1986, p.12) described Drug and Alcohol Sub-Committees of the Gaol Management Team where the worker was deemed to have the responsibility of Secretary of the Drug and Alcohol Sub-committee (consisting of Superintendent, Representative of Prison Medical Service, Education Officer, Probation and Parole Officer, Welfare Officer, Drug and Alcohol Worker) and, in this position - under the chair of the Superintendent or his [or her] delegate - be able to:

- plan future activities,
- share ideas with other prison staff,
- evaluate current programmes,
- determine any problem areas that may arise concerning the Drug and Alcohol programme.

It would seem from this (and from the Drug and Alcohol Workers' monthly reports for February which show that, in the majority of cases, meetings of Gaol Management Teams had taken place) that a formal structure of communication between Drug and Alcohol Workers and the rest of the gaol has been set in place. But, as we see throughout this evaluation, very little communication has in fact been taking place. One respondent implied that communication on the part of Drug and Alcohol Workers at Gaol Management meetings was superficial:
At management meetings when a Drug and Alcohol Worker turns up there is a lot of airy fairy talk but nothing practical. I ask and no-one knows what is going on.

This may well be so: the workers have generally been 'found guilty' in the area of communication and cooperation. But, as it has been shown above (see especially 2.5, Perspectives of Drug and Alcohol Workers), it is possible that Drug and Alcohol Workers may know little about 'what is going on'.

Amongst the workers' 'duties' detailed in Document 3 (see Appendix 1) is the task of 'assessment'. Corrective Services Bulletin, November 1986, p.13 describes 'assessment' in the following terms:

9.1 Assessment

A drug and alcohol assessment will consist of the following:

- the completion of a brief questionnaire at reception to establish whether a prisoner has a drug problem and whether he/she is interested in joining the gaol Drug and Alcohol programme;
- Comprehensive assessment only on those prisoners wishing to join the Drug and Alcohol programme.

9.2 Analysis of the Drug and Alcohol Assessment

The analysis of the information collected on the assessment form should be undertaken by the Drug and Alcohol Worker and the prisoner.

(NB reference is made only to drugs. For the issue of drugs versus alcohol see below, 3.2.(iv).)

The workers' February monthly reports show the proportion of referrals made to the programme by Reception Committees (see below, 3.3, Sources of Referral to the Programme). Little reference was, however, made to the assessment function by workers interviewed. Head office, for its part, has not to date required any documentation of assessment. During the course of the evaluation a respondent there stated that an assessment form is at present in the process of being devised.
3.2 Perceptions of the Programme's Strategy

Those responsible for the setting up and implementation of the programme acknowledged their difficulties in adapting community-tried programmes to a gaol environment. For the most part there was little appreciation of this expressed by other respondents, apart from a few isolated comments, for example:

Of all the approaches that have been tried here we can't come up with anything that could be added to what the present Drug and Alcohol Programme does. They have group therapy type of talk sessions, one to one counselling, communications group, get-involved activities, aerobics, video etc., all of which covers a very broad range of types of approaches. This sort of programme is feasible, given the context and the environment.

People's knowledge of the programme’s strategy was generally extremely vague. Of ninety-eight people asked (the question was not asked of Drug and Alcohol Workers and Inmates), only eleven stated they had any notion of what the general approach was. These eleven were made up of a scattering of Superintendents, civilian and Head Office staff. All of the Wing Officers interviewed admitted to either knowing nothing or, in the case of an isolated two, to having only a vague knowledge from what they had observed or been told 'in passing'.

Most respondents blamed their lack of knowledge on lack of communication on the part of either the Drug and Alcohol Workers or Head Office (three respondents felt it was the duty of Head Office to communicate). Everybody - with the exception of three Wing Officers - said they would like to know. The reasons given for wanting to know ranged from personal curiosity (4 respondents) to the majority belief that it would help them in their own work, for example:

It would be a help if I knew because one of the problems we have in education is that people want to do a Drug and Alcohol class - if we knew what the model or general approach was we could explain it. It would allow our assessment of inmates to be more efficient.

I don't know anything about the general approach. No-one has ever given me any indication of the strategy. I would love to know more about it mainly because we have to work in fairly close harmony with D&A because they cover areas that we don't. It is very important to know what they are doing. They may be able to take on areas I am not able to cope with. It could be a very
positive and constructive relationship between the two areas and this has just not occurred.

I would be very keen to know about it. It would help me with my own job. We need a functioning committee of professional staff to inform people on a regular basis of what each other’s programmes are, what they are and where they are heading.

This is one of the things I find difficult to deal with - that there is so little communication - that keeping Drug and Alcohol and Education at loggerheads is being fostered from Head Office. It is as if you are circling each other in the ring - you are very wary of one another. I would like more communication, I would like more involvement. I feel that Drug and Alcohol is after all a programme with the same client group and we should be looking at these people as individuals and we should be working out programmes together with each other for the same individuals.

It would help us and it would help them if we knew what their approach was. Sometimes you get a bloke who really seems to need some help with drug or alcohol problems. If we knew more about the programme we could talk to these blokes about it. Also we get to know these blokes pretty well in here and we'd be a help to the Drug and Alcohol Workers if we could approach them and if we could tell them if we noticed changes in their attitudes or behaviours.

Those who did profess to know something of the programme’s strategy were frequently anxious to point out that they had acquired their knowledge through observation or word of mouth, rather than through any explanations on the part of the Drug and Alcohol Workers:

I know the strategy very well. But only from what I have observed. I have never been told.

I know about the general approach in a casual sort of way. There has been no discussion of anything about it.

I didn't get my knowledge of their approach officially, ... I got my knowledge from observation and I have been told a bit. Drug and Alcohol was under the supervision of education and so I was education officer and had a lot to do with Drug and Alcohol when it was first introduced.

My understanding is they take the whole person approach. That was explained to me early on. I was explained this by someone a couple of years ago when I was at another gaol.

As the large majority of respondents had very little knowledge of the programme’s general approach or its operation, it was very difficult for them to express
opinions - the majority stressed that they could not. Others who did, tended to express criticism although, for the most part, with the admission that they were doing so from only partial knowledge. It could be, then, that these respondents tended to be the 'extremely concerned' and the others, the 'silent majority'.

Criticism about the actual operation and the value of the programme's activities emanated almost exclusively from two groups: Education Officers and Psychologists. (Wing Officers who might have been expected to criticise, did not - that is, apart from aside remarks such as "you'd wonder how doing breathing on a mattress could help these blokes"). Education Officers tended to criticise the programme for 'encroachment' and Psychologists, for the possibly damaging effect of some of its 'therapeutic' activities. Some respondents from both these groups also tended to be dubious about the value of certain activities. It will be seen that the comments made by both these groups reflect their own disciplinary frameworks and professional interests.

(i) Criticisms made by Education Officers

The criticisms from Education Officers frequently related back to the earlier history of conflict with the programme. Conflict was perceived as still continuing in the areas of 'territory' and 'who does what':

In the first stages the Drug and Alcohol Workers were doing a lot of what could be seen as educational rather than therapeutic - on the basis that it was important to give educational skills etc. to develop in a holistic way. I think that approach has created a lot of confusion particularly for Programmes Division because there never has been, from a outsider's viewpoint, a very clear analysis of what Drug and Alcohol is and what Education is because it has been merged into one.

There has been a lot of conflict as to who should be running what. ... There has been conflict when you set up two sets of art classes - for example, MRP had two art classes - one Drug and Alcohol and one Education. They could do better than that.

There seems to be some competition for numbers. There's a fight for the same bodies - I have to keep up numbers in my classes, she has to keep up numbers in her classes. We were going to work out a timetable but it didn't come to anything. That seems to be the thrust of Drug and Alcohol, to get a lot of Drug and Alcohol courses running to get the numbers to prove you have the things happening.
Professionally I have had clashes with Drug and Alcohol because I did not agree with the way part-time sessional workers were employed. For example, we would have people employed for art classes and pay them at a certain rate, and Drug and Alcohol would employ art teachers and call them Drug and Alcohol specialists and pay them higher. Drug and Alcohol and Education art teachers were doing basically the same thing. There are strict guidelines for employing teachers, i.e. TAFE guidelines, and these guidelines should be adhered to.

I have had a terrible clash with a Drug and Alcohol Worker - there is a fear of people taking over other people's areas - it's crazy.

Even when criticism was not being overtly expressed, Education Officers perceived Drug and Alcohol Programme activities as either their domain or not differing from it:

Art therapy, for example, should be under Education because it is education....

From our point of view we see it as part of being an Education programme.

Drug and Alcohol in a lot of cases have funded programmes which I would consider Education programmes - art, video, drama.

Drug and Alcohol crosses the domain of education - it is another avenue of offering a variety of programmes in an institution.

I personally think the Drug and Alcohol programmes are very little different from the education programmes or they perceived the activities as merely 'recreational':

It would probably help if we knew what they were on about. You get that from word of mouth anyway but it would be good to know how it operated. In most instances, anyway, Drug and Alcohol programmes are just glorified recreational programmes if the truth be known.

The Drug and Alcohol portfolio is a fairly wide-ranging life skills thing - I am more into addressing specific drug and alcohol issues type programme. At present in here you can say Drug and Alcohol programmes are recreational whereas I would structure it differently. I just feel that the programme should be a more structured therapeutic thing.
(11) Criticisms made by Psychologists

Psychologists' criticisms related almost exclusively to certain 'therapeutic' activities that had been, or were being, carried out:

It is sometimes not good for the prisoner if there is not a solid background of experience or training - someone inexperienced or immature might do more harm than good. With the powerful methods - psychodrama, technicard slide imagery - these are powerful tools where you can open up doors but that leads to problems afterwards - it can cause harm by exposing inmates to material which they cannot handle.

I have some reservations about some of the activities that go in in Drug and Alcohol - I don't have a great deal to do with it so I don't have any inside knowledge - the techniques I am concerned about are techniques that work on some strong emotional catharsis - this is inappropriate in gaol. There are various others techniques also ...

I don't know what the purpose of regressive type therapies is - for example, rebirthing etc. I have reservations about anything like that, you need a follow up for that sort of thing.

I am happy to see Drug and Alcohol taking some of the grey areas between our two disciplines, but if I saw certain techniques being used here which I considered were dangerous - that have been used in other gaols - for example, rebirthing - that would be another matter.

Psychologists have been critical of the Drug and Alcohol Programme because we hear of somebody doing things like teaching astrology or rebirthing - techniques which are being used which we question ethically. Sometimes they really do go over the top.

These criticisms were frequently tied in to the Psychologists' concern that Drug and Alcohol Workers 'unqualified' or 'untrained' to do their job (see above 2.3.iii). Although the 'therapeutic' activities criticised were carried out by people considered 'specialists' by the Drug and Alcohol Workers (and deemed so by Head Office which is ultimately responsible for engaging them), Psychologists felt that the Drug and Alcohol Workers lacked understanding of the effects of such techniques - an understanding which they, as Psychologists, had acquired through their formal training.
(iii) **Perceived Unmet Needs**

Despite the great majority of respondents admitting to knowing little about the programme's general approach, a considerable number did talk about what they perceived the programme as not adequately fulfilling. Unmet needs were seen primarily in the areas of 'therapeutic', 'practical issues' and 'follow through'.

(a) **'Therapeutic'**

This was encountered almost exclusively amongst civilian staff and superintendents and mostly focused on 'psychological' therapeutic needs rather than 'educational' therapeutic needs:

They should concentrate more on the 'therapeutic' side of dealing with people's problems than they do now.

They need more therapeutic, self support groups. Peer counselling, self-supporting peer counselling. Inmates know their territories and who has gone to this programme and to that programme. They are all very counselling wise. They have all done the routine of the different counselling modes I think. So they become blasé when they meet another Drug and Alcohol Worker.

When more psychologically oriented work was perceived as needed, there tended to be more emphasis put on the need for 'group work' rather than individual counselling. This preference was expressed more by Psychologists:

It is not always good to give people with drug and alcohol problems too much time on one to one therapy, there is a need for them to have social contact. People need to share experiences in a much more concrete way than they do at the moment. At the beginning they should be directed towards the community where everyone is participating and sharing. It is wrong to start with intense one to one encounters. The Drug and Alcohol Workers need to be able to say no sometimes - it takes a lot of strength.

I don't know to what extent 'small group' is utilised here - if they try to see everyone on a one to one basis that would be impossible.

They should be organising groups of people with the same sort of problems. Group work is the most effective way of trying to bring change. They can identify with a common goal and help each other. There is no way a Drug and Alcohol Worker can counsel everyone with a drug and alcohol problem.
Some respondents (particularly Superintendents) also observed that individual counselling was not as cost effective as group work.

A perceived preference for one to one counselling by Drug and Alcohol Workers in favour of group work also came under criticism as either being carried out for the workers' own benefit or as an easy way out:

One to one counselling gives the Drug and Alcohol Worker a feeling of importance.

One to one counselling makes the worker feel powerful and needed.

Individual counselling is probably preferred because it's easier. It's far less exhausting for the worker to have an hour's personal session with one guy than it is to conduct a group.

On the other hand some people - mostly Drug and Alcohol Workers and Inmates - perceived a need for more individual counselling. Various reasons were given for this:

Quite often they will refuse to go to a group because they feel they are unable to open up and communicate. Some inmates have had terrible experiences with others after they have shown their areas of vulnerability in a group situation. There's definitely a need for individual counselling in these cases. (Drug and Alcohol Worker)

The group dynamic simply doesn't suit some people who respond much more to one to one. (Drug and Alcohol Worker)

Some problems are really individual ones and they need to be dealt with in individual counselling. (Drug and Alcohol Worker)

They probably need an extra counsellor. I am aware that as we get new people into the gaol - as soon as I am aware of people, I will ring the Drug and Alcohol Worker to set up an interview. It is necessary that the worker sees people immediately they arrive in the gaol and sometimes [the worker] is overbooked. This indicates that we need more counselling hours than are available. (Education Officer)

When you go along to a group everyone laughs at you if you talk about what your problems are. (Inmate)
You get much further with one to one counselling because you feel you can open up more. (Inmate)

Existing 'therapeutic' programmes were perceived by some respondents as only 'superficially' approaching what they saw as a basic objective of change:

Drug and Alcohol Workers have to get down to nuts and bolts issues - how to change drug addicts.

There needs to be a working towards change - that is what the model indicates. But change itself is such a complex issue as not to be treated superficially - either at a co-ordinating level or in group work. Because change is the focus of the actual philosophy there's a need to have a clear understanding of what change means. Change has a very definite cycle attached to it. That needs to be in everything that is done with inmates and staff and it is not. I guess in relation to change this whole area becomes the clouded area which workers do not understand - they have an interpretation of change in lifestyle, etc.

(b) Practical Issues

The previous comment quoted touches on the issue of some Drug and Alcohol Workers' lack of understanding of practical issues or 'realities' from the perspective of the average inmate (see also 1.7, above). Tangential to this a need was perceived for inmates to understand the 'why' of the programme:

The inmates should have more knowledge about the why of the Drug and Alcohol Programme. More understanding about what it is all about - and for the future to understand what sort of things might come about and to give them knowledge about how to deal with future situations.

I think therapeutic stuff should include behavioural strategies as well. I get the impression that inmates who attend the programme are determined not to use but they have no knowledge of the practical itty-gritty - they just say vaguely they won't use.

Some also saw a need for the programme to focus more on such practical issues as drug and alcohol pharmacology, AIDS, etc.:

There really should be more focusing on the effects of drugs and alcohol and alternative coping mechanisms, but the programme tends to be focused only on lifestyle.

More emphasis needs to be given to the whole area of drug pharmacology, that's very important.
You hardly ever hear anything about the specific AIDS issue in the Drug and Alcohol Programme. That should be one of their focal points.

There should be more emphasis on the practical aspects - AIDS, how to clean needles etc.

All of these practical issues were specified in Document 2 as being part of the Department's Drug Offensive Framework. These issues, as some of the Drug and Alcohol Workers pointed out, are covered in group discussions.

(c) 'Follow through'

The third area of perceived unmet need was what was variously referred to as 'follow through' or 'structure'. This was considered the greatest problem from the inmates' point of view:

There's no follow through with the programmes as you move through the system. You start feeling comfortable with one activity at one gaol and then you're moved on and you find out that the next place has a different programme and you have to start from square one again.

There's no follow through - it's just a band aid measure.

The Government just wants to be seen to be doing something about drugs but as far as the crim is concerned, the benefit is little because there's no real follow through.

We need continuity through the system and then a follow up on the outside. That's probably the worst - when you get outside there's no follow-on programmes.

Respondents from all other categories referred to the need for more structure. This structure was seen as needed within each programme - in the form of 'stages' or 'steps' - as well as 'follow through' across the different gaols:

The programme is too unstructured. We need a special programme here where people can go to a short term and then go on to a middle term.

What is missing is to have these different programmes under the umbrella of one concept - to have something like different stages. A complex and detailed approach is missing. There is thus a need to bring courses together to a one approach to a step by step programme. I would like to see it as part of a more
structured programme on a step by step basis for people to participate in an on­going programme.

There is not a great deal of continuity from one place to another. It is difficult to set up, but desirable.

Drug and Alcohol Workers should get involved in case work co-ordination, a theme that runs through, and the inmates should have a progress chart to be taken with them as they move on. That would be useful for the person and also for classification and for the parole people.

Drug and Alcohol should be tied in consistently, followed through consistently from gaol to gaol.

Different things are happening in different gaols and the individual is left to pick up the bits and forge them together and make a programme for himself.

Although many respondents saw structure and 'follow through' as desirable, others envisaged enormous difficulties in setting up such a system:

It would be difficult to set up because people are moved for different reasons.

Different gaols have different programmes and the Drug and Alcohol co-ordinators have different philosophies.

Activities do vary from gaol to gaol. Reasons for this have been pointed out in 3.1 above. What is consistent, however, is 'group work' - the activity which most inmates who professed to be serious about changing their habits agreed was the most beneficial to them.

(iv) **Drugs versus Alcohol**

Although the programme is called the Drug and Alcohol Programme and is directed at all kinds of addiction, it was most frequently regarded as a drug programme. Most people talked about 'the drug addict', 'drug related offences', etc. to the exclusion of the alcoholic. This was only reversed with the Broken Hill respondent who consistently referred to the programme as the 'Alcohol and Drug Programme'. Broken Hill is, after all, the gaol with the highest proportion of aboriginal offenders.
Several respondents saw difficulties for the programme in that one group should be identified with the other and vice versa:

The problem of druggies being identified as alcoholics and vice versa. The ones that have alcohol problems do not see it as a dangerous drug.

There's a strong differentiation between drug and alcohol problems amongst the prisoners. I think there is a basis for treating them separately too - you have the problem of an individual identifying with a particular sub-group.

You might need different people or sessions to cope with the different types - to cater for the different needs they have. Some alcoholics don't like to be classified as drug users, and the drug users could turn around and say they dumped me in with a lot of drunks, and I'm not a drunk, what have they got to offer me?

A small proportion of respondents saw the heavier emphasis on drug addiction as a shortcoming of the programme. This, some felt, might discourage an alcoholic from attending:

Alcoholics do not regard themselves as drug addicts and think their problems are quite different.

I know that is why certain people in X-Wing don't go to it. They say it is a druggie group and I am not a druggie.

Alcohol was perceived by some of these respondents as a far more dangerous problem and in as great, or greater, need of addressing. These people, who were isolated almost exclusively to the Wing Officer and Inmate categories, were concerned that alcoholism was being neglected:

You have loads of alcoholics and no concentration in the programme on them.

I see there is some difference between the needs of alcoholics and drug addicts. But I'd say that alcohol is the worst of the lot.

Alcohol is just as bad as drugs really. It's probably in fact far worse. But precious little is being done for the alcoholic. The druggies have it all ways - with this programme and with methadone.

I'm an alcoholic and I am in here for an alcohol related crime. The only help I could get would be from an alcoholics meeting but there are none held here in this gaol.
I get my help from the AA woman who comes in here every week and I feel I'm really going ahead. Until I started going to that I didn't realise I had such a problem. There was no point going to the Drug and Alcohol meeting because they wouldn't know what they were talking about with regard to alcohol.

The drug user, especially the heroin or needle drug user, is certainly the focus of the programme. There is little doubt that the alcoholic is being neglected. Apart from Alcoholics Anonymous meetings in some gaols, there seems little else. The strategy of A.A. is, however, abstinence whereas this is not necessarily the strategy of the Drug and Alcohol programme. A respondent from Head Office agreed that there is currently some concern that the programme has not been focusing sufficiently upon alcohol abuse.

(v) Who Uses the Programme?

Inmates' participation in the programme is supposed to be entirely voluntary, and in most gaols is not restricted to inmates who have drug and alcohol problems. In some gaols, inmates who are participating in the Methadone Programme are excluded. People's perceptions of these policies varied. Some people felt that the programme should not be restricted and others were either critical or implied criticism:

I think it should be for anybody who wants to be there - for whatever reason, whether parole or whatever.

It should be open to all. If a person is not an addict when he or she comes into the gaol - there is every chance that they may become one inside. The programme could help to stop this.

It is well known that some people who go to the programmes don't have drug addiction problems. It's loosely structured, that is re requirements for eligibility for attendance.

Some of the Drug and Alcohol funded programmes are not exclusive to drug and alcohol prisoners, they are open to everyone in the gaol, so I feel these sorts of programmes should come under Education. Because if you label them Drug and Alcohol and put them in a Drug and Alcohol Programme a lot of inmates may not wish to go and say these things are for the junkies.

Others said that if a programme was funded for drug and alcohol it should be specifically for the use of those with drug and alcohol problems:
I don't see how going along to a china painting class is going to benefit a drug addict. These are just glorified recreational programmes. Their attendance is not restricted to only addicts but they are open to all.

Anyone can go along to these programmes and so they end up being monopolised by inmates who have had nothing to do with drugs or alcohol. People end up using them just to get good reports for remission.

Why should drug and alcohol funding be used for recreation programmes for anybody to use as a rort?

The previous section has shown that alcoholic inmates may not be deriving as much benefit from the programme as drug addicts. As well as this, a number of people also saw a problem in the Drug and Alcohol Workers' attention being monopolised by a few. This, they perceived, was to the detriment of other needy inmates and the programme as a whole:

I do notice that some Drug and Alcohol Workers, particularly the ones who are inexperienced, will stick to favourite inmates. I do notice this. The inmates go along and they see the same people in there with the worker all the time. OK, they are very committed to people, but this should not be to any particular people. They should be doing their best for as many people as they can. This is where the manipulation goes on - each inmate would like to have as much time as they can talking to someone from the opposite sex, but is it cost effective?

The way it is at the moment, the ones who get the most attention are the more assertive effective manipulative drug-users. The ones that get to the gates and get your attention.

Sometimes some prisoners dominate the groups and the worker - the shy type people are reserved about the heavies attending.

Some inmates had the view that the Drug and Alcohol Worker should be counselling everybody individually and expressed frustration that they could never get proper attention. This frustration can perhaps be interpreted as expressive of an unrealistic expectation of what can be done for them: from their part, as one said, "Drug and Alcohol Workers make promises to see you and then let you down".

It was sometimes felt, particularly by civilian staff, that the programme was not being sufficiently 'marketed'. This should be targetted towards the inmate and towards custodial staff:
They need to get out there and sell it. They need to make a big noise and let people know what they’re on about. They need to get people in and not just sit in an office and wait for ‘patients’ to turn up.

They have to sell the programme to custodial staff. Nothing can be done without their cooperation. So long as they sit around in ‘private practice’ they’re not going to get to the people who need it most.

Head Office should get out here and sell the programme. They and the Workers should be having meetings with the superintendent and people here and thrashing out problems, it needs to make a noise, to let people know what they are on about. This would avoid the sort of political problems and resentments they might be facing.

There’s a need to sell before you can get respect for the programme.
3.3 Sources of Referral to the Programme

Monthly Reports submitted to Head Office by Drug and Alcohol Workers detail percentage figures for the sources of referral to the programme. Figures for the month of February 1989 were as follows:

Table 3

<table>
<thead>
<tr>
<th>Sources of Referral, February 1989</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% )</td>
</tr>
<tr>
<td>Self (Inmate) Cust.</td>
</tr>
<tr>
<td>Welf.</td>
</tr>
<tr>
<td>Psych.</td>
</tr>
<tr>
<td>P.&amp; P.</td>
</tr>
<tr>
<td>Other non-cust.</td>
</tr>
<tr>
<td>Reception C.</td>
</tr>
<tr>
<td>P.R.C.</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Educat.</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Totals</td>
</tr>
</tbody>
</table>

Workers from eight gaols submitted Monthly Reports for February. Reasons for the others' non-submission were supplied by Head Office: as Broken Hill works as 'a one-man show', with the superintendent there performing roles which elsewhere are performed by several civilian staff, 'Sources of Referral' would not apply;
M.T.C. Long Bay was 'between workers'; M.R.P. Long Bay did not have a full-time worker; the worker at Maitland had not yet been appointed. Parramatta appeared not to have submitted.

Figures that are available do nevertheless show that the commonest source of referral to the programme is self (inmate) referral: 39 per cent. These figures are boosted considerably by Parklea and M.R.C. Long Bay (89 and 80 per cent respectively). Probation and Parole and Reception Committee (17 and 12 per cent respectively) are also comparatively high. (Here, however, a problem was encountered in calculating figures precisely: one of the gaols (Mulawa) had submitted a combined figure for Reception Committee and P.R.C.. For present purposes the numbers have been divided equally between each whereas it could well be that numbers go more one way than the other.)

Percentages from the other sources are relatively low. This could be due to several factors, for example:

(a) As the programme is a voluntary one, the majority of participants simply self-refer. The high proportion may be diminishing figures from other sources.

(b) The mode of approach to the service. For example, even if an inmate had been referred from another programme or member of staff, he or she may have approached the Drug and Alcohol Worker directly without that other source acting as intermediary.

(c) Low figures from custodial and other civilian staff may be reflecting the sort of antipathy towards the programme that has emerged during the course of the evaluation, and hence a reluctance to refer inmates to it.

Given the very high number of custodial staff employed in the system compared to civilian staff it is notable that so few referrals have come from them. This could be due to several factors:

- lack of communication between inmate and custodial staff;
- the already discussed cultural antipathy towards the programme could be giving rise to non-cooperation or obstruction;

- particularly: as not all custodial staff are antipathetic, it may partly be due to their lack of knowledge about the programme.

It would be interesting to make comparisons with figures for the early stages of the programme. Any decreases in particular areas might demonstrate growing antipathy or vice versa. Early figures are not available, however, as files of old monthly reports 'went missing'.
3.4 Outcomes/Results

Everybody agreed that it was extremely difficult to measure the outcomes and results of a programme such as Drug and Alcohol in the absence of follow up on the inmates after release. As one Wing Officer perceptively said:

You could never say it had been successful until you knew a person never took drugs or committed another crime until the day he died.

Some Wing Officers were very ready to condemn the programme as a complete failure either because they encountered the same inmates returning to gaol or because of reports of 'dirty urine':

We see the same faces back in here all the time - the programme is a waste of money.

They have urine samples with drugs in the urine - they go onto these programmes for remission and get the best of both worlds.

Other Wing Officers were, on the other hand, prepared to challenge their colleagues' criteria for condemnation:

Just because some blokes keep returning, that doesn't mean that there aren't others out there who are staying straight as a result of the programme.

Many respondents' perceptions of 'success' or 'failure' were informed by an identical criterion: the number of inmates the programme assisted. The programme was perceived a 'success' by some "if it justs turns two in a hundred away from drugs and crime", and a 'failure' by others "if it can only turn two in a hundred away from drugs and crime".

Within these terms several respondents were adamant that for some inmates the programme had been a complete success:

It has been my experience that blokes who have gone through the programme and got out have stayed drug-free on the outside. I have seen a few since they have
been out and they have been good and leading normal healthy lives - you can usually tell if people have been using and these blokes had not. (Wing Officer)

There have been people who have gone through these programmes up here who have stayed off the grog and others who have been able to find work from what they learnt on the programme. We do keep in contact with about eighty percent of these people - they play with the rugby league football team in the town and we keep seeing them. (Superintendent)

Given that it is difficult to measure results in terms of what happens on the outside, most respondents talked of results or outcomes in immediate inside terms. Several of these attributed a reduction in drug use or the number of 'gaol brews' found, as being a result, or partly a result, of the programme:

The actual findings of drugs within the institution has gone down during the past twenty months and drug related and alcohol related offences in the institution have gone down. It's very rare now to find brews in the gaol. Some of this is from the Drug and Alcohol programme because the message is getting across to people. (Superintendent)

I had a case where a group of prisoners came to see me because a fellow had a syringe in a cell and they were concerned about it because they had been drug free for months but at that stage they did not think they could handle the temptation knowing there was heroin available. That group has become pretty powerful in itself - using one another to lean on. All these fellows in the group that came to me are on the Drug and Alcohol programme. Obviously the Drug and Alcohol Worker must have a reasonable influence over them - that combined with their wishes as well - that they recognised immediately that there was going to be a problem. (Wing Officer)

Positive programme results or outcomes cited by civilian respondents covered areas such as:

- improved verbalisation,
- taking a more responsible role in helping and encouraging others,
- motivation to organise self help groups,
- maturity,
- a recognition of problems,
- moving on to other programmes (eg. education, toastmasters),
- an ability to become more positive about aims,
- some inmates electing to come off the methadone programme,
particular prisoner because the committee thought he was not genuine enough to come up here - but we took him and he is coping very well. For another it led to doing a course - at first he stammered and stuttered and you wouldn’t have thought he had it in him to do anything. (re Parklea Drug Unit)

Inmates cited numerous benefits. Some said they had discovered interests and abilities they had previously been unaware they had. This had enhanced self esteem: it was not unusual during the course of the evaluation for inmates to proudly show the researcher various items - paintings, sketches, pottery, leatherwork - which they had created. Others talked of the value of 'group work' in establishing communication and self awareness:

From the crim’s point of view - it's good to see how some of these blokes have opened up. I have not done the programme but I have seen its effects. I know inmates who go to the group every week and they are getting a lot out of it.

I have seen a lot of people getting things out of it especially the self help groups and the motivation groups. I keep hearing people talking about different alternatives for their lives. They talk mainly in general conversation, mainly in terms of living alternative lifestyles to the ones they are living at the moment.

This kind of get together gives you an avenue to express feelings and feel good about yourself. You can hear what other people are feeling and it is good to get the feedback on my own feelings about my drug problems and other hassles and problems I am facing here in gaol.

One group of inmates cited 'self discipline' as one of the primary benefits they had had from the programme. This was perceived as an important gain towards their lives after release:

The most worthwhile thing in the programme - it gets you into the habit of attending things like this - the habit of discipline of attending things and keeping it up. It's useful for that - when you get outside to be in a habit of attending something, you can keep it up and go to NA or AA meetings for example. ... This sort of discipline gets you into the habit of going to these things that keep on reinforcing things.

This discipline gets you into the habit of attending a group and makes it easier outside to continue. I started coming for parole reasons but now I have got into the habit.

Respondents from all categories agreed that, if nothing else, the programme provided something to keep inmates occupied. Perceived benefits from this
ranged from "relieving the boredom of gaol life for them" to "allowing easier control". As one respondent from Head Office said:

The most critical issue is to provide them with skills so they can use their time productively. The overwhelming boredom makes mischief of whatever type attractive. The mischief we are trying to address in this programme is the mischief involved in drugs.

This sort of benefit, in itself, fulfils one of those objectives perceived by superintendents and custodial staff - that is, to assist gaol management.

Apart from the criticisms levelled by some Psychologists at certain 'therapeutic' techniques which were perceived to have had negative side effects (see above 3.2(ii)), no respondents told of negative results or outcomes.
3.5 Perceptions of Programme's Value

The final question that respondents were asked was whether they considered the programme worth continuing. Of the 107 respondents asked, only six stated No:

Table 4

Worthy of continuation?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>YES (%)</th>
<th>QUAL. YES (%)</th>
<th>QUAL. NO (%)</th>
<th>NO (%)</th>
<th>DON'T KNOW (%)</th>
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<tbody>
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<td>(12 resp.)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>58</td>
<td>42</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>(12 resp.)</td>
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<tr>
<td>(9 resp.)</td>
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<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12 resp.)</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Wing Officers</td>
<td>55</td>
<td>18</td>
<td>12</td>
<td>15</td>
<td>0</td>
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<tr>
<td>(40 resp.)</td>
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<td>D&amp;A Workers</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>(12 resp.)</td>
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<td></td>
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<tr>
<td>Head Office &amp;</td>
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<td>30</td>
<td>0</td>
<td>0</td>
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<tr>
<td>other</td>
<td>(10 resp.)</td>
<td></td>
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<td><strong>Totals</strong></td>
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<td><strong>7</strong></td>
<td><strong>6</strong></td>
<td><strong>1</strong></td>
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</table>

(N.B. Percentages rounded off to total 100)

The majority of respondents, then, were in favour of the programme continuing. Several of these 'unqualified yes' respondents stated that they thought the programme should, in fact, be expanded without any changes. These latter came from the civilian staff and superintendents.

When a qualified 'yes' response was given, reasons were sought or volunteered. Reasons were as follows:
Psychologists: - needs to be made more efficient,
- needs evaluation,
- needs more structure,
- needs to develop professional credibility,
- needs more organisation and co-ordination.

Education: - needs to be marketed,
- needs more time on group counselling,
- needs to raise status,
- needs programme units,
- needs co-ordination,
- needs better management,

Welfare: - needs more communication.

Wing Officers: - needs to be made more efficient,
- needs to have good people,
- needs better trained professionals,
- needs re-organisation,
- needs back-up,
- needs more communication.

Head Office and other: - workers need more credibility,
- needs evaluation,
- needs radical changes.

Superintendents and Wing Officers were the only groups to state a 'qualified no'. Reasons given by the Superintendent category (one Deputy Superintendent and one Acting Deputy Superintendent) were that the programme was not appropriate for maximum security gaols: one stated the programme should be continued in other gaols, the other stated that if it was to be conducted in a maximum security goal, it should be done so by prison officers.
Wing Officers' reasons for their 'qualified no' were, in all instances, due to a perceived connection with the Methadone Programme which they opposed.

Wing Officers were the only group to state an outright 'no'. The reasons given were mostly tied to their cultural conviction that 'a crim can never change':

- we'd be better off if they were shot,
- inmates need to want to help themselves,
- we see the same people back inside again,
- better to spend the money on more officers for body searches and dog squads,
- inmates get enough time to talk amongst themselves,
- too many do-gooders around the place.

There is thus a strong recognition that there is a need for a Drug and Alcohol programme and that the programme should maintain the same holistic approach as it does at present. The large number of respondents who professed to have little knowledge of the programme's actual strategy were sufficiently aware of its general philosophy to have formed the opinion that this kind of programme is essential. This recognition of need was also strong amongst those who expressed doubts or criticisms about specific aspects. Only a very small minority were against the continuation of the programme and these people's opposition to it stemmed from the sort of cultural perspective this evaluation has attempted to draw to the foreground.
3.6 Discussion of Programme Evaluation

At the very least the programme is found to benefit gaol management and control in keeping inmates occupied. This is, however, the most minor benefit to be cited. A significant proportion of respondents is observing some behavioural and attitudinal changes on the part of some inmates who are attending programme activities. These observations are being made even by that element of custodial staff who are on principle opposed to inmate programmes. Only a very small number vote that the programme should not be continued.

A number of respondents is also able to cite examples of considerable changes in certain inmates' behaviour and attitude. This is perceived to have come about as a result of them attending the programme. Others are able to state that they know of cases of some programme attendees continuing to derive benefit from it after release.

Clearly, then, the programme is benefitting some inmates and, overall, has the potential to benefit gaol management. This aspect should be emphasised in attempts to gain greater or continuing acceptance for the programme from custodial staff.

The strong consensus of opinion across all groups is that there is a need for a Drug and Alcohol programme. Respondents are sufficiently aware of the present programme's general philosophy - even if they are unaware of its actual strategy - to have formed the opinion that the programme in existence is the sort of programme which is essential. The basic holistic approach should remain but with a recognition that certain changes must take place in the programme's administration, implementation and operation.

It is very clear, however, that there is need for the programme to be 'marketed'. Individual workers at individual gaols have produced brochures about their programme or otherwise made various attempts to attract inmates. A coordinated campaign needs to be launched across all the gaols in order to explain and 'sell' the programme, not only to inmates, but to all categories of staff as well. A Drug and Alcohol Month could be organised with special activities, talks and printed matter.
Superintendents would need to be heavily involved to ensure cooperation with custodial staff.

Some inconsistency and confusion exists with regard to the programme's target groups - is participation in the programme's activities open to all inmates, whether they have drug and/or alcohol problems or not? Is the inmate who is participating in the Methadone Programme to be excluded? Because inmates are moved from gaol to gaol these policies should be clarified and consistency established. If the opportunity for continuity between gaols is to exist, there must be some form of structure, assessment and 'follow through' also established.

Whether the Drug and Alcohol Programme's philosophy and Alcoholics/Narcotics Anonymous' philosophy are compatible or not, the services of the latter should be fully utilised both inside and outside the gaol. It is upon services such as these that the inmate will be dependent after release from gaol. It is thus recommended that, as part of the preparation for the outside, inmates be released for some time each day to attend Alcoholics Anonymous or Narcotics Anonymous meetings outside.

Also tangential to the issue of target groups is a problem of relative neglect of alcoholism. More should be done to concentrate on this area.

Although such issues as drug pharmacology and AIDS are covered in group discussions, there appears to be no coordination or communication between Drug and Alcohol and the Department's AIDS or Methadone Coordinators. In the event of the three Programmes not being united under the same umbrella, it is essential that the three, at the very least, coordinate to establish joint activities.

It is generally agreed that inmates benefit more from 'group' support therapy than individual counselling. Whilst individual counselling might be considered necessary in some cases, it appears in some gaols to be the prime focus of the programme. This is to the detriment of other inmates. Questions should be asked as to how much of this is in fact necessary and how cost effective it is. Here begs the question of what a Drug and Alcohol Worker's role should be.
A greater amount of interaction with Psychology should be fostered. Although the Department has stated that the staff of Psychological Services should be used for assessment and counselling (Document 3), this appears to have rarely happened, if at all. The two groups are seen as working in isolation from each other. Although Drug and Alcohol is seen to cover some of the 'grey areas' which Psychology does not cover, there is a need for communication between the two groups in order to ensure consistency as to what these 'grey areas' are. It is also necessary to ensure consistency when the same inmate is receiving individual counselling from both the Psychologist and the Drug and Alcohol Worker. Communication between the two groups is essential if this is the case and if it is considered necessary. In the same way Drug and Alcohol workers should communicate with Psychological Services before setting up 'therapeutic' activities such as rebirthing - the activity to come under the most criticism from Psychologists for potential problems in a gaol environment - in order to discuss possible implications and ramifications.

Some programme activities are criticised as being merely recreational or educational and as having no direct bearing on drug and alcohol issues. But within the programme's philosophy of a holistic approach to the person these activities are important. The research has shown that they do increase inmates' self esteem. Questions must be asked, however, as to whether it is in fact cost effective for one gaol to carry out the same activity simultaneously under the umbrellas of both the Education and Drug and Alcohol Programmes. People's perceptions of this sort of thing are important to the credibility of the programme and to its acceptance. It is not sufficient to call one an 'art class' and the other 'art therapy' when the activities are - according to all reports - the same, with people of the same qualifications conducting them but with one called (and paid as) a 'teacher' and the other called (and paid as) a 'therapist'.

'Doubling up' of this sort, and the confusion, resentments and criticisms it gives rise to, could be alleviated in part through communication and coordination between civilian staff at the individual institutions. It is in cases like these that Gaol Management Teams should play a role. Ultimately superintendents should ensure that this coordination takes place.
Although it is not the function of this report to make recommendations on shifts in the Programme Division's responsibilities, it will nevertheless take the liberty of suggesting a need to re-examine roles and functions and the place of certain activities which can be seen as purely 'recreational' or 'educational' (for example, music, pottery, china painting classes). As these are open to all inmates, not only those with drug and alcohol related problems, there may well be reason for these to be ultimately embraced by Education and Recreation. If this were to be the case, coordination between the staffs of the Drug and Alcohol Programme and these other programmes should be carried out in order to assess/recommend suitable streams or activities for the drug and alcohol affected inmates to tap into. This would allow the Drug and Alcohol Programme to concentrate its resources into organising, co-ordinating and carrying out functions (for example, 'group work' of various sorts) which specifically relate to drug and alcohol.
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APPENDIX 1

ROLES OF DRUG AND ALCOHOL WORKERS IN GAOLS

Document 3 (untitled and undated document, under the heading 'for inclusion in the Minister's Question Time Folder') sets out the roles of Drug and Alcohol Workers in the gaols. These are found under a heading of 'objectives':

1. Develop and co-ordinate the implementation of Drug and Alcohol Programmes as an integral part of the continuing education programme in each gaol;

2. Organise assessment and where appropriate Drug and Alcohol counselling, using the staff of Psychological Services and Health Department counselling services;

3. Organise and convene the Drug and Alcohol Sub-Committee of the Gaol Management Teams;

4. Ensure information on A.I.D.S. is incorporated into all relevant Drug and Alcohol Programmes;

5. Develop Drug and Alcohol Programmes, incorporating community based and departmental resources;

6. Implement research and evaluation strategies into Drug and Alcohol programmes.
APPENDIX 2

PROPORTIONS OF DRUG AND ALCOHOL WORKERS' TIME SPENT ON DIFFERENT DUTIES

(as per Monthly Reports, February 1989)

<table>
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<th>Service delivery</th>
<th>Administration/ Programme Organising Initial/ Monitoring</th>
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<td>(per cent)</td>
<td>(per cent)</td>
<td>(per cent)</td>
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<tr>
<td>3. 60</td>
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(N.B. * As unpaid time, proportion of time unstated.)
# APPENDIX 3

## Seasonal Activities

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