

Drug rescue program must be open to work - 28 September 2011

NSW is failing badly when it comes to prisoners looking to continue treatment for their drug dependence after being released. 

Prisons are clearly not the best place for rehabilitation. But sometimes people in prison start to confront their serious drug problems, either by starting on methadone or engaging in other forms of treatment. Unfortunately for many, that's when the problems can start all over again. After being released, there are often no places available for them on community methadone programs or other treatment.

This is despite last year's National Drug Strategy Household Survey showing that almost 70 per cent of the community now supports methadone treatment.

NSW has one of the worst reoffending rates in the country. Up to 60 per cent of all prisoners released in NSW re-offend within six months. It costs more than \$250 to incarcerate a prisoner for one day. With almost 10,000 prisoners, NSW now spends more than \$1 billion a year on corrections. On top of that there are also the costs from the crimes itself.

Expanding drug treatment in the community and prisons will reduce the high health, social and economic costs of illicit drugs but unconscionably continues to stay in the political "too-hard" basket.

A story in last week's Newcastle Herald referred to the case of "James" and his problems staying on a drug treatment program after being released from prison. It also reported on the case of another ex prisoner, who tried unsuccessfully to continue his methadone treatment in the community after being released earlier this month.

This was the case that broke the silence of dedicated Newcastle pharmacist Donna McKinnis. She had already seen two other recently released prisoners in the previous three weeks who went out on methadone but were unable to continue treatment in the community.

Donna described the situation of people who came into her pharmacy soon after being released from prison. They told her how, although they had done well on the methadone program when in prison, they were unable to continue this treatment upon release. Decisions had already been made not to dose any patients from prison as the treatment system was already overloaded. Donna eventually found a temporary solution but this situation is just the tip of the iceberg.

A system can't rely on the valiant efforts of individuals like Donna or other community members in Newcastle to try to find treatment places for released prisoners. Denying released prisoners continued treatment in the community increases crime, overdose deaths, HIV, recidivism and guarantees a bigger bill for NSW taxpayers.

Professor Kate Dolan at the National Drug and Alcohol Research Centre at the University of NSW has shown from following 382 NSW prisoners that positive outcomes can be achieved with the right programs. Professor

Dolan showed that while more than 10 per cent started injecting heroin in prison, after about four months the proportion of prisoners who reported injecting heroin halved in the group who received methadone treatment but increased among those who had not received methadone.

Those reporting sharing injecting equipment also decreased for those who had received methadone treatment.

After four years, there was also a decline in repeat imprisonment among the group who had gone on to receive methadone treatment. After four years, 17 of the former prisoners had died and all were from the group that had not been on methadone.

NSW should be applauded for having a substantial methadone program for its prisons. But it is the government's responsibility to invest much more in treatment and ensure the availability of places for people in the community. The recent NSW budget increased funding for pharmacotherapy services, which is a step in the right direction. But the need is far greater than the system can currently provide or will be able to provide with this modest increase.

At a national level, the number of drug-dependent people continuing to be imprisoned is a disgrace. It's an approach that goes against all the evidence on how to tackle crime and treat drug dependence. "Out of sight, out of mind" maybe the conventional wisdom for prisoners but it belies the truth of the revolving door and the real cost it imposes on everyone.

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