



PENINGTON
INSTITUTE

**Submission to the Victorian Ombudsman -
investigation into the rehabilitation and
reintegration of prisoners in Victoria.**

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1. Introduction

Penington Institute advances health and community safety by connecting substance use research to practical action.

Launched in 2014, Penington Institute, a not for profit organisation, has grown out of the rich and vibrant work of one of its programs, Anex. Penington Institute has close to 20 years' experience working with people and families directly affected by problematic drug use.

Penington Institute addresses this complex issue with knowledge and compassion. We not only help individuals, but also the wider community through our research analysis, promotion of effective strategies, workforce education and public awareness activities.

Penington Institute welcomes the opportunity to contribute to the Victorian Ombudsman's investigation into the rehabilitation and reintegration of prisoners in Victoria.

2. Investigation's consideration of drug and alcohol treatment

It is well established that a high proportion of people in custody, including prisons, have histories of substance misuse [1]. The Ombudsman correctly poses the question: what could be done to improve pre and post release support for those susceptible to substance use and for those with mental health issues?

Penington Institute believes that the issue of drug and alcohol treatment, including offending behavior specific programs, should be given higher priority in the investigation than has been canvassed to date in the Discussion Paper.

It is timely to consider this as part of the investigation, given that new transition support programs are being introduced throughout the Victorian prisons system beginning January 1 2015. The new transitional arrangements will obviously need to be monitored as soon as possible, and the Ombudsman's investigation is obviously in a very good position to do this.

It is particularly timely because Victoria's alcohol and drug treatment systems are in the early stages of significant reforms. These reforms were prompted by the 2011 Auditor General's report [2]. Penington Institute is aware that implementation of these reforms during 2014 are not without difficulties, particularly with regarding Intake and Assessment.

Penington Institute would recommend that this investigation ensures that it closely investigates the effectiveness of existing drug and alcohol treatment and support programs, and the transitional arrangements in particular. The investigation would be serving the public interest by examining linkages between in-prison programs, transitional arrangements and the broader community-based drug and alcohol treatment systems. This is especially important for rural and regional Victorians, as treatment capacity is less than in Melbourne.

The investigation will note that there has been recent increased investment in prison drug and alcohol treatment programs. This is to be welcomed. However, with surging prison numbers the investigation

should examine forecast demand against forecast capacity growth to ensure that, as prison numbers grow, alcohol and drug programming capacity does also.

The increased use of the highly criminogenic crystal methamphetamine in Victoria is presenting enormous challenges to the prison system. Crystal methamphetamine dependency is a particularly difficult issue to address for individuals, families and broader treatment and other response systems [3, 4].

Drug and alcohol treatment programs need to grow in proportion to the unprecedented and forecast growth in the number of people in prison.

Penington Institute believes that it would be appropriate for the investigation to nominate crystal methamphetamine as ‘prism’ through which the investigation could examine how drug and alcohol treatment services – including offending behavior based programs – are being linked in prisoner rehabilitation and re-integration practice. The findings and recommendations from the recent Victorian Parliamentary Inquiry into Supply and Use of Methamphetamine in Victoria would inform such an examination.

3. Particular areas the investigation should consider

Penington Institute would encourage this investigation examine additional areas discussed below.

3.1. Overdose amongst prisoners post-release

Periods of incarceration reduces a person’s tolerance to drugs. Opioid overdose is a leading cause of death for recently released prisoners in Australia [5-7]. Prisoners with histories of prior drug use, or who have continued drug use (including opioid pharmacotherapy) while in prison, are at risk of overdose if they use Central Nervous System depressants following their release [8]. These depressants include heroin, methadone, opioid analgesics as well as treatments for mental health conditions.

Naloxone hydrochloride is a safe non-addictive drug available on prescription and which reverses opioid overdose [9, 10]. The Victorian Government has supported Penington Institute to implement the Community Overdose Prevention and Education (COPE) program which is training potential overdose witnesses to correctly respond to overdose, including administration of naloxone. (See www.copeaustralia.com.au)

Such programs can be introduced into correctional settings [11, 12]. This is occurring in the Australian Capital Territory’s (ACT) Alexander Maconochie Centre. A program is being implemented in each Scottish prison, and in in 2013/2014 there were 1077 kits issued as they were released [13]. There are signs that the ‘take-home naloxone’ program is reducing the number of fatal overdoses amongst released prisoners [14].

Penington Institute recommends that this Ombudsman’s investigation thoroughly examine opportunities to further embed overdose prevention education, including naloxone provision, amongst prison populations. This should involve existing transitional arrangements regarding opioid pharmacotherapy. In addition, existing pre- and post-release drug counselling and treatment programs could certainly include naloxone provision to those potentially at risk of opioid overdose, as

per the Scottish and ACT models. Consideration of this by the Victorian Ombudsman would assist other jurisdictions.

3.2. Blood borne virus transmission prevention

Needle and Syringe Programs (NSPs) reduce HIV and hepatitis C amongst injecting drug users, and are highly cost effective in that they save scarce health resources that would otherwise be required for treatment [15, 16].

Drugs are smuggled into Victorian prisons and are injected [17, 18]. Needle sharing among prisoners is institutionalised, unnecessarily making prisons incubators of blood borne infections, including HIV and hepatitis C [19]. For example, a large study of Queensland prisoners found 23 per cent had injected in prison [20]. A study led by Dolan examined risk behaviours and hepatitis C transmission among 120 male injecting drug users in NSW prisons. It found that 33.6 per cent continued to inject while in prison and, at 90 per cent, the rate of sharing injecting equipment was far higher in prison than when they were in the community [21]. Many prisoners who had not previously injected drugs do so while in prison (22, 23), often as a means to cope (24). Upon release, they may practice this newly acquired risk behaviour within their social networks and the wider community (25).

The health risks posed by sharing injecting equipment in prisons are a broader public health issue. Prisoners are entitled to health services comparable to those available to the general community. Penington Institute strongly believes that the scope of the State's legally enforceable duty of care to prisoners must include providing prisoners with access to sterile injecting equipment to prevent the spread of blood borne viruses – as is done in all Australian communities [19, 22].

The ACT government is committed to establishing a controlled needle exchange in the Alexander Maconochie Centre and has carefully considered feasible options for doing so [23]. Penington Institute has developed a framework for also considering how such programs could be established in prisons [24].

Penington Institute has also established that such a program should be established in Victoria, and that the State has a duty of care to do so, both from the perspective of prisoners and prison officers who remain at risk of needle stick injury given the current existence of infected needles within Victorian prisons [22]. The United Nations Office on Drugs and Crime has now carefully mapped out steps by which controlled needle exchange could be established in a jurisdiction such as Victoria [25].

Penington Institute therefore recommends that this Ombudsman's investigation carefully consider the evidence in favour of piloting controlled needle exchange in the Victorian corrections system as the health of a prisoner is an important factor in their successful reintegration within the community.

3.3. Hepatitis C treatment

Rates of hepatitis C infection are up to 60 times higher in correction facilities than in the general population (39). Hepatitis C antibody seroprevalence among injecting drug users was found to be 71 per cent in NSW prisons in 2007 (18). It has been some time since hepatitis C rates and risk factors has been studied in Victoria. In 2002 it was found that 57.5 per cent of prisoners were hepatitis C antibody positive, and the rate was almost 80 per cent amongst those reporting a drug injecting history [18].

As is the case in Australia and Victoria generally [26], there is insufficient access to hepatitis C treatment in the Victorian prison system. A new range of highly effective Direct Acting Anti-retroviral hepatitis C treatment drugs are becoming available, and are raising the prospect of potential elimination of hepatitis C in Australia and elsewhere [27, 28].

The efficacy of these new drugs in reducing and potentially eliminating hepatitis amongst prisoners will be tested in a 'world first' trial to be conducted in NSW prisons. Corrective Services Assistant Commissioner Luke Grant says that "Corrective Services NSW strongly supports the value of this research and its potential for improving the health and wellbeing of prisoners in NSW and reducing the risks to staff who work in custodial settings" [29].

Penington Institute therefore recommends that this Ombudsman's investigation examine the current state of hepatitis C treatment within the Victorian prison system, and seek expert advice regarding how coverage can be expanded. This should include consideration of the new range of treatment drugs with a view to recommending that Corrections Victoria begin preparation of a policy framework aimed at providing these drugs to hepatitis C-infected prisoners.

4. References

1. AIHW, *The Health of Australian Prisoners 2012*. 2013, Australian Institute of Health and Welfare: Canberra.
2. Auditor, *Victorian Auditor General Report in Drug and Alcohol Prevention*. 2011, Victorian Auditor General: Melbourne.
3. Wallace, C., et al., *Methamphetamine use, dependence and treatment access in rural and regional North Coast of New South Wales, Australia*. *Drug Alcohol Rev.* 2009 Nov;28(6):592-9. doi: 10.1111/j.1465-3362.2008.00016.x., 2009.
4. Pennay, A. and N. Lee, *Barriers to methamphetamine withdrawal treatment in Australia: Findings from a survey of AOD service providers*. *Drug and Alcohol Review*, 2009. **28**(1): p. 636 - 40.
5. Stuart A Kinner, et al., *Counting the cost: estimating the number of deaths among recently released prisoners in Australia*. *Medical Journal of Australia*, 2011. **195**(2): p. 64-68.
6. AIHW, *From corrections to community: a set of indicators of the health of Australia's prisoners*. 2009, Australian Institute of Health and Welfare: Canberra.
7. Kariminia A, et al., *Extreme cause-specific mortality in a cohort of adult prisoners—1988 to 2002: a data-linkage study*. *International Journal of Epidemiology* 2007. **36**: p. 310-316.
8. Coroner, *Coroners Prevention Unit Overdose deaths of people recently released from prison and/or in the care of Corrections Victoria, 2000-2010*. 2013, Coroners Court of Victoria: Melbourne, Victoria.
9. Straus, M.M., U.E. Ghitza, and B. Tai, *Preventing deaths from rising opioid overdose in the US – the promise of naloxone antidote in community-based naloxone take-home programs*. *Substance Abuse and Rehabilitation*, 2013. **4**.
10. World Health Organisation, *Community management of opioid overdose* 2014, World Health Organisation: Geneva.
11. Green, T.C., et al., *Feasibility of prison-based overdose prevention education and prescribed naloxone at release*. *Drug and Alcohol Dependence*, 2014. **140**(0): p. e74.
12. *Randomised trial of take-home Naloxone to prevent heroin overdose deaths post-prison release*. 2011 [cited 2012 January 31]; Available from: <http://www.kcl.ac.uk/iop/depts/addictions/research/drugs/N-ALIVE.aspx>.
13. National Health Service National Services Scotland, *National Naloxone Programme Scotland – naloxone kits issued in 2013/14* 2014, National Health Service National Services Scotland,: Glasgow.
14. National Health Service National Services Scotland, *National Naloxone Programme Scotland – naloxone kits issued in 2012/13 (revision)*. 2014, National Health Service National Services Scotland,: Glasgow.

15. Wilson, D., et al., *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia*. 2009, Australian Government Department of Health and Ageing, National Centre in HIV epidemiology and clinical research (University of NSW). Sydney.
16. WHO, *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users*, in *Evidence For Action Technical Working Papers*. 2004, World Health Organisation: Geneva.
17. Hellard, M., J. Hocking, and N. Crofts, *The prevalence and the risk behaviours associated with the transmission of hepatitis C virus in Australian correctional facilities*. *Epidemiology and Infection*, 2004. **132**(3): p. 409.
18. Hellard, M., N. Crofts, and J. Hocking, *Hepatitis C virus among inmates in Victorian correctional facilities: A report of the prevalence of hepatitis C virus and the risk behaviours associated with the transmission of hepatitis C virus in Victorian correctional facilities*. 2002, Burnet Institute: Melbourne.
19. Anex, *With Conviction: the case for controlled needle and syringe programs in Australian prisons*. 2010, Anex (Penington Institute since 2014): Melbourne.
20. Kinner, S.A., et al., *High-risk drug-use practices among a large sample of Australian prisoners*. *Drug and Alcohol Dependence* 2012. **126**: p. 156-160.
21. Dolan, K., et al., *Incidence and risk for acute hepatitis C infection during imprisonment in Australia*. *European Journal of Epidemiology*, 2010.
22. Ryan, J., et al., *Prisons, needles and OHS*. *Journal of Health Safety and Environment*, 2010. **26**(1): p. 63-72.
23. Moore, M., *Balancing access and safety: meeting the challenge of Blood Borne Viruses in Prison - report for the ACT Government into implementation of a Needle and Syringe Program at the the Alexander Maccochie Centre*. 2011, Public Health Association of Australia: Canberra.
24. Voon, D. and J. Ryan, *Inside Information: Prison Needle and Syringe Program Protocols*. 2011, Anex: Melbourne.
25. UNODC, *A handbook for starting and managing needle and syringe programmes in prisons and other closed settings*. 2014, World Health Organisation: Geneva.
26. Kirby Institute, *HIV, viral hepatitis and sexually transmissible infections in Australia - Annual Surveillance Report 2013*. 2013, University of New South Wales: Sydney, NSW.
27. Grebely, J., et al., *Elimination of Hepatitis C Virus Infection Among People Who Inject Drugs Through Treatment as Prevention: Feasibility and Future Requirements* *Clinical Infectious Diseases*, 2013. **57**(7): p. 1014-1020.
28. Grebely, J. and G.J. Dore, *Can hepatitis C virus infection be eradicated in people who inject drugs?* *Antiviral Research*, 2014. **104**: p. 62-72.
29. Kirby Institute, *World-first hepatitis C trial in prisons launched*. 2014, <http://kirby.unsw.edu.au/news/world-first-hepatitis-c-trial-prisons-launched>: Kirby Institute, University of New South Wales.