

# Community Coalition on Corrections

22 December, 2007

Mr Jon Stanhope  
The Chief Minister  
GPO Box 1020,  
Canberra, ACT 2601

Dear Chief Minister:

I write to you on behalf of the Community Coalition on Corrections. The Community Coalition on Corrections consists of some 20 non-governmental organisations that have, since an ACT prison was seriously proposed by the previous government, maintained a close interest in the development of plans for it and corrections generally in the ACT. A number of its member organisations are heavily involved in servicing the needs of detainees and their families both in detention and the community. All are committed to working to ensure that ACT corrective structures respect human rights and effectively promote the goal of rehabilitation to which the Government has committed itself.

The Coalition wishes to express to you its concern that the operational regime for the Alexander Maconochie Centre that is emerging from documents being released is falling short of your Government's commitment to provide more humane and safer accommodation for ACT remandees and prisoners - one that focuses on rehabilitation and respects human rights. In particular, it is concerned that the policy outcomes that you enunciated in your Assembly speech in August 2004 are being put beyond realistic achievement.

Your speech gave welcome emphasis to the importance of the "integration" of health management services "directed to the general health needs of prisoners with programs targeted at reducing drug and alcohol addictions, making improvements in mental health, minimising self-harm, promoting a healthy lifestyle, and addressing the particular health and well-being of special needs and minority groups."

The overwhelming proportion of the prison population suffers from mental ill health or is dependent on substances. Generally such prisoners will suffer from both. It is, therefore, vital that the prison mental health and drug strategies be thoroughly integrated. On the basis of the ACT Corrective Services Drug, Alcohol and Tobacco Strategy it appears that integration will not occur. It gives primacy to security which is reflected in a wide range of punitive measures that will undermine health and other rehabilitative objectives.

You also spoke of *Throughcare* in prisoner management which "is aimed at ensuring an integrated and seamless approach to the delivery of services for offenders as they move between prison, community corrections and back to the community." The released operational documents include no overall strategy nor do they contemplate planning for services after release into the community.

Failure to provide a co-ordinated range of services (particularly mental health ones) for people released from the prison will ensure an intensification of the health and social disadvantage that is known to contribute to their imprisonment in the first place. This is an issue that must involve other government

and non-government services and not just Corrections.

Finally, the operative regime that the Coalition has been able to examine makes little or no provision for indicators such as recidivism or changes in health status by which rehabilitation can be judged.

The Coalition welcomed your statement that "therapeutic and behaviour management prison programs" will be "evaluated to determine their effectiveness". The operative documents should, but do not, reflect this commitment in a clear set of measurable indicators.

Our concerns are set out in more detail in the attached critique. The Coalition is writing in similar terms to the Ministers responsible for corrections and health.

Your Sincerely,

B McConnell  
Chair

## COMMUNITY COALITION ON CORRECTIONS

### ***Critique of the extent that the operational regime of the proposed act prison is likely to promote rehabilitation***

[dated 21/12/2006]

#### **SUMMARY**

The ACT Government has made strong commitments that the proposed ACT prison will be compliant with human rights and that there will be a primary focus on rehabilitation.

On the basis of what has so far been revealed of the operational regime (<http://www.cs.act.gov.au/amc/publications>), the Coalition has grave concerns that the objective of rehabilitation will be achieved. It is well known that the overwhelming proportion of the prison population will suffer from mental ill health or be dependent on substances. Generally they will suffer from both. It is, therefore vital that the prison mental health and drug strategies be thoroughly integrated.

On the basis of the currently released Corrections Drug Strategy, this will not be the case. The Strategy gives primacy to security. This is reflected in a wide range of punitive measures that will undermine health and other rehabilitative objectives.

A further problem is that the operative regime shows no commitment to indicators such as recidivism or changes in health status by which rehabilitation can be judged.

Finally, the emerging operational regime shows no overall strategy for the provision of support services after release into the community. Failure to provide a co-ordinated range of services (particularly mental health ones) for people released from the prison will ensure an intensification of the health and social disadvantage that contributed to their imprisonment in the first place and will lead to high levels of recidivism. This is an issue that must involve other government and non-government services and not just Corrections.

#### **COMMUNITY COALITION ON CORRECTIONS**

The Coalition consists of some 20 non-governmental organisations that have, since an ACT prison was seriously proposed by the previous government, maintained a close interest in the development of plans for a new prison and corrections generally in the ACT. A number of its member organisations are heavily involved in servicing the needs of detainees and their families both in detention and in the community. All are committed to working to ensure that ACT corrective structures respect human rights and effectively promote the goal of rehabilitation that the Government has committed itself to, notably in the speech to the Assembly of the Chief Minister on 24 August 2004. While these objectives have been reflected in the general statements of ACT Corrections on the Alexander Maconochie Centre, the Coalition on Corrections is concerned that the day to day operational regime, as it is emerging, means that the Centre will fall far short of delivering the results that the Government and the Coalition is committed to.

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#### MEASURES OF REHABILITATION

The Government is committed to the objective of rehabilitation for the prison. If this and related commitments to restorative justice are to be more than a declaration of intent there needs to be a clear understanding of what is in mind.

While rehabilitation involves the notion of not offending again, it should also involve improvements in matters such as:

- mental and physical health,
- family and other relationships,
- spiritual well being,
- employment status,
- housing, and
- education.

At the very least, prison should not make things worse.

Society has an interest in these issues relating to the individual. At the most general level is concern for the welfare of the citizen. More narrowly, society has a concern for these domains because of the cost that the community bears in, for example, providing expensive medical care and in that poor status in these domains is known to constitute risk factors for reoffending by the person concerned or those dependent on them.

Documentation issued so far is defective in that it contains no clear statement of what is involved in rehabilitations. Without that understanding there is no way of knowing whether the new ACT prison will be promoting the objective of rehabilitation.

At the very least the ACT Government needs to commit itself to measurable indicators of change. Given the potential importance of the family support network for the wellbeing of people, it should measure the “health” of such a network as well as matters specific to the person imprisoned. Indicators should thus include:

- change in physical health on admission and release; including whether suffering from hepatitis C or B or HIV and other blood borne diseases;
- change in mental health on admission and release;
- changes in substance dependency on admission and release;
- changes in social functionality of prisoners who are dependent on a substance;
- attempts at self harm in prison including attempts at suicide;
- assaults suffered by prisoners;

- changes in health status of those released from prison in the first six months after release;
- changes in the health and employment status and extent of family and social integration within six months of release compared to pre-arrest status;
- recidivism;
- changes in the capacity of those in the family support network of prisoners to provide support.

Documentation on the prison has very few of such measures. For example, of the 25 performance measures in the ACT Corrective Services Drug, Alcohol and Tobacco Strategy 2006-2008 (pp. 29-30) it only about six could be said be a direct measure of improvement in the health and general welfare of the people concerned. The rest, like the “number of people banned and/or charged by the AFP” and “peer support sessions conducted” relate the administrative activity which are ambiguous or, at best, only remotely related to rehabilitation of the individual.

### CO-ORDINATION OF MENTAL HEALTH AND DRUG STRATEGIES TO PROMOTE REHABILITATION

Mental health and substance abuse affect the overwhelming majority of prisoners so that any hope of rehabilitation will be futile unless the ACT prison regime effectively addresses these conditions.

- In the words of the Chief Minister, “poor health, including a high incidence of mental health and substance abuse problems is prevalent among prisoners”. Documents released acknowledge this. The Prison Drug Strategy recites that:
  - “NSW data indicates that 71.3% of male prisoners and 66.7% of female prisoners reported that their offences were related to their use of alcohol and other drugs. In addition, over 80% reported problems with alcohol and other drugs at some stage in their lives and 78.8% of prisoners had used illicit drugs in the 6 months prior to their current prison term.”
- The strategy goes on to acknowledge that: “Amongst the prisoner and offender population co-morbidity must be seen as the expectation rather than the exception.”
- The Prison Health Strategy, which will deal with mental health, has yet to be released.

While acknowledging the high prevalence of mental ill health and substance abuse among prisoners, the Prison Drug Strategy gives primacy to security rather than improvement in the health status of the prisoners.

- For example, the Prison Drug Strategy states that: “While the Alexander Maconochie Centre will have a commitment to prisoner habilitation or rehabilitation, it is to be a prison. It is not a hospital, not a hostel, and not a secure forensic mental health facility. Because it is a prison, its major concern, and the major concern of the community, is one of security. A major factor in the security of prisons is the introduction of illicit drugs, and the violence and intimidation that this causes” (p. 9).

Moreover, the Prison Drug Strategy acknowledges that difficulty and, indeed, unlikelihood that substantial improvements in mental health and substance abuse will be able to be achieved during incarceration.

- “It has to be recognised that alcohol and drug use and the manifold problems and distress associated with such use, arise as a product of failures on many levels. Failures of the individuals, failures of families, failures of the community, and failures of government agencies to provide the necessary support services. Given these failures, in an environment better suited to rehabilitation than the custodial setting, it is unreasonable to expect that corrective service agencies in general, and the AMC in particular, can bring to an end prisoner disadvantages in multiple domains, particularly given the short duration of the average sentence. Nevertheless, AMC and Community Corrections staff will deliver their best endeavours in this area” (p. 10).

Effectively this is acknowledging that the Government’s objective for the new ACT prison of rehabilitation is a pipe dream.

Even so, the Prison Drug Strategy holds out the unrealistic hope that the incarceration in the new ACT prison will help overcome addiction.

- “The immediate goal of prisoner and offender drug and alcohol interventions, which must be linked to those for mental health problems, is to improve the prisoner’s ability to function, to reduce drug use, and to minimise the health and social consequences of that drug use. The ultimate goal remains abstinence from illicit drugs” (p. 9).

The Corrections authorities seek to do this within a regime that is an unco-ordinated mixture of coercive or authoritarian measures on the one hand and health based and educational ones on the other.

- Coercive or authoritarian measures includes familiar supply reduction and demand reduction strategies such as searching of inmates and visitors, banning visitors who attempt to introduce drugs, drug testing, targeted monitoring of prisoner telephone conversations.
- Health based and educational ones include “Opioid [sic] substitution maintenance program (eg Methadone)”, “detoxification” and “peer education”.

This mix, which is implemented in other Australian prison regimes, is unlikely to lead to substantially better outcomes than in those regimes as, indeed, the ACT Prison Strategy in the passage quoted above acknowledges.

There is no credible ground on the basis of the documents released for confidence that the new ACT prison will be substantially more effective in addressing the national scandal of prisons being warehouses for people with mental health problem, including ones of addiction.

These issues were addressed in a recent editorial of the *Medical Journal of Australia* and an associated media release of the Australian Medical Association.<sup>#</sup>

- The Australian Medical Association made the point that prisons have “become the mental health institutions of the 21st century. Governments must act immediately to reverse this situation.”
- It called on “all jurisdictions to make imprisonment the action of last resort for those with mental health or substance abuse problems. Governments should also set specific annual targets for reducing the number of people incarcerated with these problems.”
- Up to 80% of remandees and prisoners in NSW are dependent on alcohol, cannabis or amphetamines before entering prison.
- Recently released prisoners are at high risk of dying from an overdose. Deaths from all causes in some groups were found to be 17 times higher than in the general population in the 2 weeks following release.
- Despite these high morbidity and mortality rates, treatment services for prisoners and ex-prisoners are very limited and often ineffectual.
- The editorial observed that this poor treatment “makes little sense, even from a criminal justice perspective, as comprehensive services can delay or prevent recidivism in mentally ill offenders.”
- Furthermore, “access to stable housing and to appropriate vocational rehabilitation services is essential for functional recovery”.
- In one way or another illicit drugs are the reason why so many people with a mental disorder end up in prison.

On the basis of what is known, according the usual top priority to security and implementation of a punitive policy towards substance abuse will undermine rehabilitative objectives of the new ACT prison.

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<sup>#</sup> Paul White and Harvey Whiteford, “Prisons: mental health institutions of the 21st century?” at *Medical Journal of Australia*, vol. 185, no. 6, pp. 302-03 (18 September 2006) [http://www.mja.com.au/public/issues/185\\_06\\_180906/whi10502\\_fm.pdf](http://www.mja.com.au/public/issues/185_06_180906/whi10502_fm.pdf).

Australian Medical Association, “Treatment, not prison, for mentally ill”, media release, 17 Sept. 2006 at <http://www.ama.com.au/web.nsf/doc/WEEN-6TN6MH>.

What is required is a comprehensive continuous integrated system of care described as follows in a report of Magor-Blatch and Fleming:

- “*Dual diagnosis is an expectation, not an exception*: Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating people with co-occurring disorders with poor outcomes and high costs in multiple system, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who already present in each component of the system.”\*

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\* Lynne Magor-Blatch & Kim Fleming, *Report to Alcohol Education Rehabilitation Foundation* (Alcohol & Drug Foundation ACT, Oct. 2006) p. 19.



### POST RELEASE SERVICES

It is vital for rehabilitation that there be a co-ordinated range of services to support prisoners when they are released.

- The goal of rehabilitation will not be achieved without this.

The period after release is one of heightened danger for the health and well being of prisoners.

- The stresses involved in readaptation to life in the community can quickly undo any gains made in detention in, for example, stabilisation of an addiction.
  - Demands for immediate payment of a drug debt incurred in prison motivate releasees to rapid return to crime.
- Recent releasees are at a substantially heightened risk of death.

In particular there needs to be clear pathways to a co-ordinated range of post release services.

- Post release services must include those for housing, mental health, family relationships support, benefits, employment, drug and alcohol dependence and, where sought, spiritual support.
- Post release services need to be co-ordinated.
- They need to involve case management. Parole alone, with its corrections focus, is inadequate and inappropriate for people who have served their time.

Where planning falls short.

- Appears to be *ad hoc* involving calls for offers of assistance from Corrections to the NGO sector.
- It appears to be focussed on the immediate transition from custody into the community. Understandably Corrections appears to consider its responsibility ends once prisoners are unconditionally released.
- As things stand prisoners will be launched into an environment of meager band aid services which poorly funded NGOs are struggling to provide.
- There is an absence of structural programs.

What needs to be done.

- Develop a plan providing for clear pathways to a co-ordinated range of services for released prisoners.

This will need to be drawn up by an authority other than Corrections though co-ordinated with Correction's "Throughcare" programme.

# Community Coalition on Corrections

22 December, 2006

Ms Katy Gallagher  
Minister for Health  
GPO Box 1020  
Canberra ACT 2601

Dear Katy,

I write to you on behalf of the Community Coalition on Corrections. The Community Coalition on Corrections consists of some 20 non-governmental organisations that have, since an ACT prison was seriously proposed by the previous government, maintained a close interest in the development of plans for it and corrections generally in the ACT. A number of its member organisations are heavily involved in servicing the needs of detainees and their families both in detention and the community. All are committed to working to ensure that ACT corrective structures respect human rights and effectively promote the goal of rehabilitation to which the Government has committed itself.

The Coalition wishes to express to you its concern that the operational regime for the Alexander Maconochie Centre that is emerging from documents being released is falling short of your Government's commitment to provide more humane and safer accommodation for ACT remandees and prisoners - one that focuses on rehabilitation and respects human rights. In particular, it is concerned that the policy outcomes that the Chief Minister enunciated in his Assembly speech in August 2004 are being put beyond realistic achievement.

The Chief Minister gave welcome emphasis to a matter of particular relevance to your portfolio, namely the importance of the "integration" of health management services "directed to the general health needs of prisoners with programs targeted at reducing drug and alcohol addictions, making improvements in mental health, minimising self-harm, promoting a healthy lifestyle, and addressing the particular health and well-being of special needs and minority groups".

As you know, the overwhelming proportion of prison populations suffers from mental ill health or is dependent on substances. Generally such prisoners suffer from both. It is, therefore, vital that the prison mental health and drug strategies be thoroughly integrated. The Coalition is conscious that the health strategy for the prison has yet to be released but on the basis of the ACT Corrective Services Drug, Alcohol and Tobacco Strategy it appears that integration will not occur because it gives primacy to security. This is reflected in a wide range of punitive measures that will undermine health and other rehabilitative objectives.

However the Coalition is heartened to learn from the Drug Strategy that the Chief Executive, ACT Health, and thus ultimately yourself, will be responsible for the implementation and outcomes achieved by the ACT Health Plan. We strongly urge that this responsibility be reflected in legislation as it is in New South Wales.

The Chief Minister also spoke of *Throughcare* in prisoner management which "is aimed at ensuring an integrated and seamless approach to the delivery of services for offenders as they move between prison, community corrections and back to the community". The released operational documents include no overall strategy nor do they contemplate provision of services after release into the community.

Failure to provide a co-ordinated range of services (particularly mental health ones) for people released from the prison will ensure an intensification of the health and social disadvantage that is known to contribute to their imprisonment in the first place. This is an issue that must involve other government and non-government services and not just Corrections.

Finally, the operative regime that the Coalition has been able to examine makes little or no provision for indicators such as recidivism or changes in health status by which rehabilitation can be judged.

The Coalition welcomed the Chief Minister's statement that "therapeutic and behaviour management prison programs" will be "evaluated to determine their effectiveness". The operative documents should, but do not, reflect this commitment in a clear set of measurable indicators.

Our concerns are set out in more detail in the attached critique. The Coalition is writing in similar terms to the Chief Minister and Minister responsible for corrections.

Your Sincerely,

B McConnell  
Chair

# Community Coalition on Corrections

22 December, 2006

Simon Corbell, MLA  
Attorney-General  
GPO Box 1020,  
Canberra, ACT 2601

Dear Simon:

I write to you on behalf of the Community Coalition on Corrections. The Community Coalition on Corrections consists of some 20 non-governmental organisations that have, since an ACT prison was seriously proposed by the previous government, maintained a close interest in the development of plans for it and corrections generally in the ACT. A number of its member organisations are heavily involved in servicing the needs of detainees and their families both in detention and the community. All are committed to working to ensure that ACT corrective structures respect human rights and effectively promote the goal of rehabilitation to which the Government has committed itself.

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Our concerns are set out in more detail in the attached critique. We are writing in similar terms to the Chief Minister and Minister responsible for health.

Your Sincerely,

B McConnell  
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