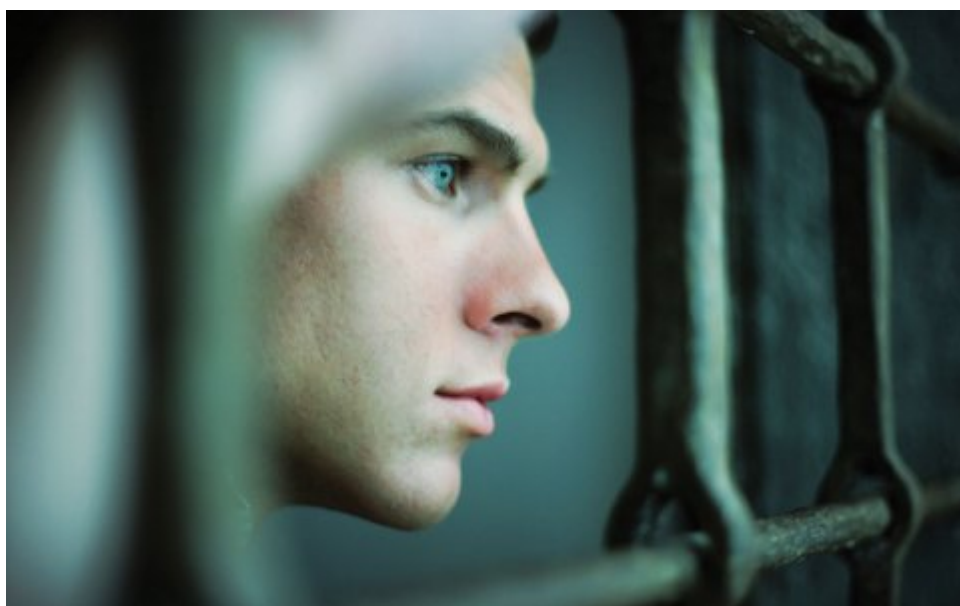


research focus

Pathways in and out of adult prison for young men with injecting drug use histories

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Young male prisoners with a history of injecting drug use are among the most disadvantaged and vulnerable of prisoners, but little academic literature about their lived experience and characteristics exists. This PhD research aimed to address this significant knowledge gap and provide insights for policy makers and practitioners that will improve the health and well-being of this marginalised group.

Why is this research important?

Young men aged 18-24 years represent one-sixth of all adult male prisoners in Australia. Three-quarters report having used illicit drugs in the past - a rate much higher than for older male prisoners [1,2]. How many of these young men have a history of injecting drug use (IDU) is unknown, but estimates suggest close to half of all prisoners in Australia have a lifetime history of IDU [3].

What we do know is that young male prisoners with a history of injecting drug use are amongst the most disadvantaged and vulnerable of prisoners [4,5]. These individuals typically experience extreme levels of socioeconomic disadvantage and a complex combination of physical and mental health comorbidities. Furthermore, they are less likely to access health services in the community and are more likely to return to prison than older prisoners [2] and their non-injecting peers [6].

Despite this, little academic literature about their lived experience and characteristics exists [7-10]. This PhD research aimed to address this significant knowledge gap and provide insights for policy makers and

practitioners that will improve the health and well-being of this marginalised group.

What did we do?

Twenty-eight young men (aged 19-24 years) with histories of IDU participated in up to three in-depth face-to-face interviews (between 2015-2016), shortly after their release from adult prisons in Victoria. Participants were recruited from the Burnet Institute's longitudinal Prisoner and Transition Health (PATH) study examining the post-release trajectories of 400 male prisoners who reported recent IDU prior to their incarceration.

Young men were invited to participate in the qualitative arm of the study whilst in adult prison and were followed up in the community in the first days and weeks after their release. Interviews were broadly focused on their history of drug use, experiences during incarceration and their lives after release from prison. They were conducted in locations of young men's choosing including parks, health services, cars, libraries, back yards and cafes. Participants were paid \$AUD40 for each interview. Interviews were audio-recorded and transcribed verbatim, and data were analysed to identify themes based on patterns of interest, areas of commonality, and inconsistencies in the data.

What did we find out?

Most participants had not completed secondary school, and most were unemployed in the six months prior to incarceration. Almost half were removed from their parent's care as children and had at least one parent previously incarcerated. More than a third of the young men were Aboriginal and Torres Strait Islander. All but one participant had been incarcerated previously, including almost two thirds in juvenile detention at least once and more than a third in adult prison at least three times.

One quarter of the young men first injected before the age of 15 years, almost half had ever overdosed, and half injected drugs daily in the month before entering prison. Most young men experienced significant mental and physical health issues while they were incarcerated, commonly related to pre-existing conditions. Half tested positive to hepatitis C antibody presence and many described experiences of chronic pain and oral health issues. More than three-quarters self-reported at least one mental health condition, almost half had attempted suicide at least once, and more than a third had been diagnosed with attention deficit disorder in childhood.

Despite the significant health issues faced by the young men whilst incarcerated, most described barriers accessing health care. Long waits to access health service appointments and a feeling that health concerns were not taken seriously enough were common. Although a nurse-led model of care triages access to other health professionals in prison, young men described difficulties accessing appointments with doctors, dentists and mental health care workers.

Like if you're sick ... like when you go and ask for help [...] and ask 'em if you can see a doctor, they'd just make you wait and wait, for like two days or somethin', and then it's not really useful. Yeah, they're meant to be looking after you in there. (James)

Ya book a doctor's appointment, 2 weeks later ya get let in and your problem's gone. It's awful, it's absolutely shockin'! [...] There's that many prisoners, they're not gonna get through 'em all [...] 'Cause every day there's someone else fuckin' goin' "I gotta go to the doctor". (Franky)

Appointments to access medication (often for pre-existing mental health issues and dental care) were hampered by long wait lists, which young men found frustrating and sometimes exacerbated symptoms. Illicit drugs and/or unprescribed medication were often used to deal with unaddressed health issues.

I've got tooth aches [...] I was in that much pain and they wouldn't do anythin' for me [...] It was snappin' me. Like if I was outside I would-a paid for the dentist. Yeah it was fuckin' bad, bad pain ya know. My mate was

running 'round getting me [illicit medication] and shit just to knock me out. (Tim)

With doctors' appointments [...] it's still not unusual to wait three weeks! Like I'll put a form in [but] by the time they've seen me... They're like, "what are you here for?" I'll go, "I dunno, it was friggin' nearly a month ago I put the form in" you know. (Reyne)

Some young men described challenges accessing medication they were prescribed in the community, as these drugs were purportedly prohibited for being considered drugs commonly diverted to other prisoners.

I'm on [medication] for my autism and [...] they take it off ya straight away 'cause they're tryin to weed it out 'cause everyone's sellin' it. So as soon as I get there I'm cut off [...] I'm tellin 'em, "without my medication, like I'm on the edge, I'm really fiddly, I have a short fuse like". They cut me off and then they wonder why I get all aggravated. (Matt)

Most of 'em had this feeling that all prisoners were just tryin' to get on drugs, so if [prisoners] say they've got these symptoms [...] like they think they just want drugs, "so we're not gonna give it to 'em", "maybe we can put ya on a Panadol script for a coupla days". And the majority of people in there all have massive mental health issues. (Seb)

International frameworks from the United Nations and the World Health Organization, supported by national principles in Australia, stipulate that prisoners should receive health care equivalent to that available in their community, without discrimination [11]; however, young men's narratives highlight this was not the case.

What does it mean?

The health needs of young male prisoners with histories of IDU are distinct to those of their older counterparts and more significant than their non-injecting peers. The prison setting provides a unique opportunity to address the physical and mental health needs of this disadvantaged group and yet this study points to an important opportunity being missed. Beyond improving health outcomes for marginalised prison groups such as the young men in this study, supporting the health needs of prisoners can have the added effect of reducing their risk of return to prison. In the context of increasing rates of incarceration in most Australian states, resourcing and staffing issues should be a priority for governments wishing to address prisoner health inequalities.

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