



Government of Western Australia  
Department of Justice  
Corrective Services

# **Western Australian Prisons Drug Strategy 2018-2021**



# Table of Contents

<b>1. Introduction.....</b>	<b>4</b>
1.1 Purpose.....	4
1.2 Objectives .....	4
1.3 Broader context.....	4
1.4 Background .....	5
<b>2. Why do we need a Strategy? .....</b>	<b>6</b>
<b>3. Goal 1: Supply Control.....</b>	<b>7</b>
3.1 Preventing and Deterring Drug Use and Trafficking .....	7
3.2 Performance Objectives .....	11
3.3 Key Measures of Success .....	11
<b>4. Goal 2: Demand Reduction .....</b>	<b>12</b>
4.1 Minimising the Demand for Drugs .....	12
4.2 Performance Objectives .....	14
4.3 Key Measures of Success .....	14
<b>5. Goal 3: Harm Reduction .....</b>	<b>15</b>
5.1 Reducing harms caused by Drug use .....	15
5.2 Performance Objectives .....	17
5.3 Key Measures of Success .....	17
<b>6. Evaluation .....</b>	<b>18</b>

## Commissioner's foreword

The Western Australian Prisons Drug Strategy 2018 – 2020 is to be extended until 31 December 2021. The current approach, which is aligned with the National Drug Strategy of 'Reducing Demand', 'Preventing and Deterring Supply' and 'Reducing Harm', remain as a solid foundation on which to build our response.

The extension will allow sufficient time to undertake further research on best practice and better understand the detrimental impact alcohol and other drugs, including prescription medication is having on Western Australian prisons and the community.

New and emerging drugs are already posing significant challenges. As an example the chemicals used in synthetic drugs are constantly changing and are designed to stay a step ahead of drug laws.

We need to develop a response that takes into account the ingenuity of drug producers and users, and the prevalence of substance abuse problems other than those caused by known illicit drugs.

As such innovative solutions will be needed if we are to restrict the introduction of these into the prison estate and impact on usage.

A series of stakeholder engagement opportunities will be provided to ensure you are given an opportunity to actively engage in the formulation of a new strategy.



Michael Reynolds

A/Commissioner, Corrective Services

10 May 2021

# 1. Introduction

## 1.1 Purpose

The purpose of the *Western Australian Prisons Drug Strategy 2018 – 2021* is to provide a high-level blueprint for how the Department of Justice (the Department) is addressing the challenge of drugs<sup>1</sup> in prisons in Western Australia. The Department's objective is to create a drug-free custodial environment. It will do this by detecting, disrupting and denying drugs and other contraband from entering and being trafficked within custodial facilities. Prisoners who use or traffic drugs and visitors and staff who traffic drugs within the prison estate will be held accountable.

The Strategy demonstrates a commitment to harm minimisation through the adoption of effective demand, supply and harm reduction strategies.

The Strategy will be complemented by a Strategic Action Plan which contains greater detail around each initiative along with specific targets and measures of success. The Strategic Action Plan also documents how the various initiatives will be evaluated.

## 1.2 Objectives

The key objectives of the Strategy are to:

- eliminate the supply and use of illicit substances in prisons
- eliminate the diverted supply and misuse of licit substances in prisons
- increase prisoners' understanding of drug related harm
- increase prisoner access to a range of high-quality prevention and treatment services
- reduce the level of risk taking behaviour associated with illicit drug use by prisoners
- reduce drug-related harm for staff, prisoners and the wider community
- reduce the risks to the community of drug-related crime, violence and antisocial behaviour

## 1.3 Broader context

The current Western Australian policy framework that informs the development of this Strategy includes the:

- *Western Australian Drug and Alcohol Interagency Strategy 2018-2022*
- *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025: Better Choices. Better Lives*
- *Methamphetamine Action Plan 2017*

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<sup>1</sup> In this document, the term *drug* encompasses alcohol but not tobacco products.

The *National Drug Strategy 2017-2026* provides a national framework for a coordinated, integrated approach to alcohol and other drug issues. The *Western Australian Drug and Alcohol Interagency Strategy 2018-2022* is aligned to the National Drug Strategy's harm minimisation framework. This framework aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals and the community and is achieved through a balanced approach across the pillars of supply, demand and harm reduction.

## **1.4 Background**

People in contact with the criminal justice system have high underlying rates of alcohol, tobacco and other drug problems. In Australia in 2015, 67 per cent of prison entrants reported using an illicit drug in the 12 months prior to entering prison, and half of all prison entrants reported using methamphetamine. In 2015-2016, 46 per cent of adult detainees interviewed as part of the Drug Use Monitoring in Australia program reported that their alcohol and other drug use contributed to their current detention by police.

Data collected in 2015 by the former Western Australian Department of Corrective Services indicated that 37 per cent of the prison population fulfilled the criteria for a clinically diagnosable alcohol and other drug problem or disorder. In 2013, offenders processed through reception completed a self-identifying alcohol and other drug use survey which identified that 74 per cent of women and 77 per cent of men reported a substance use disorder.

There is a significant link between drug use and criminality. Apart from offences directly arising from possession and use of drugs themselves, this link can arise through crimes such as theft motivated by a desire for money to fund drug taking; crimes arising from behaviour while in a drug-affected state, and crimes such as smuggling and physical violence related to drug trafficking. There is also a high correlation between violent crime and excessive alcohol consumption, with research estimating that between 41 per cent and 70 per cent of violent crimes are committed under the influence of alcohol.

Close relationships exist between imprisonment, illicit and injecting drug use, and the prevalence of blood-borne virus infections in prisoners. In 2015, the prevalence of hepatitis C (a blood-borne virus) among prison entrants in Australia was 31 per cent for hepatitis C, and higher again among those prisoners who inject drugs (57 per cent). Such prevalence is significantly higher than the under one per cent prevalence within the general population.

The criminal justice system has an important role in supporting offenders with drug problems as it often serves as the point of first contact in facilitating access to treatment. The prison environment provides unique opportunities to engage and retain individuals in treatment programs. Research has shown that combining criminal justice sanctions with drug treatment can be effective in decreasing drug abuse and associated crime. People under a legal coercion generally stay in treatment longer and perform better than those who are not.

## **2. Why do we need a strategy?**

### **Good order**

The availability of contraband contributes to a weakening of good governance within a prison and undermines the aims of making a prison environment safe and secure. Perceptions about inadequate control and poor security can be created and this can undermine public confidence in the prison system.

### **Safety**

The link between violence and drugs in prison is well documented. As well as the impact on the health and safety of inmates, prisoners are reported to use drugs to make evident their authority within the prison. This results in assaults, blackmail and violence, not just between prisoners but also against prison staff. Drug trafficking within a prison may result in an informal hierarchy with some prisoners being forced by stronger, more influential prisoners to act as traffickers, dealers or debt enforcers.

### **Health**

The adverse health effects associated with drug use in prisons are numerous and are related to the manner in which drugs are used; as well as the physiological; psychological and social effects of drug use. The methods of using drugs in prison can lead to an increased risk of health problems such as blood-borne viruses, ulcers, and collapsed veins. The negative consequences of intoxication include violence, depression and suicidal behaviour. Many drug-using prisoners also experience acute drug withdrawal symptoms, especially following admission to prison. The relapse of prisoners into drug use, either while still in custody or after release is associated with an increased risk of overdose.

### **Rehabilitation**

Given that a large proportion of prisoners have alcohol and other drug dependencies, prison provides an opportunity for rehabilitation. Combining criminal justice sanctions with drug treatment can be effective in decreasing drug abuse and associated crime. People who are legally mandated to participate in rehabilitation programs generally stay in treatment longer and perform better than those who are not under legal pressure. The ready availability of drugs in prisons – both licit and illicit – can jeopardise rehabilitation efforts.

### **Reducing offending**

Combining criminal justice sanctions with drug treatment can be effective in decreasing illicit drug use and associated crime. For many prisoners, prison will serve as an initial access point to rehabilitation programs.

### 3. Goal 1: Supply Control

#### 3.1 Preventing and Deterring Drug Use and Trafficking

Supply reduction is critical to maintaining a safe and secure prison environment.

Supply reduction strategies aim to restrict availability and access to drugs.

Preventing or disrupting illicit supply of drugs reduces availability, leading to a reduction of use and consequential harms. Illicit supply of drugs includes drugs that are prohibited such as cannabis, heroin, cocaine and methamphetamine, and those diverted from legitimate use, such as pharmaceuticals.

The principal methods of trafficking drugs into a prison are through the gatehouse or over the perimeter barrier. Other methods are visitors and to a lesser extent, staff. Often drug trafficking requires sophisticated planning and preparation to circumvent systems that are in place to prevent it. Prisoners tend to be inventive and creative in their efforts to obtain and procure drugs which makes the task of maintaining a secure and drug-free environment increasingly difficult.

#### Searches

Physical searches are an important way of preventing drugs and drug-related contraband from entering prisons. Across the prison estate, the Department carries out physical searches of prisoners, visitors, staff, prison environs and vehicles. A highly effective Intelligence cycle that provides timely and accurate intelligence to prioritise and direct the conduct of searches is crucial. The Department employs drug detection dogs; and other drug detection technology to assist with searches.

#### Key Initiatives

##### Development of a long-term search strategy

The Department is developing a long-term search strategy which will

- create standard operating procedures and guidance on searches
- establish a compliance framework to ensure search practices accord with search guidance
- develop search training standards
- review the delivery of training around searching
- develop reporting requirements around search activities; training; and compliance.

##### Targeted search operations

The Department will conduct intelligence-led targeted search operations through a combination of locally-resourced prison operations and strategic operations which employ specialist resources such as the Special Operations Group, Drug Detection Unit and Investigators. These state-wide search operations are aimed at detecting, disrupting and deterring drugs and other contraband from entering and being trafficked within prisons.

## **Key Initiatives**

### **Development of standard visit procedures**

The Department is developing standard visit procedures to ensure that visit procedures are uniform across prisons. Standardised procedures will deliver consistency and enable greater quality assurance.

### **Improved perimeter security**

Perimeter security is being improved at prisons through measures such as regular boundary clearing; and improved physical barriers.

### **Drone detection technology**

Drone-introduced contraband is an emerging threat across the prison estate. The Department is exploring the use of drone detection technology to detect drone intrusions and to provide advance warning of incoming drones.

### **Improved gatehouse security**

Security at prison gatehouses and other checkpoints will be tightened through improvements to:

- screening technology
- checkpoint screening procedures for all deliveries into prisons including mail
- the configuration of gatehouses and other checkpoints
- gatehouse search procedures.

### **Increased monitoring**

The Department is increasing monitoring in units and cells in order to better identify drug secretion and trafficking.

### **Modification of physical infrastructure**

As the Department progresses its program of works it is proactively identifying opportunities to reduce drug and other contraband hiding locations.

## **Drug mitigation**

The Department has created the position of Assistant Director Drug Mitigation to oversee the Drug Detection Unit and to lead the provision of drug supply reduction strategies within the Department. The position provides operational advice on drug mitigation policies, practices and procedures as well as advice on new and emerging drug detection technologies for use within custodial environments. The Assistant Director Drug Mitigation also provides operational oversight of the Department's Drug Prevalence Testing Program and the Staff Drug and Alcohol Testing Program.



## **Drug testing of prisoners**

Drug testing aims to deter prisoners from using drugs by monitoring for the use of both illicit and licit (prescription) drugs. The Department's Drug Prevalence Testing program is a random selection of prisoners tested at regular intervals. In addition, targeted analysis testing of prisoners occurs on suspicion of use.

## **Drug testing of staff**

The Department operates a drug and alcohol testing program for prison officers. The purpose of the program is to ensure the health, safety and welfare of all staff, visitors and prisoners; promote community confidence in prison officers; and serve as a deterrent to serious misconduct, corruption and criminal behaviour.

### **Key Initiatives**

#### **Refined Drug Prevalence Testing program**

The Drug Prevalence Testing program is under review with a focus on increasing effectiveness, ensuring greater compliance, and increasing the number of drug classes analysed and reported on.

#### **Trial of new drug detection technology**

The Department has conducted trials of drug detection technology. The instruments selected for trial include instruments that can test for drugs in body fluids such as sweat and saliva and other drug trace detection technology. These devices are more efficient than a urine test in that they are less invasive, are more difficult to adulterate, more resource efficient and are not gender-specific.

Greater drug detection technology coverage in regional prisons

The Department is expanding the drug detection technology available to regional prisons.

#### **More drug detection dogs**

The Department is increasing the number of drug detection dogs and drug detection officer handlers across both metropolitan and regional prisons.

#### **Waste Water Drug Monitoring program**

The Department has implemented a Waste Water Drug Monitoring Program to conduct wastewater drug sampling at all prisons to determine patterns and trends in drug use over a select period of time. This will assist in determining the effectiveness of drug supply prevention strategies and therapeutic interventions.

#### **Staff Drug and Alcohol Testing program**

The Staff Drug and Alcohol testing program is being refined as a result of a review undertaken in 2017.

## **Intelligence operations**

The Department's Intelligence Services collects and provides advice on the presence, use and trafficking of drugs within prisons. Intelligence collators are installed in some of the larger prisons and work closely with security teams in all prisons to support local security efforts to counter drug trafficking.

Intelligence officers monitor communications and reporting streams to identify trafficking activity or drug use, while providing operational and strategic advice on vectors for drug trafficking and individuals, networks and vulnerabilities which enable such activity.

### **Key Initiatives**

#### **Improved use of intelligence**

The Department has expanded its intelligence resources with an aim of providing more timely operational and tactical intelligence about the supply of drugs into prisons. The Department will focus on proactively using intelligence to conduct more targeted search operations. These searches will concentrate on prisoners, staff and visitors whom intelligence suggests are actively involved in trafficking drugs into prisons.

## **Sanctions, awareness and education**

The Department imposes sanctions on visitors who attempt to, or are suspected of trafficking drugs into custodial facilities. These sanctions include bans from all visits, bans from non-contact visits only, and criminal prosecution. Visitor signage is displayed at all prisons clearly stating the penalties for bringing drugs or alcohol into prisons.

### **Key Initiatives**

#### **Review of penalties and sanctions for trafficking drugs and mobile phones**

As part of the Prison-Rule Base Transformation Project it is undertaking, the Department will review current legislation and visitor ban processes to determine if the current penalties and sanctions offer an effective deterrent to those trafficking drugs and mobile phones (used to facilitate drug trafficking) into prisons.

#### **Revised signage at prisons**

The Department is revising the signage at its prisons to make messaging around trafficking of drugs and drug-related contraband more effective in terms of deterrence.

#### **Targeted text messages**

In addition to planned changes to the visits booking system, the Department is trialling sending text messages to visitors to prisons. These messages will include reminders as to sanctions and penalties for trafficking contraband (such as drugs and mobile phones) as an adjunct to confirmation of the visit booking.

### **3.2 Performance Objectives**

The performance objectives for the supply control goal are:

- prisoners, staff and visitors attempting to introduce or traffic drugs are identified and penalised
- drugs and related equipment concealed on people, in goods, mail, property, produce or vehicles are detected and intercepted
- prisoners who use drugs in prison are identified and managed appropriately
- prisoners are deterred from using drugs because of the likelihood of being detected and penalised
- staff and visitors are deterred from introducing drugs because of the likelihood of being detected and penalised

### **3.3 Key Measures of Success**

The primary measures of the success of supply control strategies are:

- decreased proportion of positive results from drug prevalence testing, against established benchmarks for each facility
- decreased levels of the various classes of drugs present in waste water analysis, against established benchmarks for each facility
- decreased proportion of persons detected attempting to traffic contraband into prisons
- program-specific reviews/evaluations demonstrate that current strategies have positive impacts.

## **4. Goal 2: Demand Reduction**

### **4.1 Minimising the Demand for Drugs**

Demand reduction strategies are those that aim to prevent or delay drug use by encouraging individuals, families and communities to develop the knowledge and skills to choose healthy lifestyles. The goal of demand reduction strategies is to assist the offender achieve abstinence or reduce their use of drugs and alcohol by providing access to services to address these problems.

Strategies that can help reduce demand in the prison context include:

- reducing the availability and accessibility of drugs
- improving drug user understanding and knowledge and promoting help seeking
- programs focused on building protective factors
- treatment services (eg pharmacotherapy) and brief interventions (eg psycho-educational programs)
- individual and group counselling
- transitional support

### **Prison alcohol and drug treatment**

Prison alcohol and drug treatment services are informed by research that demonstrates that offenders who engage in structured cognitive behavioural treatment programs show reductions in reoffending.

The Department delivers the Criminal Conduct & Substance Abuse Treatment Program which is an intensive cognitive-behavioural based program. It is a group program and is delivered over 50 two-hour sessions. The goals of the program are to: prevent recidivism, prevent relapse into alcohol and other drug abuse and assist participants to lead a law abiding lifestyle.

### **Transitional support**

Transitional support services are aimed at reducing the risk of ex-prisoners resuming drug use in the period immediately after release, when potentially confronting challenges such as homelessness, family breakdown and unemployment. These services maintain continuity of care in drug and alcohol treatment from custody to the community.

The Department provides short-term sentence prisoners with a brief intervention through-care program. This program supports prisoners one-to-one, both pre- and post-release. Following release from prison, the ex-prisoner is offered active support to engage with alcohol and other drug community programs and other relevant community services such as residential rehabilitation, through established referral pathways. These ex-prisoners also receive regular follow-up telephone calls for a further 3-6 months, ensuring continuity of care.

## **Key Initiatives**

### **Review of offender programs**

Strengthening prison alcohol and other drug treatment means developing, delivering or even decommissioning programs in response to changes in evidence, the cohort and drug use patterns. It also requires strong oversight of existing programs and alcohol and other drug trends. The Department is reviewing its suite of programs to determine whether the current programs are up-to-date; suitable for the prisoner cohort; and achieving desired outcomes.

### **Evaluation of offender programs**

The Department is reinstating the function of program evaluation for therapeutic programs delivered to prisoners. This will be done in partnership with appropriate subject matter experts.

## **Peer support**

Peer support is the support provided and received by those who share similar attributes or types of experiences. Potential benefits of peer support include adjusting to prison life, reducing isolation, positive role-modelling, promoting healthy lifestyles and a decrease in levels of drug use.

There are Prison Support Officers who are available to all prisons and who manage a team of Peer Support prisoners. These prisoners are specially selected, experienced prisoners who voluntarily provide support to other prisoners.

## **Training**

Currently, all new operational staff undertake a one-day drug and alcohol training course to broaden their knowledge, skills and abilities to better understand and manage prisoner drug-using behaviours. This training is delivered by the Western Australian Mental Health Commission.

Individual prisons also access drug and alcohol training as required from the Mental Health Commission.

## **Key Initiatives**

### **Creation of a rehabilitation facility for women**

Operational in July 2018, Wandoo Rehabilitation Prison for women is a dedicated alcohol and other drug rehabilitation facility for that will address demand reduction in the female estate. The rehabilitation prison caters for a maximum of 80 female offenders with drug and/or alcohol addiction issues within a therapeutic community. Staff are selected and recruited specifically to reflect the values and philosophy of the prison.

### **Creation of a rehabilitation facility for men**

A 128-bed dedicated alcohol and other drug rehabilitation facility will open at Casuarina Prison in 2019. The new unit at Casuarina is one of four to be built over the next two years. The cohort in this facility will be separated from the mainstream prison, and will receive therapeutic and rehabilitative care. Prisoners will be transitioned to other programs on release so they can continue behavioural modifications and address their motivations to use drugs.

## **4.2 Performance Objectives**

The performance objectives for the demand reduction goal are:

- fewer drug-related incidents and improved prisoner health
- as many prisoners as possible participate in targeted programs to address their drug use and related offending
- prison drug treatment is linked with post-release drug services in the community so that changes in a prisoner's behaviour are maintained following their release from custody.

## **4.3 Key Measures of Success**

Key measures of the success of demand reduction strategies include:

- increased proportion of prisoners participating in, and completing relevant drug treatment programs
- the net results of annual psychometric tests (that measure knowledge and attitudinal changes of prisoners as a result of participation in prison-based drug and alcohol programs) indicate that programs have a positive impact and align with expectations.

## **5. Goal 3: Harm Reduction**

### **5.1 Reducing harms caused by Drug use**

A harm reduction approach recognises that drug use carries substantial risks and that drug users require a range of supports to progressively reduce drug-related harm to themselves and the wider community.

Harm reduction includes a range of approaches to help prevent and reduce drug-related problems and help people experiencing problems (including dependence) address these problems including a focus on abstinence-oriented strategies.

Harm reduction approaches aim to reduce the negative consequences associated with alcohol and other drug use and reduce other related risk factors. Examples of harm reduction approaches are drug treatment programs and opioid substitute programs.

#### **Health care and treatment**

As a nationally accredited healthcare provider, the Department's Health Services provide patient-centred, comprehensive and coordinated primary care for prisoners. Prison Health Services operates in accordance with community standards and according to the needs of patients. Prisoners with alcohol and drug issues are managed similarly to patients in the public health system, with the Department using a process of assessment, diagnosis and ongoing treatment.

For prisoners with acute health needs, particularly those with drug-related dependence or behavioural problems Health Services provides medically supervised withdrawal/detoxification services and maintains a close involvement in the ongoing treatment, health and mental health issues identified as a result of drug use.

Providing access to Hepatitis C treatment is a priority for the Department. A new and highly successful treatment for Hepatitis C (Direct Acting Antiviral treatment) was made available to prisoners under the Pharmaceutical Benefits Scheme in 2016. Where chronic Hepatitis C is diagnosed, Prison Health Services provide a treatment program for prisoners through partnerships with the WA Department of Health.

#### **Pharmacotherapy**

Evidence based studies and program evaluations indicate that substitution maintenance treatment for opioid dependence can reduce the spread of infectious diseases, lower consumption of illegal drugs, reduce rates of offending, increase chances of psychosocial rehabilitation and employment and retain offenders in treatment for longer periods of time.

Where appropriate, the Department offers the Methadone Maintenance Treatment Program to prisoners with an opioid addiction.

## **Training**

All new operational staff undergo a one-day drug and alcohol training course to broaden their knowledge, skills and abilities to better understand and manage prisoner drug-using behaviours. This training is delivered by the Western Australian Mental Health Commission.

## **Education**

The Department runs a mandatory education program called the Health in Prison, Health Outta Prison (HIP HOP) program. This program covers blood borne viruses, sexually transmissible infections and harm minimisation practices.

Prison health centres provide prisoners with pamphlets on the risks of drug and alcohol use.

## **Throughcare and maintenance**

The transition from prison to the community is a time of potential high risk and uncertainty for prisoners. Analyses of relapse occurrences among prisoners with various addictive behaviours show that about 66 per cent of all relapses occur within the first 90 days following release. During this time, ex-prisoners must contend with stressful situations and problems which may often lead to relapse.

Research shows that relapse and recidivism are significantly lower where incarcerated offenders continue treatment and/or access support following return to the community. Therefore, aftercare is critical to effective treatment and should facilitate offenders continued treatment and /or support needs following release from custody. Accordingly, transitional planning will identify and attempt to mitigate aftercare needs prior to the prisoner's release from custody.

### **Key Initiatives**

#### **Rehabilitation and reintegration**

The Department has engaged a new rehabilitation and reintegration provider to deliver a targeted alcohol and other drug throughcare and maintenance program to short-term sentence prisoners. The program includes assessment of reintegration risks; motivational interviewing; harm reduction strategies; relapse prevention planning and linkages and referrals to alcohol and other drug programs and other relevant/appropriate services to increase opportunities for offenders to continue engagement in alcohol and other drug support.



## **Key Initiatives**

### **Hepatitis C treatment program**

Since Direct Acting Antiviral treatments for Hepatitis C were made available to prisoners under the Pharmaceutical Benefits Scheme in 2016, the Department has developed partnership agreements with Health Service Providers and tertiary hospitals giving prisoners the ability to access treatment for Hepatitis C from every prison. A clinical nurse has been engaged to encourage prisoner uptake of treatment through the provision of screening, education and pre-treatment preparation. To date more than 500 prisoners have accessed treatment. The aim is to achieve a significant and sustained reduction in the incidence of Hepatitis C in prisons.

## **5.2 Performance Objectives**

The performance objectives for the harm reduction goal are:

- transitional planning identifies and anticipates a prisoner's aftercare needs prior to their release from custody
- prisoners are provided with practical information about the risks of drug misuse and the harms that can be caused by drugs
- prisoners are motivated to change their behaviour both in prison and on release in order to reduce or eliminate drug-related harm (eg prisoners are better prepared to prevent drug overdose)
- effective and accessible screening, assessment, management and treatment is provided for prisoners with blood-borne viruses
- prison staff are trained in infection control and other appropriate occupational safety practices to reduce or eliminate harm associated with prisoners' drug activities.

## **5.3 Key Measures of Success**

Key measures of the success of harm reduction strategies include:

- increase in the proportion of prisoners completing the mandatory health education program (HIP HOP).
- increased number of (optional) screening tests of prisoners for blood-borne viruses (while recognising that some blood-borne viruses may not have been acquired through drug use)
- reduced incidence of Hepatitis C in the prison population
- reduced rates of drug-related safety incidents such as needle-stick injuries
- greater proportion of rehabilitation prisoners referred to external drug support agencies/programs.

## **6. Evaluation**

The Strategy will be complemented by a Strategic Action Plan which contains greater detail around each initiative along with specific targets and measures of success. Where applicable, the Strategic Action Plan will also document how the various initiatives will be evaluated.

An evaluation will be conducted approximately 12 months after the implementation of the Strategy to ensure that it is operating as intended and to identify any actions required to strengthen outcomes.