



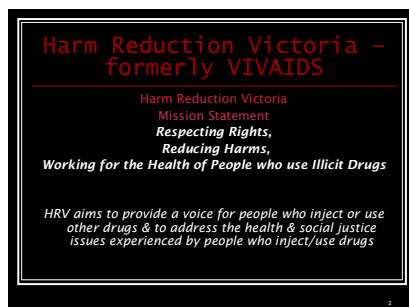
## 'Post Release Health Needs of Prisoners Who Use Drugs'

### Slide 1: Title Slide 'Post Release Health Needs of Prisoners Who Use Drugs'



I want to thank the Yarra Drugs & Health Forum for inviting me to contribute to the discussion about the health needs of people who use drugs after a period of imprisonment.

### Slide 2: HRV Mission Statement



I am from HRV, formerly VIVAIDS the state drug user org for Victoria. We have recently changed our name to HRV after 20 years of operation which makes it all a bit confusing!

So, who are we? And what do we do?

Well, as you can see from our mission statement we consider the health and social justice issues which affect the day to day lives of drug users our core business. Within the wide spectrum of people who use drugs, we try to target the most vulnerable and marginalised and those at greatest risk of drug

related harm. We regard prisoners and ex prisoners as key groups within our constituency.

Our membership is made up of current and ex users of illicit drugs and people whose aim is to increase information, education and appropriate services so that people who use drugs can do so with minimum harm to themselves and others.

We also seek to improve the way people who take drugs are treated by medical and government services and to increase awareness in the general community of issues relating to illicit drug use.

### Slide 3: HRV Health Promotion Activities



As you can see, we try to foster the health and well being of drug users in a variety of different ways – e.g.

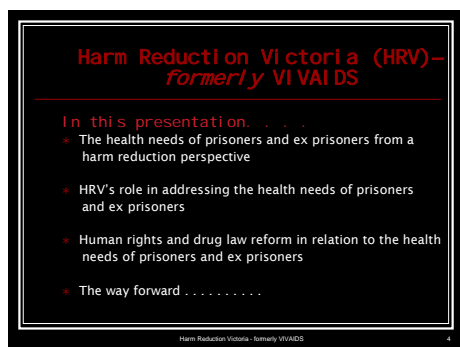
1. Firstly & primarily we work with users themselves during the drug using years; our focus is safety and ‘safer drug use’ – and safety *is* after all one of the basic tenets of public health. We try to provide the sort of information which will assist people to make informed choices about their drug use
2. We also work with other health and human services which work with drug users to convey ‘drug user perspectives’ which are often at odds with other approaches;
3. 3<sup>rdly</sup> in our advocacy & advisory work & by fostering partnerships with other key individuals & agencies, we try to affect the bigger picture and the broader policy and legal climate which frames all of our lives.

All Harm Reduction Victoria (HRV) workshops for drug users and for staff are prefaced with a brief overview of HRV, including the history of the organisation since it was established in 1987, in response to the threat of an HIV/AIDS epidemic among drug users. We cite the HIV/AIDS epidemic – or rather the prevention of an AIDS epidemic among drug users in this country – as a good example of what drug users, individually and collectively, can achieve, (by changing their drug using practices and educating themselves and each other about safer drug use) especially when supported by allies in healthcare and government.

Since that time, HRV has adopted a much broader health promotion approach, which addresses the wide raft of issues relevant to drug users, although BBV prevention remains high on our list of priorities.

We are committed to a holistic approach to health. We have found that if we want drug users to engage with us around issues of public health priority such as hep C prevention we simply cannot ignore their other health needs and concerns e.g. overdose.

#### Slide 4: HRV/In this presentation . . . . .

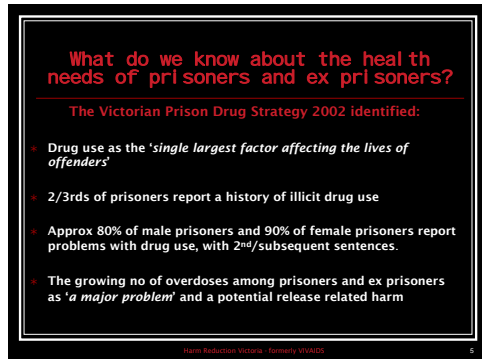


Today I want to talk about:

- *The health needs of prisoners and ex prisoners*
- *and some of the work HRV has done and continues to do with prisoners and ex prisoners*
- *Then I want to discuss the importance of human rights and drug law reform in relation to the health needs of prisoners and ex prisoners*
- *And finally, I want to make a few comments about the way forward and what the future may hold*

We know that they (prisoners and ex prisoners) constitute a particularly vulnerable group, at increased risk of a range of drug related harms.

### Slide 5: The health needs of prisoners . . . . . (1)



The 'Victorian Prison Drug Strategy launched in 2002 recognized (for the first time I think!) that:

*'It is virtually impossible to stop drug use entirely & that prisoners enter the system with existing & entrenched drug use behaviours'* (Vic Drug Strategy 2002: iv).

- \* The strategy identified 'drug use' as the 'single largest factor affecting the lives of offenders' (Vic. Prison Drug Strategy 2002: iv).
- \* It identified that 2/3rds of prisoners report a history of illicit drug use & that their offences are related to drug use.
- \* This figure increases with 2<sup>nd</sup> or subsequent sentences . . . . .
- \* To Approx. 80% of male prisoners & 90% of female prisoners, who report problems with drug use.
- \* We also know that the average sentence is 3 months
- \* & that less than 10% of the prison population is incarcerated for more than 1 year (Vic. Prison Drug Strategy, 2002).
- \* Because of this 'revolving door' phenomenon, the number of prison releases each year is much greater than the number of prisoners:
- \* We know that prisoners are frequently moved between prisons throughout their sentences
- \* And that movement between prison and the community is also considerable – both of which inevitably have adverse implications for individuals, communities and public health.
- \* Apart from anything else, it inevitably has the effect of interrupting and fragmenting people's lives and relationships making it hard for ex prisoners to build any sort of cohesion in their lives

When it comes to ex prisoners we find that few studies have explored the post-release experience of prisoners in Australia or anywhere else.

And the few studies that *do* exist paint a very bleak picture. Available evidence points to significant disadvantage and health impairment among ex-prisoners.

A Prisoner's exact release date and time are not always certain, which inevitably compromises planning for the most basic post-release needs such as transport (from prison), accommodation, employment, income and social support. We frequently talk to prisoners who are about to be released without anywhere to go.

And when *basic* needs like shelter and a secure source of income are out of reach, other needs like health and well being are simply not going to be addressed. It is not surprising, then, that released prisoners are characterised by marginalisation and disadvantage.

AND by a continuation of problems experienced prior to imprisonment

### Slide 6: The health needs of ex prisoners . . . . . (1)

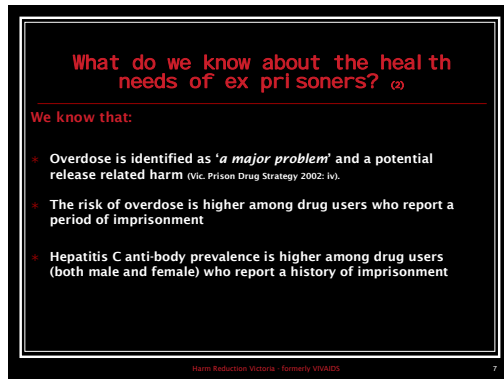


Recently released prisoners are characterised by:

- \* chronic social disadvantage,
- \* poor physical and mental health, and
- \* high rates of substance misuse
- \* High rates of recidivism, suicide and fatal drug overdose in the days, weeks and months immediately after release.
- \* In fact many overdoses occur in the first 24 hours after release from custody.

All of which indicates that *few* are successfully integrated into the community after release.

## Slide 7: The health needs of ex prisoners . . . . . (2)



- \* The Vic Prison Drug Strategy identified the growing number of overdoses as 'a major problem' and a potential release related harm for ex prisoners (2002: 1).
- \* So, we know that imprisonment is associated with a much higher risk of overdose as well as risk of hep C infection (Nat NSP Survey 2004-8, NCHECR 2009)

In fact, studies have consistently found that recently released prisoners are *at massively* increased risk of premature death, 10 times higher than that in the general population. And the main cause of death in this group is drug related overdose. (Graham 2003)

Research identified that recently released prisoners accounted for a quarter of all fatal overdoses over a 10 year period from 1990 to 1999, in Victoria. This was around the time that overdose statistics reached their peak in OZ and regularly out-stripped the road toll.

It was these alarming statistics which highlighted the need for targeted overdose education which specifically designed for prisoners & ex prisoners.

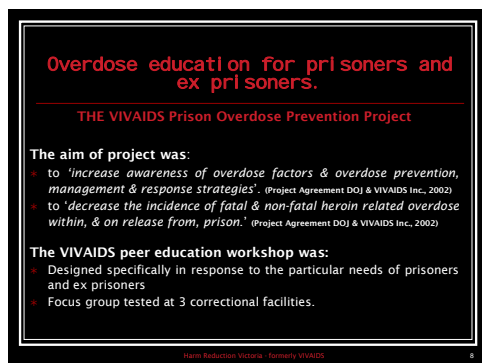
The period after a break – even a relative break - from using will always be a high risk period for overdose, due to reduced tolerance. In addition it is difficult for recently released prisoners to safely navigate the differences in strength between the heroin available inside and that on the outside. Other factors like polydrug use and in particular combining different CNS

depressants, such as alcohol and benzos, also contribute to the risk of overdose. The 'flurry' of drug use which ex prisoners often reported immediately after release means that many of them are sadly accidents waiting to happen.

Of all the potential drug related harms, overdose is one of the most tragic because it is, in most cases, preventable!

## Slide 8: Overdose education for prisoners and ex prisoners -

### THE VIVAIDS Prison Overdose Prevention Project



We/HRV were contracted by the Dept of Justice from 2003 - 2007 to design & deliver peer education workshops, which focused on overdose prevention, recognition & response.

The project aimed to:

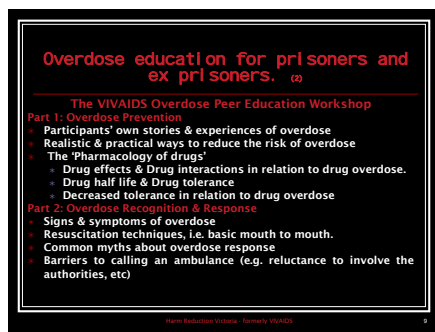
- \* to 'increase awareness of overdose factors & overdose prevention, management & response strategies'. (Project Agreement DOJ & VIVAIDS Inc., 2002)
- \* and ultimately to 'decrease the incidence of fatal & non-fatal heroin related overdose within, & on release from, prison.' (Project Agreement DOJ & VIVAIDS Inc., 2002)

The VIVAIDS peer education workshop was:

- \* Designed specifically for prisoners and ex prisoners and Focus group tested at 3 prisons.
- \* As well as targeting pre released prisoners in 4 main Vic prisons, we also had access to ex prisoners and Community Corrections clients post release.

## Slide 9: Overdose education for prisoners and ex prisoners (2) -

## The VIVAIDS Overdose Peer Education Workshop



As you can see it was a comprehensive program in 2 parts.

Part 1: Overdose Prevention - focused on

- \* Participants' own stories & experiences of overdose AND
- \* Realistic & practical ways to reduce the risk of overdose
- \* It covered The 'Pharmacology of drugs' including:
  - \* Drug effects & Drug interactions
  - \* Drug half life & Drug tolerance -
  - \* and the part Decreased tolerance plays in overdose scenarios

Part 2: Overdose Recognition & Response was more practically oriented and dealt with

- \* Signs & symptoms of overdose
- \* Resuscitation techniques, i.e. basic mouth to mouth.
- \* Common myths about overdose response
- \* Barriers to calling an ambulance (e.g. reluctance to involve the authorities, etc)

Unfortunately funding for the project ceased a year or so ago although we have continued to provide overdose workshops at one of the 4 participating prisons.

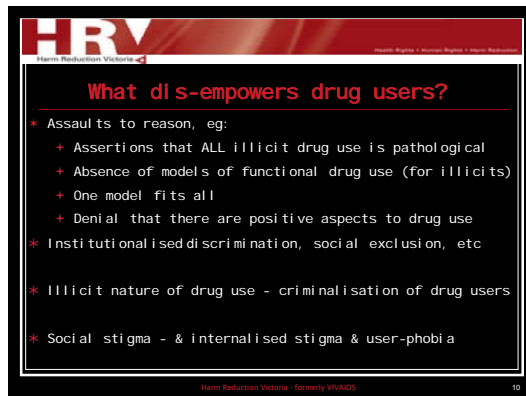
In a separated initiative, WE/HRV attend MAP, the assessment prison every fortnight to provide harm reduction education to prisoners on a wide range of drug related topics, including overdose.

It is clear, then, that both on entry to and release from prison, prisoners are characterised by chronic social disadvantage and that ex-prisoners remain

vulnerable to on-going social disadvantage, poor health and drug related harm as well as re-offending.

So, what is it that makes drug users in general and prisoners and ex prisoners in particular so vulnerable? Why are drug users so disenfranchised & disempowered?

### SLIDE 10: What dis-empowers drug users?



Drug users individually & collectively are disempowered by negative attitudes and stereotypes which portray all drug use as pathological & dysfunctional. The absence of functional models of drug use and the denial that there are positive aspects to drug use all undermine the validity and dignity of people who use drugs and contribute to the pathologizing of drug use and drug users.

And Institutionalised discrimination against drug users, social exclusion & criminalisation on the basis of drug use alone are the drivers of dis-empowerment

These unfair and unequal practices go hand and hand with social stigma. And the stigma of drug use is further compounded by a history of imprisonment.

Stigma forces users underground; it complicates access to essential support & information; and stigma has an uncanny tendency to become internalised affecting a person's sense of self and self-worth.

And it is the stigmatising effect of imprisonment which takes the greatest toll and which denies ex prisoners access to life's opportunities and to many of those things that are essential to health and well-being.

All of these common occurrences set the stage for discriminatory treatment of drug users & human rights violations

### SLIDE 11: Human rights violations in Australia:



Sadly, we see the human rights of drug users, and in particular prisoners and ex prisoners, violated in a variety of different ways on a daily basis.

They include abusive policing practices, entrapment, invasive body searches, prison sentencing for minor non-violent drug possession charges, etc, etc.

Prisoners have *no* access to clean injecting equipment and few are able to access drug treatment including pharmacotherapy inside – although this is changing and there are a few places on methadone and buprenorphine programs in some prisons. However we hear so many alarming stories about stand-over tactics in prison that until pharmacotherapies are available to all who want and need them the lack of access to drug treatment will remain a major concern.

The recent adoption of police checks as part of the standard employment process in Oz has effectively deprived many drug users and again in particular ex prisoners of the right to work.

We are aware of public housing tenants facing eviction on the basis of drug related issues

A recent report from a Standing Committee on Family and Human Services claimed that the war on drugs was ‘winnable’ and recommended the ‘permanent removal of children from drug addicted parents’ – quite independently of any suggestion of neglect or harm to the child.

Drug users are still routinely denied pain relief & palliative care on the basis of their drug use. I could go on . . . . !

Of course, these examples pale by comparison with the abuse experienced by drug users and prisoners in other parts of the world; however, they still constitute human rights violations & they can impact on people's lives in a devastating way.

Drug users continue to constitute a marginalised and much maligned group in the community and where this is the case, human rights abuses invariably follow. This systematic abuse is even more alarming since drug users include some of the most vulnerable and disenfranchised members of society.

The problem is that human rights abuse is so common when it comes to drug users that it has become normalised and hardly warrants a mention. Far from provoking a public outcry, violation of prisoners and ex prisoners' human rights is often applauded by the mainstream community as their 'just desserts'.

It is almost a cliché these days to observe that the laws which are meant to deal with the drug problem *are* a big part of the drug problem & a major cause of drug related harm. Similarly our prisons are regularly acknowledged as high risk environments and in the absence of NSPs in prisons, a glaring gap in our BBV prevention efforts.

Even so, questioning our drug laws or advocating for drug law reform or decriminalisation which would appear to be the logical extension of these sorts of observations has remained largely off limits.

It is in the context of *international* harm reduction efforts and the work being done in developing countries that the absolute importance of human rights has become most powerfully obvious; it has become increasingly clear that violation of human rights & discrimination are massive obstacles to the roll out of effective harm reduction programs; and where harsh & punitive drug laws prevail, the health of drug users remains in jeopardy. It is also clear that ill-treatment often occurs as a direct or indirect result of current

approaches to drug control. We have learnt that the best harm reduction programs in the world will achieve little if people are too afraid to access them for fear of being identified as a drug user; etc, etc.

And this, I think is why the human rights approach has been so important. It has provided a way in, a starting point, a basis on which to challenge prohibition and current drug laws & their enforcement. Despite their daily flouting, who can openly dismiss the need and the necessity of human rights for us all, including for people who use drugs including prisoners and ex prisoners?

Self determination & empowerment has always been important to the harm reduction ethos just as human rights have always protected the poorest & most vulnerable sections of our society. Harm reduction & human rights are in fact natural allies!

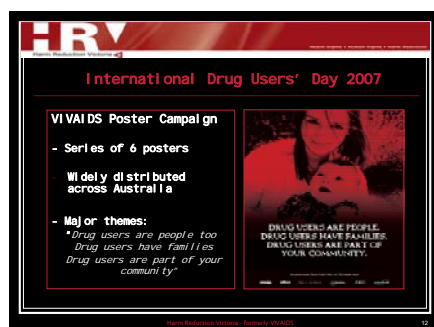
*I would like to show a short tape about the global situation in relation to drug users and drug laws*

Show tape

<http://www.youtube.com/watch?v=Do-RCrOrkpy&feature=related>

The human rights approach, then, has enabled the issue of drug law reform to become part of the harm reduction agenda. Where as until recently, any reference to drug law reform, decriminalisation or even alternative methods of regulating drugs was dismissed as 'lunatic fringe', now it is frequently acknowledged as an essential component of harm reduction.

## SLIDE 12: International Users' Day/VIVAIDS Poster Campaign



**HRV**  
Harm Reduction Victoria - formerly VIVAIDS

**International Drug Users' Day 2007**

**VIVAIDS Poster Campaign**

- Series of 6 posters

Widely distributed across Australia

- Major themes:
  - \*Drug users are people too
  - \*Drug users have families
  - \*Drug users are part of your community

DRUG USERS ARE PEOPLE.  
DRUG USERS HAVE FAMILIES.  
DRUG USERS ARE PART OF YOUR COMMUNITY.

Harm Reduction Victoria - formerly VIVAIDS

One of VIVAIDS or HRVIC's most successful campaigns was a recent series of posters for International Users day. The major them was 'that drug users are people, that they have children & families & that they are part of the community'. Pretty basic stuff! But they quietly re-inforced the human-ness and human rights of people who use drug & they obviously resonated with a lot of people. Several years later they survive in many community based orgs & many living rooms - you still see them everywhere.

### SLIDE 13: UK Campaign



Similarly, RELEASE a UK Drugs & Human Rights Charity has launched a comparable sort of campaign in the UK. These posters announcing that 'nice people use drugs' have been emblazoned across London's d-d buses. The campaign claims that 'it's time to remove the stigma around drugs, and talk openly towards more effective, safer policy . . . and that the greatest risk to people who use drugs are criminalization and stigma”.

These are indications, then, that the paradigm is shifting, slowly, very slowly, but there *is* evidence of attitudes towards drug laws moving in a positive direction.

In recent times we have found ourselves with a range of unlikely allies.

The recently retiring Commissioner of Police in OZ, Mick Keelty, publicly announced the war on drugs a failure and that it was possibly contributing to drug related harms

A recent study from the University of NSW Drug and Alcohol Research, reported that support for pragmatic, harm reduction programs has increased over the years & only 15% of respondents opposed NSPs

The study reported that in general Australians are increasingly looking to needle and syringe exchange programs and safe injecting rooms, rather than law and order crackdowns, to tackle the wider illegal drug problem.

The UNODC (World Drug Report 2008) pointed out recently, that prohibitionist drug policies have all too often diverted attention, and much-needed resources, away from the public health sphere. Concern for the health of drug users and in particular prisoners and ex prisoners has been totally overshadowed by concern with public security and focus on law & order. This is as true of Oz as it is of many other countries

Australia is a signatory to The United Nations International Covenant on Civil and Political Rights (United Nations, 1976), which argues that the primary aim of incarceration should be the reformation and social rehabilitation of prisoners.

In addition, the policy of Corrective Services is to provide services to assist prisoners to become integrated into the community after their release from prison.

However, these sorts of human rights mandates, and in-principle and policy commitment to rehabilitation, are thwarted by a range of structural obstacles, including the punitive culture entrenched in the criminal justice system, and the wider community and the misperception that matters of security and law and order must always take precedence and are at odds with rehabilitation.

Clearly there is a long way to go before drug users, including prisoners and ex prisoners are assured of their health & human rights. We will wait & watch with great interest international developments & the evolution of drug policy forged within a health & human rights framework. What will it look like? When will we see it?

Who knows? Who can even imagine? Sadly I doubt that I will see it in my lifetime, but then again stranger things have happened. & the current rumblings from America suggest that anything is in fact possible!

**LAST SLIDE!!**

What is clear is that unless we are prepared to radically re-think these issues it is hard to envisage an end to the systematic discrimination of drug users in general and ex prisoners in particular.

Until we decide to treat drug use as a health issue and those who run into drug related problems with compassion rather than condemnation, the majority of ex prisoners will continue to be condemned to the vicious cycle of relapse, re-offending and return to prison.

**END**