Back on the “horse”: injecting drug use in the immediate post-prison release period. Results from a prospective cohort study in Melbourne, Aust.

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Background

• In Australia:
  – ~50,000 people passed through the prison system in 2007/08
  – Imprisonment rate ~126 per 100,000 pop
  – ~7% women, 24% Aust Aboriginal
  – ~50% have history of IDU
  – short imprisonment periods for drug-related crime

• Prison population are characterised by:
  – severely marginalised and disadvantaged group
  – ↑ blood borne viral infections
  – ↑ poor mental & physical health, and other co-morbidities

• Immediate post-release period is a vulnerable time:
  – ↑ risk of mortality
  – ~40% return to custody within 2 years
Background

• Unresolved health & social issues impact on social disadvantage and recidivism.

• Transition programs provide opportunities to address health and welfare needs.

• Little is known about patterns of access to health & support services both in prison and post-release.

• Very few Australian prospective studies of prisoners/ex-prisoners (currently Passports Study in Queensland – Kinner et al)

• We aimed to examine the needs and experiences of ex-prisoners in the immediate post-release period:
  – access to health/support services
  – health status (including drug use)
Study Design

• Prospective cohort of ~140 recently released ex-prisoners with a history of injecting drugs.
  – recruited via outreach (30%), service providers (30%), snowballing (40%)
  – interviewed at 1, 3 & 6 months post-release
  – interviewed about: demographics & socioeconomic position, past & current drug use, drug treatment, BBV risk, incarceration history, use of health/welfare services etc

• Semi-structured in-depth interviews primarily focussing on barriers/enablers to accessing health/welfare services:
  – a subset of the cohort (n=20)
  – family/friends of cohort participants (n=10)
  – post-release and related service providers (n=20)
Results

Sample (baseline <=4 weeks post-release)
• 141 participants
• Interviewed at median of 23 days post-release

Demographics
• 80% male
• 75% English first language, 13% Vietnamese first language
• 5% Aboriginal Australian
• Mean age 31.6 years (median 30 years)
• 80% did not complete secondary school (35% yr9)
• 43% unstable housing (homeless, boarding house, ‘couch surfing’)

In-prison/pre-release support and services
• 49% received pharmacotherapy treatment in prison, 56% of those released under 1 month paid program
• 33% completed Transitional Assistance Program
Results

**Drug use career**
- Median age first injected 16 years (range 9-37 years)
- 46% had ever injected in prison, of those 65% did so during most recent sentence (33% at least weekly, 52% reported sharing syringe)

**Illicit drug use post-release**
- 75% had injected heroin by time of interview, median 3 days per week
- 91% had used any drug since release, 84% had injected
- Spending median AUD$100 per week on heroin (mean $350)
- 10% overdosed since release

**Health**
- 75% scored >30 on Kessler 10 scale (i.e. high/very high risk)
- 75% reported HBV vaccination
- 37% taking medication prescribed for mental health issues
Results

Post-release engagement with services

• 52% straight release (no required engagement with CC=no help)
• 16% engaged in LinkOut (males) or WISP (females) program
• 98% had made 1+ drug-related visit to GP or primary health service
• 51% contacted employment agency
• 28% contacted housing support
• 22% in contact with emotional support/mental health service
• Median of 4 visits to hospital since release
Results

Independent associations with using heroin post release...

- Not having completed a Transitional Assistance Program (OR 2.73, 95% CI 1.23, 6.07, p=0.01).

- Having been engaged in drug treatment program in prison other than pharmacotherapy (OR 2.39, 95% CI 1.03, 5.56, p=0.04).
Discussion & Conclusions

• Drug use (particularly heroin) soon after release is high
  – a reflection of recruitment methods?

• Effect of Transition Assistance Program (offered prior to release)
  – what could it achieve if it was better funded, evaluated, and more widely implemented (only 33% participants completed)?
  – TAP perceived to be of little use by many participants

• In-prison drug treatment programs (other than pharmacotherapy)
  – anecdotally appear to be undertaken by people with a particular desire to cease using