

End our jailhouse blues - 28 Apr 2008



Gino Vumbaca, *28 April 2008*

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Thousands of prisoners suffering from drug and mental health problems need help behind bars, not official bungling.

IN THE past 20 years Australia has almost doubled the rate at which we put people in prison. As we go about our daily business there are more than 25,000 fellow citizens living in a prison. They are locked away each night behind the high walls and razor wire in cities and towns around the country, out of our sight and increasingly out of our thoughts for the future.

Most of these prisoners can be categorised as having committed their offences while intoxicated with alcohol or some other drug, being drug or alcohol-dependent or suffering from severe mental health problems, if not all three at once.

Some would also have been physically and sexually abused as children. Indigenous people will make up more than 22% of the prison population. More than half will have been in prison before, with some returning for many more visits, and their rate of hepatitis C will far exceed the rate in the community.

In prison they can be expected to regularly see, if not experience, acts of violence, sexual assault and intimidation, be moved from prison to prison at a moment's notice and locked in their cells for hours or days at a time. Not quite the holiday camp some may have you believe.

Nonetheless, prisons have a role to play as they provide crime deterrence and a secure environment to keep the community safe from convicted murderers, sex offenders and other violent offenders. However, for the mentally ill, sexually abused and drug dependent there are much better options, such as getting people with problems into treatment much earlier, whether this be in residential centres that provide 24-hour services for people with serious drug and alcohol problems, as well as mental health problems, or by providing other forms of treatment.

In its review of Australian prisons and drug policies and programs a couple of years ago, the Australian National Council on Drugs found that many prisons failed to provide even the most basic range of treatments for most of its prisoners. This was particularly so for methadone, which is the most widely available and effective treatment option in the community. This is the price you can pay if heroin-dependent and in prison: the removal of the most effective and efficient treatment we have. One of the results of this policy is groups of prisoners regularly sharing used and often blunt injecting equipment as needle exchange programs fail to even gain a trial foothold in any prison in Australia.

The indisputable evidence for investment in these programs seems to be overrun by a belief that the limited money available for drug and alcohol services in prisons is better spent urine-testing hundreds of prisoners each day to see who is using drugs, and then punishing them if they have used a drug.

Given what we already know about the high levels of drug use by people before they enter prison and the

continuation of drug use problems among many in prison, I wonder how we would react to governments spending millions of dollars each year on the aged so they could prove they were aged rather than help them with care and treatment.

So what can we do? The first thing is to acknowledge that with tens of thousands of people going through the prison system each year, it is in our interests to have them leave prison with a reduced likelihood of re-offending and a real chance to live with respect and dignity. We need to increase the availability of treatment in the community for people with severe problems to a point where waiting lists are obsolete.

Thankfully some things are changing. The Council of Australian Governments Illicit Drug Diversion Initiative is a genuine attempt to provide alternatives for the drug dependent and is an initiative that may well have contributed to the very recent stabilisation in Australia's prison population. We hope it is a program the Federal Government will commit to in the long term, and hopefully the recent COAG initiative on mental health will lead to better access in the community for people with mental illnesses. Of course, the issue here will be ensuring that it goes to those that most need it, as already highlighted by the Mental Health Council of Australia.

The development of health-based diversion alternatives to prison for mentally ill people as well as those with alcohol problems are also ideas gaining a lot of currency in professional circles.

The alternative is to continue the current practice of often releasing people more damaged and more violent into the community as a result of their prison experiences.

We also need to rethink our prisons to see real changes occur. If we accept that many prisoners are probably some of our most damaged citizens, as a starting point we have to look at how we staff and manage prisons. While prison staff often do a tremendous job in trying environments, for us to expect that prison officers predominantly trained in security are best placed to manage some of the most serious cases of substance use, mental illness and disability is not in anyone's best interest.

Prisons cost a lot of money to run — close to \$60,000 a prisoner each year. It is unacceptable for public funds to be poured into a system in which violence and intimidation are the norm and the outcomes on re-offending are so poor. We would be entitled to expect a lot better return on our investment if it was spent more wisely.

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