



INQUIRY INTO THE HEALTH IMPACTS OF ALCOHOL AND OTHER DRUGS IN AUSTRALIA

**House Standing Committee on Health, Aged
Care and Sport**

**Submission of the
Community Restorative Centre**

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Acknowledgement of Country

CRC acknowledges the Traditional Custodians of the land on which we work and live. The offices of CRC stand on the lands of the Gadigal, Wangal, Bediagal, Wiljkali, Baarkintji, Darug, Wiradjuri, Dharawal, Awabakal, and Worimi Peoples. We recognise their continuing connection to land, water, and community and pay respects to Elders, past and present. We particularly acknowledge their ongoing advocacy on social justice matters related to AOD and incarceration in Australia.

This always was, always will be Aboriginal Land.

About this submission

Thank you for the opportunity to provide a submission to the Inquiry into the Health Impacts of Alcohol and other Drugs (AOD) in Australia. This submission is informed by our experience as a long running community organisation supporting people impacted by the criminal justice system, including people experiencing AOD dependence, in NSW.

About the Community Restorative Centre

The Community Restorative Centre (CRC) is the lead NGO in NSW providing specialist support to people affected by the criminal justice system, with a particular emphasis on the provision of post-release and reintegration programs for people with multiple needs, such as AOD support needs. CRC has over 70 years specialist experience in supporting people with criminal justice involvement. All CRC programs aim to break entrenched cycles of criminal justice system involvement, and build pathways out of the criminal justice system. CRC works holistically to do this, addressing issues such as drug and alcohol use, homelessness, social isolation, physical and mental health, disability, employment, education, family relationships, financial hardship, and histories of trauma.

The Transitional Alcohol and Other Drugs (AOD) Project listed in the table below focuses specifically on the provision of AOD support for clients.

Table 1: List of CRC's Transitional Support Programs

CRC Program (A to Z)	Overview
Alcohol and Other Drugs (AOD) Transitional Support (Greater Sydney Metropolitan)	The Transitional Alcohol and Other Drugs (AOD) Project is an outreach-based holistic counselling service for people with a history of involvement in the criminal justice system and complex AOD issues. It provides pre-release and outreach AOD support to people exiting NSW correctional centres across the Greater Sydney metropolitan region, including people on remand. The project is focused on working with people who have complex needs including mental illness and/or cognitive impairment.
Extended Reintegration Service	This project works with people on release from prison who are homeless or at risk of homelessness, have a Corrective Services risk assessment of high to medium-high (utilising the LSI-R tool) and have a mental illness and/or intellectual disability. ERS is a

(ERS) (South Western Sydney)	partnership with NSW Corrective Services, South-Western Sydney Area Health Service and NSW Housing. CRC transitional workers offer pre-release support and planning, and intensive holistic case management for up to nine months post-release.
The Miranda Project (Penrith)	The Miranda Project provides a range of supports to women who are at risk of both ongoing criminal justice system involvement and family and domestic violence. It is based at Penrith Women's Health Centre and is a unique specialist service run by women for women. It provides both intensive casework and group work for women with complex support needs.
Pathways Home	Pathways Home provides outreach case management to young people aged 10-24 who have been involved in the criminal justice system and require AOD support. It provides case management to help young people address the drivers of their criminal legal system interactions through helping them plan and access what supports they will need post release. The program runs in Central, Eastern and Western Sydney.
Reintegration Housing Support program (RHSP)	The Reintegration Housing Support Program (RHSP) aims to connect people who are leaving custody, or who have been released in the last month, and are at risk of homelessness with specialist support workers who will assist with securing access to suitable accommodation, as well as wrap-around psychosocial support. CRC support workers based in six DCJ Housing Offices work alongside DCJ Housing staff to assist program participants to secure and sustain long-term housing once they leave custody.
Transitional and Post-Release Support (Nepean / Blue Mountains)	The Penrith/Nepean/Blue Mountains project works with people on release from prison who have experienced multiple and/or complex disadvantage, and who are risk of both homelessness and ongoing criminal justice system involvement. This project is focused on people who want to reside after custody in the Nepean, Penrith or Blue Mountains region. CRC staff are co-located with Wentworth housing.
Transitional Boarding House Support (Newtown)	The CRC/Boarding House Project works with people on release from prison who are homeless or at risk of homelessness, and who are seeking to live in a boarding house in the Inner Western Sydney region. The CRC transitional worker offers pre-release support and planning, and short, medium and long-term intensive holistic case management. CRC staff are co-located with Newtown Neighbourhood centre.
Transitional Indigenous service (NSW Far West)	This project works with First Nations people on release from prison into the Broken Hill, Wilcannia and Menindee regions who have experienced multiple and complex disadvantage and are at risk of ongoing criminal justice system involvement. CRC transitional workers offer pre-release support and planning along with short, medium and long-term intensive holistic case management.
Women's Transitional and Post-Release Service (Inner City Sydney and South Western Sydney)	<p>The Women's Transitional and Reintegration Services are outreach case management, transitional and reintegration services for women exiting NSW correctional centres who have experienced multiple and complex disadvantage and are at risk of homelessness and ongoing criminal justice system involvement.</p> <p>The Inner City Women's Transitional Service supports women who will return to the inner city and surrounding suburbs. It is part of the Inner City Service for Women with Complex Needs and operates in partnership with specialist services B Miles and Detour House.</p>

1. Background and context

1.1 Intersections between incarceration and AOD use

People who have been incarcerated face greater harms related to alcohol and other drugs (AOD) consumption than the rest of the community (Merrall et al. 2010; Stöver et al 2021; Forsyth et al. 2018). For example, the rate of opioid overdose is dangerously higher in the period immediately following release from prison- a phenomenon that can be linked to people's reduced tolerance for substances whilst incarcerated (Merrall et al. 2010, p. 1545). Additionally, overdose is the leading cause of death for people in the first few weeks after release from Australian prisons (Borschmann, Mortality After Release from Incarceration Consortium Collaborators and Kinner 2024, p. 1783).

Notably, AOD use and cycles of incarceration are intricately linked. 42.5% of people released from prison in 2020-21 returned to prison within two years (Commonwealth of Australia 2024, p.5). People with AOD and mental health support needs face higher risk of incarceration (Thomas et al. 2022), and people who have experienced incarceration face higher risk of substance dependence than those who have not been incarcerated (Fazel et al. 2016). People in prison are rarely given the opportunity to truly heal from trauma they may experience prior to or during incarceration and may use AOD to cope (Community Restorative Centre 2022, p.6).

Recognising the vulnerabilities faced by people who come into contact with the criminal justice system, the 2017-2026 National Drug Strategy indicates this cohort is a priority population in federal AOD policy (Commonwealth of Australia 2017, p.28). Despite this, there is a lack of appropriate AOD support for people in prisons, and barriers to accessing AOD support upon release.

In the March quarter of 2024, 43,305 people were incarcerated in Australian prisons, and 16,709 people were being released from custody (Australian Bureau of Statistics 2024), making people with criminal justice involvement a sizeable community that AOD support initiatives must appropriately and equitably service.

1.2 CRC's philosophical approach to addressing AOD related harms

CRC recognises that not all AOD use is harmful. Where AOD use *is* harmful, CRC advocates for a non-coercive harm reduction approach to supporting people with their AOD use. Harm reduction is a non-abstinence-based approach to working with people who use drugs and meeting people where they're at, which aims to reduce any potential harms associated with AOD use (Community Restorative Centre 2024, p. 1). CRC supports harm reduction approaches that centre First Nations peoples' needs in relation to culture and community, and that address the ongoing impacts of colonisation in Australia (Community Restorative Centre 2024, p. 2).

2. Responses to the Terms of Reference (TOR)

Please see CRC's responses to points a), b) and d) of the TOR below. CRC provides recommendations regarding issues raised in its responses to each section.

a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;

Barriers to AOD support for people with experience of incarceration

AOD services in Australia reach less than half of people who require AOD support, and this rate is even lower for people involved with the criminal justice system (Snow et al 2022). Histories of AOD use, such as injecting drug use, and incarceration compound to marginalise those seeking support services on release from prison (Lafferty et al. 2023, p. 1). People with lived experience of incarceration face exclusion from AOD support services in Australia due to stigma of incarceration and criminal record history.

Recommendation

Funding bodies need to ensure that the services they commission don't discriminate against criminalised populations and that any structural barriers to accessing AOD treatment by this population are removed.

We recommend that the NSW government takes the following steps:

- Enhance standardisation and transparency of AOD residential rehabs admission criteria.
- Ensure that criminalised populations have access to adequate AOD treatment programs.
- Explore approaches from other jurisdictions that offer centralised brokerage to AOD treatment for criminalised populations (Community Offender Advice and Treatment Service 2024) or provide specialised AOD treatment for criminalised communities.

Greater availability of outpatient and outreach drug treatment, so people can access AOD support while in community

People leaving prison may have complex health and social needs compounded by trauma, victimisation, and substance use. Their complex histories may complicate treatment engagement when they experience mistrust and exclusion (Rabaiotti 2024). Additionally, specific programmatic features may influence how this population accesses and benefits from AOD treatment and more research is needed to understand what is most effective (Sirdifield, Brooker and Marples 2020). **Outreach programs may be particularly important for criminalised populations to access AOD treatment.** Notably, outreach treatment components have been linked to higher engagement rates among people who use drugs who are hard to reach (Coviello et al. 2006; Booth, Crowley and Zhang 1996). They have also been shown to decrease risk behaviours (Ritter and Cameron 2006). Demonstrating the benefits of outreach, New South Wales, CRC's outreach model of intensive case-management and AOD counselling

has been shown to be effective in reducing client's criminal justice involvement and substance use, and in improving their wellbeing (Sotiri et al. 2021).

Recommendation

CRC recommends a sustained and expanded provision of flexible, person-centred, outreach-based AOD care for people exiting prison. Increased understanding of the effectiveness of outreach programs could mitigate over-reliance on residential treatment programs being used for community-based sentencing.

c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia; and

Required changes to justice system

'De jure' de-criminalisation of drug use

NSW should follow the recommendations of the ice inquiry, and the example of ACT and of countries overseas like Portugal, Switzerland, or the Czech Republic which have decriminalised personal possession of all illicit drugs. Drug decriminalisation would help to divert people from prison, which is important as prison can exacerbate AOD use, trauma, homelessness and family disconnection. Decriminalisation would also help reduce the number of people exposed to criminal records, which prevent people from accessing housing, employment and crucial social services.

Recommendation

Decriminalisation of drug use and possession is an essential step in reducing drug-related harm. In the remarkable and well-documented case of Portugal, the estimated number of people using heroin fell from 100 000 in 2021 to 25 000 in 2017, heroin overdoses decreased by over 85% and new HIV cases fell by more than 90 % (The Lancet 2023).

Importantly, **decriminalisation reform needs to be 'de jure' (by the law), rather than 'de facto' (leaving discretion to the police in terms of when an offence should be prosecuted criminally).** 'De-facto' decriminalisation of cannabis possession in New South Wales has yielded un-even law enforcement outcomes. A recent study of NSW Bureau of Crime Statistics has found that Aboriginal peoples and people residing in Western Sydney and Hunter area were more likely to be criminally prosecuted for their cannabis-related crimes than non-Aboriginal people or people who resided in other jurisdictions (Taperski and Rahman 2024).

Change needed within prisons

CRC makes the following recommendations to reduce AOD related harms in prisons:

- i) Roll out needle and syringe programs (NSPs) in prisons

Despite the efforts put into security, drug use may continue or even be initiated in prison. 14% of people leaving prison reported injecting them while in custody (Australian Institute of Health

and Welfare 2023). The majority of people who injected drugs in prison reported sharing injecting equipment (Australian Institute of Health and Welfare 2023). Needle sharing results in higher prevalence of bloodborne diseases amongst people in prison in comparison to the general population (Lazarus et al. 2018, p. 96). There is thus an urgent case for implementing needle-syringe programs in Australian prisons, including New South Wales, which will help prevent the spread of blood-borne infections, like hepatitis C (Bretaña et al. 2020) and HIV, through needle sharing. NSPs in prisons will importantly also support federal government health targets, including the commitment to eliminate hepatitis C (Commonwealth of Australia 2023) and the transmission of HIV (Commonwealth of Australia 2024a) by 2030.

Notably:

- Australia should **get on track with other countries who have successfully piloted NSPs in prisons**, including Armenia, Canada, Kyrgyzstan, Macedonia, Moldova, Tajikistan, Afghanistan, Luxembourg, Spain and Switzerland (Sander, Shirley-Beavan and Stone 2019).
- **There exists high level of support for needle syringe programs in prison from among peak bodies** including the Australian Medical Association, Australasian Society for HIV Medicine and the Royal Australasian College of Physicians, as well as the World Health Organization, UNAIDS, or the United Nations Office on Drugs and Crime (Stoove et al. 2015).

ii) Reduce barriers to, and expand, access to opioid agonist treatment in prisons
A recent study has shown people who use drugs and have been incarcerated found accessing OAT in prison difficult (Marshall et al. 2023). Only 1.5% of the people in prison receive opioid agonist treatment (OAT), while 7.5 % of this cohort report have received OAT in the community (Australian Institute of Health and Welfare 2023; Marshall et al. 2023). **Considering that people who have a history of opioid use are over-represented in prison, custodial OAT needs to be expanded.** CRC argues that:

- There is an urgent case to **increase the funding and the continuity of OAT treatment between prison and community** to meet the need of people who need opioid treatment in prison.
- OAT prescription in prison shouldn't be conditioned upon receiving the said prescription in the community – **eligibility criteria need to be the same in prison as in community.**
- One of the historical reasons for restricting access to OAT in prison settings has been the risk of diversion (Grella 2020; Komalasari, Wilson and Haw 2021). With preparations like buprenorphine depot now being available in Australia, **OAT should no longer be restricted in prisons on the basis of diversion risks.**

iii) Given it is currently inaccessible in NSW, there should access to individual AOD counselling in custody and on remand to reduce AOD related harms

iv) Given the aforementioned high risk of overdose following release, and the potential for reduced tolerance to drugs while in prison, prison staff and people at risk of

overdose should be trained in how to use naloxone in prisons. People should also be provided with naloxone packs upon release. It is of essence to ensure that people leaving prison are being equipped with life-saving medication to reverse opioid overdose.

v) More harm reduction initiatives in prison

There is a need for more harm reduction interventions in Australian prisons to support people who use AOD (International Network on Health and Hepatitis in Substance Users 2023). Recognising this gap in NSW, CRC delivers a weekly radio program for people in prisons called 'Jailbreak' (Community Restorative Centre 2018). Funded by NSW Health, the program provides crucial harm minimisation information to people who are incarcerated, including ways to reduce the chances of being infected with common blood-borne viruses (like HIV and hepatitis) through injecting drugs, in the absence of needle and syringe programs in prisons. As the Harm Reduction in Prisons Working Group, made up of health practitioners, researchers and advocates, notes, the time people are in prison should be understood as, 'an *opportunity* to support marginalised and vulnerable populations with harm reduction interventions' (Harm reduction in Prisons Working Group 2023, p. 2, emphasis added).

Expand diversion from criminal justice system into AOD treatment

There needs to be a greater emphasis on diverting people who use drugs from the criminal justice system into treatment and supports for all types of crimes. People who use drugs may not only violate drug offences, but also may commit other crimes due to their AOD dependence. According to the United Nations Office for Drugs and Crime, **alcohol and other drug treatment shall be regarded as more effective in rehabilitating people than criminal punishment, and treatment in the community should be preferred to that offered in prison** (United Nations Office for Drugs and Crime [UNODC] 2007).

Recommendations

- Governments need to guarantee **a wide range of treatment options available for diversion**. Abstinence shouldn't be a criterion for assessing treatment compliance (UNODC and World Health Organization 2021).
- The options to **divert people who have drug use disorders should be embedded in all stages of criminal justice proceedings**, i.e. when decisions are being made to arrest, to prosecute, to convict, or to suspend a sentence (UNODC and World Health Organization [WHO] 2021). In New South Wales, some diversion options are in place, including the MERIT program on pre-sentencing level (Lulham 2009), drug courts on sentencing level (Bureau of Crime Statistics and Research 2020), or attendance at a residential rehabilitation as a bail condition, but could be expanded (see next point).
- **While expanding the diversion options, deferral of sentencing could be used by courts according to the Section 11 of the Crimes (Sentencing Procedure) Act 1999 No 92**, provided that the person convicted of a crime who is dependent on alcohol or other drugs completes a course of treatment. A similar mechanism of suspending proceedings after conviction for people who use drugs is a common practice in other countries (Czech Republic, Estonia, Spain, France, Germany, Latvia, Luxembourg, the Netherlands,

Austria, Slovakia) (European Monitoring Centre for Drugs and Drug Addiction 2015; Kruthof et al. 2016).

A shift in opinion among judges and the broader sector may be required to achieve a broader move towards diverting people who use drugs outside of the criminal justice system. For instance, a recent study from the UK showed that the limited uptake of treatment measures among law enforcement officials was underpinned by the perceived (lack of) benefits of treatment over incarceration, lack of clarity in what defines treatment success, or simply lack of awareness of what diversion options were available. Other barriers included lack of funding, bureaucratic procedures, or varying levels of partnership between health, social care, and justice systems (McSweeney 2021).

When people transition from prison to the community

Recommendations

Based on its experience in the NSW context, CRC recommends the following ways the justice system can help reduce AOD related harms for people transitioning from prison to the community:

- i. Improve the transfer of Opioid Treatment Program (OTP) scripts for people as they transition to the community, as often this does not happen. A result is that people are at risk of overdose and breaching bail conditions.
- ii. Improve referral pathways to rehabs from prison. This is particularly important given the exclusion people face from rehabs due to their criminal records, in addition to AOD workers not understanding the different cultures and expectations faced by people in prison compared to outside of it.
- iii. Improve access to AOD supports for people in regional areas, such as at home detox
- iv. Strict parole conditions, which can include AOD abstinence, should be reconsidered, as such conditions can set people up for bail breaches due to their AOD dependence, returning people to prison.

Invest in alternatives to incarceration

Diverting money from criminal justice system responses to AOD use, to investing in holistic support in the community through health and social services is needed. This includes non-coercive alternatives to prison, like AOD treatment for those who want it. Incarceration does not rehabilitate people, and in fact makes it more likely that people will be reincarcerated.

Easy access to drug checking services in NSW

Drug checking services, such as the fixed site facility CanTEST in the ACT, and mobile services at venues like music festivals, should be available to people across Australia. This will ensure people using drugs, including those who have exited prison, are able to test the contents of the substances prior to use, which can empower people with the knowledge they need to make more informed decisions about substance consumption (for example, see Olsen et al. 2023, pp. 25, 27, 42).

d) Draw on domestic and international policy experiences and best practice, where appropriate.

Addressing structural drivers of AOD use

It is best practice to address the structural environments faced by people needing AOD support in Australia, as systemic barriers to post-release success often play a much more significant role than individual choice or behaviour (Sotiri et al. 2021, p. 10).

Addressing colonial roots of AOD harms

Alcohol and other drugs dependence in Australia is heavily imbricated with Australia's experience of settler colonialism (Ward 2023; Holland et al. 2023), which it is best practice to acknowledge and address in AOD responses. Notably, European colonisers traded tobacco and alcohol to advance colonial expansion in Australia (Ward 2023). Potent alcohol and a drinking culture were imported through colonisation and migration during the 18th century in Australia (Holland et al. 2023). Prior to this, public health scholars Lorelle Holland, a Mandandanji woman, and others note, 'Indigenous Australians lived in good holistic health for 40–60,000 years prior to the introduction of a potent alcohol supply' (Holland et al 2023). Presently, however, AOD use is a key risk factor contributing to the health gap between First Nations and non-First Nations people in Australia (Gray et al. 2018).

Higher levels of alcohol use by Indigenous communities has been linked to the harmful effects of colonisation in Australia, such as land dispossession, genocide, the forced removal of children and related intergenerational trauma (Holland et al. 2023). The ongoing effects of colonisation thus need to be addressed in policy responses to AOD harms, which should be self-determined and Indigenous-led (Holland et al. 2023).

Homelessness and housing precarity

People in prison experience higher rates of homelessness and housing instability (Australian Institute of Health and Welfare 2023, p. 1; Winter et al. 2016, p. 105), which heightens the risk of AOD dependence (Australian Institute of Health and Welfare [AIHW] 2023, p. 79). Better access to secure and appropriate housing for criminalised communities is thus a crucial component of addressing AOD related harms in Australia (Baldry et al. 2006).

Domestic and Family Violence (DFV)

The vast majority (approximately 70–90%) of women in prison have been victims of violence (ANROWS 2020, p. 2); this includes high levels of intimate partner violence and abuse throughout their childhood. Women frequently use AOD to anaesthetise the pain of violence and trauma (Humphreys et al. 2022), which has complex impacts on the nature of women's pathway into the criminal legal system (ANROWS 2020).

As can be seen, harmful AOD use should always be understood in relation to, and addressed alongside, broader inequities and harms of the Australian context.

Ensuring AOD interventions speak to and are led by the communities impacted by AOD

The National AOD Strategy specifies different priority communities when it comes to AOD interventions, including people with criminal justice system involvement, First Nations communities, LGBTQ+ communities, culturally, linguistically and ethnically diverse communities and young people (Commonwealth of Australia 2017). Recognising the different use patterns, reasons for AOD use and effects of AOD consumption amongst priority communities (for example, see Doyle et al. 2023, pp. 1-2), CRC recognises that best practice approaches to AOD support speak to the specificity of people's identities exiting custody. This happens, for instance, through First Nations community led AOD interventions, specialist AOD support for culturally and linguistically diverse communities, and targeted AOD work by LGBTQ+ health organisations (for instance, see ACON 2016). Ensuring the sustainable funding and resourcing of targeted interventions for specific communities facilitates AOD interventions that speak to people's experiences and are thus more effective at addressing potential harms associated with AOD use.

Case study: Community Restorative Centre's specialist intervention for people with criminal justice involvement

Community Restorative Centre runs AOD and reintegration programs that support people exiting prison with their AOD support needs, and evidence best practice in reaching people with criminal justice system involvement. Such programs address barriers people face accessing AOD services related to criminal justice system involvement. At CRC, program support is provided in a flexible, outreach, relational and long-term manner. Workers also support clients in a respectful, non-judgmental, compassionate and consistent manner, which is a fundamental factor in breaking cycles of recidivism and alcohol and other drug use (Sotiri et al. 2021, p. 116).

In 2021, a mixed methods evaluation by CRC and the University of New South Wales was published on CRC's AOD and reintegration support programs, which demonstrated how such programs reduced problematic AOD use and imprisonment rates for clients (Sotiri et al. 2021). CRC's work resulted in a significant reduction in criminal justice system contact for clients, relative to a comparison cohort used in the evaluation (Sotiri et al. 2021, p.116). For instance, post CRC support, the number of days in custody experienced by clients fell by 65.8% and the number of proven offences fell by 62.1% (Sotiri et al. 2021, p.4). The study also demonstrated significant economic benefits from CRC's programs, including **savings to the criminal justice system in NSW of up to \$16 million over three years** (Sotiri et al. 2021, p. 4). Overall, the study showed CRC's work disrupted trajectories of both incarceration and problematic AOD use (Sotiri et al. 2021, p.116). Given the social and individual benefits of CRC's AOD and reintegration work, it is a best practice example of what can be achieved when barriers to AOD support for people with criminal justice histories are removed.

3. Conclusion

To address AOD related harms in Australia, CRC advocates for a harm reduction approach, services and governments addressing the structural drivers of AOD use and the ‘de jure’ decriminalisation of drug use in parts of Australia where this is not already the case- like NSW. CRC advocates for improving access to AOD support services, particularly for people in prison and upon release from prison. As can be seen in the example of CRC’s AOD and reintegration support in section 3, AOD programs that are inclusive of people with criminal justice system involvement can disrupt cycles of incarceration and AOD dependence (Sotiri et al. 2021, p.116), resulting in individual, social and economic benefits to government.

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