

**PRISON, DRUGS AND MENTAL ILLNESS:
MUST THEY ALWAYS GO TOGETHER?**

**Public Forum held in the Reception Room,
The Legislative Assembly, Canberra.**

**Sponsored by the Australian Parliamentary Group for Drug
Law Reform and Families and Friends for Drug Law Reform.**

Wednesday 21st June, 2006, 12:30 pm – 2:00 pm.

Thank you for the invitation to speak with you today on the topic:
Prisons, Drugs and Mental Illness: Must they always go together?

I remember being asked once before by the Australian
Parliamentary Group for Drug Law Reform to speak at one of their
annual meetings.

It was held at a restaurant on Fitzroy Street, St Kilda, and my
memory was that it was the late 1980's.

At the time I was working as the Chaplain to the notorious
Pentridge Prison in Melbourne.

Fitzroy Street in St Kilda had not undergone the gentrification that
much of that suburb has now seen and the street scene was pretty
full on in terms of the illicit drug trade and street level prostitution.

At the same time, Pentridge Prison, perhaps the highest security
prison in the country, was also awash with drugs, mostly heroin at
the time.

I wasn't completely clear what I was supposed to speak about at
the time, and the facilitator simply asked me to speak about my

work at the prison and to describe, as much as I was able, the presence of illegal drugs within that maximum security prison environment and its impact on the life of individuals and the organization of the institution itself.

I soon realized that the reason why the key note speaker had been asked to speak about drugs in Pentridge Prison.

If, within such a secure environment, with high walls, razor ribbon wire, electronic video monitoring, strip searching of visitors and staff and ever so frequent strip searching of the inmates themselves, with all sorts of internal penalties for being under the influence of drugs, it appeared impossible to control the sale and the circulation of illegal drugs, how could it ever be possible on the street outside the restaurant!

Twenty years have passed since that last occasion that I addressed a meeting sponsored by the Australian Parliamentary Group for Drug Law Reform.

What has changed in the last twenty years?

This occasion is also sponsored by the Families and Friends for Drug Law Reform.

That suggests to me that some people at least have been exposed to the pain and the suffering associated with the criminalization and the marginalization of their close family members and friends during that period of time.

Through sharing something of that pain and suffering, and in many cases, having had the experience of losing family members and close friends as a result of their ongoing drug misuse, a growing group of people in our Australian community now understand that

our present way of responding to illicit drug use in our community needs dramatic rethinking.

It is my task in this address today, to share with you some of the reasons I have come to this conclusion, over the last twenty years since I last had the opportunity of speaking to a meeting sponsored by the Parliamentary Group for Drug Law Reform.

Since I completed my time working as the Catholic Chaplain to Pentridge Prison in Melbourne and the other Victorian prisons in 1992, I have had time to reflect on the changing shape and size of the Australian prison population.

While the detailed figures are available in government reports, it has become clear that the prison population in Australia continues to rise at an extraordinary rate, way in excess of the population increase that we have seen in the last fifteen years, and way in excess of the changing crime rate during this period of time.

In many parts of Australia, the crime rate has actually declined in many areas of major crime over this period of time, but this has not impacted on the continued growth of the prison industry. During that same period of time, of course, the growth in the prison industry has been fostered and strengthened by the privatization of many of our prison facilities throughout the States and Territories.

More than twenty per cent of the 30,000 Australian prison cells are now managed by private prison firms, with investors largely located in the United States, and in my own State of Victoria about forty per cent of our prison cells are privatized. The introduction of private prison management was first proposed in the early 1990's, as a way of following a trend that had developed in the United States and the United Kingdom. In the United States today,

less than five per cent of their prison cells are in private hands and the same rate applies to the United Kingdom.

During the same period of time, the murder rate, proportionate to the population of Australia, has remained the same, in fact, the murder rate has remained at the same level over more than one hundred years in Australia. If you were to ask the person in the street whether the rate of murders in Australia has increased in recent decades, very few would be able to provide you with an accurate response ... they are mostly the victims of an unscrupulous tabloid media and radio shock jocks, interested in improving their ratings.

Over several decades now, the rate of imprisonment between the two most populous States, New South Wales and Victoria, have stood in marked contrast to one another. For several decades, New South Wales has imprisoned its citizens at a rate of approximately twice the rate of Victoria, despite the fact that the major crime rates in both States remain much the same.

In recent years, the crime rate in Victoria has dropped significantly, despite the fact during the same period of time we began to increase the number of persons incarcerated.

Of course, there are some increases in some reports of crime, from time to time, such as car theft in the 1970's, and sexual assaults in the last decade. But these increases can be explained in different ways: the increased number of cars and the poor security that was provided until recent years to prevent theft of vehicles and the hesitancy until recent years to report sexual assaults, which still largely remain unreported, despite increases of reports that have occurred compared to the previous decade.

During the last fifteen years, I have had cause to reflect on the changing nature of the prison population, and to seek some

understanding of the underlying causes that bring individuals into contact with the police, the courts and the prison system itself.

A great deal is made of the connection that has been established between the use of the more potent forms of marijuana, that have become more available as a result of being cultivated through hydroponic methods.

There is scientific evidence that has now been widely accepted that there is a link established between the use of cannabis and the early onset of symptoms of mental illness. My reading of the scientific evidence with regard to this connection is that the susceptibility applies to about five per cent of the general population.

Given that approximately fifty per cent of Australians aged under fifty report that they have used cannabis, even on a one-off occasion, this scientific evidence has established the link between cannabis use and early onset of psychotic symptoms for less than three per cent of the Australian population.

I recognize that this link exists, but the point I wish to make is that the evidence only applies to a comparatively small group of those using illicit drugs in Australia today.

I have a completely different understanding of the link between drug use and mental illness than is currently being pushed around by Federal Parliamentarians, like Christopher Pyne, and some of the State Premiers.

From my experience of establishing programs that work with young people, including programs like the Jesuit Social Services program, Connexions, which has worked with young people with the dual disability of mental illness and substance misuse for ten years now, I like to describe the more prevalent relationship in these terms:

Imagine you are driving down a freeway at peak hour. The heavy traffic coming into the city in the morning is banking up and there are thousands of cars traveling in that direction. The traffic heading out of town is light, by contrast.

My understanding of the relationship between mental illness and substance misuse in young Australians, as I have observed it closely over the last fifteen years, suggests that the traffic heading into the city at peak hour reflects the pattern of causative relationship of those young people who have symptoms of mental illness, prior to their problematic use of illicit substances.

The light traffic heading out of town along the freeway at peak hour in the morning reflects the pattern of causative relationship of those young people who commenced illicit drug use and later developed symptoms of mental illness.

The evidence for both is present, but the strength of the causative relationship from our experience has been from pre-existing mental illness towards substance misuse, not from substance misuse towards mental illness.

Again, this perspective on what I believe is the reality of the relationship between these two problematic areas of the lives of young Australians is little understood by the Australian community.

It is perhaps a good thing to be aware of the dangers of certain types of illicit drug use leading to early symptoms of mental illness. But it is critically important that the message gets out that the reality on the ground points to the far more common causative relationship heading in the opposite direction!

The critical area that needs to be addressed in our public policy debates is the paucity of accessible, young friendly mental health services that have the capacity to engage young people in treatment, appropriate to their circumstances.

We have known that for decades Australia has one of the highest levels of youth suicides in the world. Despite this commonly recognized reality, little has been done to improve the quality of mental health care, specifically for young people, throughout the States and Territories of Australia during that time.

Young people who have episodes of mental illness are naturally difficult to engage in treatment. They don't want to be labeled as mad. They need professional health services that can engage them as a total person, not just treat their depression, or simply medicate them to control psychotic symptoms. They will also be difficult to engage by the local General Practitioner who may have only ten minutes per patient, to assess and diagnose, and the outcome is generally more medication.

It is the general rule, rather than the exception today, that young Australians who have symptoms of mental illness also have difficulties in the area of substance misuse, and the main reason I have found over the last fifteen years, is that in the absence of accessible, young friendly mental health services, they resort to self-medication.

We have discussed this relationship around Australia for the last fifteen years and the problem of dual diagnosis, in relation to mental illness and substance misuse, is well established.

Yet throughout Australia today, most services are divided between the professionals focusing on drug treatment and those that provide mental health intervention.

If they go to the drug treatment services, the young person is told we can help you with the drugs, but not your mental illness. Get that sorted out first and come back to us. The mental health services, during initial assessment upon reception, immediately identify the person's continuing substance misuse and they tell the young person to go and complete a detoxification program before they can commence treatment to deal with the mental health disorder.

It is about time that we learnt that the only effective intervention with such young people is a holistic program that engages the young person as an individual and does not just focus on their drug usage or their mental illness. The young people we have worked with in our Connexions program over the last ten years tell us: I want a worker who can relate to me as a whole person, not just focus on one aspect of my life.

We hear a lot these days about a whole of government approach to the community, avoiding a separate silo mentality between different government departments like health, education, welfare, transport and regional development. The problem is that in most States and Territories around Australia mental health services and drug and alcohol services are actually in the one government department, and they still cannot find an effective way of working together to deal with this growing phenomenon.

What are the consequences? Young Australians who are in need of good mental health care in their local community are effectively excluded from those services. Many, indeed the majority of those excluded, resort to some form of self-medication. Often, alcohol is the drug of choice, but increasingly especially among a younger generation, cannabis is chosen to numb the pain and the fear and the anxiety of the symptoms of mental disorder.

This is where the instrumentalities of the criminal justice system, in every State and Territory around Australia, are being asked to pick up the pieces of a fragmented, poorly funded, and badly integrated mental health system.

It is not long before the police are called in to intervene in the lives of people with mental illness not receiving appropriate community mental health care. And, in addition to this, a significant number of those who are self-medicating through the use of illegal substances eventually come under the surveillance of State and Territory police forces.

While there has been some increase in mental health spending by the Australian Government in the last fifteen years, much of this increase is explained by the growth in expenditure on psychiatric drugs provided through the Pharmaceutical Benefits Scheme, which accounts for around seventy per cent of increased spending.

The 2005 National Mental Health Report showed considerable variation in the performance of States and Territories to budget protection for mental health spending during this period. When you compare the massive increases in their spending on the construction and operation of their prison systems, you realize where the money is heading. Effective community mental health services that are ongoing, not further trials, and ones can engage the changing behavior patterns of young Australians are urgently needed.

The problem has been known now for some time. In May 2001, in a Jesuit Social Services position paper titled “Heroin as a Form of Self-Medication”, I wrote: “Heroin and other illicit drugs are becoming the drug of choice of many young people in Australia who are experiencing mental health problems”.

In November 2002, in a further paper titled: “Crime and Punishment: moving from retributive to restorative justice”, I began by explaining: “Australian prisons are fast becoming the new asylums of the third millennium. The prison industry is booming while Australia spends far less on mental health services than comparative countries”.

We have a lot to learn from other countries. From the United States we have a lot to learn, so as not to make the same mistakes. In 1972, the total population of those incarcerated in the United States was about 200,000. This figure has now exceeded 2.1 million, representing more than one in 200 American citizens. In 1990, the National Institute of Mental Health estimated that 82 per cent of the American prison inmates had a history of mental health disorder and 81.6 per cent of this group also had a substance-related disorder. In 1991, a study of inmates at the Chicago Cook County Jail indicated that 85 per cent of prisoners who were severely mentally ill also abused alcohol, and 58 per cent abused illicit drugs. The comparable numbers for those who were not severely mentally ill were only 48 per cent and 30 per cent.

The lessons are clear. The warnings have been given. Yet around Australia, we do not see this evidence taken into account in the formulation of public policy and the allocation of resources and the development of programs to meet changing, emerging needs.

There is one other area of knowledge and information, which has emerged from the central research priorities of Jesuit Social Services in the last ten years, that I wish to share with you today. It relates to the changing shape and location of social disadvantage in Australian society.

Under the lead researcher of Professor Tony Vinson, former head of the New South Wales Prison Service and founding Director of

the New South Wales Bureau of Crime and Statistics, and long term social work educator, Jesuit Social Services has undertaken a mapping by postcode area of disadvantage according to fourteen different variables. The first two studies: Unequal in Life (1999) and Community Adversity and Resilience (2004) were confined to New South Wales and Victoria. Our current research project extends to all States and Territories.

The findings show a high and growing correlation between such variables as child neglect, early school leaving, mental health intervention, long term unemployment, court conviction and imprisonment. But the critical factor in our research is that this relates not just to individuals but to local communities.

Outside of Aboriginal and Torres Strait Islander communities, we have never known this to exist as a permanent feature of local communities in Australia before. The evidence is that such disadvantage is becoming localized, in the face of growing prosperity generally within Australia, and the nature of that disadvantaged is becoming so enmeshed that it will become extremely difficult, if not impossible to shift in future decades.

So what should be the public policy consequences of this information? Clearly early intervention, in the form of provision of pre-school education for disadvantaged communities and intensive literacy support for schools in such localities would be an important outcome. What do we see instead? A growing concentration of the instrumentalities of the criminal justice system on those neighborhoods, police, courts and criminal sanctions.

We have examined the evidence in Victoria, but not in other States and Territories of Australia. The major crime rate has been decreasing for several years, but the prison population has been increasing during that period of time, not to the extent of other States and Territories, but increasing all the same. The increased

expenditure has been in prison construction and operation and not in the areas of early intervention which promise much greater positive outcomes than increased incarceration of the most disadvantaged and the mentally ill.

What conclusions can be drawn from what I have presented to you today?

It is not my role to draw specific conclusions in relation to drug law reform. That is the role of the Australian Parliamentary Group and the Families and Friends for Drug Law Reform, the organizations that have sponsored this Public Forum today.

My conclusion is that we have dramatic changes taking place within our Australian society at the present time. Growing prosperity for many, poor distribution of resources, and increased alienation and growing disadvantage for many Australian communities.

While the Australian Government suggests that we have the lowest unemployment rate for many decades, those of us who work at the community level know that there is a vast population of long-term and very long-term unemployed people who are hidden by the official statistics.

Those who seek to work more than one hour a week and more than 100,000 very long-term unemployed individuals who have been shifted across to disability pensions over recent years.

Twenty-five per cent of 18 – 24 year olds are not in full-time education or employment. 97 per cent of new jobs require some post-secondary qualifications. 40 per cent of Australia's unemployed are aged 25 or under. Early school leavers are most at risk, with only 37 per cent of school leavers being engaged in

education or training. Subsequently, 21 per cent of young men and 59 per cent of young women who fail to complete Year 10 remain unemployed five years later.

This is the population of young Australians who face disenchantment, alienation and marginalization. This is the group of young Australians who are substantially over-represented in those who suffer depression or other forms of mental illness.

This is the group of young Australians who have little access to effective and engaging community mental health care and who resort to self-medication to kill the pain.

This is the group of young Australians who, by default, come under increasing surveillance and intervention by representatives of the criminal justice system.

This is the group of young Australians who are the raw material for the continuing expansion of the States and Territories prison facilities.

This Public Forum asks the question today: Must this continue to be the way? It is clear that there is a better way.

For the sake of the quality of life of all Australians, it is up to us and to our community leaders to make it happen.

Let the health services respond to those who are mentally ill or who require drug counseling. Let the criminal justice system focus on the real criminals.

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