Kirby Institute

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

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Scholarships & support:

Background

Multiple reasons for work including:

- High levels of AoD use by men entering prison (~75%)
- Particular focus on Aboriginal people as this group is imprisoned at 15 times the rate of other Australians

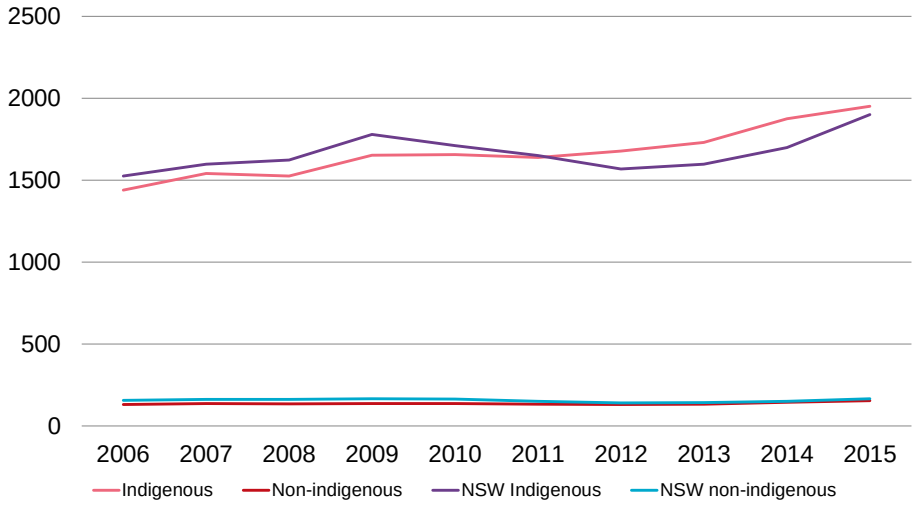
Benefits and significance

- More effective AoD treatment could lead to improved health
- Reduce the likelihood of return to prison
- Limited previous 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



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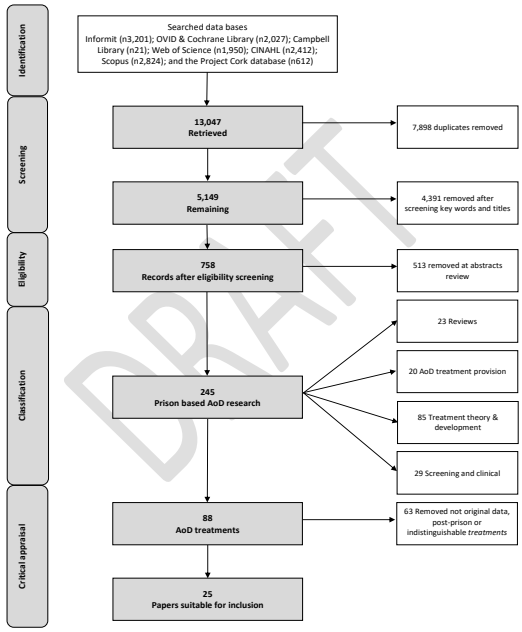
A systematic review of prison-based substance abuse treatment for men: determining best evidence practice

Methods:

- Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).
- Dictionary for Effective Public Health Practice Project & associated evaluation tool
- Long and Godfrey's qualitative evaluation tool (2004)

Figure 1: Search flowchart for peer reviewed prison-based substance abuse treatment papers



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Author	Sample	Selection bias	Study Design	Confounders controlled	Data collection methods	Withdrawal & drop-out	Intervention integrity	Global rating	
Arseneault (2015)	Men N=150 Intervention: n=80 Controls: n=70	Moderate Clinical-referral	Moderate Controlled clinical trial Randomisation: No	Strong	Strong Routine data: Yes Self-report: Yes Validated tools: Yes (1-13)	Strong	96% of intervention group completed treatment. Treatment had curriculum. Attendance to other treatments not reported.	Strong	Residential
Pelissier (2001)	Men & women N=1,569 Intervention: n=760 Controls: n=809	Moderate Clinical-referral	Moderate Cohort analytic Randomisation: No	Moderate	Weak Routine data: Yes Self-report: Yes Validated tools: No	Moderate	Only graduates included in analysis. 75% men and 59% of women in intervention group completed treatment. Treatments had curriculum. Attendance to other treatments not reported.	Moderate	
Inciardi (1997)	Men & women N=448	Moderate Clinical-referral	Moderate Cohort analytical Randomisation: No	Strong	Weak Routine data: Yes Self-report: Yes Validated tools: No	Strong	Treatment attendance not reported. Treatments had curriculum. Attendance to other treatments not reported.	Moderate	Therapeutic Communities
Joe (2010)	Men N=2,026	Moderate Clinical-referral	Moderate Cohort analytical Randomisation: No	Strong	Strong Routine data: Yes Self-report: Yes Validated tools: Yes (22-26)	Moderate	Only graduates included in analysis. Treatments had curriculum. Attendance to other treatments not reported.	Moderate	
Knight (1997)	Men N=414 Intervention: n=293 Controls: n=121	Moderate Clinical-referral	Moderate Cohort analytical Randomisation: No	Strong	Strong Routine data: Yes Self-report: Yes Validated tools: Yes (27-33)	Strong	Only graduates included in analysis. Treatment had curriculum. Attendance to other treatments not reported.	Strong	
Lee H (2014)	Men N=48 Intervention: n=24 Controls: n=24	Weak Self-referral	Strong Controlled Clinical trial Randomisation: Yes, not described	Strong	Strong Routine data: No Self-report: Yes Validated tools: Yes (34)	Strong	Intervention group completed treatment. Treatment had curriculum. Contamination present with 75% of controls also received one to one counselling.	Moderate	
Welsh (2007)	Men N=708 Intervention: n=217 controls: n=491	Moderate Clinical-referral	Moderate Cohort analytical Randomisation: No	Strong	Strong Routine data: Yes Self-report: Yes Validated tools: Yes (35, 36)	Moderate	Intervention group completed treatment. 5 different TC interventions, authors state high consistence between treatments. Treatment has curriculum. Attendance to other treatments not reported.	Strong	
Welsh (2010)	Men N=347	Moderate Clinical-referral	Weak Cohort Randomisation: No	Moderate	Strong Routine data: Yes Self-report: Yes Validated tools: Yes, (32, 33)	Moderate	All participants completed treatment. Treatment has curriculum. Attendance to other treatments not reported.	Moderate	
Wexler (1999)	Men & women N=715 Intervention: n=42 Controls: n=290	Moderate Clinical-referral	Strong Controlled clinical trial Randomisation: Yes. Not described	Strong	Strong Routine data: Yes Self-report: Yes Validated tools: Yes, (30, 37-42)	Strong	Intervention group completed treatment. Treatment has curriculum. No other treatment attended.	Strong	
Bowes (2012)	Men N=115 Intervention: n=56 Controls: n=59	Strong Clinical-referral	Strong Randomised control trial Randomisation: Yes, & described	Moderate	Strong Routine data: No Self-report: Yes Validated tools: Yes (43-47)	Strong	68% of intervention group completed treatment. Treatment had curriculum. 64% of intervention & 34% of controls attended individual drug counselling.	Strong	Group treatment
Chaple (2014)	Men & women N=494 Intervention: n=249 Controls n=245	Moderate Clinical-referral	Strong Controlled clinical trial Randomisation: Yes, not described	Strong	Weak Routine data: No Self-report: Yes Validated tools: No	Strong	50% of intervention group completed treatment (recorded at only one site). Computerised curriculum. Attendance to other treatments not reported.	Moderate	
Lee K-H (2011)	Men N=24	Weak Self-referral	Strong Controlled Clinical trial Randomisation: Yes, not described	Moderate	Strong Routine data: No Self-report: Yes Validated tools: Yes (30, 50, 54)	Strong	Intervention group completed treatment. Treatment had curriculum. Attendance to other treatments not reported.	Moderate	

Findings and conclusions

Summary

- 25 papers: United States 15, Canada 2, Taiwan 2, one each from Australia, Croatia, Japan, Poland , the United Kingdom (Wales), South Korea
- Twelve moderate or strong methodologically and one qualitative paper of poor quality
- Four papers measured AoD use post-release
- Three reported positive reduction, with all 3 having post-prison care
- Only one of the three had an intention to treat analysis

Our findings are similar to the two previous reviews by Pearson et al. (1999) and Mitchell et al. (2006). But neither of these reviews assessed the methodological quality of included papers.

Therapeutic community treatment with post-prison care is the most effective prison-based treatment but the overall evidence is limited

The experiences of men undertaking an intensive AoD treatment program

Methodology

- Grounded theory in accordance with Strass and Corbin (1990)
- Intensive Drug and Alcohol Treatment Program – John Morony Correctional Facility
- Interviewed 31 (14 Aboriginal) voluntary participants at baseline and 26 (11 Aboriginal) of the same men at follow-up 9-10 months later with 3 refusals and 2 being released
- Audio recorded, externally transcribed and cross checked for accuracy when received
- Nvivo software program used

AoD use background

- **First use was before offences normally alcohol then cannabis shortly after**
- **Reasons for use included being bored, it is cultural and it was normal – everyone did it**
- **Supply of alcohol was often by family members and illicit drugs by friends or opportunistic**

Cause my mum was a heavy pot smoker so she'd leave pot in the bowl, we'd smoke it. (age 9 or 10)

Aboriginal participant

- **Some made an active choice away from alcohol**

I'll have a drink on special occasions …. because then me dad being alcoholic won't really drink. I went the other way - went the drugs instead.

Aboriginal participant

- **First exposure to AoD use could be described as traumatic**

Like my parents know about drugs, you know, 'cause my sister she's a heroin addict….. She was using in front of me since I was five years old….

Aboriginal participant

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Community-based treatment

- **Positive experience associated with feeling comfortable, not judged and if they could trust program facilitators and peers in the group.**

It's a family rehab... A Koori one, … 'cause my wife's half-Koori. We went up there to …….. which, that was great, you know. It was fantastic going to, taking my kids to a country school.

non-Aboriginal participant

I could go there and just talk, and I wasn't judged, you know. Like, if you had a tear come out of your eye, you weren't laughed at or anything.

non-Aboriginal participant

You identify as the same ….. thing. …. Like resemblance. ….. What he's been through, I've been through the same, same thing, …. in other words….Yeah.

Aboriginal participant

Prison-based treatment

- **Positive experience associated with being in a supportive environment, trust in peers and a engaging facilitator**

That's right, they're in the wing. You see 'em, you know. …. "How you goin?" Or, if you go to courses together, you ask them, "How are you going?" and that. …."You've been all right?" You know what I mean? ….Or, if you, if they're, if they're, like I'll ask them if they're, if they're going all right or if they need any help, or is everything good. I'll ask myself, you know… yeah.

Non-Aboriginal participant

If you know 'em real well, it's good. ….You've got no problems. But, when you're, when you're with Kooris, you feel more comfortable with them 'cause it's like your brother, you know, and you can say anything, you know. ….

Aboriginal participant

I think she, she was a good encourager. …. I didn't always agree with what she said … but she tried to, I noticed, if someone was feeling a little awkward, …. she'd work with them. So … I felt she was good that way.

Non-Aboriginal participant

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Prison-based treatment

- **Credibility of facilitators was particularly important for non-Aboriginal participants. Group dynamics were more of a concern for Aboriginal participants than others.**

So we were being told it's bad, it's bad, it's bad but we weren't told from an experienced person, ….. like an ex-prisoner or ….. someone that had lost something from drugs that was willing to share their story. …. There was just people that had, …. had been to university and had done, you know, did the right life and tried to help people but not with the experience, …. just with knowledge, which I guess experience does bring knowledge but not someone that we seen, that knew what they were talking about ....

non-Aboriginal participant

…. 'cause there's some things that you don't wanna say around …. white fellas or the Asians, or …. the Islanders. You know what I mean? …. Yeah, they sort of all make you feel funny where, if you're in a Koori group, you can say them things and get it off your chest.

Aboriginal participant

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 post-prison care

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Thank you
Any questions?

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