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Post-Release Health Needs of Prisoners Who Use Drugs

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A decade ago, when Sandy Cook and I first began to undertake research into the death of women who had been released from Victorian prison, post-release mortality was a problem that was only beginning to be acknowledged in the community sector. In government and correctional circles, there was a clear reluctance to recognize it as a significant and legitimate concern.

Today there is a greater recognition of the health needs of people exiting prison and there has been some attempt to put programs and services into place to address these.

Of course there are never enough of these though, and the problem of under-resourcing is a constant one. In Victoria, for example, in the year ending 30 June 2007, there were 499 instances of women being discharged from prison. The number of actual women involved is somewhat lower, as some women are discharged more than once in a year. Nonetheless, the WISP program which provides intensive support to women exiting prison caters for only 90 women per year. That leaves a significant gap in terms of the provision of support.

Rather than dwelling on this, I'd like to highlight some broader issues:

- Firstly, issues to do with post release deaths.
- Secondly, issues to do with the challenge of meeting the health needs of people exiting prison, especially those who use drugs.

Post-Release Deaths

The work that Sandy and I undertook on post-release deaths in Victoria focused on tracing the cases of 62 women who had been released from prison between 1987 and 1997 and who were known to have died soon after. Their names came to us via community organizations and individuals, and indeed, the initial list was longer. Tracing ex-prisoners is extremely difficult though, especially if they have no contact with agencies. From looking at these deaths, some significant themes emerged:

Causes of Death

- Of the 62 women, only two had died of natural causes.,
- 4 had died as a consequence of overt violence, and 3 were the victims of murder or suspected murder.
- 5 died in motor vehicle accidents, one while attempting to flee a violent encounter with her male partner.
- 6 were found by the Coroner to have committed suicide.
- By far the most common cause of death, however, related to drug use. Of the 62 women, 45 (almost three quarters) died of drug related causes.
 - 41 died of drug overdoses
 - 4 died from complications arising from a specific instance of drug use.

It is also notable that drugs played a role in the majority of the deaths arising from motor vehicle accidents and suicide, and also in at least one of the murders.

Drugs then were a significant factor in most of the unnatural deaths.

Age at Time of Death

Of the 45 women who suffered drug related deaths, at time of death, the two youngest were nineteen years of age and the oldest was aged 49.

Women aged between 20 and 34 were featured in 35 of the 45 cases.

- 10 were aged between 20 and 24 years,
- 15 were aged between 25 and 29 years,
- a further 10 were aged between 30 and 34 years.

Nature of Drug Related Deaths

- Only 6 of these deaths involved the exclusive use of heroin.
- 34 of these cases involved heroin in combination with other drugs.
Particularly prevalent in these mixed drug overdoses were benzodiazepines.
 - 10 involved heroin and benzodiazepines
 - The other 24 involved heroin in combination with benzodiazepines and other substances such as amphetamines, methadone or other prescription drugs.
 - Benzodiazepines were also evident in 5 drug-related deaths that didn't involve heroin.
 - Alcohol was notable for its absence, with only 3 of the 45 women consuming it prior to their death.

Place of Drug Related Deaths

- The exact place of death could not be ascertained for 6 of the 45 women.
- Of those that could be traced,
 - only 10 died at a place of permanent residence.
 - 17 died in temporary accommodation, often at a friend or acquaintance's home where they were staying for a brief period of time, or in boarding houses or hotel rooms.
 - 12 died in public space including in car parks, railway stations and on the streets.

Period Elapsed between Release and Drug Related Deaths

Of the 45 women who died of drug related causes,

- 37 died within 18 months of being released from prison.
- 6 died within two days of release, 11 within their first 14 days, 13 within the first month and 22 within three months after their release.

Graham's Study

In 2003, Annette Graham from the Office of the Victorian Coroner released a study into the unnatural deaths of men and women released from Victorian prisons between January 1990 and December 1999.

- Found that during this period 25,469 men and women had been released from prison in Victoria.
- By July 2000, 820 of these individuals were identified as having died of unnatural causes (736 men and 84 women).

Graham further reported that:

- The rate of unnatural deaths among Victorian ex-prisoners was double the 1996/1997 Victorian rate of deaths in prison custody.
- The unnatural death rate of ex-prisoners was 10 times that found in the general Victorian population. Within this there was also a significant different between genders. Men released from prison were 7 times more likely to suffer an unnatural death compared to other men in the general community; whereas women were 27 time more likely to suffer an unnatural death compared to other women in the general community
- Risk of unnatural death was greatest during the weeks immediately following release and greater among those who had previous imprisonments.
- Over half of the unnatural deaths were heroin-related deaths.
- Ex-prisoner heroin-related deaths accounted for at least 25% of all the Victorian heroin-related deaths.

Meeting the Health Needs of Drug Users Post-Release

These findings paint a bleak picture, but they are important for thinking more broadly about grappling with post-release deaths, and more broadly, to meeting the health needs of prisoners post-release, including those who use drugs. To that end, I want to turn to some broader issues:

The Definition of Health

In thinking about health, we speak a lot about

- Physical Health
- Mental and Emotional Health

I would like to suggest that we employ a broader concept of health though. One that includes what I will call 'social health'.

- Social Health - this can be defined broadly,, and include such things as the ability and opportunity of an individual to engage in and enjoy social interactions; to access an income; to have adequate housing and so on.

What consistently stands out in the case files that I've looked over is the extraordinary degree of disenfranchisement that people who have been released from prison often feel and the dire practical and social circumstances that they confront.

Recognizing and dealing with 'social health' is in my view crucial. And it is a concept that is not just about measuring the health of an individual or group of individual. It is also be a measure of the health of a society – it's maturity and inclusiveness.

Recognizing the costs of Imprisonment

The health needs of drug users and others post-release can't be separated from broader trends and social practices.

Nor can they be separated from a person's experiences of imprisonment.

Imprisonment can of course be psychologically and emotionally damaging, and in practical and immediate terms, it can be extraordinarily disruptive and damaging to a person's circumstances and prospects. Even a short term of imprisonment can involve family disintegration, loss of employment, the loss of property and housing and so on.

The fact that the likelihood of unnatural death increases with the terms of imprisonment someone serves evidences the high cost of imprisonment and the importance of recognizing it as a factor, which itself, may contribute to psychological, emotional, social and even physical ill-health.

Men, Women and Drugs

The research on post-release mortality suggests that this is a problem for men and women leaving prison. The fact that more men die post-release reflects their greater numbers in

the system. Having said that though, there may be important differences between men and women, and indeed within these groups too, according to age, ethnicity and other factors.

For women, the role of benzodiazepines in women's deaths is I think really significant, because we know that historically women in prison are more likely to seek out or to be given prescription drugs. The possibility that some people may become drug users in prison is quite real, especially when it comes to prescription drugs. And that presents a particular challenge when there are now new groups going into prison – women and men, for example, convicted of fraud, driving related offences and so on, who may not have histories of drug use and social and economic marginalization.

When we're thinking about drugs, we need to keep in mind the full range in mind, and we need to be aware of the differences that may exist between people in terms of their drug use, life circumstances and experiences of offending and imprisonment.

Institutional Responses to Post-Release Deaths

Post release deaths, like deaths in custody, raise the question of institutional responses.

Throughout the 1990's, the death of men and women post-release seemed to go largely unnoticed, both by the community and by institutions. The lack of interest displayed even by the coroner's office was in some cases quite startling.

I think it's important that if deaths do occur, their significance be recognized by institutions. And that, if anything, they provide a stimulus - not so much for checking whether existing policies and procedures have been carried – but whether indeed they are adequate. Whether we can go beyond what's already being done.

Perhaps for example, we need to find a new language. One that goes beyond the fear inducing notion of 'risk'; beyond 'stigmatizing' and 'dependence ridden' language of needs; and recognize and instead speak of the rights of all citizens to the best standard of health care that can be provided.

For details of the study mentioned earlier in this paper see:

Cook, S. & Davies, S. (1998) 'Women, Imprisonment and Post-Release Mortality' *Just Policy*, 14, pp.15-21.

Davies, S & Cook, S. (1999) 'Neglect or Punishment? Failing to Meet the Needs of Women Post-Release' in S. Cook and S. Davies (eds), *Harsh Punishment: International Experiences of Women's Imprisonment*, Northeastern University Press, Boston,272-90.

Cook, S & Davies.S. (2000) 'Breaking the Silence of Death', *Women in Prison Journal*, 1, 11-19

Cook, S & Davies.S (2000), 'Is there Life after Prison? Women, Drugs and Post-Release Mortality', Fitzroy Legal Service , *Services Directory for Drug and Alcohol Users 2000*, Fitzroy Legal Service, Melbourne, 182-88.