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Prison should not be a death sentence

Four in 10 Victorians who fatally overdosed with heroin in 2017 were former Victorian prisoners.

The Victorian Alcohol and Drug Association (VAADA) is distressed at the alarming number of ex-prisoners fatally overdosing from heroin.

The data from the Coroners Court of Victoria reveals the extreme risk of fatal overdose among former prisoners and aligns with prior research that finds the highest risk of fatal overdose occurs within the first week post release.

Epidemic of fatal heroin overdose among former prisoners

Mr Sam Biondo, EO of VAADA, says, 'this data confirms what many have long suspected. The association between a history of imprisonment and fatal overdose is a huge concern as prison numbers skyrocket. In 2017, 90 former prisoners, amounting to more than four football teams, fatally overdosed on heroin'.

The Coroners Court, focusing on heroin, only examined 220 of the 523 fatal overdoses in 2017; the remaining 303 fatalities, involving various pharmaceuticals, alcohol and other illicit substances such as methamphetamine were not examined.

'At this stage, the Coroner has just scratched the surface on what is likely to be an epidemic of fatal overdose among former prisoners. It is likely that at a moderate portion of 303 individuals who fatally overdosed in 2017 with substances other than heroin would have a record of prior incarceration.'

'If we assume that 41 percent of Victorians fatally overdosing on heroin being former prisoners is representative, from 2010 to 2018, there would have been 580 fatalities. Under this assumption, the figure is higher than the capacity of most Victorian prisons. It is an unacceptable blight on our justice system'.

With more former prisoners than ever, there is a greater cohort at risk of overdose.

Prisoners are among the most disadvantaged cohorts in Australia. The Australian Institute of Health and Welfare^[1] notes:

- 1 in 3 prison entrants were homeless prior to incarceration;
- 1 in 3 prisoners have a chronic health condition;
- 1 in 3 prisoners are Aboriginal or Torres Strait Islanders; and
- 2 in 3 female prisoners experience a mental health condition.

'The Coroners data adds to the weight of disadvantage which prisoners and former prisoners face. It adds to the burden of evidence that more must be done to reintegrate former prisoners, not only to reduce reoffending but also to save lives. The Victorian Government will not be able to curb the growing drug toll unless it provides focus on this issue. The encroaching juggernaut of prisoner growth is mirrored through increasing overdose rates.'

^[1] <https://www.aihw.gov.au/reports-data/population-groups/prisoners/overview>

As of July 2019, Victoria housed 8100 prisoners, an increase of almost 4000 since 2010.

‘This rapid increase in the Victorian prison population draws more people into the cycle of disadvantage with increased risk of fatality.’

Former prisoners are at greater risk of overdose

Mr Biondo, reflecting on the Coronial data, states, ‘the first week post release carries the greatest risk, with 11 percent of fatalities occurring within that period. Significant effort must be expended to reduce this risk.’

Naloxone, which can reverse opioid overdoses, is generally more readily accessible across the community. Greater effort to ensure access for released prisoners should be progressed.

A greater focus on reintegration and stability, including housing, health and social supports should be prioritised.

This also includes ensuring access to opioid substitution therapy (OST) where necessary. The dispensing fee for OST is waived for the first month post release, but thereafter can be prohibitive to ongoing participation. OST is a World Health Organisation (WHO) recognised program which supports those experiencing opioid dependency through the prescription of medication.

‘The dispensing fee is a major barrier to vulnerable people engaging opioid substitution therapy; former prisoners, many who have difficulties finding stable housing and employment, find the dispensing fee prohibitive to engaging opioid substitution therapy. This fee should be subsidised or waived’.

Greater access to alcohol and other drug treatment services is also part of the solution, as well as services which reduce opioid related harm and prevent fatal overdose such as supervised injecting.

‘If we are to make an inroads to reducing prison numbers we need to change the way we view the correctional system. The current model consists of a costly prison industry complex with expensive security measures and only limited support following release. Support must continue well beyond the prison gate to stop a prison sentence being a death sentence.’

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