

Centre for Research Excellence into Injecting Drug Use

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Title	Injecting drug related harms among prisoners and ex-prisoners in Queensland, Australia
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Summary	Globally, illicit and injecting drug users (IDU) are over-represented in correctional settings. In Australia, around two-thirds of prisoners report illicit drug use in the year prior to imprisonment and an estimated 45% have a history of IDU. Prisoners experience high rates of co-occurring health and socioeconomic disadvantage including unemployment, housing instability, mental health disorders, infectious and chronic disease and other disparities. Among those with a history of IDU, these factors may increase the likelihood of relapse to drug use following release from prison. In addition, the difficulties of community integration after release from prison, and the challenges posed by return to drug using networks, may exacerbate the risk of relapse. Incarceration is often considered an opportunity for rehabilitation; however incarceration may increase the risk of relapse to IDU and compound pre-existing health and social problems. While, for some, health improves in prison, the reality is these benefits appear not to be sustained after release, such that the net effect of incarceration is often health- depleting. There is increasingly compelling evidence that improving health outcomes for ex-prisoners has considerable individual and societal benefits, yet currently little is done to maintain or build upon service provision once prisoners return to the community. As a result, high rates of morbidity among ex-prisoners persist, perpetuating the cycle of recidivism. The research presented in this thesis aimed to document key adverse health and social outcomes among people who inject drugs (PWID) and experience incarceration, and consider how this may inform policy and service responses. The primary data were from two separate studies. Chapter four reports on evaluation results of a nurse-led intervention to improve blood-borne virus and sexually transmitted infections testing and vaccination in prisons. Chapters five to seven utilise data from a prospective cohort study of ex-prisoners to explore the timing and c

	potential to improve the health of prisoners prior to release. A recurring theme from the results of this thesis was that the months following release from prison is a highly vulnerable period for poor health and social outcomes. These findings reinforce the crucial role support and intervention can play in order to prevent or minimise drug use and associated harm. In the typical absence of comprehensive services and continuity of care, poor health and social outcomes are common. The research described in this thesis highlights that drug-related health and social harms among ex-prisoners with a history of IDU are a corollary of prolific social disadvantage and current criminal justice responses to drug use. This work provides a way forward to consider the type and timing of responses to people who inject drugs prior to, during, and after contact with the criminal justice system.
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