



20 September 2021

Ms Fiona Patten, MLC
Chair
Legal and Social Issues Committee
Parliament House
Spring Street
EAST MELBOURNE VIC 3002

Dear Ms Patten,

RE: Inquiry into Victoria's Criminal Justice System

Thank you for your recent letter inviting Prison Network to make a submission to the Committee's Inquiry into Victoria's Criminal Justice System.

As you may know, Prison Network (PN) has been in operation for 75 years working with women in the prison system, and currently delivering services in the Dame Phyllis Frost Centre (DPFC) and Tarrengower Prisons. From its initial conception and operations in Pentridge Prison, it has borne witness to the changing landscape of Victoria's Justice System and in particular how it impacts women.

For the purpose of this submission, PN would like to make comment on the following items of the Committee's terms of reference and hope it will be of use in the preparation of your report to Parliament.

Terms of Reference 1 & 2:

- factors influencing Victoria's growing remand and prison population; and
- strategies to reduce rates of criminal recidivism

PN works with hundreds of women each year, most of whom will request support in the areas of housing and treatment for drug and alcohol addiction (AOD). As housing in particular is of such significant concern, it has been highlighted adequately by a number of submissions. Therefore, PN will focus this submission on the key area of AOD, and its link to Victoria's remand and prison population.

In particular:

- High number of women in prison with AOD issues
- Access to AOD treatment within the prison setting
- Awareness of and access to AOD treatment upon release
- Adequate public bespoke AOD treatment facilities

High volume of women in prison with AOD related issues

“Trauma is often the catalyst for drug and alcohol use and criminal behaviour, without integrated AOD and trauma treatment, these issues are difficult to overcome”

Laurel Gore (PN Senior Support Worker)

It is a familiar statistic that women in prison are more likely to have experienced trauma. In particular, up to 90 per cent of women in prison have been victims of violence and abuse.¹ It is also well understood that this trauma, be it abuse, violence, poverty, disadvantage, or homelessness, to name a few, frequently sets women on a trajectory towards addiction. Research shows that drug abuse is one of the primary reasons women enter prison and is the primary health problem of women in prison.²

In 2019, 61% of women entering prison reported daily drug use, with a further 8% reporting using drugs multiple times per week.³ While approximately one-quarter of unsentenced women received into prison were charged with drug use and possession offences, the high proportion of women reporting regular drug and alcohol use suggests that much of the other offending behaviour is also associated with addiction. Without treatment of the trauma and addiction, the offending behaviour is likely to resume upon release from custody as evidenced by recidivism rates.⁴

Access to AOD treatment within the prison setting

At its best, incarceration provides a space away from some of the challenges of life in the community (such as homelessness, active addiction, family violence settings etc.) for women to consider the possibility of change and engage in a rehabilitative process. However, the vast majority spend less than 3 months in custody at a time, resulting in a small window of opportunity to make significant progress towards recovery. Research indicates that for those who report cessation or reduction of AOD use while in prison, that this is typically an interruption of use rather than a long-term change.⁵

Availability of AOD treatment within the prison setting is limited – complicated in part by the brief stays but also needing additional resources to meet the demands of a prison population of whom 60-70% have addiction issues. For example, the in-prison “drug-unit” provides a Therapeutic Community type model of care which in our experience has facilitated significant positive change in the lives of those who have the privilege of participating. The unit usually houses approximately 10 women at a time. Even in a prison population of 404 at June 30, 2020 (notably lower than the average of 550 over the previous 3 years) this is a very small number of women able to access an evidence-based model of care. Often alternate AOD treatment within the prison has long wait times meaning that many women simply miss out.

¹ H Johnson, *Drugs and crime: A study of incarcerated female offenders, Research and public policy series*, 2004; Justice Health & Forensic Mental Health Network, *2015 Network Patient Health Survey report*, 2017; M Wilson et al, *Violence in the Lives of Incarcerated Aboriginal Mothers in Western Australia*, SAGE Open, January 2017

² Henderson DJ. *Drug abuse and incarcerated women. A research review.* J Subst Abuse Treat. 1998 Nov-Dec;15(6):579-87. doi: 10.1016/s0740-5472(97)00319-x. PMID: 9845871.

³ Justice and Community Safety, *Women in the Victorian Prison System*, January 2019.

⁴ Crime Statistics Agency, *Characteristics and Offending of Women in Prison in Victoria 2012-2018*, November 2019

⁵ de Andrade D, Ritchie J, Rowlands M, Mann E, Hides L. Substance use and recidivism outcomes for prison-based drug and alcohol interventions. *Epidemiologic reviews.* 2018;40(1):121-33.

Access to and engagement with AOD treatment upon release

The challenges associated with engaging women in AOD treatment while in prison, highlights the need for brief yet meaningful interventions with the view to facilitate access to treatment immediately following release. This has the potential to not only aid recovery over the long term but also to save lives in the immediate. It is estimated that the highest risk of overdose mortality for people involved in the justice system is in the first few weeks following release, due to a lack of access to treatment post-release.⁶

Access to and engagement with AOD treatment upon release could be significantly improved by an increase in specialist AOD staffing within the prison to:

- Ensure a timely response to women's requests for assistance in relation to AOD treatment
- Provide accurate, up to date information for women regarding the AOD treatment system and the various options available (such as counselling, day-hab and residential rehabilitation programs)
- Administer the Victorian Intake and Assessment Tools to facilitate engagement with AOD treatment services post-release.

Bespoke AOD treatment facilities

"Treatment, not prison, is better for the community in the long term"
Meghan Fitzgerald (Fitzroy Legal Service)

You often hear quipped, that prison is an expensive rehabilitation facility. There may be some truth here, and certainly we can attest to the positive impact prison can have on a women's recovery. However, redirecting funds, or allocating additional funds towards specialist residential AOD treatment facilities equipped to respond to the particular needs of female forensic clients, would reduce the likelihood of women being incarcerated for drug related offences and reduce the long-term impact that incarceration has on the life of a women, and her family.

Victoria has among the lowest number of government-funded beds per capita in the country so the wait for a public rehabilitation bed can be months long. A quick review of availability reveals extensive waiting lists for public treatment facilities. Additionally, some of the rehabilitation facilities have limits on the number of forensic clients that they will take at any one time which for example may mean 1 bed available every 4 months. The impacts of covid-19 and reduction in rehabilitation capacity has further compounded this issue.

Most women that exit custody into residential rehabilitation services go into large mixed gender facilities with an emphasis on group therapy (with little or no individual counselling). As highlighted previously most women in custody seeking AOD treatment have experienced significant trauma and abuse – often perpetrated by men. As a result, receiving therapy in a group setting within a mixed gender facility (often with a higher proportion of male clients) can be a deterrent for women seeking treatment. Furthermore, the majority of women in Australian prisons have children, 54 per cent

⁶ Winter R, Young J, Stooze M, Agius P, Hellard M, Kinner S. Resumption of injecting drug use following release from prison in Australia. *Drug and alcohol dependence*. 2016;168:104-11.

having at least one dependent child - so for a woman trying to regain custody of her child/ren, being away from them in a rehabilitation for an extended period of time can be detrimental. Programs that can accommodate children and provide adequate support to enable the woman to engage in treatment while also responding to the needs of her child and strengthening the mother-child relationship are of particular benefit (to both parties). As such we believe there is a need for investment in bespoke female only facilities.

In summary, we recognise that these are complex challenges, with no easy answers. But we can attest firsthand to the positive impact that fit-for-purpose AOD treatment can have on the life of a women and her family. We strongly urge consideration of the following recommendations:

- 1. Improved access to AOD treatment within the prison setting through investment in additional AOD counselling/therapy**
- 2. Consideration and investigation of how to improve access to and engagement with AOD treatment upon release**
- 3. Increased funding for additional bespoke AOD treatment facilities with a focus on gender specific care and capacity to accommodate women with children and/or support childcare needs**

Once again, thank you for receiving our submission, and we trust this information will be of some assistance.

Please do not hesitate to contact me, should you have any questions.

Regards,



Amelia Pickering
Chief Executive Officer