



Drug and Alcohol Strategy 2020-2025

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Commissioner's foreword



It is with pleasure I endorse the Queensland Corrective Services (QCS) *Drug and Alcohol Strategy 2020-2025* (Strategy). This Strategy articulates the vision outlined in our 10-year Strategic Plan, *Corrections 2030* and highlights our commitment to keeping the people of Queensland safe. It also responds to recommendations from the Crime and Corruption Commission's Taskforce Flaxton.

Misuse of alcohol and other drugs (AOD), including prescription medication, is having a significant and detrimental impact across many communities in Queensland. The strong correlation between AOD misuse and offending is a critical issue confronting the health, community services and criminal justice systems.

Addressing this issue, and its associated harms, is a key priority of the Queensland Government, as outlined in *Advancing Queensland's Priorities*. This Strategy is consistent with, and contributes to the objectives of, the Queensland Government's *Action on Ice Plan* and the *Queensland Mental Health, Alcohol and Other Drugs Strategic Plan*

2018-2023. It will also support the implementation of our commitments under the *National Drug Strategy 2017-2026* and *National Alcohol Strategy 2019-2028*. QCS will continue to collaborate across Government and with our partners in the community to implement these important strategic initiatives.

This Strategy establishes a holistic, enterprise-wide approach to preventing and deterring the supply, reducing the demand and reducing the harm associated with alcohol and other drug use. It covers all of QCS' operations, including our staff and the prisoners and offenders under their supervision. The three overarching strategic objectives are:

Objective 1 – Prevent and deter supply: Prevention and deterrence strategies aim to restrict the supply of alcohol and other drugs into the correctional environment through barrier hardening, risk mitigation and ensuring perpetrators are brought to justice.

Objective 2 – Reduce demand: The causes of AOD use are multiple and complex, and often related to factors of social disadvantage. QCS must work with our partners to address these issues.

Objective 3 – Reduce harm: AOD use carries substantial risks to individual, family and community health and safety. Research indicates a mix of therapeutic approaches to alcohol and drug use are most effective at reducing use and the likelihood of recidivism. Harm reduction initiatives aim to mitigate risk, encourage safe behaviour and reduce adverse health and social consequences of AOD use.

A range of initiatives will support the implementation of the Strategy across QCS. This will mean changes in the way we do business. QCS is committed to supporting frontline staff during this change to ensure they have the right knowledge and tools to deliver on the agency's commitment to better respond to people experiencing AOD use.

QCS' approach to tackling AOD use must recognise our operational context. Overcrowding was identified by both the Queensland Parole System Review (QPSR) and Taskforce Flaxton as a critical issue impacting QCS operations. Overcrowding affects the safety of our staff as well as their ability to deliver rehabilitation and support programs. In addition, we recognise that Aboriginal and Torres Strait Islander people are over-represented among our prisoner and offender populations. This means that our response to AOD use must include specific programs for Aboriginal and Torres Strait Islander people, designed by Aboriginal and Torres Strait Islander People. This work will complement the First Nations Strategy currently under development.

This Strategy provides a roadmap to position QCS as a top-tier, forward-thinking public safety agency by defining our position as an organisation on reducing the supply, demand and harms associated with alcohol and other drugs. It will guide our efforts in this regard over the coming years to contribute to a safer Queensland for all.



Peter Martin APM
Commissioner
31 July 2020



Drug and Alcohol Strategy 2020-2025

Vision: By 2025, Queensland custodial and community corrections staff will be safer, staff, prisoners and offenders will have greater access to the supports they need, and there will be fewer victims of crime related to alcohol and other drug use.

principles	Safety	Excellence	Empowerment	Respect	Accountability
	1. Promote safety	2. Strengthen partnering and collaboration	3. Reduce crime	4. Empower a professional workforce	5. Drive innovation
directions	The Strategy will provide a framework for a safer work environment for our custodial and community corrections staff, prisoners and offenders through preventing supply, reducing demand and reducing the harms associated with AOD use.	The Strategy will support our commitment to community safety and human rights through collaboration with our partners to deliver rehabilitation programs and services to reduce drug and alcohol related harm, building on the Queensland Parole System Review reforms.	The Strategy will contribute to reducing crime associated with drug and alcohol use, including domestic violence and property crime, consistent with <i>Advancing Queensland's Priorities</i> .	The Strategy will empower our professional workforce by providing them with the supports they need to effectively address the corruption risks associated with alcohol and drugs, including providing a framework for workforce testing.	The Strategy will coordinate innovative initiatives to test new ways to reduce the supply, demand and harms associated with drug and alcohol use.
initiatives	Objective 1 – Prevent and deter supply		Objective 2 – Reduce demand		Objective 3 – Reduce harm
	<ul style="list-style-type: none"> Implement barrier hardening strategies Explore options for anti-drone responses Implement electronic mail across all Queensland prisons Review search process for prisoners, staff and visitors Review current visits process Increase opportunities for audio visual visits Investigate alternative testing methods Explore options to implement wastewater drug monitoring 		<ul style="list-style-type: none"> Implement end to end case management Investigate opportunities for collaborative case management Expand re-entry services Therapeutic justice interventions to support desistance Enabling reform Implement in-cell technology 		<ul style="list-style-type: none"> Implement a therapeutic model for Southern Queensland Correctional Precinct Stage 2 A holistic approach to improving prisoner health and wellbeing Continue to implement the Opioid Substitution Treatment (OST) Program Expand rehabilitation programs and services across custodial and community settings Implement a workforce drug and alcohol testing framework Reduce stigma around mental illness and AOD use through education and training Support staff experiencing alcohol and other drug use
	<ul style="list-style-type: none"> Decreased proportion of persons intercepted attempting to introduce contraband Decreased proportion of prisoners testing positive for illicit drugs Increased number of staff searches Alternative testing methods evaluated and implemented where appropriate Decreased presence of AOD in correctional centres Reduced proportion of drone-related incidents 		<ul style="list-style-type: none"> Improved social welfare of prisoners on release through continuity of care Improved outcomes for offenders accessing rehabilitation services in the community Improved outcomes for Drug and Alcohol Court participants Increased delivery of re-entry services Improved data collection and reporting Increased opportunities for rehabilitation in-cell 		<ul style="list-style-type: none"> Reduced proportion of staff needle stick injuries, Reduced number of drug-related deaths in custody, Reduced number of drug-related deaths of offenders in the community, Improved health outcomes for prisoners and offenders Increased delivery of rehabilitation and substance misuse interventions Improved outcomes for OST participants Increased understanding of AOD use among staff Decreased proportion of staff testing positive to AOD
measures					

Introduction

The Drug and Alcohol Strategy 2020-2025 in context

In response to Taskforce Flaxton, QCS has established dedicated capacity within Organisational Capability Division to elaborate the strategic principles of *Corrections 2030*. The Crime and Corruption Commission (CCC) identified AOD use as a key corruption risk to QCS' operations. That is why this Strategy has been developed first. The Strategy was developed through initial consultation with key internal stakeholders, prior to the development of formal project controls and the establishment of a Project Board. The Project Board brings together expertise from across QCS, as well as key external stakeholders including the Queensland Police Service, Department of the Premier and Cabinet and Queensland Health. The development of the Strategy was also supported by research commissioned through the Research and Evaluation Group to ensure it took an evidence-based approach, consistent with international best-practice.

The three objectives of this Strategy are consistent with the five principles of *Corrections 2030*:

Promote safety: the Strategy will provide a framework for a safer work environment for our custodial and community corrections staff, prisoners and offenders through preventing supply, reducing demand and reducing the harms associated with AOD use.

Strengthen partnering and collaboration: the Strategy will support our commitment to community safety and human rights through collaboration with our partners to deliver rehabilitation programs and services to reduce AOD related harm, building on the Queensland Parole System Review reforms.

Reduce crime: the Strategy will contribute to reducing crime associated with AOD use, including domestic violence and property crime, consistent with *Advancing Queensland's Priorities*.

Empower a professional workforce: the Strategy will empower our professional workforce by providing them with the supports they need to effectively address the corruption risks associated with alcohol and other drugs, including providing a framework for workforce testing, consistent with the recommendations of Taskforce Flaxton.

Drive innovation: the Strategy will coordinate innovative initiatives to test new ways to reduce the supply, demand and harms associated with AOD use.

The Strategy was developed through an open consultation process, in which all QCS staff and key external partners were invited to provide comment on a Discussion Paper in June/July 2020. Following the circulation of the Discussion Paper, all feedback was considered and incorporated, as appropriate, into the final Strategy, for endorsement by the QCS Executive. The development of this Strategy is the first step in transforming QCS' approach to drug and alcohol use among prisoners, offenders and our workforce. It will now inform the development of 12-month action plans to identify key initiatives to contribute to achieving our shared objectives.



The case for action

There are significant social and economic costs associated with AOD use. About one in five Queenslanders, or 1 million people, currently live with some form of mental illness, which includes AOD use. Alcohol is by far the most used drug in the community.¹ Research also suggests that use of prescription medication in Queensland is higher than the national average.² Drug and alcohol use costs the Queensland economy in terms of lost productivity, unemployment and health services. Nationally, opioid use alone costs the economy about \$45 billion a year.³ These costs are often borne by the criminal justice system. As identified in the Queensland Parole System Review (QPSR), QCS cannot tackle this issue alone. It must work with its partners across Government and the non-government sector to provide effective, evidence-based rehabilitation programs and services to reduce demand and harms to the community.

Aboriginal and Torres Strait Islander people disproportionately experience AOD related harms

Aboriginal and Torres Strait Islander people are over-represented in the Queensland criminal justice system. Aboriginal and Torres Strait Islander people comprise about 5% of the total Queensland population, but about 25% of offenders and 30% of prisoners.⁴ They also disproportionately experience harms associated with AOD use, including Fetal Alcohol Spectrum Disorder (FASD).⁵ Harmful AOD use is a significant contributor to disparities in health and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.⁶ In Australia, in 2019:

- over one quarter of Aboriginal and Torres Strait Islander people aged 15 and over had used illicit substances in the past 12 months,
- almost 50% of Aboriginal and Torres Strait Islander people with a mental health condition were daily smokers, and about 40% of those people had used drugs in the past 12 months.⁷

QCS delivers and funds a range of services for Aboriginal and Torres Strait Islander people, both in prison and the community. The First Nations Strategy, currently under development, will provide an overarching framework to coordinate this activity over the medium-term.

¹ National Wastewater Drug Monitoring Program, *Ninth Report* (10 March 2020)

https://www.acic.gov.au/sites/default/files/2020/03/nwdmp-r9-060220_ec_v8_small.pdf?v=1583758864.

² National Wastewater Drug Monitoring Program, *Queensland Media Release to the Eighth Report* (28 October 2020) <https://www.acic.gov.au/media-centre/media-releases-and-statements/wastewater-results-show-high-levels-fentanyl-and-mda-consumption-queensland>.

³ The Royal Australian and New Zealand College of Psychiatrists, *The Economic Cost of Serious Mental Illness and Comorbidities in Australia and New Zealand* (2016) <https://www.ranzcp.org/files/resources/reports/ranzcp-serious-mental-illness.aspx>.

⁴ *Annual Report 2018-19*, Queensland Corrective Services.

⁵ Australian Department of Health, *Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028* <https://www.health.gov.au/sites/default/files/national-fasd-strategic-action-plan-2018-2028.pdf>

⁶ Wilson et al (2010) *The harmful use of alcohol amongst Indigenous Australians*.

⁷ AIHW, *Alcohol, Tobacco & Other Drugs in Australia* (2019) <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people#illicitdruguse>.

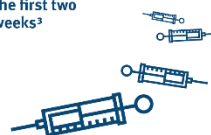


The prevalence of alcohol and other substance misuse and mental illness among offenders is well documented. In Australia:

Offenders experience harmful alcohol and other drug use at higher rates than the general community²



Offenders are at elevated risk of drug overdose death following release, especially during the first two weeks³



The prevalence of alcohol and other substance misuse and mental illness among prisoners is well documented. In Australia:



Offenders are twice as likely to experience serious mental illness than the general population²



1 in 4 offenders are Aboriginal and Torres Strait Islander⁵

40%
Of offenders are aged 29 or younger⁴

50%
Over half of offenders are unemployed⁴

Almost 2 in 3 offenders had a drug-related or property offence.⁴



Over half of offenders expected to be homeless on release from prison⁴



About 2 in 5 report a diagnosed mental health condition¹, with one quarter reporting taking mental-health related medication on entry.¹



1 in 3 prisoners are Aboriginal and Torres Strait Islander⁵



Over half of prison entrants were unemployed before prison¹



1 in 5 prison entrants tested positive to hepatitis C after entering prison¹

About two thirds of prison entrants report using illicit drugs in the previous 12 months¹



About one third of prison entrants were at high risk of alcohol related harm during the previous 12 months¹



In percentage terms, compared to the general population, prisoners are

400%
more likely to report illicit substance use

200%
more likely to report having a mental health condition.

About half of prison entrants report using injecting drugs at some point in their lives¹



1 in 3 people were homeless before entering prison¹



3 in 4 people were smokers before entering prison¹



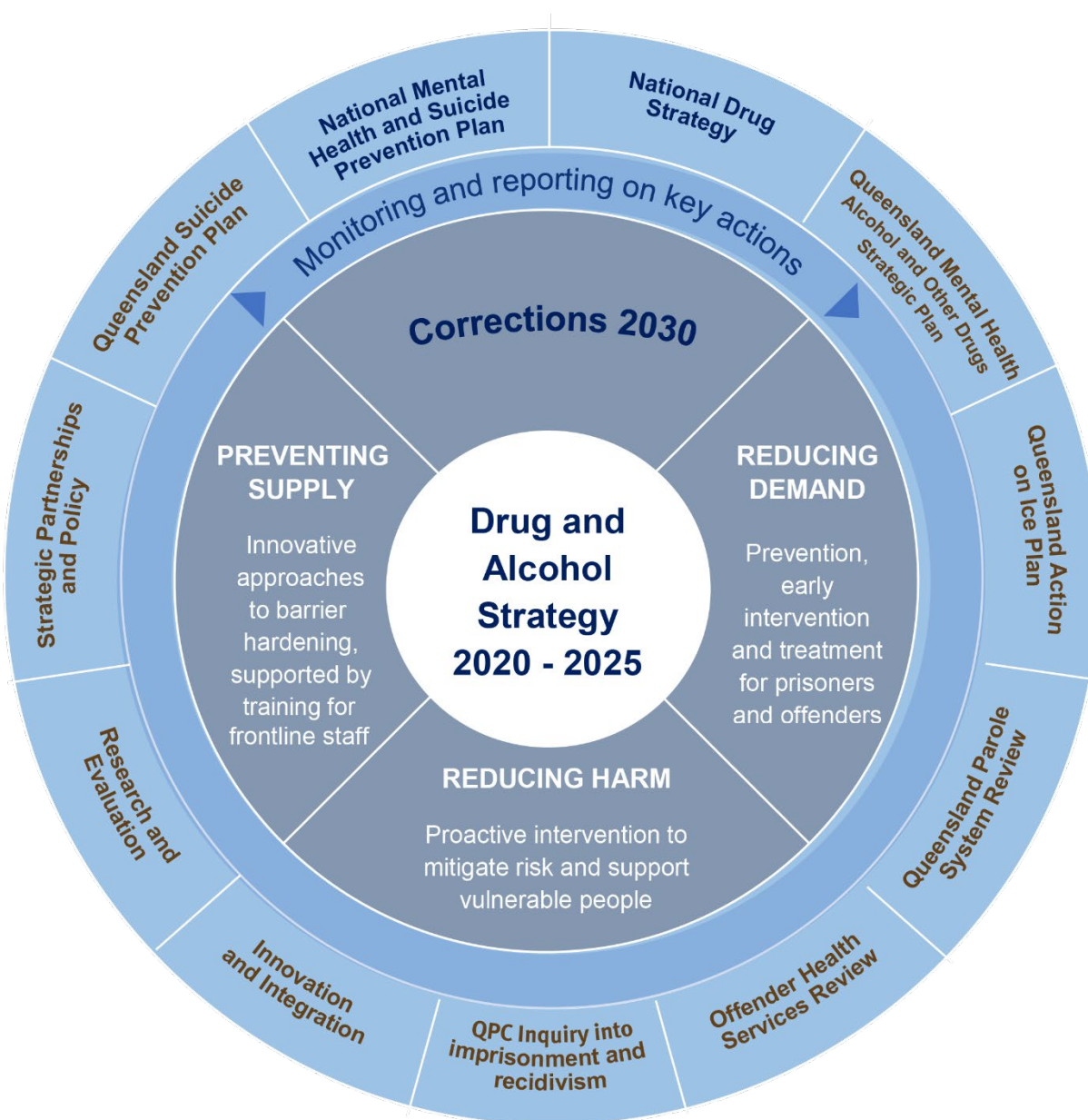
¹ Australian Institute of Health and Welfare (2018) The Health of Australia's Prisoners
² Queensland Sentencing Advisory Council, Intermediate Sentencing Options and Parole (2019)
³ Binswanger et al. (2007), Release from prison—a high risk of death for former inmates, New England Journal of Medicine, 356: 157–65; Forsythe et al (2014), Striking subgroup differences in substance-related mortality after release from prison, Addiction, 109: 1670–1680; Spittal et al (2014), Suicide in adults released from prison in Queensland, Australia: a cohort study, Journal of

Epidemiological Community Health, 68: 993–998; Van Dooren et al (2012), Risk of death for young ex-prisoners in the year following release from adult prison, Australian and New Zealand Journal of Public Health, vol 37, no 4, 377
⁴ Queensland Corrective Services, unpublished administrative data
⁵ Annual Report 2018–19, Queensland Corrective Services

The three objectives: reduce supply, demand and harm

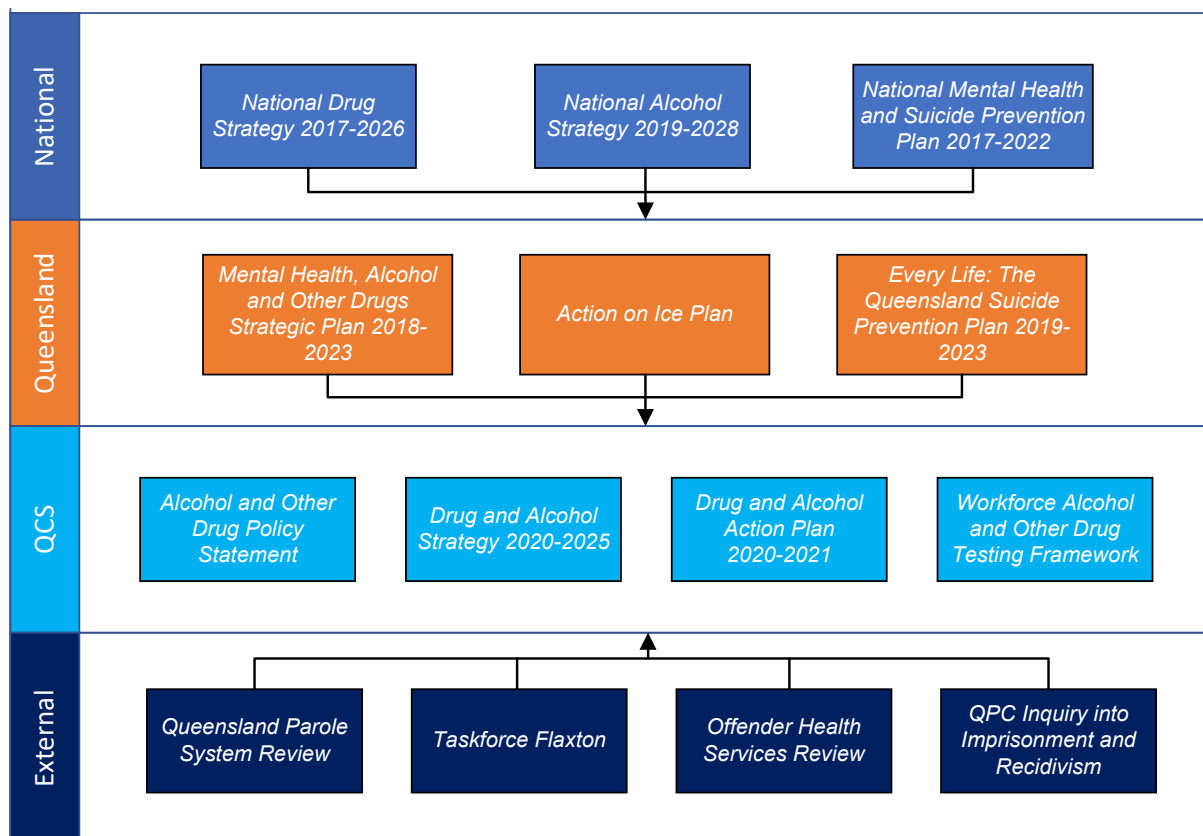
The *Drug and Alcohol Strategy 2020-2025* takes a harm minimisation approach to prevent and deter supply, reduce demand and reduce harm associated with drug and alcohol use, promoting community safety and wellbeing. These three objectives will inform the structure of the Strategy.

The Strategy sets a clear direction for QCS over the next five years to deliver on the objectives of *Corrections 2030*, as well as contribute to a range of State and Commonwealth priorities. It supports the implementation of the *Human Rights Act 2019* (Qld) by providing a framework for initiatives that contribute to the safety of our staff and the humane containment and supervision of prisoners and offenders.



The policy context

A range of policies at both the national and State level have influenced the development of this Strategy. By ensuring consistency with this policy context, the Strategy links custodial and community corrections operations with broader social policy objectives. Implementation of the Strategy will contribute to building awareness and understanding of the organisation's strategic vision among frontline staff. The below diagram indicates the various policy instruments and external reviews that have shaped this Strategy. Detailed information on each of these elements is included in **Appendix 1**.



Objective 1 – Prevent and Deter Supply

Taskforce Flaxton identified the introduction of contraband, including illicit substances and paraphernalia, as a key corruption risk that also presents a significant risk to the safety and good order of Queensland correctional centres.⁸ The introduction of drugs into prisons can occur through mail, visitors, new receptions, offenders returning to prison due to a breach, external means (e.g. drone drops) and inappropriate relationships that may form between prisoners and QCS staff.⁹

Trafficking of drugs among offenders supervised in the community is also a key community safety risk. We know that prisoners and offenders engage in AOD use at much higher rates than the general population.¹⁰ Prisoners and offenders under the influence of, or withdrawing from, alcohol or other drugs may harm themselves or others. They may engage in acts of aggression or standover tactics related to drug debts, undermining the safety of staff and prisoners and offenders. Furthermore, prisoners and offenders engaging in intravenous drug use represent a public health risk in prison and in the community, due to the spread of blood-borne viruses through needle sharing. All of these factors present an unacceptable risk to the safety of our workforce and the prisoners and offenders in their care.

Prevention and deterrence strategies aim to restrict the supply of alcohol and other drugs into the correctional environment through barrier hardening, risk mitigation and ensuring perpetrators are brought to justice. Preventing the supply of illicit drugs forms an important part of a harm minimisation approach, by reducing opportunities to engage in harmful AOD use. Prisoners can be creative in their attempts to obtain contraband which makes maintaining a drug-free correctional environment challenging. This section outlines the key initiatives that QCS will implement in pursuit of the objective of preventing and deterring the supply of alcohol and other drugs into the correctional environment (both custodial and community).

Key initiatives

Barrier hardening to prevent supply

It is likely that the COVID-19 pandemic has disrupted the supply of illicit drugs into Australia from source countries.¹¹ QCS' response to the COVID-19 pandemic has highlighted that contact visits are used to introduce illicit substances into correctional centres. We will review the current visits procedure, including intelligence-led searches of prisoners, to identify opportunities to better protect our staff and the prisoners in their care. A range of options will be considered during a staged reintroduction of visits to correctional centres. The safety of our staff and prisoners is paramount, so the reintroduction of visits must comply with any public health directions and social distancing requirements. This will mean changes to the way visits have been facilitated in the past.

Surface mail is also a key method for the introduction of contraband into correctional centres. In response to Taskforce Flaxton, QCS will investigate and implement a model for electronic mail to eliminate this risk. This work will be complemented by researching and testing innovative barrier hardening initiatives, such as:

- anti-drone measures, and
- body scanning technology.

⁸ Crime and Corruption Commission (2019) *Taskforce Flaxton: AN examination of corruption risks and corruption in Queensland's prisons*, <https://www.ccc.qld.gov.au/sites/default/files/Docs/Public-Hearings/Flaxton/Taskforce-Flaxton-An-examination-of-corruption-risks-and-corruption-in-qld-prisons-Report-2018.pdf>, p 14.

⁹ Ibid.

¹⁰ Australian Institute of Health and Welfare (2018) *The Health of Australia's Prisoners* <https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true>.

¹¹ United Nations Office on Drugs and Crime (UNODC) (2020). "COVID-19 and the drug supply chain: from production and trafficking to use" <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>.



In addition, QCS will look to expand its audio-visual visits capacity, building on the work commenced in response to COVID-19, to provide prisoners with greater opportunities to stay connected with family and friends. This is particularly important for those prisoners from rural and remote communities, whose visitors may have to travel considerable distances. Every audio-visual visit that QCS facilitates reduces the risk of contraband entering the correctional environment.

As part of its ongoing capital maintenance program, QCS will continue to review the safety and security of community corrections infrastructure and make changes as required to ensure the safety and wellbeing of both our staff and the offenders under their supervision.

Anti-drone measures

In 2018, the *Corrective Services (Remotely Piloted Aircraft) Amendment Regulation 2018* was passed which classifies drones in the same contraband category as drugs and weapons and allows corrective services officers to lawfully seize a drone on corrective services land. Under the Commonwealth *Civil Aviation Act 1988*, it remains illegal to interfere with an operating drone that is airborne, regardless of altitude. Corrective services officers therefore cannot legally seize a drone until it is grounded on QCS property. Following the increase in drone related incidents in 2019, investigations are being undertaken to assess the suitability of available drone detection solutions for use by QCS, consistent with the [Queensland Drone Strategy](#). The opportunities presented by advances in drone technology are also being considered as part of this work.

Detecting risks and deterring criminal conduct

QCS has a zero tolerance for corrupt conduct. QCS has strengthened its Professional Standards and Governance Command following Taskforce Flaxton, providing enhanced detection, investigation and disciplinary capability. QCS will continue to work closely with the Queensland Police Service (QPS) and the CCC to comply with its ethical and legal obligations to identify, investigate and discipline those staff members who participate in corrupt conduct. This is supported by the recent commencement of the Police Service Administration (Queensland Corrective Services) Amendment Regulation 2020. In addition, this work will be informed by the review of QCS' intelligence functions, currently underway. The public rightly holds QCS officers accountable to the highest standards. QCS will continue to act swiftly to investigate misconduct and implement proportionate, transparent disciplinary measures.

To support the barrier hardening initiatives above, QCS will work with the QPS to build our capacity to better detect and identify illicit substances entering correctional centres through education and training. There is also a need to improve the capacity for community corrections staff to correctly identify illicit substances they may come into contact with as part of their work. This will be addressed as part of QCS' current review of custodial and community corrections training (Taskforce Flaxton Recommendations 13 and 14).

Taskforce Flaxton recommended powers to search staff be broadened and implemented in response to risk, rather than predetermined intervals. This will be enabled by the Corrective Services and Other Legislation Amendment Bill 2020. These changes will be supported by a review of the staff search policy to better prevent and deter corrupt conduct.

QCS will also continue to work closely with the QPS to jointly detect contraband risks and execute intelligence-led operations to prevent supply into correctional centres and disrupt supply networks in the community. Disrupting organised crime networks, which are often associated with the production and supply of illicit substances in the community, is a priority for both public safety agencies. QCS intelligence staff in both custodial and community settings will continue to support criminal investigations and ensure perpetrators are held to account.

Review current drug testing methods and test innovative approaches

There are practical and human rights matters to be considered when administering drug testing. Currently, QCS conducts both random and targeted urine testing of prisoners and offenders. This



involves supervision by QCS officers which can be distressing for all involved. QCS will review policy and practice, in both community and custodial settings, to streamline procedures and reduce red-tape, where appropriate.

QCS will also research and test alternative methods of detecting illicit drugs among prisoners and offenders, including saliva and biometrics testing. QCS has already implemented a trial of wastewater monitoring, which is currently used in Western Australian prisons, and in the general community, to accurately and efficiently determine levels of drug use.

Success measures

The key measures of success for preventing and deterring supply are a:

- Decreased proportion of persons intercepted attempting to introduce contraband,
- Decreased proportion of prisoners testing positive for illicit drugs,
- Increased number of staff searches,
- Alternative testing methods evaluated and implemented where appropriate,
- Decreased presence of alcohol and other drugs in correctional centres, and
- Reduced number of drone-related incidents.



Objective 2 – Reduce Demand

Reducing demand for alcohol and other drugs, requires a multi-faceted approach that addresses the risk factors associated with AOD use to improve community safety. Preventing and deterring the introduction of alcohol and other drugs into Queensland's prisons does not start at the prison gate. The majority of prisoners exit custody after a short period of imprisonment (less than 4 months)¹² and cycle between community supervision and prison. Addressing the demand for alcohol and other drugs among the offender population is a vital strategy to prevent and deter the introduction of contraband into the custodial environment. In addition, many of the offenders under QCS' supervision do not have a history of imprisonment. QCS supervises approximately 20,000 offenders in the community.¹³ Of these, about 65% have a drug or property offence.¹⁴ Reducing the demand for AOD among offenders therefore reduces demand in the community more broadly.

The causes of AOD use are multiple and complex, and often related to factors of social disadvantage. Prisoners and offenders experience factors of social disadvantage more than the general population. Aboriginal and Torres Strait Islander people in contact with the criminal justice system experience social disadvantage at even higher levels.¹⁵ Factors of social disadvantage related to AOD use include:

- Trauma,¹⁶
- Contact with the child protection and youth justice systems,
- Low educational attainment,
- Under-employment and unemployment,
- Mental and physical ill-health,
- Disability,
- Experience of domestic and family violence, and
- Lack of stable housing.

QCS cannot tackle all of these issues alone, which is why we must work across Government, and with our partners in the community, to address the underlying causes of AOD use. This will, in turn, improve outcomes for prisoners and offenders and reduce the likelihood of recidivism. This section outlines current and planned initiatives to collaboratively address these issues.

Key initiatives

An end to end case management system

Interventions that address co-occurring health and wellbeing issues (including mental illness and AOD use) by providing continuity of support for prisoners post-release, are proven to affect long-term change.¹⁷ There is strong evidence linking continuity of care for people experiencing mental illness with improved quality of life and community participation.¹⁸ Consistent with the recommendations of the QPSR, QCS is currently designing and testing an end to end case management system. The first Case Management Unit will be established at Townsville Correctional Complex.

¹² Queensland Productivity Commission (2020) *Inquiry into imprisonment and recidivism* <https://qpc.blob.core.windows.net/wordpress/2020/01/FINAL-REPORT-Imprisonment-Volume-I-.pdf> p. 30.

¹³ Unpublished administrative data, Queensland Corrective Services.

¹⁴ Unpublished administrative data, Queensland Corrective Services.

¹⁵ Australian Law Reform Commission (2018) *Pathways to Justice: Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples* (Report 133) https://www.alrc.gov.au/wp-content/uploads/2019/08/final_report_133_amended1.pdf p. 61.

¹⁶ Honorato et al, "From trauma to incarceration: exploring the trajectory in a qualitative study in male prison inmates from north Queensland, Australia" *Health & Justice* 4(3) 2016.

¹⁷ Alcohol and Drug Foundation, "Prison, alcohol and drug use – a volatile combination" (9 September 2019) <https://adf.org.au/insights/prison-aod-use/>.

¹⁸ Adair et al, "Continuity of Care and Health Outcomes Among Persons with Severe Mental Illness" *Psychiatric Services* 56(9) 2005.



This new “throughcare model” will introduce a suite of validated assessment tools to identify the risks and needs associated with all prisoners entering custody. This includes a focus on drug and alcohol related risk factors. Under this model, all new receptions will receive a screening assessment and a specialised Engagement Plan designed to address offending behaviour and other risks.

The Engagement Plan may include specific drug and alcohol interventions, alongside recommendations for drug testing regimes upon release to community supervision. It will also identify other needs, including employment, health and wellbeing, housing and connection to culture and family. QCS will work with its government (Queensland Health, including Prison Mental Health) and non-government partners to address these needs. Each prisoner will also be allocated a case management officer to discuss progress against their individualised plan and work towards release. On leaving custody, the prisoner’s Engagement Plan will be transitioned to the community corrections case manager to continue implementation post-release.

Investigate opportunities for collaborative case management

Rehabilitation programs delivered in the community are generally more effective than those delivered in a custodial environment.¹⁹ In response to COVID-19, community corrections now has the capability to incorporate virtual interactions with offenders and community partners. This has been supported by the roll out of appropriate Information Communications Technology (ICT), for example laptops and online collaboration software. Virtual case conferencing has the capacity to significantly streamline collaboration with our community partners to improve outcomes for offenders experiencing harmful AOD use. The use of video conferencing has also increased supervision capacity, particularly in rural and remote areas. These initiatives will be supported by appropriate information sharing arrangements with key stakeholders, including Queensland Health and community partners. QCS will continue to investigate how these system improvements can be embedded in standard operational practice and procedure.

Expanded re-entry services to address need

QCS is expanding its re-entry services to prisoners that link them to appropriate interventions, services or supports that mitigate identified offending and drug use risks. In 2018-19, QCS funded 31,827 in-prison re-entry support contacts and 18,524 post-release re-entry support contacts. Between July 2019 and 31 March 2020, QCS had funded 22,262 in-prison contacts and 15,697 post-release contacts.²⁰ QCS will continue to trial innovative solutions to support prisoners on release, including working with our partners to provide accommodation and disability supports for those prisoners that need them.

Therapeutic justice interventions to support desistance

QCS will continue to support the implementation of the Drug and Alcohol Court at the Brisbane Magistrates Court, to support specialist and intensive multi-agency treatment for participants with severe alcohol and other drug issues associated with their offending. This whole of government initiative seeks to enhance community safety through the rehabilitation of offenders and includes access to treatment, regular court hearings to monitor progress, regular drug testing and access to supported accommodation.

Enabling reform

Reducing the harms associated with AOD use will require appropriate policy and legislative support, backed by high-quality data. The Corrective Services and Other Legislation Amendment Bill 2020 is a key enabler for the implementation of a range of Taskforce Flaxton recommendations, including many of the initiatives contained in this Strategy.

¹⁹ Queensland Productivity Commission, *Inquiry into imprisonment and recidivism* (2020) <https://qpc.blob.core.windows.net/wordpress/2020/01/FINAL-REPORT-Imprisonment-Volume-I-.pdf>.

²⁰ Unpublished administrative data, Queensland Corrective Services.

In order to better understand the demand for AOD programs and services, QCS must improve its data collection and reporting practices, in partnership with key stakeholders like Queensland Health. Streamlined reporting will reduce the administrative burden on front line staff so they can spend more time completing their vital work to keep our community safe. QCS will continue to identify opportunities to ensure our legislation, policy and process support our staff to perform their duties consistent with a top-tier public safety agency. This will involve the review of operational policies, education and training, and the ICT to support them.

In-cell technology

QCS is currently developing a model to implement self-service in-cell technology in the form of computer tablets. The introduction of in-cell technology will transform rehabilitation service delivery, enabling efficient delivery by empowering prisoners to manage individualised services. It will improve rehabilitation outcomes by increasing the reach of services, and support business model changes by engaging prisoners when they are required to be in-cell.

Success measures

The key measures of success for reducing demand are:

- Improved social welfare of prisoners on release (e.g. access to stable housing, employment, disability supports) through continuity of care,
- Improved outcomes for offenders accessing rehabilitation services in the community,
- Improved outcomes for Drug and Alcohol Court participants,
- Increased delivery of re-entry services,
- Improved data collection and reporting, and
- Increased opportunities for rehabilitation in-cell.



Objective 3 – Reduce Harm

A harm minimisation approach recognises that AOD use carries substantial risks to individual and community health and safety. AOD use can impact both mental and physical wellbeing. Injecting drug use, which is very common among prisoners in Australia, increases the risk of the transmission of blood-borne diseases. Harm can be experienced by the family and friends of prisoners and offenders experiencing harmful AOD use. In particular, women and children are at elevated risk of domestic and family violence.²¹

Alcohol use is a key risk factor associated with domestic and family violence.²² Approximately 1 in 5 offenders supervised by QCS have a domestic violence related offence.²³ Drug use is strongly correlated with personal and property crime.²⁴ QCS can contribute to reducing victimisation in these areas, consistent with *Advancing Queensland's Priorities* and the Queensland [Domestic and Family Violence Prevention Strategy 2016-2026](#), by implementing a range of therapeutic supports to progressively reduce AOD use among prisoners and offenders. Research indicates a mix of therapeutic approaches to AOD use are most effective at reducing use and the likelihood of recidivism.²⁵ This section outlines current and planned abstinence-oriented responses to address AOD related harms among prisoners and offenders.

Key initiatives

A therapeutic model for Southern Queensland Correctional Precinct Stage 2

Prisoners are more likely to experience chronic health conditions, including mental illness and disability, than the general population.²⁶ Existing correctional centres have limited capacity to manage prisoners with complex needs, which can make supporting them challenging. In June 2019, the Queensland Government announced plans to build a new prison at the Southern Queensland Correctional Precinct (SQCP). The new \$618.863m facility is planned for completion in 2022-23. SQCP Stage 2 will follow a therapeutic design, with a focus on addressing the mental and physical health and wellbeing needs of prisoners. The prison will include enhanced mental health and AOD rehabilitation facilities, and contribute to the objectives of the *Action on Ice Plan*. Design elements currently being considered include drug-free units to incentivise desistance and support rehabilitation.

A holistic approach to improving prisoner health and wellbeing

In response to the Offender Health Services Review (OHSR), QCS is working with Queensland Health to develop the *Prisoner Health and Wellbeing Strategy 2020-2025* (Health Strategy). The Health Strategy will support the principles in *Corrections 2030* and complement the initiatives in the *Drug and Alcohol Strategy 2020-2025*. Importantly, it recognises that improving prisoner health and wellbeing is an important public health initiative, as almost all prisoners return to the community.

In addition, QCS will continue to work with Queensland Health to investigate public health initiatives that could reduce harms associated with AOD use. Options to reduce the spread of blood-borne

²¹ *National Plan to Reduce Violence Against Women and Their Children*

https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf.

²² Queensland Government, *Domestic and Family Violence Prevention Strategy 2016-2026*, <https://www.csyw.qld.gov.au/resources/campaign/end-violence/dfv-prevention-strategy.pdf>, p. 2.

²³ Unpublished administrative data, Queensland Corrective Services.

²⁴ *Queensland Drug and Specialist Courts Review: Final Report* (2016)

https://www.courts.qld.gov.au/_data/assets/pdf_file/0004/514714/dc-rpt-dscr-final-full-report.pdf; NSW Bureau of Crime Statistics and Research (2012) "Illicit Drug Use and Property Offending among Police Detainees" *Bulletin* 157 <https://www.bocsar.nsw.gov.au/Documents/CJB/cjb157.pdf>.

²⁵ De Andrade et al (2018) "Substance Use and Recidivism Outcomes for Prison-Based Drug and Alcohol interventions" *Epidemiologic Reviews* Vol 30 <https://academic.oup.com/epirev/article/40/1/121/4992689#117302229>.

²⁶ Australian Institute of Health and Welfare, *The Health of Australia's Prisoners 2018*

<https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true>.



viruses include education and awareness campaigns, the provision of bleach and consideration of a needle exchange program.

Opioid Substitution Treatment

Opioid Substitution Treatment (OST) plays an important role in breaking the cycle of AOD use, offending, and imprisonment. Managing the symptoms of dependence through OST, addressing risk factors like housing, employment and health and wellbeing, and providing targeted rehabilitation services, reduces the likelihood that prisoners will reoffend. Similar programs in New South Wales have proven effective in reducing recidivism and overdose risk among prisoners who continue treatment on release.²⁷ OST will continue to be implemented in partnership with Queensland Health as part of the Queensland Government's throughcare initiative.

Expanded rehabilitation services for prisoners and offenders

In response to the QPSR, QCS has expanded its substance misuse rehabilitation programs and services, including high-intensity programs. Prisoners and offenders can access a range of group programs from 6 to 96 hours across correctional centres and community corrections locations. These programs are delivered by QCS and non-government partners.

In 2018-19, a total of 3,223 complete substance misuse interventions were delivered. Throughout 2019-20, QCS is continuing to increase access to substance misuse interventions by providing direct pathways into individual counselling for offenders supervised in the community. Between July 2019 and 31 March 2020, prisoners and offenders had completed 1,815 substance misuse interventions.²⁸

Expanding and creating new rehabilitation programs responsibly takes time. QCS' offender programs and services accreditation panel ensures that all offender programs are evidence based and meet nationally accredited standards.

QCS partners with multiple AOD service providers who are experienced in the delivery of substance misuse programs and services to offer a suite of interventions to prisoners and offenders who are at different stages in their recovery journey.

Through the Queensland Government's *Local Thriving Communities* reform, QCS will continue to fund and deliver rehabilitation programs and services tailored to the needs of Aboriginal and Torres Strait Islander people and women in response to identified need. QCS currently contracts Gallang Place to deliver a suite of rehabilitation programs of varying intensity, designed and delivered by Aboriginal and Torres Strait Islander people, for Aboriginal and Torres Strait Islander people. QCS also funds Sisters Inside to deliver the Bail Support Program for women prisoners, including Aboriginal and Torres Strait Islander women. These initiatives contribute to the Queensland Government's *Tracks to Treaty* initiative to re-frame the relationship with Aboriginal and Torres Strait Islander people.

Education and training for QCS employees to improve understanding

Corrective services officers work with some of the most complex members of our community, often in challenging circumstances. International evidence suggests that custodial corrections staff experience post-traumatic stress disorder at higher rates than in the general community.²⁹ Under the *National Mental Health and Suicide Prevention Plan 2017-2022* and *Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023*, QCS has committed to increasing awareness and understanding of AOD use among its employees. Education and understanding has a vital role to play in reducing stigma and encouraging people to seek help when they need it.

²⁷ Rodas et al (2011) "Supply, demand and harm reduction strategies in Australian prisons: an update". Australian National Council on Drugs.

²⁸ Unpublished administrative data, Queensland Corrective Services.

²⁹ Lois James and Natalie Todak, "Prison employment and post-traumatic stress disorder: risk and protective factors" *American Journal of Industrial Medicine* 61(9) 2018 725.



In response to Taskforce Flaxton, QCS has commissioned a whole of enterprise workforce review. This will include exploring options for enhanced education, training and support for corrective services officers. As part of the development of the *Drug and Alcohol Action Plan 2020-2021*, QCS will conduct a series of workshops with frontline staff to listen to their views on better ways to tackle mental illness and AOD use throughout QCS. QCS will also explore opportunities to enhance organisation-wide training on how to respond to prisoners, offenders and colleagues experiencing problems with alcohol or other drugs.

Initiative in Focus: *Stand TALR* (Talk, Ask, Listen, Refer)

In February 2020, QCS, in partnership with Together Queensland, launched the *Stand TALR* program. The program was developed by the Western Australian Prison Officers' Union in 2017 and is a peer-led mental health awareness program that has been delivered to over 4,000 officers in Australia and New Zealand since its inception. *Stand TALR* helps officers to overcome the resistance, fear and stigma often experienced when faced with mental health challenges and encourages officers and their colleagues to ask for professional assistance, as early as possible, to help treat and manage issues including anxiety, stress and depression. QCS will continue to investigate innovative approaches to supporting employee health and wellbeing, in partnership with employee representatives.

Workforce drug and alcohol testing framework

As a forward-thinking, top-tier public safety organisation, QCS is committed to providing a safe, secure and supportive workplace for all employees. Under the *Work Health and Safety Act 2011*, QCS has a primary duty of care towards employees and others who may be present at the workplace including prisoners and offenders, contractors, service providers and visitors. Similarly, employees must take reasonable care for their own health and safety while at work and ensure their acts or omissions do not adversely affect the health and safety of other workers in the workplace.

To support these health and safety obligations, and to monitor compliance, QCS will develop a workforce drug and alcohol testing framework. This will be supported by operational policies and procedures, consistent with the recommendations of Taskforce Flaxton and relevant legislation. These documents will provide clear and transparent guidance about how workforce testing will be implemented, including how testing will be administered consistent with procedural fairness and human rights. QCS will continue to engage with employees and key partners, including Together Queensland and the Crime and Corruption Commission, to manage this change.

Success measures

The key measures of success for reducing harm are:

- Reduced risk of staff needle stick injuries,
- Reduced number of drug-related deaths in custody,
- Reduced number of drug-related deaths of offenders in the community,
- Improved health outcomes for prisoners and offenders,
- Increased delivery of rehabilitation and substance use interventions,
- Improved outcomes for OST participants,
- Increased understanding of AOD use among staff, and
- Decreased proportion of staff testing positive to alcohol and other drugs.



Next Steps

The *Drug and Alcohol Action Plan 2020-2021*

Following the endorsement and release of the *Drug and Alcohol Strategy 2020-2025*, the Project Board will commence consultation with key stakeholders on the development of the *Drug and Alcohol Action Plan 2020-2021*. This will include workshops with frontline staff to understand how best to operationalise the overarching principles contained in this Strategy.

Evaluation and review

The Action Plan will be reviewed on an annual basis to monitor progress and ensure activity continues to meet the overarching policy objectives. The Strategy will be reviewed in 2024, to support the development of the *Drug and Alcohol Strategy 2025-2030*.



Appendix 1 – Policy context

National Drug Strategy 2017-2026

The [National Drug Strategy](#) provides a 10-year strategic framework that identifies priorities relating to alcohol and other drugs, guides action by governments in partnership with service providers and outlines a national commitment to harm minimisation through effective supply, demand and harm reduction strategies. There are a number of priority areas of focus in the National Drug Strategy relevant to QCS' operations, including:

Actions:

- Enhanced access to evidence-informed treatment services and support, and
- Develop new and innovative responses to reduce alcohol and other drug problems.

Populations

- Aboriginal and Torres Strait Islander people,
- People with mental health conditions, and
- People in contact with the criminal justice system (including prisoners and offenders).

Substances

- Methamphetamines,
- Alcohol,
- Non-medical use of pharmaceuticals, and
- Opioids.

National Alcohol Strategy 2019-2028

About 1 in 3 prison entrants were at high risk of alcohol related harm in the previous 12 months.³⁰ Offenders, particularly Aboriginal and Torres Strait Islander people, are at an elevated risk of alcohol-related harm.³¹ The [National Alcohol Strategy](#) aims to prevent and minimise alcohol-related harm by identifying national priority areas of action, promoting collaboration between the government and non-government sectors, and targeting a 10% reduction in harmful alcohol consumption. Priority areas of focus in this strategy relevant to QCS' operations include:

- Improving community safety and amenity,
- Supporting individuals to obtain help and systems to respond, and
- Promoting healthier communities.

National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028

This Strategic Action Plan, developed to support the objectives of the National Drug Strategy, provides a clear pathway of priorities and opportunities to improve the prevention, diagnosis, support and management of Fetal Alcohol Spectrum Disorder (FASD) in Australia. Prevalence of FASD is higher among Aboriginal and Torres Strait Islander people, which is why they are identified as a priority group.³² This Strategy will contribute to the priority objectives of the Strategic Action Plan by continuing to deliver and fund supports for Aboriginal and Torres Strait Islander people in contact with the criminal justice system, in collaboration with Queensland Health and other partners in the community.

Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023

³⁰ Australian Institute of Health and Welfare, *The Health of Australia's Prisoners 2018* <https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true>.

³¹ Forsythe et al (2014). Striking subgroup differences in substance-related mortality after release from prison. *Addiction*, 109: 1676-1683.

³² Australian Parliamentary Standing Committee on Social Policy and Legal Affairs (2012) *FASD: The Hidden Harm*, https://www.aph.gov.au/Parliamentary_Business/Committees/House_of_representatives/Committees?url=spla/fasd/report.htm.



The [Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023](#) aims to deliver a mental health, alcohol and other drugs system that is comprehensive, integrated and recovery-oriented. The *Drug and Alcohol Strategy 2020-2025* contributes to achieving the following key priority areas:

- **Better lives: reducing involvement with the criminal justice system**
People living with mental illness and/or experiencing problematic AOD use are overrepresented in the adult and youth justice systems, including those in prison and those supervised in the community. Expanded integrated service delivery across mental health, alcohol and other drug services, justice agencies and other social services is required. These services should consider the specific needs of Aboriginal and Torres Strait Islander people and women.
- **Invest to save: workplace**
Supporting mental health and wellbeing and reducing the harm associated with AOD use in the workforce benefits individuals and QCS as an organisation. Addressing these issues is particularly important in the corrective services context, as they represent a corruption risk.³³ This Strategy will provide an overarching framework for the implementation of initiatives to support our workforce to address these risks, including through the implementation of drug and alcohol testing for corrective services officers.
- **Invest to save: alcohol and other drugs prevention, early intervention and harm reduction**
This Strategy is consistent with the approach outlined in the [Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023](#), which takes a harm minimisation approach through the implementation of demand, harm and supply reduction strategies.
- **Whole of system improvement: renew cross-sectoral suicide prevention and alcohol and other drugs responses**
This Strategy provides the overarching authorising environment for a range of initiatives designed to reduce problematic alcohol and other drug use among prisoners and offenders. This will contribute to the Queensland Government's commitment to prevent suicide.

Queensland Action on Ice Plan

Although ice is not the most used drug in Australia, nor is it responsible for the greatest levels of social and health harms, the adverse impacts and increasing levels of ice use, together with the involvement of organised crime in its production, supply and distribution means action is needed.

The [Action on Ice Plan](#) (Plan) notes that the problems associated with ice require a coordinated, whole of government response based on harm minimisation. The Plan identifies initiatives to reduce the supply, demand and harms associated with ice use. This Strategy provides a framework for the implementation of QCS' responsibilities under the Plan to:

- Provide re-entry service to prisoners released from custody that link them to appropriate interventions, services or supports that mitigate identified substance use risks,
- Expand substance use programs and services for prisoners and offenders in line with recommendations from the Queensland Parole System Review,
- Report on outcomes and implementation of Queensland reviews into intervention, support and referral from the criminal justice system,
- Continue to implement the Queensland Drug and Alcohol Court from the Brisbane Magistrates Court, to provide specialist and intensive multi-agency treatment and support for offenders with severe alcohol and other drug issues associated with their offending.

³³ Crime and Corruption Commission, *Taskforce Flaxton: an examination of corruption risks and corruption in Queensland prisons* <https://www.ccc.qld.gov.au/sites/default/files/Docs/Public-Hearings/Flaxton/Taskforce-Flaxton-An-examination-of-corruption-risks-and-corruption-in-qld-prisons-Report-2018.pdf>.



National Mental Health and Suicide Prevention Plan 2017-2022

Agreed by the Council of Australian Governments, the [National Mental Health and Suicide Prevention Plan 2017-2022](#) sets out national actions to achieve the objectives of the National Mental Health Policy. Alcohol and other drug use is strongly correlated with mental illness.³⁴ The Queensland Government is responsible for funding and delivering mental health services consistent with these objectives. The priority actions relevant to QCS' operations include:

- Coordinating treatment and supports for people with severe and complex mental illness,
- Improving Aboriginal and Torres Strait Islander mental health and suicide prevention, and
- Reducing stigma and discrimination.

Every Life: The Queensland Suicide Prevention Plan 2019-2023

Queensland has the second highest rate of suicide in Australia. Reducing the suicide rate by 50 per cent by 2026 is a State priority under *Our Future State: Advancing Queensland's Priorities*. The [Queensland Suicide Prevention Plan 2019-2023](#) sets a clear, whole of government direction to achieve this priority.

Prisoners and offenders are more likely to have a history of self-harm due to higher rates of mental illness and AOD use. About 1 in 5 prison entrants report a history of self-harm.³⁵ QCS is responsible for a number of actions under this Plan, including:

- Increase the capability of correctional centre and community corrections staff to enhance understanding and support of people living with mental health conditions, problematic alcohol and other drugs use and suicidal ideation, and to ensure referral to appropriate treatment and support services (lead),
- Develop and implement a comprehensive and tailored approach to employee mental health and wellbeing in all agencies, promoting consistency through the inclusion of elements of promotion, prevention, early intervention, recovery and return to work (all agencies), and
- Establish policies, training and pathways to enable key public sector employees to recognise, respond to and appropriately refer members of the public who are in distress or potentially suicidal (all agencies).

This Strategy supports the implementation of these actions, with specific initiatives to be funded and implemented through the *Drug and Alcohol Action Plan* process.

Related external reviews

QCS has been subject to a number of external reviews which have recommended a range of changes to its approach to AOD use. This Strategy governs the implementation of recommendations from these reviews in the medium-term.

Queensland Parole System Review (2016)

In response to the [Queensland Parole System Review](#) (QPSR), the Queensland Government committed \$265 million over six years to reforming the corrective services system. The estimated return on investment for every \$1 spent on early support and diversion away from the criminal justice system is between \$1.40-\$2.40.³⁶ This was recognised by the QPSR, which recommended expanding rehabilitation and support services for prisoners and offenders. The Queensland Government

³⁴ Australian Institute of Health and Welfare, *Alcohol, Tobacco and Other Drugs in Australia 2020* <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions>.

³⁵ Australian Institute of Health and Welfare, *The Health of Australia's Prisoners 2018* <https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true>.

³⁶ Queensland Mental Health Commission, *Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf.



supported or supported-in-principle 89 of the QPSR's 91 recommendations. This Strategy contributes to the implementation of the following:

- **Recommendation 12.** QCS should implement a dedicated case management system that begins assessing and preparing a prisoner for parole at the time of entry into custody and should consider utilising a model whereby a dedicated Assessment and Parole Unit is embedded in each correctional centre.
- **Recommendation 15.** QCS should implement a system so that the case manager from Probation and Parole who is to manage a prisoner on parole begins contact with, and involvement in the management of the prisoner, before he or she is released from custody.
- **Recommendation 20.** As a significant component of end - to - end case management, QCS should increase the delivery of accredited programs to offenders supervised by the Probation and Parole Service, particularly in light of the issues associated with delivering programs in custody.
- **Recommendation 17.** QCS should increase the number and diversity of rehabilitation programs, and training and education opportunities, available to prisoners in custody, including short term programs.
- **Recommendation 19.** To provide equitable access to rehabilitation for prisoners and offenders, including short term prisoners, QCS should develop and increase rehabilitation program delivery in partnership with non - governmental service providers.
- **Recommendation 24.** In response to the increased demand for mental health services, in line with the significant increases in prisoner and offender numbers across the State, the Queensland Government should review the resourcing of prison and community forensic mental health services.
- **Recommendation 25.** The resourcing and provision of mental health services for Aboriginal and Torres Strait Islander people and women in the correctional system should be reviewed by Government.
- **Recommendation 26.** Queensland Corrective Services and Queensland Health should jointly develop a plan for the administration of a screening assessment for all prisoners on admission to prioritise substance use rehabilitation, especially for those prisoners with short sentences.
- **Recommendation 27.** QCS should increase delivery and should develop new rehabilitation programs specifically designed for Aboriginal and Torres Strait Islander people, by Aboriginal and Torres Strait Islander people.
- **Recommendation 28.** QCS should provide substance use rehabilitation to all prisoners and offenders as required in accordance with their assessed risk and need.
- **Recommendation 29.** QCS should increase the number of high intensity substance use programs available to prisoners.
- **Recommendation 30.** The Government should consider whether it would be appropriate to implement a brokerage model like the Community Offender Advice and Treatment Service (COATS), to address the significant treatment service gaps for offenders in the community.
- **Recommendation 31.** Insofar as it is necessary for a further recommendation to be made about this matter, QCS and Queensland Health should together introduce an opioid substitution treatment program into all Queensland prisons.

As at 30 June 2020, 46 of the 89 accepted recommendations have been completed with many more in progress. In 2019-20, QCS has seen substantial progression of significant, critical initiatives for this program of work including the development of an end-to-end case management system for prisoners and offenders. This is a major feature of the QPSR recommendations related to breaking the cycle of reoffending in relation to harmful AOD use.



Crime and Corruption Commission's Taskforce Flaxton (2018)

In March 2018, the CCC commenced [Taskforce Flaxton](#) to identify corruption and risks of corruption in Queensland prisons, features of the legislative, policy and operational environment that enable corrupt conduct to occur, and reforms to better prevent, detect and deal with corrupt conduct. On 5 July 2019 the Queensland Government published its response to the inquiry, supporting or supporting-in-principle all 33 recommendations. The *Drug and Alcohol Strategy 2020-2025* contributes to the implementation of the following:

- **Recommendation 3.** That QCS review its risk management framework to improve the identification, management and oversight of corruption risk.
- **Recommendation 10.** That:
 - a) Queensland Health implement the recommendations of the Offender Health Services Review Final Report
 - b) QCS support the implementation of the recommendations of the Offender Health Services Review Final Report
 - c) QCS and Queensland Health jointly identify aspects of the QCS operating model (systems, policies and practices) that undermine the delivery of prisoner health services and QCS, where feasible, change systems, policies or practices to facilitate better prisoner health outcomes.
- **Recommendation 18.** That the *Corrective Services Act 2006* be amended to permit an appropriate QCS delegate to direct a person (other than a prisoner) at or entering a prison to submit to a prescribed alcohol/drug test. This will be enabled by the Corrective Services and Other Legislation Amendment Bill 2020.
- **Recommendation 20.** That the *Corrective Services Act 2006* be amended to grant broader powers to search staff working in prisons. This will be enabled by the Corrective Services and Other Legislation Amendment Bill 2020.
- **Recommendation 26.** That QCS implement an electronic mail process to decrease the volume of mail entering prisons via the postal service.

Offender Health Services Review (2018)

The [Offender Health Services Review](#) (OHSR) was tabled as part of Taskforce Flaxton. It provides an overview of the governance, funding and delivery of health services to prisoners in Queensland, including primary care provided by Hospital and Health Services (HHS) and specialist care provided by Prison Mental Health. Key findings of the review include:

- Prisoners have complex health needs requiring a coordinated treatment approach,
 - There is considerable variation in the nature and availability of prisoner health services across the State, and
 - There is a lack of suitable infrastructure to deliver health care services in Queensland prisons.
- Queensland Health, in consultation with QCS, is currently developing the *Prisoner Health and Wellbeing Strategy 2020-2025* to address the majority of the OHSR recommendations. The *Drug and Alcohol Strategy 2020-2025* supports this work, including contributing to the implementation of the following:
- **Recommendation I3.** The state-wide offender health governance group should work with QCS on policy areas such as:
 - needle exchange (required to ensure spread of blood borne viruses is reduced). This would be enabled by an offender health research governance framework which could access the efficacy and safety of such an approach before broad roll out, and



- provision of condoms (required to ensure spread of blood borne viruses is reduced).

Inquiry into Imprisonment and Recidivism (2020)

In 2019, the Queensland Productivity Commission (QPC) completed its [Inquiry into Imprisonment and Recidivism](https://qpc.blob.core.windows.net/wordpress/2020/01/FINAL-REPORT-Imprisonment-Volume-I-.pdf) into ways to reduce the number of people flowing through Queensland's prison system, while improving outcomes for the broader community. The QPC made the following key findings related to AOD use:

- Drug offences have contributed notably to the growth in imprisonment in Queensland. Between 2012 and 2018, drug offences contributed to 32 per cent of the increase in Queensland's sentenced prison population. Prisoners with drug offences make up 22 per cent of Queensland's female population and 15 per cent of the male population.
- A prohibition approach has had limited impact on the reduction of the supply, demand and harms associated with illicit substances, which is why a harm minimisation approach should be pursued.³⁷

This Strategy takes an evidence-based approach to AOD use in the context of Queensland's corrective services system, drawing on the findings of the QPC to implement an overarching harm-minimisation framework. Consistent with the Queensland Government's response to the inquiry, the *Drug and Alcohol Strategy 2020-2025* supports the following key initiatives:

- the development of a therapeutic health and rehabilitation model for the construction of Southern Queensland Correctional Precinct Stage 2, and
- a range of initiatives including the Queensland Drug and Alcohol Court, Opioid Substitution Treatment program, and expanded rehabilitation and support services both in prison and in the community as part of the QPSR reforms.

³⁷ Queensland Productivity Commission, *Inquiry into Imprisonment and Recidivism* (2020) <https://qpc.blob.core.windows.net/wordpress/2020/01/FINAL-REPORT-Imprisonment-Volume-I-.pdf>.

