

## **‘SET UP TO FAIL’: THE POST-RELEASE EXPERIENCE OF PRISONERS WITH A HISTORY OF INJECTION DRUG USE**

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**Background:** Globally, a substantial proportion of people who inject drugs (PWID) have a history of incarceration. Upon release, PWID are at increased risk of poverty-related stressors, including homelessness and unemployment, as well as drug-related harms. The post-release period is a key timepoint for mitigating risk factors yet evidence from the PWID perspective is limited. The aim of this study was to gain greater insight into the post-release experiences of PWID, particularly around access and utilisation of health and welfare services.

**Methods:** Participants were recruited from the SuperMIX prospective cohort (n= 1,278) with in-depth interviews conducted between September 2018 and February 2019 in Victoria, Australia. Eligible participants had injection drug use histories, were recently incarcerated (sentence >3 months) and had been released from custody within the past year. Data were coded and analysed thematically.

**Results:** Of 19 PWID interviewed (aged 31-48 years), 17 were male, all had been incarcerated more than once, 18 were unemployed, 10 had stable housing, and 17 were currently injecting drugs. Most participants had abstained from injection drug use during incarceration partly for fear of HIV and/or hepatitis C virus (HCV) transmission. Initiation of HCV treatment was hampered by frequent prison transfers and uncertainties about re-incarceration. Return to injecting post-release was described as inevitable due to inadequate accommodation, inconsistent use of opioid substitution therapy and mental health concerns. Some participants felt ‘set up to fail’ and unworthy of services, and therefore rationed their service use. Others received support from case workers or persons from the community sector to navigate post-release challenges.

**Conclusion:** To achieve WHO HCV elimination targets, ‘drug user health’ must be addressed holistically. Findings highlight a critical need for greater cross-sectoral collaboration between policy and services to help enhance PWID agency, improve health outcomes, and reduce risks of social exclusion during the post-release transition.

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