

Summary of Proposed Research Program for Doctor of Philosophy by Publication

1. Title

The post prison release experiences of men with a history of injecting drugs

2. Abstract

In Australia around 16% of the total adult prisoner population are males aged 18-24 years, many of whom have a history of drug injecting. They experience much greater and more complex health needs than their same aged peers, accompanied by an increasing exposure to blood borne viruses and mental health comorbidities. Each week in Australia many of these young men, of whom many will be of Aboriginal and Torres Strait Islander descent, will be released back into the community. Many will face logistical, socio-emotional, and health related challenges, including financial stress, social isolation, homelessness and unemployment – exacerbated by stigma, and pre-existing physical and mental health conditions, and social disadvantage. Some will die of drug related causes in the first year after release, and many will return to prison. For those with histories of injecting drugs, the aforementioned health, psychosocial and criminogenic problems are even more substantial. Social and family ties are considered important influences on the post release experience, and yet little is known about these relationships for Australian young men with injecting drug histories exiting prisons. Using a gendered lens, this study aims to explore how connections with families, partners, peers and friends, impact on their experience of incarceration and release from prison. Qualitative methods will be used; involving in-depth interviews with a purposive sample of up to 25 young men aged 18-24 years recruited from the Burnet Institute PATH (Prison and Transition Health) study. Findings of this PhD research will lead to new understandings for informing the development of policy and practice responses to reduce the adverse individual and social consequences of drug use and incarceration for young men with a history of injecting drugs.

3. Objectives

The purpose of this research is to develop new understandings about the nature of social and family ties in the lives of young men who have a history of injecting and have been incarcerated, to help understand how these relationships affect community re-entry. Objectives are:

- To understand young men’s relationships with family and social networks and how these impact on their experience of release from prison
- To develop insights into the nature of young men’s relationships with other men prior to, during and after incarceration, and how these impact on their post release experience
- To inform the development of policy and practice responses that help reduce the adverse individual and social consequences of drug use and incarceration for young men with a history of injecting drugs.

4. Background

4.1 Australian prisoner population

The prison population in Australia increased by 10% from 2013 to 2014, representing the largest annual increase in prison numbers in Australia in a decade. In 2014 there were 33,791 prisoners in Australian adult prisons. Victoria makes up 18% of this total prison population and had the second largest increase (14%) of all states in the last year (ABS, 2014). Nationally those aged 18 to 24 years accounted for 18% (5,982 prisoners) of the total adult prisoner population with rates varying across states, from 12% (n=760) in Victoria to 22% in Queensland (ABS, 2013). In Victoria young adult male prisoners are disproportionately over-represented compared to females (92% vs. 8%) (ABS, 2014) and around one in ten are of Aboriginal and Torres Strait Islander descent, despite their representing less than 1% of the general population (ABS, 2011).

In Victoria a ‘dual track system’ was developed to divert young people from mainstream adult prisons (DEECD & DPCD, 2008), which may be the reason for a lower rate of incarceration for young adults

in Victoria. The system was introduced in recognition of recent neurological and social science insights about age of biological maturity, which is now recognised as enhancing vulnerabilities into the early twenties rather than the late teens (Junger-Tas & Dunkel, 2009). The Victorian Sentencing Act (1991) allows offenders aged 18-20 years to be sentenced to a youth justice custodial centre instead of an adult prison if the court believes the young person has the potential for rehabilitation, or is particularly impressionable, immature or likely to be exposed to negative influences in an adult prison (Ericson & Vinson, 2010). Western Australia and the UK have also adopted a system whereby young adults aged 18-20 years can be tried and sentenced in a juvenile justice system. Despite these legislative changes in Victoria, according to Magistrates' Court and County Court data from 2005 to 2009, it is estimated that only approximately half (45-53%) of offenders aged 18 to 20 years for whom a custodial sentence was deemed appropriate were still sent to a youth detention facility in Victoria rather than an adult prison (Sentencing Advisory Council, 2012).

4.2 Health of Australian prisoners

A considerable body of Australian research about the health of prisoners has established a far greater and more complex suite of health needs compared to the general population, with high levels of mental health issues, illicit substance use, chronic and communicable diseases and disability (Butler et al., 2011; Hellard et al., 2004; AIHW, 2013; Graffam & Shrinkfield, 2012; Kinner, 2006). According to data from the 2012 Australian National Prisoner Health Data Collection (AIHW, 2013) almost one third (32%) of Australian prisoners had one or more chronic health condition, 46% leaving incarceration had been told they have a mental health issue (including alcohol and drug use issues), and one in five (20%) prisoners in custody were prescribed medications for mental health conditions. Furthermore, one third (31%) of Australian prisoners reported high or very high levels of psychological distress and 16% of prison entrants reported having intentionally harmed themselves (AIHW, 2013). Specific health data about Australian 18-24 year old male prisoners is however limited.

Although Aboriginal and Torres Strait Islander prisoners and those leaving prison share a number of common health and social issues to their Non-Aboriginal and Torres Strait Islander counterparts, they are more likely to experience multiple disadvantages, which may include having experienced abuse as children, separation from parents, and inadequate housing and health care (Gilbert & Wilson, 2009). Aboriginal and Torres Strait Islander prisoners are more likely than their Non-Aboriginal and Torres Strait Islander peers to suffer depression in prison and report higher levels of stress just before release (AIHW, 2013; Butler et al., 2007). Furthermore, Aboriginal and Torres Strait Islander prison entrants are more likely to report having a father in prison (21% vs. 14%) or both parents in prison (6% vs. 1%), and are more likely to be unemployed (AIHW, 2013). Additionally, although Aboriginal and Torres Strait Islander prisoners are no more likely to be HCV positive, they are more likely to share needles and injecting equipment, and have poorer hepatitis C related knowledge (McEwan, et al. 2012). Social issues of anger and grief related to the challenges of dispossession, colonization, loss of culture and the stolen generation compound these issues further, as do increased barriers accessing community and health services (Gilbert & Wilson, 2009).

The prison population is disproportionately made up of people with histories of injecting drugs, with estimates of between 44% - 68% of Australian prisoners having injected drugs at some point in their life and between 23% - 52% of prisoners reporting injecting drugs in prison (AIHW 2013; Hellard et al., 2004; Kinner et al., 2012; Reekie et al., 2014). This is related primarily to the criminalisation of their drug use, and their tendency to fund some drug use through crime (Teutsch et al., 2010). For example, an Australian study by Butler and Milne (2001) reported 70% of prisoners with a history of drug injecting had been incarcerated for drug-related crimes. Furthermore, a growing body of evidence demonstrates people who inject drugs face increased health risks in prison including blood borne viruses and mental health comorbidities (Andrews & Kinner, 2012; Bird et al 2002; Smoyer et al., 2009). The prevalence of hepatitis C infection among those who inject drugs in Australia is approximately 54% (Iverson & Maher, 2014) and prevalence is even higher (up to 77%) amongst those who are incarcerated and have a history of injecting drugs (Hellard et al., 2004; Reekie et al., 2004).

Despite limited available research about the distinct drug injecting patterns of young adults compared to their older counterparts, a small number of Australian studies have reported age-related differences in the use of injecting drugs (Gidding et al., 2010; Maher et al., 2007). A study about incidence of hepatitis C transmission amongst Australian prisoners reported those aged under 25 years were typically later initiators to injecting and those who injected in prison were more likely to have ever used someone else's needle or injecting equipment in prison, compared to older prisoners (van Dooren et al., 2014). Other research findings have demonstrated that those under 25 years with injecting histories were more likely to have overdosed in the previous year, more likely to inject daily or more, more likely to share needles and injecting equipment and more likely to inject in a public space than those aged over 24 years (Degenhardt et al., 2008). The reasons for this higher risk profile is, however, not well understood, and as proposed by van Dooren et al. (2014), qualitative research is needed to help develop a more complete understanding of these health related risk behaviours for young incarcerated adults. Furthermore, US evidence highlights people who inject drugs often do so for at least eight years, with some injecting 'careers' extending well beyond 20 years (Hser et al., 2008; Teruya & Hser, 2010; Horyniak et al., 2013). Thus, earlier intervention for young adults, who are more likely to be in their early drug injecting careers, may help to break this cycle before substantial drug use and criminogenic trajectories take hold.

4.3 Community re-entry

Prisoner re-entry has emerged as a critical issue affecting families, communities, governments and health and social service providers (Visher & Travis, 2011). With over one fifth (22%) of the Australian prisoner population on remand (Ericson & Vinson, 2010) and more than a third (35%) serving sentences of less than two years (ABS, 2014) thousands of people are being released from prison back into the community every year. With no unified federal system for collecting this data exact numbers are unknown (Baldry et al., 2006; Graffam & Shrinkfield, 2012; Matire & Larney, 2009), however it is estimated that 38,576 adult prison separations (individual releases from prison) occurred in Australia during 2013 (Avery & Kinner, 2015), representing 25% more than the prison population on a given day in that year. Although sex segregated data is not available, the overwhelming majority of prison releases will be among males given their over-representation in adult prisons, and many will be young adults given their tendency to serve shorter sentences (Ericson & Vinson, 2010).

It is well known that many people leaving prison will face logistical, socio-emotional and health related challenges. Many are exposed to blood borne viruses, mental health comorbidities, financial stress, social isolation, homelessness and unemployment; stigma, social disadvantage and pre-existing physical and mental health conditions exacerbate these issues (Abrams & Terry, 2014; Bui & Morash, 2010; Abrams, 2012; Bergseth et al., 2011; Christy, 2003; Boryycki, 2003). The loss of freedom and control over everyday activities produced by the institutionalisation of prison has also been identified as a factor that impacts negatively on peoples experience after release (van Ophen et al., 2006).

Although a substantial body of research has sought to explore and understand people's experiences after release from prison, epidemiological disease specific studies focusing on HIV, BBVs and STIs, and studies that focus on mortality and 'recidivism' dominate (Cobbina, 2010; Visher & Travis, 2011; Kinner et al., 2011; Merrall et al., 2010; van Dooren et al., 2013; Larney et al., 2012). For example, there is no shortage of research documenting the elevated risk of death for recently released prisoners. Mortality rates after release are between 3.5 and 12 times higher than for the general population, with a disproportionate number reportedly dying in the first four weeks after release (Bird, 2006; Kinner et al., 2011; Merrall et al., 2010; Degenhardt et al., 2014). Additionally, Australian young adult prisoners, reported a six times greater risk of death in the first year after release from prison, than age matched young people in the community (van Dooren et al., 2013). Furthermore, despite leaving prison with high expectations about how their lives will change after release, many exiting prison end up re-incarcerated within a very short time (Bahr et al., 2005). For example, for those released from prison in 2009–10 in Australia, around 40% had returned to prison within two years; a rate that has remained relatively stable over the last few decades (AIC, 2013). Additionally, according to the Australian prison census, around two thirds of prisoners (59%) have served a sentence in an adult prison prior to their current episode, almost one-third have been in prison three or more times, and

22% have previously been in juvenile detention (AIC, 2013; Kinner et al., 2012; ABS, 2014). Furthermore, rates of re-incarceration are even greater for people with a history of injecting drugs. An Australian study reported ninety per cent of incarcerated male heroin users in NSW prisons had returned to prison at least once (Larney et al., 2012).

Although determining rates of mortality and frequency with which people return to prison is important, these studies do little to help understand the factors that impact on people's adjustment to the multiple and complex challenges of re-entry into the community, particularly from the perspective of young adult males. Furthermore, most studies have been conducted in the US, and while many provide useful insights about the lived experiences of those transitioning from prison to community, the criminal justice system of the US is very different to that of Australia. Higher rates of incarceration, harsher mandatory sentencing laws, more punitive responses to drugs and a lack of social security supports (Marcus & Wayne, 2004; Mauer, 2003) mean the experience of prisoners in the US is very different, and thus it is not appropriate to assume research findings are transferable to the Australian context.

A number of evaluations have been conducted to determine the effects of prison and community based interventions to reduce post-release mortality, increase employment and housing opportunities, prevent people returning to prison (Kinner et al., 2014; Thompson 2000: Woods et al 2013) and to determine the impact of opioid substitute therapy post release (Degenhardt et al., 2014; Larney, 2010a, 2010b). Furthermore, important developments in criminal justice policy have occurred, which relate to drug treatment processes and drug courts, which are specifically designed to minimise drug-related harms by reducing the time it takes to stop drug use and minimising relapse to regular illicit drug use. Although these approaches have shown some levels of 'success', overall results show that in isolation, positive outcomes for people leaving prison are limited (Mitchell et al., 2012).

4.4 Family and social ties

Existing research provides strong evidence that relationships with family and social networks significantly influence the post prison release experience (Graffam & Shrinkfield, 2012). Social ties are considered strong predictors of post release 'success and failure', creating both positive and negative impacts on people's experience of re-entry (Heubner & Berg, 2011; Bui & Morash, 2010; Bahr et al., 2005). Qualitative post-release literature highlights the complicated social processes involved in these relationships and how they impact on drug use, participation in crime, economic stability, access to housing and employment, and community re-integration more generally (Binswanger et al., 2011; Cherney & Fitzgerald, 2014; Uggen et al., 2004; Bahr et al., 2014; Binswanger et al., 2012; Mowen & Visher, 2013; Visher et al., 2004). For example upon release from prison, friend and family networks can provide connections back to non-criminal and non-drug using peers and prevent a return to crime and illicit drug use on the one hand, or back to criminal and drug-using peers and family networks on the other. Yet both can provide important psychological support and friendship for young men leaving prison (Berg & Heubner, 2011; Cobbina, 2010).

Limited scholarship exists about social and family ties in relation to the post-release experience of young adults, with most literature conducted on this topic coming from the US. A recent meta-synthesis of 13 qualitative studies in the US (Martinez & Abrams, 2013) about informal social support among males aged 14-24 years returning to the community from prison reported two major findings. The first, that participants talked of 'walking a fine line' with their peers, who provided a sense of belonging and support but also temptations and opportunities to re-engage in criminal activity. The second, that families also provided support of 'the ties that bind', yet this was often coupled with unrealistic expectations of the young adult returning to play out old roles. Despite the neighbourhood landscape for African American and Latino young men being contextually different than for Australian young men after release from prison, findings of a qualitative study based in Los Angeles (Abrams & Terry, 2014) provide useful insights for understanding the vulnerabilities and fears associated with navigating social networks and environments on release. Most participants (young men aged 19-24 years) in the study experienced high levels of stress and anxiety related to fear of making 'small mistakes' that may lead to re-incarceration. Also highlighted was the skill in which young men were able to undertake calculated risk taking and avoid arrest by maneuvering in and out of difficult situations. Furthermore young men talked about the complexities of relationships with old

friends and the ways in which they learn to ‘walk away’, which forced them to develop intricate strategies when they were forced to decide between the risk of conflict with the law and losing their friends. Although findings from both studies provide useful insights, little is understood about the ways in which young adult males in Australia navigate the neighborhood setting on return from prison, and how issues of gender and masculinity impact on their connections with families, partners, peers and friends.

For Aboriginal and Torres Strait Islander prisoners, returning to their community of origin or ‘country’ can pose a number of particular challenges, which have been highlighted anecdotally by local community health workers in Melbourne. Workers described the experience for some as likened to the ‘double edged sword’. After release from prison, the desire was to stop their drug use and return to their family groups and community, however this meant they would be exposed to ubiquitous alcohol and drug using environments that would make it difficult to abstain. Furthermore workers have observed a complex culture of sharing needles and equipment amongst Aboriginal and Torres Strait Islander people in the community. Trust and reciprocity is often expressed by sharing, and it is believed that the strong social bonds and cultural norms of Aboriginal and Torres Strait Islander people who inject drugs may be even stronger drivers of sharing than access issues.

4.5 Gendered lens and prison research

Most prison research is about men, given they overwhelmingly populate prisons. Despite evidence that gender issues become magnified in prison settings, and can impact on health care and support in prison and in the post release period (Jewkes, 2014; Kupers, 2005), limited literature about prison studies with men have addressed or named issues related to gender. A number of qualitative prison studies have been examined through a gendered lens, however most are based on interviews with women (Barrick et al. 2014; Carlton & Segrave, 2011; Cobbina, 2010). Some studies have focused on masculinity amongst adult prisoners, yet many have been dedicated to the topics of violence, sexuality and sex, rather than an exploration of peer relationships between men in prison and how this impacts on the post release experience. For example, Sabo et al (2001) have posed that far too little consideration has been afforded to the patterns of men’s relationships with one another in prison, and how these influence how they end up in prison in the first place, how they experience incarceration and what happens to them when they are released. Others have also stressed that while the culture of most men’s prisons is characterized by a particular kind of masculinity, it is surprising how little attention has been given to the dynamics and relationships between men (Jewkes, 2011; Crewe, 2014).

5. Significance

Young incarcerated adult males with injecting drug histories are a highly vulnerable and marginalised population. Research focusing on their experience as they leave prison and enter the community is limited. To date, no empirical Australian study has utilised the narratives of young adult men with injecting and incarceration histories to answer questions about social and family re-engagement post release from prison. By conducting in-depth interviews with a sample of this group, using a gendered lens, insights about how they negotiate and manage significant relationships prior to prison, while incarcerated and upon release, can be gained to help understand how these relationships affect community re-entry. Findings will provide important insights for informing policy and practice interventions to improve the health and well being of this marginalised group of young adult males.

6. Research Methods

Qualitative in-depth semi-structured interviews will be conducted with a sample of up to 25 young adults from the NHMRC funded PATH cohort study.

6.1 The PATH study

This PhD research is nested within the longitudinal PATH cohort study led by my co-supervisor A/Prof Mark Stoove. This Victorian study aims to identify trajectories of 500 recently released adult prisoners with injecting drug use histories, to determine risk and protective factors for physical and mental health, drug use, and social and criminal justice outcomes. A sample of adult prisoners is currently being recruited from a minimum, medium and maximum-security prison in Victoria. A

structured quantitative survey is being administered to self-selecting participants 4-6 weeks prior to release from prison, with three waves of follow-up interviews in the community during the first two years post-release; the PhD scholar will conduct a proportion of these interviews in a part-time research assistant capacity. The survey includes standardised questions on demographics, drug use and treatment histories, pre and post release service access and utilisation, incarceration history, sexual health risk behaviours and standardised measures of health (International Wellbeing Group, 2006) so comparisons can be made over time and between different population groups in the sample. Blood samples are being collected at interviews, and two, five and ten-year record linkage to health, housing and law enforcement secondary datasets will also occur.

6.2 Research sample

The sampling strategy for this qualitative research is purposive, designed to produce information-rich cases, which will reveal in-depth understandings (Gifford, 1996) about the experience of young adult male prisoners with injecting drug histories. As the parameters of the population are unknown, it is not possible to select a truly random sample. Thus the logic of non-probability or theoretical sampling will be utilised, aiming to purposively select information-rich cases for in-depth understanding. Such sampling aims for 'theoretical saturation' or the point at which no new insights are obtained in the interview data. To account for diversity in the sample, the following key dimensions will be relevant to information selection and comparisons of participants: age, previous juvenile justice detention, length of injecting drug use, drug of choice, ethnicity, housing status, neighbourhood of residence and educational status. Furthermore, given the over-representation of Aboriginal and Torres Strait Islander young adult men in Victorian prisons, and their distinct cultural connections to family and community, an attempt will be made to ensure people from this population group are involved in the research.

Eligible participants will include young adult males who are English speaking and aged between 18 and 24 years. They will be referred to as 'young men' or 'young adults', to distinguish them from the more generalised youth population defined by the United Nations as those aged 15-24 years old and transitioning from the dependence of childhood to the independence of adulthood (UNESCO, 2014). Although the period of early adulthood is not universally recognised as a working definition, there is increasing evidence that a distinct life stage between the late teens and mid to late twenties exists (Arnett, 2000).

6.3 Participant recruitment

Participants will be identified from the PATH study database and invited to participate by the PhD scholar. Those expressing interest will be given information about this qualitative arm of the project and a time will be arranged to obtain their informed consent and conduct interviews.

Given the personal circumstances of those with a history of injecting drugs and incarceration are often mobile and may avoid identification for fear of legal repercussions (Fitzgerald & Hamilton, 1997) a standard contact tracing approach will be used for locating study participants after the first wave interview, a method commonly utilised in cohort studies of people who inject drugs in Australia and elsewhere (Aitken et al., 2008; Scott, 2004). A range of contact information will be gathered via the PATH study, including full names, nicknames, aliases and contact telephone numbers of social networks and relevant agencies.

6.4 Data collection

In contrast to positivist quantitative research methods, which are based on an underlying assumption that the world exists apart from our understanding of it, and that a singular independent truth or reality exists (Hansen, 2006; Denzin & Yvonna, 1994; Guba & Lincoln, 1994), qualitative research is less concerned about finding the 'truth' and more focused on giving meaning and interpretation to the experience of people's lives by exploring unknown processes and explanations (Neuman, 2003; Patton, 1990).

Interviews will be conducted with up to 25 young adult males aged 18-24 years recruited from the PATH cohort study. First wave qualitative interviews will be undertaken with each participant within a month after the first PATH study quantitative post-release survey interview. As many participants as possible will be followed up with a second wave interview up to 18 months after their release, to capture young men's experience of social and family ties at different points in their post-release

journey. Efforts will be made to interview participants as soon as possible after their quantitative post release interviews given it is anticipated that one in four will be reconvicted within three months after release, and it will not be possible to conduct qualitative interviews in prison. For young men who are re-incarcerated after participation in first wave qualitative interviews, attempts will also be made to conduct interviews after their consecutive release, if this falls within the time period of the PhD.

Interviews are expected to be 1-2 hours in duration, and arranged in locations that are convenient to participants, including health and welfare services or cafes, with particular consideration of the need for confidentiality and safety. Participants will be offered regular breaks and refreshments during the interview to ensure they remain focused and engaged. A *Risk Management Safety Protocol* document has been developed to assess and deal with any risks of safety for the participant and research interviewer.

An interview guide has been developed to map broad areas of investigation and to lead the semi-structured interview process, which will be inductive to allow for the generation of new ideas and knowledge that may otherwise remain uncovered (Heath et al., 2009; Patton, 1999; Hansen, 2006). Interviews will focus on young men's experience of social and family ties before and leading up to their most recent episode of prison, during incarceration and upon their release. Attention will be given to the nature of their relationships with other men in prison, with families, including parents and potential children, with peers, friends and partners. The association of these relationships to drug use and crime will also be explored.

All participants will be reimbursed \$40 for their time and out of pocket expenses for each interview conducted (consistent with PATH post-release quantitative surveys conducted in the community). Interviews will be audio recorded and fully transcribed verbatim so that the voices of participants are central to the analysis. The PhD scholar will transcribe a number of audio-recordings to obtain experience in this process and to become more familiar with the data.

6.5 Data analysis

A process of thematic analysis will be conducted to determine patterns and themes in the data. Thematic analysis is inductive, which means the analysis is guided by the data rather than a pre-established hypothesis. The first stage of the process will involve 'data immersion' to familiarize with the data. Next a search for common sections within the data will occur, involving assigning codes to these sets of data to create meaningful patterns and connections between different aspects of the data (Hansen, 2006). After initial codes have been generated, the search for sub-themes within these codes will continue, to help identify new themes, explanations and associations in the data. A systematic process of reading and re-reading transcripts and reflecting on these will provide a method for indexing and sorting the data.

Thematic analysis is an iterative, fluid process that moves between data collection in the field, transcribing the data, and ongoing analysis, reflection and discovery. The iterative aspect of thematic analysis means that new data can be collected at the same time as reflection and interpretation (Grbich, 1999). It also means the research focus can be adapted in response to the ongoing analysis of data being collected.

To ensure reliability and credible interpretations of data, an additional researcher will read the transcripts to ensure consensus on common themes emerging from the data.

Data will be managed using NVivo qualitative data analysis computer software (NVivo, 2011), providing a process for conducting quick searches and retrievals of data for analysis.

6.6 PATH study survey data

Quantitative data from the PATH study will be utilised to contextualize and frame the qualitative interview data (Klassen, Creswell, Plano Clark, Smith, & Meissner, 2012), which will extend the depth and scope of the inquiry (Andrew & Halcomb, 2011). Combining these data sets will aid in developing a more complete and nuanced understanding of the issues, and will help to answer important questions that cannot otherwise be answered through a single methodological approach (Halcomb & Andrew, 2009; Pearce, 2012). Secondary analysis of the PATH study survey data will also mean trends and differences in the data can be examined between young adult participants and the

larger cohort. This data will be aggregated and analysed under the guidance of the PhD associate supervisor Mark Stoove, who is Chief Investigator of the PATH project.

7. Ethical Issues

The National Statement on Ethical Conduct in Human Research (NHMRC, 2007) sets out a series of values and principles that address the concept of risk in human research. The principal aim of the guidelines is to ensure that research participants are protected from harm relating to their involvement in the research process, and that their rights and interests are protected at all times. These guidelines will provide a foundation for minimising and managing risks for this PhD research. As participants of this study have been formerly incarcerated, particular ethical implications exist, especially the potential that illegal activity may be exposed. Furthermore, the potential involvement of Aboriginal and Torres Strait Islander young men poses additional ethical implications. A number of strategies and processes will be developed and implemented to prevent, minimise and deal with these and any adverse outcomes arising from the research. The 'national statement on ethical issues for research involving injecting/illicit drug users' (AIVL, 2003), section 4.6 of the NHMRC guidelines relating to people who may be involved in illegal activities, and section 4.7 of the guidelines regarding Aboriginal and Torres Strait Islander Peoples, will be used to inform particular ethical considerations for participants of this research.

7.1 Informed consent

Participation in the study will be voluntary and written consent will be obtained from all participants after they have received information about the purpose of the study and how the interview will be conducted, including issues relating to confidentiality, privacy, data storage and participant safety. A method termed 'process consent' (Heath et al., 2009) will be used, whereby consent will be negotiated on an on-going basis, so participants can opt out of the research at any time, despite having already agreed to participate.

7.2 Privacy and confidentiality

As previously mentioned it is possible that incriminating evidence or information about un-adjudicated offences may emerge during qualitative interviews. To minimise this risk, participants will be advised not to share details about criminal activity that has not been dealt with by police or the criminal justice system (DHS, 2008). Furthermore, all interviews will be audio-recorded and transcribed verbatim as soon as possible after the interview has taken place.

Once audio-recordings have been transcribed and checked for accuracy, recordings will be destroyed, which is the standard practice dictated by the primary ethics committee of the PATH study, for sensitive data of this kind collected from vulnerable populations. Hence, the transcribed text from interviews will become the 'data' for the thesis as opposed to the recordings themselves. The transcript will attempt to capture tone and context emerging from the audio recordings. Names in transcripts will be replaced with pseudonyms to disguise and protect participant identity and other personal identifying information will be removed or changed. Finally, any details of un-adjudicated offences that may incriminate or be admissible in a court of law (e.g., exact times, places, people involved in offences) will be removed from the transcripts.

7.3 Risk of harm to interview participants and interviewer

It is likely that some participants will have experienced significant levels of trauma prior to incarceration, whilst in prison, and possibly again since they have been released (Quina et al., 2007), therefore it is particularly important to minimise any potential for additional trauma that may be created through involvement in the research. A risk management protocol has been developed to ensure participants are offered appropriate support and referral should they become distressed or if they share concerns for their own or others personal safety or health. Should participants experience any distress during interviews, the interview will be stopped in a sensitive manner that avoids exacerbating any discomfort, and a list of health and welfare referral services will be given to participants if deemed appropriate.

It is possible that some participants may present to interviews under the influence of a substance that may increase the risk of verbal, physical or sexual violence towards the interviewer or others. The

PATH study has developed a Fieldwork Operating Manual for research assistants, which provides guidelines and procedures for assessing and managing these risks; this manual will be utilised by the PhD scholar.

An ethics application will be submitted to the Curtin University Human Research Ethics Committee (HREC). Additionally, an amendment application will be submitted to the Alfred Hospital Ethics Committee to obtain approval to conduct additional qualitative interviews with young adult participants of the PATH study.

7.5 Aboriginal and Torres Strait Islander people

A set of six core values have been identified as being important when conducting research with Aboriginal and Torres Strait Islander Peoples, including reciprocity, respect, equality, responsibility, survival protection and spirit, and integrity (NHMRC, 2007). These core values will guide the process of data collection and analysis with Aboriginal and Torres Strait Islander participants. Furthermore, given the diversity of cultures and languages amongst Aboriginal and Torres Strait Islander peoples, cultural and local-language protocols will be respected for different groups involved in the research.

As the Burnet Institute has established relationships with local Aboriginal community and health organisations (including the Victorian Aboriginal Community Controlled Health Organisation [VACCHO]), opportunities to participate in formal cultural training and receive mentorship for conducting research with this target group, will be explored for the PhD scholar. Furthermore, the interview guide will be reviewed by VACCHO to ensure questions are culturally safe and sensitive.

8. Facilities and Resources

A Curtin University APA Scholarship has been awarded for the duration of this candidacy. An additional annual allowance of \$1400, allocated to higher degree students at Curtin University, will cover fieldwork costs, including qualitative data transcription and participant reimbursement fees (transcription costs for 20 interviews of 60 mins each = \$2,500 [five interviews will be transcribed by the PhD scholar to gain experience in transcription and understand the process]; participant reimbursement for 25 participants @ \$40 each = \$1205, totalling \$3705). All other facilities and resources will be available via the National Drug Research Institute at Curtin University, and the Burnet Institute, including access to qualitative data software programs, online access to email and library facilities and access to a vehicle for travelling to and from participant interviews.

9. Data Storage

All data collected and used for this study will be stored in accordance with Curtin University's Research Data and Primary Materials Policy. Data will be stored both electronically (on two computers and a hard disk drive with password protection), and in hard copy format (in a locked cabinet accessible only to the PhD student and research supervisors). Digital data will be regularly backed up onto a secure Curtin University network. Upon project completion, password-encoded data files will be archived on digital media in a locked office for seven years after the study is completed, after which time qualitative data will be destroyed. Any identifying participant information will be removed to protect the confidentiality of participants. Electronic data will be password-protected and hard copy data (including audio tapes) will be kept in locked storage at Curtin University.

10. Papers for publication

A minimum of 4 published papers is required to meet the requirements of a Curtin University PhD by publication. Given the study is inductive and qualitative in nature, topics of papers will be dependent on themes that emerge from the data, which cannot be anticipated at this point in time. Manuscripts will be submitted to appropriate public health, criminal justice and drug related journals.

11. Research Timeline

Sep 2014-April 2015	<ul style="list-style-type: none">• Literature review.• Prepare and submit Curtin APA and Candidacy applications.
Apr 2015 – Dec 2015	<ul style="list-style-type: none">• Prepare/submit HREC applications to JHREC, Alfred and Curtin.• Begin conducting qualitative interviews.
Jan 2016 – June 2016	<ul style="list-style-type: none">• Prepare/submit Paper 1.• Continue conducting qualitative interviews.
Jul 2016 – Dec 2016	<ul style="list-style-type: none">• Qualitative data analysis.• Prepare/submit Paper 2.• Prepare Paper 3.
Jan 2017 – Apr 2017	<ul style="list-style-type: none">• Continue qualitative data analysis.• Submit Paper 3.• Prepare/submit Paper 4.• Prepare draft thesis publication.
May 2017 - Aug 2017	<ul style="list-style-type: none">• Finish writing.• Finalise thesis publication.

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