Passports to advantage: Health and capacity building as a basis for social integration

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Released prisoners are characterised by chronic social disadvantage, poor physical and mental health, and high rates of substance misuse – a continuation of problems experienced prior to imprisonment. High rates of recidivism and fatal drug overdose post-release indicate that integration of ex-prisoners is often unsuccessful. Despite this, remarkably little is known about recently released prisoners and it is thus difficult to formulate evidence-based policies for this group. The stated policy of most correctional services in Australia is one of 'throughcare', which implies continuity of needs- and evidence-based service provision from the moment of reception, through to return to the community and beyond. At present, however, there is a dearth of evidence-based services and support for ex-prisoners. This presentation will review the evidence regarding the experiences of released prisoners and consider models of post-release service provision. One promising model, which aims to proactively improve health and capacity and thereby promote integration, will be described. A randomised controlled trial of this model has recently been funded by the NHMRC; the rationale, aims and key features of this model will be discussed.

Introduction

Prison populations around the world are growing at a rate which exceeds general population growth. The most recent international census reported that prison populations have risen in 73 per cent of countries worldwide, with the world prison population now exceeding 9.25 million persons (Walmsley 2007). Imprisonment rates vary widely from country to country, and Australia's rate of 163 per 100,000 adults is around the middle of the pack (Australian Bureau of Statistics (ABS) 2006; Walmsley 2005). However, like many other developed and developing countries, Australia is incarcerating offenders at an accelerating rate. Over the past 10 years Australia's prison population has grown by 42 per cent to 25,790 prisoners in June 2006 (ABS 2006).

Most prisoners serve a relatively short time in custody before returning to the communities from which they came, and many prisoners serve time for exclusively non-violent offences related to illicit drug use or drug-related acquisitive crime. At

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the last census 35 per cent of sentenced Australian prisoners were serving sentences of less than two years and 63 per cent were serving sentences of less than five years but with parole, while 78 per cent were expected to serve less than five years in custody. For 47 per cent of prisoners the most serious offence/charge was non-violent: unlawful entry with intent, theft or deception, illicit drug offences, property damage or pollution, public order offences, traffic offences or offences against justice procedures (ABS 2006).

Consistent with this, many prisoners attribute their offending solely or primarily to substance misuse. A recent study of prisoners in four Australian jurisdictions found that around 40 per cent of prisoners attributed their crimes to alcohol and/or illicit drug use (Johnson 2004; Makkai and Payne 2003), and that 62 per cent were regular illicit drug users prior to imprisonment. It therefore stands to reason that programs designed to reduce recidivism and improve outcomes for prisoners post-release should include a focus on problematic substance use.

The majority of released prisoners will return to custody at some point in their lives, with many re-offending soon after release. This re-offending is often related to substance misuse. Among those in custody at 30th June 2006, 57 per cent had served a previous sentence in an adult prison (ABS 2006) and of those released from custody in 2002/03, 38 per cent returned to custody within two years, with another 6% receiving a non-custodial order during that time (Steering Committee for the Review of Government Services Provision (SCRGSP) 2006). A substantially larger proportion re-offend, as these figures exclude those who are not apprehended, those who are apprehended but not convicted, and those who are convicted but receive a fine or other outcome not administered by corrective services (SCRGSP 2006). Among the modifiable risk factors associated with re-offending are drug and alcohol misuse, impaired mental and physical health, and social disadvantage (Dowden and Brown 2002; Gendreau et al., 1996; Hobbs et al. 2006; Social Exclusion Unit 2002).

Prisoner health: An oxymoron?

International studies find that most prisoners have a history of licit and illicit drug misuse (often injecting), with the vast majority continuing to smoke tobacco in prison (Butler and Milner 2003; Hockings et al. 2002; McMurran 2005; Department of Justice 2003). In Australia about half of offenders attribute their offending primarily to substance use (Johnson 2004; Makkai and Payne 2003) and while women constitute only about 7 per cent of prisoners in Australia (ABS 2006), their

rates of alcohol and other drug use match or exceed those of male prisoners (Butler and Milner 2003; Fazel et al. 2006; Johnson 2004; Makkai and Payne 2003). Indigenous prisoners are over-represented by a factor of 13 in the adult prison system (ABS 2006). Although they are more likely than non-Indigenous prisoners to report alcohol use prior to arrest, fewer Indigenous prisoners report a history of illicit drug use (Makkai and Payne 2003).

Prisoners in Australia and elsewhere are also distinguished by their poor mental health, with rates of common mental disorders elevated by orders of magnitude (Fazel and Danesh 2002). Among prisoners in NSW, Butler and Allnutt (2003) reported a 12 month prevalence of 'any psychiatric disorder' of 74 per cent (compared with 22 per cent in the community), with the 12-month prevalence of psychosis 30 times higher than in the community. In Queensland, Hockings and colleagues (2002) reported that 57 per cent of women prisoners had been diagnosed with a mental disorder and they concluded that drug abuse, mental health and a history of sexual abuse are 'the three big issues' (Hockings et al. 2002) for this population. Not surprisingly, poor mental health among prisoners is associated with other problems, including impaired physical health (Butler et al. 2007).

Indeed, although the prison population is quite a young population, many prisoners experience chronic physical health problems. The Hepatitis C prevalence among prison receptions in Australia is estimated at 34 per cent and 56 per cent among those with a history of injecting drug use (Butler et al. 2005). The rate among those leaving custody may be higher still (Dolan et al. 2003). Prisoners also experience a high prevalence of general health problems including asthma, obesity, tooth decay, poor eyesight, back problems, high blood pressure and poorer overall quality of life (Butler and Allnutt 2003; Butler and Milner 2003; Department of Justice 2003; Hockings et al. 2002). These problems are particularly common and significant among Indigenous Australians in custody (Krieg 2006), despite the fact that many can be addressed with appropriate preventive health care.

And when they get out?

Remarkably, we do not know how many prisoner releases occur in Australia each year. However, due to the high proportion of short sentences and the 'revolving door' of release and reincarceration that characterises the Australian correctional system, what is certain is that this number vastly exceeds the number incarcerated at any one time. One conservative estimate puts the number of release events per year

at about 44,000 (Baldry et al. 2003). Despite this, and despite the fact that most ex-prisoners return to custody at some point, remarkably little is known about the experiences or needs of ex-prisoners in Australia (Borzycki and Baldry 2003).

What is apparent is that many prisoners continue to experience poor health and chronic social disadvantage on release, fuelling a cycle of poverty and crime. The few studies that have followed prisoners prospectively through the process of release have painted a grim picture. A 2002 study that followed a group of 238 prisoners from NSW and Victorian prisons found that at nine months post-release 21 per cent were homeless, and that unstable accommodation, debt and heroin dependence were all significant unique predictors of reincarceration (Baldry et al. 2003). More recently, a similar study of Queensland prisoners (Kinner 2006b; Kinner 2006c; Kinner and Cogger 2007) found that by one month post-release 55 per cent of prisoners had returned to illicit drug use (with 29 per cent injecting drugs) and that by four months post-release 42 per cent were consuming alcohol at hazardous or harmful levels. By six months post-release, 19 per cent had been reincarcerated in Queensland, with the risk of incarceration significantly greater for males, those with a history of injecting drug use, and those who reported, prior to release, that they expected to use illicit drugs post-release.

Released prisoners therefore face a raft of challenges including finding appropriate accommodation and employment; debt and income; relationships; maintenance of physical and mental health; access to healthcare; and avoidance of relapse to drug use and crime (Baldry et al. 2003; Borzycki 2005; Borzycki and Baldry 2003; Kinner 2006b; Visher et al. 2004). Many of these post-release needs are simply a continuation of needs experienced prior to incarceration (Hobbs et al. 2006; Kinner 2006a), suggesting that the experience of incarceration has done little to improve long-term health and social outcomes for this marginalised sector of the population.

Dying to get out

Because of the difficulties in maintaining contact with released prisoners, a number of researchers have focussed on an analysis of mortality data to explore health outcomes for ex-prisoners, compared with other members of the community. Studies conducted both in Australia (Darke et al. 2000; Graham 2003; Kariminia et al. 2007; McGregor et al. 2002; Stewart et al. 2004) and overseas (Bird and Hutchinson 2003; Farrell and Marsden 2005; Shewan et al. 2000; Singleton et al. 2003) have consistently found that recently released prisoners are at massively increased risk of death, particularly in the days and weeks immediately following release. The main causes

of death in this group are both tragic and preventable: fatal drug overdose, suicide (often related to poor mental health) and accidents.

Again, it is Indigenous ex-prisoners who face the greatest risk. Studies in Western Australia (Stewart et al. 2004) and more recently in New South Wales (Kariminia et al. 2007) have found that, while the risk of death is greatly elevated for all ex-prisoners, this risk is particularly high for Indigenous ex-prisoners, who also experience higher levels of morbidity post-release (Hobbs et al. 2006). Although the *absolute* risk of death post-release is highest among Indigenous men, the *relative* risk of mortality appears to be highest among non-Indigenous women (Stewart et al. 2004). The explanation for this apparent paradox is that for Indigenous men, the risk of death in the community is *already* greatly elevated. Clearly, efforts to improve health outcomes for ex-prisoners must consider pre-existing risk factors in the communities to which these individuals return.

Health services for ex-prisoners

Despite mounting evidence of chronic, diverse and preventable health and psychosocial impairment among prisoners and ex-prisoners in Australia, little has been done to improve health as a catalyst for breaking cycles of poverty, crime and social exclusion among ex-prisoners (Borzycki 2005; Borzycki and Baldry 2003). In various settings, evidence of inequities in health has prompted increased investment in health and human services. This policy response has usually been based on an assumption that the nub of the problem is one of supply of services. However, the success of many initiatives to address these inequities has been distinctly limited, partly due to their failure to address social inaccessibility related to a general sense of exclusion and powerlessness among potential clients (Dohan and Schrag 2005) and inadequate attention to tailoring service delivery to specific subgroups such as Indigenous clients or women (Kinner and Williams 2006).

The Passports Study

In this context, the NHMRC has funded a study designed to trial a health-based intervention for recently released prisoners in Queensland, entitled '*Passports to Advantage: Health and capacity building as a basis for social integration*'. The *Passports* study builds on previous work with another marginalised population: those with an intellectual disability. Lennox and colleagues (Lennox et al. 2001; Lennox et al. 2004a ; Lennox et al. 2004b) provided participants with an intellectual disability with an

individually-tailored 'passport' that provided a blueprint for future healthcare provision. This empowered them to take the initiative in interacting with health practitioners to ensure a comprehensive assessment of their health and a systematic response to identified problems. A large, randomised controlled trial has demonstrated that this 'passport' approach achieves significantly improved health outcomes and augments other health advocacy initiatives, in part by encouraging and empowering health care providers to screen for and then address identified health problems that are common in this population (Lennox et al. 2004a).

Mapping these principles onto ex-prisoners, the *Passports* study aims to improve health and psychosocial outcomes by promoting and facilitating access to appropriate health and community services, thereby promoting integration and reducing re-offending. Using a randomised controlled trial design, the *Passports* study will recruit 1,500 adult prisoners in Queensland, randomly assigning participants to either an intervention or control group. In the weeks prior to release from custody, all participants will undergo a detailed health and psychosocial needs assessment. Those in the intervention group will receive detailed, tailored feedback on this assessment and targeted referrals for post-release support, prior to leaving custody. Once in the community, intervention participants will receive weekly telephone calls and will have access to a 1800 number to assist with referrals and support during the critical first four weeks in the community. Follow-up interviews with all participants four, 12 and 26 weeks post-release, plus inspection of correctional data for recidivism two years post-release, will enable evaluation of the *Passports* intervention.

Recruitment and follow-up of marginalised populations presents many challenges. However pilot work undertaken with this population has shown that, with appropriately trained, respectful and (importantly) independent interview staff, the majority of prisoners are willing to participate in research that demonstrably benefits them (Kinner 2006a; Kinner 2006b). Attrition during follow-up interviews is inevitable, however attrition can be minimised by a range of strategies including collection of comprehensive pre-release contact information, regular and non-judgemental engagement with participants during follow-up, and the provision of appropriate reimbursement for participation in follow-up interviews (Fry et al. 2005; Ritter et al. 2003). Increasingly sophisticated statistical techniques also allow for the estimation and correction of error caused by biased attrition (Hogan et al. 2004; Royston 2004). The *Passports* study has undergone a rigorous ethical review process, and will be guided at each step by a reference group including relevant Indigenous, advocacy, government and non-government agencies.

Conclusion

Improving the health and well-being of prisoners and actively promoting integration post-release not only improves outcomes for prisoners, their families and communities, but also reduces recidivism. Where there is less consensus is with respect to *what* the priority needs of prisoners and ex-prisoners are and *how* these needs can most effectively be met. Although it is self evident that 'evidence-based policy is effective policy', the evidence base from which policy and practice can be informed remains far from complete. The *Passports* study will be one step in the right direction, providing a detailed description of the post-release needs of ex-prisoners and rigorously evaluating a theoretically robust, evidence-based intervention to improve outcomes for this marginalised sector of our population.

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