Preventing deaths after prison release

There has always been a tension between criminal justice and public health. Prison harms people in ways that are costly for the individual and society and exacerbate health inequalities.[1,2] These harms are most obvious in the days after prison release, when there are many preventable deaths, often due to suicide, accidents, drugs, or alcohol. This is a long-term public health issue that has not been adequately addressed.

In The Lancet, Borschmann and colleagues investigated mortality rates among 1.47 million people released from prison across eight countries, with follow-up of up to 24 years.[3] Pooling all data, they found mortality rates were highest in the first week post-release, with 2.2 (95% 1.6-3.0) times the rate of deaths than in weeks 9-12 post-release. This increase in deaths in the days after release appeared principally related to drugs and alcohol. This reiterates evidence from previous smaller studies,[4,5] and demonstrates this is an international problem. Death rates decreased the longer people remained in the community, and the burden of mortality shifted towards noncommunicable diseases. When longer follow-up times after release are considered, the frequency of death due to noncommunicable diseases is not surprising given the high rates of these diseases among criminalised groups such as people who use illicit drugs or are homeless.[6,7]

Strengths of the study include the large sample, detailed information about causes of death, and the use of data available in some countries showing whether deaths on the final day of imprisonment occurred in prison or immediately post-release. Analysis of this information suggested that an apparent spike in deaths due to cancers, cardiovascular diseases, and suicides on the day of release might partially be explained by miscoding in which deaths occurred in prison but were mistakenly coded as immediately post-release. Limitations include the lack of information about duration of imprisonment, which means the study did not examine differences between subgroups such as those on long sentences and those cycling in-and-out of prison; and the lack of counterfactual estimates attempting to estimate the number of deaths attributable to the increased risk post-release.

Despite the large size of this study only eight countries were able to provide data, and only one outside of the global north (Brazil). The measurement of mortality rates among people previously in prison is a social justice issue and supports efforts to prevent deaths in this vulnerable group. However, the type of

data linkage required for this measurement can present technical and privacy issues. Many countries do not have the systems or capacity to provide such data. In England, linkage between prison and mortality records should technically be feasible, but prisoners and those representing their rights have traditionally opposed such projects due to a perceived risk that data would be lost or made public. These privacy concerns reflect the stigmatising and discriminatory nature[8] of being identified as a current or ex-prisoner. Public health researchers must build trust and data governance processes that allow these important studies.

Although the results of this study highlight the large number preventable deaths associated with prison release, imprisonment can also be an opportunity to improve health. Prisoners are often from marginalised groups with poor access to substance use and healthcare services.[9] Hepatitis and HIV infections and noncommunicable diseases might be identified for the first time on entry into prison. Prisons in some countries are now smoke-free[10] and many prisoners stop smoking, at least for the duration of their sentence. While there are many ways that prison healthcare could be improved, not least better services for minority groups such as women, prison can be a period of relative stability in healthcare. These benefits are lost if support is not available on release. Some interventions attempt to improve this important transition period[11] by providing case management and supported referrals to drug services, primary care, and other health and social services.

Similarly, numerous interventions attempt to prevent fatal overdoses on release.[11,12] Prisoners may access opioid agonist therapy with therapeutic support while in prison. On release, supported referral to community drug services with handover of relevant information can make people more likely to continue treatment. Long-acting injectable buprenorphine is promising because it can provide protection for weeks after release; though prison health providers may be reluctant if they are unsure whether it will be available in the community. Provision of naloxone (an antidote to opioid overdose) on release may save lives, including the ex-prisoner's peers.[13] In the UK there are new laws designed to avoid people being released on Fridays,[14] when they are unlikely to access housing, mental health, or substance use support until the following week. Looking further upstream, police 'diversion' policies[15] aim to avoid custodial sentences for minor drug offenses and instead provide treatment and social support.

Despite these interventions being deployed in many countries, the high death rates observed by Borschmann and colleagues suggest they are not effective enough. These deaths happen among people who are often traumatised and lacking material resources and social support. Prisoners commonly have adverse early life experiences,[16] post-traumatic stress disorder and other mental health problems, episodes of homelessness, and illicit drug use. Many people leaving prison have experienced discrimination when trying to access housing or employment[8] and may distrust public services. In this context the interventions described above, while valuable, are unlikely to have a major impact on deaths after release from prison. It may not always align with the aims of criminal justice, but the effective way to prevent these deaths and maximise public health is to provide comprehensive addiction support in the community and minimise custodial sentences.

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