Prisons are built to stop people from getting the same characteristics as trends on the street. One reflects the other,” Mr Levy said. Research into drug use in prisons had shown that many, drug use continued to occur when inside. Director of the Centre for Health Research in used illicit drugs regularly in the twelve months before entering prison. 74 percent of female and 67 percent of male inmates had found that among problematic drug users.  The NSW Inmate Health Survey of 2001 established with numerous studies showing high incarceration rates prisons. The link between illicit drug use and incarceration is well drugs are still being smuggled into and being used inside Australia’s It’s no secret that despite ongoing supply and demand reduction efforts, it is research that reflects much of the information gathered by corrections authorities and academics across the country. 2001 NSW Inmate Health Survey was the first document of its kind to be produced in Australia. It traced a number of health indicators including the nutritional, dental, medical and mental health of inmates across the state. It also examined patterns of drug use, both on the outside and in. Of those who took part in the survey 49 percent of women and 48 percent of men said they had used illicit drugs while in prison. Cannabis and heroin were reported to be the most commonly consumed drugs. The same report showed that women were more likely to have injected drugs while in prison and, of inmates who do inject, 11 percent of women and 12 percent of men had done so more than weekly in the past month. A slightly more recent survey of inmate health in Victorian prisons, the 2003 Victorian Prisoner Health Study, painted a similar picture. Of those surveyed 13 percent of women and 14 percent of men said they had injected drugs while in prison. She said the picture of drug use was very similar for Australia’s young offenders. “We know that there is a lot of cannabis and heroin use as well as people diverting buprenorphine to be injected,” she said. “We also know that prescription medication, such as benzos and psychiatric medications are fair game.” People need to understand that life inside prisons is all about currency and power. “Drugs, buprenorphine and prescription medications can be traded for things like cigarettes or people stand over others to get access to their medications.” Some people might choose to go on methadone but are pressured to take buprenorphine because it can be easily diverted. “They then either trade their dose or it is supplied to someone who has power over them.” Caroline said the result of drug use inside prisons was needle sharing. “The issue of sharing is very real,” she said. “One needle tends to be used by a lot of people.” “Most people will continue to use and some will come out with a full habit.” Each state and territory in Australia is responsible for the health of people who have been incarcerated and, while each state’s response to drug use is different, it is clear that all invest most energy in supply and demand reduction programs. The Australian National Council on Drugs issued a discussion paper titled, Supply, Demand and Harm Reduction Strategies in Australian Prisons Implementation, Cost and Evaluation, in July 2004. Representing the first attempt to document the nature and breadth of drug strategies that have been developed by prison authorities the paper highlighted the need for a more consistent approach. All states and territories use sniffer dogs and urinalysis programs as supply reduction measures. Detoxification, opioid maintenance therapies and inmate counselling are commonly used demand reduction initiatives. While no Australian prison offers a needle and syringe program the different states and territories have integrated some harm reduction measures. All states and territories except Queensland provide inmates with harm reduction education; three states provide peer education programs and five states and territories offer bleach/detergent programs. Procedures for blood borne virus testing vary in each state and territory. For example, in NSW blood borne virus testing occurs as part of a screening program for at-risk prisoners, whereas in South Australia and Western Australia it is provided on a voluntary basis. Tasmania ceased compulsory testing for HIV during 2003. Queensland’s Sister’s Inside has now managed to organise a hepatitis C education program for female inmates in the state. Debbie Kilroy said the program provides, “health messages within a harm minimisation framework.” “The program teaches the women how to grow their own herbs and fruit and vegetables to help lead a healthier lifestyle”, she said. “We don’t tell people not to use drugs but make sure they know that there are dangers, especially around hepatitis C, and offer drug education.” “If people aren’t going to stop then they need to know how to reduce the harm.” For more information refer to Australian National Council on Drugs (ANCD), Supply, demand and harm reduction strategies in Australian prisons: Implementation, cost and evaluation, 2004.