

## **Jail drug program is vital for ACT**

Prohibition has failed, so authorities need to minimise drug-related harm, MARION MCCONNELL argues

It is good that the Canberra Times is facilitating debate about a Needle Syringe Program at the Alexander Maconochie Centre (AMC). It is probably the most important discussion on illegal drugs since the debate on the proposed Heroin Trial for the ACT in the mid 90s. But let's hope the outcome is not the same.

It is understandable that the provision of equipment for the purpose of injecting illegal drugs in jail is a dilemma for many people. It does seem illogical. No doubt it would have seemed just as illogical when needle syringe programs were introduced in the general community in 1985.

Why, then, are so many health-oriented organisations so strongly in favour of a program in the jail? Where serious diseases can be minimised for individuals and the spread into the wider community limited, there is no question but to do it.

But many in the community believe drugs can be kept out of prisons if only we tried harder.

Many methods are used to detect drugs entering the jail including random searches, non-contact visits, the electronic sensor perimeter fence, detection technologies such as metal detectors, x-ray scanners and ion-scanning equipment, sniffer dogs, intelligence-based interruption of supply and clear satchels for staff and visitors' effects.

But addiction is very powerful and those addicted to drugs will go to great lengths to obtain drugs. Prisoners in particular will come up with ingenious methods.

All present attempts have failed to stop the drugs, so what more can be done? We could stop all visits by family and friends, we could restrict entry of health professionals, official visitors and other service providers and those who do enter could be subjected to more stringent searches.

Prisoners and perhaps prison officers could be strip-searched every time they enter the prison. Body and even cavity searches could be undertaken more frequently.

This increased surveillance, which gives supremacy to security, would isolate prisoners, while health professionals and service providers would be reluctant to visit. It is well documented that keeping contact with family and friends is crucial to rehabilitation and reduction in recidivism – the ultimate purpose of incarceration.

One of the most important findings of the report by Lord Justice Woolf in the Britain was that the maintenance of a correct balance between security, control and justice is the key to an effectively managed prison. If the correct balance is not achieved, the original objectives of the Alexander Maconochie Centre, to be a human rights-compliant and rehabilitative institution will be lost.

And it must be remembered that the great majority in prison have a contributing drug and alcohol or mental health problem, or both – very few are hardened criminals.

The dilemma about needle syringe programs in jail is not just about keeping drugs out of the prison, it is much broader than that. The real dilemma arises because former governments prohibited certain drugs. Because prohibition did not stop demand, a lucrative black market was born, which resulted in the more bulky but less harmful drugs, such as opium for

smoking, being replaced by more concentrated, more easily concealed and more harmful forms such as heroin, which is injected.

Over time, governments realised the added harms caused by the laws and the need to mitigate this by introducing health responses, including the needles syringe program which prevents the spread of blood-borne viruses through the sharing of syringes. Less punitive law-enforcement harm-reduction responses have also been introduced, such as police and court diversion programs.

Prohibition laws, which in any language means uncontrolled supply of drugs to anyone, including children, have resulted (albeit unintentionally) in organised crime, corruption of police and officials, deaths, huge costs to society, an exploding prison population, wasted resources, injustice and a great deal of misery.

Many, however, fail to recognise or understand this because they believe these man-made laws are sacrosanct and therefore deny any moral responsibility for those incarcerated.

Our prohibition laws and our attempts to mitigate the harm have left us with this dilemma about needle syringe programs in prison. We must take a serious look at these man-made laws and see what we can do to overcome the dilemma. But until that time, and until better ways of dealing with drugs are implemented, we must do what we can to minimise the harms, no matter how illogical it seems to some, and that means looking at the best models for introducing needle syringe programs into the Alexander Maconochie Centre.

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