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Abstract | The nexus between drug use and crime is well established. Offenders are considerably more likely to use illicit drugs than the general population, and a large proportion of offenders attribute their criminal offending to drug use, yet very little is known about how to respond effectively to drug problems among police detainees.

Using data obtained through the Drug Use Monitoring in Australia (DUMA) program, this paper explores the readiness to change drug use and help-seeking intentions of Australian police detainees with drug problems.

The analysis revealed those detainees most in need of drug treatment were also those most ready to change their drug use. The findings serve as a reminder of the need and desire for interventions for drug abuse among the police detainee population, and have implications for the development of intervention strategies aimed at reducing drug use among offender populations.

Readiness to change drug use and help-seeking intentions of police detainees: Findings from the DUMA program

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The link between illicit drug use and crime is well documented in the criminological literature. While a causal relationship has not been established, research shows offending populations are considerably more likely to use illicit drugs compared with the general population, and a large proportion of offenders attribute their criminal activities to drug use (Australian Institute of Health and Welfare 2013; Davis, Bahr & Ward 2012; Payne & Gaffney 2012). Data obtained through the Australian Institute of Criminology's (AIC's) Drug Use Monitoring in Australia (DUMA) program indicate three in every four police detainees test positive to at least one type of drug and one in every four detainees believes drug use contributed to their detention (Coghlan et al. 2015).

In Australia, criminal justice interventions for drug-related crime include offender drug treatment, imprisonment and other disciplinary initiatives such as fines. The fundamental assumption underlying offender drug treatment is that it will reduce drug use and, in turn, recidivism. This theory is supported by evidence from numerous studies showing that offenders who participate in treatment are less likely to use drugs and reoffend

than comparable individuals who do not receive treatment (eg Bahr, Masters & Taylor 2012; Grella & Rodriguez 2011; Inciardi, Martin & Butzin 2004; Jason, Olson & Harvey 2015; National Health Service 2000; Payne 2005; Wundersitz 2007). In addition, evidence shows drug treatments realise considerable cost savings, in comparison with alternative forms of intervention such as imprisonment (Australian National Council on Drugs 2013; Zarkin et al. 2012; National Drug Intelligence Centre 2011). It is therefore important to identify those detainees most amenable to changing their drug use and the interventions they may be most receptive to.

Readiness to change drug use

In this paper, readiness to change (a term often used interchangeably with ‘motivation to change’) refers to ‘the personal considerations, commitments, reasons, and intentions that move individuals to perform certain behaviours’ (DiClemente, Schlundt & Gemmell 2004: 103–104). Readiness to change drug use is widely accepted as a key factor in drug treatment outcomes in both community (Klag, Creed & O’Collaghan 2010) and criminal justice (Gideon 2010) settings. Higher readiness-to-change levels have been associated with successful recovery from substance use and desistance from crime, whereas poor motivation has been identified as one of the most common reasons drug users do not complete treatment (Bilici et al. 2014; Evans, Li & Hser 2009; Rapp et al. 2007; Schroder et al. 2009). Gideon (2010) reported that among a sample of drug offenders the motivation to change, rather than the treatment program itself, was crucial to successful rehabilitation.

Readiness to change drug use has been widely explored, primarily through Prochaska and DiClemente’s (1986) stages of change model. According to this model, the process of change is divided into four consecutive stages:

- precontemplation, where individuals do not perceive a problem;
- contemplation, where the problem is acknowledged and change is considered;
- action, where specific steps are taken to address the problem; and
- maintenance, where new behaviour is established and consolidated.

Individuals who relapse re-enter the cycle in the precontemplation or contemplation stage, and may continue to cycle through the stages of change multiple times before their substance-use problem is resolved. A key attraction of this model is that it enables service providers to tailor appropriate interventions to individuals at different stages of change (DiClemente, Schlundt & Gemmell 2004; Heather & Rollnick 1993).

Although the association between motivation and behavioural change is not straightforward, there is general consensus that identifying drug users’ motivations to change is imperative to the design of intervention strategies (Peavy 2009; Bilici et al. 2014). Studies exploring offenders’ motivation to change their drug use have found a range of drug use, social and demographic factors can increase or decrease an individual’s propensity to change addictive behaviour (Gideon 2010; Grella & Rodriguez 2011; Peavy 2009; Lo & Stephens 2002). Data obtained from the United States (US) Arrestee Drug Abuse Monitoring (ADAM) program indicate that prior participation in drug treatment, severity of drug use (ie self-reported dependency), having a romantic partner and employment status were all linked with motivation to change drug use (Lo & Stephens 2002); however, employment status exerted differential effects on rural compared with urban arrestees (Lo & Stephens 2002).

In a US sample of recently incarcerated substance users, high levels of psychological distress and family or social problems were associated with higher levels of readiness to change drug use (Peavy 2009). However, in contrast with other studies such as Lo and Stephens (2002), there was no significant association between readiness to change drug use and demographic factors like age, gender or education (Peavy 2009). In a sample of female offenders in prison-based substance abuse treatment in the US, stronger motivation to change was associated with the involvement of child welfare services, prior treatment and the use of harder drugs (Grella & Rodriguez 2011). Colman and Laenen (2012) reported that, among a sample of desisting drug-using offenders in Belgium, the primary triggers for change were related to relationships, family and treatment. Offenders' readiness to change can be predicted by both demographic and drug-use factors, although the factors identified as predictive are not consistent across studies.

There remains a significant gap in the understanding of which factors predict readiness to change in Australian police detainees. Police detention is a potential point of intervention for drug users who may not otherwise have contact with alcohol and drug services.

Help-seeking intentions

For this study, help-seeking is defined as seeking help for a problem by communicating with others regarding 'understanding, advice, information, treatment and general support' (Rickwood et al. 2005: 4). Identifying where users are most likely to seek help for drug problems allows those avenues to care to be strengthened (Wilson et al. 2005); asking individuals where they intend to seek help, should they need it, is one way to identify such access points.

Research on the help-seeking intentions of adults experiencing drug problems is limited (Quinn, Stoové & Dietze 2013); even less is known about the intentions of offenders. The available evidence suggests offenders are most likely to seek help from a trusted, informal source such as a romantic partner, family member or friend (Davis, Bahr & Ward 2012; Cobb & Farrants 2014). Cobb and Farrants (2014) found prisoners were most likely to seek help from other inmates, and least likely to seek help from formal sources such as health professionals. This reliance on informal sources of help suggests an underlying distrust of the system (Cobb & Farrants 2014).

Consistent with this proposition, Howerton and colleagues (2007) reported offenders were likely to seek help from formal sources such as doctors or healthcare professionals if they trusted and respected them and perceived them to be legitimate. Similarly, in a sample of community-recruited methamphetamine users in Melbourne, general practitioners were the most commonly reported source of professional support, and one-on-one drug counsellors were the most commonly reported source for specialist drug services (Quinn, Stoové & Dietze 2013). A small number of users reported accessing more intensive drug treatment services such as residential withdrawal and detoxification and/or rehabilitation (Quinn, Stoové & Dietze 2013).

The first contact a drug user makes in seeking help is important in sustaining their momentum into treatment. Understanding how Australian detainees intend to seek help—whether through formal or informal sources—will help determine what interventions would most effectively promote their initial engagement with treatment.

Aims of the current study

This paper addresses the gap in Australian research around the promotion of help-seeking for drug problems in custodial settings by exploring Australian police detainees' readiness to change their drug use and their intentions to seek help for drug problems. It first gauges how ready police detainees are to change their drug-use behaviour when detained by police. It then seeks to determine what factors predicting readiness to change could be used to identify those detainees who are ready to engage with treatment. Lastly, it explores police detainees' intentions to seek help for their drug problems, with the aim of identifying the sources of help they are most likely to engage with.

Method

Study sample

Data for the current study were obtained from the AIC's DUMA program. The DUMA program commenced in 1999 and is the largest and longest-running ongoing survey of Australian police detainees (see Coghlan et al. 2015 for more detail). The sample used in this study comprises police detainees interviewed during the second quarter of 2014 in Adelaide (SA), Bankstown (NSW), Brisbane (Qld) and East Perth (WA). A small number of juveniles (17 years and under; N=5) were excluded from analysis.

Unless otherwise stated, for this study 'drugs' refers to cannabis, methamphetamine, heroin, ecstasy/MDMA and cocaine. Of the 514 adult police detainees who participated in the DUMA survey, 62 percent reported they had used at least one of these drugs in the preceding 12 months. Detainees who did not report the use of at least one of these drugs in the previous 12 months were excluded from the current study, resulting in a sample of 321 police detainees.

Measures

There are two components to the DUMA interviewer-assisted self-report survey: the core questionnaire, which asks detainees to provide a range of demographic, drug use and criminal justice information, and a quarterly addendum exploring new and re-emerging issues of policy relevance. The addendum items change each quarter. The data presented in this paper were obtained from an addendum administered in the second quarter of 2014.

This study examined the following demographic variables:

- age;
- gender;
- number of dependent children;
- Indigenous status;
- marital status;
- housing;
- employment; and
- education level.

The drug use variables examined included:

- number of days of use in the previous 30 days: how many days in the last 30 days on which a detainee reported using cannabis, heroin, methamphetamine and/or ecstasy/MDMA (it should be noted that detainees were not asked about the use of cocaine in the 30 days prior to interview);
- drug dependency: whether a detainee thought they needed or were dependent on drugs; and
- drug-crime attribution: whether a detainee believed drugs had contributed to their current detention by police.

The addendum questionnaire incorporated three measures: the Mini International Neuropsychiatric Interview (MINI Plus) section on drug abuse; the Readiness to Change Questionnaire for Drugs (RCQ-D); and the General Help-Seeking Questionnaire (GHSQ).

MINI Plus—current drug abuse

The MINI Plus is a structured diagnostic interview instrument for evaluating psychiatric disorders (Sheehan et al. 1998). The section of the MINI Plus relating to drug abuse was administered to determine whether detainees were current drug abusers. The MINI Plus classifies an individual as a current drug abuser if they report experiencing at least one of the four drug abuse survey items within the previous 12 months (see Humeniuk & Ali 2006 for more detail).

RCQ-D

The RCQ-D was administered to assess detainees' levels of readiness to change drug use. The RCQ-D was developed by Hile and Adkins (1998) as a drug-specific version of Heather and Rollnick's (1993) Readiness to Change Questionnaire (based on Prochaska & DiClemente's stages of change model). The RCQ-D is a 12-item survey that rates responses on a five-point Likert scale from strongly disagree (-2) to strongly agree (2). Each of the first three stages of change—precontemplation, contemplation and action—is associated with four survey items, with each stage of change scored in the range of -8 to eight. Each detainee was allocated to the stage of change against which they achieved the highest score. Where a detainee did not respond to one of the four survey items, their score for that stage was pro-rated by multiplying the sum of their scores for the other three item by 1.33, to account for the missing response. If there was no response to two or more of the four survey items, this was considered missing data; 21 cases were excluded on this basis. Where a detainee scored the same for two or more stages, the detainee was allocated to the stage furthest along the continuum (Heather & Rollnick 1993). A total RCQ-D score was calculated for each detainee by adding their scores for the contemplation and action stages and subtracting their score for precontemplation from the result (Blume & Schmaling 1997). Total RCQ-D scores range between -24 and 24.

GHSQ

Developed by Wilson and colleagues (2005), the GHSQ assesses an individual's help-seeking intentions (the likelihood of behaviour) for different help sources and problem types. The GHSQ has a matrix format, and help sources and problem types can be modified to address sample characteristics (Wilson et al. 2005). For this study, help sources were based on the original GHSQ (Deane & Wilson 2007) and supplemented with other help sources identified by AIC researchers (see Table 6). Detainees were asked, 'If you found yourself needing to use drugs before you could

complete your daily tasks, how likely is it that you would seek help from the following people/ services? Assume the services mentioned are free or fully covered under Medicare'. Detainees were asked to respond to 15 items relating to help-seeking intentions, using a seven-point Likert scale with response options ranging from extremely unlikely (1) to extremely likely (7). Mean scores were calculated for each item, as well as for the informal, formal and combined help-seeking items, to obtain an overall score. A higher mean score indicated a greater intention to seek help from that source.

Data analysis

Data analyses were conducted using Stata version 12. Descriptive statistics were used to describe the sample's demographic and drug-use characteristics, readiness to change and help-seeking intentions. The relationships between the demographic and drug-use variables and the dependent variable (total RCQ-D score) were measured using T-test and chi-square analyses.

Multiple regression analyses were conducted to identify demographic and drug-use predictors (examined separately) of readiness to change. Sample size constraints prevented the consideration of all variables in a single model. Correlation coefficients were calculated between predictor variables to ensure multicollinearity was not present (see Table 3). Variables were mean-centred.

Results

Sample characteristics

The demographic and drug-use characteristics of the police detainee sample are summarised in Table 1. The majority of detainees interviewed were men (n=257; 80%). The average age was 32 years, with a range of 18 to 63. Of those who reported they most recently resided in a household, 32 percent were in public housing (n=89). Year 10 was the highest educational level attained by almost half of the detainee sample (n=149; 46%). One in every four detainees identified as Indigenous (n=79; 25%), 38 percent (n=123) reported they were in a relationship and 29 percent (n=93) reported they were employed.

Half of the detainee sample (n=160; 50%) reported drug dependence, 34 percent (n=109) reported that illicit drugs had contributed to their detention by police and two in every three detainees (n=211; 66%) were classified as current drug abusers according to the MINI Plus.

Table 1: Detainee sample characteristics (N=321)		
	Mean	Standard deviation
Age	31.65	8.73
Number of days of drug use in last 30 days		
Cannabis	9.39	11.78
Methamphetamine	7.03	10.12
Heroin	1.83	6.4
Ecstasy	0.22	1.81

Table 1: Detainee sample characteristics (N=321) cont.

	n	%
Gender		
Male	257	80
Female	64	20
Number of dependent children		
No dependent children	237	74
At least one dependent child	84	26
Indigenous status		
Indigenous	79	25
Non-Indigenous	242	75
Marital status^a		
In relationship	123	38
Not in relationship	197	62
Housing^b		
Public housing	89	32
Other housing (not public)	189	68
Employment		
Working	93	29
Not working	228	71
Highest level of education		
Completed year 10 or less	149	46
Completed year 11 or 12	56	17
Still in TAFE program	4	1
Still in university	5	2
Started but did not complete TAFE study	12	4
Completed a TAFE program	78	24
Started but did not complete university study	6	2
Completed a university or higher degree	11	3
Drug abuse		
Drug abuser	211	66
No drug abuse	110	34
Drug dependency^c		
Drug dependent	160	50
Non-drug dependent	161	50
Drug-crime attribution^c		
Attributed crime to drug use	109	34
Did not attribute crime to drug use	212	66

a: Excludes one detainee due to missing data

b: Includes detainees who reported living in a household only

c: Includes cannabis, methamphetamine, heroin and ecstasy/MDMA only

Note: Percentages may not total 100 due to rounding

Source: AIC DUMA 2014 [computer file]

How ready are police detainees to change their drug use?

The number and percentage of detainees falling into each stage of change, as determined by the RCQ-D, are presented in Table 2. Forty-two detainees (14%) fell into the precontemplation stage, 116 (39%) into the contemplation stage and 142 (47%) into the action stage.

Total RCQ-D score was significantly positively correlated with the use of cannabis ($r=0.14$), heroin ($r=0.13$) and methamphetamine ($r=0.18$), but not with age, education level or number of dependent children (Table 3).

What factors are associated with readiness to change drug use among police detainees?

Demographic variables

Detainees who were employed ($M=3.14$, $SD=0.92$) had significantly lower RCQ-D scores than detainees who were not working ($M=5.30$, $SD=0.56$; $t[298]=2.05$, $p<0.05$, $d=2.84$). Total RCQ-D scores did not significantly differ in relation to gender, age, level of education, having dependent children, or Indigenous, relationship or housing status.

A multiple regression analysis was conducted to determine the unique contribution of demographic characteristics to the prediction of total RCQ-D scores (Table 4). The independent variables were:

- age;
- gender;
- number of dependent children;
- Indigenous status;
- marital status;
- housing status;
- employment status; and
- education level.

The dependent variable was total RCQ-D score. The demographic characteristics considered explained a significant (although relatively low) proportion of the variance in total RCQ-D score ($R^2=0.07$, $F[8, 25]=2.29$, $p<0.05$).

A detainee's number of dependent children was a significant predictor of total RCQ-D score; the greater the number of dependents, the lower the total RCQ-D score ($\beta= -0.14$; $p<0.05$). Relationship status was a significant predictor of total RCQ-D score when other demographic characteristics were controlled for; those in a relationship had higher total RCQ-D scores than those who were not ($\beta=0.17$; $p<0.01$). Being employed was also a significant predictor of total RCQ-D score, with employed detainees achieving lower total RCQ-D scores than those who were not working ($\beta= -0.18$; $p<0.01$). Age, gender, Indigenous status, housing status and education level were not significant predictors of total RCQ-D scores when other demographic characteristics were controlled for in the model.

Table 2: Readiness to change drug use of police detainees (N=300)

	N	%
Stage of change		
Precontemplation	42	14
Contemplation	116	39
Action	142	47

Source: AIC DUMA 2014 [computer file]

Table 3: Correlation coefficients values between readiness to change drug use and selected variables

	Readiness	Age	Education	Dependents	Cannabis	Heroin
Age	0.06					
Education level	0.05	0.12*				
Dependents	-0.07	0.15**	0			
Cannabis use ^a	0.14*	-0.13	-0.12	-0.03		
Heroin use ^a	0.13*	0.07	0.05	-0.03	-0.09	
Methamphetamine use ^a	0.18**	0.02	-0.06	0.03	0.03	0.02

* $p < .05$; ** $p < .01$; *** $p < .0001$

a: 30-day use

Note: Missing data excluded from analysis

Source: AIC DUMA 2014 [computer file]

Table 4: Multiple regression predicting readiness to change drug use from demographic variables

	Unstandardised coefficients		Standardised coefficients	
	B	Standard Error	Beta	t value
Age	0.03	0.06	0.03	0.46
Gender	0.97	1.3	0.05	0.74
Dependents	-1.04	0.5	-0.14*	-2.09
Indigenous status	0.69	0.45	0.11	1.51
Marital status	2.82	1.08	0.17**	2.62
Housing	0.91	1.21	0.05	0.75
Employment status	-3.12	1.16	-0.18**	-2.69
Education	0.16	0.18	0.05	0.86
Constant	0.43	2.74		

Note: $R^2=0.07$. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Note: missing data was excluded from analysis

Source: AIC DUMA 2014 [computer file]

Drug use variables

Detainees who self-reported drug dependency ($M=7.38$, $SD=0.54$) had higher total RCQ-D scores than detainees who were not dependent on drugs ($M=1.85$, $SD=0.73$; $t(298) = -6.10$, $p < 0.001$, $d=8.61$). Detainees who believed their use of illicit drugs was a causal factor in their current detention by police ($M=8.66$, $SD=0.56$) had higher total RCQ-D scores than did those who did not attribute their detention to drug use ($M=2.58$, $SD=0.62$; $t(298) = -6.40$, $p < 0.001$, $d=10.29$). Detainees classified as drug abusers ($M=6.88$, $SD=0.48$) had significantly higher total RCQ-D scores than those who did not abuse drugs ($M=0.04$, $SD=0.92$; $t(298) = -7.22$, $p < 0.001$, $d=9.32$). Total RCQ-D scores did not differ significantly in relation to the use of cannabis, heroin or methamphetamine in the previous 30 days. Use of ecstasy/MDMA in the prior 30 days was excluded from the analysis due to the small number of detainees who reported such use ($n=21$).

A multiple regression analysis was conducted to examine how unique illicit drug-use and associated variables contributed to the prediction of total RCQ-D scores (Table 5). The independent variables were:

- use of cannabis, heroin and methamphetamine in the past 30 days;
- drug dependency;
- drug-crime attribution—ie whether the offender believes illicit drug use contributed to their offending; and
- current drug abuse.

The dependent variable was total RCQ-D score. The drug-use, drug dependency, drug-crime attribution, and drug abuse variables explained a significant proportion of the variance in total RCQ-D score ($R^2=0.24$, $F[6, 291]=15.60$, $p < 0.001$).

Self-reported drug dependency was a significant predictor of total RCQ-D score, with those self-identifying as drug dependent achieving higher total RCQ-D scores than those who were not dependent ($\beta=0.19$, $p < 0.01$). Drug-crime attribution was also a significant predictor of total RCQ-D score; those who believed illicit drug use had contributed to their detention had higher total RCQ-D scores than those who did not attribute their detention to drug use ($\beta=0.21$, $p < 0.001$). As could be expected, being a current drug abuser was a significant predictor of total RCQ-D score, with those classified as such achieving higher total RCQ-D scores than those who were not drug abusers ($\beta=0.28$, $p < 0.001$). Use of cannabis, heroin or methamphetamine in the previous 30 days was not significantly associated with total RCQ-D scores when the sustained use and impact of illicit drugs (ie drug dependency, drug-crime attribution, and current drug abuse) were controlled for in the model.

Table 5: Multiple regression predicting readiness to change drug use from drug use variables

	Unstandardised coefficients		Standardised coefficients	
	B	Standard Error	Beta	t value
Cannabis use ^a	0.05	0.04	0.08	1.39
Heroin use ^a	-0.01	0.07	-0.01	-0.19
Methamphetamine use ^a	-0.05	0.05	-0.06	-1.02
Drug dependency	3.16	1.05	0.19**	3.01
Drug-crime attribution	3.7	1.07	0.21***	3.47
Drug abuser	4.97	0.98	0.28***	5.06
Constant	-1.7	0.85		-2.01

R²=0.24. **p*<0.05; ***p*<0.01; ****p*<0.001

a: 30-day use

Note: missing data excluded from analysis

Source: AIC DUMA 2014 [computer file]

From what sources do police detainees intend to seek help for drug misuse?

The mean and standard deviations for help-seeking intentions, and number and percentage of detainees who endorsed various help sources, are presented in Table 6. Detainees indicated that, should they experience drug problems, they would be most likely to seek help from a doctor or general practitioner (n=202; 66%), followed by a romantic partner (n=198; 64%), friend (n=191; 62%), family member (n=186; 60%) or mental health professional (n=174; 57%). About half the detainees indicated they would prefer to seek help for drug problems from rehabilitation or detox services (n=151; 49%) should they need to. Detainees were less likely to seek help from support groups (n=120; 39%), education/information sessions (n=109; 36%), the internet (n=108; 35%), anonymous telephone helplines (n=84; 27%) or a minister or religious or spiritual leader (n=73; 24%). About a quarter of the sample reported they would not seek help from any service (n=78; 26%) or person (n=66; 22%).

Forty detainees (13%) indicated that, should they find they needed to use drugs before completing their daily tasks, they would seek help from a service not listed on the survey; these participants were then asked to specify what service they would seek help from. Responses included a number of community and/or faith-based organisations, Aboriginal and Torres Strait Islander organisations, prison-based services, state services (eg drug and alcohol services), hypnotherapists, boot camps, workplace counselling and, in one instance, a lawyer. Twenty-seven detainees (9%) reported they would seek help from a person not listed on the questionnaire. These detainees intended to seek help from current or past drug users, a person who had been in a similar situation or 'gone through the same thing', an ex-partner or God.

Are detainees more likely to seek help from formal or informal sources?

The means and standard deviations for intention to seek help from informal and formal sources, and the overall total, are displayed in Table 7. Detainees reported they would be more likely to seek help from

informal ($M=4.12$; $SD=1.32$) compared with formal ($M=3.81$; $SD=1.46$) sources ($t[304]= -3.46$, $p<0.001$, $d=0.22$). By gender, overall intention to seek help was higher among women ($M=4.28$; $SD=1.16$) than men ($M=3.83$; $SD=1.17$; $t[303]=2.66$, $p<0.05$, $d=0.39$). This was largely because women ($M=4.35$; $SD=1.59$) were more likely to seek help from formal sources than men ($M=3.68$; $SD=1.40$; $t[304]=3.25$, $p<0.05$, $d=0.45$).

Table 6: Mean (M) and standard deviations (SD) for help-seeking intentions, and number and percentage of detainees who endorsed help-seeking for drug problems by help source

	M (SD)	Score 5, 6 or 7 (yes) n (%)	Total N
Formal help source			
Doctor/general practitioner	4.63 (1.94)	202 (66)	307
Mental health professional (eg psychiatrist, psychologist, social worker, counsellor)	4.28 (2.09)	174 (57)	307
Rehabilitation or detox services	3.96 (2.10)	151 (49)	307
Support groups (eg Narcotics Anonymous)	3.68 (1.93)	120 (39)	307
Education/information sessions	3.50 (1.80)	109 (36)	307
The internet (eg information websites, online chat rooms, discussion forums, online treatment programs)	3.38 (2.00)	108 (35)	307
Anonymous telephone helpline	3.23 (1.79)	84 (27)	307
I would seek help from a service not listed above	1.67 (1.73)	40 (13)	307
I would not seek help from any service	2.67 (2.27)	78 (26)	305
Informal help source			
Romantic partner (eg spouse, boyfriend, girlfriend, de facto)	4.77 (2.02)	198 (64)	308
Friend	4.46 (1.82)	191 (62)	308
Family member	4.48 (1.96)	186 (60)	308
Minister, religious or spiritual leader	2.78 (1.88)	73 (24)	308
I would seek help from someone not listed above	1.47 (1.51)	27 (9)	308
I would not seek help from anyone	2.60 (2.12)	66 (22)	306

Note: Respondents were asked, 'If you found yourself needing to use drugs before you could complete your daily tasks, how likely is it that you would seek help from the following people/services? Assume the services mentioned are free or fully covered under Medicare'.

Note: Evaluations were made on a 7-point scale (1= extremely unlikely to 7=extremely likely)

Note: Sample sizes may vary as cases may have been excluded due to missing data

Source: AIC DUMA 2014 [computer file]

Table 7: Mean (M) and standard deviations (SD) of total help-seeking intentions scores

	Male		Female		Total	
	M (SD)	N	M (SD)	N	M (SD)	N
Intend to seek informal help ^a	4.11 (1.36)	247	4.18 (1.17)	61	4.12 (1.32)	308
Intend to seek formal help ^b	3.68 (1.40)	246	4.35 (1.59)	60	3.81 (1.46)	306
Intend to seek help, total ^c	3.83 (1.17)	245	4.28 (1.16)	60	3.93 (1.18)	305

a: Informal sources of help include romantic partners; friends; family members; ministers and religious or spiritual leaders

b: Formal sources of help include rehabilitation or detox services; anonymous telephone helplines; the internet; education/information sessions; support groups; doctors/general practitioners; and mental health professionals

c: Includes both formal and informal help sources

Note: Evaluations were made on a 7-point scale (1= extremely unlikely to 7=extremely likely)

Note: Sample sizes may vary, as cases may have been excluded due to missing data

Source: AIC DUMA 2014 [computer file]

Discussion

These findings indicate that a number of detainee characteristics and behaviours predict readiness to change. In terms of demographic characteristics, the overall model was statistically significant, although it explained only seven percent of the variance. However, the model shows detainees in a relationship reported higher levels of readiness to change than those not in a relationship. This suggests intimate relationships play a role in motivating individuals to change their drug use behaviour, and is consistent with the findings of previous studies regarding the association between relationships and behaviour change (Colman & Laenen 2012; Lo & Stephens 2002).

Detainees who were employed reported lower levels of readiness to change than those who were not. Prior research has presented conflicting evidence of the impact of employment status on readiness-to-change levels, with some findings suggesting employment predicts higher levels of readiness to change and others that it predicts lower levels; such contradictions are attributed to the context of employment, rather than employment itself (Davis, Bahr & Ward 2012; Lo & Stephens 2002). For example, users who are able to use illicit drugs while continuing to work may show lower levels of readiness to change (Davis, Bahr & Ward 2012); it may, therefore, be the impact of drug use on employment rather than employment itself which predicts readiness to change.

Detainees who self-reported drug dependency, those who attributed their police detention to drug use, and those classified as current drug abusers by the MINI Plus reported higher levels of readiness to change than those who did or were not. Use of cannabis, heroin and methamphetamine in the previous 30 days did not predict level of readiness to change. Based on the proportion of variance explained, variables relating to drug use explained readiness to change better than the demographic variables considered. Taken as a whole, the results suggest the impact or sustained use of illicit drugs (ie drug dependency, drug-crime attribution and drug abuse), rather than the substance consumed, predict readiness to change. The findings support the association between an individual's recognition of their drug problem and their readiness to change found in other studies (Lo & Stephens 2002; Peavy 2009). In addition, the results indicate those most in need of treatment are also those most ready to change. Given the high level of drug misuse among participating detainees, this study's findings are a reminder of the need and desire for drug interventions among the police detainee population.

According to the RCQ-D, the majority of police detainees in this study fell into the contemplation and action stages of change, with a minority falling into the precontemplation stage. This high level of readiness to change suggests many police detainees are receptive to drug intervention efforts, at least in the context of their detention. Given drug-crime attribution predicts greater readiness to change, targeting drug interventions at detainees could be one way to capitalise on the increased levels of motivation brought about by their recent arrest. It is unknown whether this increased motivation due to arrest is specific to the period of police custody or continues post-release.

The results also show a number of sources of support encourage police detainees to seek help for their drug problems. As noted above, being in a relationship predicts greater readiness to change; that detainees reported they were more likely to seek help from informal sources and particularly from within personal relationships—for example, from a romantic partner, friend or family member—supports this finding. Similarly, detainees who nominated ‘other’ sources of help often identified these as people with whom they had a relationship such as current or past drug users, someone who had been in a similar situation or an ex-partner. This preference for informal help sources is consistent with findings from other studies (Davis, Bahr & Ward 2012; Cobb & Farrants 2014); education and interventions targeted at those close to detainees could, therefore, foster help-seeking behaviour.

Detainees indicated they were most likely, should they need help with drug problems, to seek the help of a doctor or general practitioner; this was closely followed by a mental health professional (such as a psychiatrist, psychologist, social worker or counsellor). Detainees were least likely to endorse anonymous telephone helplines or the internet (eg through informational sites, chat rooms, forums and online treatment programs) as sources of help. Considering the results of prior research (Howerton et al. 2007), these findings may indicate that participating detainees perceive healthcare professionals who provide help for drug problems as trusted, respected and legitimate. Alternatively, it is possible the results reflect a preference for face-to-face help.

The findings highlight the sources of help that may be most effective in encouraging detainees to seek help for drug problems while in police custody, although it is not known to what extent help-seeking intentions reflect actual help-seeking behaviour. In some jurisdictions, healthcare professionals operate in the custodial environment, and anecdotal evidence suggests police detainees do engage with these services.

It is important to reiterate that detainees who participated in this study reported their intentions to seek help based on the assumption that services would be free or fully covered under Medicare. In reality this may not be the case, which could impact upon help-seeking behaviour.

Study limitations

The following limitations of the study should be considered when interpreting its findings.

- As this study is based on cross-sectional data, causality between the demographic and drug-use variables and readiness to change cannot be inferred.
- It is also likely the prevalence of illicit drug use, drug dependency and drug abuse is under-reported in the study. While the DUMA program does not collect identifiable data, some police detainees may be reluctant to admit to illicit drug use or other illicit drug indicators during a DUMA interview.

- The RCQ-D was administered to detainees who reported they had used at least one illicit drug in the preceding 12 months; not all of these detainees were classified as current drug abusers according to the MINI Plus. However, of those who were not classified as current drug abusers, 30 percent self-reported drug dependency and 10 percent believed drugs had contributed to their detention by police—that is, a substantial proportion of those who were not classified as drug abusers reported adverse outcomes from illicit drug use.
- This study was limited to illicit drug use only. Future research should consider the use of drugs not considered in this study, including licit substances such as alcohol.
- Detainees' drug dependency was determined using self-reported data, due to limited space in the survey and to minimise the burden on respondents. Replication of the current findings using an established measure of dependency may be warranted.
- Finally, as this study was based on reported intent to seek help for drug problems, rather than actual behaviour, there may be some social desirability bias in reporting. Future studies could examine detainees' help-seeking behaviour and the impact of past experiences on their intentions for the future.

Conclusion

Detainees most in need of treatment for drug dependency and misuse were those most likely to report readiness to change their use of drugs. The relatively high levels of readiness to change reported by police detainees who use drugs suggests that, at least within the context of arrest, the majority of detainees would be receptive to intervention efforts. Based on their reported intentions, detainees are most likely to engage with sources of help that involve face-to-face interaction. The data suggests illicit drug intervention strategies involving face-to-face interactions with healthcare professionals in a custodial setting would be well received by drug-dependent police detainees.

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