



# Prison-based treatment for alcohol and other drug use

**Michael Doyle**

Supervisors: Tony Butler, Jill Guthrie, Anthony Shakeshaft & Megan Williams

Scholarships & support:



## Prison-based alcohol and other drug use treatment for Aboriginal and non-Aboriginal men



- 1. TV calling him 'an-Australian'
- 2. He's not a 'politician'
- 3. He speaks only the truth
- 4. He's incredibly good looking
- 5. There is no alternative

### Djarindjin Community



## Background

### Multiple reasons for work including

- High levels of AoD use by men entering prison (~75%)
- Particular focus on Aboriginal people because this group is **2.8%** of the Australian population but **27.3%** of the prison population

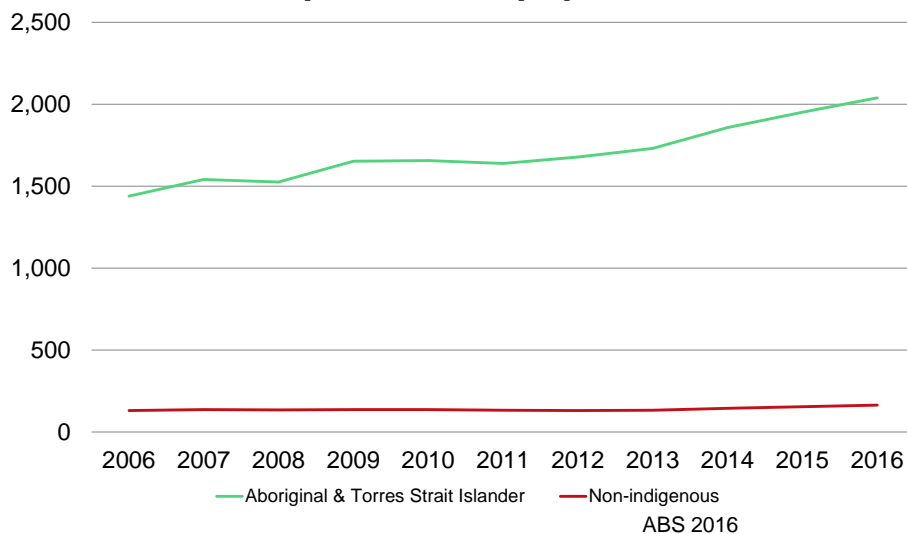
### Benefits and significance

- Effective AoD treatment could lead to improved health
- Effective treatment could reduce likelihood of return to prison
- Limited research in Australia & internationally

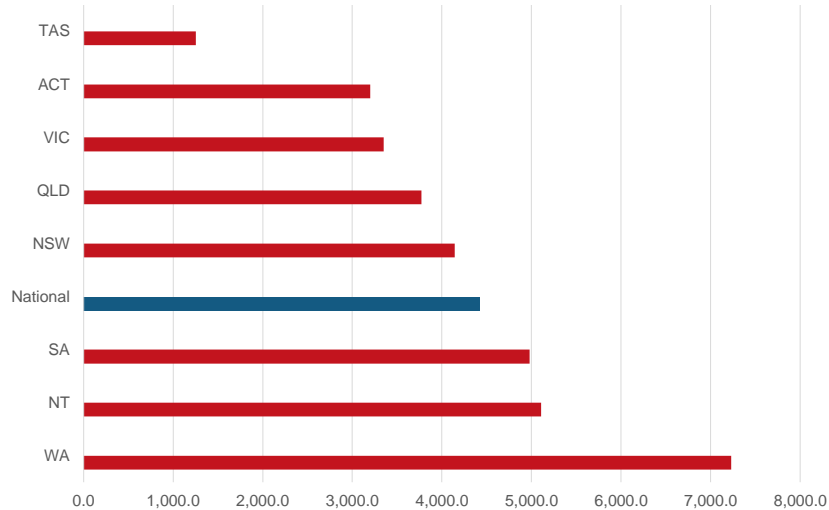
### Ethics approval and community engagement

- Aboriginal Health and Medical Research Council
- Corrective Services NSW
- Reference group

## Australian imprisonment rate per 100,000 population



## Aboriginal and Torres Strait Islander, imprisonment rate of men per 100,000 population (June 2017)



## The experiences of men undertaking an AoD treatment program



### Background:

- John Maroney Prison, Intensive Drug and Alcohol Treatment Program
- Method - Grounded theory (Strass and Corbin 1990)
- Interviewed 31 (14 Aboriginal) voluntary participants
- Audio recorded, externally transcribed then cross checked for accuracy
- NVivo software

## Background

### 14 Aboriginal men, none identified as being Torres Strait Islander

- All from NSW: Sydney x 6, regional town x 5, regional city x 3
- Prison term: first x 2, second x 3, third x 4, fourth x 1, fifth x 4

### Alcohol and other drug use

Most men were polydrug users but their most frequently used AoD was:

- Alcohol x 2, heroin x 7, cannabis x 1, alcohol & cannabis x 1, amphet & bupre x 1, alcohol & amphet x 1, cannabis & amphet x 1

The men spoke about using drugs to: block out feelings of emotional turmoil, financial difficulty, stress caused by conflict in their families.

*Ian: Since then it (heroin) was just ... .. I won't lie: I loved it. You know what I mean? It's the ultimate. It's the ultimate ... drug. It takes all your problems away.*

Several of the Aboriginal men described having to use AoD to function 'normally'.

## Reasons for previous AoD use

Multiple reasons as to why the men had used AoD, these were placed into three categories:

### 1) Peer-pressure

*Tom: I just, I don't know. All me mates were doing it so I guess I jumped on the bandwagon*

### 2) Experimental

*Ryan: Oh just me and me mate. [Yeah] Just wanted to give it a go. Had a go and liked it*

### 3) Family and social environments

*Carl: Yeah, yeah. [Yeah] But to me back in them days it was just normal and everyone was smoking. My whole family were smoking. You know what I mean?*

*Bill: Well my family, my dad, he's a, he's a drinker, ... you know. And my mum was a drinker too... My pop was a drinker. My uncles. My family, like I grew up around all that. ... You know what I mean*

## AoD treatment

### Withdrawal

Nine men had attempted to withdraw from AoD in the community but found it difficult to access withdrawal services

*Ray: That's the time that I tried quitting and it didn't work. ... The best thing that's probably ever happened for me is I come to gaol. ... Now I don't need it.*

### Stigmatisation of prison

Thirteen men indicated that they were not embarrassed nor ashamed to be in prison

### Accommodation

Twelve men had previously been released from prison

- 9 returned to the same home situation
- 3 attended residential rehabilitation services



## Prison-based AoD treatment

### Previous prison-based AoD treatment (multiple answers)

- Department programs x 12
- 12 step, Alcoholic Anonymous or similar x 3
- No previous treatment x 1

### Access to programs when on remand

*Jess: Like I, I done 18 months on remand. I couldn't do no courses because I'm, 'cause on remand. I got sentenced. I come in here, when was it? pretty much the start of December.*

### Repeating programs

*Carl: Yeah, it was all right. [Yeah] Yeah, yeah ... Like, when I first done it, I had to do it three times just to really, to really get something out of the program. [Yeah] So yeah, I done it four times now and the third and fourth, like the first two times I didn't get nothing out of it so I done it again and again, then I started realising what I was getting out of it and what's this, and what's that. You know what I mean? And your thinking pattern and .... All that kind of stuff...*

## Program content

### Reading material

*Rob: Yeah, that was good. ... That was good because, ... because it gives you a book. ... Gives you a book and a bit of knowledge.*

### Facilitators, personal and professional attributes (well trained and empathetic)

*Carl: But she was all right, especially with Aboriginal, with the Aboriginal boys. You know what I mean? ... She knew where we was coming from and if we lost a family, in our family. You know what I mean? 'Cause it's a big thing when we lose someone in our family or when we're going through relationship problems, or drug ... You know what I mean? ... So yeah. I liked it.*



## Group dynamics

### Supportive AoD treatment relationships

Being with the 'brothers' (Aboriginal men) meant they were more willing to discuss and talk about their AoD use and related family issues.

*Ed: I don't know. It's comfortable when there's Koori fellas with ya, you know. ... If you've got other people there you don't know, ... then it's hard to face, you know, one-on-one. ... You know, conversations and that. If you know 'em real well, it's good. ... You've got no problems. But, when you're, when you're with Koori's, you feel more comfortable with them 'cause it's like your brother, you know, and you can say anything, you know. ... And to 'em, you know. ... It's, it's a difference I reckon. There's a bit of difference.*

### Humour in class

*Neil: Yeah, a bit of humour [Okay] you know. A bit of someone that engages and gets right into it, and gets everyone motivated, and, [Yeah] and, you know, that, a lot of the time that works, you know.*

## Discussion

- **Co-facilitation of treatment**  
A combination of psychologist and peer educators
- **Aboriginal (Koori) only groups**  
In the first instance it may be beneficial for a Koori only group
- **Post-prison care**  
Systematic review indicated importance of post-release care

Art by Colin Wrightman

# Thank you Questions?

Michael Doyle

Wingara Mura Fellow,  
University of Sydney  
Phone: 02 9515 9726

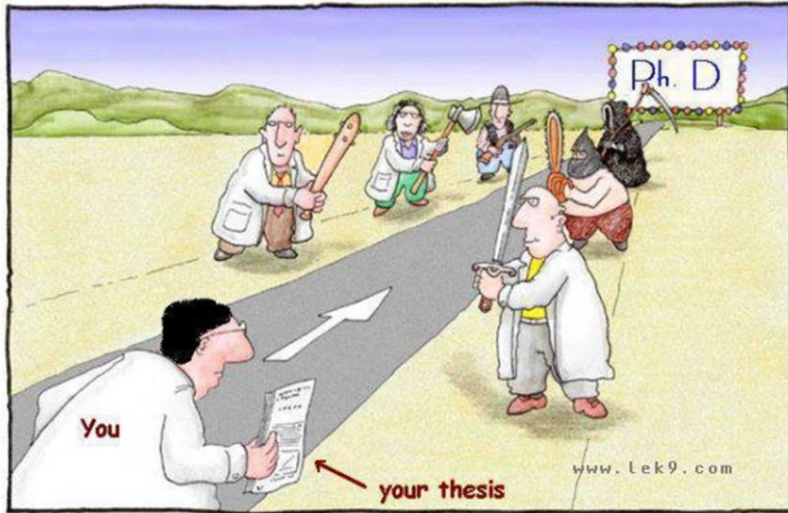
Email: [michael.doyle@sydney.edu.au](mailto:michael.doyle@sydney.edu.au)



CENTRE OF RESEARCH EXCELLENCE  
**INDIGENOUS  
HEALTH • ALCOHOL**



### Next phase of PhD



15