Drug & Alcohol
Training Needs Analysis
for Correctional Officers

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"The fact that there is a lack of understanding and trust between specialists and officers does not augur well for an increased sharing of the 'social work' task".

(Wozniak & McAllister, 1992, p72)
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The Drug & Alcohol Services (D&A Service) of the N.S.W. Department of Corrective Services commissioned this study of correctional officer training needs in relation to drug and alcohol issues with a view to developing a training course for officers. The D&A Service had identified that a need for further officer training existed based on the findings of prior studies (MSJ Keys Young, 1992; Kevin, 1993) and also following personal requests from officers within the system. Further the Department introduced Area Management to the N.S.W. correctional system in 1993. Accordingly, the D&A Service prioritised this study as Area Management involves officers accepting more responsibility in terms of the rehabilitation of inmates. Support for the study was provided by the Department’s Corrective Services Academy. The study was funded through a grant provided by the National Campaign Against Drug Abuse (NCADA) and this funding was administered by the N.S.W. Drug and Alcohol Directorate (DAD).

The purpose of the study was to identify the informational needs of officers in terms of providing referral and assistance to inmates with drug problems. Two research methods were used, focus groups and a self-completion survey. The major themes to emerge from the focus groups follow.

Focus Groups

> D&A counselling was generally endorsed, however participants felt they lacked knowledge of the policy and practices of the D&A Service.

> A perceived lack of communication/exchange of information between officers and D&A workers. Some participants expressed a lack of trust in the D&A workers and doubts in relation to their credibility.

> The methadone program was generally not endorsed as it was perceived to be not operating effectively in its present form. In addition participants felt they lacked knowledge of the program and also the effects of the drug (it should be noted that the methadone program is not administered by the D&A Service).

> Problems with confidentiality in relation to officers having access to information on inmates with drug problems were seen to exist. However many were of the opinion these problems could be overcome.

> Treatment effectiveness or an inmate’s ability to solve his/her drug problem appeared to be gauged solely in terms of abstinence. There appeared to be very limited awareness of the concept of harm reduction.

Following are the findings arising from the survey method.

Survey

> A small majority of officers reportedly had prior D&A training (58%) mostly through the Corrective Services Academy (49%).

> In terms of alcohol use by officers the majority reportedly drank within the safe drinking guidelines (NHMRC, 1992). However, 13% of males indicated that when they did drink they drank heavily (> 8 drinks in a drinking occasion).

> Generally officers described their relationships with other groups (e.g., inmates, D&A workers, psychologists, and Governors) in prison to be either good, OK
or very good. When compared to their relationships with inmates and amongst themselves officers were more likely to report that their relationships with specialist staff (non-uniformed) were poor.

- Officers completed a brief knowledge scale. Although the majority of officers were accurate on most items findings suggested that they lacked knowledge on alcohol-related information.

- Only 6% of officers showed some understanding of the concept of harm reduction.

- Officers completed a brief attitude scale. While a high majority (83%) of officers endorsed the provision of D&A counselling to inmates 48% were of the opinion that counselling was ineffective and 33% were unsure of its effectiveness. Across items on the scale officers displayed ambivalence in their attitudes towards both D&A workers and inmates.

- A substantial number of officers stated they were unsure in their response to questions on the D&A workers (ranging from 20%-42%).

- 78% of officers stated they were not well-informed about the D&A Service and 75% stated they were not well-informed about the methadone program.

- 87% of those who stated there was a methadone program in their centre also stated that it created problems. Further, the majority of officers were of the opinion that methadone did not reduce drug use (70%) or needle use in prison (58%) and did not reduce drug use by inmates once they were released (72%).

- 62% of those who reported that there was a D&A worker in their centre acknowledged that there were advantages to this. 16% reported that the D&A worker created problems. 25% were of the opinion that the D&A worker had no effect in reducing drug use in prison.

- When asked to name the types of programs the D&A workers offered inmates officers were most likely to state they did not know (36%). A further 25% of the sample failed to answer this question.

- 34% of officers stated that there was insufficient communication between themselves and the D&A workers.

- 51% of officers stated that the primary motivation for inmates who use the D&A Service was to obtain gains in the system, such as parole, bail or security reclassification. Only 6% believed that the motivation for inmates was to solve their drug problem.

- When presented with a series of scenarios on drug-involved inmates officers stated they were least well-prepared to advise inmates on ways to reduce the harm caused by drugs (86%) and also least well-prepared to identify signs of withdrawal from various drugs (77%).

- 69% of officers stated they were willing to talk to inmates about their problems in general. However, 10% said they were unwilling to refer inmates to the D&A Service.

- When compared to junior and senior officers those of middle rank (SPO-ASI) indicated they were least well-informed, least well-prepared and least willing to be involved with inmates with drug problems.

- Those officers who stated they were not well-informed were significantly more likely to be categorised as having a negative attitude towards drug treatment in prison on the attitude scale.
Recommendations

- A D&A training course designed specifically for correctional officers be developed and implemented. The funding arrangements for this project to be determined in consultation between D&A Services, Assistant Commissioner, Personnel and Education and Assistant Commissioner, Operations. The training course be piloted prior to state-wide implementation.

- Prior to the development of the course, information obtained from this research be supplemented by consultations with the Corrective Services Academy, Corrections Health Service, D&A workers and a training body, such as the Centre for Information and Education On Drugs and Alcohol (CEIDA).

- The course be couched within a harm minimisation framework.

- Course content include a large attitudinal component covering areas, such as differences between licit and illicit drug usage and personal background characteristics which have been associated with drug abuse and crime.

- An explanation of the policy and practices of both the D&A Service and the Prison Methadone Program be included in the course. In addition, issues in relation to confidentiality of case information be examined.

- The course contain optional modules to provide for the different informational needs of officers of varying rank.

- Evaluation be built into the design of the training course, such as an attitude and knowledge scale and feedback report.

- Unit Officers, Area and Case Managers and managers of workplaces be specifically targeted for training as they are in key positions with respect to the behaviour and welfare of inmates.

- Training be conducted on-site at correctional centres and include the D&A worker as a member of the training team.

- In order to adequately cover informational needs the course be run over a number of days.

- Regular institution-based meetings between D&A workers and officer representatives who have an interest in the D&A area be established with a view to clarifying informational needs and resolving conflicts.

- The Department review the support networks and amenities provided for officers. Officers be given training in conflict resolution and stress management. Further, there appears to be a case for the implementation of an Employee Assistance Program for officers (professional assessment, counselling and referral service).
Introduction

D&A Services (D&A Service) initiated this study of correctional officer needs in relation to drug and alcohol training. Support for the project was provided by the Corrective Services Academy. It was proposed that the findings of the survey would be used in the development of a drug and alcohol (D&A) training course for correctional officers.

The D&A Service identified that a need for training existed after receiving anecdotal information from Correctional Centres and being approached directly by some officers who stated that they did not feel adequately prepared to deal with inmates who had drug (drug & alcohol) problems.

Further, D&A workers in the service were generally of the opinion that for their programs to operate efficiently and effectively increased cooperation from correctional officers, particularly at wing level, was required.

Findings from additional sources lend support to the introduction of specialised D&A training for correctional officers in N.S.W.

In their evaluation of the D&A Service in N.S.W. Correctional Centres, MSJ Keys Young (1992) concluded that officers showed rather limited knowledge and understanding of the D&A Service. They also reported that officers, with the exception of those at senior level, did not hold D&A workers in very high regard. However, they stated that officers generally showed a recognition of the prevalence of inmates with drug problems and the need for a D&A treatment program.

Kevin (1993) in her survey of inmates' perceptions of the D&A Service in N.S.W. Correctional Centres found that some inmates who used the D&A Service reported experiencing problems in gaining access to the service due to lack of co-operation from officers. Further, 14% of inmates who used the D&A Service reported that it had assisted them in their relationships with officers. It was concluded that successful management of D&A treatment programs within Correctional Centres required commitment and co-operation from correctional officers. A D&A training course was recommended as an appropriate procedure for facilitating these needs.

Background on officer training

For a number of years officers have received some D&A training as part of their initial/primary training. Initial training is conducted over a twelve week period at both the Corrective Services Academy and Correctional Centres. The D&A component of the training was developed by Academy staff and designed to run for one and a half hours. The component is primarily oriented towards the detection of drug-related contraband in prison. Specifically the course aims to provide officers with the skills to be able to identify:

- different types of drugs;
- drug-related implements;
- signs of intoxication from various drugs; and
- common jargon used to describe drugs.

In addition the course also addresses concepts such as addiction, withdrawal and tolerance. Course evaluation is in the form of a brief knowledge scale.

The course does not include content on the
D&A Service in prison or attitudes in relation to drugs and drug-involved inmates.

In early 1993 the N.S.W. Department of Corrective Services embarked on a program of major change. Area Management\(^1\) combined with Case Management\(^2\) is being implemented in Correctional Centres across the state. The model combines decision making power at a local level and a rehabilitation-based approach in which officers are more involved with the welfare needs of the inmates and work closely with specialist staff.

Training in Area Management is presently being completed with selected officers drawn from all centres around the state. A four hour D&A component has been included in the training. The training strategy is for the selected officers to conduct Area Management training, including the D&A component, on-site once returning to their respective centres. It should be noted that the on-site trainers are encouraged to seek the assistance of the D&A worker in their correctional centre when presenting this component.

Evidently officers have been allowed flexibility in presenting the training course on-site. However, there has been no account of what components of the training have been modified by the training officers with evaluation strategies only now being developed.

The D&A component of Area Management training shows a more treatment-based approach compared to that of the initial training. In addition the content examines attitudes in relation to illicit and licit drugs. However, there appears to be some limitations with the material in that it makes no reference to the D&A Service or harm reduction strategy\(^3\). Also, as the content is quite detailed and comprehensive it appears unlikely that the material could be adequately covered within the four hour time-frame.

The Area Management Training program stresses the enhancement of the officers' role through training and development. It would have been advantageous for those who designed the training to have first consulted with the D&A Service in the development of the D&A component of the program.

This introduction outlines the rationale behind the research. The study attempts to identify any impediments, in terms of knowledge, skills and attitudes which would prevent officers from dealing with drug-involved inmates in a professional manner. This initiative recognises the critical role officers play in relation to the welfare of inmates under the new management strategy.
Methodology

Aims

The main aim of the study was to identify correctional officer needs in relation to assisting and referring inmates with drug problems to the D&A Service. More specifically, the study aimed to:

(i) identify officer perceptions of the D&A Service and in particular, D&A workers;

(ii) identify officer perceptions of their role in relation to assisting inmates with drug problems;

(iii) identify officer perceptions on ways in which they can be assisted by the D&A Service in dealing with inmates with drug problems;

(iv) examine officer knowledge on the effects of drug use and general drug issues;

(v) examine officer attitudes in relation to offenders and users/abusers of drugs.

Procedure

The research incorporated two methods. Initially a focus group\(^4\) approach was adopted with the aim of identifying key problem areas or concerns as a basis for the design of a subsequent survey questionnaire. Three focus groups were conducted including the following: (i) base grade and first class officers (centre for male inmates); (ii) base grade and first class officers (centre for female inmates); and (iii) senior officers (officers of a mixture of ranks above first class status). Of note is that two of the groups involved only officers of base grade or first class status. Officers holding these ranks make up 60% of the correctional officer population. This procedure was used to minimise the effect of officer seniority on level and type of response. Each group comprised of approximately ten officers.

The focus groups were conducted in an informal atmosphere (either a training or discussion room). The groups ran for approximately sixty minutes duration. In addition to the group moderator an assistant carried out an audio recording and written record of the proceedings (see Appendix A for format).

Following the focus groups a survey approach was used. Based on head office records officers were surveyed from seven selected Correctional Centres. The five Correctional Centres were selected on the basis of: (i) representation of the officer population (using overall population demographics) working within the Correctional Centre; (ii) security classification of the centre; (iii) urban versus country location; and (iv) centres holding male versus female inmates. All officers over a two shift period on a given day at a particular centre were identified (approx. 40) for inclusion in the survey (see Appendix B). Following this all officers who had worked at the particular centre for less than one month were excluded.

Initially it was proposed to collect the data by way of a supervised self-completion questionnaire, however, due to prevailing conditions in the Correctional Centres it was necessary to revise this approach. Therefore, the questionnaires were distributed to officers at the commencement of a shift and were collected at the end of a shift. If officers stated they did not find the opportunity to complete the survey during the course of their shift they were provided with an envelope for...
return by mail.

The data collection procedure was not optimal as questionnaire completion was unsupervised and therefore officers working in teams may have collaborated on their responses. To deter collaboration officers were asked to complete the questionnaires independently.

The questionnaire comprised of four identifiable areas of investigation (see Appendix C):

(i) demographic and other background characteristics, such as prior training on drug issues;

(ii) knowledge and attitudes on drug-related services and other professional services offered in the correctional system;

(iii) knowledge and attitudes in relation to the effects of drugs and inmates with drug problems; and

(iv) perceptions on the role of officers in relation to inmates with drug problems and officer training needs.

A pilot study was conducted in the first week of May, 1993 with a group of 10 officers undergoing training at the Corrective Services Academy. This was to test the questionnaire for any methodological defects as well as indicating the approximate maximum time for questionnaire completion.

Participation for both stages was voluntary.

A sample size of one hundred and sixty three officers was achieved which represented 5% of the total population of correctional officers for the month of May, 1993. The response rate at 69% can be considered acceptable (see Appendix B).
Findings: focus groups

“Until the prison officer gets more input from the professional people such as D&A we will always be in the dark.” [senior officer]

The focus group technique was used to guide the design of a subsequent self-completion questionnaire by clarifying informational needs and also to obtain a depth of information which would supplement the quantitative findings.

A total of twenty nine officers participated in the focus groups (approx. 10 per group). The age breakdown was as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29 years</td>
<td>7</td>
</tr>
<tr>
<td>30-49 years</td>
<td>18</td>
</tr>
<tr>
<td>50 + years</td>
<td>2</td>
</tr>
<tr>
<td><strong>n=29</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Data missing for 2 participants)

Of the participants nineteen were male and ten were female. About three-quarters were of base grade or first class rank with officers of senior prison officer rank and above making up the remaining one-quarter.

A series of issues was canvassed for discussion amongst participants. A copy of the focus group format is included in Appendix A.

The following section documents the major themes which emerged from the discussion on the four issues raised. Verbatim quotes from participants have been included to substantiate the findings where appropriate.

1. Offering treatment to inmates

The methadone program appeared to be the major area of concern in relation to the provision of treatment for inmates with drug problems. With one or two exceptions participants did not endorse the provision of methadone in its present form.

Specific issues raised were as follows:

(i) Methadone treatment was viewed as the substitution of one drug for another and therefore condoned drug use;

"I mean if an alcoholic comes to gaol you don’t give him alcohol".

(ii) Methadone was seen to be too readily available and the assessment criteria for obtaining a place on the program was questioned;

"A lot of inmates say that they don’t need it but they take it because it is there".

"I think they should have more stringent rules for getting on the program rather than just sending an application and seeing the doctor and you’re on it".

(iii) It was proposed that dose reduction be enforced. Several claimed that there was limited evidence of dose reduction in the cases they knew.

"On the same dose for 20 years ... it should be compulsory for them to come down, depending on the length of their sentence".

(iv) Methadone program participants were seen to be still using other drugs in prison and in addition standover tactics were reportedly used by inmates to acquire methadone from others on the program.

"They are using methadone, they are
using needles, they are using anything they can get their hands on".

"They are bashing up each other for the other person to give methadone to them. They are vomiting it up. It's not healthy at all".

(v) A perceived lack of awareness of the policy and procedures of the methadone program. In addition, lack of knowledge on issues such as whether inmates on methadone are capable of operating machinery were cited.

"Well there's a total lack of awareness of what the program stands for and no one's ever taken the trouble to actually explain it to the officers. It's just the medical scene and that's their area and we don't have to know".

"They send us a list of all blokes on methadone and they write stable or unstable on it. I mean you're only having a guess... Does that mean they're stable on machinery?"

(vi) The expertise of the prison medical staff in managing the program was questioned.

"It sort of had more credibility three years ago when the methadone program actually ran the program but then the PMS [Prison Medical Service] took it over".

In addition to the above, many of the participants were of the opinion that if an inmate is drug free in prison s/he will remain drug free once released to the community. This was cited as another reason why there was no place for methadone treatment in prison. Further, some officers cited the economic expense of the program as a reason for not providing methadone.

Another officer reported that some female inmates claimed they enrolled in methadone treatment as a form of weight control.

In terms of the provision of counselling to those with drug problems generally participants endorsed this form of treatment. However, several did place caveats of the following kind on the provision of counselling: counselling was only useful if the inmate wanted to help himself/herself or was ready to make a change to his/her drug using behaviour.

Two participants were not in agreement when it came to defining the role of counselling, i.e., calming the inmate while imprisoned (behaviour management) versus helping the inmate face his/her problem (rehabilitation).

Some did not endorse the provision of counselling.

"They are criminals".

A number of officers also displayed ambivalence in their responses, for example:

"The ones you've got here now are burnt .. forget them.." [and a few minutes later]

"Counselling is fine if they want to go and do it that's fine, if they want help that's great".

A common theme which emerged was a higher level of acceptance for those inmates with drinking problems as opposed to those with illicit drug problems.

"Usually the alcoholics that come in are true blue and I have seen only a couple of real bad ones and they were just left on their own [to detoxify]...yet the druggos don't go cold turkey they get a handful of pills".

"The only successes I know of are the alco-
holics”.

With one or two exceptions participants appeared to gauge treatment effectiveness in terms of abstinence rather than other outcome measures, such as controlled drug use, reduced needle sharing and treatment enrolment on release.

“If you want to give up drugs or alcohol you have to do it cold turkey or you’re not fair dinkum. It is as simple as that”.

“Ideal place to dry out isn’t it”.

Only two officers spoke of methadone treatment in terms of reduced needle use in prison. Both these officers were of the opinion that methadone did not reduce needle use in prison.

In relation to the issue of abstinence some officers referred to their personal dependence on tobacco and the difficulties they experienced in attempting to stop smoking. However, the following comment seemed to encapsulate the distinction officers were making between their own licit drug use and illicit drug use.

“We are not breaking in to a home to steal stuff to buy a packet of smokes”.

Several participants who worked in the centre for female inmates pointed to the need for a detoxification unit separate to the already existing medical annex. These participants saw the need for providing medical attention within the detoxification unit, citing the current practice of placing an inmate in a dry cell as unsatisfactory. However, not all participants endorsed the recommendation for such a unit.

An additional theme which emerged from the discussion with senior officers was a recognition that treatment played a useful role in the safe and secure management of inmates. The reason provided for this was that inmates with untreated drug problems created management problems in the day to day running of a correctional centre.

2. The service provided by D&A workers

It became apparent during the course of the discussion that the major concern for participants was the lack of awareness of what the D&A Service provided and also the objectives and outcomes of the program.

“They are a little too secretive”.

“With drug and alcohol and education staff we don’t know the people. They are in our gaol everyday, walking around, talking to inmates but we don’t know them… I think that’s a problem”.

“We really don’t know what goes on down there[D&A Services].

“We have got Alcoholics Anonymous and drug groups and there is no explanation given on them to officers. They are off in their little room and they’re unsupervised for a couple of hours. It all looks quite bodgie to us but in actual fact it might be quite productive”.

“You don’t sort of see an end result”.

Generally participants perceived that barriers existed between themselves and D&A workers. Further, several participants expressed feelings of suspicion or a lack of confidence in relation to the D&A workers.

“They are civilians. They don’t know when they have been lied to and they don’t know when they have been ripped off”.
"They don't have the same concern for security and safety".

"I've noticed with inmates they'll actually put civilian staff against custodial staff".

"We can never ask the D&A workers anything. They feel we are intruding in what is their policy".

"They think we have no right to know".

Some participants from the discussion group with senior officers also questioned the credibility of the D&A workers, making particular reference to the attire worn by some of the workers.

"It would be better if they dressed in a more professional manner, maybe I don't know, like a suit and a tie ... it's got to be better than ripped jeans and a torn t-shirt .. which you get a lot of times actually".

However there were some participants who indicated support for the service offered by D&A workers.

"Most of the girls [inmates] that do actually attend those meetings take them seriously and I do feel they gain as they are getting it out of their system".

"I think they [D&A workers] do as best a job as they can with what they've been given to work with. They are doing the best they can. As long as they don't start feeling sorry for themselves and bringing in contraband".

As the majority of participants felt unaware of the type of service provided by D&A workers this may explain why many focussed their responses around their feelings for a particular D&A worker, past or present.

"The one we have now is fantastic. He does show he's doing his work well, he's happy to talk to officers, he's quite a respectable looking bloke".

Those participants from the centre for female inmates were aware of a variety of group sessions being offered by the D&A Service to women with drug problems. The group was fairly evenly divided on whether treatment should be voluntary or compulsory.

Several participants spoke of the lack of sincerity in some inmates who enrol in treatment. They cited inmates who were enrolling in treatment for other gains not directly related to reducing their drug use.

"They go down there to have a cup of tea and a biscuit...to meet someone".

"The D&A Service may need to set up some guidelines ... an accounting system so you know if the prisoner seems fair dinkum or if he just seems to be trying to advance himself in some other way [parole or re-classification]".

"Prisoners also know by going to D&A and education and playing the game and all it looks good when they come up before the PRC [Program Review Committee] or the SORB [Serious Offenders Review Board]".

Some participants complained about the D&A worker not following up on the inmates who failed to attend sessions. These officers stated that after sending inmates down to the D&A worker for treatment they received no feedback as to whether the inmate actually attended the session or not.

"And we don't even know if they [inmates] have turned up to class or not".
3. The role of officers in relation to inmates with drug problems

A few participants were of the opinion that correctional officers should be responsible for D&A counselling. The main justification for this appeared to be the reported lack of appreciation for security regulations shown by D&A workers. In further support of this proposal one participant argued that officers (especially wing officers) spent a lot of time with the inmates.

The majority did not endorse the notion of officers assuming the role of counsellors.

"We are not trained counsellors".

"We are here to keep them here, the other guys [civilian staff] are here to do what they do".

"I've got enough personal problems without worrying about other people's problems".

"We've been in the job a fair while now, we are used to the way they are. I know myself I could never be that type of person [counsellor]".

"I get abused by them at the gate...let alone getting abused by them sitting in front of me".

"I believe in multi-skilling, but you have to draw the line somewhere...that is why you have a multi-disciplinary team...D&A workers and clinic staff to handle these sort of things".

For some of the participants who were against officers assuming the role of counsellors issues of concern were the confidentiality and trust aspects inherent in a counselling relationship.

"When they go up and talk to civilian staff not much is thought about it. Whereas if they went up and talked to an officer the others would wonder what he's telling him in that room all on his own".

However, participants were fairly evenly divided on the issue of confidentiality and more specifically whether inmates would confide in officers assuming they were provided with specialist D&A training.

Several participants were of the opinion that officers had no role in relation to inmates with drug problems. The most frequently cited reasons provided for this position were: not a correctional role; lack of interest; lack of qualifications and lack of time to listen to inmates problems.

Some senior officers were of the opinion that the only role for officers was that of referral of inmates to the D&A Service.

4. How officers can be assisted

The major theme which emerged from this issue was that participants (with one or two exceptions) felt they needed more D&A training. A further theme was the need for more communication/exchange of information between officers and D&A workers. Also the issue of confidentiality re-emerged:

"If we work together then maybe inmates won't say as much in front of us and maybe they won't communicate to the D&A workers as much...the inmates will not talk about their drug habit in front of us".

"They don't trust you...you are just like a cop".
In general the participants wanted to know more about the objectives and practices of both the D&A Service and the methadone program. In addition several stated that they wanted information from the D&A worker which would help their understanding of the behaviour of individual inmates.

"Without breaching confidentiality...there is nothing wrong with the D&A worker ringing up and saying..'You know Joe Bloggs he's just having a few personal dramas, he's an alcoholic...it is something to be wary of in your duties [officers' duties]. That makes your day a little bit easier when dealing with the individual [inmate]."

"You don't have to know the nitty-gritty.....I mean if the bloke's coming off drugs and he gets in a fight at least you would know what it's about, because a lot of times you don't know what it's about .. you could use that to your advantage in management [of inmates]."

Some participants were of the opinion that D&A training should only be provided to those officers who wanted it.

"I think that training should not be given to all. It should be just the people that want the training, special training and belong to a special unit."

A number of participants approached this topic from a perspective of abating the supply of drugs in prison rather than attempts to reduce the demand for drugs by inmates. They indicated that increased and improved drug detection practices, such as body searches and no-contact (no physical contact) visits by outsiders could be of assistance to them in their correctional role.

"I mean you have to get rid of this contact thing...because it is only encouraging them [visitors] to give them [inmates] their drugs".

"How much does it cost to have a scabby little dog sniff everybody at the gate?"

A few participants endorsed the idea of introducing a drug-free correctional centre.

"And everybody who comes through the gate [drug-free prison] is searched, everybody and I'm talking about us as well."

Several participants who were of junior rank (base grade or first class) expressed disillusionment with the policy and practices of the administration and the Government in general. Specifically, they indicated that their needs were not being addressed by the administration and also appeared to feel rather disempowered when it came to the detection of drug-related contraband in prison.

"My opinion is that mental fat cats sit up in their trees and they pull the strings. We have got no say...whatever we say nothing happens ....they don't give a s..t about us".

"Even the inmates have got it better than we have it here."

"...but the Government doesn't want to stop the drugs in gaol because it's keeping the inmates happy."

"We are the ones who have to put up with the inmates."
Findings: survey

1. Description of sample

Some demographic and correctional background characteristics pertaining to the officer sample were compared to the population of officers as taken from a database held by the Information Technology Division of the Department. This was undertaken in order to get an indication of how representative the sample was of the population of officers.

The sample compared favourably with the population in terms of sex, age and aboriginality (Appendix B). The data on ethnicity was not compared as it appeared the population database was unreliable on this factor.

There were differences between the sample and the population on the distribution of length of service with the Department and officer rank. The sample appeared to have under-represented officers of junior rank (54% of the sample were of base grade-first class rank compared to 64% of the population). Similarly, the sample also showed a lower percentage of officers with less than three years of service than the population (35% of the sample compared to 44% of the population). These differences may have been due to a higher response rate in the more experienced and senior officer group.

2. Relevant prior training

A small majority of officers reported some prior training on drug issues, however at 58% this was not a marked majority. The most common source of training on drug issues was the Corrective Services Academy (49%). This was followed by a University/TAFE course (4%). Those officers who had undertaken training from more than one source represented just 1% of the total sample.

A small majority of officers reported some prior training on counselling skills (57%). Similarly the most common source of this training was the Corrective Services Academy (41%). Of the total sample 6% had undertaken this training from more than one source.

3. Tobacco and alcohol use by officers

As Table 1 shows the majority of officers (60%) reported to be non-smokers (non-smokers or ex-smokers) at the time of the survey. However, 35% were reportedly smoking more than six cigarettes per day and 15% smoked more than a packet (20) per day. Younger officers (18-29 years) were more likely to be non-smokers compared to those who were forty years and over.

As Table 2 indicates, male officers were most likely to drink a few times per week (26%) and the majority (61%) reportedly drank within the safe drinking limit, i.e., up to four glasses per drinking day (as set by the NHMRC, 1992). Of the total male sample 13% indicated that when they did drink alcohol they drank heavily, i.e., more than eight drinks in a drinking occasion. When compared with older officers younger officers (18-29 years) were more likely to drink nine or more glasses of alcohol per drinking occasion. Female officers (n=25) were most likely to drink on a monthly basis and the majority reportedly drank within the safe drinking limit for women, i.e., two glasses per drinking day.
### Table 1: Self-reported daily tobacco consumption by officers

<table>
<thead>
<tr>
<th>No. of Cigarettes</th>
<th>Daily (n=161)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no.</td>
</tr>
<tr>
<td>1-5 per day</td>
<td>5</td>
</tr>
<tr>
<td>6-20 per day</td>
<td>33</td>
</tr>
<tr>
<td>more than 20</td>
<td>24</td>
</tr>
<tr>
<td>smoke less than daily</td>
<td>2</td>
</tr>
<tr>
<td>pipe smoker</td>
<td>1</td>
</tr>
<tr>
<td>ex-smoker</td>
<td>26</td>
</tr>
<tr>
<td>non-smoker</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>161</td>
</tr>
</tbody>
</table>

*2 missing cases

### Table 2: Frequency and level of self-reported alcohol use by male officers

<table>
<thead>
<tr>
<th>No. of drinks</th>
<th>Daily</th>
<th>Few times</th>
<th>Once per</th>
<th>Fortnightly</th>
<th>Monthly</th>
<th>Half Yearly</th>
<th>Yearly</th>
<th>Never</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
<td>Few times per week</td>
<td>Once per week</td>
<td>Fortnightly</td>
<td>Monthly</td>
<td>Half Yearly</td>
<td>Yearly</td>
<td>Never</td>
<td>Total</td>
<td>%</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>1-4</td>
<td>8</td>
<td>24</td>
<td>13</td>
<td>8</td>
<td>17</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>82</td>
<td>61</td>
</tr>
<tr>
<td>5-8</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>&gt;8</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>35</td>
<td>21</td>
<td>11</td>
<td>21</td>
<td>10</td>
<td>8</td>
<td>14</td>
<td>134</td>
<td>100</td>
</tr>
</tbody>
</table>

*Data missing for 3 cases
4. Knowledge of drugs, their effects and appropriate care

Officers completed a brief scale (Question 33) which was designed to provide an indication of the level and extent of their knowledge of drugs (it should be noted that this scale has not been psychometrically validated). As Table 3 shows, with the exception of two items, the majority of officers provided accurate (consistent with current theory and practice within the Australian D&A field) responses. A correct answer was scored as 1 and an incorrect answer was scored as 0. An overall score was derived by totalling the scores on the 10 knowledge items. The majority of officers (70%) achieved a score of six or more out of a maximum of ten.

Notwithstanding the above, of concern is the percentage of officers who perceived the following statements to be accurate: people take legal drugs for different reasons than illegal drugs (41%); heroin abuse is a physical disease (43%); a heroin user who is pregnant should not be advised to enter a methadone program (39%); and methadone is not addictive (15%).

It should be noted that twenty six officers failed to answer the item on advising a pregnant heroin user to enter a methadone program (Item 10).

The two items on which the majority were inaccurate were as follows:

- safe daily drinking limit for males (54%); and
- prevalence of alcohol abuse by male inmates (59%).

Those with prior D&A training generally did not achieve higher scores than those with no prior training. Younger officers (18-29 years) were generally more likely to achieve higher scores. Finally, when compared to junior and senior officers, those of middle rank (SPO-ASI) were more likely to achieve lower scores.

In addition to the knowledge scale officers were asked to select from a series of options, the appropriate course of action if they suspected that an inmate had overdosed on drugs (Question 34). Almost all (90%) were appropriate in their response as they selected referral to medical staff as the appropriate action. However, 4% of officers were of the opinion that placing an inmate in an isolation unit and an additional 4% thought conducting a strip search to identify drug/s in possession was the appropriate course of action. Further, disciplining the inmate was selected by 1% of officers as the appropriate action.

Of concern is that three officers who had between four and nine years experience and 1 officer who had ten or more years experience selected placing the inmate in an isolation unit as the appropriate course of action.

Officers were also asked if they were familiar with the concept of harm reduction. Of the total sample only 9% of officers stated that they were familiar with the concept and only 6% of the officers could describe harm reduction in a way which indicated some understanding of the concept. Those who showed some understanding were most likely to provide an example of a safe practice, such as bleaching needles as description of the concept.
Table 3: Knowledge of the effects of drugs and appropriate care

<table>
<thead>
<tr>
<th>True or False Statements</th>
<th>True %</th>
<th>False %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heroin makes people aggressive and violent</td>
<td>29</td>
<td>71</td>
</tr>
<tr>
<td>2. A person can die of alcohol poisoning from drinking</td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td>3. In terms of general health, the safe drinking limit for men is about 4 standard glasses of alcohol per day</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>4. Methadone is not addictive</td>
<td>15</td>
<td>85</td>
</tr>
<tr>
<td>5. People take legal drugs (e.g., cigarettes) for different reasons than illegal drugs (e.g., heroin)</td>
<td>41</td>
<td>59</td>
</tr>
<tr>
<td>6. For most of the male offenders who come to gaol with drug/alcohol problems, alcohol abuse is their main problem</td>
<td>41</td>
<td>59</td>
</tr>
<tr>
<td>7. Heroin abuse is a physical disease</td>
<td>43</td>
<td>57</td>
</tr>
<tr>
<td>8. Alcohol is a drug</td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td>9. In someone who is dependent on tranquillisers abrupt withdrawal from tranquillisers can be extremely dangerous and convulsions may occur</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>10. A woman who is a regular heroin user and is also pregnant should be advised to enter a methadone program</td>
<td>61</td>
<td>39</td>
</tr>
</tbody>
</table>

*1 missing case 1 5 missing cases 2 8 missing cases 3 11 missing cases 4 13 missing cases 5 16 missing cases
6 26 missing cases
5. Attitudes towards inmates, rehabilitation and D&A workers

Officers were asked to complete a ten item Likert-type scale on their attitudes towards drug-involved inmates, inmates in general, rehabilitation and D&A Workers in prison. As with the knowledge scale, this scale had not been psychometrically validated so there was no way of knowing whether it had fulfilled the basic psychometric requirements of validity and reliability. Validation procedures were beyond the scope of the present study, therefore the findings can only be seen as an indication of their attitudes.

Officers demonstrated some ambivalence in relation to the issue of treatment. As Table 4 shows the majority of officers (84%) endorsed the provision of treatment to inmates (item 1). In addition, only 14% were of the opinion that criminals never rehabilitate (item 7). However, in a subsequent statement (item 10) it appeared that officers were most likely to perceive counselling to be either ineffective with inmates (48%) or they were uncertain as to its effectiveness (33%). Interestingly the majority of officers (68%) disagreed with the statement that inmates came from deprived backgrounds (item 8).

Also in their responses to the items on D&A workers officers appeared to demonstrate some ambivalence. While 65% endorsed the statement that D&A workers were suitable people for counselling inmates (item 2) in a subsequent statement (item 4) only 45% were of the opinion that D&A workers had sufficient knowledge and skills to assist inmates. The majority of officers (61%) were of the opinion that D&A workers generally co-operated with security regulations (item 3). For all three items on the D&A workers there was a substantial number of officers who were unsure in their response (ranging from 21%-42%). This could indicate a lack of knowledge on the D&A Service by officers.

Of note is that a marked majority of officers (74%) agreed that punishment is appropriate treatment for those who use illegal drugs (item 5).

A positive answer on the scale was coded as 1, a neutral answer was coded as 0 and a negative answer was coded as -1. An overall score (either positive, neutral or negative) was derived from the attitude scale by totalling the responses to the ten items (it should be noted that this method is sensitive to inconsistency of response, therefore if a respondent indicated an equal number of positive and negative scores these would average to a neutral score). A positive score indicated support for the provision of treatment in prison for those with drug problems and also support for the current treatment initiatives being offered.

Of the total sample 84% generally indicated a positive attitude. Those with prior D&A training were significantly more likely to achieve a positive score on the attitude scale compared to those with no prior training (68% versus 32% respectively, $x^2 = 7.1, p < 0.5$).

A higher proportion of officers of senior rank showed a positive attitude compared to those of lower rank. Also a higher proportion of those who had 10 or more years experience with Department showed a positive attitude compared to those who were less experienced. A higher proportion of officers from the two minimum security centres showed a positive attitude compared to those from other security classifications. Finally, a higher proportion of younger officers (18-29 years) showed a negative attitude compared to those who were older. However none of the above findings were statistically significant.
### Table 4: Attitudes to inmates with drug problems and the D&A Service

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is important to offer inmates treatment for their drug and alcohol problems in gaol.</td>
<td>41%</td>
<td>43%</td>
<td>5%</td>
<td>9%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>2. The drug and alcohol workers in gaol are suitable people for counselling inmates with drug and alcohol problems.</td>
<td>17%</td>
<td>48%</td>
<td>28%</td>
<td>7%</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>3. Drug and alcohol workers generally cooperate with the security regulations required in gaol.</td>
<td>9%</td>
<td>52%</td>
<td>21%</td>
<td>14%</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td>4. Drug and alcohol workers do not have enough knowledge or skills to assist inmates reduce their drug use.</td>
<td>2%</td>
<td>12%</td>
<td>42%</td>
<td>36%</td>
<td>9%</td>
<td>100%</td>
</tr>
<tr>
<td>5. Those who use illegal drugs should be punished.</td>
<td>41%</td>
<td>33%</td>
<td>12%</td>
<td>11%</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td>6. All people are worthy of respect and value regardless of their actions.</td>
<td>14%</td>
<td>38%</td>
<td>11%</td>
<td>29%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td>7. Once a criminal always a criminal.</td>
<td>3%</td>
<td>11%</td>
<td>19%</td>
<td>56%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>8. Inmates come from deprived backgrounds.</td>
<td>2%</td>
<td>14%</td>
<td>16%</td>
<td>56%</td>
<td>12%</td>
<td>100%</td>
</tr>
<tr>
<td>9. Inmates are sly and devious.</td>
<td>9%</td>
<td>39%</td>
<td>20%</td>
<td>29%</td>
<td>3%</td>
<td>100%</td>
</tr>
<tr>
<td>10. For the vast majority of inmates with drug and alcohol problems counselling makes no difference.</td>
<td>9%</td>
<td>39%</td>
<td>33%</td>
<td>14%</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* 2 missing cases
* 1 missing case
6. Atmosphere in prison

Quality of relationships

Officers were asked to rate the quality of their relationships with other groups in their particular Correctional Centre (Question 27). Consistent with findings from a study in Scottish prisons (Wozniak & McAllister, 1992) generally relationships were seen to be either good, OK, or very good (Table 5). The present study’s findings replicated those of the Scottish study on the quality of officer relationships with two groups, inmates and governors: of the total sample 8% indicated their relationships with inmates were poor (fairly bad or very bad) and 25% indicated their relationships with governors were poor.

When compared to their relationships with inmates (8%) and amongst themselves (9%), officers were more likely to describe their relationships with specialist staff as poor: education (26%), psychologists (19%), medical (17%), and D&A workers (14%).

Of the total sample 86% described their relationships with D&A workers as either OK, good, or very good. Therefore, it appeared that officers did not perceive their relationships with D&A workers to be any more strained than with any other specialist group.

When compared to male officers a larger proportion of females described their relationships with inmates, other officers and Governors as poor and their relationships with specialist staff as good. However, the size of the female sample was really too small to draw any meaningful conclusions (n=25).

When compared to officers of lower rank senior officers were more likely to describe their relationships with inmates as good. It should be noted that senior officers are more empowered to grant requests by inmates.

The drug which is perceived to create the most problems in prison

As Table 6 shows officers were most likely to cite methadone (25%) as the drug which created the most problems in the day to day running of their centre (Question 29). After methadone, prescription drugs (18%) and cannabis (13%) were identified.

Some differences were noted in relation to the drug identified when the data was broken down by Correctional Centre. Officers from the centre holding female inmates identified prescription drugs as the main problem. Officers from the only centre which did not have a methadone program identified a combination of drugs.

Officer contact with inmates

Of the total sample of officers a marked majority (81%) stated that they had talked to an inmate about his/her problems within the previous month (Question 31). Officers were most likely to have talked to an inmate on 1 to 3 occasions and 17% had reportedly spoken to an inmate on more than 10 occasions in the previous month. It should be noted that some officers in performing their duties would not have the occasion to talk to inmates, e.g., those on watchtower duty and Staff Officers.

Local problems

When asked if their centre had different types of problems (Question 30a) when compared with other centres, officers were most likely to say that their centre did not have distinctive problems (41%). Those who stated there were different types of problems at their centre represented 37% of the sample. Some of the types of problems identified were: young
Table 5: Perceptions on the quality of relationships in their correctional centre

<table>
<thead>
<tr>
<th>Relationship Group</th>
<th>Very Good</th>
<th>Fairly Good</th>
<th>OK</th>
<th>Fairly Bad</th>
<th>Very Bad</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers and Inmates</td>
<td>6</td>
<td>34</td>
<td>53</td>
<td>6</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>Among Officers</td>
<td>9</td>
<td>40</td>
<td>42</td>
<td>5</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>Officers and D&amp;A workers</td>
<td>3</td>
<td>24</td>
<td>59</td>
<td>11</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Officers and Governors</td>
<td>12</td>
<td>25</td>
<td>38</td>
<td>15</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Officers and Medical Staff</td>
<td>6</td>
<td>37</td>
<td>41</td>
<td>14</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Officers and Education Staff</td>
<td>5</td>
<td>30</td>
<td>39</td>
<td>22</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>Officers and Psychologists</td>
<td>7</td>
<td>29</td>
<td>45</td>
<td>14</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Officers and Welfare Staff</td>
<td>7</td>
<td>30</td>
<td>42</td>
<td>14</td>
<td>7</td>
<td>100</td>
</tr>
</tbody>
</table>

*1 missing case, 2 missing cases, 3 missing cases, 4 missing cases

Table 6: Perceptions of which drug creates the most problems in prison

<table>
<thead>
<tr>
<th>Drug type</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>methadone</td>
<td>39</td>
<td>25</td>
</tr>
<tr>
<td>prescription drugs</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>cannabis</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>more than one drug type</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>amphetamines</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>tobacco</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>heroin</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>alcohol</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>unsure</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>157</td>
<td>100</td>
</tr>
</tbody>
</table>

6 missing cases
offenders; women (have different problems); high turnover of inmates; racial; management; overcrowding; and staff shortages.

7. Services offered for those with drug problems in prison

Methadone Program

Of the total sample 85% reported that there was a methadone program operating in their centre. Most of those who said there was no methadone program (n=25) were from the only centre in the sample which actually did not have a methadone program (Question 14). A few officers (n=3) from this centre incorrectly stated that there was a program.

Of those who stated that there was a methadone program in their centre 87% stated that methadone created problems either always or sometimes (see Table 7). The most frequently cited problems associated with the methadone program were as follows:

- the effect on labour in prison (absenteeism and impaired work performance);
- standover tactics used by inmates to obtain another inmate’s dose;
- diversion of dose;
- disruptive behaviour by those on methadone; and
- staffing the administration of methadone.

As Table 8 shows the majority of officers were of the opinion that methadone does not reduce drug use in prison (70%) or needle use in prison (58%). Also methadone was seen not to reduce drug use by inmates once they were released (72%). About one third of the sample stated they were unsure of the impact of methadone on drug use and needle use.

D&A Service

Of the total sample 99% stated that they had a D&A worker in their centre (Question 19). Of note is that a D&A worker was employed at all the centres surveyed. Of those who stated that there was a D&A worker in their centre the majority (59%) were of the opinion that the worker either hardly ever or never created problems in their centre (Table 7). Those who were of the opinion that the worker did create problems represented 16% of the sample. Some of the types of problems mentioned were as follows:

- lost production time (through inmates attending treatment);
- security breaches;
- increased workload for officers (opening gates, movements to monitor); and
- the D&A worker not confirming counselling appointments.

Of those who were aware of the D&A worker in their centre 62% stated that there were advantages to this (Question 20a). The most frequently cited advantage was the availability of counselling to help the inmates (53%). After counselling the second most frequently cited advantage was the availability of someone with D&A expertise or training (12%). Further, 11% of those who thought there were advantages cited more than one type of advantage to having the D&A worker in their centre.

However, 8% of the sample stated that there were disadvantages to having the D&A worker
### Table 7: Perceptions on whether methadone and the D&A worker create problems

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Undecided</th>
<th>Hardly Never</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methadone Program</strong></td>
<td>52</td>
<td>38</td>
<td>8</td>
<td>9</td>
<td>138</td>
</tr>
<tr>
<td><strong>D&amp;A Workers</strong></td>
<td>2</td>
<td>1</td>
<td>24</td>
<td>32</td>
<td>157</td>
</tr>
</tbody>
</table>

* 25 reported there was no methadone program in their gaol
*" 2 were unsure of whether there was a D&A Worker in their gaol and there were 4 missing cases

### Table 8: Perceptions on the effectiveness of methadone treatment and D&A Workers

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone has reduced drug use in prison</td>
<td>11</td>
<td>7</td>
<td>114</td>
<td>162</td>
</tr>
<tr>
<td>Methadone has reduced needle use in prison</td>
<td>19</td>
<td>12</td>
<td>94</td>
<td>161</td>
</tr>
<tr>
<td>Methadone has reduced drug use by inmates on release from prison</td>
<td>4</td>
<td>2</td>
<td>116</td>
<td>162</td>
</tr>
<tr>
<td>D&amp;A Workers have reduced drug use in prison</td>
<td>48</td>
<td>30</td>
<td>40</td>
<td>160</td>
</tr>
</tbody>
</table>

* 1 missing case
*" 2 missing cases
*"’ 3 missing cases
in their centre. Not surprisingly, the types of disadvantages put forward were similar to the types of problems identified in response to Question 22b as listed above. Responses included the following:

- security breaches;
- inmates using the service to avoid work;
- inmates using the service for other gains, such as parole;
- managing D&A workers results in increased workload for officers; and
- production time lost when an inmate attends a treatment session.

Officers were asked if they felt there was enough communication between themselves and the D&A worker (Question 23a). They seemed fairly evenly divided in their responses with 42% stating there was enough communication, 34% stating there was not enough communication and 24% stating they were unsure.

Those who indicated that the level of communication between themselves and D&A workers was insufficient were asked what type of information they would like from D&A workers.

The most frequently cited response was information on which particular inmates are having problems and how to manage them (26%). Other types of information which officers stated they needed from the D&A workers/service were as follows:

- the role/function of the D&A service;
- what workers do in their drug treatment programs;
- inmates progress/failure in drug treatment;
- effects of drugs and whether inmates can operate machinery; and
- advance notice of treatment sessions and which inmates are attending.

Those officers who stated that there was insufficient communication between themselves and D&A workers were also asked what type of information they would like to give D&A workers (Question 23c). The most frequently cited response was to provide information on the behaviour of inmates who have drug problems. Other types of information which officers stated they would like to provide to the D&A workers were the names of inmates who are using drugs and also case report notes.

When officers were asked to identify the types of programs the D&A workers offered 36% stated that they did not know and 25% of the sample failed to answer this question. However, 27% were able to state more than one type of program offered by D&A workers (e.g., counselling, groups & Alcoholics Anonymous).

When officers were asked what they thought was the main motivation for inmates who used the D&A Service a slight majority (51%) stated that it was either for parole, bail, court or re-classification gains. A further 12% stated that inmates wanted someone to talk to about their problems. Only 6% stated that inmates were motivated by a desire to reduce their drug use or solve their drug problem.

As Table 8 shows 30% of officers were of the opinion that the D&A worker had some effect in reducing drug use in prison. However, they were most likely to state they were unsure of the effectiveness of the D&A worker in reducing drug use in prison (45%).
All officers were asked (forced choice format) what initiative would improve the working relationship between officers and D&A workers (Question 28). The majority selected meeting regularly to discuss problems (62%). The second most cited initiative was having officers and D&A workers train each other (29%). Of the total sample only 6% selected D&A workers and officers avoid each other as the preferred option.

8. Skills in relation to dealing with drug-involved inmates

Officers were asked how well-informed they felt about the drug treatment services and some other services offered in their correctional centre (Question 36). The majority of officers indicated they were not well-informed (not very well-informed or not at all informed) about the four services listed (Table 9). Further, officers indicated that they felt least well-informed about the D&A Service (76%) and the Prison Methadone Program (75%). The majority (67%) also stated that they were not well-informed in relation to the effects of drugs and alcohol.

Officers were presented with a variety of situations all of which included drug-involved inmates and they were asked how well-prepared they felt to deal with these situations (Question 37). With the exception of referring an inmate to the D&A Service officers indicated that they were not well-prepared (not very well-prepared or not at all prepared) to deal with the drug-related situations (Table 10). The areas in which the officers felt least well-prepared were:

- advising inmates on ways to reduce the harm caused by drugs (86%); and

- identifying signs of withdrawal (77%).

There were statistically significant differences between officers of varying ranks on how well-informed and how well prepared they felt overall. Officers of junior rank (base grade/first class) felt more well informed ($\chi^2 = 13.94$ $p <.001$) and more well prepared ($\chi^2 = 21.16$, $p <.001$) than officers of more senior rank. It should be noted that officers of middle rank (SPO-ASI) felt the least well-prepared overall. This is consistent with the findings on the knowledge scale (Question 33) on which officers of middle rank were most likely to achieve lower scores and officers of junior rank were most likely to achieve higher scores.

To gauge how willing officers were to be involved with inmates with drug problems they were presented with a further series of scenarios (Question 38). The majority of officers indicated that they were willing to deal with drug-involved inmates (Table 11). However, the area in which they were most willing to participate was the detection of drug use and drug contraband (93%). By comparison only 69% of officers were willing to talk to inmates about their problems. The majority stated that they were willing to provide information on drugs to inmates (77%). Of the total sample 10% stated that they were not willing to refer inmates to the D&A worker.

When compared to junior and senior officers, those of middle rank (SPO-ASI) indicated that they felt least well informed, least well-prepared and least willing to be involved with inmates with drug problems. Further those officers from country centres indicated they felt less well-informed and less well-prepared when compared to those from metropolitan locations. Finally, those who were aged between 18-29 years appeared to be less willing than older officers to be involved with inmates.
Table 9: Perceptions on their knowledge of drugs and treatment services in prison

<table>
<thead>
<tr>
<th>Service</th>
<th>Very well informed</th>
<th>Well informed</th>
<th>Not very well informed</th>
<th>Not at all informed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effects of drugs</td>
<td>1</td>
<td>32</td>
<td>64</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>D&amp;A Service</td>
<td>0</td>
<td>24</td>
<td>58</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>Prison Methadone Program</td>
<td>1</td>
<td>24</td>
<td>56</td>
<td>19</td>
<td>100</td>
</tr>
<tr>
<td>Education program</td>
<td>3</td>
<td>35</td>
<td>48</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>Prison Medical Service</td>
<td>4</td>
<td>38</td>
<td>46</td>
<td>12</td>
<td>100</td>
</tr>
</tbody>
</table>

- 1 missing case
- 2 missing cases

Table 10: Perceptions on how well prepared they are to deal with drug involved inmates

<table>
<thead>
<tr>
<th>Task</th>
<th>Very well prepared</th>
<th>Well prepared</th>
<th>Not very well prepared</th>
<th>Not at all prepared</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify signs of withdrawal</td>
<td>2</td>
<td>21</td>
<td>67</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Identify signs of intoxication</td>
<td>3</td>
<td>27</td>
<td>61</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Advise on ways to reduce harm</td>
<td>3</td>
<td>12</td>
<td>62</td>
<td>24</td>
<td>100</td>
</tr>
<tr>
<td>Refer inmate to D&amp;A Worker</td>
<td>18</td>
<td>50</td>
<td>27</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Talk to inmates about their problems</td>
<td>6</td>
<td>24</td>
<td>55</td>
<td>15</td>
<td>100</td>
</tr>
</tbody>
</table>

- 1 missing case
- 2 missing cases
Table 11: Willingness to deal with drug-involved inmates

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very willing</th>
<th>Quite willing</th>
<th>Not very willing</th>
<th>Not at all willing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer inmate to D&amp;A worker</td>
<td>45</td>
<td>46</td>
<td>8</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>Provide information on drugs</td>
<td>23</td>
<td>54</td>
<td>18</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Identify cases of withdrawal</td>
<td>23</td>
<td>60</td>
<td>14</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Identify cases of overdose</td>
<td>27</td>
<td>58</td>
<td>12</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Talk to inmates about their drug problems</td>
<td>20</td>
<td>49</td>
<td>23</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>Detect drug use and drug contra-band in prison</td>
<td>56</td>
<td>37</td>
<td>7</td>
<td>1</td>
<td>100</td>
</tr>
</tbody>
</table>

2 missing cases 3 missing cases 4 missing cases

The overall score achieved by officers on the knowledge scale (Question 33) was compared to how well-informed they felt overall (Question 36: items 1-3). Those who scored poorly on the knowledge scale were significantly more likely to state they were not well informed in relation to the effects of drugs and related treatment services, $\chi^2 = 9.10$ p < .01.

Those who scored poorly on the knowledge scale were also more likely to state they were not well-prepared to deal with drug-involved inmates (Question 37: items 1-5). However this finding was not statistically significant.

A similar summary score was calculated from the attitude scale (Question 32). A relationship was identified between this and how well-informed officers felt. Those officers who stated they were not well-informed were significantly more likely to be categorised as having a negative attitude towards drug treatment in prison on the attitude scale, $\chi^2 = 7.97$ p < .05. Further, officers who were generally unwilling to deal with drug-involved inmates were significantly more likely to respond negatively on the attitude scale, $\chi^2 = 8.61$, p < .05.
Discussion

The following discussion examines officer knowledge and attitudes in relation to the provision of D&A treatment in prison and draws implications from these findings to guide the development of a D&A training course for officers in N.S.W. Correctional Centres.

As prison is undoubtedly a highly volatile environment it should be noted that the findings on officer attitudes are quite likely to reflect the state of relationships or tension in a particular centre at the time of the research. Notwithstanding this, the following discussion will show a high level of consistency in the findings arising from the focus group method and the self-completion survey method. These two methods were conducted at different centres.

A limitation of the methodology was that not all correctional centres were surveyed due to time/economic constraints.

Knowledge

Findings indicated that officers had more knowledge of the effects of drugs than of the treatment programs provided for those with drug problems in N.S.W. Correctional Centres.

An area in which there appeared to be a significant lack of knowledge was the concept of harm reduction/minimisation and related safe practices. This lack of knowledge was implied by omission in the focus groups and made obvious by the survey in which only 6% of the sample could describe the concept in a way that indicated some understanding. As harm minimisation is the overriding priority of the drug strategy currently being adopted on a national and state level (National Drug Strategic Plan, 1993) it would seem important to provide officers with information on the strategy. Accordingly any officer training on drug issues should be couched within a harm minimisation framework.

A theme which emerged during the focus groups was that the effectiveness of drug treatment or an inmate’s ability to solve his/her drug problem was gauged solely in terms of abstinence from the drug. Also imprisonment was regarded by several as an opportunity for those with drug problems to detoxify and it was assumed that the individual who became drug free in prison would remain drug free on release. Assumptions of this kind have obvious implications for the development of a training course.

The present findings suggest that training on the goals of treatment, such as abstinence and controlled drug use, should make reference to the personal experiences of officers and any difficulties they may have encountered in attempting to stop smoking or drinking.

The scale helped to identify specific areas in which officers lacked knowledge. Two such areas were methadone and alcohol-related information. There was limited recognition of the high prevalence of male inmates with alcohol-related problems when compared to those with other drug problems. Also, there was limited awareness of the safe drinking limit for males.

Officers indicated their lack of knowledge on the D&A Service and the methadone program in a number of ways:

(i) self-reported lack of awareness;

(ii) inability to describe the nature of the programs (policy, objectives, types of programs offered);

(iii) self-reported lack of knowledge on the physical effects of methadone and whether the operation of machinery is contraindicated with its use.

(iv) statements reflecting misinformation in relation to both programs and workers, such as there being no assessment criteria for obtaining a place on the methadone program.
Needs Analysis
Officer Drug & Alcohol Training

(v) reported lack of communication/exchange of information between officers and D&A workers;

Attitudes

Attitudes towards the methadone program were found to be markedly negative in both the focus groups and the survey. Not only was methadone seen to be problematic for officers in relation to the management of inmates, it was also seen to be ineffective as a treatment for those with drug problems.

Findings from both research methods suggested ambivalence by some officers towards the D&A workers and the programs they offered. Generally D&A counselling per se received endorsement. However many officers seemed to doubt its effectiveness as a treatment. Although this opinion seemed to be based more on a negative perception of drug-involved inmates than the D&A workers. Only 6% of officers thought the main reason why inmates enrolled in counselling was to deal with their drug problem. The majority were of the opinion that inmates enrolled in treatment to get ahead in the correctional system.

Findings from the focus groups indicated that alcohol abusers were regarded more favourably than illicit drug abusers. This could be attributed to the perceived relationship between illicit drug use and methadone treatment. There is no drug substitution treatment available for those with alcohol problems. It may also reflect moral judgement as 74% of the sample were of the opinion that people who use illicit drugs should be punished. Further, it is possible that officers were less aware of the association between alcohol abuse and crime than of the association between illicit drug abuse and crime.

Not surprisingly, officers generally saw specialist staff, such as D&A workers as being there solely for the benefit of inmates.

While the majority of officers stated that their relationship with the D&A worker was okay a number of officers referred to the D&A workers and the D&A programs with suspicion and in some cases hostility. Several officers questioned the credibility of the workers and others stated that D&A workers were not willing to communicate with officers or provide them with information.

Perhaps the reported lack of knowledge on the D&A Service and lack of communication with the D&A workers contributed to the apparent suspicion. This attitude was more prevalent in the focus groups where officers may have felt more at ease to express their opinions as they were in the company of their colleagues.

Though officers who completed the survey were assured that it was confidential and anonymous the inherent lack of trust within the system may have resulted in some cases of desirable responding by officers on the questionnaire. Further, on receiving/returning the questionnaires a number officers said the Department would be able to identify them by their answers to the questions on personal background.

In relation to how they may be assisted by D&A workers some officers identified the following: D&A workers confirm with officers which inmates are to be sent for counselling and also confirm with officers if the inmates actually attend the session. These officers stated that it was their responsibility to know the exact whereabouts of the inmates.

Officer attitudes in relation to confidentiality for inmates with drug problems were mixed. While many stated that case information would provide them with more understanding when managing inmates several also identified problems with inmates not trusting officers with the information. A number thought these problems could be overcome mainly through the D&A worker providing officers with some general overview of an inmate’s problem.

Overall officers were of the opinion that they required further information/training on the drug treatment services in prison and the
effects of drugs.

Officers generally indicated that they were willing to be involved with inmates with drug problems. Those who participated in the focus groups specifically identified a need for more communication between themselves and D&A workers. Officers who completed the survey generally indicated that the best initiative for improving relationships between themselves and D&A workers was to meet regularly to discuss problems.

Findings showed a relationship between performance on the knowledge and attitude scales and perceptions on how well informed and how willing officers were to deal with drug-involved inmates (lending some support to the validity of both scales).

Interestingly, those who felt they were not well informed were significantly more likely to have a negative attitude towards drug treatment.

It appears that officers of varying rank, due to the nature of their responsibilities, may need different types of specialised information. Those involved in industries (Overseers, Senior Overseers & Assistant Superintendent of Industries) apparently need to know information relevant to inmates who are operating machinery. Whereas Case Managers may require training on confidentiality issues, court reports and outcome measures of treatment. Because officers of different rank can have different responsibilities in different institutions it would seem appropriate to base training at the institution. The majority of officers stated they would prefer institution-based training.

It should be recognised that Unit Officers, Area and Case Managers and managers of workplaces are in key positions with respect to the behaviour and welfare of inmates and therefore should be specifically targeted for training.

As with the findings from the study in Scottish prisons (Wozniak & McAllister, 1992) officers saw a substantial gulf between head office and institutions. A number of officers were of the opinion that the administration while addressing the needs of inmates was not meeting the needs of officers.

The new policy of Case Management assumes that officers will adopt the humanitarian approach in their duties. Whereas traditionally officers have been responsible for the custody of inmates and the security of the institution.

If officers perceive that the resources provided for inmates substantially outweigh the resources provided for officers then they may be less likely to adopt a humanitarian approach towards inmates. It appears that amenities and support networks for officers need to be reviewed. The level of stress experienced by officers in their role of managing inmates should not be under-estimated. Given this environment it would seem important for the Department to offer correctional staff an Employee Assistance Program (professional counselling and referral service).

Empirical evidence has shown that the majority of inmates in N.S.W. Correctional Centres have committed drug-related crimes (Stathis, Eyland & Bertram, 1991; Kevin, 1992). This alone is enough to warrant the provision of comprehensive D&A training for officers.

The preceding discussion suggests that while there is obviously a place for training in the area of D&A knowledge it appears that training should include a large attitudinal component. The survey found that prior training was related to a more positive attitude to D&A treatment. It may also be advantageous to broaden such a program to include content on conflict resolution skills and stress management.

The implementation of Area Management and Case Management represents a process of major cultural change for the correctional system in N.S.W. Endeavours aimed at improving the channels of communication between specialist staff and officers would seem crucial for the success of the process.
Area Management: Under Area Management, a correctional centre is broken down into defined areas, each of which may contain a number of inmate accommodation units and static posts. Each area is under the control of an Area Manager, who has considerable delegated authority and responsibility. Each defined area is serviced by multi-disciplinary teams. A high level of interaction between staff and inmates is promoted.

Case Management: Case Management requires officers to closely manage the inmates under their care and to take careful note of their individual needs.

Harm reduction/minimisation: Harm reduction is an approach that aims to reduce the adverse health, social and economic consequences of alcohol and other drugs by minimising or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating use.

Focus Groups: A focus group is an interview where a group of people is led through an open, in-depth discussion by a group moderator. The moderator's objective is to focus the discussion on the relevant subject areas in a non-directive manner.

Dry cell: A dry cell is a bare cell without any fixtures or facilities. Inmates are monitored whilst being temporarily held in the cell.

References

Australian Institute of Criminology (1988) Correctional Officer Officer Training, AIC Seminar: Proceedings No. 221, ACT.


Appendix A

Focus Group Format

TOPIC ONE:

Moderator: *(Shows wall chart illustrating topic)* "The first issue is about whether you think inmates with drug and alcohol problems should be offered treatment in prison and why?"

Moderator: "I would like you to write down your ideas about the issue before we start the discussion. You have about three minutes. Try and get down all your ideas."

Moderator: For the discussion to run well I would like you to:

(i) stick with one point at a time;
(ii) only one person should speak at a time;
(iii) if you disagree with what someone says please say that you disagree;
(iv) all of you take part in the discussion;
(v) talk with each other rather than directing your ideas to me.

Moderator: "Now could someone share one idea on this issue and let's discuss it.......................

*(when the first idea is put forward record it on wall chart. When it has been fully discussed ask for another idea, etc.)*

TOPIC TWO:

Moderator: *(display wall chart and record the ideas put forward)* "What are your feelings on the service provided by Drug and Alcohol Workers for inmates with drug and alcohol problems? *(continue with same format as for topic one)*

TOPIC THREE:

Moderator: *(display wall chart)* "What do you think is the role of correctional officers in relation to inmates who have drug and alcohol problems?*

TOPIC FOUR:

Moderator: *(display wall chart and record the ideas put forward)* What sort of help or assistance would you like in relation to dealing with inmates with drug and alcohol problems?
### Table 12: Response rate by correctional centre

<table>
<thead>
<tr>
<th>Correctional Centre</th>
<th>Distributed No.</th>
<th>Returned No.</th>
<th>Completed No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand</td>
<td>34</td>
<td>23</td>
<td>23</td>
<td>68</td>
</tr>
<tr>
<td>Training</td>
<td>32</td>
<td>25</td>
<td>25</td>
<td>78</td>
</tr>
<tr>
<td>Bathurst</td>
<td>38</td>
<td>34</td>
<td>34</td>
<td>90</td>
</tr>
<tr>
<td>Maitland</td>
<td>31</td>
<td>12</td>
<td>11</td>
<td>36*</td>
</tr>
<tr>
<td>Windsor</td>
<td>36</td>
<td>22</td>
<td>22</td>
<td>61</td>
</tr>
<tr>
<td>Mulawa</td>
<td>24</td>
<td>21</td>
<td>20</td>
<td>83</td>
</tr>
<tr>
<td>Parklea</td>
<td>40</td>
<td>28</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>235</td>
<td>165</td>
<td>163</td>
<td>69</td>
</tr>
</tbody>
</table>

* Maitland had a higher proportion of static security posts and officers on such posts reportedly had less opportunity to complete the survey during the course of their shift. Hence there was reliance on mail return for the majority of these officers.
### Table 13: Gender - sample and population

<table>
<thead>
<tr>
<th></th>
<th>Sample (n=163)</th>
<th>Percent of Total</th>
<th>Population (n=3045)</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>137</td>
<td>84%</td>
<td>2593</td>
<td>85%</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>15%</td>
<td>452</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>162*</td>
<td>99%</td>
<td>3045</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Data missing for 1 case

### Table 14: Age - sample and population

<table>
<thead>
<tr>
<th>Age</th>
<th>Sample (n=163)</th>
<th>Percent of Total</th>
<th>Population (n=3045)</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 20</td>
<td>0</td>
<td>0%</td>
<td>5</td>
<td>0%</td>
</tr>
<tr>
<td>21 - 24</td>
<td>13</td>
<td>9%</td>
<td>296</td>
<td>10%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>23</td>
<td>15%</td>
<td>564</td>
<td>18%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>26</td>
<td>17%</td>
<td>575</td>
<td>19%</td>
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<td>35 - 39</td>
<td>27</td>
<td>17%</td>
<td>477</td>
<td>16%</td>
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<td>40 - 49</td>
<td>49</td>
<td>32%</td>
<td>823</td>
<td>27%</td>
</tr>
<tr>
<td>50 - 59</td>
<td>14</td>
<td>9%</td>
<td>293</td>
<td>10%</td>
</tr>
<tr>
<td>60 +</td>
<td>8</td>
<td>1%</td>
<td>12</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>153*</td>
<td>100%</td>
<td>3045</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Data missing for 10 cases

### Table 15: Aboriginality - sample and population

<table>
<thead>
<tr>
<th></th>
<th>Sample (n=163)</th>
<th>Percent of Total</th>
<th>Population (n=3045)</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginality</td>
<td>2</td>
<td>1%</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>Non - Aboriginal</td>
<td>160</td>
<td>99%</td>
<td>3027</td>
<td>99%</td>
</tr>
<tr>
<td>Total</td>
<td>162*</td>
<td>100%</td>
<td>3045</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Data missing for 1 case
### Table 16: Years of service - sample and population

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Sample (n=163)</th>
<th>Percent of Total %</th>
<th>Population (n=3045)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>14</td>
<td>9</td>
<td>174</td>
<td>6</td>
</tr>
<tr>
<td>1 - 3</td>
<td>43</td>
<td>27</td>
<td>1163</td>
<td>38</td>
</tr>
<tr>
<td>4 - 5</td>
<td>24</td>
<td>15</td>
<td>492</td>
<td>16</td>
</tr>
<tr>
<td>6 - 9</td>
<td>42</td>
<td>26</td>
<td>570</td>
<td>19</td>
</tr>
<tr>
<td>10 - 14</td>
<td>18</td>
<td>11</td>
<td>336</td>
<td>11</td>
</tr>
<tr>
<td>15 +</td>
<td>21</td>
<td>13</td>
<td>310</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>162*</td>
<td>100</td>
<td>3045</td>
<td>100</td>
</tr>
</tbody>
</table>

* Data missing for 1 case

### Table 17: Classification status - sample and population

<table>
<thead>
<tr>
<th>Classification</th>
<th>Sample (n=163)</th>
<th>Percent of Total %</th>
<th>Population (n=3045)</th>
<th>Percent of Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prison Officer / First Class</td>
<td>87</td>
<td>55</td>
<td>1957</td>
<td>64</td>
</tr>
<tr>
<td>Senior Prison Officer</td>
<td>16</td>
<td>10</td>
<td>364</td>
<td>12</td>
</tr>
<tr>
<td>Overseer/Senior Overseer</td>
<td>33</td>
<td>21</td>
<td>352</td>
<td>12</td>
</tr>
<tr>
<td>Assistant Superintendent</td>
<td>7</td>
<td>5</td>
<td>152</td>
<td>5</td>
</tr>
<tr>
<td>Assistant Superintendent of Industries</td>
<td>2</td>
<td>1</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>Senior Assistant Superintendent</td>
<td>9</td>
<td>6</td>
<td>85</td>
<td>3</td>
</tr>
<tr>
<td>Deputy Governor</td>
<td>2</td>
<td>1</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>Governor</td>
<td>2</td>
<td>1</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>160*</td>
<td>100</td>
<td>3045</td>
<td>100</td>
</tr>
</tbody>
</table>

* Data missing for 3 cases
OFFICER SURVEY ON DRUG AND ALCOHOL ISSUES

INTRODUCTION

The Research and Statistics Unit is conducting this survey with officers. The reason for the survey is to discover what officers think of the services in gaol, particularly the Drug and Alcohol Service and related drug and alcohol issues.

Your views are important and the findings from the survey may be used in designing a drug and alcohol training program for officers.

There are no names or identifying marks on the questionnaire. The information will be used in such a way that no individual will be identified.

If you have any further enquiries about this survey you may contact Maria Kevin at the Research and Statistics Unit or Tony Calman at the Corrective Services Academy.

INSTRUCTIONS

Most questions can be answered by placing a circle around the number opposite the question.

For example if you work in medium security gaol:

What is the security classification of the gaol in which you work?

minimum ........ 1
medium .......... 2
maximum ......... 3

If you strongly agree with a statement record your answer to the question as follows:

(circle only one number unless otherwise stated)

Strongly Agree Unsure Disagree Strongly Disagree

Inmates have weak will 1 ........ 2 .... 3 .... 4 ........ 5

Thank you for reading this questionnaire.
### Section 1: Background Information

1. What is your age in years

2. Are you:
   - male ... 1
   - female ... 2

3. Are you of Aboriginal or Torres Strait Islander Descent?
   - Aboriginal ........... 1
   - Torres Strait Islander ... 2
   - Neither ............. 3

4. What country were you born in? (write in)

5. What is the highest level of education have you achieved so far?
   - Primary School .................. 1
   - Left school before completing school certificate/Year 10 ............. 2
   - School Certificate ................ 3
   - Higher School Certificate ........ 4
   - Technical College .................. 5
   - University - undergraduate ........ 6
   - University - postgraduate ........ 7
   - Other (write in) ................... 8

6. How long have you been a correctional officer with the N.S.W. Department of Corrective Services?
   - Less than 1 year .................. 1
   - 1 - 3 years ....................... 2
   - 4 - 5 years ....................... 3
   - 6 - 9 years ....................... 4
   - 10 -14 years ..................... 5
   - 15+ years ....................... 6

7. How long have you worked at your current gaol?
   - Less than 1 year .................. 1
   - 1 - 3 years ....................... 2
   - 4 - 5 years ....................... 3
   - 6 - 9 years ....................... 4
   - 10 -14 years ..................... 5
   - 15+ years ....................... 6
8. What is your current classification?

<table>
<thead>
<tr>
<th>Classification</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO - PO 1/C</td>
<td>1</td>
</tr>
<tr>
<td>SPO</td>
<td>2</td>
</tr>
<tr>
<td>A.S.</td>
<td>3</td>
</tr>
<tr>
<td>Overseer &amp; Snr Overseer</td>
<td>4</td>
</tr>
<tr>
<td>A.S.I.</td>
<td>5</td>
</tr>
<tr>
<td>S.A.S.</td>
<td>6</td>
</tr>
<tr>
<td>DEP GOV</td>
<td>7</td>
</tr>
<tr>
<td>GOV</td>
<td>8</td>
</tr>
<tr>
<td>OTHER (write in)</td>
<td>9</td>
</tr>
</tbody>
</table>

9. Have you received any training on drug & alcohol issues and if so what kind of training was it?

(circle more than one if applicable)

<table>
<thead>
<tr>
<th>Training</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No training</td>
<td>1</td>
</tr>
<tr>
<td>Part of training with Corrective Services</td>
<td>2</td>
</tr>
<tr>
<td>Part of university/TAFE course</td>
<td>3</td>
</tr>
<tr>
<td>CEIDA course</td>
<td>4</td>
</tr>
<tr>
<td>Other (write in)</td>
<td>5</td>
</tr>
</tbody>
</table>

10. Have you received any previous training in counselling skills and if so what kind of training was it?

(circle more than one if applicable)

<table>
<thead>
<tr>
<th>Training</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No training</td>
<td>1</td>
</tr>
<tr>
<td>Part of training with Corrective Services</td>
<td>2</td>
</tr>
<tr>
<td>Part of university/TAFE course</td>
<td>3</td>
</tr>
<tr>
<td>Short term counselling course</td>
<td>4</td>
</tr>
<tr>
<td>CEIDA course</td>
<td>5</td>
</tr>
<tr>
<td>Other (write in)</td>
<td>6</td>
</tr>
</tbody>
</table>

11. How many cigarettes do you smoke daily?

<table>
<thead>
<tr>
<th>Cigarettes smoked daily</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5 per day</td>
<td>1</td>
</tr>
<tr>
<td>6 - 20 per day</td>
<td>2</td>
</tr>
<tr>
<td>more than 20</td>
<td>3</td>
</tr>
<tr>
<td>smoke less than daily</td>
<td>4</td>
</tr>
<tr>
<td>non-smoker</td>
<td>5</td>
</tr>
<tr>
<td>ex-smoker</td>
<td>6</td>
</tr>
</tbody>
</table>

12. How often do you drink alcohol?

<table>
<thead>
<tr>
<th>Alcohol consumption</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>A few times week</td>
<td>2</td>
</tr>
<tr>
<td>Once a week</td>
<td>3</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>4</td>
</tr>
<tr>
<td>Monthly</td>
<td>5</td>
</tr>
<tr>
<td>Half yearly</td>
<td>6</td>
</tr>
<tr>
<td>Less than half yearly</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
</tbody>
</table>
13. How many drinks do you usually have in a drinking session?

- Do not drink ............... 1
- 1 - 2 glasses ............... 2
- 3 - 4 glasses ............... 3
- 5 - 6 glasses ............... 4
- 7 - 8 glasses ............... 5
- 9 - 10 glasses .............. 6
- More than 10 glasses ...... 7

Section 2: Services Offered and Atmosphere in Gaol

14. Do you have a methadone program in your current gaol?

- Yes ........ 1 → (go to 15a)
- No ........ 2 → (go to 16)
- Unsure ... 9 → (go to 16)

15a. Does methadone create problems in the daily running of your current gaol?

- Always ........ 1 → (go to 15b)
- Sometimes .... 2 → (go to 15b)
- Undecided .... 3
- Hardly ever .... 4
- Never ........ 5

15b. (if always or sometimes) What kinds of problems?

16. Do you think the methadone program has been effective in reducing the level of drug use by inmates while they are in gaol?

- Yes ........ 1
- No ........ 2
- Unsure ... 9

17. Do you think the methadone program has been effective in reducing needle use among inmates while in gaol?

- Yes ........ 1
- No ........ 2
- Unsure ... 9
18. Do you think the methadone program has been effective in reducing drug use by inmates following their release from gaol?

Yes .......... 1
No .......... 2
Unsure ...... 9

19. Do you have a Drug & Alcohol Worker in your current gaol?

Yes .......... 1
No .......... 2 → (go to 23a)
Unsure ...... 9

20a. Are there any advantages to having the Drug & Alcohol Worker in your current gaol?

Yes ... 1 → (go to 20b)
No ... 2
Unsure . 9

(If yes)

20b. What are they?

21a. Are there any disadvantages to having the Drug & Alcohol Worker in your current gaol?

Yes ... 1 → (go to 21b)
No ... 2
Unsure . 9

(If yes)

21b. What are they?

22a. Does the Drug & Alcohol Worker create problems in the daily running of your gaol?

Always ........ 1 → (go to 22b)
Sometimes .... 2 → (go to 22b)
Undecided .... 3
Hardly ever .... 4
Never .......... 5
22b. (if always or sometimes)
What kinds of problems?

23a. Do you feel there is enough communication between yourself and the Drug & Alcohol Worker?

   Yes ....... 1
   No ......... 2 → (go to 23b and then to 23c)
   Unsure .... 9

23b. (if no)
What information would you like from the Drug & Alcohol Worker?

23c. (if no)
What information would you like to give the Drug & Alcohol Worker?

24a. Do you think that the work of the Drug & Alcohol Worker has had some effect in reducing drug use among inmates while in gaol?

   Yes ....... 1
   No ......... 2 → (go to 24b)
   Unsure .... 9

24b. (If no)
Why not?
25. What programs does the Drug & Alcohol Worker offer inmates with drug or alcohol problems?

26. What do you think is the main reason why inmates use the service offered by the Drug & Alcohol Worker?

(circle one only)
- To reduce their drug use/solve drug problem ........................ 1
- To make plans for changing their lifestyle once they are released .......... 2
- To get parole, court report or re-classification benefits .................... 3
- To reduce their drug use while in gaol .................................. 4
- To fill in time/satisfy curiosity ........................................... 5
- To talk to someone about their problems ................................ 6
- Other (write in) ............................................................... 7
- Unsure ............................................................................. 9

27. How would you describe the quality of relationships presently in your gaol between the following?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Very Good</th>
<th>Fairly Good</th>
<th>OK</th>
<th>Fairly Bad</th>
<th>Very Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers and inmates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Among officers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers and drug &amp; alcohol workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers and governors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers and medical staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers and education staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers and psychologists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officers and welfare staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39
28. Which of the following would you recommend to achieve a co-operative working relationship between officers and drug & alcohol workers?

(circle only one)

Keep officers and drug & alcohol workers away from each other ............... 1
Have officers and drug & alcohol workers meet regularly to discuss problems .... 2
Have officers and drug & alcohol workers train each other .......................... 3
Have officers and drug & alcohol workers attend social functions together ....... 4

29. In terms of inmates using drugs in gaol, which drug type creates the most problems in the daily running of your current gaol?

(circle only one number)

Cannabis ........................................ 1
Alcohol/prison brews .............................. 2
Methadone ......................................... 3
Prescription drugs ................................. 4
Heroin .............................................. 5
Amphetamines .................................... 6
Cigarettes ......................................... 7
Other (please write) .............................. 8

30a. Do you think the gaol you work in has different sorts of problems because of the nature of the gaol population, location of the gaol, types of programs run, etc.?

Yes .... 1 → (go to Q.30b)
No ....... 2
Unsure . . . 9

(if yes)

30b. What are these different sorts of problems


31. In the past four weeks how often have you talked to an inmate about his/her problems?

Never ............. 1
1-3 times .......... 2
4-10 times ......... 3
More than 10 times .. 4
### Section 3: Views about drugs and alcohol - listed below are some of the things people have said about drugs and alcohol, please circle the number which best sums up your view

32. How do you feel about the following statements? *(circle only one number)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) It is important to offer inmates treatment for their drug and alcohol problems in gaol</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(2) The drug &amp; alcohol workers in gaol are suitable people for counselling inmates with drug and alcohol problems</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(3) Drug &amp; alcohol workers generally co-operate with the security regulations required in gaol</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(4) Drug &amp; alcohol workers do not have enough knowledge or skills to assist inmates reduce their drug use</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(5) Those who use illegal drugs should be punished</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(6) All people are worthy of respect and value regardless of their actions</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(7) Once a criminal always a criminal</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(8) Inmates have come from deprived backgrounds</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(9) Inmates are sly and devious</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(10) For the vast majority of inmates with drug and alcohol problems counselling makes no difference</td>
<td>1...2...3</td>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
33. In your opinion which of the following statements are true or false?

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Heroin makes people aggressive and violent</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(2) A person can die of alcohol poisoning from drinking</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(3) In terms of general health, the safe drinking limit for men</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>is about 4 standard glasses of alcohol per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Methadone is not addictive</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(5) People take legal drugs (e.g., cigarettes) for different reasons</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>than illegal drugs (e.g., heroin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) For most of the male offenders who come to gaol with drug/alcohol</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>problems, alcohol abuse is their main problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Heroin abuse is a physical disease</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(8) Alcohol is a drug</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(9) In someone who is dependent on tranquillisers abrupt withdrawal from</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>tranquillisers can be extremely dangerous and convulsions may occur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) A woman who is a regular heroin user and is also pregnant should</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>be advised to enter a methadone program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34. What is the first thing an officer should do when he or she suspects that an inmate has overdosed on drugs?

<table>
<thead>
<tr>
<th>Action</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place the inmate in an isolation unit</td>
<td>1</td>
</tr>
<tr>
<td>Disclose the inmate</td>
<td>2</td>
</tr>
<tr>
<td>Refer the inmate to the medical staff for examination</td>
<td>3</td>
</tr>
<tr>
<td>Conduct a strip search to determine what kind of drugs the inmate has</td>
<td>4</td>
</tr>
<tr>
<td>in his or her possession</td>
<td></td>
</tr>
</tbody>
</table>

35a. Are you familiar with the concept of harm reduction in relation to drug use?

- Yes                      
- No                       
- Unsure

35b. (If yes) Describe what you understand by it?

____________________________________________________________________

____________________________________________________________________

42
### Section 4: Training Needs

36. How informed do you feel about the following? *(circle only one number)*

<table>
<thead>
<tr>
<th></th>
<th>Very well informed</th>
<th>Well informed</th>
<th>Not very well informed</th>
<th>Not at all informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The effects of various drugs and alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(2) The service offered by the Drug &amp; Alcohol Worker</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(3) The service offered by the Prison Methadone Program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(4) The service offered by the education program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(5) The service offered by the Prison Medical Service</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

37. In general, how prepared do you feel to do the following? *(circle only one number)*

<table>
<thead>
<tr>
<th></th>
<th>Very well prepared</th>
<th>Well prepared</th>
<th>Not very well prepared</th>
<th>Not at all prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Identify the signs of withdrawal from different drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(2) Identify the signs of intoxication from different drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(3) Advise inmates on ways to reduce the harm caused from different drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(4) Refer an inmate to the Drug &amp; Alcohol Worker</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(5) Talk to an inmate about his/her drug or alcohol problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
38. In general, how willing do you feel to do the following? *(circle only one)*

<table>
<thead>
<tr>
<th></th>
<th>Very willing</th>
<th>Quite willing</th>
<th>Not very willing</th>
<th>Not at all willing</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Refer inmates to the Drug &amp; Alcohol Worker</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(2) Provide information on drugs/alcohol to inmates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(3) Identify inmates who are withdrawing from drugs/alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(4) Identify inmates who have overdosed on drugs/alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(5) Talk to inmates about their drug/alcohol problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(6) Detect drug/alcohol use or drug-related contraband in your gaol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

39. If you were to attend a drug/alcohol training course where would you prefer this to be? *(circle only one)*

Corrective Services Academy          1
At the gaol where you work            2
An outside organisation               3
Other *(write in)*                    4

40. Do you have any other concerns either about the Drug & Alcohol Service or your role in relation to inmates with drug/alcohol problems? If so please comment:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

THANK YOU FOR YOUR COOPERATION

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