



Australian Government

**Australian Institute of
Health and Welfare**

The health of Australia's prisoners **2012**





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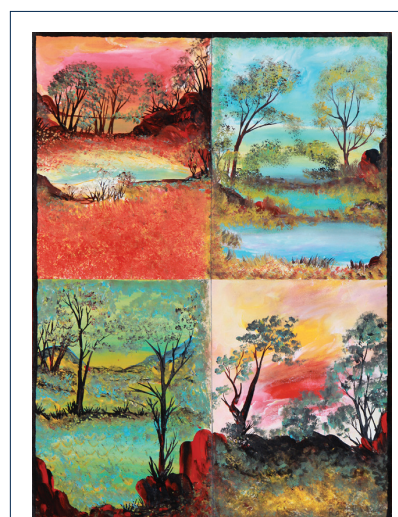
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Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
AIDS	acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
AUDIT	Alcohol Use Disorder Identification Test
AUDIT-C	Alcohol Use Disorder Identification Test—Consumption
BBV	bloodborne virus
CMR	crude mortality rate
GP	general practitioner
HIV	human immunodeficiency virus
IDU	injecting drug user
K10	Kessler Psychological Distress Scale
NDICP	National Deaths in Custody Program
NPEBBV&RBS	National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey
NPHDC	National Prisoner Health Data Collection
NSP	needle and syringe exchange program
OPT	opioid pharmacotherapy treatment
STI	sexually transmissible infection
TBI	traumatic brain injury
WHO	World Health Organization

Symbols

—	nil or rounded to zero
..	not applicable
n.a.	not available

Summary

The health of Australia's prisoners 2012 is the 3rd report relating to the National Prisoner Health Indicators, which was developed to help monitor the health of prisoners, and to inform and evaluate the planning, delivery and quality of prisoner health services. Included are data from 794 prison entrants, just over 4,000 prisoners who visited the clinic and about 9,000 prisoners who took medication. New in 2012 are indicative data from 387 prison dischargees (prisoners expecting to be released in the 4 weeks following the collection). Entrant and dischargee data are not directly comparable. Data was provided from all states and territories except Western Australia.

Mental health issues

Prisoners in Australia continue to have high rates of mental health related issues. In 2012, 46% of prison dischargees reported having ever been told they have a mental health issue (including alcohol and drug use issues), and 21% of those entering prison were taking mental health related medication. About one-quarter (26%) of prison entrants were referred to mental health services for observation and further assessment following the reception assessment.

One in 5 (20%) of prisoners in custody were taking medications commonly prescribed for mental health related conditions. Around one-quarter (27%) of prison dischargees reported that their mental health changed to become 'a lot better' while in prison; and only 9% reported that their mental health and wellbeing were a little (6%) or a lot (3%) worse since being in prison.

Health behaviours

Prison entrants and dischargees reported engaging in various risky health behaviours including smoking tobacco, drinking alcohol at extreme levels and using illicit drugs. Over 4 out of 5 (84%) entrants reported being a smoker, with almost half (46%) of them saying they would like to quit. Around one-third (35%) of dischargees said they planned to quit smoking while in prison and just under one-quarter (22%) of them were successful. Over half (54%) of dischargees reported drinking alcohol at risky levels prior to their current imprisonment but only 12% of dischargees reported having accessed an alcohol treatment program while in prison. Seven out of 10 (70%) prison entrants reported using drugs illicitly during the previous 12 months. These rates of alcohol and other drug misuse are all substantially higher than in the general community.

Aboriginal and Torres Strait Islander prisoners

Aboriginal and Torres Strait Islander prison entrants were more likely than non-Indigenous entrants to be current smokers (92% compared with 83%); and to report risky alcohol consumption (59% and 39%, respectively). Indigenous entrants were more than twice as likely as non-Indigenous entrants (5% compared with 2%) to report ever having been diagnosed with diabetes, but less likely to have been diagnosed with asthma (18% compared with 28%) or arthritis (4% and 8%).

Indigenous prison dischargees were more likely than non-Indigenous dischargees to rate the health care they received in prison as excellent (33% and 20%, respectively), to report an increase in physical activity while in prison (46% compared with 33%); and to report that their health had improved to be a little or a lot better (74% and 49%, respectively).

Snapshot of the health of Australia's prisoners

Indicator ¹	Proportion or number	Indigenous: Non-Indigenous	Page
Socioeconomic factors			
Proportion of prison entrants who completed below Year 10 at school	34%	46%:27%	20
Proportion of prison discharges who completed below Year 10 at school	41%	57%:34%	20
Proportion of prison entrants who were unemployed in the 30 days prior to imprisonment	48%	57%:43%	22
Proportion of prison discharges who, on release, have organised paid employment which will start within 2 weeks of leaving prison	27%	26%:27%	24
Proportion of prison discharges who, on release, are registered with Advance2Work	33%	40%:31%	25
Proportion of prison discharges who, on release, are expecting to receive government payments through Centrelink	88%	95%:86%	26
Proportion of prison entrants who reported that they were homeless in the 4 weeks prior to imprisonment (including short-term and emergency accommodation)	35%	43%:32%	26
Proportion of prison discharges who, on release, are going to be homeless (including short-term and emergency accommodation)	43%	55%:38%	28
Proportion of prison entrants who reported that one or more of their parents had been imprisoned while they were a child	21%	28%:17%	28
Proportion of prison entrants who have children who depend on them for their basic needs	28%	n.a.	30
Proportion of prison discharges who, in the last 4 weeks, had contact with family, friends and/or elders	84%	79%:87%	30
Mental health			
Proportion of prison entrants who report that they have ever been told by a doctor, psychiatrist, psychologist or nurse that they have a mental health disorder (including drug and alcohol abuse)	38%	29%:43%	35
Proportion of prison discharges who report that they have ever been told they have a health condition—mental health, including drug and alcohol abuse	46%	40%:49%	35
Proportion of prison entrants with high or very high level of psychological distress as measured by the Kessler 10 (K10) scale	31%	20%:38%	38
Proportion of prison discharges with high or very high level of psychological distress as measured by the Kessler 10 (K10) scale	18%	17%:18%	38

Indicator ¹	Proportion or number	Indigenous: Non-Indigenous	Page
Proportion of prison entrants who are currently taking medication for a mental health disorder	21%	13%:26%	43
Proportion of prison entrants, who, at reception, were referred to mental health services for observation and further assessment	26%	17%:31%	46
Self-harm			
Proportion of prison entrants who report that they have ever intentionally harmed themselves	16%	13%:18%	47
Proportion of prison entrants who report that they have thought of harming themselves in the last 12 months	11%	5%:14%	47
Proportion of prison discharges who report that they have intentionally harmed themselves in prison	2%	n.a.	48
Proportion of prison entrants identified as currently at risk of suicide or self-harm	7%	5%:8%	49
Communicable diseases			
Number of notifications of sexually transmitted infections during 2011–12 (source: jurisdictions)	459	n.a.	52
Proportion of prison entrants testing positive to a bloodborne virus—Hepatitis C (source: NPEBBV&RBS)	22%	18%:23%	53
Proportion of prison entrants testing positive to a bloodborne virus—Hepatitis B (source: NPEBBV&RBS)	19%	27%:15%	53
Proportion of prison entrants testing positive to a bloodborne virus—HIV (source: NPEBBV&RBS)	0%	n.a.	53
Proportion of prison discharges who were tested for a bloodborne virus or a sexually-transmissible infection	69%	80%:65%	57
Number of prisoners in custody who received medication for hepatitis C during 2011–12 (source: jurisdictions)	231	n.a.	59
Chronic conditions			
Proportion of prison entrants who report that they have ever been told they have a chronic condition	32%	23%:36%	60
Activity and weight changes			
Proportion of prison discharges who report that while in prison their level of physical activity decreased	21%	12%:25%	66
Proportion of prison discharges who report that while in prison their weight increased	57%	58%:56%	67
Aspects of women's health			
Proportion of female prison entrants who report that they have ever been pregnant	80%	86%:80%	71
Mean at age first pregnancy for female prison entrants who have ever been pregnant	21 years	18 years:22 years	71
Rate of pregnant women in custody during 2011–12	3 per 100 prisoners received	n.a.	71
Proportion of female prison discharges who report that they were pregnant while in prison	<5%	n.a.	71

Indicator ¹	Proportion or number	Indigenous: Non-Indigenous	Page
Proportion of female prison entrants who report that they have had a cervical screening in the last two years	43%	43%:43%	72
Proportion of female prison discharges who received cervical cancer screening in prison	30%	n.a.	72

Illicit drug use and needle sharing

Proportion of prison entrants who report that they engaged in illicit drug use in the last 12 months	70%	67%:71%	74
Proportion of prison entrants who report that they have injected drugs (source NPEBBV&RBS)	44%	36%:47%	78
Proportion of prison discharges who used illicit drugs while in prison	13%	n.a.	79
Proportion of prison discharges who injected drugs while in prison	7%	n.a.	79
Proportion of prison entrants who report that they have shared injecting equipment	20%	n.a.	80
Proportion of prison discharges who used a needle which had been used by someone else while in prison	7%	n.a.	80
Proportion of prison discharges who accessed a needle and syringe exchange program in the community	22%	n.a.	80
Proportion of prison entrants who report being on pharmacotherapy medication for opioid dependence	9%	n.a.	82
Proportion of prisoners in custody who received medication for opioid dependence	5%	5%:5%	82
Proportion of prison discharges who accessed an opiate substitution program while in prison	10%	n.a.	83
Proportion of prison discharges who received a tattoo while in prison	3%	n.a.	83
Proportion of prison discharges received a body or ear piercing while in prison	<1%	n.a.	83

Tobacco smoking

Proportion of prison entrants who report that they currently smoke tobacco	84%	92%:83%	84
Mean age at which prison entrants smoked their first full cigarette	14 years	15 years:14 years	84
Proportion of prison discharges who report that they smoked tobacco on entry to prison	80%	80%:79%	85
Proportion of prison discharges who report that they currently smoke tobacco	80%	83%:79%	86
Proportion of prison entrants who report that they would like to quit smoking	46%	47%:46%	89
Proportion of prison discharges who undertook smoking cessation programs in prison	14%	n.a.	91

Risky alcohol consumption

Proportion of prison entrants who report a high risk of alcohol related harm in the last 12 months (self-report)	46%	59%:39%	93
Proportion of prison discharges who report a high risk of alcohol related harm prior to current incarceration	54%	68%:48%	94
Proportion of prison discharges who consumed alcohol in prison	3%	n.a.	96

Indicator ¹	Proportion or number	Indigenous: Non-Indigenous	Page
Proportion of prison discharges who accessed an alcohol treatment program in prison	12%	17%:10%	96
Injuries, assaults and unprotected sex			
Proportion of prison entrants who report that they have ever received a blow to the head resulting in a loss of consciousness	43%	40%:46%	97
Proportion of prison discharges who report that they have received a head injury/blow to the head resulting in a loss of consciousness while in prison	5%	n.a.	98
Proportion of prison discharges who report that they had to see a doctor or nurse due to an accident or injury while in prison	26%	22%:28%	99
Proportion of prison discharges who report that they were physically assaulted or attacked by another prisoner while in prison	12%	12%:12%	99
Proportion of prison discharges who report that they were sexually assaulted by another prisoner while in prison	3%	n.a.	99
Proportion of prison entrants who had a new or casual partner in the last 3 months and reported never using a condom (source: NPEBBV&RBS)	46%	n.a.	100
General health services			
Proportion of prison entrants who, in the last 12 months, consulted with a medical professional in the community	74%	68%:78%	102
Proportion of prison entrants who, in the last 12 months, consulted with a medical professional in prison	67%	66%:69%	102
Proportion of prison entrants who, in the last 12 months, needed to consult a health professional in the community but did not	39%	34%:40%	106
Proportion of prison entrants who, in the last 12 months, needed to consult with a health professional while in prison, but did not	9%	8%:10%	106
Prison clinic			
Proportion of prison discharges who received a health assessment upon entry to prison	93%	97%:91%	109
Proportion of prison discharges who report they could easily see a medical professional if they had a health problem	88%	88%:88%	110
Proportion of prison discharges who visited the prison clinic	93%	89%:94%	111
Proportion of prisoners in custody who used the prison clinic during the 2-week data collection period	29%	30%:25%	113
Proportion of prison discharges who were diagnosed with a health condition in prison	40%	33%:44%	115
Proportion of prison discharges who received treatment for a medical condition in prison	57%	45%:63%	115
Proportion of prisoners in custody who had a problem managed in the prison clinic during the 2-week data collection period, by problem managed	9%	11%:8%	116
Proportion of clinic visits during the 2-week data collection period, by service received	Treatment 61%	59%:61%	119
Proportion of clinic visits initiated by prisoners	39%	38%: 39%	120
Proportion of prison discharges' clinic visits by type of health professional seen	Nurse 89%	n.a.	121

Indicator ¹	Proportion or number	Indigenous: Non-Indigenous	Page
Proportion of clinic visits by type of health professional seen	Nurse 71%	71%:69%	122
Proportion of prison discharges who received information on their condition at a clinic visit	77%	83%:75%	123
Proportion of prison discharges who received answers to questions that they could understand at the prison clinic	84%	88%:82%	123
Proportion of prison discharges who had the opportunity to be involved in their treatment decision at a clinic visit	72%	76%:69%	123
Proportion of prison discharges who rated the health care they received in the prison clinic as excellent	24%	33%:20%	123
Proportion of prison discharges who reported a change in their health	A lot better 37%	54%:29%	124

Medication

Proportion of prison discharges who were prescribed medication for a health condition in prison	52%	n.a.	126
Proportion of prisoners in custody who received prescribed medication during the data collection period	37%	34%:38%	127

Prison health services

Ratio of full-time equivalent health staff working within the correctional system to the total number of prisoners	5.0 per 100 prisoners	n.a.	134
Proportion of prison discharges who received an injection/vaccination	49%	55%:47%	135
Number of vaccinations provided by prison clinics during the 2-week data collection period	420 Hepatitis B, 8 HPV	n.a.	137
Proportion of prison discharges who went to a medical appointment outside the prison	22%	21%:23%	137
Proportion of prison discharges who were admitted to a general or psychiatric hospital	11%	n.a.	138
Proportion of prison discharges who visited an emergency department	12%	n.a.	138
Number of hospital transfers for prisoners in custody during the 2-week data collection period	359 non-acute and 208 acute	n.a.	138
Proportion of Indigenous prison discharges who received treatment or consultation from an Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Medical Service (AMS)	7%	n.a.	139
Proportion of Indigenous prison discharges who report they received culturally appropriate health care in prison	45%	n.a.	139
Proportion of Indigenous prison discharges who participated in Indigenous programs	22%	n.a.	139
Frequency of visits by an ACCHO or an AMS to a prison facility	Never: 80% of prisons	n.a.	140

Correctional services

Proportion of prison discharges who participated in correctional programs	35%	37%:35%	141
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Indicator ¹	Proportion or number	Indigenous: Non-Indigenous	Page
Proportion of prison discharges who didn't participate in correctional programs by reasons why	On remand/ sentence too short: 52%	n.a.	142
Proportion of prison discharges who worked in a prison industry	66%	65%:67%	144
Proportion of prison discharges who completed qualifications in prison	19%	n.a.	145

Release procedures

Proportion of prisoners released during the 2-week data collection period who had a health-related discharge summary in place at the time of their release	72% of sentenced prisoners with planned exit	n.a.	146
Proportion of prison discharges who received treatment or were prescribed medication for a health condition and there is a plan to continue treatment after release	77%	n.a.	148
Proportion of prison discharges who have a health condition and there is a plan to continue medication after release	59%, 33% not on medication	n.a.	149
Proportion of prison discharges who on release have a referral or appointment to see a health professional	46%	n.a.	149
Proportion of prison discharges who have a valid Medicare card available on release	76%	72%:78%	149
Proportion of prison discharges who felt prepared for their upcoming release from prison	86%	86%:86%	150

Deaths

Number of deaths in custody in 2010–11 (source: NDICP)	58	12:46	155
Crude mortality rate of prisoners within 4 weeks of release from prison (source: Department of Human Services)	15.3 per 1000 person years (2010)	..	155
Crude mortality rate of prisoners within 365 days of release from prison (source: Department of Human Services)	9.1 per 1000 person years (2010)	..	155

1 Dischargee data should be treated with caution due to low participation rates and are not directly comparable with data for entrants.

Key

- = sourced from discharge form
- = sourced from entrant form
- = sourced from repeat medication form
- = sourced from clinic form
- = sourced from establishment form
- = other source

1

Section 1: Overview

This section provides information on the demographics of Australian prisoners using data from the Australian Bureau of Statistics (ABS) and from the National Prisoner Health Data Collection (NPHDC). The method for the NPHDC is also outlined, including details of the major new development of the 2012 data collection—the inclusion of a new discharge component that captures information from prisoners about to be released from prison.

Socioeconomic characteristics such as education level, homelessness prior to prison and post-release, and family contact while in prison, are also analysed in this section. Information is provided by sex, age and Indigenous status where possible.

1 Introduction

This report presents the results of the 3rd national data collection on prisoner health in Australia and reports against the National Prisoner Health Indicators (Appendix A). It provides information on the health of people entering prison (prison entrants), conditions and problems managed by prison health clinics, medications taken by prisoners and the operation of prison health clinics. Indicators relating to the health of people due to be released from prison (prison discharges), and deaths post-release from prison were new to the data collection in 2012.

According to the World Health Organization (WHO 1948), health can be defined as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. For this reason, indicators about aspects of prisoners’ lives, including homelessness, contact with family and friends while in prison, correctional programs undertaken in prison and educational qualifications obtained in prison, were included in the data collection.

The NPHDC was designed to monitor these 110 indicators which are aligned to the National Health Performance Framework (see AIHW 2009a) to help ensure appropriate health services are in place to meet the needs of the prisoner population.

The importance of national data was highlighted in the 2012 Australian Medical Association (AMA) *Position Statement on Health and the Criminal Justice System* which recommends that:

Data collected in different jurisdictions should feed into national reporting against standardised benchmarks, with the outcomes used as a basis for continuous improvement in terms of identifying gaps in service delivery, prioritising areas of need, and allocating resources (AMA 2012, p.12).

The indicators and data collection were developed by the Australian Institute of Health and Welfare (AIHW) with assistance and advice from the National Prisoner Health Information Committee. This committee includes representatives from each state and territory department responsible for prisoner health, and other experts in the field. It is important to note that the indicators are designed to provide information about the health of Australian prisoners and are not to be interpreted as official or agreed ‘performance indicators’ of the prisoner health system.

Comparisons of prisoner data with the general Australian population are difficult because of the specific demographics of the prisoner population (see Chapter 2). Where possible, these comparisons are made in the relevant chapters of the report, as well as comparisons with international prisoner populations in Chapter 21. Data was provided by all states and territories except Western Australia.

1.1 Background

Prisoners have far greater health needs than the general population, with high levels of mental health disorders, illicit substance use, chronic disease, communicable disease and disability (ABS 2010; Condon et al. 2007b; Butler et al. 2011; Hockings et al. 2002). Mental health disorders and harmful drug use are particularly prevalent in the prisoner population with only about one-quarter of prisoners having neither problem (Friestad & Kjelsberg 2009; Smith & Trimboli 2010).

The median time spent so far on remand for unsentenced prisoners in custody at 30 June 2012 was 2.7 months and the median expected time to serve for sentenced prisoners at 30 June 2012 was 23 months (ABS 2012). As a result, each year, thousands of prisoners are released back into the community and the health issues and concerns of prisoners become those of the general population. The World Health Organization's Health in Prisons Project supports this view of prisoner health as an aspect of community health (WHO 2007).

The AMA states that 'prisoners and detainees have the same right to access, equity and quality of health care as the general population' (2012). This right to equivalence of care is outlined in a United Nations Declaration on basic principles for the treatment of prisoners (United Nations Secretariat 1990).

1.2 Prisoner health services in Australia

Correctional systems in Australia are the responsibility of state and territory governments. Services may be delivered directly or purchased from private providers. Responsibility for the provision of health services to prisoners also rests with state and territory governments, and varies between jurisdictions—for example, contracted private health care delivery occurs in Victoria, while health care is delivered by the department responsible for corrective services in Western Australia. In most jurisdictions, however, health departments deliver prisoner health services.

There are differences in how prison clinics function, both between and within jurisdictions. For example, specialists and mental health practitioners treating prisoners may be internal or external providers, prisoners may consult specialist services based in hospitals and in some prisons, clinical contacts may be provided away from the clinic. Some prison clinics have the capacity to deliver dental services and perform X-rays, whereas other smaller clinics are staffed by a single nurse. See Appendix E for details in each jurisdiction.

1.3 The prison environment

Prisoners often arrive at prison with several health problems (AIHW 2011d). These include high rates of mental health problems, certain chronic conditions, communicable diseases, alcohol misuse, tobacco smoking and illicit drug use. Prisoners lose access to Medicare—Australia's universal health care system—and the Pharmaceutical Benefits Scheme upon entry into prison; all medical services to prisoners are provided by the state and territory in which

they are imprisoned. For prisoners who underuse health services in the general community, prison may provide an opportunity to access treatment to improve their health.

The National Statement of Principles for Forensic Mental Health (2006) affirms that health services available in prison should be appropriate and equivalent to that available in the general community. However, the regimes and processes in place in a prison environment may make the goal of equivalence and continuity of care between the community and prison difficult to achieve, especially upon entry. Delays in being able to establish communication with a prisoner's community-based general practitioner or psychiatrist to confirm existing prescriptions may in turn lead to disruptions to regular medications or changes to established medication practices. Such issues may leave prisoners at increased risk of mental instability at a particularly difficult time of transition into prison (Bowen et al. 2009). The uncertainty surrounding exact discharge dates increases the difficulties associated with continuity of care into the community following release.

A major health issue in a prison environment is tobacco smoking. Tobacco is an integral part of prison culture, acting as a currency within prisons and being exchanged for goods, as debt payment and for gambling (Richmond et al. 2009). Smoking is banned in all enclosed public places and most outdoor public areas in Australia, while in prison, partial or total smoking bans have been introduced (see 'Chapter 11 Tobacco Smoking'). In New South Wales, Victoria, Queensland and Western Australia, programs or interventions are in place to help prisoners give up smoking or reduce the amount they smoke. Interventions include education and communication campaigns, increasing the cost of tobacco, limiting places where prisoners can smoke, providing nicotine replacement therapy and cessation support (Department of Corrective Services WA 2010; McCarthy & Brewster 2009; Queensland Corrective Services 2009).

Injecting drug use by prison inmates is a risk factor for bloodborne viruses, such as hepatitis C, which can be transmitted via the sharing of needles. Needle and syringe exchange programs (NSPs) can help prevent new infections. NSPs have been available in prisons in some countries for more than 10 years and meta-analysis results showed 'remarkably consistent' improvements to prisoner health, while not undermining institutional safety or security (Lines et al. 2005; Jurgens et al. 2009). In August 2012, the Australian Capital Territory Government announced the trial of Australia's first prison-based NSP, expected to be conducted during 2013–14. The potential for expansion of such trials beyond the Australian Capital Territory is unknown due to reservations of prison staff and unions.

For women, health issues that may exist upon entry to prison include a high incidence of cervical cancer and sexually transmitted infection, potentially due to involvement in the sex work industry, unsafe sexual practices and sexual abuse. Prison offers an opportunity to provide screening, treatment and preventive health care to this high-risk group.

1.4 Method

Most data in this report are sourced from the NPHDC, which was conducted over a 2-week period during May 2012, while some data for indicators concerning communicable diseases, illicit drug use, and unprotected sex are sourced from the National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (Butler et al. 2011).

The denominator for the indicators sourced from the clinic and medications data is the total number of prisoners in custody at 30 June 2012 (within the prisons included in the NPHDC). These data were sourced from the ABS.

Some indicators relate to 12 months of data (number of pregnant prisoners in custody, number of prisoners taking medication for hepatitis C and number of notifications of sexually transmitted diseases). To provide an appropriate denominator for these indicators, jurisdictions provided data on the number of prisoners received into prison and released from prison, during the same 12-month period. This is a more appropriate denominator for these indicators, because it provides a more accurate representation of the number of prisoners over a 12-month period than the ABS 30 June snapshot. For more details see 'Chapter 2.1 Australia's prisoners'.

New developments in the 2012 NPHDC

In 2012, a discharge form was included as part of the NPHDC for the first time. This form was designed for prisoners who were expecting to be released from prison within the following 4 weeks (prison dischargees), and asked questions on their health and experiences in prison; including access to services, risky behaviours in prison, and assaults and injuries.

Indicators of death in the 4 weeks and 12 months post-release were also included for the first time in 2012. These indicators were reported using data from the Commonwealth Department of Human Services (Centrelink).

The 2012 NPHDC also collected non-participation data for the first time, which provided information on the number of people who did not participate because they did not give consent or for some other reason. This means that, in this report, participation rates have been estimated, capturing information on those who were approached for participation but declined, and where it was known that particular dischargees were not approached for some reason and therefore could not participate. The participation rate for entrants was 70%; indicating that 3 out of 10 prison entrants did not provide data on entry to prison, with variation among the states and territories. However, estimates that consider those who were not approached suggest a participation rate for entrants of about 60%.

Given that 2012 was the first year that the discharge component of the data collection had been implemented, the participation rate was considerably lower (55%); than the population of entrants. This indicates that just under half of prisoners exiting prison did not contribute to the data collection. Estimates that consider those who were not approached suggest a participation rate for dischargees of about 28%. It is expected that participation rates for dischargees will improve in subsequent data collections. For present purposes, however, the data presented in this report about dischargees should be treated with caution.

Entrant non-participants were predominantly male (81%), but females were overrepresented (19%) compared with those who did participate (10%). The proportion of non-Indigenous non-participants was similar to participants (65% and 63%, respectively).

Sex and age profiles for dischargee participants and non-participants were very similar, but a slightly higher proportion of non-participants were Indigenous (35% compared with 31%).

There are variations in participation rates among states and territories in each of the data components (entrants, dischargees, clinic and medication), with prison entrants having higher participation rates than dischargees. This is partly due to the difficulties in identifying exact release dates in advance for prisoners, especially where they are on remand (awaiting

trial or sentence). For this reason, data from some jurisdictions may be disproportionately represented. Data disaggregated by jurisdiction are available online in Supplementary Tables, including jurisdictional non-participation rates.

Scope of the NPHDC

The NPHDC collected data from 74 public and private prisons in all states and territories except Western Australia, because they were unable to provide data. In contrast to the ABS's *Prisoners in Australia 2012* report, periodic detention centres and court cells administered by corrective services were excluded, as were juvenile detention centres, immigration detention centres and secure psychiatric facilities.

During the data collection period, prison entrants, prison dischargees, prisoners in custody visiting the prison clinic, and prisoners taking prescribed medication were invited to participate in the data collection, with the option to refuse to give consent. A prison clinic visit was defined as any face-to-face consultation for which an entry was made in the health service record. This excluded routine treatment such as adhesive plasters or paracetamol. The services provided within clinics vary among states and territories. Data for prison entrants, prison dischargees and prisoners in custody visiting their clinic were collected over the 2-week period. In New South Wales, clinic data were collected for 1 day only. In all participating jurisdictions, data were captured on all prescribed medications administered on 1 day during the data collection period. Depot medications (injected so absorption occurs over a prolonged period) were included, whether or not they were administered on the data collection day.

NPHDC forms

The forms for the 2012 NPHDC are presented in Appendix I. These consist of:

- **prison entrants form**—completed for prisoners entering prison during the data collection period. Included questions relating to demographics of the prison entrant, mental health, chronic diseases, substance and alcohol use, use of health services and pregnancy.
- **prison entrants non-participation form**—completed for prisoners entering prison in the data collection period who refused to participate or did not participate for some other reason. Included questions on demographics of the prison entrant.
- **prison discharge form**—completed for prisoners who were scheduled to be released from prison within 4 weeks from the data collection period. Included questions relating to demographics, mental health, chronic diseases, substance and alcohol use in prison, use of prison health and corrective services, assault and accidents in prison.
- **discharge non-participation form**—completed for prisoners who were scheduled to be released from prison within the 4 weeks from the data collection period and refused to participate or were released before they could participate. Included questions on demographics of the prison dischargees.
- **clinic form**—completed for all prisoners in custody who used the prison clinic during the data collection period. Included questions about demographics of the prisoner, who initiated the visit, problem managed at the clinic and who saw the prisoner.
- **medications form**—completed for all prisoners in custody who were administered medications on 1 day of the data collection period. Included questions about prisoner demographics and medications administered.

- **prison establishment form**—completed once for each prison. Included questions about whether health services were provided by Aboriginal Community Controlled Health Organisations (ACCHOs) or Aboriginal Medical Services (AMSs), discharge planning, immunisation, full-time equivalent staff members, hospital transfers and prison entrants into the facility.

The NPHDC was completed using paper forms.

Prisoners

Prisoners were defined as adults aged 18 or over held in custody, whose confinement was the responsibility of a corrective services agency. This definition includes sentenced prisoners and prisoners held in custody awaiting trial or sentencing (remandees). Juvenile offenders, people in psychiatric custody, police cell detainees, immigration detention centres or Australians held in overseas prisons were not included. Queensland detains prisoners aged 17 in adult prisons, but they were excluded from the NPHDC.

A prison entrant is classed as a person aged at least 18, entering full-time prison custody, either on remand (awaiting a trial or sentencing) or on a sentence. Prisoners who have been transferred from one prison to another were not included as entrants.

A prison dischargee is a full-time prisoner aged at least 18 who expects to be released from prison within the 4 weeks following the time of interview.

Prisoners aged at least 18, held in full-time custody in correctional facilities in Australia were in scope for the clinic and medication components of the NPHDC.

Supplementary electronic data

Jurisdictions were also asked to complete a data request to determine prisoners being treated for hepatitis C, notifications of sexually transmissible infections, and the number of prisoners received into and released from prison during the 2011–12 financial year.

Ethics

Initial ethical clearance for this project was obtained from the AIHW's Ethics Committee on 4 March 2008 and ethics approval for the discharge component of the NPHDC was obtained on 20 April 2012. Each jurisdiction was then responsible for ensuring that, where required, ethics approval was gained from the relevant jurisdictional ethics committee(s).

Confidentiality

Where the number in a table cell was small (1 or 2), the number has been suppressed (to <3). In some instances, cells 3 or larger may also be suppressed to ensure that the small cells cannot be calculated from the remaining data. Cells with 0 are reported as 0.

Where the response of the participant was unknown, these have been included in totals, but not individual rows and columns in Tables and Figures.

Interpretation of entrant and dischargee data

This data collection is cross-sectional in design, with data from each of the different groups of participants being collected over the same 2-week period in May 2012. This means that the prison entrants and prison dischargees from whom data were collected are not the same individuals. The data therefore do not represent a 'before' and 'after' of the prison experience, but rather represent two different groups of prisoners. Data for some indicators for which it may be expected that there would be a difference between those entering and those about to leave prison are sometimes presented side-by-side in a table or figure. Caution should be used in comparing these groups.

Entrants and dischargee data are also self-reported and so may be compared with other self-reported data (provided where possible throughout this report). These data may not be directly comparable with reports and studies that use diagnostic tools.

As previously indicated, the low participation rate of dischargees also means that these results should be treated with caution.

1.5 Report structure

The report is made up of eight sections:

- **Section 1: Overview**—presents an introduction (Chapter 1); demographic information about prisoners in Australia and, an overview of the participants in the NPHDC and information on the prison environment (Chapter 2); and data relating to socioeconomic factors such as education, employment, homelessness and family for both prison entrants and prison dischargees (Chapter 3).
- **Section 2: Mental health**—focuses on mental health including history, changes to mental health while in prison, current medication and current psychological distress for both prison entrants and prison dischargees (Chapter 4); and looks at self-harm including history and recent self-harming behaviour or thoughts for prison entrants and prison dischargees (Chapter 5).
- **Section 3: Physical health**—looks at communicable diseases including hepatitis B and C, and HIV (Chapter 6); chronic conditions for prison entrants, including asthma, arthritis, cardiovascular disease, diabetes and cancer (Chapter 7); activity and weight changes since entering prison, for prison dischargees (Chapter 8); and aspects of women's health including pregnancy in custody, and cancer screening (Chapter 9).
- **Section 4: Risky behaviours**—focuses on alcohol and other drug use, needle sharing in prison and in the community, and the use of treatment programs (Chapters 10–12); and looks at injuries, assaults in prison, head injuries for both prison entrants and dischargees, and unprotected sex for prison entrants (Chapter 13).
- **Section 5: Health service use**—focuses on the use of health services both in the community and in prison, including recent use of community health services by prison entrants, the use of the prison clinic by prisoners in custody, and satisfaction of prison dischargees with prison clinic services, and medications prescribed in prison (Chapters 14–16).
- **Section 6: Prison health services**—looks at the operations of the prison health services including staffing, use of community health services by prisoners, Indigenous specific health services, and immunisations (Chapter 17); analyses the use of correctional services

by prison dischargees, which relate to determinants of health such as employment and education (Chapter 18); and provides information on preparation for release from prison including provisions for throughcare of ongoing health issues, and how prepared prison dischargees feel for release (Chapter 19).

- **Section 7: Deaths**—includes information on deaths in custody, and post-release (Chapter 20).
- **Section 8: Comparisons and future directions**—provides comparisons between the Australian prisoner population and the Scottish prison population, where data are available (Chapter 21); and discusses data quality and gaps in the currently available data, as well as future directions for this collection (Chapter 22).

Most indicators are reported at a national level, with break downs for age, sex and Indigenous status as appropriate. Some indicators are reported at the jurisdictional level (see *Supplementary Tables*), which is available online at <http://www.aihw.gov.au/publication-detail/?id=60129543948>.

Eight appendixes accompany this report:

- Appendix A—List of indicators
- Appendix B—Data quality statement
- Appendix C—Tables (online)
- Appendix D—Data sources (online)
- Appendix E—Prisoner health services in Australia (online)
- Appendix F—Key policy directions (online)
- Appendix G—Prisoner health legislation in Australia (online)
- Appendix H—Prisons in Australia (online)
- Appendix I—NPHDC forms (online)

2 Demographic information

2.1 Australia's prisoners

Many people in prison are either on remand (awaiting trial or sentencing) or serving short sentences. This results in a fluid prisoner population, with people constantly entering and being released from prison. Table 2.1 compares the number of people in prison on a snapshot day (30 June 2012) and the number of people who entered or left prison during a 12-month period (2011–12). At 30 June 2012, there were just over 29,000 prisoners throughout Australia (not including periodic detention or court cells). Almost half that many again entered prison at some time during 2011–12. Excluding Western Australia, there were about 24,000 prisoners in prison on 30 June 2012, compared with about 33,000 who left or entered prison during the entire year.

Given the difference between these types of counts of prisoners, the number of people received into custody during 2011–12 is used as the more appropriate denominator for indicators that include data for the entire 2011–12 year.

Table 2.1: Number of prisoners, states and territories, 2012

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number in prison custody 30 June 2012	9,595	4,881	5,549	4,964	2,078	493	271	1,405	29,236
Number received into prison 2011–12	11,903	5,621	7,988	n.a.	3,302	1,007	453	2,681	32,955
Number released from prison 2011–12	12,641	5,548	8,128	n.a.	3,314	1,062	424	2,634	33,751

Notes

- Number received into prison was defined as the number of people received into the prison within the financial year. The number of people rather than the number of receptions was counted, so persons received into prison more than once within the one financial year were only counted once. In Victoria, this count is of events rather than people. Totals exclude Western Australia for comparative purposes with the NPHDC.
- Number released from prison was defined as the number of people released within the financial year. The number of people rather than the number of releases was counted, so persons released from prison more than once within the one financial year were only counted once. In Victoria, this count is of events rather than people. Totals exclude Western Australia for comparative purposes with the NPHDC.
- Number in prison custody on 30 June 2012 differs from published ABS data because the NPHDC excludes police cells and court cells administered by Corrective Services, periodic detention centres, and those aged under 18.
- Number may vary from published data due to rounding, randomisation and other estimation processes.

Sources: Supplementary data, 2012 NPHDC and National Corrections Advisory Group; AIHW analysis of Prisoners in Australia 2012 (ABS 2012).

The vast majority of prisoners are male (93%). The prison population is also relatively young, with almost two-thirds (65%) aged 20–39 (ABS 2012). Aboriginal and Torres Strait Islander people are significantly overrepresented in the prison system. At 30 June 2012, 27% of the prisoner population in Australia was Indigenous, compared with 2.5% of the general population. Indigenous Australians were imprisoned at a rate of 1,914 per 100,000 of the adult population, 15 times that of the non-Indigenous population (129 per 100,000) (ABS 2012).

A similar situation exists in Canada, where 4% of the Canadian population is Aboriginal, yet Canadian Aboriginals make up 21% of the prison population (The Correctional Investigator Canada 2012).

The proportion of Indigenous prison entrants who participated in the NPHDC decreased between 2010 and 2012 from 43% to 34%. The proportion of Indigenous prisoners in custody also decreased from 35% to 27% (ABS 2012; ABS 2010).

2.2 Prison entrants

There were 794 prison entrants from whom data were obtained in this data collection (Table 2.2). Nine out of 10 (90%) were male, ranging from 79% in Victoria to 97% in South Australia. The proportion of entrants who identified as Indigenous varied among jurisdictions, with a maximum of over four-fifths (83%) in the Northern Territory, and the average across Australia being about one-third (34%). Their median age ranged from 28 to 35, with the oldest entrant aged 83.

Previous incarceration was common with over one-fifth (22%) having been in juvenile detention, and almost three-quarters (73%) in prison before. Entrants in Victoria and the Northern Territory were less likely to have a history of juvenile detention than entrants in other jurisdictions. In each jurisdiction, at least half of all entrants were currently on remand, ranging from 50% in Queensland to 81% in South Australia. More than 2 in 5 (44%) entrants had been in prison in the previous 12 months.

Table 2.2: Characteristics of prison entrants, states and territories, 2012

Characteristics	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Prison entrants (number)	287	28	285	n.a.	62	30	16	86	794
Male (per cent)	91	79	90	n.a.	97	87	94	85	90
Indigenous (per cent)	27	11	33	n.a.	35	17	0	83	34
Median age (years)	31	30	28	n.a.	35	34	31	31	30
Age range (years)	18–73	20–50	18–60	n.a.	18–50	20–83	22–53	18–59	18–83
Been in juvenile detention (per cent)	28	7	21	n.a.	24	20	31	8	22
Been in prison before (per cent)	72	61	77	n.a.	74	73	88	63	73
Been in prison in previous 12 months (per cent)	40	11	47	n.a.	48	43	56	48	44
Currently on remand (per cent)	67	61	50	n.a.	81	70	63	65	62

Notes

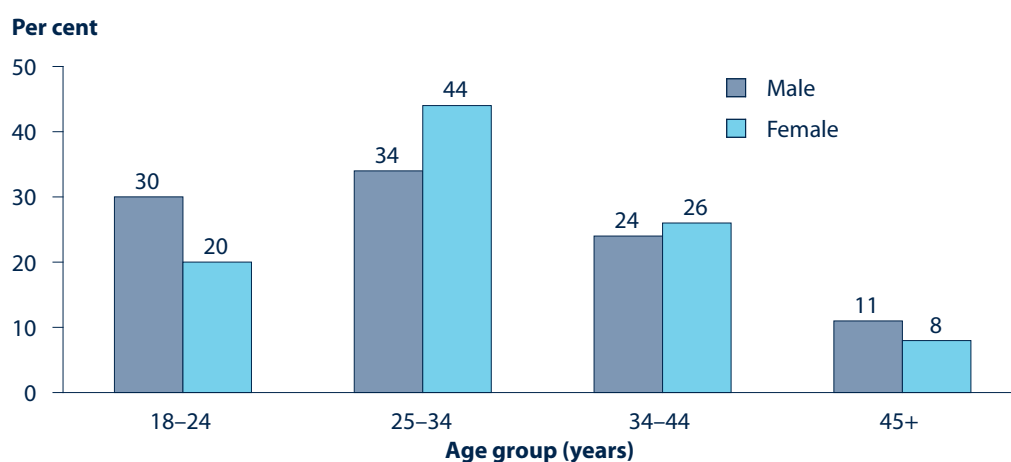
1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 10 prison entrants with unknown age, 25 with unknown Indigenous status, 12 whose prison/detention history was unknown, 155 whose prison history for the past 12 months was unknown and 20 whose detention status (remand or sentenced) was unknown.
3. There were 4 transgender entrants.

Source: Entrant form, 2012 NPHDC.

There is evidence of a worldwide increase in the number and proportion of older prisoners. During the 10 years to 2010, there was an 84% increase in the number of prisoners aged at least 50 years in Australia, especially among women; an increase, which cannot be fully accounted for by the ageing of the general population (Baidawi et al. 2011). There are clear implications for prison health services, because an increase in older prisoners will be accompanied by an increase in health conditions common among older people.

Female entrants were more likely to be younger, with 70% in the 25–44 age group, compared with 58% of male entrants (Figure 2.1). There were proportionally more males than females among the youngest age group aged 18–24 (30% and 20%, respectively) and among entrants aged over 45 (11% and 8%, respectively).

Figure 2.1: Prison entrants, by age groups and sex, 2012



Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes 10 prison entrants of unknown age.

Source: Entrant form, 2012 NPHDC.

2.3 Prison discharges

Information on prisoners preparing for discharge (prison discharges) has been included in this report for the first time. Due to a number of factors, it is more difficult to access prisoners who are leaving prison for a health assessment than to access prison entrants, and therefore discharge data should be interpreted with caution. All prison entrants come from court and routinely undergo a health assessment on entry to prison. However, prison releases occur in a variety of ways, including being released at the end of a sentence, being released from a parole hearing, being released from a court hearing, and being granted bail from a court hearing. These options for prison release mean that it is more difficult for prison authorities and health professionals to know ahead of time that a prisoner is going to be released, and make it difficult to schedule a pre-release health assessment and plan for discharge and throughcare.

Because 2012 was the first attempt at accessing prison discharges, and because different processes and systems are in place in each state and territory, there were varying degrees of success in capturing this information. For this reason, the number of discharges in the data collection is not proportional to the number of entrants, either in total or in each jurisdiction—therefore the two groups are not directly comparable.

Overall, there were 387 prison discharges from whom data were collected (Table 2.3). The proportion of discharges who were male (84%) was slightly lower than among entrants (90%) as was the proportion identifying as Indigenous (31%, compared with 34%). The median age was 31, with the oldest prison dischargee being 71. The median length of dischargees' most recent stay in prison was 152 days. Dischargees from Queensland had the shortest median length of stay at 91 days and those from New South Wales had the longest (274 days). The length of the stay in prison ranged from 5 days to 3,866 days (just over 10.5 years).

Table 2.3: Characteristics of prison dischargees, states and territories, 2012

Characteristics	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Prison dischargees (number)	74	38	220	n.a.	18	12	4	21	387
Male (per cent)	80	84	82	n.a.	94	100	100	100	84
Indigenous (per cent)	34	16	30	n.a.	17	17	0	86	31
Median age (years)	32	35	30	n.a.	37	37	25	29	31
Age range (years)	18–71	21–64	18–68	n.a.	21–57	19–64	22–33	21–51	18–71
Been in prison/juvenile detention before (per cent)	77	76	70	n.a.	94	67	100	76	74
Length of most recent prison stay (median; days)	274	183	91	n.a.	115	183	213	152	152
Shortest length of most recent prison stay (days)	61	30	7	n.a.	28	91	152	5	5
Longest length of most recent prison stay (days)	2,557	1,461	3,866	n.a.	731	731	335	1,826	3,866

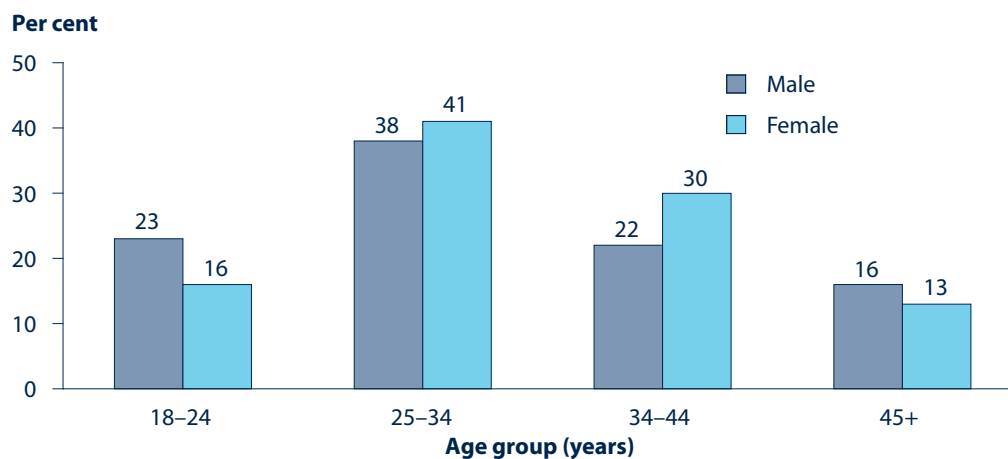
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. There were 5 transgender dischargees, all of whom identified as male.
3. Totals include 5 prison dischargees of unknown age, 6 whose Indigenous status was unknown, 4 whose juvenile detention history was unknown, 4 whose prison history was unknown and 1 whose length of stay in prison was unknown.
4. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

Female discharges were more likely than males to be aged between 25 and 44 (71% and 60%, respectively) (Figure 2.2). There were proportionally more males than females among the youngest age group aged 18–24 (23% and 16%, respectively) and among entrants aged over 45 (16% and 13%, respectively).

Figure 2.2: Prison discharges, by age groups and sex, 2012



Notes:

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes 5 discharges of unknown age.

Source: Discharge form, 2012 NPHDC.

2.4 Profiles of different prison populations

Table 2.4 compares the demographic profile of prison entrants and discharges in the NPHDC with that of all prisoners in custody on 30 June 2012 (ABS 2012). These demographic characteristics differ from those of prisoners in custody as reported in the ABS Census of Prisoners in Custody on 30 June. These differences may reflect the fact that prison entrant and discharge data are likely to capture a higher number of those on remand or with shorter sentences, while prisoners in custody on any single day are likely to include a higher number of those on longer sentences.

The prison entrants and discharges in the NPHDC include a higher proportion of those at increased risk—females, young people and Indigenous Australians. It should therefore be noted that the focus of this report (i.e. entrants and discharges) is a slightly different population to prisoners in custody—the focus of much prisoner health literature.

Table 2.4: Prison entrants, discharges and prisoners in custody, by sex, age group and Indigenous status, 2012 (per cent)

	Prison entrants ^(a)	Prison discharges ^(a)	Prisoners in custody ^(b)
Sex			
Male	90	84	93
Female	10	16	7
Age group (years)			
18–24	29	22	18
25–34	35	38	35
35–44	25	24	17
45+	11	15	20
Indigenous status			
Indigenous	34	31	27
Non-Indigenous	62	67	72
Total	100	100	100

(a) Percentage of prison entrants/dischargees (see Note 3) sourced from the 2012 NPHDC.

(b) Percentage of prisoners in custody sourced from the Prisoners in Australia 2012 report (ABS 2012).

Notes:

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Percentages do not add up to 100, due to unknown demographic information.
3. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

3 Socioeconomic factors

Socioeconomic factors that may affect prison entrants and discharges' health include cultural background, detention status, education, employment and parental imprisonment.

3.1 Cultural background

The cultural background of prison entrants and prison discharges shows a slightly different profile to that of prisoners in custody (Table 3.1). Among each group, Australia was the most common country of birth, but 20% of prisoners in custody were born elsewhere, as were 13% of entrants and 9% of discharges. The next most common countries of birth in each group were New Zealand, Vietnam and England/United Kingdom. Most entrants (89%) and discharges (94%) spoke English at home, with Australian Indigenous languages being the next most common (3% and 2%, respectively).

Table 3.1: Prison entrants, prison discharges and prisoners in custody, country of birth and main language spoken at home, 2012

	Proportion of prison entrants ^(a)	Proportion of prison discharges ^(a)	Proportion of prisoners in custody ^(b)
Country of birth			
Australia	87	91	80
New Zealand	2	3	3
Vietnam	2	1	3
England/United Kingdom	1	1	2
Other	7	4	12
Total	100	100	100
Main language spoken at home			
English	89	94	n.a.
Australian Indigenous languages	3	2	n.a.
Vietnamese	2	1	n.a.
Arabic/Lebanese	1	1	n.a.
Other	5	3	n.a.
Total (number)	794	387	29,380
Total (Per cent)	100	100	n.a.

(a) Percentage of prison entrants/dischargees (see Note 8) sourced from the 2012 NPHDC.

(b) Percentage of prisoners in custody sourced from the Prisoners in Australia 2012 report (ABS 2012).

Notes

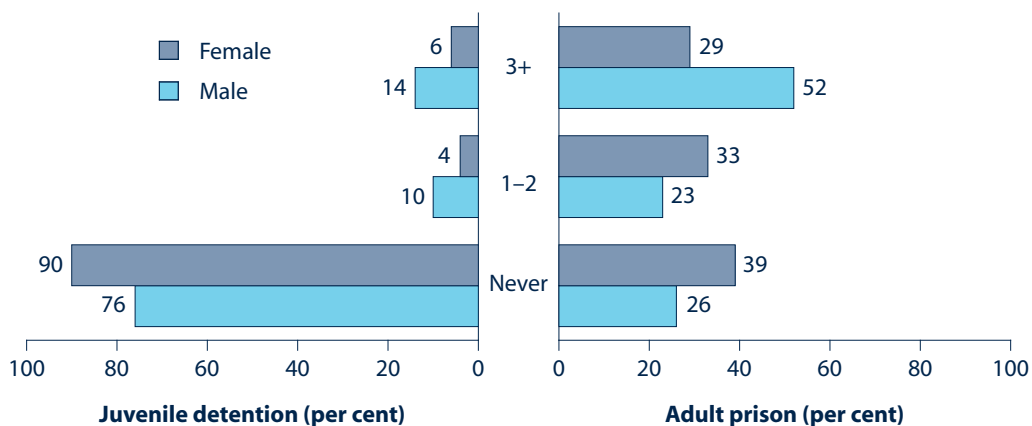
- Entrants/discharge data excludes Western Australia, as they did not participate in the 2012 NPHDC.
- Totals include 54 prison entrants of unknown country of birth, 40 whose main language was unknown; and 6 prison dischargees whose main language was unknown.
- England/United Kingdom includes England for entrant/discharge data and United Kingdom for ABS data.
- 'Other' countries of birth for prison entrants include New Zealand, Papua New Guinea, Fiji, Samoa, Tonga, England, Ireland, Scotland, France, Switzerland, Italy, Macedonia, Greece, Romania, Morocco, Lebanon, Turkey, Cambodia, Laos, Thailand, Vietnam, Philippines, China, South Korea, Bangladesh, India, Columbia, El Salvador, Republic of Congo, Nigeria and Kenya.
- 'Other' countries of birth for prison dischargees include England, Poland, Sweden, Vietnam, Turkey, Greece, China, South Africa, Wales, Solomon Islands, Netherlands, Philippines, Samoa, Chile, Croatia and Somalia.
- 'Other' languages for prison entrants include French, Spanish, Italian, Hungarian, Macedonian, Romanian, Arabic, Turkish, Indian, Bangladeshi, Gujirati, Hindi, Chin Haka, Vietnamese, Lao, Filipino, Chinese, Cantonese, Mandarin, Korean, Papua New Guinean, Dinka and Tongan.
- 'Other' languages for prison dischargees include Cook Island Maori, Swedish, Vietnamese, Lao, Botswanian, Samoan, Lebanese, Spanish, Croatian and Turkish.
- Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

3.2 Detention history

Three-quarters (75%) of both entrants and discharges had been previously either in prison or juvenile detention, or both, either on remand or a sentence.

Among prison entrants, 22% (177 entrants) had previously been in juvenile detention, with 8% having been there at least 5 times. Almost three-quarters (73%) had been in prison before, with almost one-third (228 entrants or 29%) reporting having been in prison at least 5 times before. It was more common for male entrants to have an extensive prison history than female entrants (Figure 3.1). More than half (52%) of male entrants had been in prison 3 or more times, including 30% who had been in prison 5 or more times. About 2 out of 5 (39%) female entrants had never been in prison before, compared with just over one-quarter (26%) of male entrants.

Figure 3.1: Prison entrants, history of previous incarceration, by sex, 2012

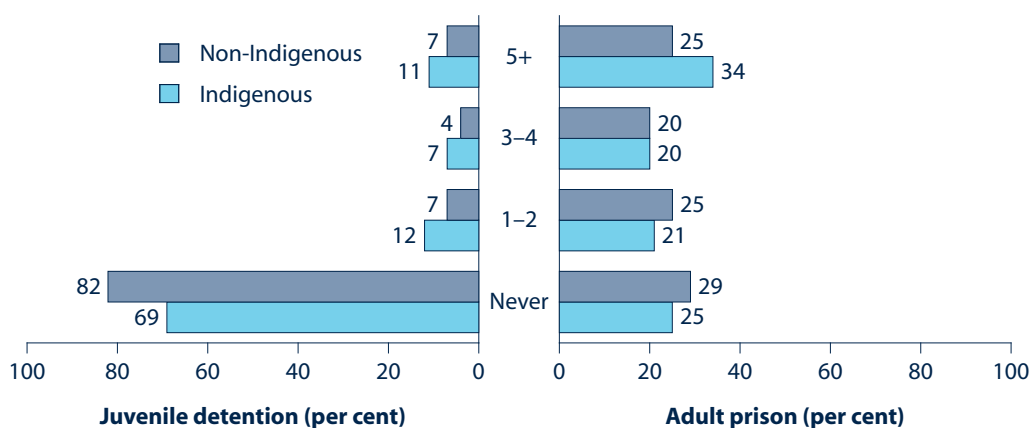


Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC
2. Excludes entrants whose sex or history of previous incarceration was unknown.

Source: Entrant form, 2012 NPHDC.

Indigenous prison entrants were more likely than non-Indigenous entrants to have an extensive history of incarceration (Figure 3.2). Around one-third (34%) of Indigenous entrants had been in prison at least 5 times before, compared with 25% of non-Indigenous entrants.

Figure 3.2: Prison entrants, history of previous incarceration, by Indigenous status, 2012*Notes*

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes entrants whose Indigenous status or history of previous incarceration was unknown

Source: Entrant form, 2012 NPHDC.

Prison discharges were asked about the length of time they had been in prison in their current stay. There was broad distribution, ranging from 1 day to over 5 years. The majority of discharges (219, or 57%) had been in prison this time for between 1 month and 6 months, and another 30% (117) said they had been in prison for between 6 months and 2 years. At the extreme ends, 4% had been in prison for less than 1 month and 4% for more than 5 years.

3.3 Education level

Education has been well documented as having a complex relationship with both mental and physical health, as part of links between greater social disadvantage and poorer health (Braveman et al. 2011). This includes low education being linked to poorer health status—especially for chronic conditions, a diminished capacity to use health information, and risky health behaviours such as tobacco use (Telfair & Shelton 2012).

Higher levels of educational attainment are thought to have a direct impact on health, by improving a person's health-related knowledge and the ability to use this information efficiently. Educational attainment is also associated with better employment prospects and higher income (OECD 2011), which, in turn, might serve to increase access to health-related services and products. Similarly, a higher level of schooling is associated with a lower probability of arrest and incarceration due to factors such as income effects, where the skill set gained from education allows for employment (which lowers crime); and time availability, where the time available for participating in criminal activity is lessened due to time spent in education (Machin et al. 2010).

Studies have also found a relationship between level of education, repeat imprisonment and criminal activity. Research indicates that prisoners with more imprisonments have, on average, lower levels of education (Payne 2007).

INDICATOR: Proportion of prison entrants who completed below Year 10 at school: 34%

INDICATOR: Proportion of prison discharges who completed below Year 10 at school: 41%

The education levels of entrants and discharges were broadly similar (Table 3.2). Around one-third (34%) of entrants had completed Year 9 or below, or had no schooling, as had 41% of discharges. In addition to this, just 17% of both entrants and discharges had completed Year 12. Caution should be used in comparing these groups, which comprise different people and are therefore not directly comparable.

Table 3.2: Prison entrants and prison discharges, highest level of completed schooling, states and territories, 2012

Level of schooling	Prison entrants		Prison discharges	
	Number	Per cent	Number	Per cent
Year 12	135	17	65	17
Year 11	83	10	41	11
Year 10	300	38	120	31
Year 9	137	17	95	25
Year 8, below or none	131	16	63	16
Total	794	100	387	100

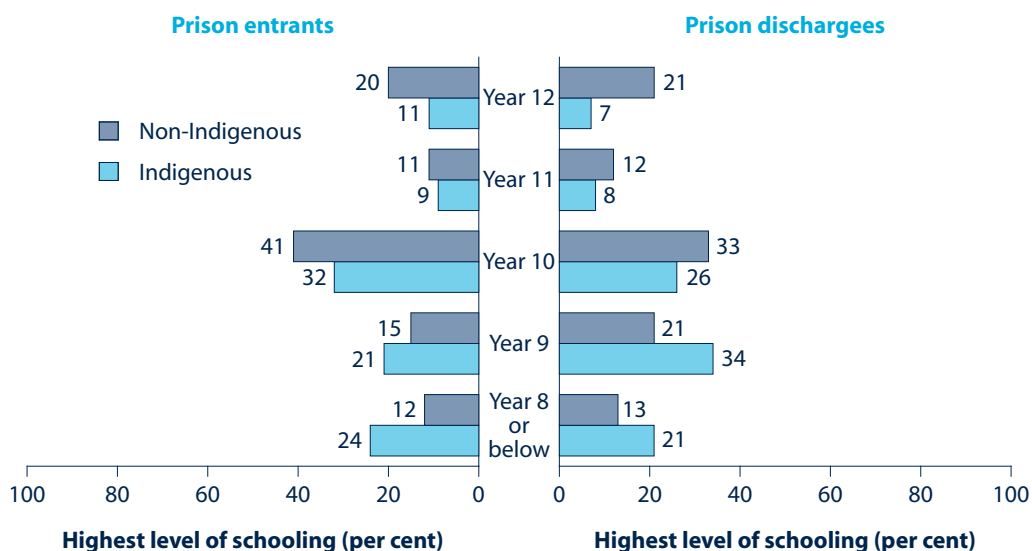
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 8 prison entrants and 3 prison discharges for whom the highest level of completed schooling was unknown.
3. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

Source: Entrant form and Discharge form, 2012 NPHDC.

Indigenous prison entrants and discharges showed lower levels of educational attainment than their non-Indigenous counterparts (Figure 3.3). Only 20% of Indigenous entrants had completed Year 11 or 12 at school, compared with almost one-third (31%) of non-Indigenous entrants. Similarly, more than twice the proportion of non-Indigenous discharges had completed Year 11 or 12 at school compared with Indigenous discharges (33% and 15%, respectively). Indigenous entrants were twice as likely as non-Indigenous entrants to have completed Year 8 or below (24% and 12%, respectively).

Figure 3.3: Prison entrants and discharges, highest completed level of schooling, by Indigenous status, 2012



Notes:

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

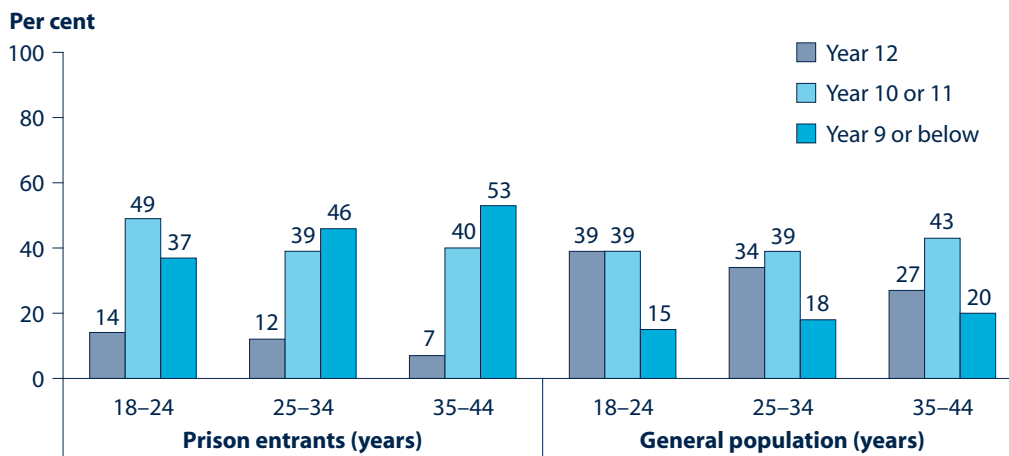
Source: Entrant form and Discharge form, 2012 NPHDC

Comparison with the general community

Indigenous persons in the general population were much more likely than Indigenous prison entrants to have completed Year 12 or equivalent schooling. Those in the general Indigenous population aged 35–44 were almost 4 times as likely than their counterparts in prison to have completed Year 12 (Figure 3.4). Although Indigenous persons aged 18–24 in the general population were more likely than prison entrants to have completed Year 12, prison entrants were more likely to have completed schooling up to Year 10 or 11 (49% compared with 39% among the general population). Indigenous prison entrants aged 18–24 were also more than twice as likely to have only completed Year 9 or below (37% compared with 15% among the general population), and this was similar across the age groups.

A higher proportion of Indigenous entrants aged 18–24 had a non-school qualification (all of which were trade certificates) when compared with their peers in the general population (Appendix C, Table A16). Persons aged 25–34 in the general Indigenous population were more likely than prison entrants the same age to have a non-school qualification (29% and 24%, respectively).

Figure 3.4: Prison entrants and the general population, highest level of schooling completed, by age group, 2012



Note: Excludes Western Australia, as they did not participate in the NPHDC.
Sources: Entrant form, 2012 NPHDC; ABS 2012 unpublished data.

3.4 Employment and government support

Unemployment is related to other risk factors such as homelessness or unstable housing, financial difficulties and mental health issues. The employment status of people entering prison may be indicative of the level of need for assistance with such issues upon release into the community. Employment has many benefits for individuals and their families, and has been shown to be linked to decreased rates of re-offending and reimprisonment among ex-prisoners. Many of the factors related to being able to achieve sustained employment are also related to offending behaviour such as mental health issues, drug and alcohol misuse, low levels of education and poor socioeconomic status (Graffam & Shinkfield 2012).

Entrants

INDICATOR: Proportion of prison entrants who were unemployed in the 30 days prior to imprisonment: 48%

Prison entrants were asked to choose the most appropriate description of their employment and education status during the 30 days immediately prior to imprisonment (Table 3.3). About half (48%) described themselves as unemployed, including almost one-third (31%) saying they were unemployed and looking for work, and 18% unemployed and not looking for work. Just over one-third (34%) were employed either full-time (21%) or part-time/casual (13%). Only 3% were studying either full-time or part-time and 14% said they were unable to work due to disability, age or health condition.

The employment or education status of prison entrants differed by sex, age and Indigenous status. Female entrants were less likely than males to be employed (13% and 37%, respectively), with over two-thirds (69%) unemployed, compared with less than half (46%) of males. The likelihood of being unemployed and looking for work decreased steadily with age from 41% of the youngest entrants aged 18–24 to 12% of the oldest entrants aged at least 45. Conversely, the likelihood of being unable to work due to disability, age or health condition increased steadily with age, from 2% of the youngest entrants to a high of 38% of those in the oldest age group.

Entrants aged 18–24 were the most likely to be studying (7% compared with 2% of entrants in each other age group). One-quarter (25%) of Indigenous entrants were employed, compared with 38% of non-Indigenous entrants. Indigenous entrants were more likely to be unemployed (57% compared with 43% of non-Indigenous entrants) (Table 3.3).

Table 3.3: Prison entrants, employment/education status in last 30 days, by sex, age group and Indigenous status 2012 (per cent)

	Full-time work	Part-time or casual work	Study (full-time and part-time)	Unemployed, looking for work	Unemployed, not looking for work	Unable to work due to disability, age or health condition
Sex						
Male	23	14	3	30	16	14
Female	8	5	5	39	30	13
Age group (years)						
18–24	20	15	7	41	16	2
25–34	20	14	2	32	19	13
35–44	25	8	2	24	21	19
45+	22	14	2	12	9	38
Indigenous status						
Indigenous	14	11	3	36	21	13
Non-Indigenous	24	14	4	28	15	16
Total (number)	169	102	27	243	139	113
Total (Per cent)	21	13	3	31	18	14

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 10 prison entrants of unknown age and 25 of unknown Indigenous status.
3. Prison entrants could select more than one option for education/employment status.

Sources: Entrant form, 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who on release have organised paid employment which will start within 2 weeks of leaving prison: 27%

Prisoners about to be discharged were asked whether or not they had organised paid employment that would begin within 2 weeks of release. Over one-quarter (27%) of dischargees had organised employment, 59% had not, and 11% did not know (Table 3.4). Male dischargees were more likely than females to have employment organised (31% and 10%, respectively); as were younger prisoners aged under 25 (31%) compared with those aged at least 45 (17%). The proportions of Indigenous and non-Indigenous dischargees with employment organised for their release were similar (26% and 27%, respectively). Some dischargees may have been in the process of organising employment or have employment which they were expecting would start later than 2 weeks after release. Further, some of the oldest dischargees may have been of retirement age.

Table 3.4: Prison dischargees, paid employment after 2 weeks on release, by sex, age group and Indigenous status, 2012

	Paid employment on release		No paid employment on release		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	88	31	155	54	288	100
Female	6	10	52	87	60	100
Age group (years)						
18–24	24	31	40	52	77	100
25–34	42	31	77	57	134	100
35–44	18	23	51	64	80	100
45+	9	17	36	69	52	100
Indigenous status						
Indigenous	26	26	62	62	100	100
Non-Indigenous	65	27	143	59	242	100
Total	94	27	207	59	348	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Totals include 5 prison dischargees of unknown age, 6 of unknown Indigenous status, 40 who did not know whether they had employment on release, and 7 who did not respond.
4. Dischargee data should be treated with caution due to low participation rates

Sources: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison discharges who on release are registered with Advance2Work or a similar program: 33%

As part of the process of preparing for release, prisoners may be connected with programs such as Advance2Work. Advance2Work and similar prisoner employment programs are funded by Corrections agencies and delivered by specialist employment providers that work with prisoners up to 6 months prior to release, and with recently released prisoners, to help them find sustainable employment or undertake further education and training that will assist in maximising employment opportunities. One-third (33%) of discharges said they were registered with Advance2Work or a similar program (Table 3.5). Proportionally more female (40%) than male (32%), and Indigenous (40%) than non-Indigenous (31%), discharges were registered. Among discharges aged under 45, about 34–39% were registered, compared with 17% of older discharges aged 45 or over.

Table 3.5: Prison discharges, registered with Advance2Work or similar, by sex, age group and Indigenous status, 2012

	Registered		Not registered		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	92	32	183	64	288	100
Female	24	40	35	58	60	100
Age group (years)						
18–24	28	36	45	58	77	100
25–34	45	34	83	62	134	100
35–44	31	39	46	58	80	100
45+	9	17	42	81	52	100
Indigenous status						
Indigenous	40	40	58	58	100	100
Non-Indigenous	74	31	156	64	242	100
Total	116	33	218	63	348	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Totals include 5 prison discharges of unknown age, 6 of unknown Indigenous status, and 14 whose registration status was unknown.
4. Dischargee data should be treated with caution due to low participation rates.

Sources: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison dischargees who on release are expecting to receive government payment through Centrelink: 88%

As well as income support payments for those who are unemployed, recently released prisoners may also be eligible for a crisis payment from Centrelink. This is a one-off payment available for those who have experienced difficult circumstances, including to prisoners within 7 days of their release. The payment is equivalent to 1 week's payment at the person's existing income support payment rate, without allowances or supplements.

Almost 9 out of 10 dischargees (88%) expected to receive some Centrelink payment, with almost half (45%, or 157) of all dischargees expecting to receive both income support and crisis payment from Centrelink upon release from prison. A further 15% (52 dischargees) expected to receive income support and 28% (98 dischargees) expected the crisis payment. Male dischargees were about twice as likely as females to say they were not expecting to receive any payment (11% compared with 5%), and non-Indigenous dischargees were 4 times as likely as Indigenous dischargees (12% compared with 3%) to expect not to receive a payment. Older dischargees aged over 45 were much less likely to expect that they would not receive a payment (25%) compared with younger dischargees aged under 25 (5–10%). South Australia and the Northern Territory did not provide data for this item, and Western Australia did not participate in the NPHDC.

3.5 Homelessness

Homelessness and imprisonment are related in a number of ways, both prior to imprisonment and after release. Housing is an important indicator of stability post-release. Ex-prisoners in unstable housing circumstances are more likely than other ex-prisoners to return to prison, and those who are homeless are significantly more likely to be re-incarcerated (Baldry et al. 2006). The most difficult issue for community reintegration noted by female prisoners and ex-prisoners was lack of access to suitable, long-term housing (WIPAN 2011). Data from the Specialist Homelessness Services collection (AIHW unpublished data) showed that 3% of clients seeking assistance in the June quarter of 2012 had recently been incarcerated or had listed their previous dwelling as 'adult correctional facility'. This equated to 7% of male clients and 1% of female clients. Males aged 25–34 were the most likely to have previously been in prison before seeking accommodation assistance (8%). These links extend back to the juvenile justice system, with young people under juvenile justice supervision being more likely than the general population to have also been involved with homelessness services (AIHW 2012b).

Entrants

INDICATOR: Proportion of prison entrants who reported that they were homeless in the 4 weeks prior to imprisonment (including short-term and emergency accommodation): 35%

Prison entrants were asked about their housing situation in the previous 4 weeks. Overall, two-thirds (66%) of prison entrants reported having been in their own accommodation

or rental agreement where they were named on the lease or mortgage (Table 3.6). Overall, 35% were homeless, with more than one-quarter (28%) in short-term or emergency accommodation, including 'couch surfing' or living temporarily with friends or relatives, and 7% said they were sleeping on the streets, parks, cars or railway carriages.

Female entrants were the least likely to be in their own accommodation (48%), and almost as many (45%) were in short-term or emergency accommodation (Table 3.6). For male entrants, more than two-thirds (68%) had been living in their own accommodation and a further 26% in short-term housing. Over three-quarters (78%) of the oldest prison entrants, aged at least 45, were in their own accommodation, compared with 63% of the youngest entrants. The youngest entrants aged 18–24 were more likely to be in short-term or emergency accommodation (32%) than older entrants (16% of those aged at least 45). Indigenous entrants were the group most likely to be sleeping rough (11% compared with 5% of non-Indigenous entrants).

Table 3.6: Prison entrants, housing in last 4 weeks, by sex, age group and Indigenous status, 2012

	Sleeping rough		Short-term/ emergency accommodation		Own accommodation		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	52	7	187	26	483	68	713	100
Female	6	8	36	45	38	48	80	100
Age group (years)								
18–24	13	6	73	32	144	63	228	100
25–34	24	9	80	29	181	66	276	100
35–44	15	8	53	27	125	64	195	100
45+	4	5	14	16	66	78	85	100
Indigenous status								
Indigenous	29	11	89	33	159	58	273	100
Non-Indigenous	27	5	132	27	339	68	496	100
Total	58	7	223	27	521	66	794	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 16 entrants whose housing status was unknown, 1 prison entrant of unknown sex, 10 of unknown age, and 25 of unknown Indigenous status.
3. Prison entrants could select multiple responses therefore totals for each category sum to more than 794.

Sources: Entrant form, 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who, on release, are going to be homeless (including short-term and emergency accommodation): 43%

Prison dischargees were asked where they expected to sleep on their first night out of prison. Almost all (95%) had a plan for accommodation, with only 2% saying they were likely to be sleeping rough or in non-conventional accommodation, or that they did not know. Just over half (52%, or 180 dischargees) expected to be in their own accommodation, either owned or rented; and a further 43% (151 dischargees) expected they would be in short-term or emergency accommodation.

Stable accommodation was expected for proportionally more non-Indigenous than Indigenous dischargees. Over half (55 dischargees, or 55%) of Indigenous dischargees planned to be in short-term or emergency accommodation and 41% in their own accommodation, compared with 38% of non-Indigenous dischargees who would be in emergency accommodation and 56% in their own accommodation. Similarly, a higher proportion of younger dischargees (aged 18–24) reported that they would be in short-term or emergency accommodation (41, or 53%) rather than their own place (32, or 42%). Older dischargees, aged at least 45, were the most likely to expect to be in their own accommodation (35, or 67%), rather than in short-term or emergency accommodation (15, or 29%). Data for this indicator were available from New South Wales, Victoria, Queensland, Tasmania and the Australian Capital Territory.

3.6 Family

Although it is an issue that receives little attention, many children around the world experience their parents being in prison. The full extent of the problem is difficult to establish, with few available statistics. It is estimated that the number of children in England and Wales with imprisoned parents is 3 times the number of children in care and over 5 times the number on the Child Protection Register (Ministry of Justice 2012; Department for Education 2012; Welsh Assembly Government 2011). The effects of this experience are wide ranging for both the prisoners and their families and children, with children often having to share the stigma of their imprisoned parent. Long-term impacts include that children of parents with a criminal record are more likely to end up in prison themselves later in life; more so for boys whose fathers had been in prison (Goodwin & Davis 2011).

INDICATOR: Proportion of prison entrants who reported that one or more of their parents had been imprisoned while they were a child: 21%

Around 1 in 5 prison entrants had one or more of their parents imprisoned when they were a child (21%). About 1 in 8 entrants (16%) reported that their father had been in prison, while 2% reported that their mother had been imprisoned (Table 3.7). A further 3% of entrants reported that both parents had been in prison while they were a child. Less than three-quarters of entrants (71%) reported that neither parent had been in prison.

Table 3.7: Prison entrants, parental imprisonment, 2012

	Prison entrants	
	Number	Per cent
Father imprisoned	128	16
Mother imprisoned	16	2
Both imprisoned	22	3
Neither imprisoned	564	71
Don't know	49	6
Total	794	100

Notes

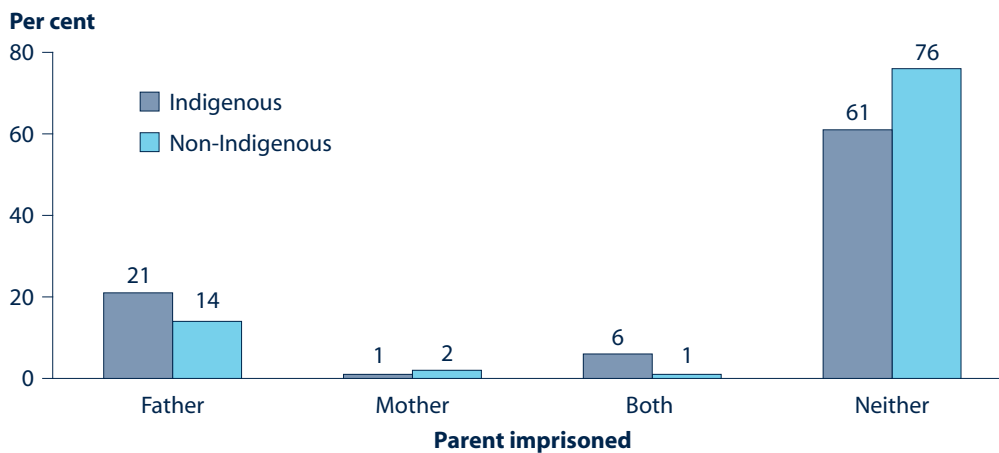
1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 15 prison entrants for whom parental imprisonment was unknown.

Source: Entrant form, 2012 NPHDC.

The proportions of males and females having experienced parental imprisonment were similar; however there were clear age patterns among entrants, with younger prisoners more likely than older prisoners to report that their father was in prison when they were a child. Almost one-quarter (23%) of the youngest entrants, aged 18–24, said their father had been in prison compared with 11% of the oldest entrants, aged over 45. The opposite pattern was found when neither parent imprisoned—81% of entrants aged over 45 reported neither parent had been imprisoned, compared with 59% of 18–24 year olds.

Indigenous entrants were more likely than their non-Indigenous counterparts to report having had parents in prison during their childhood (Figure 3.5). Over one-fifth (21%) of Indigenous entrants said their father had been in prison, compared with 14% of non-Indigenous entrants. Although the proportions were small, Indigenous entrants (6%) were more likely than non-Indigenous entrants (1%) to indicate that both parents had been imprisoned when they were a child.

Figure 3.5: Prison entrants, parent imprisonment status, by Indigenous status, 2012 (per cent)



Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.

Source: Entrant form, 2012 NPHDC.

INDICATOR: Proportion of prison entrants who have children who depend on them for their basic needs: 28%

Prison entrants were asked how many children, if any, they have who depend on them for their basic needs. Over half (53%) reported having no dependent children, and a further 19% did not respond to this question. The remaining 28% reported having at least 1 dependent child, with 5% saying they had 4 or more dependent children at the time of entering prison.

INDICATOR: Proportion of prison discharges who, in the last 4 weeks, had contact with family, friends and/or elders: 84%

Most discharges (84%) reported having had contact with family, friends or elders in the previous 4 weeks (Table 3.8). The most common type of contact was phone contact (42%), followed by receiving letters (38%). Four per cent of discharges had a visit during the previous 4 weeks. About 1 in 10 (11%) discharges reported having had no contact during this time. Over half of female discharges (51%) reported receiving letters, compared with 35% of males, but although 5% of males said they had a visit, no females reported this. Contact with family and friends did not appear to be a function of age; however, those aged 45 or over (19%) were the most likely group to say that they had had no contact in the previous 4 weeks. Indigenous discharges were over twice as likely as non-Indigenous discharges to report having no recent contact (18% and 7%, respectively).

Table 3.8: Prison dischargees, recent contact with family and friends, by sex, age group and Indigenous status, 2012

	None		Received letters		Phone contact		Visits		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Sex										
Male	36	12	107	35	130	43	16	5	305	100
Female	4	7	31	51	25	41	0	—	61	100
Age group (years)										
18–24	10	13	29	37	35	44	3	4	79	100
25–34	11	8	61	44	55	39	8	6	140	100
35–44	8	9	27	32	44	52	2	2	85	100
45+	11	19	20	35	19	33	2	4	57	100
Indigenous status										
Indigenous	19	18	28	27	46	45	7	7	103	100
Non-Indigenous	19	7	109	42	106	41	9	4	257	100
Total	40	11	138	38	155	42	16	4	366	100

Notes

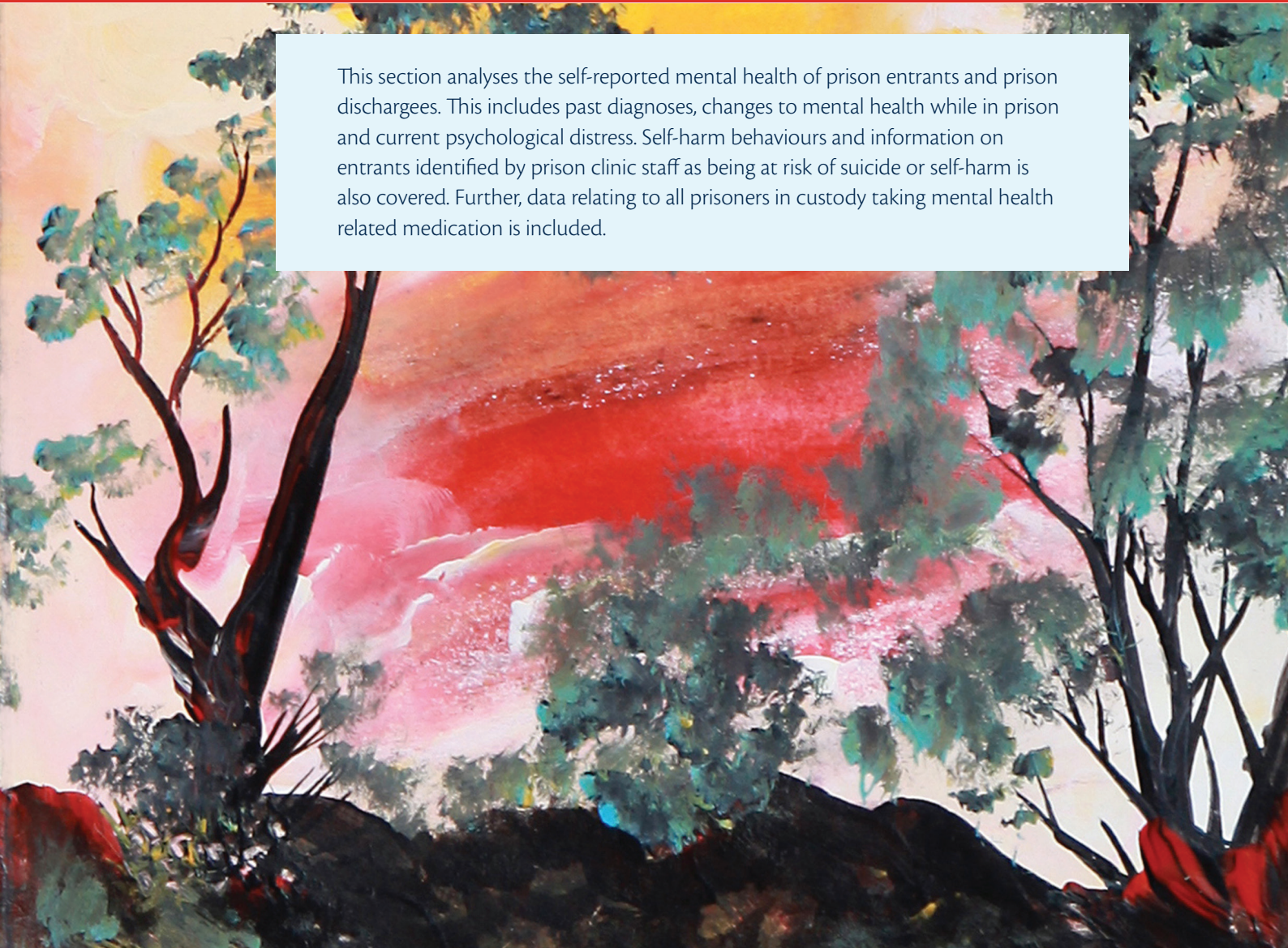
1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes the Northern Territory as they did not provide data for this item.
3. Totals include 5 dischargees whose age was unknown, 6 whose Indigenous status was unknown, and 17 whose recent contact was unknown.
4. Dischargee data should be treated with caution due to low participation rates

Source: Discharge form, 2012 NPHDC.

2

Section 2: Mental health

This section analyses the self-reported mental health of prison entrants and prison discharges. This includes past diagnoses, changes to mental health while in prison and current psychological distress. Self-harm behaviours and information on entrants identified by prison clinic staff as being at risk of suicide or self-harm is also covered. Further, data relating to all prisoners in custody taking mental health related medication is included.



4 Mental health before and while in prison

Mental health is defined as ‘a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential’ (AHM 2003). Mental health problems refer to ‘disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally’ (AIHW 2012a). In recognition of its contribution to the burden on Australia’s health, improving mental health is a goal of the *Roadmap for National Mental Health Reform 2012–22* (COAG 2012).

There is a higher incidence of mental health problems in the Australian prison population than in the general population (AIHW 2010b; Senate Committee on Mental Health 2006), with similar results found internationally. It is estimated that, of the 9 million prisoners worldwide, at least 1 million (11%) suffered from a significant mental disorder (WHO 2008b).

Incarceration may provide an opportunity for those with mental health problems to access treatment services (Butler et al. 2006). For example, a study of mental health in United States inmates found that when arrested by police, less than one-third of inmates with a mental health problem were taking medication. In contrast, almost 70% were taking medication after being received into jail or prison (Wilper et al. 2009).

Reliable information on mental health issues in a criminal justice context is always a significant challenge (Forsythe 2013), and among Indigenous prisoners there is added complexity. There are cultural differences in recognising mental health issues, and problems associated with the cultural appropriateness of mental health screening, assessment and diagnostic tools (Heffernan et al. 2009). The method of collecting data used in this report draws on existing health services and assessments, rather than being a one-off or infrequent diagnostic research project. This design has been chosen in order to reduce the burden on data providers and to set processes in place for this data to be regularly collected, to allow for monitoring of prisoner health in Australia.

As outlined in ‘Chapter 22 Next steps and future directions’, ideally this collection will be a by-product of existing administrative data in the future. The resulting information as presented in this report, therefore, reflects something closer to the information routinely available on a day-to-day basis for prison health authorities and professionals to work with. This is different to information obtained in diagnostic settings, particularly a culturally sensitive diagnostic research study using Indigenous mental health clinicians, trained especially for the data collection, in which higher prevalence may be found (e.g. Heffernan et al. 2012). The data in this report thus contain a different type of information and highlight the difficulties faced by prison health professionals in identifying and tackling mental health issues, especially among Indigenous prisoners.

4.1 Mental health history

During the data collection period, prison entrants were asked whether they had ever been told that they have a mental health disorder by a doctor, psychiatrist, psychologist or nurse; and whether they were currently taking medication for a mental disorder. Such disorders include those relating to drug and alcohol abuse. A nurse was included in this list of health professionals in recognition of the high proportion of entrants with a history of imprisonment, and the nurse-led health care, including mental health nurses, provided in prisons (see Chapter 15). Prison dischargees were also asked whether they have ever been told they have a mental health disorder and whether it was diagnosed while they were in prison this time.

INDICATOR: Proportion of prison entrants who report that they have ever been told by a doctor, psychiatrist, psychologist or nurse that they have a mental health disorder (including drug and alcohol abuse): 38%

INDICATOR: Proportion of prison dischargees who report that they have ever been told they have a health condition— mental health, including drug and alcohol abuse: 46%

Prison entrants were asked if they had ever been told by a doctor, psychiatrist, psychologist or nurse that they have a mental health disorder, including drug and/or alcohol problems. Prison dischargees were asked separate questions about whether they had ever been told that they have a mental health condition, and alcohol or drug use problems. To make the data comparable with the entrants' question, responses to these questions were combined to create one variable that indicated whether the dischargee had been diagnosed with both or either of these problems. Caution should be used in comparing these groups, which comprise different people and are therefore not directly comparable.

Overall, dischargees (46%) were more likely than entrants (38%) to report having been told they have a mental health disorder, including alcohol or drug use problems (Table 4.1). This could reflect exposure to health care professionals in the prison setting who can make diagnoses that may otherwise go unnoticed. Among entrants, a higher proportion of females than males reported ever having a mental health condition (43% and 37%, respectively) and this also applied to dischargees (56% and 44%, respectively).

Non-Indigenous entrants were more likely than Indigenous entrants to report a history of mental health issues (43% and 29%, respectively). This trend was the same among dischargees where around half (49%) of non-Indigenous dischargees reported ever having a mental health disorder, compared with 40% of Indigenous dischargees, although the gap decreased. The youngest entrants and dischargees (aged 18–24) were the least likely to report having ever been told they have a mental health disorder (30% and 29%, respectively).

Table 4.1: Prison entrants and discharges, ever told they have a mental health disorder including drug and alcohol misuse, by sex, age group and Indigenous status, 2012

	Prison entrants		Prison discharges	
	Number	Per cent	Number	Per cent
Sex				
Male	267	37	143	44
Female	34	43	34	56
Age group (years)				
18–24	68	30	24	29
25–34	118	43	80	54
35–44	77	39	52	57
45+	35	41	21	36
Indigenous status				
Indigenous	78	29	48	40
Non-Indigenous	215	43	127	49
Total	301	38	177	46

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Total includes 5 prison entrants whose mental illness history was unknown, 7 whose Indigenous status was unknown, 5 whose age was unknown; and 2 discharges of unknown Indigenous status.
3. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

Source: Entrant form and Discharge form, 2012 NPHDC.

4.2 Changes to mental health while in prison

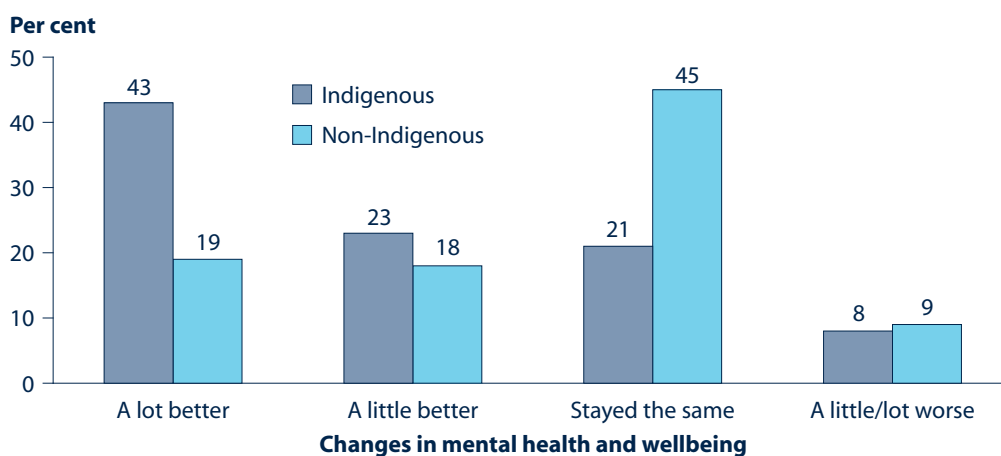
Prison dischargees were asked how their mental health and wellbeing had changed during their time in prison. Most reported either an improvement or no change, with only 9% reporting that their mental health and wellbeing were a little (6%) or a lot (3%) worse since being in prison. Over one-quarter (27%) reported the change was 'a lot better' and a further 19% reported 'a little better'. Thirty seven per cent reported that their mental health and wellbeing had stayed the same while they had been in prison (Appendix C, Table A2).

Around half (49%) of female dischargees said there was no change in their mental health and wellbeing while in prison, compared with 35% of males. Males were slightly more likely than females to say their mental health and wellbeing was a lot better (28% and 25% respectively) or a little/lot worse (9% compared with 7%).

There were differences by age, with the responses of the oldest dischargees (aged at least 45) differing from those in the younger age groups. More than half (53%) of the oldest dischargees reported their mental health and wellbeing had stayed the same since being in prison, compared with around one-third (33–35%) of younger dischargees. The oldest dischargees were the most likely to report their mental health becoming a little or a lot worse (15% compared with 6–8% of younger dischargees) (Appendix C; Table A2).

Indigenous discharges were more positive than non-Indigenous discharges in their responses. Two-thirds (66%) of Indigenous discharges reported that their mental health was either a lot better (43%) or a little better (23%), compared with 37% of non-Indigenous discharges. More than twice as many non-Indigenous than Indigenous discharges reported no change in their mental health and wellbeing (45% and 21%, respectively) (Figure 4.1).

Figure 4.1: Prison discharges, changes in mental health and wellbeing since entry to prison, by Indigenous status, 2012



Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.

Source: Discharge form, 2012 NPHDC.

4.3 Recent psychological distress

A high proportion of people entering prison have been shown to be psychologically distressed, especially those on remand awaiting trial or sentencing (Taylor et al. 2010).

The Kessler 10 (K10) scale was used as part of the NPHDC to measure the levels of psychological distress felt by prison entrants in the 4 weeks prior to entry to prison. The K10 is a 10-item screening questionnaire intended to yield a global measure of 'psychosocial distress' based on questions about the level of anxiety and depressive symptoms in the most recent 4-week period (ABS 2003; Andrews & Slade 2001). The K10 scale has been shown to be accurate and sensitive in predicting serious mental illness (Kessler et al. 2003).

The scoring used in this report is the same as that used in the ABS National Health Survey, to allow for comparability between the prisoner and general Australian populations. The categories are:

- low—indicated by a score of 10–15
- moderate—indicated by a score of 16–21
- high—indicated by a score of 22–29
- very high—indicated by a score of 30–50.

Slightly different scoring for the K10 is often used in other surveys and research (low 10–19, moderate 20–24, high 25–29, very high 30–50), so caution should be used when interpreting the results. The ‘very high’ category is identical in each scoring system.

INDICATOR: Proportion of prison entrants with high or very high level of psychological distress as measured by the Kessler 10 (K10) scale: 31%

INDICATOR: Proportion of prison discharges with high or very high level of psychological distress as measured by the Kessler 10 (K10) scale: 18%

Although around half (49%) of all prison entrants reported low levels of psychological distress, almost one-third of entrants (31%) experienced high or very high levels of psychological distress in the 4 weeks prior to their incarceration (Table 4.2). A further 16% reported moderate levels of distress.

Overall, the levels of distress reported were lower for discharges than for entrants (Table 4.2). Low levels of psychological distress were reported among the majority (60%) of prison discharges. Similar proportions of entrants and discharges reported high levels of distress (15% and 14%, respectively), but, few discharges reported very high distress (4%). It is likely that their impending release from prison would influence reported distress.

Table 4.2: Prison entrants and discharges, level of psychological distress, 2012

	Entrants		Discharges	
	Number	Per cent	Number	Per cent
Low	386	49	231	60
Moderate	129	16	78	20
High	123	15	53	14
Very high	123	15	16	4
<i>High/very high</i>	246	31	69	18
Total	794	100	387	100

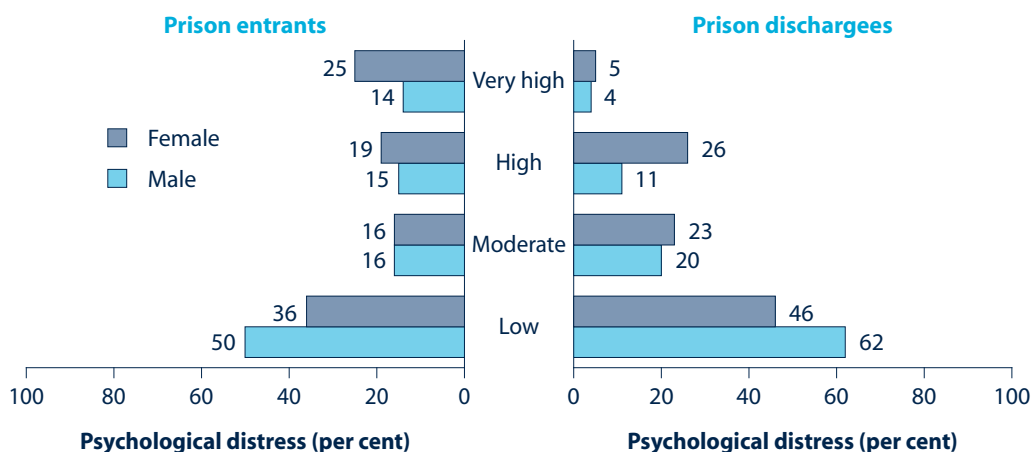
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Levels of psychological distress were calculated using the K10 scale: low (10–15), moderate (16–21), high (22–29), and very high (30–50).
3. Totals include 33 prison entrants and 9 prison discharges for whom K10 score of psychological distress was invalid or unknown.
4. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

Source: Entrant form and discharge form, 2012 NPHDC.

Female entrants and discharges were generally more distressed than male entrants and discharges. Female entrants were more likely than males to report high (19% compared with 15%) and very high psychological distress (25% and 14%), and a lower proportion of female entrants reported low levels of distress (36% compared with 50% of males) (Figure 4.2). More than twice the proportion of female discharges reported high levels of distress when compared with males (26% and 11%, respectively), but only a slightly higher proportion of female discharges reported very high distress (5% compared with 4% for males).

Figure 4.2: Prison entrants and discharges, level of psychological distress, by sex, 2012



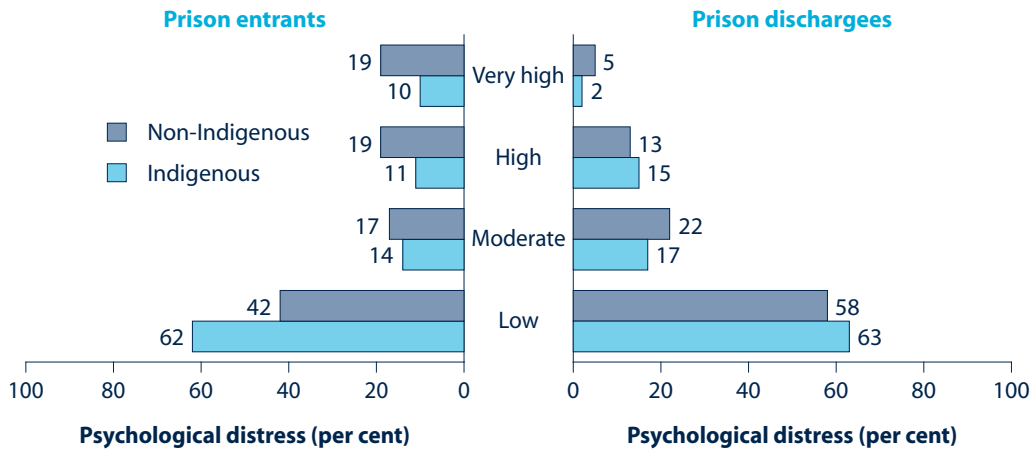
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Levels of psychological distress were calculated using the K10 scale: low (10–15), moderate (16–21), high (22–29) and very high (30–50).
3. Percentages do not sum to 100% because 4% of entrants and 2% of discharges had an invalid/unknown K10 score.
4. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

Source: Entrant form and Discharge form, 2012 NPHDC.

Non-Indigenous entrants and discharges overall reported higher levels of distress than their Indigenous counterparts. However, Indigenous prisoners about to be released from prison were more distressed, where 15% reported high distress compared with 13% of non-Indigenous discharges (Figure 4.3). Among entrants, high or very high levels of distress were found for 38% of non-Indigenous entrants and 20% of Indigenous entrants. This compares with 18% and 17%, respectively, among prison discharges.

Figure 4.3: Prison entrants and discharges, level of psychological distress, by Indigenous status, 2012



Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Levels of psychological distress were calculated using the K10 scale: low (10–15), moderate (16–21), high (22–29) and very high (30–50).
3. Percentages do not sum to 100% because 4% of entrants and 2% of discharges had an invalid/unknown K10 score.
4. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

Source: Entrant form and Discharge form, 2012 NPHDC.

The time around entering prison and being released from prison can be a source of considerable distress for prisoners, for a number of reasons. Although there is the perhaps obvious issue of being in prison which may well be distressing, prisoners may also be concerned about issues from aspects of their lives they are leaving behind as entrants, or re-joining as discharges. Prison entrants and discharges were asked if any distress they were experiencing was related to their current incarceration or upcoming release. They were also able to nominate other reasons for their distress. Several prisoners gave multiple reasons. Caution should be used in comparing these groups, which comprise different people and therefore not directly comparable.

About two-thirds of those who were distressed provided a reason (65% of distressed entrants and 61% of distressed discharges) (Table 4.3). Among distressed entrants, their current incarceration was the most common reason for distress (71%). Other reasons included family or friends (16%) and psychological or mental health issues (10%). Of the discharges who provided a reason as to why they were distressed, almost three-quarters (74%) said that their distress was related to their upcoming release from prison. About 1 in 10 nominated family or friends (10%), psychological or mental health issues (10%) or their current incarceration (9%) as the reason for their distress.

Table 4.3: Prison entrants and discharges, reason for psychological distress, 2012

	Entrants		Discharges	
	Number	Per cent	Number	Per cent
Current incarceration	256	71	11	9
Upcoming release	93	74
Family/friends	58	16	13	10
Psychological/mental health	35	10	13	10
Medical/health including AOD	30	8	7	6
Total number of distressed prisoners who provided a reason	362	65	125	61
Total number of distressed prisoners who did not provide a reason	194	35	80	39

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes 51 prison entrants for whom the relationship between distress and current incarceration was unknown; and 24 prison discharges for whom the relationship between distress and upcoming release from prison was unknown.
3. Proportions of distress were created using the number distressed entrants/discharges who provided a reason as the denominator.
4. Excludes 187 entrants and 158 discharges who selected 'not applicable' (i.e. not experiencing distress)
5. Distress reasons will not sum to the total, because some prisoners provided multiple reasons for distress and a total of 16 entrants and discharges provided 'other' reasons.
6. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

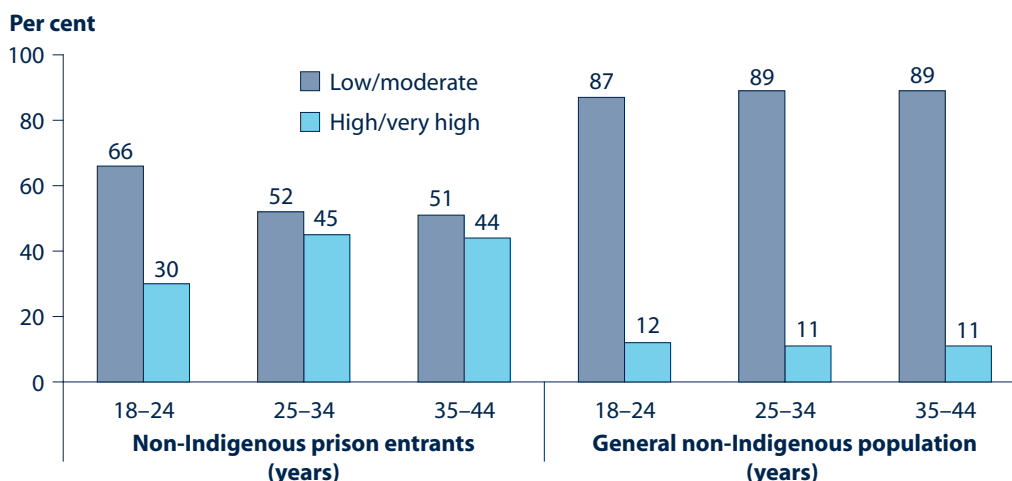
Source: Entrant form and Discharge form, 2012 NPHDC.

Comparison with the general community

Two-fifths (38%) of non-Indigenous prison entrants reported high to very high levels of psychological distress, compared with around 1 in 10 persons in the general population (11%). The difference between non-Indigenous males and females who reported high to very high levels of psychological distress was substantially smaller among the general population (males 9%, females 13%) compared with among entrants (males 39%, females 51%) (Appendix C, Table A13).

Prison entrants across all age groups experienced higher levels of psychological distress compared with the general population. Around 4 times the proportion of prison entrants aged 25–44 reported high or very high levels of distress compared with the general population (44–45% compared with 11%). Almost 9 out of 10 people aged 18–24 in the general population reported low to moderate levels of distress (87%), compared with about two-thirds (66%) of prison entrants the same age (Figure 4.4).

Figure 4.4: Non-Indigenous prison entrants (2012) and the general non-Indigenous population (2011–12), level of psychological distress as indicated by K10, by age group



Notes:

1. Excludes Western Australia, as they did not participate in the NPHDC.
2. Percentages may not sum to 100 due to the exclusion of entrants whose level of psychological distress was unknown, and rounding.

Sources: Entrant form, 2012 NPHDC; unpublished data ABS 2012.

4.4 Mental health medication

Entrants

INDICATOR: Proportion of prison entrants who are currently taking medication for a mental health disorder: 21%

Around 1 in 5 (21%) prison entrants reported that they were currently taking medication for a mental health disorder (Table 4.4). This is considerably lower than the proportion of prison entrants who reported that they have ever been told that they have a mental health disorder (38%). Consistent with sex differences between the proportions of entrants who had ever been told they have a mental health disorder (43% of females and 37% of males), a higher proportion of females (28%) than males (20%) reported currently taking medication for a mental health disorder.

Prison entrants aged over 45 were the most likely to be currently taking medication for a mental health disorder (31%). Non-Indigenous prison entrants were twice as likely as Indigenous entrants to be taking mental health medication (26% and 13%, respectively).

Table 4.4: Prison entrants, currently taking mental health related medication, by sex, age group and Indigenous status, 2012

	Number	Per cent	Total prison entrants
Sex			
Male	143	20	714
Female	22	28	80
Age group (years)			
18–24	34	15	228
25–34	63	23	276
35–44	42	22	195
45+	26	31	85
Indigenous status			
Indigenous	35	13	273
Non-Indigenous	127	26	496
Total	165	21	794

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 30 prison entrants whose current medication status was unknown, 25 whose Indigenous status was unknown, and 10 whose age was unknown.

Source: Entrant form, 2012 NPHDC.

Prisoners in custody

Prisons collected data on every prescribed medication dispensed on 1 day of the NPHDC in order to get 'average day' data. The following data concerning medication pertains to the whole prison population. One in 5 (20%) prisoners in custody were taking medication commonly used for mental health issues, including a greater proportion of females (33%) than males (19%) (Table 4.5). The most common type of mental health related medication was antidepressants/mood stabilisers, which were taken by 13% of males and 27% of females, followed by antipsychotics (8% and 12% respectively). Anti-anxiety medication (2%) and hypnotics and sedatives (1%) were less common. Although most commonly used for mental health issues, some of these medications may have been prescribed for other reasons.

Table 4.5: Prisoners taking mental health related prescribed medication, by sex, 2012

Medication type	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Antidepressants/mood stabilisers	2,900	13	438	27	3,386	14
Antipsychotics	1,673	8	192	12	1,892	8
Anti-anxiety (Anxiolytics)	333	2	28	2	367	2
Hypnotics and sedatives	107	<1	54	3	167	1
Total taking any mental health medication	4,052	19	538	33	4,659	20

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
3. A prisoner taking more than one type of medication was counted more than once except in the total.
4. Total includes 69 medications taken by prisoners whose sex was unknown.
5. Percentages are calculated from the total number of prisoners in custody.

Source: Medication form, 2012 NPHDC.

Mental health medication was slightly less common among Indigenous (16%) than non-Indigenous (19%) prisoners, and also for the youngest prisoners, aged 18–24 years (13%) compared with older prisoners (20–22%) (Table 4.6).

The proportion of Indigenous prisoners taking mental health medication increased by 10 percentage points with age (from 10% of 18–24 year olds to 20% of those aged 45 and over) compared with a change of 5 percentage points among non-Indigenous prisoners (from 14% to 19%).

Table 4.6: Prisoners taking mental health related prescribed medication, by age group and Indigenous status, 2012

Mental health related medication type	18–24 years		25–34 years		35–44 years		45+ years		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Indigenous										
Depression/mood stabilisers	86	6	250	11	190	13	86	14	616	11
Antipsychotics	82	5	185	8	140	10	49	8	459	8
Anxiety	17	1	27	1	18	1	9	1	71	1
Sleep disturbance	6	0	14	1	12	1	5	1	37	1
Total taking any mental health related medication	149	10	382	16	269	19	125	20	930	16
Non-Indigenous										
Depression/mood stabilisers	274	10	902	15	807	16	624	15	2,621	15
Antipsychotics	187	7	515	8	409	8	219	5	1,339	8
Anxiety	22	1	113	2	95	2	52	1	283	2
Sleep disturbance	13	<1	45	1	33	1	26	1	117	1
Total taking any mental health related medication	394	14	1,227	20	1,072	22	796	19	3,506	19
Total										
Depression/mood stabilisers	380	9	1,196	14	1,030	16	743	15	3,386	14
Antipsychotics	279	6	738	9	570	9	284	6	1,892	8
Anxiety	40	1	141	2	115	2	64	1	367	2
Sleep disturbance	20	<1	61	1	50	1	35	1	167	1
Total taking any mental health related medication	570	13	1,679	20	1,396	22	967	20	4,659	19

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
3. A prisoner taking more than one type of medication will be counted more than once except in the totals.
4. Percentages are calculated from the total number of prisoners in custody, which is subject to rounding and randomisation and may therefore differ from published data.

Source: Medication form, 2012 NPHDC.

4.5 Prison entrants referred to prison mental health services

The initial health assessment prisoners receive on entry to prison is similar to a screening assessment. From this, prisoners may be referred to various health professionals for further assessment, observation or treatment.

INDICATOR: Proportion of prison entrants who, at reception, were referred to mental health services for observation and further assessment: 26%

Just over one-quarter (26%) of entrants were referred to prison mental health services for further observation or assessment, following their initial health assessment (Table 4.7). The patterns of referral among different age groups and by Indigenous status were broadly similar to the patterns of entrants reporting a history of mental health issues, and current medication. About one-fifth (19%) of the youngest entrants aged 18–24 were referred, compared with 27–32% of older entrants. A lower proportion of Indigenous entrants were referred than non-Indigenous entrants (17% and 31%, respectively).

However, while female entrants were more likely than males to report a history of mental health issues, and to be currently on medication, there was no difference between males and females in being referred to mental health services.

Table 4.7: Prison entrants, referral to prison mental health service, by sex, age group and Indigenous status, 2012

	Referred to prison mental health service		Total	
	Number	Per cent	Number	Per cent
Sex				
Male	187	26	714	100
Female	21	26	80	100
Age group (years)				
18–24	44	19	228	100
25–34	77	28	276	100
35–44	63	32	195	100
45+	23	27	85	100
Indigenous status				
Indigenous	46	17	273	100
Non-Indigenous	156	31	496	100
Total	208	26	794	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 10 entrants whose age was unknown, 25 whose Indigenous status was unknown, and 44 for whom referral status was unknown.

Source: Entrant form, 2012 NPHDC.

5 Self-harm

Self-harm is when a person deliberately inflicts physical harm to themselves, often in secret and without anyone else knowing about it. Self-harm is not necessarily a suicide attempt, although it may include suicidal behaviour. It is often used as a method for coping with painful or difficult feelings. Methods to achieve self-harm include cutting or slashing, blunt force, burning, strangulation, suffocation, biting, refusing food/water, binge eating or self-poisoning (Kraemer et al. 2009; Berry & Harrison 2007). Overdose is the most common form of self-harm in Australia. Females are more likely than males to self-harm (Healey 2012).

As a group, prison populations exhibit high levels of self-inflicted harm and injury, suicidal thoughts and suicide attempts (Kirchner et al. 2008). Risk factors for self-harm are common among prisoners, and include various behavioural and social characteristics: mental health problems, chronic physical illness, drug and alcohol abuse, history of childhood sexual abuse and previous suicide attempts. Young adults are also at increased risk (Fliege et al. 2008; Kenny et al. 2008).

5.1 Self-harm behaviour

Entrants

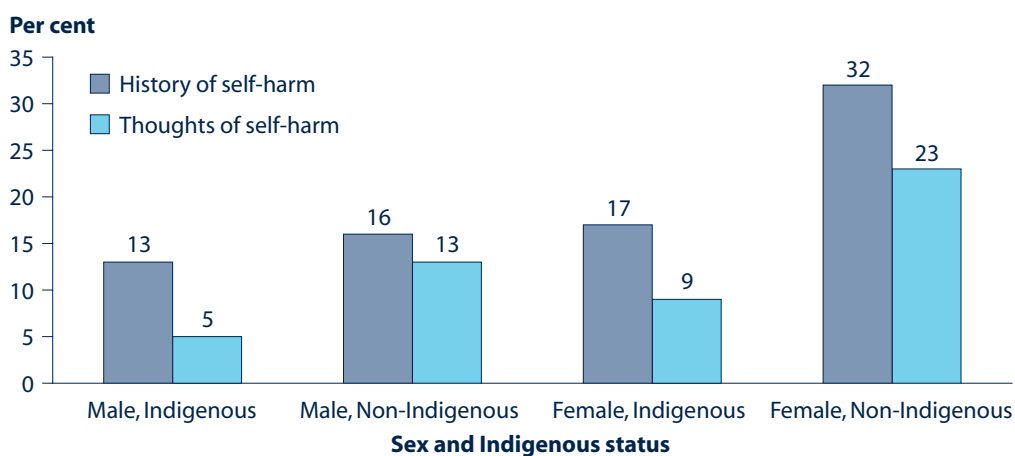
INDICATOR: Proportion of prison entrants who report that they have ever intentionally harmed themselves: 16%

INDICATOR: Proportion of prison entrants who report that they have thought of harming themselves in the last 12 months: 11%

Prison entrants were asked whether they had ever intentionally harmed themselves in the past, and also whether they had had any thought of doing so, during the previous 12 months. A history of self-harm was reported by 16% of entrants, and recent thoughts of harming themselves, by 11% (Appendix C; Table A3). Almost twice the proportion of females than males reported both a history (28% compared with 15%) and recent thoughts (19% and 10%). The oldest entrants, aged at least 45 were the least likely to report having a history of self-harm (5%), compared with 23% of entrants aged 35–44. Age groups showed similar proportions in having recent thoughts of self-harm. Indigenous entrants were less likely than non-Indigenous entrants to report a history of self-harm (13% and 18%, respectively), or recent thoughts (5% and 14%).

Non-Indigenous females were the most likely group to report both a history of self-harm and recent thoughts of self-harm (Figure 5.1). About one-third of this group (32%) had a history of self-harm, and almost one-quarter (23%) had recent thoughts of self-harm. Indigenous males were the least likely to report a history of self-harm or thoughts of self-harm (13% and 5%, respectively).

Figure 5.1: Prison entrants, history and thoughts of self-harm, by sex and Indigenous status, 2012



Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.

Source: Entrant form, 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who report that they have intentionally harmed themselves in prison: 2% of prison dischargees.

Nine dischargees (2%) reported having intentionally harmed themselves while in prison during their most recent stay in prison. Data excludes Western Australia, as they did not participate in the 2012 NPHDC. This data is consistent with similar research. In one of few studies on this subject, a United States study of state prisons estimated the prevalence of self-injury in prison to be 2.4%, with the most common method of injury being cutting oneself (Smith & Kaminski 2011). In the 2009 New South Wales Inmate Health Survey, 2.7% of participants reported having harmed themselves during their current incarceration (Indig et al. 2010).

5.2 Identification of self-harm or suicide risk

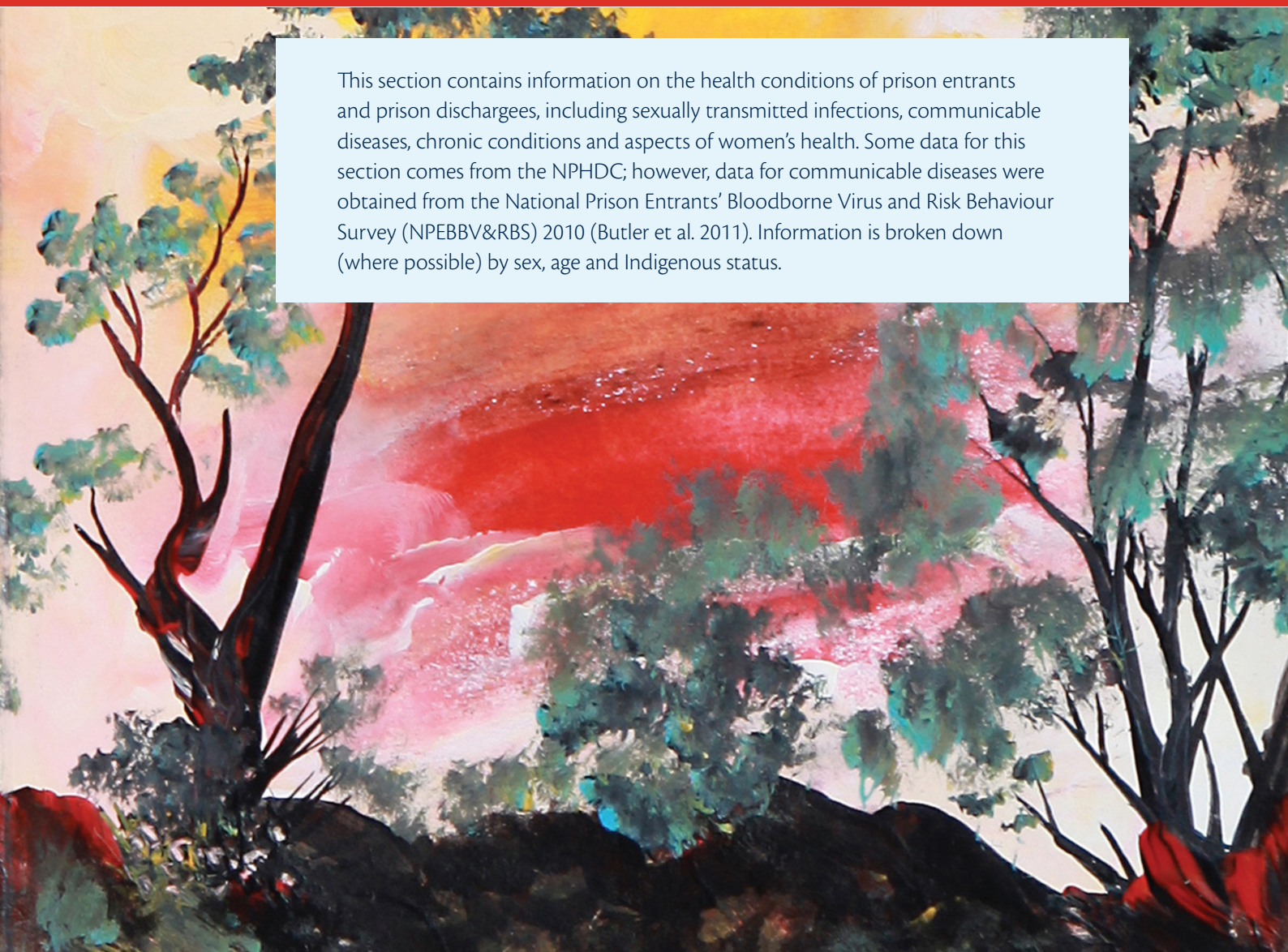
INDICATOR: Proportion of prison entrants identified as currently at risk of suicide or self-harm: 7%

A prison entrant may be identified as being currently at risk of suicide or self-harm from the initial health assessment all entrants receive. Such identification triggers further action such as arrangements for close observation of that prisoner. In the 2-week data collection period, there were 55 prison entrants (7%) who were identified by prison clinic staff as being currently at risk of suicide or self-harm. The proportions of males and females identified were similar (7% and 6%, respectively), and there were no clear differences by age. A slightly higher proportion of non-Indigenous (8%) than Indigenous (5%) entrants were identified.

3

Section 3: Physical health

This section contains information on the health conditions of prison entrants and prison discharges, including sexually transmitted infections, communicable diseases, chronic conditions and aspects of women's health. Some data for this section comes from the NPHDC; however, data for communicable diseases were obtained from the National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (NPEBBV&RBS) 2010 (Butler et al. 2011). Information is broken down (where possible) by sex, age and Indigenous status.



6 Communicable diseases

The term communicable disease, or infectious disease, refers to an illness, fever or rash due to harmful organisms or their toxic products. Their distinctive feature is the ability to spread from human to human by air, food, water, objects or insects, or by direct contact with an infected person (AIHW 2012a). Examples of communicable diseases include acquired immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV), bacterial infection, hepatitis C, hepatitis B, malaria, meningitis and meningococcal infections, sexually transmitted infections (STIs), viral infections and vaccine-preventable diseases such as chickenpox and influenza.

The Australian Government monitors communicable diseases through the National Notifiable Diseases Surveillance System, which coordinates the surveillance of more than 50 communicable diseases (DoHA 2010a). Due to high levels of sanitation and the use of antibiotics and immunisation programs in Australia, communicable diseases are not among the leading contributors to the burden of disease.

Prisoners often come from groups or populations that are more at risk of certain communicable diseases. Further, there is a potential amplification of risk while in prison through factors such as sharing cells, large turnover of people in an enclosed environment, limited facilities for isolation and unprotected sexual activity (Health Protection Agency 2011).

6.1 Sexually transmitted infection

Australian and international studies have consistently found high levels of exposure to STIs in the prison population (Butler et al. 2011; Vescio et al. 2008). The Australian Department of Health and Ageing National Hepatitis C Strategy 2010–2013 and the National Sexually Transmissible Infections Strategy 2010–2013 recognise the prison population as a priority population for preventing bloodborne viruses such as hepatitis C and STIs.

INDICATOR: Number of notifications of sexually transmissible infections for prisoners in custody during 2011–12: 459 notifications.

As part of the NPHDC, jurisdictions were asked to provide the number of notifications of STIs during the financial year 2011–12. Notifications were defined as cases of chlamydial infection, donovanosis, gonococcal infection and syphilis to the National Notifiable Disease Surveillance System. These data were available from New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory. During the year, there were 459 notifications from these jurisdictions. Females were overrepresented in these notifications, with one-fifth (91,

or 20%) of notifications for females, compared with only 11% of prisoners entering prison in these jurisdictions being female. Indigenous prisoners were similarly overrepresented, comprising 56% of notifications (259), compared with 37% of receptions into prisons in those jurisdictions throughout the year. Just over one-third (155, or 34%) of notifications were for non-Indigenous prisoners, who represented 63% of receptions during the year. The Indigenous status of the prisoner was unknown in 10% of the notifications.

6.2 Bloodborne viruses

Bloodborne viruses (BBV) are carried within the bloodstream. They are transmitted between individuals through direct contact with contaminated blood or other high-risk body fluids such as semen and vaginal secretions. Transmission often occurs through partaking in high-risk behaviours such as intravenous drug use, sharing of contaminated injecting equipment and unprotected sex. These behaviours occur commonly within the prison environment, making it a high-risk setting for BBV transmission (Butler et al. 2011). Australian and international studies have consistently found high levels of exposure to BBVs, including hepatitis C, hepatitis B and HIV among prisoners (Butler et al. 2011; Vescio et al. 2008).

INDICATOR: Proportion of prison entrants testing positive to a bloodborne virus: 22% Hepatitis C; 19% Hepatitis B; 0% HIV.

Hepatitis C

Hepatitis C is a bloodborne viral disease, which is transmitted through blood-to-blood contact. It is a serious disease that can result in problems such as chronic liver damage, liver cancer and cirrhosis (AIHW 2010a). Hepatitis C is a notifiable disease in Australia, but currently there is no national surveillance system for hepatitis C infection in prisons. However the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) has produced national guidelines for the prevention, treatment and care for hepatitis C in custodial settings (MACASHH 2008).

The population groups at greatest risk of hepatitis C infection includes injecting drug users, people in custodial settings, women in prison, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds (DoHA 2008b). Behaviours that support transmission, such as the sharing of contaminated injecting, tattooing and piercing equipment, are characteristic of the prison setting, further increasing the risk of infection. Studies have estimated the overall prevalence of hepatitis C infection in custodial settings to be between 23% and 47% and even higher for females (more than 70%) (Hepatitis Australia 2011). Among the Australian general population, the estimated national prevalence of hepatitis C infection is 1.4% (Butler et al. 2011). In 2011, there were 282 newly acquired cases of Hepatitis C reported in Australia (DoHA 2012).

In Australia, the most common mode of exposure to hepatitis C infection is through sharing injecting equipment (DoHA 2010b). Injecting drug users (IDU) or those with a history of injecting drugs are overrepresented within the prison population, heightening the risk of repeated exposure. Research has found that IDUs in Australian prisons were 24 times more likely to have hepatitis C virus than prisoners who were non-IDUs, and at least 8 times more likely to contract the virus while in prison than non-IDUs (Vescio et al. 2008). The

congregation of this high-risk group—many of whom have already contracted the virus—combined with limited potential for safe and sterile injecting practices inside prison, make imprisonment a social determinant of the transmission of the virus (Awofeso 2010).

Data on the prevalence of hepatitis C in prisons were obtained from the 2010 NPEBBV&RBS (see Appendix D for further explanation). The survey screened 651 prison entrants for hepatitis C antibody.

In 2010, just over one-fifth (22%) of prison entrants tested positive for the hepatitis C antibody. Female prison entrants had a higher prevalence of hepatitis C antibody (34%) than male prison entrants (21%) (Table 6.1).

The proportion of prisoners who tested positive to hepatitis C increased with age. Just 3% of those aged less than 20 tested positive to hepatitis C antibody compared with 29% of those aged 30 or older (Table 6.1). The highest prevalence was among female prison entrants aged 25–29, where 45% tested positive for hepatitis C antibody (Butler et al. 2011, Table 22).

A higher proportion of non-Indigenous prison entrants tested positive for hepatitis C antibody when compared with Indigenous prison entrants (23% and 18%, respectively) (Table 6.1). However, this figure was higher among Indigenous female prison entrants (35%) than non-Indigenous female entrants (33%) (Butler et al. 2011, Table 39).

Table 6.1: Prison entrants who tested positive for hepatitis C antibody, by sex, age group and Indigenous status, 2010

	Tested positive for hepatitis C antibody		Total prison entrants tested
	Number	Per cent	Number
Sex			
Male	122	21	595
Female	19	34	56
Age group			
<20	2	3	69
20–24	20	15	134
25–29	29	21	137
30+	90	29	311
Indigenous status			
Indigenous	40	18	220
Non-Indigenous	101	23	431
Total	141	22	651

Note: Excludes equivocal test results and missing values.

Source: Butler et al. 2011, Tables 32 and 39.

Prison entrants who had ever injected drugs were much more likely to test positive for hepatitis C antibody than those who had not (51% compared with 1%). This pattern was more distinct for females than males (Butler et al. 2011; Table 30).

Among males, the proportion of prison entrants who tested positive for hepatitis C antibody increased with the number of times they had been in prison (Table 6.2). Of those who had only been imprisoned once, 9% tested positive for hepatitis C antibody compared with over half (55%) of prison entrants who have been imprisoned 10 or more times. Given the low rates of the hepatitis C antibody for prisoners on their first imprisonment, there is a chance for health services to intervene and stop transmission among prisoners.

Table 6.2: Proportion of prison entrants testing positive for hepatitis C antibody, by number of previous imprisonments, 2010

Number of previous imprisonments	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
1	26	9	8	24	34	10
2–4	41	24	8	57	49	27
5–9	31	40	1	17	32	38
10+	23	55	2	67	25	56

Note: Excludes equivocal test results and missing values.

Source: Butler et al. 2011, Table 38.

Hepatitis B

Hepatitis B is a bloodborne viral disease, that can be transmitted from one person to another through unprotected sex, blood-to-blood contact, sharing of injecting equipment and from mother to child during pregnancy or at birth (DoHA 2011). Hepatitis B causes inflammation of the liver and over time can lead to cirrhosis of the liver, chronic liver damage, liver failure and liver cancer (Hepatitis Australia 2010). As with hepatitis C, the majority of new hepatitis B transmissions in Australia are through sharing injecting equipment and from unprotected sex (Hep C Council of South Australia 2008).

In 2011, there were 189 newly acquired notifications and 6,662 unspecified cases of hepatitis B in Australia (DoHA 2012). In 2010, there were an estimated 170,000 people living in Australia with a diagnosis of hepatitis B infection (The Kirby Institute 2011). The Australian DoHA National Hepatitis B Strategy 2010–2013 recognises persons in custodial settings as a population of interest for preventing hepatitis B (DoHA 2010b).

Data on hepatitis B were obtained from the 2010 NPEBBV&RBS (Butler et al. 2011). In 2010, 101 (19%) prison entrants tested positive to hepatitis B core antibody. The proportion of positive results varied among the jurisdictions. In South Australia, 9% of prison entrants tested positive for hepatitis B antibody, compared with 39% in Northern Territory (Table 6.3).

Table 6.3: Prison entrants, testing positive for hepatitis B core-antibody, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	38	4	14	16	3	5	0	21	101
Per cent	19	14	17	16	9	17	—	39	19
Number of prison entrants tested	202	28	82	97	34	30	0	54	527

Note: Excludes equivocal test results and missing values.

Source: NPEBBV&RBS 2011, Table 10.

Similar proportions of male and female prison entrants tested positive for hepatitis B (19% and 18%, respectively). Hepatitis B was least prevalent for those aged between 20–24 (5%) and most prevalent for those aged 30 or older (29%). Indigenous entrants (27%) were more likely to test positive to hepatitis B than non-Indigenous entrants (15%) (Table 6.4).

Table 6.4: Proportion of prison entrants testing positive for hepatitis B core antibody, by sex, age group and Indigenous status, 2010

	Males		Females		Total	
	Number tested	Tested positive	Number tested	Tested positive	Number tested	Tested positive
Age group						
<20	54	3 (6%)	1	0 (0%)	55	3 (6%)
20–24	107	6 (6%)	4	0 (0%)	111	6 (5%)
25–29	106	19 (18%)	3	1 (33%)	109	20 (18%)
30+	238	69 (29%)	14	3 (21%)	252	72 (29%)
Indigenous status						
Indigenous	163	44 (27%)	8	2 (25%)	171	46 (27%)
Non-Indigenous	342	53 (15%)	14	2 (14%)	356	55 (15%)
Total	505	97 (19%)	22	4 (18%)	527	101 (19%)

Note: Excludes equivocal test results and missing values.

Source: AIHW analysis of NPEBBV&RBS 2011 Tables 48 and 55.

Prison entrants who had a long history of injecting drugs were more likely than other entrants to test positive to hepatitis B—almost one-quarter (23%) of prison entrants who were injecting drug users for more than 10 years tested positive in 2010 (Butler et al. 2011).

HIV

HIV is a virus that weakens the human immune system, leaving an individual at risk of other serious infections and cancers. HIV is transmitted by sexual contact with an infected person, through blood contact or from mother to child during pregnancy. The final stage of HIV is known as AIDS (AIHW 2010a).

HIV prevalence in Australia remains one of the lowest in the world, at about 0.1% of the population in 2010 (NCHECR 2010). Risk factors for HIV include male homosexuality or bisexual contact and injecting drug use. Of those with HIV in 2010, 74% were males who had sexual contact with other men, 4% had a history of injecting drug use and 4% had both male homosexual contact and a history of injecting drug use. There was a similar rate of HIV diagnosis in the Indigenous and non-Indigenous populations, although higher proportions of cases were attributed to heterosexual contact and injecting drug use in the Indigenous population (NCHECR 2010).

Due to prisoners being identified as a high-risk group for HIV infection, compulsory HIV-testing programs were established in prisons in New South Wales, South Australia, Queensland, the Northern Territory and Tasmania in 1990 (Egger & Heilpern 1991). Currently, HIV screening coverage varies across the jurisdictions. Nationally, just under one-third (31%) of Australian prison entrants were tested for HIV in 2010 (Butler et al. 2011).

Data on HIV prevalence in Australia's prisons were obtained from the 2010 NPEBBV&RBS (Butler et al. 2011). Both the 2004 and 2007 NPEBBV&RBS reported the prevalence of HIV among prison entrants to be less than 1% nationally. In 2010, no cases of HIV were detected among prison entrants after testing for the HIV antibody (Butler et al. 2011).

6.3 Surveillance

INDICATOR: Proportion of prison dischargees who were tested for a bloodborne virus or a sexually-transmissible infection: 69%

Prison dischargees were asked whether they had been tested for HIV, Hepatitis B or C, or STIs while they were in prison. Because this relies on the recall of the dischargees (as with all self-report data), it may be an underestimate of the proportion tested for bloodborne viruses and STIs. Overall, there were 1,110 tests performed on the 387 prison dischargees, with about 3 in 5 (227 or 59%) reporting having been tested for all four viruses/infections. In contrast, almost one-third (119 or 31%) of dischargees reported not having had any testing while in prison. The number of tests performed for the specified infections and diseases were similar, with 249 tests for HIV (22% of all tests), 252 for Hepatitis B (23%), 256 for Hepatitis C (23%) and 234 for STIs (21%).

Similar proportions of males (69%) and females (72%) were tested while in prison, but there were notable differences by age and Indigenous status (Table 6.5). Younger prison dischargees aged 18–34 were more likely than those aged 35 or over to report having been tested (74% compared with 62%). Four-fifths of Indigenous dischargees (80%) reported being tested, compared with 65% of non-Indigenous dischargees.

Table 6.5: Prison dischargees, tested for a bloodborne virus or sexually transmissible infection, by sex, age group and Indigenous status, 2012

	Tested for a bloodborne virus or sexually transmissible infection		Total prison dischargees
	Number	Per cent	Number
Sex			
Male	224	69	326
Female	44	72	61
Age group (years)			
18–24	63	75	84
25–34	109	73	149
35–44	56	62	91
45+	37	63	59
Indigenous status			
Indigenous	97	80	121
Non-Indigenous	169	65	260
Total	268	69	387

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 4 dischargees of unknown age and 6 whose Indigenous status was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

6.4 Medication for hepatitis C

The management of hepatitis C is a significant issue for prisons, given its high prevalence among prisoners, and pharmaceutical treatment is long term and complex. 'Combination therapy' involves injecting pegylated interferon weekly for either 6 or 12 months and taking ribavirin daily. This course of treatment must be continuous and the length depends on the strain of hepatitis C and the early response to treatment (Hepatitis Australia 2009).

Given its length, such a treatment program is difficult within a prison setting because unless it can be completed before the prisoner is released, continuity of care into the community may be problematic.

INDICATOR: Number of prisoners in custody who received medication for hepatitis C: 231

As part of the NPHDC, jurisdictions were asked to provide data related to the number of prisoners who had received medication for hepatitis C during 2011–12. Data for this indicator were available from New South Wales, Tasmania and the Australian Capital Territory only. In these jurisdictions, 231 prisoners were receiving medication for Hepatitis C during the year, which is less than 2% of the 13,363 prisoners received into prisons in those jurisdictions during 2011–12. It is not clear what proportion of prisoners in custody had tested positive for the Hepatitis C antibody because these data were not collected as part of the NPHDC. Data on the proportion of prison entrants who tested positive to the Hepatitis C antibody in 2010 are shown in Table 6.1.

7 Chronic conditions

A chronic condition is an ongoing impairment that can be a physical or mental condition with functional limitation and service use or need beyond routine care (Sawyer & Aroni 2005). Chronic diseases contribute significantly to the burden of illness and injury in Australia.

This chapter reports findings from prison entrants and prison discharges relating to self-reported chronic conditions. Information about the use of prison clinics and prisoners taking prescribed medication for chronic conditions can be found in ‘Section 5: Health service use’.

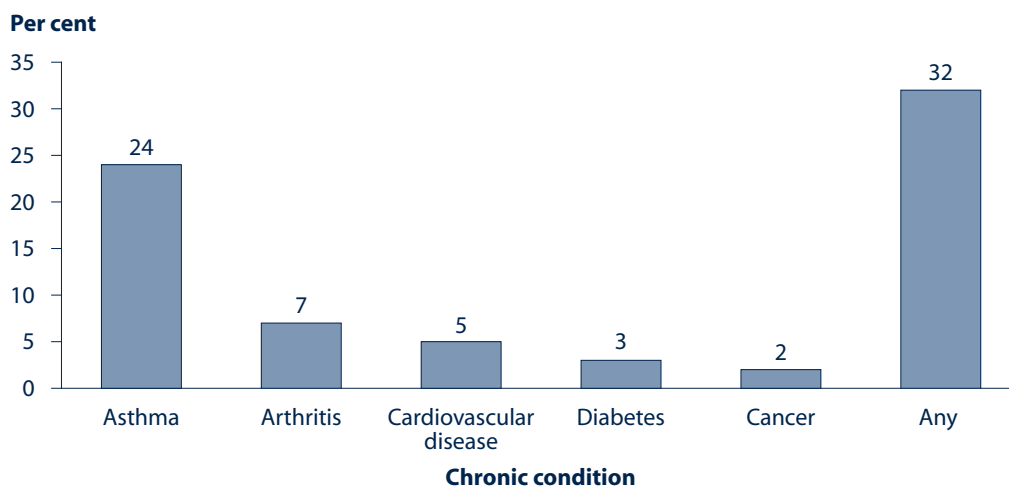
Entrants

INDICATOR: Proportion of prison entrants who report that they have ever been told that they have a chronic condition: 32%

As part of the NPHDC, prison entrants were asked whether they had ever been told by a doctor or nurse that they had any of the following chronic health conditions: arthritis, asthma, cancer, cardiovascular disease (CVD) or diabetes. Note that self-report data such as those concerning chronic conditions inherently rely on the respondents’ accurate recall and are likely to be an underestimate of the true prevalence. Further, some prison entrants may have existing health conditions that have yet to be diagnosed because they have not accessed health services. This may be especially true for Indigenous entrants and those living in remote areas where access to health services may be limited.

Overall, around one-third (32%) of all entrants reported that they had ever been told they have one of the following chronic conditions—asthma, arthritis, cardiovascular disease, diabetes or cancer, all of which are included in the Australian Government’s National Health Priority Areas (Figure 7.1) (National Health and Medical Research Council 2013). Almost one-quarter (24%) reported asthma, 7% reported arthritis and 5% reported CVD. Data for Figure 7.1 are available in Appendix C, Table A4.

Figure 7.1: Prison entrants, ever been told they have a chronic condition, selected chronic conditions, 2012



Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Prison entrants may be counted more than once except in the total.
3. Arthritis includes gout, rheumatism, osteoarthritis, rheumatoid arthritis, other type and arthritis type unknown. CVD includes coronary heart disease, heart failure, rheumatic fever, rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease. Diabetes includes Type 1 diabetes, Type 2 diabetes and gestational diabetes. Cancer excludes non-melanoma skin cancer.

Source: Entrant form, 2012 NPHDC.

7.1 Asthma

Asthma is a chronic inflammatory disorder of the airways. This inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night or in the morning. Asthma is triggered by various genetic, age and sex factors. Environmental triggers induce airway narrowing, with triggers including exercise, viral infections, irritants (such as smoking and other air pollutants), specific allergens (house dust mites and mould spores) and some food chemicals or additives (ACAM 2011). Asthma affects all age groups and ranges in severity from intermittent mild symptoms to a severe, incapacitating and sometimes life-threatening disorder.

Entrants

There were differences by sex, Indigenous status and age in the proportions of entrants reporting ever having been diagnosed with asthma (Table 7.1). Those more likely to have been diagnosed were female (28% compared with 24% of males), non-Indigenous (28% compared with 18% of Indigenous entrants), and relatively young (a high of 28% of those aged 18–24, decreasing with age to a low of 18% of those aged at least 45). This observed difference by age may be partly due to increased diagnoses of asthma in children during the 1980s and early 1990s and is consistent with the general population (ACAM 2011).

Table 7.1: Prison entrants, ever diagnosed with asthma, by sex, age group and Indigenous status, 2012

	Ever diagnosed		Total prison entrants
	Number	Per cent	Number
Sex			
Male	171	24	714
Female	22	28	80
Age group (years)			
18–24	64	28	228
25–34	73	26	276
35–44	40	21	195
45+	15	18	85
Indigenous status			
Indigenous	48	18	273
Non-Indigenous	140	28	496
Total	193	24	794

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 1 entrant of unknown sex, 10 of unknown age, 25 of unknown Indigenous status, and 5 with unknown asthma history.

Source: Entrant form, 2012 NPHDC.

Of the 193 entrants who reported ever having been told they have asthma, 71% (137 entrants) reported that they currently still had the condition.

7.2 Arthritis

Arthritis is an umbrella term for more than 100 medical conditions that affect the musculoskeletal system, specifically joints. The three most common forms of arthritis—osteoarthritis, rheumatoid arthritis and gout—account for more than 95% of cases in Australia. Rheumatoid arthritis occurs most often in people aged 35–64 (AIHW 2009b). The treatment and management of arthritis and other musculoskeletal conditions results in the frequent use of primary care, hospital and allied health services (AIHW 2012a).

Entrants

Consistent with a condition most often observed in older people in the general population, the proportion of prison entrants reporting ever having been told they have arthritis increased with age (Table 7.2). For entrants aged 35 and over, 14% had been diagnosed with arthritis, compared with 3% of younger entrants. It was also more common for non-Indigenous (8%) than Indigenous (4%) entrants; however, the proportion of Indigenous prison entrants who were aged over 35 was lower than non-Indigenous entrants (40% compared with 27%). The proportions for males (7%) and females (8%) were similar.

Table 7.2: Prison entrants diagnosed with arthritis, by sex, age group and Indigenous status, 2012

	Ever diagnosed		Total prison entrants
	Number	Per cent	Number
Sex			
Male	48	7	714
Female	6	8	80
Age group (years)			
18–24	7	3	228
25–34	8	3	276
35–44	26	13	195
45+	13	15	85
Indigenous status			
Indigenous	11	4	273
Non-Indigenous	39	8	496
Total	54	7	794

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 1 entrant of unknown sex, 10 of unknown age, 25 of unknown Indigenous, and 5 with unknown arthritis history.

Source: Entrant form, 2012 NPHDC.

There were 45 entrants who reported still having arthritis, which represents 83% of the 54 who had ever been told they have the condition.

7.3 Cardiovascular disease

CVD covers all diseases and conditions of the heart and blood vessels including coronary heart disease, heart failure, rheumatic fever, rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease (AIHW 2011b). CVD is the largest cause of death in Australia, and one of the leading causes of disability. The major preventable risk factors for CVD are smoking, high blood pressure, high blood cholesterol, insufficient physical activity, being overweight or obese, poor dietary behaviour and depression (AIHW 2011b).

The prisoner population has a high prevalence of risk factors for CVD, including high cholesterol, high blood pressure, obesity and smoking, compared with the general Australian population (AIHW: Belcher & Al-Yaman 2007). In the past, mortality from CVD in prisoners has been found to be higher than that of the general community (Kariminia et al. 2007b).

Entrants

Entrants aged 45 or over were most likely to report ever having been told they have CVD (21%, compared with 5% of those aged 25–44 and 1% of the youngest entrants). Rates were similar between males (5%) and females (6%) and Indigenous (5%) and non-Indigenous (6%) entrants. Two-thirds (67%, or 29 of 43) of those who reported having been told they have CVD reported currently having the condition.

7.4 Diabetes

Diabetes mellitus (diabetes) is a disease marked by high blood glucose levels resulting from either the pancreas not producing enough of the hormone insulin or the body's inability to use the insulin effectively, or both (AIHW 2011c). The three main types of diabetes are Type 1 diabetes, Type 2 diabetes and gestational diabetes. When diabetes is left undiagnosed or unchecked for too long, it can be responsible for various complications such as heart disease, kidney disease, blindness, limb amputation, erectile dysfunction and persistent infections.

Type 2 diabetes accounts for about 85–90% of all cases of diabetes in Australia and is largely preventable. The prevalence of Type 2 diabetes increases with age, particularly for those aged over 55 or those aged over 45 years who are overweight or have high blood pressure. Indigenous people are considered at higher risk if they are aged over 35 (Diabetes Australia 2009).

Diabetes is more prevalent among people of lower socioeconomic status for both Indigenous and non-Indigenous populations (Cunningham 2010). Prisoners are therefore likely to have higher prevalence of diabetes than the general population, both because of the overrepresentation of Indigenous people in prison and the socioeconomic disadvantage of many in the prisoner population.

Entrants

The likelihood of ever being diagnosed with diabetes increased steadily with age, from 1% of the youngest entrants, aged 18–24, to 7% of the oldest entrants, aged over 45. Proportionally, more than twice as many Indigenous (5%) as non-Indigenous (2%) entrants reported ever being diagnosed with diabetes. There were no differences between males and females (3%).

Of the 26 entrants who report ever having been diagnosed with diabetes, 23 (88%) reported currently having the condition.

7.5 Cancer

Cancer is a group of several hundred diseases in which abnormal cells are not destroyed by normal metabolic processes, but instead proliferate and spread out of control, after being affected by a carcinogen or after developing from a random genetic mutation, and form a mass called a tumour or neoplasm. Tumours can be benign (not a cancer) or malignant (a cancer). Cancers are distinguished by the specific type of cell involved and the place in the body in which the disease begins (AIHW & AACR 2008). The age of onset of cancer varies with the type of cancer, but generally the risk of getting cancer increases with age.

The type and stage of the cancer determines the treatment required. Treatment may include chemotherapy (such as oral, injection or intravenous), radiation therapy, biological therapy or surgery. In Australia, prisoners requiring treatment for cancer will either receive medication from the prison clinic or be transferred to the local hospital for treatment.

Entrants

There were 14 prison entrants (2%) who reported ever having been diagnosed with cancer and 8 of these (57%) reported currently having the condition.

7.6 Comparison with the general community

Around 1 in 5 (21%) non-Indigenous prison entrants aged 18–44 reported currently having asthma, compared with 1 in 10 non-Indigenous persons in the general population aged 18–44 (10%). Among females, this proportion was 25% for prison entrants and 11% for the general population. Similar proportions of prison entrants and persons in the general population aged 18–44 reported arthritis (6% and 5%, respectively), diabetes (both 1%) and CVD (2% and 1%, respectively). For differences between age groups see Appendix C, Table A15.

8 Activity and weight changes among dischargees

Being confined results in many changes to prisoners' lives, including to diet and opportunities for physical exercise. Limited time outside prison cells may impose restrictions on the available time for physical exercise. However, prisoners may also find few meaningful activities to be engaged in during the time that is available, thereby increasing the incentives to exercise. Sport and physical activity have been found to help prisoners with 'escaping confined time', providing a sense of wellbeing and perceived therapeutic benefits (Martos-Garcia et al. 2009).

INDICATOR: Proportion of prison dischargees who report that while in prison their level of physical activity decreased: 21%

The NPHDC gained information about prison dischargees' changes in weight and activity levels since being incarcerated and also about any intentions they may have had to gain weight during their imprisonment.

Similar proportions of dischargees reported being more active (37%) or doing the same level of physical activity (41%) (Table 8.1). One-fifth (21%) reported being less active since being in prison. Clear relationships were seen, with those most likely to report being more active in prison being younger and Indigenous. The youngest dischargees were the most likely to be more active in prison, reported by over half (55%) of those aged 18–24. This proportion decreased steadily with age, to a low of 22% of those aged 45 over. Over one-third (34%) of dischargees in this oldest age group reported being less active since being in prison, compared with only 12% of the youngest. Indigenous dischargees (46%) more often reported an increase in their activity level than their non-Indigenous counterparts (33%). Males (38%) were also more likely than females (33%) to report being more active.

Table 8.1: Prison discharges, changes in physical activity level in prison, by sex, age group and Indigenous status, 2012

	More active		Same level		Less active		Total prison discharges
	Number	Per cent	Number	Per cent	Number	Per cent	Number
Sex							
Male	125	38	134	41	64	20	326
Female	20	33	24	39	17	28	61
Age group (years)							
18–24	46	55	26	31	10	12	84
25–34	57	39	65	44	25	17	148
35–44	29	32	38	42	24	26	91
45+	13	22	26	44	20	34	59
Indigenous status							
Indigenous	56	46	50	41	15	12	121
Non-Indigenous	87	33	104	40	66	25	260
Total	145	37	158	41	81	21	387

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 3 discharges whose changes in activity levels were unknown, 5 whose age was unknown and 6 whose Indigenous status was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison discharges who report that their weight increased while in prison: 57%

When asked whether their weight had changed since entering prison this time, almost three-fifths (57%) of discharges reported an increase, 16% saying their weight had decreased while 26% saw no change (Table 8.2). Similar proportions of males (57%) and females (54%) reported that their weight had increased, as did Indigenous (58%) and non-Indigenous (56%) discharges. Those least likely to have increased their weight were older prisoners aged 45 or over (44%). Almost two-thirds (65%) of discharges aged 35–44 had gained weight, with only 8% of those in this age grouping saying their weight had decreased while in prison. Proportionally more males (17%) than females (11%) had decreased their weight in prison. Non-Indigenous discharges (18%) were more likely than their Indigenous counterparts (12%) to have lost weight.

Table 8.2: Prison discharges, weight changes in prison, by sex, age group and Indigenous status, 2012

	Increased		Stayed the same		Decreased		Total prison discharges
	Number	Per cent	Number	Per cent	Number	Per cent	Number
Sex							
Male	186	57	80	25	55	17	326
Female	33	54	21	34	7	11	61
Age group (years)							
18–24	50	60	20	24	11	13	84
25–34	82	55	32	22	33	22	148
35–44	59	65	24	26	7	8	91
45+	26	44	22	37	11	19	59
Indigenous status							
Indigenous	70	58	35	29	15	12	121
Non-Indigenous	146	56	64	25	46	18	260
Total	219	57	101	26	62	16	387

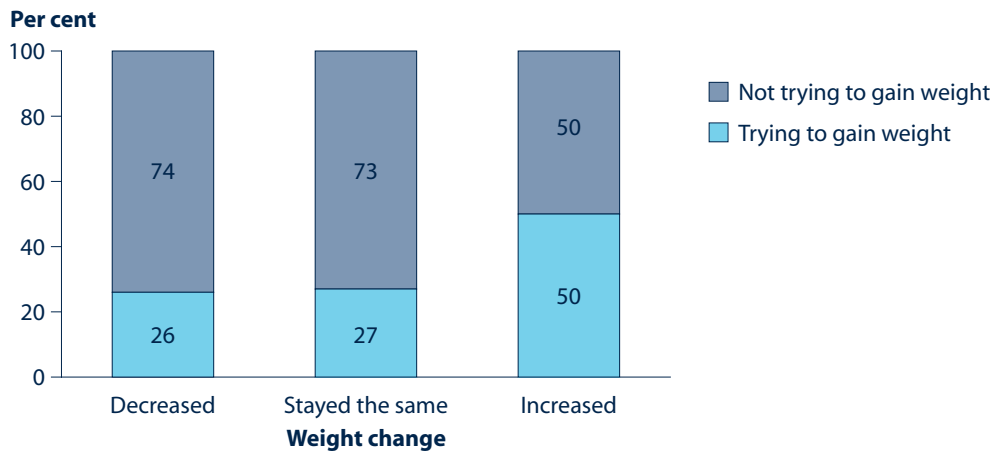
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 5 discharges whose weight change was unknown, 5 whose age was unknown and 6 whose Indigenous status was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

Overall, about two-fifths (39%) of discharges reported that they were trying to gain weight while in prison this time. Figure 8.1 compares changes in weight with whether or not weight gain was intentional. Of the people who gained weight while in prison, half (50%) were trying to gain weight and the remaining half (50%) were not intentionally gaining weight. Of those discharges who lost weight while in prison, about one-quarter (26%) were actually trying to gain weight. Data for this figure are available in Appendix C, Table A5.

Figure 8.1: Prison discharges, actual and intended weight changes, 2012



Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes 11 prison discharges whose weight gain and/or weight intentions were unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

9 Aspects of women's health

Women represent a minority of the Australian prisoner population, at less than 10%. Worldwide, the proportion of the female prison population ranges from 3% to 18% (Moloney et al. 2009). Women in prison often come from deprived backgrounds, and have often suffered physical and sexual abuse, alcohol and drug dependency and inadequate health care before their imprisonment (PRI 2007). Many women in prison also have young children, for whom they were often the primary or sole carer before they entered prison (WHO 2008a).

Women constitute a special group within prisons due to factors specific to their sex. This section will focus on two aspects of women's reproductive health—pregnancy and women's cancer screenings.

9.1 Pregnancies

Pregnancy impacts upon many areas of a woman's life, including health, diet and exercise requirements (Robertson 2008). Pregnancies at a young age in particular have numerous health, psychological and socioeconomic consequences. The long-term health implications of becoming pregnant during teenage years include pelvic inflammatory disease, infertility, cervical cancer and susceptibility to HIV infection (Amu & Appiah 2006). For females aged under 15, pregnancy is associated with a higher risk for gestational hypertension, anaemia, poor nutritional status, preterm delivery and both maternal and neonatal mortality (Jean-Jacques & Loeber 2007). Teenage parenthood has been linked to lower levels of completed education, poverty, welfare dependence, domestic violence and poor partner relationships (Fergusson et al. 2007). Women who become mothers during adolescence are also more likely to have multiple teenage pregnancies (Raneri & Wiemann 2007).

In Australia in 2010, 3.9% of women giving birth were aged under 20, and 14.2% were aged 20–24. One in 5 (19.7%) Indigenous mothers were teenagers, compared with 3.2% of non-Indigenous mothers. The mean age of first-time mothers was 28 (Li et al. 2012).

Entrants

INDICATOR: Proportion of female prison entrants who report that they have ever been pregnant: 80%

INDICATOR: Mean age at first pregnancy for female prison entrants: 21 years.

During the data collection period, there were 80 female prison entrants. Of these, 64 (80%) reported ever having been pregnant. Among Indigenous female entrants, 86% reported ever having been pregnant, compared with 80% of non-Indigenous female entrants. The mean age of first pregnancy was 21, with the youngest age being 15, and the oldest 34. The mean age of first pregnancy among Indigenous female entrants was 18, compared with 22 for non-Indigenous entrants.

Prisoners in custody

A systematic review by Knight and Plugge (2005) showed evidence that pregnant prisoners are a socially disadvantaged group at high risk of poor perinatal outcomes. The review found risk factors associated with adverse pregnancy outcomes in imprisoned women. Pregnant prisoners were more likely to be single; smoke, drink alcohol to excess and take illegal drugs; not have completed high school; and have a medical problem that could affect the pregnancy outcome. Despite this, they were less likely to receive adequate antenatal care.

Imprisonment may place pregnant women and their unborn child at increased health risk due to prison related stressors. But it may also improve pregnancy outcomes for women from disadvantaged backgrounds, because prison provides shelter, regular meals, protection from abusive partners, and access to antenatal care, and moderates the use of alcohol and drugs (Scott & Gerbasi 2005; Knight & Plugge 2005).

INDICATOR: Rate of pregnant prisoners in custody: 3 per 100 prisoners received.

During the 2011–12 year, prison clinics reported having 118 pregnant female prisoners in custody. This represents 3% of the approximately 3,700 females received into prisons during this period.

Dischargees

INDICATOR: Proportion of female prison dischargees who report that they were pregnant while in prison: <5% of female prison dischargees.

Of the 61 female prison dischargees in the data collection, fewer than 3 reported having been pregnant while they were in custody. Western Australia were excluded as they did not participate in the 2012 NPHDC.

9.2

Women's cancer screening

Women in prison are a high-risk group for sexual and reproductive health diseases, including particular cancers and STIs. In particular, female prisoners are more than twice as likely as the general population to have moderate to severe precancerous changes to the cervix cells which puts them at high-risk of cervical cancer (Nijhawan et al. 2010; Binswanger et al. 2005). This may be due to the typical background of women in prison, which can include injecting drug use, sexual abuse, violence, sex work and unsafe sexual practices (UNODC 2008).

Early detection and treatment of cervical cancer can reduce morbidity and mortality caused by the disease. It is recommended that women aged 18–69, who have ever had sex, have a cervical screening every 2 years (DoHA 2006).

Entrants

INDICATOR: Proportion of female prison entrants who report that they have had a cervical screening in the last 2 years: 43%

About 2 in 5 (43%, or 34 of 80) female prison entrants reported having had a cervical screening within the previous 2 years. There was no difference found between Indigenous and non-Indigenous female entrants (both 43%). This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

The Cervical Screening in Australia 2010–11 report prepared for the National Cervical Screening Program (AIHW 2013) outlines the national picture of cervical screening in Australia. The proportion of women in the target population aged 20–69 who had a cervical screening test was higher than among prison entrants (57% compared with 43%).

Dischargees

INDICATOR: Proportion of female prison dischargees who received cervical cancer screening in prison: 30%

Female dischargees were asked whether they had received a cancer screening while they were in prison. Almost one-third of dischargees (30%, or 18 out of 61 dischargees) reported having received a cervical screening in prison, and less than 3 reported having had a mammogram or breast cancer screening while in prison (<5%). This may reflect the reported length of stay in prison this time, and the age of female prisoners. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

4

Section 4: Risky behaviours

This section relates to the health behaviours of prison entrants and prison discharges, including smoking, alcohol consumption, drug use and unprotected sex, as well as the use and non-use of health services before prison entry. Most of the data for this section come from the NPHDC, with some additional data for injecting drug users and unprotected sex coming from the NPEBBV&RBS 2010 (Butler et al. 2011). Comparisons with the Scottish prisoner population for some indicators (where possible) are made in 'Chapter 21 International comparisons'.

10 Illicit drug use and needle sharing

'Illicit drug use' describes the use of illegal drugs, volatile substances and the use of prescription drugs for non-medical purposes. Drug use poses risk in itself through impure or overly pure content, as well as through shared use of injecting equipment and the associated transmission of bloodborne viruses (AIHW 2006). Mental health problems may also result due to the effects of the drugs, injecting practices and lifestyle (DoHA 2007).

In Australia, illicit drug use has been associated with violent crime and property crime. Of the almost 6,000 persons who consented to a urinalysis as part of the Drug Use Monitoring in Australia program 2009–10, two-thirds (66%) tested positive to at least one illicit drug type. Of these, 30% tested positive to multiple drugs. Almost half (45%) of the detainees confirmed that their substance use had contributed to their current offences (Sweeney & Payne 2011).

10.1 Prison entrants' drug use prior to prison

INDICATOR: Proportion of prison entrants who report that they engaged in illicit drug use in the last 12 months: 70%

Drug use among prison entrants prior to prison was common. Male entrants were more likely than females to have used illicit drugs in the 12 months prior to prison (71% and 61%, respectively) (Table 10.1). Drug use prior to prison was far less common among entrants aged over 45 (44%) than entrants aged 18–44 (73%).

Table 10.1: Prison entrants, illicit drug use in previous 12 months, by sex, age group and Indigenous status, 2012

	Illicit drug use in previous 12 months		Total prison entrants
	Number	Per cent	Number
Sex			
Male	504	71	714
Female	49	61	80
Age group (years)			
18–24	167	73	228
25–34	198	72	276
35–44	145	74	195
45+	37	44	85
Indigenous status			
Indigenous	183	67	273
Non-Indigenous	353	71	496
Total	553	70	794

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 10 prison entrants whose age was unknown, 25 whose Indigenous status was unknown, and 13 whose recent drug use was unknown.

Source: Entrant form, 2012 NPHDC.

Half of all prison entrants reported using cannabis prior to prison (50%) and more than one-third (37%) used methamphetamine (Table 10.2). Analgesics used for non-medical purposes were the third most common drug of use before prison (17%). Steroid and inhalant use before prison were both uncommon (1% each).

Table 10.2: Prison entrants, types of drugs used for non-medical purposes in the last 12 months, 2012

Substance used	Number	Per cent
Cannabis/marijuana	397	50
Methamphetamine	292	37
Analgesics/pain-killers	135	17
Tranquillisers/sleeping pills	131	16
Other analgesics eg. opiates/opioids	101	13
Heroin	119	15
Methadone/buprenorphine/Suboxone	81	10
Ecstasy	73	9
Cocaine	63	8
Hallucinogens	31	4
GHB	23	3
Ketamine	13	2
Barbiturates	13	2
Steroids	8	1
Inhalants	5	1
Total	794	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Percentages do not sum to 100%, as prisoners may have used more than one type of drug.

Source: Entrant form, 2012 NPHDC.

There were differences in which illicit drugs males and females used prior to prison. Males were more likely to use cannabis (51% compared with 45% of females) but females were more likely to have used methamphetamine, analgesics, tranquilisers, heroin and ecstasy (Table 10.3). Notably, females were more than twice as likely to have used analgesics (38% compared with 15% of males) and twice as likely to have used tranquilisers (30% compared with 15% of males).

Age patterns showed that entrants aged 45 or over were the least likely to take each type of drug (Table 10.3). Young prisoners aged 18–24 were more than twice as likely as prisoners aged 45 or over to have used cannabis, methamphetamine, heroin and ecstasy prior to prison. There was little difference among the age groups for analgesic use (16–18%).

Indigenous prison entrants were more likely than non-Indigenous entrants to have used cannabis (59% and 46%, respectively), but less likely to have used methamphetamine, analgesics, tranquilisers, heroin and ecstasy (Table 10.3). Manufactured drugs were especially more common among non-Indigenous entrants when compared with Indigenous entrants, including methamphetamine (45% and 21%, respectively), heroin (20% and 7%, respectively) and ecstasy (11% and 6%, respectively).

Table 10.3: Prison entrants, illicit drug use in previous 12 months for selected drugs, by sex, age group and Indigenous status, 2012

	Cannabis/ marijuana	Metham- phetamine	Analgesics/ pain killers	Tranquillisers/ sleeping pills	Heroin	Ecstasy
Number						
Sex						
Male	361	257	105	107	103	62
Female	36	35	30	24	16	11
Age group (years)						
18–24	134	90	38	34	26	33
25–34	131	119	50	54	54	26
35–44	103	67	31	35	35	10
45+	23	14	14	8	4	3
Indigenous status						
Indigenous	161	57	45	29	20	17
Non-Indigenous	226	222	85	98	98	53
Total	397	292	135	131	119	73
Per cent						
Sex						
Male	51	36	15	15	14	9
Female	45	44	38	30	20	14
Age group (years)						
18–24	59	39	17	15	11	14
25–34	47	43	18	20	20	9
35–44	53	34	16	18	18	5
45+	27	16	16	9	5	4
Indigenous status						
Indigenous	59	21	16	11	7	6
Non-Indigenous	46	45	17	20	20	11
Total	50	37	17	16	15	9

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 10 prison entrants of unknown age and 25 of unknown Indigenous status.

Source: Entrant form, 2012 NPHDC.

Injecting drug use

Research suggests that between 50% and 90% of IDUs have been in prison (Dolan et al. 2010). As such, they represent a large part of the prison population. A NSW study found that about one-third (34%) of IDUs continued to inject drugs in prison. Further, 90% of those who continued to inject drugs reported sharing injecting equipment (Dolan et al. 2010). Additional evidence suggests that some prisoners who did not inject drugs prior to prison started doing so while in prison (Butler & Milner 2003; Indig et al. 2010).

Injecting drug use is a risk factor for viral hepatitis in inmates. Effective strategies that have been developed to assist with reducing the transmission of hepatitis B and C to other prisoners without leading to negative consequences for the health of prison staff or prisoners, include NSPs and opioid substitution therapies (Lines et al. 2005; Jurgens et al. 2009); however, reservations about NSPs remain among prison staff and unions. It is estimated that between 2000 and 2009, around 32,000 new HIV infections and almost 97,000 hepatitis C infections have been averted in Australia as a result of NSPs (Australian Government National Drug Strategy 2010). In September 2012, the Australian Capital Territory government announced a trial NSP for the Alexander Maconochie Centre due to begin during 2013–14.

INDICATOR: Proportion of prison entrants who report that they have injected drugs: 44%

Data on prison entrants who had injected drugs were obtained from the 2010 NPEBBV&RBS (Butler et al. 2011). Overall, 44% of the 811 prison entrants in the study had ever injected drugs, ranging from 12% in Northern Territory to 65% in Victoria (Table 10.4).

Table 10.4: Prison entrants, injecting drug status, by states and territories, 2010

Prison entrants who injected drugs	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	100	31	85	77	27	19	5	9	353
Per cent	39	65	40	63	48	59	39	12	44
Number of prison entrants tested	254	48	211	122	56	32	13	75	811

Source: NPEBBV&RBS 2010, Tables 3 and 4.

A greater proportion of female prison entrants (56%) than males (42%) reported current or previous injecting drug use (Table 10.5). Almost half (49%) of all prison entrants aged over 25 were IDUs, compared with 31% of those aged under 25. Non-Indigenous prison entrants were more likely to be IDUs than Indigenous entrants (47% compared with 36%).

Table 10.5: Prison entrants, sex, age group and Indigenous status, by IDU status, 2010

	IDU		Non-IDU		Total prison entrant participants
	Number	Per cent	Number	Per cent	
Sex					
Male	310	42	424	58	734
Female	43	56	34	44	77
Age group					
<25	71	31	160	69	231
25+	281	49	298	51	579
Indigenous status					
Indigenous	93	36	167	64	260
Non-Indigenous	260	47	291	53	551
Total	353	44	458	57	811

Notes:

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes 1 prison entrant of unknown age.
3. Percentages may not add up to 100 due to rounding.

Source: NPEBBV&RBS 2010, Tables 2 and 18.

10.2 Dischargees' drug use in prison

Many prisoners who used drugs before prison continue to do so during their imprisonment; although prevalence and frequency declines. While some might stop using drugs altogether, others might start (Jurgens et al. 2009)

INDICATOR: Proportion of prison dischargees who used illicit drugs while in prison: 13%

INDICATOR: Proportion of prison dischargees who injected drugs while in prison: 7%

Of the 310 prison dischargees from the jurisdictions providing data for this item, 40 (13%) reported using illicit drugs in prison and 22 (7%) reported injecting drugs while in prison. The group most likely to have used drugs in prison were dischargees aged 25–34 (20%, compared with 5–10% of those in other age groups). Males (14%) were twice as likely as females (7%) to report having used illicit drugs in prison.

All of the 22 people who injected drugs while in prison had used illicit drugs prior to their imprisonment. Almost all of the 40 dischargees who used illicit drugs while in prison had used drugs prior to prison. Data for the items relating to drug use in prison were provided by New South Wales, Queensland, Tasmania and the Australian Capital Territory.

10.3 Needle sharing

The risks of infection associated with sharing injecting equipment are very high. In 2009, 90% of hepatitis C infections diagnosed in the United Kingdom were found to have been acquired from injecting drug use. As awareness of the risks increases, along with the availability of NSPs within the community, the incidence of sharing equipment has declined (Health Protection Agency 2011).

Entrants

INDICATOR: Proportion of prison entrants who report that they have shared injecting equipment: 20%

Of the 199 prison entrants who reported having injected drugs during the previous month, 69% reported using sterile needles and syringes all of the time. One in 5 (20%) had reused someone else's needle or syringe. Half of these shared with 1 or 2 other people, but 4% of those who had injected in the last month did not know how many people had used the equipment before them (Butler et al. 2011).

Dischargees

INDICATOR: Proportion of prison dischargees who used a needle that had been used by someone else while in prison: 7%

Of the 310 dischargees providing data for this indicator, 21 (7%) reported sharing needles in prison. Five per cent (14 dischargees) sometimes shared needles and 7 dischargees (2%) always shared. Data for this indicators was provided by New South Wales, Queensland, Tasmania and the Australian Capital Territory.

INDICATOR: Proportion of prison dischargees who accessed a needle and syringe exchange program in the community: 22%

Over one-fifth (84 or 22%) of all prison dischargees reported having accessed an NSP in the community, prior to their imprisonment. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

10.4 Opioid pharmacotherapy treatment

Various types of treatment for drug addiction are provided in prisons and the corrections system. These vary from mandated residential drug treatment such as the New South Wales Compulsory Drug Treatment Centre, which has specific legislation and sentencing options attached to it, to counselling and pharmacotherapy within mainstream prisons.

Opioid pharmacotherapy treatment (OPT) or opioid substitution treatment is one form of treatment for people dependent on heroin and other opiates, which alleviates withdrawal symptoms and blocks the craving for illicit opiates by using prescribed opioid agonists. These opioid agonists have some properties similar or identical to those of heroin and morphine, including the effect on the brain. The most common form of pharmacotherapy treatment is methadone maintenance treatment, while buprenorphine is also common in some countries (Kastelic et al. 2008).

The physical and psychological effects of sudden withdrawal for an opiate-addicted person may exacerbate the already vulnerable situation of someone entering prison. This may also have physical health consequences, such as an increased risk of sharing needles. For someone entering prison, such withdrawal effects may also diminish their capacity to make informed legal decisions and increase the vulnerability of the prisoner to admit to false charges or confess guilt before being able to access counsel or understand the potential charges or consequences in order to avoid detention or be released from confinement (Bruce & Schleifer 2008).

Australia is one of at least 30 countries offering OPT in prison (Larney 2010). Methadone is the most commonly available treatment, with maintenance and treatment programs offered in all jurisdictions except Queensland, which mainly provides maintenance programs for female prisoners, with a very limited provision for males. The use of buprenorphine is less common, and South Australia, Victoria and New South Wales are the only jurisdictions providing this treatment in prisons. Buprenorphine with naloxone is only provided in Western Australia and Victoria, and only for prisoners who were on this treatment before entering prison (Table 10.6).

Table 10.6: Availability of opioid substitution treatment in Australian prisons, states and territories, 2012

	Methadone		Buprenorphine		Buprenorphine/naloxone	
	Maintenance	Initiation	Maintenance	Initiation	Maintenance	Initiation
NSW	✓	✓	✓	✓	×	×
Vic	✓	✓	✓	×	✓	×
Qld	✓	×	×	×	×	×
WA	✓	✓	×	×	✓	×
SA	✓	✓	✓	✓	×	×
Tas	✓	×	✓	✓	×	×
ACT	✓	✓	×	×	×	×
NT	✓	×	×	×	×	×

Source: Supplementary data, 2012 NPHDC.

On a snapshot day during 2011, 46,446 people across Australia received pharmacotherapy treatment for opioid addiction, and 7% (3,362) of these were in correctional facilities (AIHW 2012c).

Entrants

INDICATOR: Proportion of prison entrants who report being on pharmacotherapy medication for opioid dependence: 9%

OPT programs were a relatively common feature of prison entrants' history and their present situation. About 1 in 10 entrants (10%) had involvement with opioid treatment programs, either currently or in the past (Table 10.7). About 1 in 10 (9%) entrants were currently on a program, with 7% reporting currently being on methadone and 3% another program. Another 10% had been on a methadone program in the past and 8% another form of OPT in the past.

Table 10.7: Prison entrants, opioid pharmacotherapy treatment program status, 2012

	Number	Per cent
Methadone currently	52	7
Methadone in the past	80	10
Other currently	21	3
Other in the past	62	8
Total on OPT past or current	83	10

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals may not sum because individual prison entrants may appear in more than one row.
3. Percentages are calculated from total number of prison entrants (794).

Source: Entrant form, 2012 NPHDC.

Prisoners in custody

INDICATOR: Proportion of prisoners in custody who received medication for opioid dependence: 5%

The medication component of the NPHDC collected data on prisoners in custody taking medication for opioid dependence. Of the 23,474 prisoners in custody, 6% (1,233) were taking medications for opioid dependence. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who accessed an opiate substitution program while in prison: 10%

One in 10 dischargees (37 of 387) reported being on an opioid substitution program while in prison; 84% of whom (31 dischargees) reported having a plan to continue the program after release from prison. This excludes Western Australia, as they did not participate in the 2012 NPHDC.

10.5 Tattooing and body piercing

Needle sharing in prison may also occur when prisoners are receiving tattoos or body piercings by other prisoners. Without the availability of sterilised equipment, tattooing and body piercing are risky behaviours for contracting bloodborne viruses.

Dischargees

INDICATOR: Proportion of prison dischargees who received a tattoo while in prison: 3%

INDICATOR: Proportion of prison dischargees who received a body or ear piercing while in prison: <1%

Of the 349 prison dischargees in the jurisdictions providing data for this item, 11 (3%) reported getting a tattoo while in prison, and fewer than 1% reported getting a body or ear piercing while in prison. Data for this item were provided by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.

11 Tobacco smoking

Smoking is a major source of illness and death in Australia, and contributes to more deaths and drug-related hospitalisations than alcohol and illicit drug use combined. It is a major risk factor for coronary heart disease, stroke, cancer and a variety of other diseases and conditions (AIHW 2012a). Passive smoking (that is, exposure to second-hand smoke) is a public health issue, because it can cause coronary heart disease and lung cancer in non-smoking adults, and induce and exacerbate mild to severe respiratory effects (Scollo & Winstanley 2008). Given the adverse effects of smoking on smokers and non-smokers, smoking is now banned in most indoor public spaces in the community.

Through public health campaigns, awareness of the health risks associated with smoking has increased in the general population. However, while smoking rates in the general Australian community have been decreasing over the past 20 years, rates among Indigenous people have remained unchanged (MacLaren et al. 2010).

11.1 Smoking status prior to prison

The prisoner population is more likely to be from disadvantaged backgrounds, have a history of mental health issues and substance abuse, and be Indigenous—all groups that have much higher smoking prevalence than the general population (Scollo & Winstanley 2008). Therefore, the rate of smoking among prison entrants is high (AIHW 2011d).

Entrants

INDICATOR: Proportion of prison entrants who report that they currently smoke tobacco: 84%

INDICATOR: Mean age at which prison entrants smoked their first full cigarette: 14 years.

Over four-fifths (84%) of prison entrants reported being current smokers, with 78% being daily smokers and a further 6% being weekly or irregular smokers (Appendix C, Table A6). Less than 1 in 10 (9%) reported never having smoked. Similar proportions of males (78%) and females (80%) reported being daily smokers.

There were differences in the smoking status of Indigenous and non-Indigenous entrants, but the proportion who reported being daily smokers, was similar (81% and 79%, respectively) (Figure 11.1). Among Indigenous entrants, 11% reported being weekly or irregular smokers, whereas among non-Indigenous entrants, a similar proportion (12%) had never smoked. Only 5% of Indigenous entrants had never smoked, with 92% being current and 3% ex-smokers. The smoking status of entrants aged 18–44 were very similar to each other, with around 86% (85–87%) being current smokers and the rest either ex-smokers (4–6%) or those who had never smoked (7–8%). For prison entrants aged over 45, there was a noticeably different pattern with about one-quarter (24%) reporting never having smoked, and 64% being current smokers.

Figure 11.1: Prison entrants, smoking status, by Indigenous status, 2012



Notes:

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes 18 prison entrants whose smoking status was unknown.
3. Excludes 25 prison entrants of unknown Indigenous status.

Source: Entrant form, 2012 NPHDC.

The average age when prison entrants reported having smoked their first full cigarette was 14. The youngest age was 4, reported by several entrants, and the oldest age was 45.

Dischargees

INDICATOR: Proportion of prison dischargees who report that they smoked tobacco on entry to prison: 80%

Four out of 5 (80%) dischargees reported being a smoker upon entry to prison (see Table 11.2). The proportions were similar for males (80%) and females (79%), and for Indigenous (80%) and non-Indigenous (79%) prisoners. The youngest prison dischargees (aged 18–24) were the most likely to have smoked on entry to prison (87%) and those in the oldest age group (45 years and older) the least likely (68%). This excludes Western Australia, as they did not participate in the 2012 NPHDC.

11.2 Smoking in prison

Smoking bans in prison are complex, and around the world have been controversial and difficult to implement (O'Dowd 2005; Lasnier et al. 2011; Ritter et al. 2011). In recent years, jurisdictions across Australia have begun to trial or implement restrictions on smoking in prison. Previously, prisoners had been able to smoke in their cells, where they spend most of their time and where they are confined to for several hours at a time. In every state and territory in Australia, there are now restrictions in place on smoking within prisons either indoors, outdoors or both (Table 11.1). In some jurisdictions such as South Australia, restrictions on smoking indoors do not extend to cells because they are considered residential premises rather than public areas. In other jurisdictions such as Victoria, Western Australia, the Australian Capital Territory and the Northern Territory, the restrictions on smoking indoors include prisoners' cells. Details on the policies in place in each jurisdiction as at 2010 can be found in Butler & Stevens (2011). It is not yet clear what impact smoking bans will have on smoking rates among prisoners.

Table 11.1: Restrictions on smoking in prisons, states and territories, 2013

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
No restrictions								
Restricted indoor and outdoor	✓		✓		✓	✓		
Banned indoor		✓		✓			✓	✓
Total ban								

Despite restrictions in all states and territories, data from prison discharges shows that the rate of current smokers remains high.

INDICATOR: Proportion of prison discharges who report that they currently smoke tobacco: 80%

Overall, four-fifths (80%) of discharges reported being a current smoker (as they were about to exit prison), but there were changes in smoking status for some particular groups (Table 11.2). For some, there was a slight increase in the proportion reporting being a current smoker from entry to exit from prison, including female discharges (84% on exit compared with 79% on entry) and Indigenous discharges (from 80% on entry to 83% on exit). The oldest age group of prisoners also saw a slight increase; from 68% being smokers on entry to 71% on exit.

Prison discharges were asked about changes in their smoking status, between when they entered prison and at the time of the data collection, when they were due for release. One-third of discharges (33%) reported smoking more at exit than on entry to prison, and 58% said they do not smoke more now. The groups most likely to report smoking more now than on entry to prison, were females (52%) and the youngest discharges, aged 18–24 (51%). A higher proportion of Indigenous (38%) than non-Indigenous (32%) discharges reported smoking more since being in prison.

Table 11.2: Prison dischargees, smoking status, by sex, age group and Indigenous status, 2012

	Smoker on entry		Current smoker		Ex or non-smoker		Smokes more now	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	260	80	259	79	66	20	97	30
Female	48	79	51	84	10	17	32	52
Age group (years)								
18–24	73	87	71	85	12	15	43	51
25–34	118	80	121	82	27	19	49	33
35–44	74	81	73	80	18	19	20	22
45+	40	68	42	71	17	29	15	25
Indigenous status								
Indigenous	97	80	100	83	21	17	46	38
Non-Indigenous	206	79	205	79	54	21	82	32
Total	308	80	310	80	76	20	129	33

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 5 dischargees whose age was unknown, 6 whose Indigenous status was unknown, and 1 whose smoking status was unknown or invalid.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

The differences between the current smoking status of prison entrants and dischargees indicate that slightly more prisoners smoked tobacco on entry to prison (84%) than on exit (80%) (Table 11.3). However, it should be noted that these are two different cohorts of prisoners and conclusions about reductions in smoking over time can not be drawn. Table 11.2 demonstrates the complexity of changes in smoking status of prisoners from entry to exit, including a clear difference in the proportion of dischargees (14%) and entrants (5%) who reported being ex-smokers. Section 11.3 looks at quitting smoking in more detail.

Table 11.3: Prison entrants and dischargees, current smoking status, 2012

Smoking status	Entrants		Dischargees	
	Number	Per cent	Number	Per cent
Current smoker	662	84	310	80
Ex-smoker	39	5	56	14
Never smoked	73	9	20	5
Total	794	100	387	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 7 prison entrants whose smoking status was unknown.
3. Prison entrant and prison dischargee data should not be directly compared because they do not relate to the same individuals. See Section 1.4 for details.

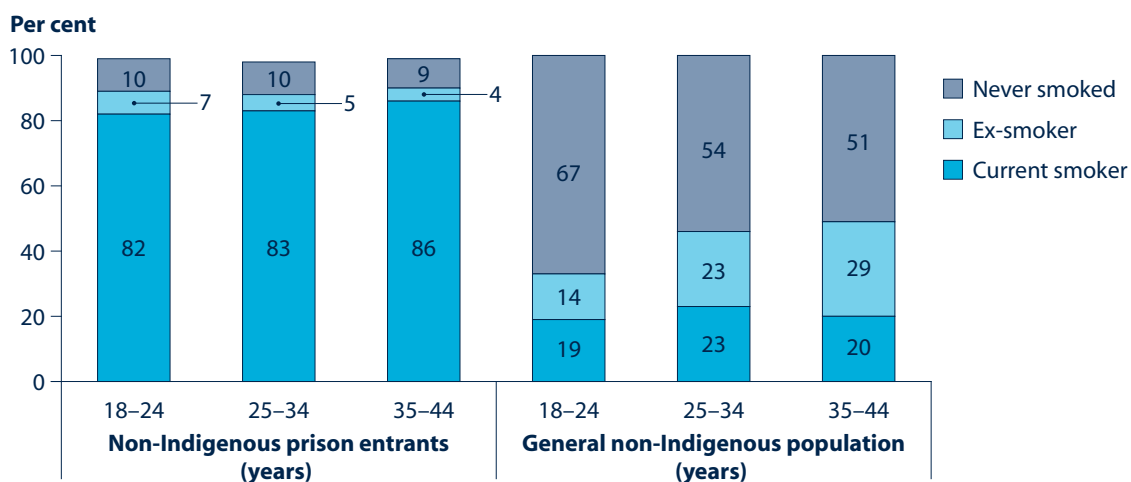
Source: Entrant form and Discharge form, 2012 NPHDC.

Comparison with the general community

Smoking prevalence is far higher among prisoners than in the general adult population. Non-Indigenous prison entrants were 4 times as likely to be current smokers compared with the non-Indigenous general population (84% and 21%, respectively). Among non-Indigenous prison entrants, proportionally more females than males reported being current smokers (87% and 83%, respectively). Conversely, among the non-Indigenous general population, females were less likely to report being current smokers (18% compared with 24% of males) (Appendix C, Table A14). More than half of the non-Indigenous general population had never smoked (56%), compared with just 1 in 10 (10%) non-Indigenous entrants.

Across all ages, it was far more common for prison entrants to be current smokers compared with those in the general community. There were significant differences between prison entrants aged 18–24 compared with the general community (Figure 11.2). Although two-thirds of the general community this age had never smoked (67%), just 1 in 10 prison entrants the same age had never smoked (10%). While the likelihood of being an ex-smoker increased with age in the general community (more than doubling, from 14% among 18–24 year olds to 29% among 35–44 year olds), the opposite trend existed among prison entrants where younger prison entrants aged 18–24 were more likely than those aged 35–44 to be ex-smokers (7% and 4%, respectively) (Figure 11.2).

Figure 11.2: Non-Indigenous prison entrants and the general non-Indigenous population, tobacco smoking status, by age group, 2012



Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.

Sources: Entrant form, 2012 NPHDC; unpublished data ABS 2012.

11.3 Quitting smoking

Quitting smoking in prison presents prisoners with unique circumstances and additional obstacles to overcome on the path to successfully quitting. Various programs are available in most prisons to help prisoners who express a desire to quit smoking.

Entrants

INDICATOR: Proportion of prison entrants who currently smoke and report that they would like to quit smoking: 46%

Just under half (46%) of prison entrants who smoked said they would like to quit smoking (Table 11.4). Female entrants were the group most likely to want to quit smoking, with more than half reporting this (54%, compared with 45% of males). There was little difference between Indigenous and non-Indigenous entrants (47% and 46%, respectively).

When asked what, if any, assistance entrants would like to quit smoking, the most common response was none (35%). Nicotine replacement was nominated by 30%, a quit program by 21% and only 13% said they would like counselling. Entrants aged 45 or more showed a clear preference for independence in their quit attempts, and were the group most likely to request no assistance (42%) or nicotine replacement (35%). Females showed a much stronger preference than males for quit programs (39% and 19%, respectively) and counselling (30% and 11%, respectively). Over two-fifths (43%) of Indigenous entrants said they would like no assistance to quit, compared with 30% of non-Indigenous entrants.

Table 11.4: Prison entrants who smoke tobacco, propensity to quit smoking and assistance required to quit, by sex, age group and Indigenous status, 2012

	Would like to quit smoking	Assistance required to quit			None	Total prison entrants who are current smokers
		Quit program	Nicotine replacement	Counselling		
Number						
Sex						
Male	273	116	170	69	210	601
Female	38	27	32	21	23	70
Age group (years)						
18–24	89	45	55	29	64	195
25–34	109	47	71	29	90	240
35–44	83	41	53	28	52	172
45+	24	8	19	3	23	55
Indigenous status						
Indigenous	115	48	68	29	106	245
Non-Indigenous	187	89	129	58	120	406
Total	311	143	202	90	233	671
Per cent						
Sex						
Male	45	19	28	11	35	100
Female	54	39	46	30	33	100
Age group (years)						
18–24	46	23	28	15	33	100
25–34	45	20	30	12	38	100
35–44	48	24	31	16	30	100
45+	44	15	35	5	42	100
Indigenous status						
Indigenous	47	20	28	12	43	100
Non-Indigenous	46	22	32	14	30	100
Total	46	21	30	13	35	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals may not sum across rows because some entrants who indicated the type of assistance they require to quit smoking responded 'no' to 'would you like to quit smoking' and some entrants indicated more than one type of assistance they require.
3. Proportions of type of assistance required were calculated from the total 690 entrants who responded to that question.
4. Total includes 121 (15%) prison entrants whose desire to quit was unknown, 7 whose Indigenous status was unknown and 5 whose age was unknown.
5. 36 prison entrants nominated other types of assistance they would like to help them quit, including living in a smoke-free environment.

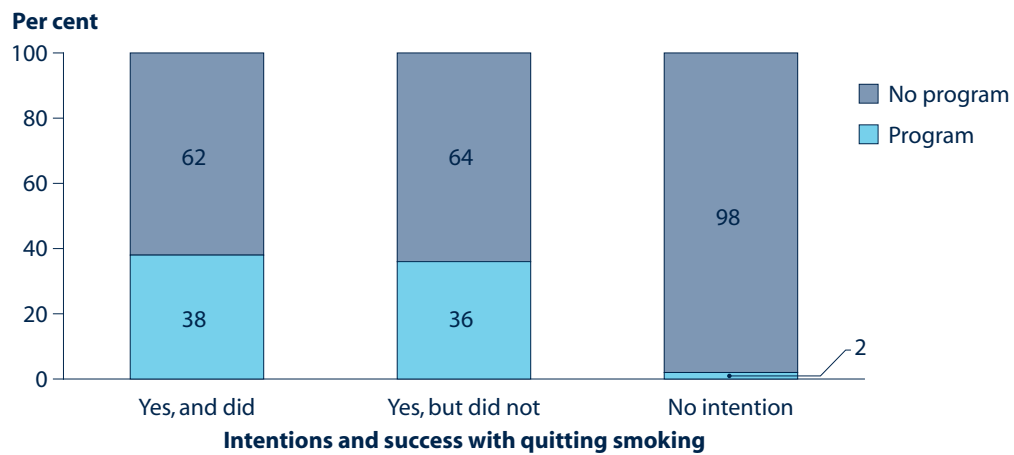
Source: Entrant form, 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who undertook smoking cessation programs in prison: 14%

Although over one-third (35%) of dischargees said that they planned to quit smoking in prison, only 8% (30 dischargees) of all dischargees, or 22% of those trying to quit, successfully quit (Appendix C; Table A7). Overall, 14% of dischargees accessed a smoking cessation program while in prison. However, undertaking the program was not related to success in quitting, with similar proportions of those who were (38%) and those who were not (36%) successful having done a program (Figure 11.3). This reflects the variety of support prison entrants seek in attempting to quit smoking, with smoking cessation programs being one of a number of options (Table 11.4).

Figure 11.3: Prison dischargees, quit smoking intentions and programs undertaken, 2012



Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.

Source: Discharge form, 2012 NPHDC.

Comparison with the general community

Prison dischargees were asked if they planned to give up smoking in prison and whether or not they were successful. As part of the 2010 National Drug Strategy Household Survey (AIHW 2011a), current smokers in the general population were asked if they successfully quit smoking for more than 1 month. In the community, more than twice the proportion of 18–24 year olds were successful at quitting smoking than their peers in prison (22% and 9%, respectively). People aged 25–34 in the community were around 3 times as likely as entrants to quit successfully (25% and 9% respectively), as were 35–44 year olds (19% and 6%, respectively) (Table 11.5).

Table 11.5: Non-Indigenous prison dischargees and the general non-Indigenous population, smoking cessation status, by age group, 2012 (per cent)

	Non-Indigenous prison dischargees (years)			General non-Indigenous population (years)		
	18-24	25-34	35-44	18-24	25-34	35-44
Successfully quit smoking	9	9	6	22	25	19
Unsuccessfully tried to quit smoking	35	24	29	34	30	30

Notes

1. Excludes Western Australia, as they did not participate in the NPHDC.
2. For the general non-Indigenous population, participants were asked if they had quit smoking for more than one month. For the prison dischargee population, no time period was provided.

Sources: Discharge form, 2012 NPHDC; AIHW analysis of 2010 National Drug Strategy Household Survey.

12 Risky alcohol consumption

Risky alcohol consumption is a well-known contributing factor to poor health. It can cause serious health problems including brain damage, cirrhosis, liver failure, liver and breast cancer, malnutrition and stroke (Australian Drug Foundation 2009).

In Australia, alcohol use has been associated with violent crime (Morgan & McAtamney 2009) and the link between alcohol and criminal behaviour is well documented (Kraemer et al. 2009; Sweeney & Payne 2011).

The prisoner population is characterised by very high rates of risky drinking (AIHW 2010b) and this is not unique to Australia. A study by the National Health Service in Scotland found that the prevalence of alcohol problems among prisoners was about 2.5 times greater for males than in the general population and up to 5 times greater for females (Parkes et al. 2010).

12.1 Alcohol consumption prior to prison

The proportion of prison entrants who are at risk of alcohol-related harm was determined using questions on alcohol consumption from the WHO's Alcohol Use Disorder Identification Test (AUDIT) screening instrument. The AUDIT-C contains the three consumption questions from the AUDIT, with each question scoring 0–4. Scores for the three questions are summed, with a maximum possible score of 12. A score of 6 or more indicates a risk of alcohol-related harm. The AUDIT tool must not be confused with the National Health and Medical Research Council *Australian guidelines to reduce health risks from drinking alcohol 2009*, which are provide information on reducing risks to health from drinking alcohol.

Entrants

INDICATOR: Proportion of prison entrants who report a risk of alcohol-related harm in the past 12 months (self-report): 46%

Almost half of all prison entrants (46%) reported consuming alcohol during the previous 12 months at levels which placed them at risk of alcohol-related harm (Table 12.1). Another 29% reported a low risk, and 19% said they had not consumed alcohol during the previous 12 months. Entrants most likely to consume alcohol at risky levels were Indigenous (59% compared with 39% for non-Indigenous), young (48% of those aged under 35 compared with 40% for older entrants), and male (47% compared with 39% for females).

Females were equally likely to consume alcohol at high and low risk levels (39% each). For all other demographic groups, there were more people at high than low risk. In line with the proportion of entrants at high risk decreasing with age, the proportion who did not drink alcohol increased with age, from 14% of the youngest entrants aged 18–24 to 25% of the oldest entrants (aged 45 or more). Higher proportions of non-Indigenous than Indigenous entrants were either at low risk (32% and 23%, respectively) or were non-drinkers (23% and 13%).

Table 12.1: Prison entrants, risk of alcohol-related harm in the previous 12 months, by sex, age group and Indigenous status, 2012

	High risk of alcohol-related harm		Low risk of alcohol-related harm		Does not drink		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	333	47	201	28	136	19	714	100
Female	31	39	31	39	17	21	80	100
Age group (years)								
18–24	115	50	70	31	32	14	228	100
25–34	129	47	77	28	57	21	276	100
35–44	79	41	59	30	43	22	195	100
45+	33	39	25	29	21	25	85	100
Indigenous status								
Indigenous	161	59	64	23	35	13	273	100
Non-Indigenous	191	39	161	32	114	23	496	100
Total	364	46	232	29	153	19	794	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Risk of alcohol-related harm is indicated by a score of 6 or more on the three consumption questions from the AUDIT.
3. Totals include 1 entrant whose sex was unknown, 10 whose age was unknown, 25 whose Indigenous status was unknown, and 45 for whom risk status was invalid or unknown.

Source: Entrant form, 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who report a risk of alcohol-related harm prior to current incarceration (self-report): 54%

The alcohol consumption patterns among dischargees before they entered prison were broadly similar to the pattern found among prison entrants (Table 12.2). Over half (54%) of dischargees reported risky alcohol consumption prior to prison, 24% reported lower levels and 19% said they were non-drinkers. Indigenous dischargees were at higher risk than non-Indigenous dischargees (68% and 48%), and younger dischargees were at higher risk than older ages (73% of those aged 18–24, compared with 40–42% of those aged 35 or over). Males were almost twice as likely as females to be at high-risk (58% and 31%, respectively).

Table 12.2: Prison dischargees, risk of alcohol-related harm prior to incarceration, by sex, age group and Indigenous status, 2012

	High risk of alcohol-related harm		Low risk of alcohol-related harm		Did not drink		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	190	58	69	21	58	18	326	100
Female	19	31	23	38	17	28	61	100
Age group (years)								
18–24	61	73	11	13	11	13	84	100
25–34	85	57	37	25	23	16	148	100
35–44	36	40	20	22	29	32	91	100
45+	25	42	21	36	12	20	59	100
Indigenous status								
Indigenous	82	68	16	13	19	16	121	100
Non-Indigenous	126	48	73	28	54	21	260	100
Total	209	54	92	24	75	19	387	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Risk of alcohol-related harm is indicated by a score of 6 or more on the three consumption questions from the AUDIT.
3. Totals include 5 dischargee whose age was unknown, 6 whose Indigenous status was unknown, and 11 for whom risk status was invalid or unknown.
4. Dischargee data should be treated with caution due to low participation rates.

Source: Entrant form, 2012 NPHDC.

12.2 Alcohol consumption in prison

The consumption of alcohol in prisons is generally banned, but this does not always correspond with no consumption of alcohol taking place. A study by the WHO in Europe found that ‘...illicit production (of alcohol) can and does take place which can not only cause unrest and disruption but also be hazardous to health’ (WHO 2013, p3). Strategies to reduce the supply of drugs and alcohol in prisons in Australian prisons include drug detection dogs and urinalysis. To reduce demand, there are programs of counselling and detoxification support as well as therapeutic communities or drug-free units in some jurisdictions (Rodas et al. 2012).

Dischargees

INDICATOR: Proportion of prison dischargees who consumed alcohol in prison: 3%

Prison dischargees were asked whether they drank any alcohol while in prison this time. Data for this item were provided by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. Of the 349 dischargees in these jurisdictions about whom data were collected, 3% (10 dischargees) reported having consumed alcohol while in prison.

12.3 Alcohol treatment in prison

With the high proportion of prisoners who, while in the community, consume alcohol at levels which leave them at high risk of alcohol-related harm, there is a clear need for alcohol-treatment services to be available in prison (see Chapter 12.1).

Dischargees

INDICATOR: Proportion of prison dischargees who accessed an alcohol-treatment program in prison: 12%

The proportion of prison dischargees who reported accessing an alcohol-treatment program while in prison was low, relative to the proportion at self-reported high risk of alcohol-related harm on entry to prison. Of the 387 prison dischargees, 12% (48 dischargees) reported that, while they were in prison this time, they accessed an alcohol treatment program.

The proportions for males (12%) and females (13%) accessing an alcohol treatment plan were similar. The oldest prison dischargees were less likely than those in younger age groups to have accessed a program (7% of those aged 45 or over compared with 13–14% of younger dischargees). A higher proportion of Indigenous (17%) than non-Indigenous (10%) dischargees reported accessing a program.

These patterns broadly reflect the differences in risk prior to entry to prison for these dischargees, except for by sex. Here, similar proportions of males as females accessed treatment in prison, despite males being at almost twice the risk of females (see Chapter 12.1).

This excludes Western Australia, as they did not participate in the 2012 NPHDC.

13 Injuries, assaults and unprotected sex

13.1 Head injury

Injury morbidity and mortality tends to be highest among disadvantaged young men, who constitute the majority of the prisoner population. The combination of a population with a high prevalence of violent and impulsive behaviour, large numbers of people with a history of traumatic brain injury (TBI) or a current mental illness, and the stress and frustration of prison life further increase the likelihood of injury (AIHW: Al-Yaman & Belcher 2007; Butler et al. 2007; Butler & Milner 2003).

Estimates of the proportion of prisoners with TBI range from 25% (Morrell et al. 1998) to 82% (Schofield et al. 2007). TBI is characterised by a blow or other force to the head that results in damage to the brain or an alteration in brain function (Helps et al. 2008). People with TBI may experience long-term changes in one or more of the following areas—physical and sensory abilities, cognition, behaviour and personality, communication and medical status (Brain Injury Australia 2013).

In a policy paper in 2010–11 on *ABI (Acquired Brain Injury) and the Criminal Justice System*, Brain Injury Australia recommended that prison reception screening and other assessments be modified to allow for optimum detection of ABI (Rushworth 2011).

Entrants

INDICATOR: Proportion of prison entrants who report that they have ever received a head injury/blow to the head resulting in a loss of consciousness: 43%

Prison entrants were asked whether they had, at any time in their lives, received an injury or blow to the head, leading to a loss of consciousness. This is not a measure of TBI, but may be an indicator of possible TBI. Overall, more than two-fifths (43%) of entrants reported ever having received a head injury of this type (Table 13.1). Non-Indigenous entrants were more likely than Indigenous entrants to report a head injury (46% and 40%, respectively), as were males (44%) rather than females (40%). The reporting of a head injury increased with age, with 41% of the youngest entrants aged 18–24 having a history, rising to 48% of the oldest entrants (aged 45 or over).

Table 13.1: Prison entrants, head injury resulting in a loss of consciousness, by sex, age group and Indigenous status, 2012

	Ever received a head injury		Total prison entrants
	Number	Per cent	Number
Sex			
Male	312	44	714
Female	32	40	80
Age group (years)			
18–24	93	41	228
25–34	116	42	276
35–44	92	47	195
45+	41	48	85
Indigenous status			
Indigenous	108	40	273
Non-Indigenous	228	46	496
Total	344	43	794

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 1 prison entrant of unknown sex, 10 with unknown age, 25 with unknown Indigenous status, and 5 whose head injury history was unknown.

Source: Entrant form, 2012 NPHDC.

Dischargees

INDICATOR: Proportion of prison dischargees who report that they have received a head injury/blow to the head resulting in a loss of consciousness while in prison: 5%

Prison dischargees were asked a similar question to the entrants, about receiving a head injury while in prison. This question was answered by dischargees in New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Out of the 366 dischargees in these jurisdictions, 20 (5%) reported receiving a head injury leading to a loss of consciousness while in prison. Details of the circumstances of these injuries were not provided.

13.2 Accidents or injuries

INDICATOR: Proportion of prison dischargees who report that they had to see a doctor or nurse due to an accident or injury while in prison: 26%

Prison dischargees were also asked whether they had to see a doctor or nurse due to an accident or injury, while in prison. This question was answered by dischargees in New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Over one-quarter (95, or 26%) of the 366 dischargees in these jurisdictions reported seeing a doctor or nurse for this reason. Seeing a doctor or nurse for an accident or injury was more common among males (81 of 305, or 27%) than females (14 of 61, or 23%), and among non-Indigenous (71 of 257, or 28%) than Indigenous (23 of 103, or 22%). There was a clear relationship with age, with the reporting of visiting a doctor or nurse due to an accident or injury being more likely for older than younger dischargees. Among the youngest dischargees aged 18–24, about one-fifth (15 of 79, or 19%) made such a visit, rising to over one-third (20 of 57, or 35%) of the oldest dischargees (aged 45 or over).

13.3 Assault and sexual assault

Dischargees

INDICATOR: Proportion of prison dischargees who report that they were physically assaulted or attacked by another prisoner while in prison: 12%

The experience of physical assault in prison was assessed by asking prison dischargees whether they had been physically assaulted or attacked by another prisoner while in prison. Data for this question were provided by New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Of the 366 prison dischargees in these jurisdictions, 43 or 12% reported having experienced physical assault. This included both males and females, Indigenous and non-Indigenous, and prisoners of all age groups.

INDICATOR: Proportion of prison dischargees who report that they were sexually assaulted by another prisoner while in prison: 3%

Dischargees were also asked if they had experienced sexual assault by another prisoner while in prison. Data for this question were provided by New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Of the 366 prison dischargees in these jurisdictions, 10 (3%) reported experiencing sexual assault.

13.4 Unprotected sex

Unprotected sex can involve risks such as unintended pregnancies, the transmission of STIs, HIV and hepatitis B (Queensland Health 2011; AIHW 2012a).

INDICATOR: Proportion of prison entrants who had a new or casual partner in the last 3 months and reported never using a condom: 46%

Of the 236 prison entrants who had had sex with a casual partner(s) in the 3 months before entry to prison, almost half (46%) never wore a condom. Further, almost one-quarter (57, or 24%) only sometimes used a condom (Table 13.2). A higher proportion of IDUs than non-IDUs did not use a condom (54% and 38%, respectively).

Table 13.2: Condom use with casual sex partner(s) in the last 3 months, by IDU status, 2010

Condom use	IDU		Non-IDU	
	Number	Per cent	Number	Per cent
Never	63	54	45	38
Sometimes	30	26	27	23
Always	24	21	47	39

Notes

1. Percentages exclude participants reporting no regular, new or casual sex partner in the previous three months and those who did not report their sexual behaviour.
2. The number of prison entrants surveyed included 353 IDUs and 458 non-IDUs. Of these, 307 and 368 prison entrants respectively, had sexual intercourse in the last 3 months.

Source: NPEBBV&RBS 2010, Table 23.

5

Section 5: Health service use

This section presents data relating to prisoners' use of health services in the community and in prison. As part of the data collection, prison clinics recorded the problem managed, the service received, who initiated the clinic visit and which health professional was seen for every clinic visit during the 2-week data collection period. These data are presented alongside data on discharges use of the prison clinic and health conditions managed in prison. Data were also collected for every medication dispensed for 1 day of the data collection period. Information is broken down (where possible) by sex, age and Indigenous status.

14 General health services

14.1 Consulting health services in the community and in prison

Many factors influence the level of health service use for a particular disease or condition. These include disease incidence and prevalence, disease severity, treatment patterns, and health service availability and accessibility, as well as cultural and personal choices about seeking and accepting medical help. The use of health services will vary, because these factors change, both over time and across different population groups (AIHW 2008).

Prisoners arrive at prison with various health conditions (see Sections 2 and 3) and their health is often poorer than that of the general community. For these reasons, there is a need for a high level of health services to be available to prisoners. A qualitative study of the experiences of first-time and repeat prisoners found that those who had been in prison before rated 'improved health' as the best thing about returning to prison and were more likely than first-timers to make positive health changes such as cutting down smoking and attending drug-treatment programs (Souza & Dhimi 2010).

It has been previously shown that prisoners typically make less use of health services when they are in the community, but extensive use of available services within prison (Condon et al. 2007a). Prisoner use of health services may be dependent upon whether a service is provided on site or whether the prisoner is required to be transported to it. Some services are not generally provided in the community, but are provided in the prison, such as mental health nurses (Kraemer et al. 2009).

Entrants

INDICATOR: Proportion of prison entrants who, in the last 12 months, consulted a medical professional for their own health within the community: 74%

INDICATOR: Proportion of prison entrants who, in the last 12 months, consulted a medical professional for their own health in prison: 67%

The NPHDC provides information from all prison entrants on their health-seeking behaviours. Data was collected for visits to health professionals both in prison (for those prison entrants who reported being in prison on a previous incarceration in the previous 12 months) and in

the community. Information regarding non-use of health-care professionals and reasons for not seeking health care when needed was also collected.

Overall, almost three-quarters (74%) of all prison entrants had consulted with a health-care professional in the community in the last 12 months (Table 14.1). Of the entrants who reported that they were in prison on a previous incarceration in the last 12 months, 67% visited a health care professional while incarcerated. A greater proportion of entrants had visited a general practitioner (GP) in the community (64%) than in prison (50%) and it was twice as common for entrants to visit a nurse in prison (60%) rather than in the community (30%). This reflects the high proportion of health consultations in prison that occur with a nurse rather than a doctor. Visits to alcohol or drug workers dropped from 24% in the community to 13% in prison and visits to Aboriginal health workers also decreased from 8% in the community to 5% in prison. Mental health services, including psychiatrists, psychologists, mental health nurses/teams and social workers, were among the most commonly visited professionals in prison and in the community.

Table 14.1: Prison entrants who reported having consulted a health professional in the previous 12 months, in the community and in prison, by health professional, 2012

Health professional	Community		Prison	
	Number	Per cent	Number	Per cent
Doctor/general practitioner	505	64	174	50
Nurse	238	30	206	60
Alcohol/drug worker	194	24	45	13
Psychologist	145	18	52	15
Dentist	136	17	56	16
Social worker/welfare officer	115	14	46	13
Mental health nurse/team	109	14	53	15
Psychiatrist	103	13	48	14
Radiographer	83	10	13	4
Aboriginal health worker	64	8	17	5
Physiotherapist	36	5	9	3
Consulted with any health professional	590	74	232	67

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Per cents do not add up to 100%, as each prisoner may have seen more than one health professional.
3. Per cents are calculated from the total number of prison entrants (794) for the community visits, and from the number of entrants reporting having been in prison during the previous 12 months for the prison visits (346).
4. Visits to 'other' health professionals accounted for 3% of visits in the community and in prison.

Source: Entrant form, 2012 NPHDC.

There was variation in the use of health services in prison compared with the community, which was apparent for both males and females, although for different health professionals (Table 14.2). For males, the use of nurses was more common in prison than in the community (58% and 28%); however, consulting a GP, alcohol or drug worker, or a psychologist was

more common in the community than in prison (63% and 49%, 24% and 12%, and 18% and 12%, respectively). Among females, the proportion who consulted a psychologist more than doubled from 24% in the community to 56% in prison and the use of dentists increased from 18% to 26%, while the use of social workers decreased from 28% in the community to 19% in prison. The proportion of female entrants who visited an Aboriginal health worker decreased from 10% to no visits.

Table 14.2: Prison entrants who reported having consulted a health professional in the previous 12 months, in the community and in prison, by health professional and sex, 2012

Health professional	Community				Prison			
	Male		Female		Male		Female	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Doctor/general practitioner	447	63	58	73	157	49	17	63
Nurse	203	28	35	44	185	58	21	78
Alcohol/drug worker	172	24	22	28	37	12	8	30
Other	130	18	9	11	24	8	5	19
Psychologist	126	18	19	24	37	12	15	56
Dentist	122	17	14	18	49	15	7	26
Mental health nurse/team	97	14	12	15	50	16	3	11
Social worker/welfare officer	93	13	22	28	41	13	5	19
Psychiatrist	92	13	11	14	45	14	3	11
Aboriginal health worker	56	8	8	10	17	5	0	0
Consulted with any health professional	524	73	66	83	209	66	23	85

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Per cents do not add up to 100%, as each prisoner may have seen more than one health professional.
3. Per cents are calculated from the total number of prison entrants (794; or 714 males and 80 females) for the community visits, and from the number of entrants reporting having been in prison during the previous 12 months (346; or 319 males and 27 females) for the prison visits.
4. 'Other' includes physiotherapists, radiographers and other not-stated health professionals.

Source: Entrant form, 2012 NPHDC.

There was a greater decrease among non-Indigenous than Indigenous prison entrants in accessing a GP in the community compared with while in prison (from 68% to 51%, and from 56% to 50%) (Table 14.3). This means that while in prison, around half of both groups of prison entrants saw a GP even though more non-Indigenous entrants did so in the community. Consultations with alcohol or drug workers decreased slightly more among Indigenous (23% to 11%) than non-Indigenous (25% to 15%) entrants between community and prison.

Table 14.3: Prison entrants who reported having consulted a health professional in the previous 12 months, in the community or in prison, by health professional and Indigenous status, 2012

Health professional	Community				Prison			
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Doctor/general practitioner	152	56	339	68	66	50	101	51
Nurse	98	36	136	27	78	59	120	61
Alcohol/drug worker	63	23	124	25	14	11	30	15
Aboriginal health worker	58	21	6	1	15	11	2	1
Social worker/welfare officer	39	14	72	15	16	12	28	14
Dentist	35	13	96	19	17	13	35	18
Psychologist	33	12	107	22	13	10	38	19
Mental health nurse/team	32	12	75	15	16	12	36	18
Psychiatrist	26	10	76	15	17	13	31	16
Radiographer	21	8	59	12	4	3	9	5
Physiotherapist	11	4	25	5	3	2	6	3
Consulted with any health professional	185	68	388	78	87	66	137	69

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Per cents do not sum to 100%, as each prisoner may have seen more than one health professional.
3. Per cents are calculated from the total number of Indigenous (273) and non-Indigenous (496) prison entrants for community visits, and from the number of entrants reporting having been in prison during the previous 12 months (132 Indigenous and 198 non-Indigenous) for prison visits (346).
4. Totals include 25 entrants of unknown Indigenous status.

Source: Entrant form, 2012 NPHDC.

14.2 Barriers to use of health services

Prison entrants were asked whether there was a time in the previous 12 months when they needed to see a health professional but did not attend. If an entrant indicated that they had not attended a health service when they needed to, they were also asked why they did not attend. In this section, the results of this are presented for both needing to see a health professional (but failing to) in the community and in prison.

Entrants

INDICATOR: Proportion of prison entrants who, in the last 12 months, needed to consult with a health professional in the community but did not: 39%

INDICATOR: Proportion of prison entrants who, in the last 12 months, needed to consult with a health professional while in prison, but did not: 9%

About 2 in 5 (39%) entrants failed to see a health professional in the community (Table 14.4) whereas around 1 in 10 entrants (9%) failed to see a health professional in prison. This may suggest that prison presents an opportunity for prisoners to manage their health if they were otherwise unable to do so in the community.

Of the entrants who didn't consult a health professional when needed in the community, more than half (53%) reported not seeing a GP, and 43% of entrants did not see a dentist.

Although proportionally fewer entrants missed consultations with health professionals in prison than in the community, the type of health professionals not consulted were similar. When health professionals were not seen when needed in prison in the previous 12 months, those health professionals were most likely to be dentist (47% of those who did not attend), GP (28%) and psychiatrist (25%). Reflective of the nurse-led health care in prisons, almost one-third (31%) of health professionals not consulted when needed in prison were nurses.

Table 14.4: Prison entrants who reported having needed to see a health professional in the community in the previous 12 months but did not, by health professional, 2012

Health professional	Number	Per cent
Doctor/general practitioner	164	53
Dentist	133	43
Alcohol/drug worker	83	27
Psychiatrist	60	20
Psychologist	58	19
Mental health nurse/team	43	14
Nurse	38	12
Social worker/welfare officer	35	11
Radiographer	19	6
Physiotherapist	18	6
Aboriginal health worker	0	—
Failed to see any health professional when needed	307	39

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Per cents do not sum to 100%, as each prisoner may have needed to see more than one health professional.
3. 10 prison entrants reported seeing an unspecified health professional in the community.

Source: Entrant form, 2012 NPHDC.

Female entrants were more likely than male entrants to not see all health professionals when needed. In particular, females were more than 3 times as likely as males to not see a psychologist or psychiatrist (19% and 6%, and 20% and 6%, respectively) (Table 14.5). Females were also twice as likely as males to not visit a dentist when needed (30% and 15%, respectively).

Table 14.5: Prison entrants who reported having needed to see a health professional in the previous 12 months in the community but did not, by selected health professionals and sex, 2012

Health professional	Male		Female	
	Number	Per cent	Number	Per cent
Doctor/general practitioner	139	19	25	31
Dentist	109	15	24	30
Alcohol/drug worker	65	9	18	23
Psychiatrist	44	6	16	20
Psychologist	43	6	15	19
Social worker/welfare officer	26	4	9	11
Nurse	30	4	8	10
Mental health nurse/team	35	5	8	10
Failed to see any health professional when needed	259	36	48	60

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Per cents do not sum to 100%, as each prisoner may have needed to see more than one health professional.
3. Per cents are calculated from the number of female entrants (80) and male entrants (714) from the total of 794 entrants.

Source: Entrant form, 2012 NPHDC.

In order to gain some understanding of potential barriers to accessing health services, entrants were asked why they had not seen a health professional when they needed to. Many entrants nominated multiple reasons for not attending (Table 14.6). One-third (33%) of those who did not attend a consultation in the community said they felt they did not need or want to, or could not be bothered. About one-fifth said it was because of cost (22%), because they were affected by alcohol or drugs (21%), or because they were too busy (19%).

Reasons nominated for not attending a required consultation in prison were slightly different. The most common reason was that the waiting time was too long or there was no availability at the time required (44%). Almost one-third (31%) said they felt they did not want or need to or could not be bothered, and 21% said there were legal reasons such as court attendances.

Table 14.6: Prison entrants who reported that in the previous 12 months they had not consulted a health professional in the community and in prison when they needed to, by reason, 2012

Health professional	Community		Prison	
	Number	Per cent	Number	Per cent
Felt I didn't need/want to, couldn't be bothered	102	33	12	31
Cost	67	22	7	18
Affected by alcohol or drugs (including from prescribed drugs)	65	21	5	13
Too busy (including work, personal, family responsibilities)	59	19	5	13
Transport/distance	51	17	6	15
Other	46	11	8	21
Waiting time too long or not available at time required	43	14	17	44
Legal issues	42	14	8	21
Not available in area	20	7	3	8
Unable to access at time required (lock down)	10	3	6	15
Total reasons for not attending	505	100	77	100
Total number of entrants who gave reasons for failing to consult a health professional	305	99	26	67

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Per cents are calculated from the number of entrants who provided reasons for not visiting a health professional in the community when needed (305) and in prison (26).
3. Per cents do not sum to 100%, because entrants could choose more than one reason.
4. Excludes prison entrants who did not report failing to attend a consultation in the community.

Source: Entrant form, 2012 NPHDC.

15 Prison clinic

15.1 Use of prison clinics

Dischargees

Upon entry to prison, prisoners should routinely receive an initial health assessment. This health assessment is designed to provide the health professionals with an indication of the health of the prisoner and which, if any, issues or conditions need to be referred or followed up for further assessment or treatment.

INDICATOR: Proportion of prison dischargees who received a health assessment upon entry to prison: 93%

Prison dischargees were asked whether or not they had received any initial health assessment upon entry to prison this time. Most dischargees (93%) reported that they had been assessed (Table 15.1). This was consistent for males and females, and there was little difference by age. Indigenous dischargees (97%) were more likely to say that they had received an assessment than non-Indigenous dischargees (91%). Self-reporting may underestimate assessment rates.

Following the initial assessment, about 2 in 5 dischargees (41%) reported having been referred for further assessment or treatment. This was less likely for the youngest dischargees aged 18–24, of whom less than one-third (30%) were referred, compared with 42–46% of older dischargees. Referral was slightly more common among females (44%) than males (40%) and among Indigenous (46%) than non-Indigenous (39%) dischargees.

Table 15.1: Prison dischargees, initial health assessment, by sex, age group and Indigenous status, 2012

	Health assessment on entry to prison		Referral made following assessment		Total prison dischargees
	Number	Per cent	Number	Per cent	Number
Sex					
Male	303	93	131	40	326
Female	57	93	27	44	61
Age group (years)					
18–24	78	93	25	30	84
25–34	139	94	68	46	148
35–44	82	90	38	42	91
45+	56	95	25	42	59
Indigenous status					
Indigenous	117	97	56	46	121
Non-Indigenous	237	91	101	39	260
Total	360	93	158	41	387

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 5 dischargees whose age was unknown, 6 whose Indigenous status was unknown, and 5 whose assessment on entry was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison dischargees who reported they could easily see a medical professional (GP or nurse) if they had a health problem: 88%

About 9 out of 10 (88%) prison dischargees felt they could easily see a GP or nurse for a health condition, however it varied with professional: over two-thirds (69%) felt they could easily see a GP, compared with 87% who felt they could easily see a nurse (Table 15.2). More males (70%) than females (64%) felt that they could easily see a doctor for a health problem when needed. Although there were no age trends for accessing health professionals, Indigenous prison dischargees were more likely than non-Indigenous entrants to report that they could easily see a doctor (74% and 67%, respectively).

Table 15.2: Prison discharges, access to health professionals in prison, by sex, age group and Indigenous status, 2012

	Could easily see a doctor		Could easily see a nurse		Total prison discharges
	Number	Per cent	Number	Per cent	Number
Sex					
Male	229	70	287	88	326
Female	39	64	51	84	61
Age group (years)					
18–24	59	70	66	79	84
25–34	107	72	136	92	148
35–44	57	63	79	87	91
45+	42	71	53	90	59
Indigenous status					
Indigenous	90	74	106	88	121
Non-Indigenous	174	67	227	87	260
Total	268	69	338	87	387

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Data may not sum across rows because some discharges may have indicated that they were easily able to see both a doctor and a nurse.
3. Totals include 5 discharges whose age was unknown, 6 whose Indigenous status was unknown and 5 whose access to a doctor or nurse while in prison was unknown.
4. Dischargee data should be treated with caution due to low participation rates.

Source: Dischargee form, 2012 NPHDC.

INDICATOR: Proportion of prison discharges who visited the prison clinic: 93%

The majority of prison discharges had visited the clinic while in prison (93%) (Table 15.3). The group least likely to have made a visit were discharges aged 18–24 (82%, compared with 95–96% of older discharges). A higher proportion of females (97%) than males (92%) visited the clinic.

Indigenous discharges were more likely than non-Indigenous discharges to have received an initial health assessment, have had a referral made from that assessment, and to say that they were easily able to see a doctor while in prison, although they were slightly less likely to actually have visited the clinic since that initial health assessment (89% compared with 94% of non-Indigenous discharges).

Table 15.3: Prison dischargees who visited the prison clinic during their period of incarceration, 2012

	Visited the prison clinic		Total prison dischargees
	Number	Per cent	Number
Sex			
Male	299	92	326
Female	59	97	61
Age group (years)			
18–24	69	82	84
25–34	142	96	148
35–44	86	95	91
45+	56	95	59
Indigenous status			
Indigenous	108	89	121
Non-Indigenous	244	94	260
Total	358	93	387

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 5 dischargees whose age was unknown, 6 whose Indigenous status was unknown and 1 whose clinic visits were unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

For many dischargees, the most recent clinic visit was during the last week (40%) and for another almost one-third (32%) it was within the last month. For the remainder, clinic visits were less recent, with 17% visiting in the last 2–6 months, and 4% either 6–12 months ago or only upon entry to prison.

Prisoners in custody

The NPHDC collected information on prisoners' use of prison clinics during the 2-week data collection period. For each prisoner encounter at the prison clinic, a 1-page questionnaire was completed by staff. Data collected included demographic information, details of who initiated the visit, the problem managed and which health professional the prisoner saw.

A visit was defined as a face-to-face consultation for which an entry was made in the health service record (other than for routine household-type treatment such as adhesive plasters or paracetamol).

In New South Wales, data on clinic visits were collected for only 1 day rather than the entire 2-week period. To ensure comparability with the other jurisdictions, data from New South Wales are not included in indicators involving the proportion of prisoners in custody visiting the clinic, but are included in other indicators such as describing the problems managed in clinics, which health professionals were seen, and who initiated visits.

Complete clinic data were collected by all other jurisdictions except Western Australia, as they did not participate in the 2012 NPHDC; and 1 prison in Queensland did not provide complete data.

INDICATOR: Proportion of prisoners in custody who used the prison clinic during the 2-week data collection period: 29%

Just over one-quarter (28%) of all prisoners used the prison clinic during the 2-week data collection period (Table 15.4). A higher proportion of females (38%) than males (26%) visited the clinic; and proportionally more Indigenous prisoners (30%) compared with non-Indigenous (25%) also visited. The proportions of older and younger prisoners who visited the clinic were similar.

Table 15.4: Prisoners who visited the prison clinic during the data collection period, by sex, age group and Indigenous status, 2012

	Number of prisoners who used the prison clinic during data collection	Number of prisoners in custody on 30 June 2012	Proportion of prisoners who used the prison clinic (per cent)
Sex			
Male	3,556	13,423	26
Female	407	1,085	38
Age group (years)			
18–24	699	2,600	27
25–34	1,339	5,069	26
35–44	1,055	3,824	28
45+	851	2,971	29
Indigenous status			
Indigenous	1,112	3,720	30
Non-Indigenous	2,745	10,785	25
Total	4,058	14,089	29

Notes

1. Excludes Western Australia, as they did not participate in the NPHDC.
2. Excludes New South Wales, as they did not provide complete Clinic data.
3. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
4. Totals include 95 prisoners whose sex was unknown, 114 whose age was unknown and 201 whose Indigenous status was unknown. Sex, age and Indigenous status totals are subject to rounding and randomisation and will therefore not match other totals.
5. ABS 30 June 2012 data total excludes New South Wales and Western Australia for the purpose of comparability.

Sources: Clinic form, 2012 NPHDC; AIHW analysis of ABS 2012.

During the 2-week data collection period, 4,058 prisoners attended 6,941 visits to the prison clinic. Male prisoners visited the clinic more often than females (2.28 and 2.19 visits per prisoner, respectively), as did non-Indigenous prisoners when compared with Indigenous prisoners (2.36 and 2.06 visits per prisoner, respectively) (Table 15.5). Older prisoners visited the prison clinic more often—there was a steady increase from young prisoners aged 18–24 who had an average of 2.03 visits to prisoners aged over 45 who visited the clinic an average of 2.49 times each during the data collection period.

Similar patterns were seen by age in relation to average number of problems managed. Young prisoners aged 18–24 had an average of 1.21 problems managed per visit compared with prisoners aged over 45 who had an average of 1.38 problems managed per visit. Older prisoners were therefore visiting the prison clinic more often and for more health problems each time. Although the majority had just 1 problem managed per visit (79%), 17% of prisoners had 2 problems managed and 5% had 3 or more problems managed.

Table 15.5: Prisoners in custody, clinic visits during the data collection period, by sex, age group and Indigenous status, 2012

	Number of prisoners who used the prison clinic during data collection	Number of clinic visits	Average (mean) visits per prisoner	Number of problems managed	Average (mean) problems managed per visit
Sex					
Male	3,556	6,138	2.28	7,988	1.29
Female	407	681	2.19	885	1.33
Age group (years)					
18–24	699	1,156	2.03	1,400	1.21
25–34	1,339	2,323	2.24	2,940	1.26
35–44	1,055	1,802	2.28	2,377	1.31
45+	851	1,518	2.49	2,115	1.38
Indigenous status					
Indigenous	1,112	1,847	2.06	2,298	1.25
Non-Indigenous	2,745	4,837	2.36	6,401	1.31
Total	4,058	6,941	2.25	9,027	1.29

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes New South Wales, as they did not provide complete Clinic data.
3. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
4. Number of prisoners includes 95 prisoners of unknown sex, 114 of unknown age and 201 of unknown Indigenous status.
5. Number of clinic visits total includes 122 prisoners of unknown sex, 142 of unknown age and 257 of unknown Indigenous status.
6. Problem managed total includes 154 prisoners of unknown sex, 195 of unknown age and 328 of unknown Indigenous status.

Sources: Clinic form, 2012 NPHDC.

15.2 Problems managed in prison clinics

Dischargees

INDICATOR: Proportion of prison dischargees who were diagnosed with a health condition in prison: 40%

Two out of 5 (40%) prison dischargees were diagnosed with at least one health condition while in prison. More than half of the dischargees who had ever been diagnosed with respiratory conditions or dental problems had their diagnosis made while in prison (59% and 54%, respectively) (Table 15.6). Just under half of all skin condition and musculoskeletal injury diagnoses were made in prison (both 47%). Asthma (13%), drug and alcohol issues (15%) and psychological conditions (19%) were the least likely to be diagnosed in prison; rather, most dischargees were diagnosed before entering prison.

INDICATOR: Proportion of prison dischargees who received treatment for a health condition in prison: 57%

Dischargees were asked if they received treatment in prison for conditions that they had ever been diagnosed with. Overall, more than half (57%) of dischargees had received treatment, including around two-thirds of dischargees ever diagnosed with 'other' health conditions (71%), diabetes (67%), skin conditions (67%), psychological conditions (64%), musculoskeletal injuries (65%), respiratory conditions (65%) and asthma (64%) (Table 15.6). Around 1 in 6 (16%) were offered treatment for a communicable disease and less than half of all dischargees diagnosed with a neurological or drug or alcohol use problem were offered treatment (46% and 45%, respectively). These data must be interpreted with caution, because not all health conditions are chronic and require ongoing treatment.

Table 15.6: Prison dischargees, selected health conditions, 2012

Problem managed	Diagnosed in prison this time		Offered treatment in prison	
	Number	Proportion of those ever diagnosed	Number	Proportion of those ever diagnosed
Dental	68	54	68	54
Musculoskeletal injury	31	47	43	65
Skin condition	28	47	40	67
Psychological/mental health	22	19	72	64
Drug and alcohol issue	17	15	51	45
Sensory (including ear and eye conditions)	15	36	22	52
Respiratory condition	10	59	11	65
Communicable disease	10	23	7	16
Cardiovascular disease	9	30	17	57
Asthma	8	13	41	64
Digestive condition	7	35	11	55
Arthritis	7	32	13	59
Diabetes	7	29	16	67
Other	6	43	10	71
Neurological condition	4	31	6	46
Total (any condition)	155	—	222	—

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. 'Diagnosed in prison this time' and 'Offered treatment in prison' percentages calculated from the number of dischargees ever diagnosed with each specific condition.
3. Percentages can not be calculated for totals because dischargees could select more than one problem managed.
4. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

Prisoners in custody

INDICATORS: Proportion of prisoners in custody who had a problem managed in the prison clinic during the 2-week data collection period: 9%—medication/vaccination issues; 7%—general health assessment)

The most common problem managed in prison clinics was related to medication/vaccination (other than the administration of routine medications), representing around 1 in 5 (21%) problems managed at the clinic and almost 1 in 10 prisoners (9%) (Table 15.7). General health assessments (14%), pathology (8%), psychological/mental health (7%), diabetes (6%) and drug and alcohol use (5%) were also among the most commonly managed problems.

The most commonly managed problems in the clinic may include some problems that require multiple clinic visits by the same prisoners. These problems may represent a high proportion of problems managed at the clinic, but a smaller proportion of prisoners. Despite

diabetes being among the most commonly managed problems, only 1% of prisoners in custody visited the clinic for that reason. This is primarily because diabetes was a problem for which prisoners tended to make multiple visits during the period.

General health assessments may be performed for various reasons specific to the prison environment, which contributes towards them being among the most common reason for attending the clinic. General health assessments are mandated on reception and for prisoners annually. Further, prisoners who have returned to prison (eg. from being transported to and from court), are on suicide or self-harm alert, or have been in segregation may be given a routine health check.

Table 15.7: Problems managed in prison clinics during the data collection period, 2012

Problem managed	Number of problems managed	Proportion of problems managed	Number of prisoners	Proportion of prisoners in custody
Medication/vaccination	1,906	21	1,319	9
General health assessment	1,228	14	968	7
Pathology	748	8	682	5
Psychological/mental health	632	7	501	3
Diabetes	562	6	217	1
Drug and alcohol use	448	5	315	2
Wound care	447	5	283	2
Skin condition	429	5	368	3
Musculoskeletal injury	389	4	345	2
Dental	382	4	352	2
Cardiovascular disease	242	3	190	1
Musculoskeletal condition	231	3	218	2
Communicable disease	218	2	199	1
Other	173	2	166	1
Respiratory condition	169	2	143	1
Sensory (including ear and eye condition)	166	2	149	1
Digestive condition	139	2	128	1
Asthma	97	1	88	1
Neurological	94	1	83	1
Women's health	72	1	52	<1
Quitting smoking	55	1	49	<1
Arthritis	51	1	48	<1
Pain management	32	<1	29	<1
Advice and education	20	<1	20	<1
Malignancy	14	<1	14	<1
Total	9,027	100	14,089 prisoners in custody	100

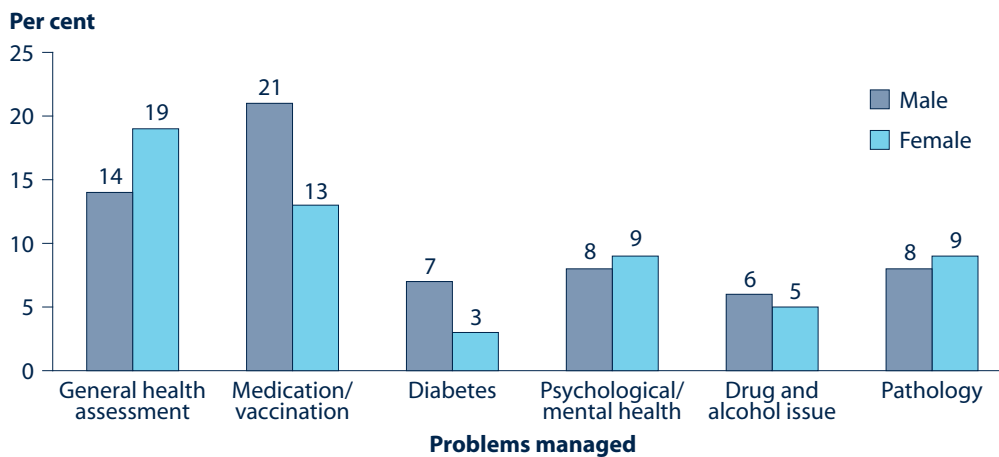
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes New South Wales as they did not provide complete Clinic data.
3. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
4. Totals include 83 instances where the problem managed was unknown.
5. Excludes visits to the prison clinic during the data collection period for routine provision of medication.

Source: Clinic form, 2012 NPHDC.

There were some differences between the problems that males and females had managed at the prison clinic. Males were more likely than females to have a clinic visit for medication (21% and 13%, respectively) and for diabetes (7% and 3%, respectively) whereas females were more likely than males to visit the prison clinic for a general health assessment (19% and 14%, respectively) (Figure 15.1).

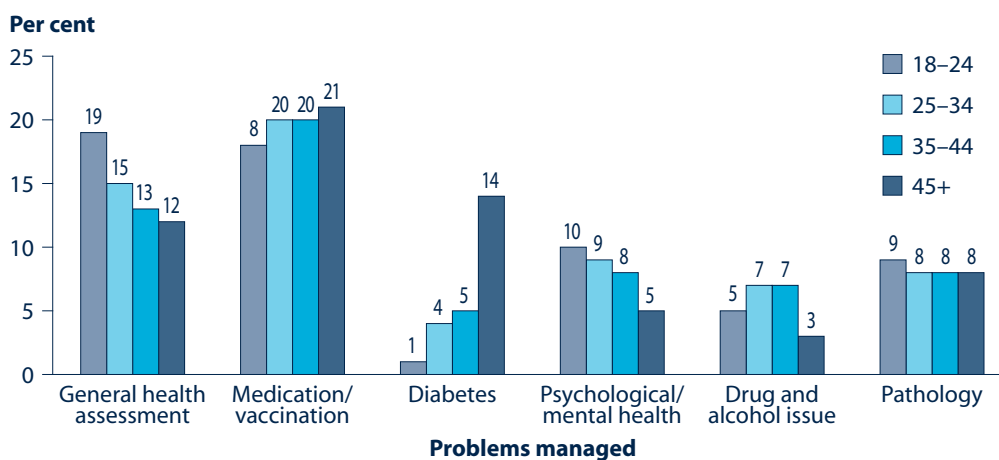
Figure 15.1: Clinic visits, problems managed at clinic visits, by sex, 2012



Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.
Source: Clinic form, 2012 NPHDC.

General health assessments were more common among prisoners aged 18–24 who visited the prison clinic than those aged 45 and over (19% and 12%, respectively), as were clinic visits for psychological/mental health reasons (10% and 5%, respectively) (Figure 15.2). This age pattern was reversed for diabetes where 14% of problems managed at prison clinics for prisoners aged over 45 were for diabetes compared with just 1% of 18–24 year olds, after a sharp decline in the prevalence of diabetes between those aged over 45 and those aged 35–44.

Figure 15.2: Clinic visits, problems managed at clinic visits, by age groups, 2012



Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.
Source: Clinic form, 2012 NPHDC.

15.3 Service received in prison clinics

Prisoners in custody

INDICATOR: Proportion of clinic visits during the 2-week data collection period by service received: treatment—40% of clinic visits; assessment—29%; advice and education—21%; and referral—7%.

For each clinic visit during the data collection period, the service or services received by the prisoner was recorded. Treatment was provided at about 2 out of 5 (40%) clinic visits, an assessment was performed at less than one-third (29%) of all visits, advice and education was provided at around 1 in 5 (21%) visits, and 7% of visits had a referral for further care provided (Table 15.8). Assessment was more common among younger prisoners (34% of 18–24 year olds compared with 27% of over 45 year olds) but treatment was more common among older prisoners (42% of visits among prisoners aged over 45 compared with 36% of those aged 18–24). Advice and education was more commonly provided to non-Indigenous (22%) than Indigenous prisoners (18%).

Table 15.8: Prisoners who visited the prison clinic during the data collection period, services received, by sex, age group and Indigenous status, 2012

	Assessment		Advice and education		Treatment		Referral	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	3,097	28	2,251	21	4,462	41	725	7
Female	394	31	277	22	459	36	111	9
Age group (years)								
18–24	661	34	404	21	705	36	121	6
25–34	1,175	29	867	21	1,653	40	279	7
35–44	903	28	662	20	1,374	42	242	7
45+	748	27	591	21	1,171	42	192	7
Indigenous status								
Indigenous	923	30	559	18	1,257	41	240	8
Non-Indigenous	2,538	29	1,941	22	3,554	40	582	7
Total	3,532	29	2,582	21	4,998	40	843	7

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
3. Percentages calculated from total number of clinic visits, including New South Wales (including 129 prisoners of unknown sex, 150 of unknown age and 274 of unknown Indigenous status).
4. Prisoners could have multiple services received at each clinic visit.
5. Totals include 388 clinic visits where service provided was unknown, 191 where sex was unknown, 223 whose age was unknown and 346 whose Indigenous status was unknown.

Sources: Clinic form, 2012 NPHDC; AIHW analysis of ABS 2012.

15.4 Initiator of clinic visits

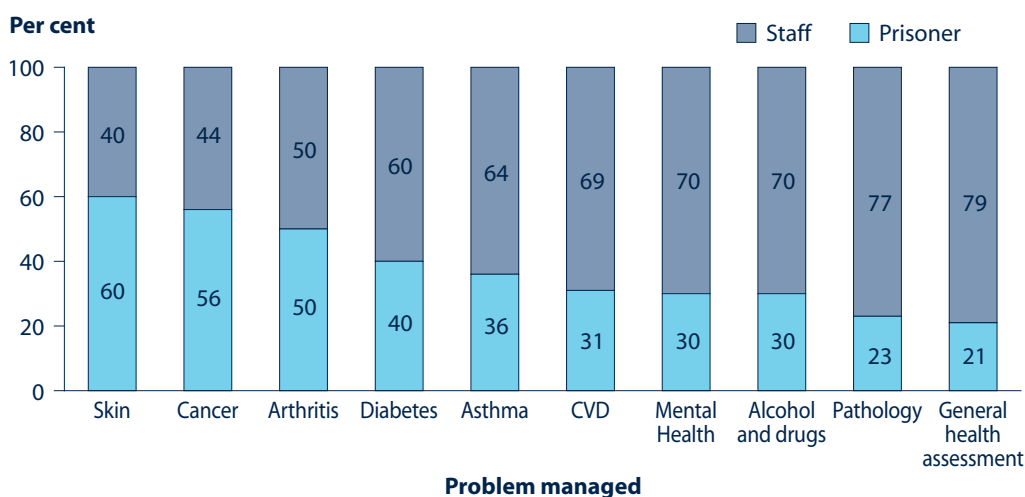
Similar to general practice in the community, prisoners may initiate visits to the prison clinic or prison clinic staff may initiate the visit. Prisoners initiate clinic visits for many reasons, including lack of access to informal health care such as pharmacies, to relieve boredom, to obtain medication for anxiety or sleep disturbances related to imprisonment, and for administrative purposes (Feron et al. 2005).

Prisoners in custody

INDICATOR: Proportion of clinic visits initiated by prisoners: 39%

Clinic staff recorded who initiated each clinic visit. More clinic visits during the data collection period were initiated by clinic staff (58%) than prisoners (39%). This trend was consistent among prisoners of both sexes, and across prisoners of all ages and Indigenous status. Almost one-third (30%) of visits for psychological or mental health issues were initiated by the prisoner, consistent with the research finding that prisoners may be reluctant to seek help from formal sources such as prison clinics for mental health issues (Mitchell & Latchford 2010). Staff most commonly initiated clinic visits for the majority of health conditions including general health assessments (79%), pathology (77%), alcohol and other drugs (70%), mental health issues (70%) and CVD (69%), while it was more common for prisoners to initiate clinic visits for skin conditions (60%) and cancer (56%) (Figure 15.3). Data for this indicator by demographic information can be found at Appendix C, Table A8.

Figure 15.3: Clinic visits during the data collection period, initiated by staff or prisoner, by selected problems managed, 2012



Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
3. Excludes instances where the person who initiated managing the problem was unknown.

Source: Clinic form, 2012 NPHDC.

15.5 Type of health professional seen in clinic visits

In prison, nurses are responsible for providing most of an individual's primary health care through the prison clinic. If nursing staff are unable to help a prisoner, they can refer them to a prison doctor, allied health worker or other health specialist. Most prisons have GPs who either work at the prison or visit regularly (AIHW 2006). Some prisons offer dental services and mental health services.

Dischargees

INDICATOR: Proportion of prison dischargees' clinic visits by type of health professional seen: Nurse seen by 89% of dischargees, medical practitioner 75%

While in prison, around 9 out of 10 prison dischargees visited a nurse (89%) and three-quarters (75%) visited a GP (Table 15.9). More than one-quarter of all prison dischargees visited a psychologist (28%) or a dentist (27%); while just under one-quarter (22%) were seen by a mental health nurse/team while visiting the prison clinic. Physiotherapists (3%) and Aboriginal health workers (4%) were the least commonly seen health professionals.

Table 15.9: Prison dischargees, health professional visited during imprisonment, 2012

Health professional	Number	Per cent
Nurse	344	89
Medical practitioner/GP	292	75
Psychologist	110	28
Dentist	105	27
Mental health nurse/team	84	22
Social worker/welfare officer	75	19
Psychiatrist	68	18
Alcohol and drug worker	48	12
Radiographer	41	11
Other	22	6
Aboriginal health worker	17	4
Physiotherapist	13	3
Total	387	100

Note

1. Excludes Western Australia as they did not participate in the 2012 NPHDC.
2. Multiple health professionals could be selected. Percentages calculated from total number of dischargees (387).
3. 'Other' includes orthopaedic surgeon, optometrist, counsellor, sexual health nurse, midwife and rheumatologist.
4. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC

Prisoners in custody

INDICATOR: Proportion of clinic visits by type of health professional seen: Nurse seen in 71% of clinic visits, GP 21%.

A nurse was the health professional consulted at almost three-quarters of clinic visits (71%) that occurred during the 2-week data collection period. About 1 in 5 clinic visits was to a GP (21%). A mental health nurse/team, psychiatrist and dentist were each seen at 2–3% of visits, and the remaining health professionals were seen at less than 1% of visits (Table 15.10).

The results in this table are different to Table 15.9 because this table represents the health professionals seen during a 2-week sample of clinic visits, whereas Table 15.9 represents all health professionals seen during the entire time detainees were in prison.

Table 15.10: Clinic visits during the data collection period, by health professional seen, 2012

Health professional	Number	Per cent
Nurse	5,833	71
Medical practitioner/GP	1,696	21
Mental health nurse/team	165	2
Psychiatrist	133	2
Dentist	206	3
Other	103	1
Alcohol and drug worker	38	<1
Physiotherapist	19	<1
Psychologist	23	<1
Aboriginal health worker	27	<1
Radiographer	23	<1
Social worker/welfare officers	—	—
Total clinic visits	8,215	100

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
3. Totals include 149 clinic visits where the type of health professional seen was unknown.
4. Totals do not sum, because more than one health professional was seen during some visits.
5. Other includes optometrists, pharmacists, cardiologists, population health workers, immunisation nurse and quitting smoking nurse.

Source: Clinic form, 2012 NPHDC.

15.6 Review of health services

Prison discharges were asked questions about their experience with prison health services during their time in prison.

INDICATOR: Proportion of prison discharges who received information on their condition at a clinic visit: 77%

More than half (54%) of all prison discharges who visited the prison clinic felt that they got as much information as they wanted from a healthcare professional about their health condition and treatment. A further 23% felt that they 'somewhat' got enough information and 17% of discharges felt that they did not get enough information.

INDICATOR: Proportion of prison discharges who received answers to questions that they could understand at the prison clinic: 84%

Around two-thirds (67%) of prison discharges who visited the prison clinic felt completely satisfied that they got answers they could understand while at the prison clinic. A further 17% felt somewhat satisfied and almost 1 in 10 discharges (9%) felt they did not get answers they could understand.

INDICATOR: Proportion of prison discharges who had the opportunity to be involved in their treatment decision at a clinic visit: 72%

Just over half (52%) of prison discharges who visited the prison clinic felt that they were completely involved in their treatment decision and a further 19% were somewhat satisfied. Around 1 in 5 discharges felt that they were not given an opportunity to be involved in their treatment decision (19%).

INDICATOR: Proportion of prison discharges who rated the health care they received in the prison clinic as excellent: 24%

More than three-quarters (79%) of prison discharges rated their health care as excellent (24%) or good (55%). A further 11% of discharges rated the health care as 'neither good nor poor', and around 1 in 10 (9%) rated the health care as 'poor or very poor'. Females were more likely than males to rate the health care as poor or very poor (17% and 7%, respectively), while Indigenous discharges were more likely than non-Indigenous discharges to rate the health care they received as excellent (33% and 20%, respectively) (Table 15.11). See also Appendix C, Table A9.

Table 15.11: Prison discharges, rating of health care received by discharges who visited the prison clinic, 2012 (per cent)

	Excellent	Good	Neither good nor poor	Poor/ Very poor
Sex				
Male	24	56	11	7
Female	24	47	12	17
Age group (years)				
18–24	22	54	14	9
25–34	27	54	13	5
35–44	20	56	12	12
45+	25	57	4	14
Indigenous status				
Indigenous	33	51	7	7
Non-Indigenous	20	56	14	9
Total (number)	85	196	41	32
Total (per cent)	24	55	11	9

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 5 prison discharges whose age was unknown, 6 whose Indigenous status was unknown, and 4 whose rating of the health care at the prison clinic was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison discharges who reported a change in their health: 37% a lot better.

Prison discharges were asked if their physical health had changed since they had been in prison. More than one-third (37%) of discharges felt that their health had got a lot better since being in prison and a further 20% of discharges reported that their health had got a little better. Just over 1 in 10 (12%) discharges thought their health had got a little or a lot worse while in prison (Table 15.12).

Females were more negative about changes to their health while in prison. A greater proportion of males (40%) than females (25%) felt their health got a lot better in prison; and females were twice as likely as males to report that their health got a little or a lot worse while in prison (20% and 10%, respectively).

Older prisoners were more likely to report that their health had deteriorated rather than got better while in prison. One-quarter (25%) of prisoners aged over 45 reported that their health had got a little or a lot worse while in prison compared with one in ten (10%) of those aged under 45. Almost twice the proportion of discharges aged under 45 reported that their

health got a lot better in prison when compared with discharges aged 45 and over (40% and 22%, respectively). Discharges aged over 45 were most likely to report that their health stayed the same (44%).

Indigenous discharges were more likely than their non-Indigenous counterparts to report positive changes to their health while in prison. More than half (54%) of Indigenous discharges felt their health had got a lot better in prison compared with less than one-third (29%) of non-Indigenous discharges. Fewer Indigenous than non-Indigenous discharges reported that their health had got a little or a lot worse (9% and 13%, respectively). See also Appendix C, Table A10.

Table 15.12: Prison discharges, changes to physical health while in prison, 2012 (per cent)

	A lot better	A little better	Stayed the same	A little or a lot worse
Sex				
Male	40	19	29	10
Female	25	25	31	20
Age group (years)				
18–24	38	27	26	6
25–34	41	20	27	9
35–44	40	22	24	13
45+	22	8	44	25
Indigenous status				
Indigenous	54	21	16	9
Non-Indigenous	29	20	35	13
Total (number)	144	78	112	46
Total (per cent)	37	20	29	12

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 5 discharges whose age was unknown, 6 whose Indigenous status was unknown, and 7 whose change to physical health was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

16 Medication

16.1 Discharges medication

INDICATOR: Proportion of prison discharges who were prescribed medication for a health condition in prison: 52%

Around half (52%) of discharges were prescribed some type of medication while in prison. Twenty nine per cent took medication for one health condition, and 13% took medication for two health conditions. This is higher than the proportion for prisoners in custody (Chapter 16.2), but dischargee data includes the entire prison stay for these prisoners, whereas the prisoners in custody data is a cross-section of medications taken during the 1 day of data collection.

The majority of prison dischargees who were diagnosed with the health conditions outlined in Table 16.1 were offered treatment while in prison. Notably, 91% of dischargees diagnosed with a mental health condition in prison were offered treatment; and all of the dischargees who reported being diagnosed with a respiratory condition in prison were offered treatment.

Dischargees diagnosed with skin conditions, respiratory conditions and mental health conditions were commonly prescribed medication for treatment (86%, 80% and 73%, respectively). It must be noted that not all health conditions require medication as part of a treatment plan. Therefore, data for some health conditions including drug and alcohol issues and dental issues must be interpreted with caution.

Table 16.1: Prison dischargees, offered treatment or prescribed medication for selected health conditions in prison, 2012

Health condition	Number diagnosed in prison	Proportion offered treatment	Proportion prescribed medication
Dental issues	68	87	43
Musculoskeletal injury	31	87	71
Skin condition	28	89	86
Psychological/mental health	22	91	73
Drug and alcohol issue	17	76	47
Sensory (including ear and eye condition)	15	87	67
Respiratory condition	10	100	80
Total	260	—	—

Notes

- 1 Excludes Western Australia, as they did not participate in the 2012 NPHDC.
- 2 Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

16.2 Prisoners in custody

The Medication form of the NPHDC (see Appendix I) was used to collect information on all prescribed medications administered to all prisoners in custody on one day during the data collection period. Depot medications (such as antipsychotics) were included, regardless of whether or not they were actually administered on the data collection day, while routine, household-type medications taken on an as-needed basis (such as paracetamol) were not included.

Information about mental health related medication can be found in section 4.5, and for Hepatitis C medication, see Chapter 5.3.

INDICATOR: Proportion of prisoners in custody who received prescribed medication during the data collection period: 37%

Almost 22,000 medications were administered to over 9,000 prisoners during the data collection period. Almost 4 out of 10 (38%) prisoners took prescribed medication; and females were more likely than males to be taking medication (51% and 36%, respectively). In addition to this, females took, on average, more prescribed medications per prisoner (an average of 3.07 medications compared with 2.33) (Table 16.2).

Table 16.2: Prisoners in custody taking prescribed medication, by sex, 2012

	Male	Female	Total
Number of prisoners taking prescribed medication	8,004	888	9,027
Number of prescribed medications	18,672	2,733	21,766
Number of prisoners in custody	21,865	1,609	24,272
Proportion of prisoners taking prescribed medication (%)	37	55	37
Average number of prescribed medications per prisoner	2.33	3.07	2.41

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 135 prisoners and 361 medications records where the sex of the prisoner was unknown.
3. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
4. The total numbers of male and female prisoners in custody are subject to rounding and randomisation and will therefore not sum to the total.

Source: Medication form, 2012 NPHDC.

The overall number of prescribed medications administered to prisoners during the data collection period is shown in Table 16.3. The proportions of total medications and total prisoners shown in the table are similar because there happens to be similar totals of each.

The most common medications administered were antidepressants or mood stabilisers (16%) followed by repeat analgesics (pain-killers; 12%). Just below 1 in 10 medications administered were antipsychotics (9%). Drugs used for acid-related disorders such as gastro-oesophageal reflux disease and ulceration made up 8% of medications administered.

Around 1 in 7 (14%) prisoners in custody took antidepressants, which is consistent with 2010 data (15%). The proportion of prisoners who were administered pain killers increased slightly from 8% in 2010 to 12% in 2012.

When only repeat medication was included (excluding medications for short-term use such as antibiotics and antihistamines), around one-third (32%) of all medications administered were mental health related medications—antidepressants/mood stabilisers (19%), antipsychotics (10%), anti-anxiety (2%) and hypnotics and sedatives (1%). Pain-killers (14%) and anti-inflammatories (8%) were also relatively common.

Table 16.3: Prescribed medications administered during the data collection period, 2012

Medication category	Number of medications	Proportion of prescribed medications	Proportion of prisoners in custody	Proportion of repeat medication
Antidepressants/mood stabilisers	3,386	16	14	19
Analgesics—repeat only	2,633	12	11	14
Antipsychotics	1,892	9	8	10
Drugs used in acid-related disorders, antiemetics and antinauseants, laxatives, antidiarrhoeals	1,768	8	8	..
Anti-inflammatories/antirheumatic agents	1,506	7	6	8
Antihypertensives, beta blocking agents	1,444	7	6	8
Drugs used in opioid dependence	1,223	6	5	7
Asthma relievers, preventers, symptom controllers (drugs for obstructed airway)	1,079	5	5	6
Vitamins and mineral supplements	1,055	5	4	6
Cholesterol-lowering drugs (lipid modifying agents)	1,036	5	4	6
Dermatologicals (skin, including antifungals)	882	4	4	..
Drugs used in diabetes	637	3	3	3
Antiepileptics, anti-Parkinson drugs	493	2	2	3
Antihistamines	416	2	2	..
Antibiotics	409	2	2	..
Other	371	2	2	2
Anti-anxiety (anxiolytics)	367	2	2	2
Drugs used in nicotine dependence	349	2	1	2
Antithrombotic	230	1	1	1
Hepatitis, antivirals for HIV, infectious diseases	168	1	1	1
Hypnotics and sedatives	167	1	1	1
Diuretics	112	1	<1	..
Thyroid therapy	89	<1	<1	0
Drugs used in benign prostatic hypertrophy (prostate)	54	<1	<1	0
Total prescribed medications	21,766	100	24,272 prisoners in custody	18,214

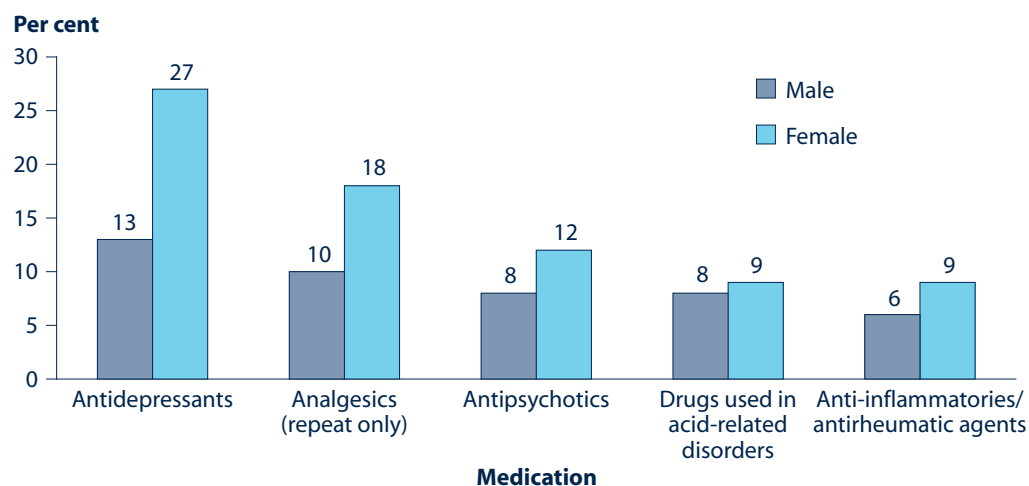
Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.
3. Total includes 40 unknown medications.

Source: Medication form, 2012 NPHDC.

Twice the proportion of females than males took antidepressants (27% and 13%, respectively), which corresponds with females being more likely to report a history of a mental health condition and higher levels of psychological distress—see Chapter 4. Females were also slightly more likely than males to take analgesics (18% and 10%, respectively) and antipsychotics (12% and 8%, respectively) (Figure 16.1).

Figure 16.1: Proportion of selected prescribed medications, by sex, 2012

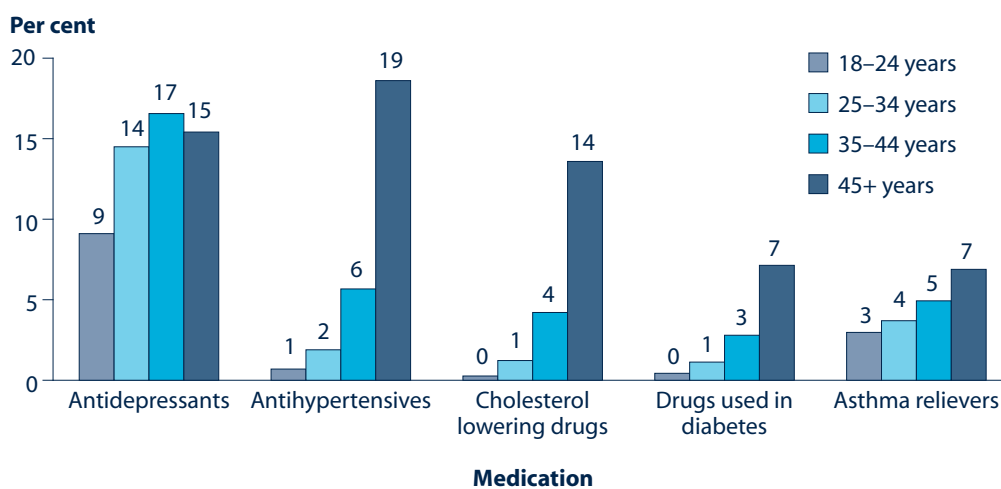


Notes:

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.

Source: Medication form, 2012 NPHDC.

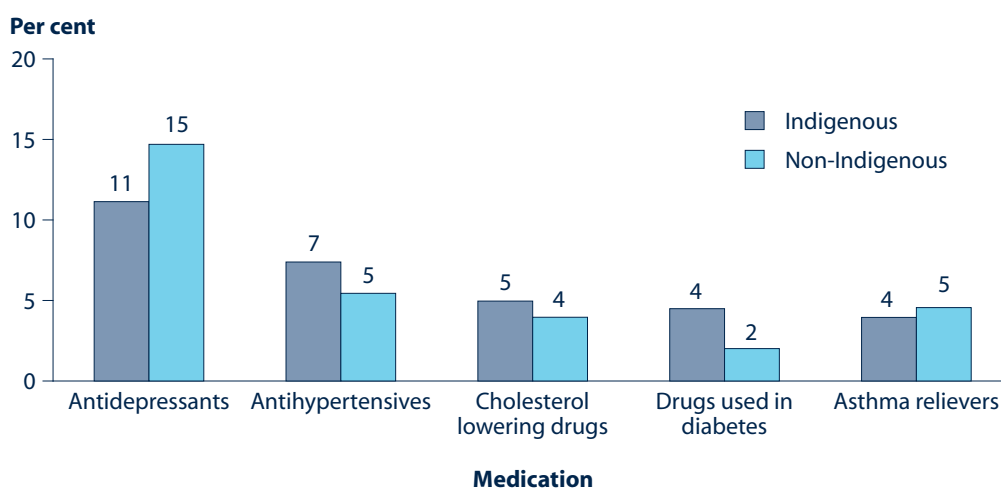
There were clear age patterns among those taking prescribed medications. Prisoners aged over 45 were far more likely than younger prisoners to take prescribed medications associated with health conditions more prominent among older age groups in the general population—antihypertensives (19%), cholesterol-lowering drugs (14%) and drugs used in diabetes (7%) (Figure 16.2). Age differences in the proportion of prisoners taking antidepressants were less clear. Prisoners aged 18–24 were the least likely to be taking antidepressants (9%), increasing to 14–17% of prisoners aged 25 and over.

Figure 16.2: Proportion of selected prescribed medications, by age groups, 2012*Notes:*

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.

Source: Medication form, 2012 NPHDC.

Non-Indigenous prisoners were more likely than Indigenous prisoners to be taking antidepressants (15% and 11%, respectively). Indigenous prisoners were slightly more likely than non-Indigenous prisoners to be taking antihypertensives (7% and 5%, respectively), cholesterol-lowering drugs (5% and 4%, respectively), and drugs used in diabetes (4% and 2%, respectively) (Figure 16.3).

Figure 16.3: Selected prescribed medications, by Indigenous status, 2012*Notes:*

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes Townsville Correctional Centre, as they did not provide complete Clinic and Medication data.

Source: Medication form, 2012 NPHDC.

6

Section 6: Prison health services and procedures

This section covers prison health services, focusing on the effectiveness and responsiveness of the services, the continuity of care and the accessibility of prison health services. Data for this chapter come from the NPHDC and are reported for both prisons and prisoners. Information is broken down by sex, age and Indigenous status where possible.



17 Prison health services

17.1 Full-time equivalent staffing ratios

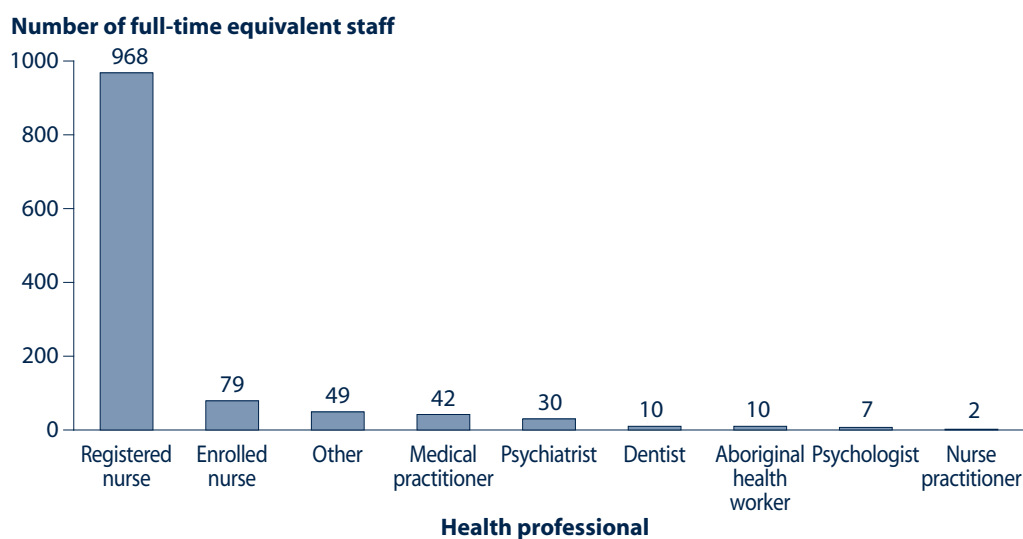
The provision of health care services to prisoners is dependent on the availability of suitability qualified staff. Prisoners should have access to health care equivalent to the community, taking into consideration the need for health care professionals specialising in mental health and substance abuse issues, with medical and allied health services provided on site wherever possible (AMA 2012).

The number of health-care staff required in a prison is dependent on factors such as: whether the prison is a reception centre where complete medical examinations are done; whether the prison is a women's prison (because medical use may be higher than in a male prison); requirements for drug and alcohol detoxification; trauma and emergency incidence rates that may necessitate ongoing professional staffing; and which services are provided within the prison and which are routinely provided in the community.

Reporting on full-time equivalent staffing for certain health professionals can be problematic in some jurisdictions. In jurisdictions where Justice Health and Corrective Services are managed separately, health professionals such as psychologists and psychiatrists may be employed by Corrective Services rather than Justice Health. This may mean that the data collected from Justice Health departments are not an accurate reflection of full-time equivalent staffing for all health professionals because they do not take into account the professionals employed by Corrective Services.

INDICATOR: Ratio of full-time equivalent health staff working within the correctional system to the total number of prisoners: 5.0 per 100 prisoners.

On average, there were 5 health professionals for every 100 prisoners in Australia in 2012. Registered nurses were by far the most common health professional in prison clinics with 4 registered nurses per 100 prisoners, or 968 registered nurses (Figure 17.1). Enrolled nurses (79 enrolled nurses or 0.3 enrolled nurses per 100 prisoners) and medical practitioners (42 or 0.2 per 100 prisoners) were the next most common health professionals.

Figure 17.1: Full-time equivalent health staff in Australia's prisons, 2012*Notes*

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. 'Other' includes population health professionals; alcohol and drug nurses; clerical staff; assistants in nursing; community services officers; ward clerks; optometrists; allied health assistants; diversional therapists; clinical practice consultants; physiotherapists; and social workers.

Source: Establishment form, 2012 NPHDC.

17.2 Immunisation

Immunisation is generally regarded as being highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. *The Australian immunisation handbook* (DoHA 2008a) recommends vaccinations for special groups, particularly prisoners, who should be vaccinated against influenza, hepatitis A and hepatitis B given their risk of acquiring these infections (Weinbaum et al. 2005; Crofts et al. 1997). The WHO (2012) notes that limiting the spread of communicable disease within prisons is ultimately in the best interests of the community for when prisoners are released back into it, with the burden on the country's health system being lessened.

Dischargees

INDICATOR: Proportion of prison dischargees who received an injection/vaccination: 49%

Dischargees were asked which immunisations they received while in prison. About half (49%) of prison dischargees reported having received an injection or vaccination while in prison. The most common types of immunisation was against influenza, received by just over one-third (35%) of dischargees, and Hepatitis B, received by one-third (33%) (Table 17.1).

Table 17.1: Prison dischargees, immunisations during imprisonment, 2012

Type of immunisation	Number	Per cent
Influenza	134	35
Hepatitis B	127	33
Hepatitis A	11	3
Measles, mumps and rubella	4	1
Meningococcal	3	1
Human papillomavirus (females only)	—	0
<i>Any immunisation</i>	191	49
Total	387	100

Note

1. Excludes Western Australia as they did not participate in the 2012 NPHDC.
2. Columns will not sum to the total because an individual may have received more than one type of vaccination.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC

More than half (52%) of all male dischargees received any immunisation while in prison, compared with around one-third (34%) of female dischargees. There was variation among the age groups: dischargees aged 35–44 were the least likely to have received any injection (37%) and dischargees aged over 45 were the most likely (63%). Indigenous dischargees more commonly received an immunisation while in prison when compared with non-Indigenous dischargees (55% and 47%, respectively) (Table 17.2).

Table 17.2: Prison dischargees, immunisations during imprisonment, by sex, age and Indigenous status, 2012

	Number of prison dischargees who received any immunisation	Total prison dischargees	Proportion of all prison dischargees
Sex			
Male	170	326	52
Female	21	61	34
Age group (years)			
18–24	41	84	49
25–34	77	148	52
35–44	34	91	37
45+	37	59	63
Indigenous status			
Indigenous	67	121	55
Non-Indigenous	123	260	47
Total	191	387	49

Notes

1. Excludes Western Australia as they did not participate in the 2012 NPHDC.
2. Totals include 2 dischargees of unknown age and 1 of unknown Indigenous status.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC

Prisoners in custody

INDICATOR: Number of vaccinations provided by prison clinics during the 2-week data collection period: 420 Hepatitis B and 8 HPV vaccinations.

Prison clinics were asked to record the number of vaccinations provided during the 2-week data collection period. In the 7 participating jurisdictions, there were 420 Hepatitis B vaccinations and 8 HPV vaccinations delivered during the 2 weeks. No prisons delivered meningococcal vaccinations during this time.

17.3 Health care referrals

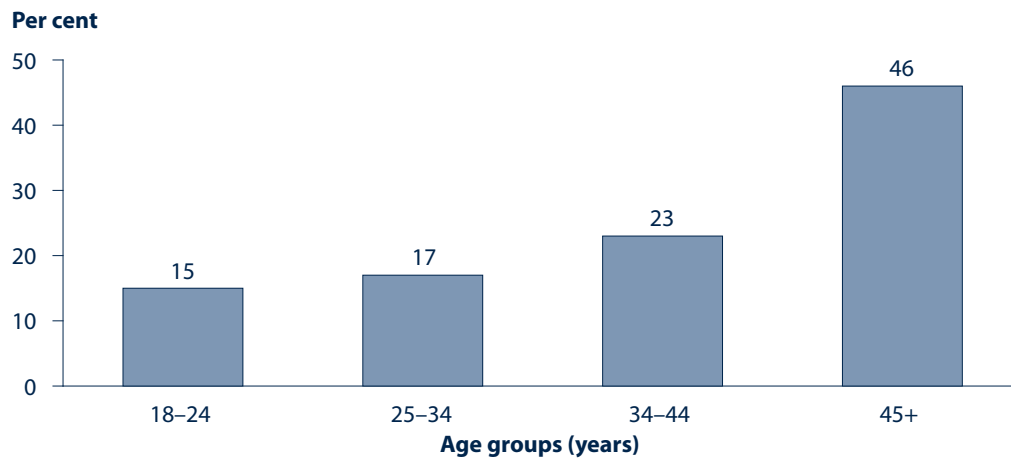
In some jurisdictions, prisoners who are hospitalised or who require highly specialised health care can be managed within the prison system, because larger prisons may contain a number of inpatient beds for prisoners who require care. Alternatively, prisoners may be transferred to community facilities and secure wards in community hospitals for specialised treatment. Transfers to hospital may be planned transfers for inpatient care such as surgery and specialist outpatient appointments, or unplanned transfers, which may occur in emergency situations. Where particular health services are not provided within the prison, or where prisoners request to pay for private health consultations, appointments may be attended outside prison.

Dischargees

INDICATOR: Proportion of prison dischargees who went to a medical appointment outside the prison: 22%

About one-fifth (22%) of dischargees attended a medical appointment outside prison during their imprisonment (Figure 17.2). Although there were no differences by sex or Indigenous status, there was a clear pattern by age. The proportion who attended a medical appointment outside prison increased steadily with age from 15–17% of younger dischargees aged under 35, to almost half (46%) of those aged at least 45.

Figure 17.2: Prison discharges, attended medical appointment/s outside prison, by age, 2012



Note: Excludes Western Australia as they did not participate in the 2012 NPHDC.

Source: Discharge form, 2012 NPHDC

INDICATOR: Proportion of prison discharges who were admitted to a general or psychiatric hospital: 11%

INDICATOR: Proportion of prison discharges who visited an emergency department: 12%

About 1 in 10 (41 of 387, or 11%) prison discharges reported being admitted (at least once) to a general or psychiatric hospital during their imprisonment. The admission was planned for 38% of these (16 of 42 admissions) and unplanned for 62% (26 of 42 admissions).

A similar proportion of discharges reported having visited an emergency department during their imprisonment (47 of 387, or 12%).

This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

Prisoners in custody

INDICATOR: Number of hospital transfers for prisoners in custody during the data collection period: 359 non-acute and 208 acute hospital transfers.

Prison clinic managers were asked how many prisoners had been transferred to hospital during the data collection period and whether those transfers were planned or acute (emergencies). During the 2-week period, there were 359 non-acute hospital transfers and 208 acute transfers in the 7 participating jurisdictions (excluding Western Australia). Variations in the number of prisoners transferred will to some extent reflect variations in the services provided for prisoners in prison and in the community.

17.4 Indigenous health services

The Royal Commission into Aboriginal Deaths in Custody recommended that corrective services, in conjunction with Aboriginal health services and other such bodies where appropriate, should review and report upon the provision of health services to Indigenous prisoners in correctional institutions. It was recommended that this review should include, among other things, the involvement of Aboriginal health services in the provision of general and mental health care to Aboriginal prisoners. This may be achieved in several ways, including visits by Aboriginal health services, and having Aboriginal health workers as members of the clinic staff.

Dischargees

INDICATOR: Proportion of Indigenous prison dischargees who received treatment or consultation from an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical Service (AMS): 7%

Indigenous prison dischargees were asked if they received any treatment or consultation from an ACCHO or AMS while in prison. Treatment or consultation was received by 7%; while 24% were unsure. The majority (69%) did not receive treatment or consultation. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

INDICATOR: Proportion of Indigenous prison dischargees who report they received culturally appropriate health care in prison: 45% always.

Indigenous prison dischargees were asked if they received culturally appropriate care during their period of incarceration. Less than half of Indigenous dischargees believed that they always received culturally appropriate care (45%); a further 17% reported that they sometimes received appropriate care and 15% believed they never received appropriate care. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

INDICATOR: Proportion of Indigenous prison dischargees who participated in Indigenous programs: 22%

Less than one-quarter (22%) of Indigenous prison dischargees indicated that they participated in an Indigenous-specific program while in prison; and around half (49%) did not participate in a program. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC; and South Australia and the Northern Territory did not provide data for this item.

Prisoners in custody

INDICATOR: Frequency of visits by an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical Service (AMS) to a prison facility: Never—80% of prisons; at least once a month—12% of prisons.

The NPHDC collected information on whether prisons received visits by an ACCHO or an AMS at least once per month. ACCHOs are controlled by, and are accountable to, Aboriginal people in the areas in which they operate. ACCHOs aim to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it (University of Melbourne 2011). An AMS is a health service funded principally to provide services to Indigenous individuals. The types of services provided by AMS or ACCHO were most commonly Aboriginal health workers and medical practitioners.

Few Australian prisons had regular visits from an ACCHO or AMS. Eight out of ten prisons (80%) never had visits and only 1 prison (in the ACT) had a visit at least once a week. About one-fifth (12%) of prisons had visits at least once a month. Tasmania and the Northern Territory do not receive any visits from an ACCHO or AMS (Table 17.3).

Table 17.3: Prisons, frequency of visits by ACCHO/AMS, states and territories, 2012

Frequency of visits	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Every day	—	—	—	n.a.	—	—	—	—	—
At least once a week	—	—	—	n.a.	—	—	1	—	1
At least once every 2 weeks	—	1	—	n.a.	—	—	—	—	1
At least once a month	6	1	—	n.a.	—	—	—	—	7
Less often than once a month	1	1	2	n.a.	1	—	—	—	5
Never	22	11	11	n.a.	7	6	—	2	59
Total	29	14	13	n.a.	8	6	1	2	74

Note: Excludes Western Australia as they did not participate in the 2012 NPHDC.

Source: Establishment form, 2012 NPHDC.

In some jurisdictions, Aboriginal health workers are employed as part of the regular prison health clinic staff. There were 7 full-time equivalent positions in New South Wales, 2 in South Australia and 1 in Queensland.

There may be other ways in which Aboriginal workers are employed and help within prisons, which have not been captured by the NPHDC. For example, Aboriginal liaison officers may be employed within the welfare sections of prisons. Similar positions may also be encompassed within contracted and ad-hoc service provision by forensic mental health or alcohol and drug services, which are not directly the responsibility of the prison health clinic responding to this data collection.

18 Correctional services

18.1 Correctional programs

There are many correctional programs available to prisoners. Some, such as those that are literacy related or that teach the prisoner a new skill, are relevant to the social determinants of health of prisoners. This is important because socioeconomic factors have been shown to be related to health. For example, education has been suggested to account for one-third to half of the gap in self-assessed health (Booth & Carroll 2005); and a large scale international study found that poor overall health was over 3 times as prevalent in the lowest education rank, when compared with the highest; in fact, education was a bigger predictor of health than wealth was (Hosseinpoor et al. 2012). Programs with a focus on social determinants of health may be effective in preventing recidivism and positively changing behaviours.

Correctional programs are often targeted towards specific types of offending or behaviours (see Table 18.2). Prisoners may therefore seek to or be referred to participate in programs that relate to their needs. Some programs may have eligibility criteria such as admission of guilt, or a sentence length appropriate to enable completion of the program which excludes some prisoners from participating. It is often the case that sentenced prisoners serve short sentences or have their sentences backdated to periods served on remand. In some jurisdictions, prisoners on remand are automatically ineligible to participate in programs. Therefore, although correctional programs are available, they may not be available to all prisoners, so participation by all prisoners would not be expected.

Dischargees

INDICATOR: Proportion of prison dischargees who participated in correctional programs: 35%

Just over one-third (35%) of dischargees reported that they participated in a correctional program during their imprisonment. Proportionally more females (42%) than males (33%) participated in a program; and a greater proportion of younger dischargees aged 34 and under (37%) when compared with older dischargees aged over 35 (32%) undertook a program while in prison (Table 18.1).

Of those dischargees who participated in a program, more than half of males (54%) and more than two-thirds of females (68%) participated in just one correctional program. Twice the rate of males (24%) than females (12%) undertook 3 or more programs while in prison. Indigenous

dischargees (30%) were also more likely to participate in 3 or more programs, compared with non-Indigenous dischargees (18%). Data for this indicator were available from New South Wales, Victoria, Tasmania and the Australian Capital Territory.

Table 18.1: Prison dischargees, participated in a correctional program while in prison, by sex, age group and Indigenous status, 2012

	Participated in a program		Did not participate in a program		Total prison Dischargees
	Number	Per cent	Number	Per cent	Number
Sex					
Male	96	33	192	67	288
Female	25	42	35	58	60
Age group (years)					
18–24	28	36	49	64	77
25–34	50	37	85	63	135
35–44	26	33	54	68	80
45+	16	31	36	69	52
Indigenous status					
Indigenous	37	37	63	63	100
Non-Indigenous	84	35	158	65	242
Total	121	35	227	65	348

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Totals include 4 prison dischargees whose age was unknown and 6 whose Indigenous status was unknown.
4. Dischargee data should be treated with caution due to low participation rates.

Sources: Discharge form, 2012 NPHDC.

Around 1 in 6 dischargees (17%) had participated in an alcohol and drug program while in prison. About 1 in 10 had participated in a literacy and numeracy learning program (12%), and 8% had nominated an unspecified program ('Other'). Few dischargees had undertaken an offence-specific program such as victim awareness, sex offender program or violent offender program (all 2%) (Table 18.2).

INDICATOR: Proportion of prison dischargees who didn't participate in correctional programs, by reasons why: On remand/sentence too short—52%, program not available at prison—16%, waiting list too long—13%.

There were 96 dischargees (28%) who wanted to be in a program but could not participate. Prison dischargees who reported this were asked to provide reasons why, and could choose more than one response. More than half (52%) of the respondents could not participate in a program because they were on remand or their sentence was too short. This highlights the importance of developing or offering short and opportunistic interventions where possible,

which some research has shown may be effective in areas such as the treatment of alcohol problems (WHO 2013). Availability at particular prisons (17%) and waiting lists that were too long (14%) were also among the most common reasons for not participating in a correctional program (Table 18.3). It should be noted that there may be multiple and complex reasons why prisoners choose not to participate in programs, even when available. South Australia and the Northern Territory did not provide data for this item.

Table 18.2: Prison dischargees, correctional programs while in prison, by program type, 2012

	Number	Per cent
Alcohol and drug programs	66	17
Literacy and numeracy learning	45	12
Cognitive skills/behavioural management	25	6
Anger management	22	6
Domestic violence	14	4
Sex offender programs	9	2
Victim awareness	8	2
Violent offenders	7	2
Other	30	8
Total number of dischargees	348	—
Total number of dischargees who participated in a program	121	35

Notes

1. Excludes Western Australia, as they did not participate in the NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Percentages calculated from total number of dischargees.
4. 'Other' included first aid, responsible service of alcohol, personal training certificate, construction industry training/White card, Transitions programs, Murri art, hospitality, computer course, chemical safety and drivers licence.
5. Dischargee data should be treated with caution due to low participation rates.

Sources: Discharge form, 2012 NPHDC.

Table 18.3: Prison dischargees, reasons for not participating in a correctional program that they wanted to be involved in while in prison but couldn't, 2012

Reason	Number	Per cent
Sentence was too short/on remand	50	52
Didn't qualify/not eligible	17	17
Program not available at prison	16	17
Waiting list too long	13	14
Other	13	14
Transferred to a different prison	4	4
Total number of dischargees who wanted to be involved in a program	96	—
Total number of reasons	113	—

Notes

1. Excludes Western Australia, as they did not participate in the NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Percentages calculated from the total number of dischargees who wanted to be involved in a program but couldn't.
4. Dischargees could choose multiple reasons for not participating in a correctional program.
5. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

18.2 Prison discharges' work and qualifications

INDICATOR: Proportion of prison discharges who worked in a prison industry: 66%

About two-thirds (66%) of discharges worked in a prison industry while in prison. Females were more likely than males to work in a prison industry (87% and 61%, respectively) and older discharges aged over 45 were also much more likely to work when compared with discharges aged 18–24 (85% and 49%, respectively). A further 10% of 18–24 year olds reported wanting to work in a prison industry but weren't able to. There was little difference between Indigenous and non-Indigenous discharges' involvement in prison industries (65% and 67%, respectively) (Table 18.4).

Table 18.4: Prison discharges, whether worked in a prison industry while in prison, by sex, age group and Indigenous status, 2012

	Worked in a prison industry		Did not work in a prison industry		Total prison Discharges
	Number	Per cent	Number	Per cent	Number
Sex					
Male	177	61	85	30	288
Female	52	87	8	13	60
Age group (years)					
18–24	38	49	27	35	77
25–34	90	67	35	26	135
35–44	55	69	20	25	80
45+	44	85	8	15	52
Indigenous status					
Indigenous	65	65	29	29	100
Non-Indigenous	161	67	61	25	242
Total	229	66	93	27	348

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Totals include 14 prison discharges who reported that there was a prison industry they wanted to be involved in but could not, 5 whose age was unknown and 6 whose Indigenous status was unknown.
4. Dischargee data should be treated with caution due to low participation rates.

Sources: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison discharges who completed qualifications in prison:
19%

Around 1 in 6 (60, or 17%) discharges completed a trade certificate while in prison. Very few prisoners completed a diploma or postgraduate qualification (5, or 1%). More than 7 out of 10 (73%) did not complete any educational qualification while in prison. Data for this indicator were available from New South Wales, Victoria, Tasmania and the Australian Capital Territory only. It should be noted that many prisoners will not be in a position to complete lengthy qualifications in prison, if they are on remand or short sentences.

19 Release procedures

19.1 Health-related discharge planning

With the multiple and complex health needs of prisoners including mental illness, reintegration into the community is a challenging process (Baillargeon et al. 2010). Discharge planning supports the continuity of health care between prison and the community, based on the individual needs of the prisoner (Borzycki & Baldry 2003). Planning and managing prisoner re-entry or reintegration into the community, including continuity of health services, benefits both the prisoner and the community. A discharge plan provides a plan for the continuity of care from prison to the community and so incorporates referrals to appropriate community-based services. The WHO (2013) recognised the ‘notable gap’ in research relating to throughcare and the transition to the community internationally.

Discharge planning for prisoners can be logistically difficult. With a high proportion of prisoners being on remand (62% of prison entrants in this data collection), the timing of release is often uncertain—for example, they may be released directly from court when applications for bail are successful. From the prison services’ perspective, this means that when a prisoner on remand leaves the prison to attend court, it is not known whether they will return to prison from that court appearance. Even for sentenced prisoners, in some instances an exit may not be planned. For example, a sentenced prisoner may appear at several parole hearings, or may have an appeal proceeding in court. Therefore, knowing when to begin discharge planning for many people in prison is a difficult task.

Prisoners in custody

A discharge summary provides information about the care provided to the prisoner while in prison.

INDICATOR: Proportion of prisoners who had a health-related discharge summary in place at time of their release: 72% of sentenced prisoners with planned exit

The NPHDC gathered information regarding how many remand and sentenced prisoners were released during the 2-week data collection period (including planned and unplanned releases) and how many of them had a written discharge summary on file.

About one-quarter (26%) of remand prisoners who were released had a discharge summary on file, compared with around one-third (34%) of sentenced prisoners whose exit was not

planned. Almost three-quarters (72%) of sentenced prisoners whose release was planned (Table 19.1) had a discharge summary on file.

Table 19.1: Prisons, discharge summaries on file during the data collection period, 2012

	Total
Number of discharge summaries on file	
Remand	148
Sentenced —exit planned	685
Sentenced —exit not planned	76
Number of prisoners released	
Remand	579
Sentenced —exit planned	948
Sentenced— exit not planned	223
Proportion of released prisoners with a discharge summary	
Remand	26
Sentenced— exit planned	72
Sentenced— exit not planned	34

Note: Excludes Western Australia, as they did not participate in the 2012 NPHDC.

Source: Establishment form, 2012 NPHDC.

Data regarding the approach taken by prisons in relation to health-related discharge planning were also collected. Although prisons may provide limited discharge planning, prisoners with mental illness, chronic disease, drug and alcohol problems, or who are on medication would be more likely to have a health-related discharge plan prepared. Prisons reported that, in general, the process for health-related discharge planning includes the following, but this may not be occurring in all prisons:

- Before the date of discharge, each prisoner is seen at the prison clinic.
- A discharge summary or discharge health report and letter for the prisoner's GP is prepared, and either given to the prisoner or forwarded to the prisoner's GP, community clinic or health centre.
- The discharge summary contains information on the prisoner's medical history, current problems, allergies, special diets or other needs, scheduled future appointments, recent pathology and radiology tests, any current medication, vaccination record and contact details for further information on the prisoner.
- If required, the prisoner is referred to appropriate community services such as GPs, community health clinics, Aboriginal health clinics, mental health services, psychologist and accommodation support.
- The prison clinic will coordinate referrals and make appointments required for specialist consultations or hospital appointments, such as methadone programs.
- Many prison clinics also provide a limited supply of ongoing medication (i.e. 1–2 weeks), or arrange for these to be collected from a pharmacy.

19.2 Continuing care

INDICATOR: Proportion of prison discharges who received treatment or were prescribed medication for a health condition and there is a plan to continue treatment after release: 77%

More than three-quarters (77%) of prison discharges who were prescribed medication and/or were offered treatment while in prison planned to continue care for a health condition after release from prison. A further 17% of discharges had a plan to continue treatment for two health conditions after release and 18% were continuing care for three or more health conditions.

The majority of prison discharges who had received treatment or been prescribed medication in prison for diabetes or a psychological/mental health condition had plans to continue care once released from prison (94% and 84%, respectively) (Table 19.2). Eight out of ten discharges planned to continue care for digestive conditions (83%), asthma (80%) or CVD (79%), and more than 7 out of 10 discharges (73%) had a plan to continue care for drug and alcohol problems.

Table 19.2: Prison discharges who received treatment or were prescribed medication for a health condition in prison and have a plan to continue care after prison, selected health conditions, Australia, 2012

Health condition	Number with a plan	Number on treatment or medication	Proportion with a plan
Diabetes	17	18	94
Neurological condition	6	7	86
Psychological/mental health condition	71	85	84
Digestive conditions	10	12	83
Asthma	36	45	80
Cardiovascular disease	15	19	79
Alcohol or drug use problems	41	56	73
Arthritis	10	15	67
Sensory conditions	15	23	65
Musculoskeletal condition	7	11	64
Respiratory condition	7	11	64
Other	12	20	60
Skin condition	24	42	57
Communicable disease	4	8	50
Musculoskeletal injury	21	48	44
Dental	32	73	44
Total number of discharges	387	387	100

Notes

1. Excludes Western Australia, as they did not participate in the NPHDC.
2. Percentages are calculated from prison discharges who received treatment and/or who were prescribed medication in prison (total 235 discharges).
3. Discharges could select multiple health conditions.
4. Dischargee data should be treated with caution due to low participation rates.

Sources: Discharge form, 2012 NPHDC.

INDICATOR: Proportion of prison dischargees who have a health condition and there is a plan to continue medication after release: 59%, 33% not on medication.

Of the 312 prison dischargees who had ever been told they have a health condition, around 6 out of 10 (59%) indicated that they would continue taking prescribed medication upon release. One-third (33%) of the 312 dischargees were not currently taking medication for their health condition, and only 5% said they would not continue medication. Less than 1% said they didn't know if they would continue medication and 2% of responses were unknown. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

INDICATOR: Proportion of prison dischargees who on release have a referral or appointment to see a health professional: 46%

Just under half (179 dischargees, or 46%) of all prison dischargees had a referral to see a health professional upon release from prison. Half (50%) of these referrals were to medical practitioners and almost one-quarter (22%) were to alcohol and drug treatment or counselling service. About 1 in 10 referrals were to 'other' health professionals (13%) and to community mental health services (10%). Only 5% of referrals were to Aboriginal Medical Services. This excludes data from Western Australia, as they did not participate in the 2012 NPHDC.

19.3 Medicare card

INDICATOR: Proportion of prison dischargees who have a valid Medicare card available on release: 76%

Within prison, Medicare cards are not used by prisoners, because the Medicare and Pharmaceutical Benefits Schemes do not operate in prisons in the same way as in the community. Upon release from prison, access to a valid Medicare card is essential for accessing health services in the community. Dischargees were asked whether or not they would have a valid Medicare card available on release from prison. Just over three-quarters (76%) of dischargees said they thought they would have a valid Medicare card available to them on release from prison, 12% said they would not, and 10% did not know (Table 19.3). A higher proportion of females (84%) than males (74%) had a valid Medicare card and the likelihood of having one increased with age.

Table 19.3: Prison dischargees, by whether Medicare card is available on release, by sex, age group and Indigenous status, 2012

	Available		Not available		Don't know		Total prison dischargees
	Number	Per cent	Number	Per cent	Number	Per cent	Number
Sex							
Male	242	74	42	13	36	11	326
Female	51	84	6	10	4	7	61
Age group (years)							
18–24	57	68	13	15	13	15	84
25–34	113	76	18	12	14	9	148
35–44	70	77	12	13	8	9	91
45+	49	83	5	8	4	7	59
Indigenous status							
Indigenous	87	72	20	17	13	11	121
Non-Indigenous	202	78	27	10	26	10	260
Total	293	76	48	12	40	10	387

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Totals include 2 prison dischargees whose Medicare card availability unknown, 5 whose age was unknown and 6 whose Indigenous status was unknown.
3. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

19.4 Preparedness for release

INDICATOR: Proportion of prison dischargees who felt prepared for their upcoming release from prison: 86%

Dischargees were asked how prepared they felt for their upcoming release from prison. Just under half (46%) felt very prepared and a further 40% felt prepared (Table 19.4). Only 6% said they unprepared or very unprepared. Young dischargees aged 24 and under were slightly less likely than older dischargees to feel very prepared (43% compared with 46–48%). Likewise, non-Indigenous dischargees felt less prepared—44% felt very prepared compared with 50% of Indigenous dischargees. South Australia and the Northern Territory did not provide data for this item.

Table 19.4: Prison dischargees, preparedness for release from prison, by sex, age group and Indigenous status, 2012

	Very prepared		Prepared		Unprepared/Very unprepared		Total prison dischargees
	Number	Per cent	Number	Per cent	Number	Per cent	Number
Sex							
Male	133	46	115	40	16	6	288
Female	27	45	23	38	5	8	60
Age group (years)							
18–24	33	43	32	42	5	6	84
25–34	62	46	57	43	7	5	148
35–44	38	48	26	33	6	8	91
45+	24	46	22	42	3	6	59
Indigenous status							
Indigenous	50	50	36	36	7	7	100
Non-Indigenous	106	44	102	42	13	5	242
Total	160	46	138	40	21	6	348

Notes

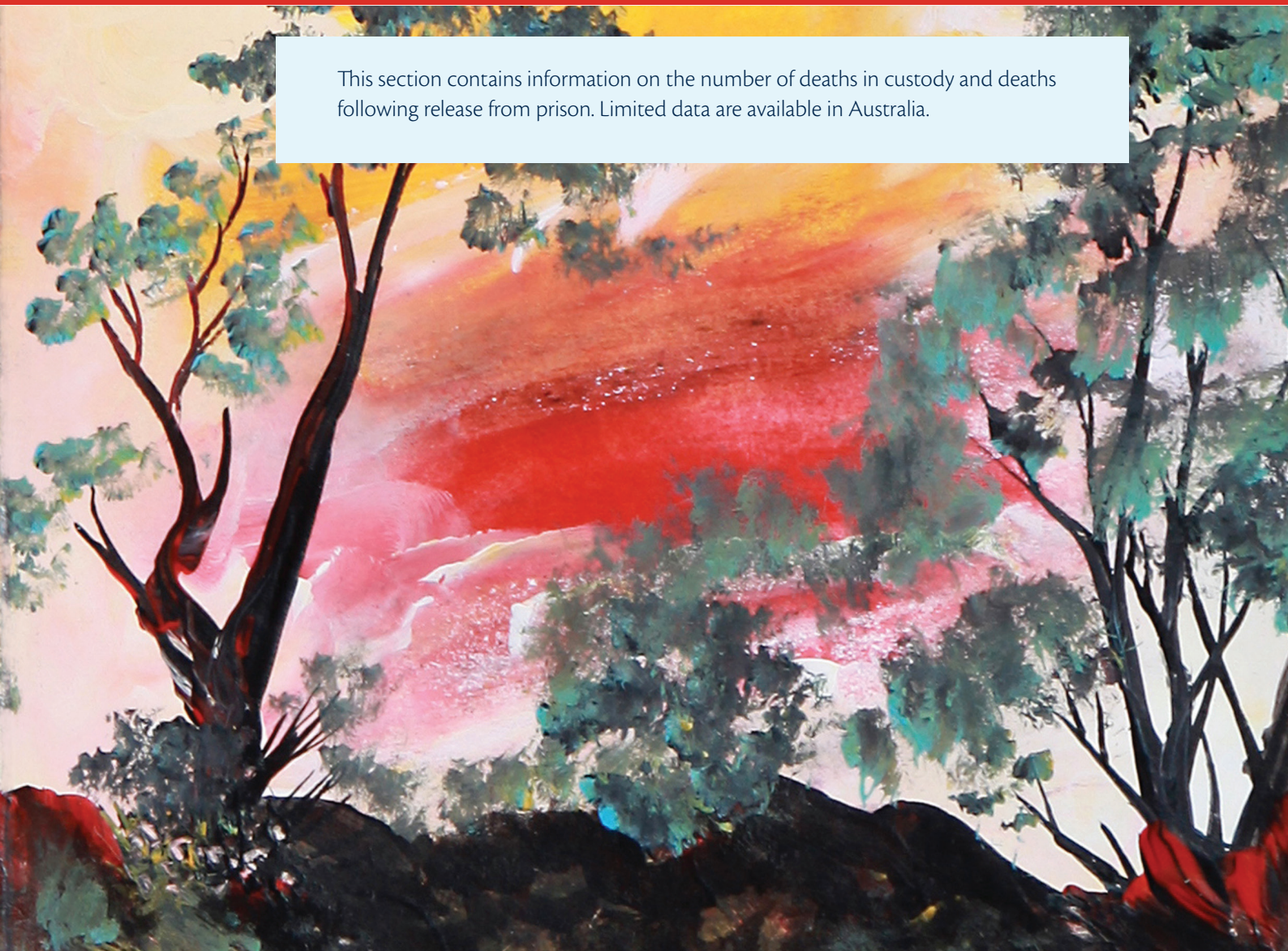
1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Excludes South Australia and the Northern Territory, as they did not provide data for this item.
3. Totals include 5 dischargees whose age was unknown, 6 whose Indigenous status was unknown, 6 whose preparedness was unknown, and 23 who said they 'don't know' how prepared they feel.
4. Dischargee data should be treated with caution due to low participation rates.

Source: Discharge form, 2012 NPHDC.

7

Section 7: Deaths

This section contains information on the number of deaths in custody and deaths following release from prison. Limited data are available in Australia.



20 Deaths

This chapter contains information on the number of deaths in custody and deaths following release from prison. Data for this section come from the Australian Institute of Criminology (AIC) *Deaths in custody in Australia* report (Lyneham et al. 2010). Information is broken down (where possible) by Indigenous status and cause of death.

20.1 Deaths in custody

Prisoners may die in custody for various reasons, including from natural causes or suicide. A combination of factors such as maximum or 'supermaximum' security, overcrowded and violent prisons, and prison with a high proportion of prisoners having mental health needs have been found to increase the risk of suicide among prisoners (Dye 2010).

The AIC, through the National Deaths in Custody Program (NDICP), monitors deaths in custody. This is the main data source in Australia on deaths in custody, including prison, police and juvenile detention. The NDICP was established after a Royal Commission into Aboriginal Deaths in Custody, which was established in 1989 following concern over the deaths of 99 Indigenous people in police custody and prisons between 1 January 1980 and 31 May 1989. The Royal Commission made 339 recommendations, finding, among other things, that:

- the high number of Aboriginal deaths in custody was due to the overrepresentation of Aboriginal people in custody
- Indigenous Australians were no more likely to die in custody than non-Indigenous Australians
- Aboriginality was a significant factor in the person's placement and death in custody.

Recommendations to reduce the number of deaths in custody included removing hanging points from cells, increasing awareness of custodial and medical staff of issues relating to the proper treatment of prisoners, and a greater commitment to cross-cultural training for criminal justice staff (Cunneen 2006).

The Royal Commission also recommended that an ongoing program be established to monitor both Indigenous and non-Indigenous deaths in prison, police custody and juvenile detention to gauge the impact of the recommendations on the rates of death in custody. the NDICP has found that:

- Since 1980, 1,397 deaths have been recorded in prison custody.
- From the late 1990s, the death rates for both non-Indigenous and Indigenous prisoners have followed similar trends, with both trending downward until 2006 from when slight increases have occurred in death rates for both.

- For the last 8 years in a row, Indigenous prisoners were less likely than non-Indigenous prisoners to die in custody.
- Death rates for those aged 55 and over have been higher than for other age groups since 1982.
- From 1980 to 2000 the most common cause of death was hanging, but since that time, deaths from natural causes have increased and consistently outnumber those from hanging, which have decreased (Lyneham & Chan 2013).

INDICATOR: Number of deaths in custody in 2010–11: 58

During 2010–11, there were 58 deaths in prison custody, according to the AIC's National Deaths in Custody Monitoring Program report. Of these, 12 were Indigenous prisoners, and 46 were non-Indigenous prisoners. As in recent years, most deaths in custody were from natural causes, with only 4 deaths of Indigenous prisoners and 16 deaths of non-Indigenous prisoners from unnatural causes.

In 2010–11, the rate of deaths in custody in Australia (excluding Western Australia) was 1.5 per 1,000 prisoner population. This rate was calculated by dividing the number of deaths in 2010–11 by the number of prisoners received into prison in 2011–12. This differs from the NDCIP rate, which uses the average daily number of prisoners during the year as the population group, and was selected because both the number of deaths and the population group had a time period of 12 months. This rate should be considered indicative, because it may be an undercount due to the number of receptions in 2011–12 (not available) potentially being higher than in 2010–11.

20.2 Deaths following release from prison

INDICATOR: Crude mortality rate in ex-prisoners within 4 weeks of release from prison: 15.3 per 1,000 person years (2010)

INDICATOR: Crude mortality rate in ex-prisoners within 365 days of release from prison: 9.1 per 1,000 person years (2010)

Upon release from prison, prisoners are eligible to apply for a crisis payment from Centrelink (see Chapter 3.4). In the NPHDC, 90% of discharges expected to receive that payment. Ex-prisoners may also then continue to receive payments from Centrelink in the form of income support. Because death may be recorded as a reason for cessation of Centrelink benefits, Centrelink data (Department of Human Services (DHS)) can be used to estimate the number of deaths after release from prison. This will be an underestimate, because some individuals do not receive a crisis payment from Centrelink on release, and because not all ex-prisoners who die after release from custody are receiving Centrelink benefits at the time of death.

The risk of suicide among recently released prisoners is similar to that of discharged psychiatric patients (Pratt et al. 2010); however, in the weeks immediately following release, the majority of deaths are drug related (Merrall et al. 2010). Risk factors for suicide among recently released prisoners include a history of alcohol misuse or self-harm, and having a psychiatric diagnosis (Pratt et al. 2010).

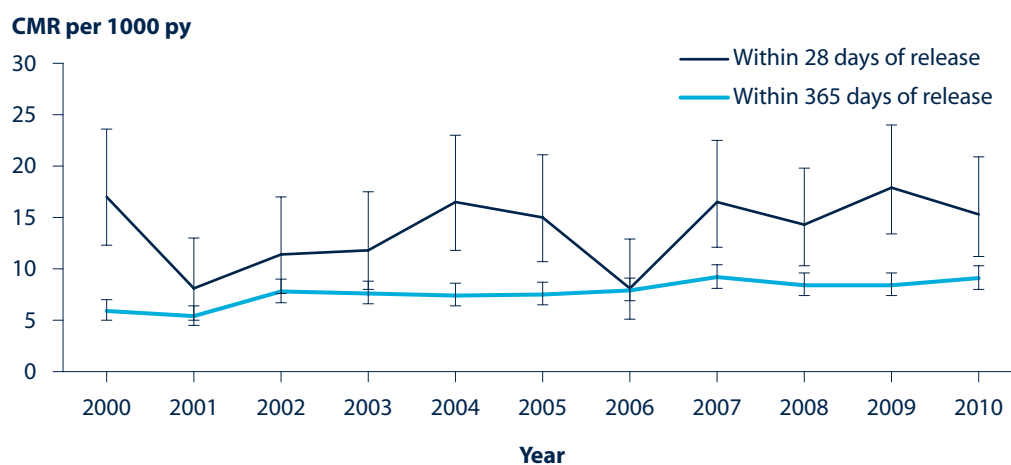
Upon release, ex-prisoners face significant challenges in returning to life in the community. The risks of unemployment and homelessness, which may also increase the risk of mortality, are high for ex-prisoners, especially those with a mental illness (Baillargeon et al. 2010).

During 2000–2008 (the latest available data), the NDICP documented an average of 45 deaths in prison custody per year, with the majority of those deaths (total of 222 of 404, or 55%) due to natural causes. Although it is not possible with Centrelink data to determine the cause of death, other research suggests that the majority of deaths in recently released prisoners are due to preventable causes such as drug overdose, injury and suicide (Kinner et al. 2013; Merrall et al. 2010; Kariminia et al. 2007a; Kariminia et al. 2007b; Kariminia et al. 2007c; Hobbs et al. 2006).

Using DHS data, the number of deaths and the crude mortality rate (CMR) in ex-prisoners nationally, within 28 days and within 365 days of release from custody, were estimated for the calendar years 2000 to 2010. Over that period DHS documented an average of about 31 deaths in ex-prisoners within 28 days of release, and on average about 190 within a year of release (see Appendix C, Table A12).

According to Centrelink data the CMR per 1,000 person years (py) has fluctuated from 8.1 to 17.9 during this time for deaths within 28 days of release, and between 5.4 and 9.2 within a year of release (Figure 20.1). By comparison, the reported CMR among prisoners in 2008 was 1.1 deaths per 1,000 prisoner population (AIHW 2011d).

Figure 20.1: Ex-prisoners crude mortality rate within 28 days and within 365 days of release, 2000–2010

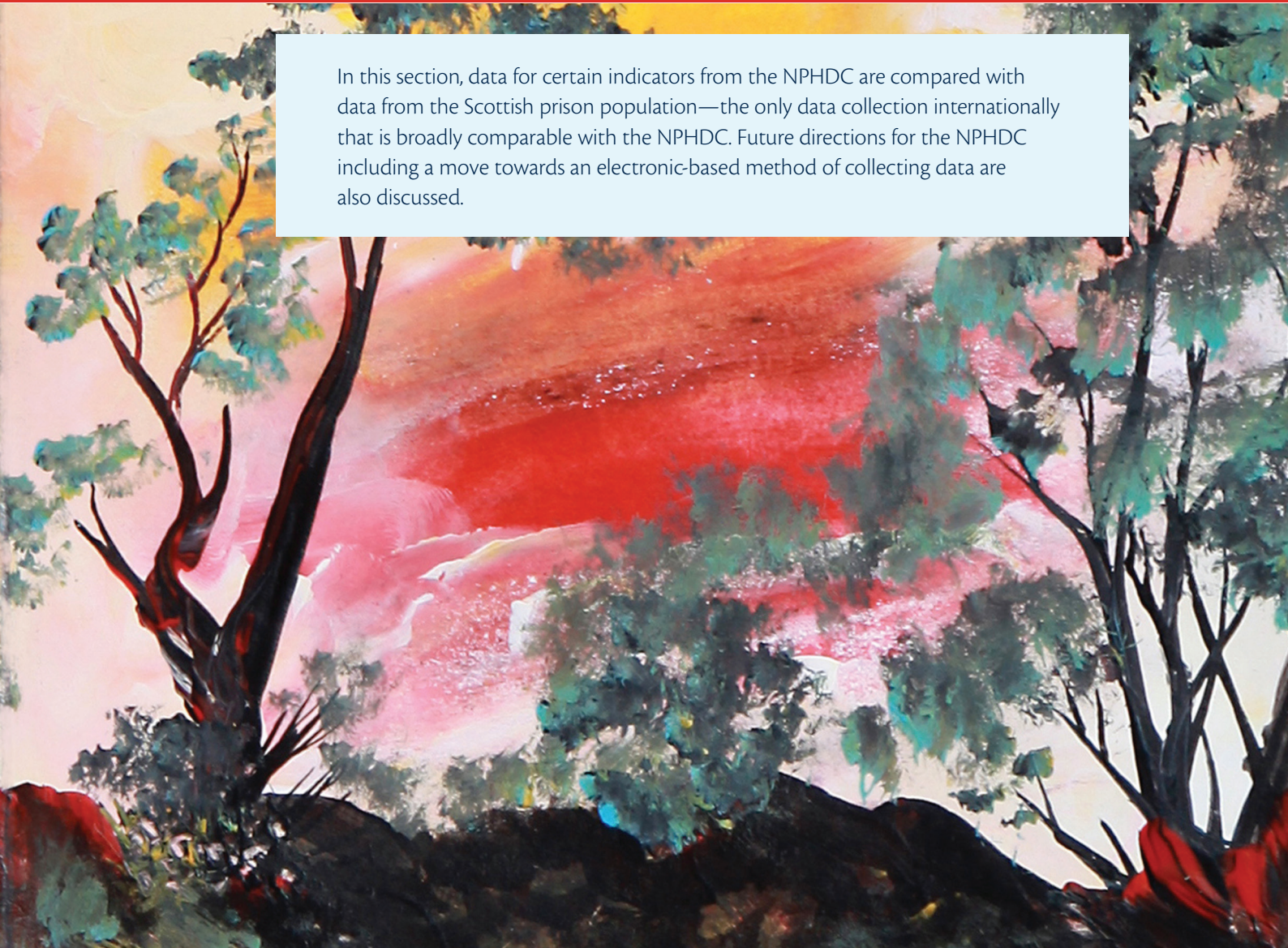


Source: Commonwealth Department of Human Services

8

Section 8: Comparisons and future directions

In this section, data for certain indicators from the NPHDC are compared with data from the Scottish prison population—the only data collection internationally that is broadly comparable with the NPHDC. Future directions for the NPHDC including a move towards an electronic-based method of collecting data are also discussed.



21 International prisoner comparisons

There are few international data sources that are comparable with the NPHDC. Most comparable data sources are infrequent or one-off research reports, rather than regular statistical monitoring reports involving whole jurisdictions or countries. Comparisons in this section will be made with the available data that are most similar to the NPHDC.

21 International prisoner comparisons

Almost no international data sources are comparable with the NPHDC. Most data sources for health of prison populations are infrequent or one-off research reports (eg. Maruschak 2004; James & Glaze 2006; Friestad & Kjelsberg 2009; Barry et al. 2010; Indig et al. 2010), rather than regular statistical monitoring reports involving whole jurisdictions or countries. The notable exception to this is the Scottish Prison Service's annual Prison Survey (Carnie & Broderick 2011), which includes questions on the health and wellbeing of prisoners, and access to prison health services. The survey involves all Scottish prisoners, and the 2011 survey had a response rate of 61%. The average age of respondents was 33, and 92% were male. One-fifth (20%) were on remand, and 80% were sentenced.

In the tables in this section, Scottish prisoner survey data are compared with data from prison entrants and discharges in the NPHDC. When interpreting these comparisons, some differences should be kept in mind. Scottish data (all prisoners in custody) will invariably include some prisoners who have recently been imprisoned and some who are about to finish their time in prison, whereas the NPHDC prison entrant and discharger populations are all at the beginning or end of their imprisonment, respectively. In addition to this, the NPHDC prison entrant population includes a higher proportion of remandees (62%) than the Scottish sample of prisoners (20%). Further, the NPHDC population includes Indigenous prisoners, and there is no similar group noted in the Scottish report.

The Scottish Prisoner Survey asked prisoners whether they had visited certain health professionals during their time in prison and prison discharges in the NPHDC were asked the same question. In Australia, 89% of discharges had visited a nurse while in prison, compared with 77% of Scottish prisoners (Table 21.1). Scottish prisoners were more likely to have seen a dentist than Australian discharges (37% compared with 27%). Visits to medical practitioners and mental health professionals were similar.

Table 21.1: Prisoners, health professional visited in prison, Australia 2012 and Scotland 2011 (per cent)

Health professional	Australia	Scotland
Nurse	89	77
Medical practitioner	75	71
Dentist	27	37
Mental health nurse/team	22	24

Notes

1. Australia excludes Western Australia as they did not participate in the 2012 NPHDC.
2. Australia data consists of prison dischargees; Scotland data consists of prisoners in custody.

Source: Discharge form, 2012 NPHDC, Carnie & Broderick 2011.

Almost two-thirds (65%) of prison dischargees in Australia (excluding Western Australia) reported having been tested for Hepatitis C while in prison, compared with just under half (48%) of prisoners who participated in the Scottish survey.

It was more common for prisoners in Scotland to have received a tattoo while in prison, than prison dischargees in Australia (7% and 3%, respectively) (Table 21.2). Similar proportions received body piercings in prison in Australia and Scotland.

Table 21.2: Prisoners, tattoos and piercings while in prison, Australia 2012 and Scotland 2011 (per cent)

	Australia	Scotland
Tattoo	3	7
Body piercing	<1	2

Notes

Australia excludes Western Australia, as they did not participate in the 2012 NPHDC.

Australia data consists of prison dischargees; Scotland data consists of prisoners in custody.

Source: Discharge form, 2012 NPHDC; Carnie & Broderick 2011

Prisoners in Scotland were asked if they have any children aged under 18 and whether or not they were caring for any of those children prior to entering prison. Almost half (48%) of prisoners indicated that they have children, and about one-third of these (34%, or 16% overall) were caring for them before entering prison. A higher proportion of prison entrants in Australia reported having children who depended on them for their basic needs (28%) (Table 21.3).

Table 21.3: Prisoners, dependent children, Australia 2012 and Scotland 2011 (per cent)

	Australia	Scotland
Has dependent children	28	16
No dependent children/unknown	72	84

Notes

Australia excludes Western Australia as they did not participate in the 2012 NPHDC.

Australia data consists of prison entrants; Scotland data consists of prisoners in custody.

Source: Discharge form, 2012 NPHDC; Carnie & Broderick 2011.

A slightly higher proportion of prison entrants in Australia reported using drugs illicitly in the 12 months prior to imprisonment than did prisoners in Scotland (70% compared with 64%) (Table 21.4). The types of drugs taken were very different in each country, probably reflecting the differing availability of various illegal drugs. Cocaine was used by 42% of Scottish prisoners compared with only 8% of Australian prison entrants. Conversely, methamphetamines were used by 37% of Australian prison entrants but only 17% of prisoners in Scotland. The use of heroin and ecstasy in the 12 months prior to imprisonment was more common among Scottish than Australian prisoners. Cannabis was used by about half of prisoners in both countries. The differences in heroin use prior to prison were reflected in opiate treatment in prison. In Scotland, 23% of prisoners reported being prescribed methadone, compared with 6% of prisoners in custody in Australia who were taking medications for opioid dependence.

Table 21.4: Prisoners, selected types of illicit drugs used in the last 12 months, Australia 2012 and Scotland 2011

Substance used	Australia	Scotland
Cannabis/marijuana	50	48
Methamphetamine	37	17
Heroin	15	26
Ecstasy	9	22
Cocaine	8	42
Total who used any illicit drugs	70	64

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.

2. Percentages do not add up to 100%, because prisoners may have used more than one type of drug.

3. Australia data consists of prison entrants; Scotland data consists of prisoners in custody.

Source: Entrant form, 2012 NPHDC; Carnie & Broderick 2011.

Smoking was very common in both countries, with 84% of Australian prison entrants saying they were current smokers and 76% of Scottish prisoners. Among smokers, 56% in Scotland wanted to quit, as did 46% of Australian smokers (Table 21.5).

Table 21.5: Prisoners, smoking status, Australia 2012 and Scotland 2011

Smoking status	Australia	Scotland
Proportion who are current smokers	84	76
Proportion of smokers who would like to quit	46	56

Notes

1. Excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Australia data consists of prison entrants; Scotland data consists of prisoners in custody.

Source: Entrant form, 2012 NPHDC; Carnie & Broderick 2011.

Insecure accommodation immediately prior to prison was more common among Australian prison entrants than Scottish prisoners (Table 21.6). Two-thirds (66%) of Australian prisoners saying they were in their own accommodation compared with 78% in Scotland. Seven per cent of Australian entrants were sleeping rough, compared with 3% of Scottish prisoners. Housing was short-term or emergency accommodation for 27% of Australian and 20% of Scottish prisoners prior to entering prison. Caution should be taken with interpreting these results, because the definitions of housing types may not be directly comparable.

Table 21.6: Prisoners, housing prior to prison, Australia 2012 and Scotland 2011

	Australia	Scotland
Sleeping rough	7	3
Short-term/emergency accommodation	27	19
Own accommodation	66	78

Notes

1. Australia excludes Western Australia, as they did not participate in the 2012 NPHDC.
2. Australia data consists of prison entrants; Scotland data consists of prisoners in custody.
3. Sleeping rough includes sleeping on the streets, park, cars or railway carriage, squatting. Short-term/emergency accommodation includes couch surfing, living temporarily with friend or relative, lodger and hostel accommodation. Own accommodation includes owner-occupier, private rental, public housing (Australia), council tenant (Scotland), and housing association (Scotland).

Source: Entrant form, 2012 NPHDC; Carnie & Broderick 2011.

Correctional programs were more commonly undertaken in Scotland than in Australia (Table 21.7). In Scotland, 16% of prisoners said they had attended an anger management program, compared with 6% of Australian dischargees. Sex offender programs were attended by 8% of prisoners in Scotland, and 2% in Australia. Overall, almost two-thirds (65%) of prison dischargees in Australia had not done any program, compared with 41% of prisoners in Scotland. Both the Australian and Scottish data include remandees as well as sentenced prisoners; the proportion of dischargees on remand in the Australian population is unknown. There may be differences in policies among the various jurisdictions in Australia and Scotland regarding the eligibility of remand prisoners for correctional programs which would affect the data. Further, differences in participation in sex offender programs should be treated with caution because the proportion of sex offenders among the cohorts is unknown.

Table 21.7: Prisoners, correctional programs while in prison, Australia 2012 and Scotland 2011 (per cent)

	Australia	Scotland
Anger management	6	16
Sex offender programs	2	8
No program	65	41

Notes

1. Australia excludes Western Australia, South Australia and the Northern Territory.
2. Australia data consists of prison dischargees; Scotland data consists of prisoners in custody.

Sources: Discharge form, 2012 NPHDC; Carnie & Broderick 2011.

22 Next steps and future directions

This chapter discusses issues about availability and quality of data in the prisoner health field, areas for data development, and future directions for the NPHDC.

The NPHDC continues to aim to collect data that will:

- be aligned with national and international standards to allow comparison
- be collected according to well-defined standards and evidence-based best practice research
- be stable
- be fit for the purposes for which they are collected
- be used to monitor outcomes
- be relevant, complete and free of errors (and able to be validated).

In 2012, discharge indicators were collected for the first time. Data development and improvement of these new indicators will continue, with the aim of improving data quality and consistency, and increasing participation rates.

It is anticipated that, in the future, the NPHDC will move towards using electronic data, rather than paper collection forms. Ideally, these data would be a by-product of existing administrative systems, rather than a separate data collection as currently takes place. That would allow the prison entrants sample to be increased, thereby expanding the options for analysis. It is understood that this will take time to achieve, because the data requirements for the NPHDC are built in to the administrative systems in each jurisdiction.

A shorter term aim is for complete coverage of all prisons in all jurisdictions. Ideally, an ongoing national data collection would involve the participation of all jurisdictions.

In 2012, a larger proportion of the jurisdictions participated in the NPHDC compared with 2010 when New South Wales and Victoria took part; however, Western Australia did not participate. It is anticipated that in future data collections all jurisdictions will participate.

Appendix A: List of indicators

Indicator	Numerator	Denominator
Socioeconomic factors		
Proportion of prison entrants who completed below year 10 at school	Number of prison entrants by highest completed level of education	Total number of prison entrants during the data collection period
Proportion of prison discharges who completed below Year 10 at school	Number of prison discharges who completed below year 10 at school	Total number of prison discharges during the data collection period
Proportion of prison entrants who were unemployed in the 30 days prior to imprisonment	Number of prison entrants, by employment or educational status.	Total number of prison entrants during the data collection period
Proportion of prison discharges who on release have organised paid employment which will start within 2 weeks of leaving prison	Number of prison discharges who on release have organised paid employment which will start within 2 weeks of leaving prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who are registered with Advance2Work	Number of prison discharges who are registered with Advance2Work	Total number of prison discharges during the data collection period
Proportion of prison discharges who on release are expecting to receive government payment through Centrelink	Number of prison discharges who on release are expecting to receive government payment through Centrelink	Total number of prison discharges during the data collection period
Proportion of prison entrants who reported that they were homeless in the 4 weeks prior to imprisonment (including short-term and emergency accommodation)	Number of prison entrants by homelessness status	Total number of prison entrants during the data collection period
Proportion of discharges who are going to be homeless on release (including short-term and emergency accommodation)	Number of prison discharges who on release are going to be homeless (including short-term and emergency accommodation)	Total number of prison discharges during the data collection period
Proportion of prison entrants who reported that one or more of their parents had been imprisoned while they were a child	Number of prison entrants who reported that one or more of their parents had previously been imprisoned	Total number of prison entrants during the data collection period
Proportion of prison discharges who reported that one or more of their parents had been imprisoned while they were a child	Number of prison discharges whose parents were in prison	Total number of prison discharges during the data collection period

Indicator	Numerator	Denominator
Proportion of prison entrants who have children who depend on them for their basic needs	Number of prison entrants who had children living with them and dependent on them for their basic needs before prison	Total number of prison entrants during the data collection period
Proportion of prison discharges who in the last four weeks had contact with family, friends and/or elders	Number of prison discharges who report that in the last four weeks had contact with family, friends, elders	Total number of prison discharges during the data collection period

Mental health

Proportion of prison entrants who report that they have been told by a doctor, psychiatrist, psychologist or nurse that they have a mental health disorder (including drug and alcohol abuse)	Number of prison entrants who report that they have ever been told by a doctor, psychiatrist, psychologist or nurse that they have a mental health disorder	Total number of prison entrants during the data collection period
Proportion of prison discharges who report that they have ever been told they have a health condition—mental health disorder, including drug and alcohol abuse	Number of prison discharges that report that they have ever been told that they have a mental health disorder, including drug and alcohol abuse	Total number of prison discharges during the data collection period
Proportion of prison entrants who are currently taking medication for a mental health disorder	Number of prison entrants who are currently taking medication for a mental health disorder	Total number of prison entrants during the data collection period
Proportion of prison entrants reporting psychological distress experienced in the past 4 weeks (self-report)	Number of prison entrants who report a given level of psychological distress	Total number of prison entrants during the data collection period
Proportion of prison discharges reporting psychological distress experienced in the past 4 weeks (self-report)	Number of prison discharges who report a given level of psychological distress	Total number of prison discharges during the data collection period
Proportion of prison entrants who, at reception, were referred to mental health services for observation and further assessment	Number of prison entrants who, at reception, were referred to mental health services for observation and further assessment	Total number of prison entrants during the data collection period

Self-harm

Proportion of prison entrants who report that they have ever intentionally harmed themselves	Number of prison entrants who report that they have ever intentionally harmed themselves	Total number of prison entrants during the data collection period
Proportion of prison entrants who report that they have thought of harming themselves in the last 12 months	Number of prison entrants who report that they have thought of harming themselves in the last 12 months	Total number of prison entrants during the data collection period
Proportion of prison discharges who report that they have intentionally harmed themselves in prison	Number of prison discharges who report that they have intentionally harmed themselves in prison	Total number of prison discharges during the data collection period
Proportion of prison entrants identified as currently at risk of suicide or self-harm	Number of prison entrants identified as currently at risk of suicide or self-harm	Total number of prison entrants during the data collection period

Communicable diseases

Number of notifications of sexually transmissible infections for prisoners in custody during 2011–12 (source: jurisdictions)

Indicator	Numerator	Denominator
Proportion of prison entrants testing positive to hepatitis C antibody (source: NPEBBV&RBS)	Number of prison entrants testing positive to hepatitis C antibody	Total number of prison entrants tested
Proportion of prison entrants testing positive to hepatitis B antibody (source: NPEBBV&RBS)	Number of prison entrants testing positive to hepatitis B antibody	Total number of prison entrants tested
Proportion of prison entrants testing positive for HIV (source: NPEBBV&RBS)	Number of prison entrants testing positive for HIV	Total number of prison entrants tested
Number of prisoners in custody who received medication for hepatitis C during 2011–12 (source: jurisdictions)		
Proportion of prison discharges who were tested for a bloodborne virus or a sexually-transmissible infection	Number of prison discharges who were tested for a bloodborne virus or a sexually-transmissible infections in prison	Total number of prison discharges during the data collection period

Chronic conditions

Proportion of prison entrants who report that they have been told by a doctor or nurse that they have a chronic condition	Number of prison entrants who report that they have been told by a doctor or nurse that they have a chronic health condition	Total number of prison entrants during the data collection period
Proportion of prison discharges ever told they have a chronic condition	Number of prison discharges ever told they have a health condition	Total number of prison discharges during the data collection period

Activity and weight changes

Proportion of prison discharges who report that while in prison their level of physical activity changed	Number of prison discharges who report that while in prison their level of physical activity changed	Total number of prison discharges during the data collection period
Proportion of prison discharges who report that while in prison their weight increased	Number of prison discharges who report that while in prison their weight increased	Total number of prison discharges during the data collection period

Aspects of women's health

Proportion of female prison entrants who report that they have ever been pregnant	Number of female prison entrants who report that they have ever been pregnant	Total number of prison entrants during the data collection period
Mean age at first pregnancy for female prison entrants.		
Proportion of pregnant prisoners in custody	Number of female prisoners in custody who were pregnant during the 12 month period to 30 June 2011	Number of female prisoners received into custody during the 12 month period to 30 June 2011
Proportion of female prison discharges who report that they were pregnant while in prison	Number of female prison discharges who report that they were pregnant while in prison	Total number of female prison discharges
Proportion of female prison entrants who report that they have had a cervical screening in the last 2 years	Number of female prison entrants who reported having a cervical screening in the last 2 years	Total number of prison entrants during the data collection period
Proportion of female prison discharges who received cancer screening in prison	Number of female prison discharges who received cancer screening in prison	Total number of female prison discharges

Indicator	Numerator	Denominator
Illicit drug use and needle sharing		
Proportion of prison entrants who report that they engaged in illicit drug use in the last 12 months	Number of prison entrants who report that they engaged in illicit drug use in the last 12 months	Total number of prison entrants during the data collection period
Proportion of prison entrants who report that they have injected drugs (source: NPEBBV&RBS)	Number of prison entrants who report that they have injected drugs	Total number of prison entrants during the data collection period
Proportion of prison discharges who used illicit drugs in prison	Number of prison discharges who used illicit drugs in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who injected drugs in prison	Number of prison discharges who injected drugs in prison	Total number of prison discharges during the data collection period
Proportion of prison entrants who report that they have shared injecting equipment (source: NPEBBV&RBS)	Number of prison entrants who reported that they have shared injecting equipment	Total number of prison entrants during the data collection period
Proportion of prison entrants who report being on pharmacotherapy medication for opioid dependence	Number of prison entrants who report being on pharmacotherapy medication for opioid dependence	Total number of prison entrants during the data collection period
Proportion of prisoners in custody who received medication for opioid dependence	Number of prisoners in custody who received medication for opioid dependence	Total number of prisoners in custody
Proportion of prison discharges who accessed an opiate substitution program while in prison	Number of prison discharges who accessed an opiate substitution program while in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who used a needle that had been used by someone else while in prison	Number of prison discharges who used a needle that had been used by someone else	Total number of prison discharges during the data collection period
Proportion of prison discharges who accessed a needle and syringe exchange program in the community	Number of prison discharges who accessed a needle and syringe exchange program in the community	Total number of prison discharges during the data collection period
Proportion of prison discharges who received a tattoo while in prison	Number of prison discharges who report that while in prison they received a tattoo	Total number of prison discharges during the data collection period
Proportion of prison discharges received a body or ear piercing while in prison	Number of prison discharges who received a body or ear piercing while in prison	Total number of prison discharges during the data collection period
Tobacco smoking		
Proportion of prison entrants who report that they currently smoke tobacco	Number of prison entrants who report that they currently smoke tobacco	Total number of prison entrants during the data collection period
Mean age at which prison entrants smoked their first full cigarette		
Proportion of prison discharges who report that they smoked tobacco on entry to prison	Number of prison discharges who report that they smoked tobacco on entry to prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who report that they currently smoke tobacco	Number of prison discharges who report that they currently smoke tobacco	Total number of prison discharges during the data collection period

Indicator	Numerator	Denominator
Proportion of prison entrants who currently smoke and report that they would like to quit smoking	Number of prison entrants who report that they would like to quit smoking	Total number of prison entrants who are current smokers
Proportion of prison discharges who undertook smoking cessation programs in prison	Number of prison discharges who undertook smoking cessation programs in prison	Total number of prison discharges during the data collection period

Risky alcohol consumption

Proportion of prison entrants who report a risk of alcohol-related harm (self-report)	Number of prison entrants who received a consumption score of at least 6 on the Alcohol Use Disorders Identification Test (AUDIT-C), indicating a risk of alcohol-related harm	Total number of prison entrants during the data collection period
Proportion of prison discharges who report a high risk of alcohol related harm prior to current incarceration	Number of prison discharges who received a consumption score of at least 6 on the Alcohol Use Disorders Identification Test (AUDIT-C), indicating a risk of alcohol-related harm	Total number of prison discharges during the data collection period
Proportion of prison discharges who drank alcohol in prison	Number of prison discharges who drank alcohol in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who accessed an alcohol treatment program in prison	Number of prison discharges who accessed an alcohol treatment program in prison	Total number of prison discharges during the data collection period

Injuries, assaults and unprotected sex

Proportion of prison entrants who report that they have ever received a blow to the head resulting in a loss of consciousness	Number of prison entrants who report that they have ever received a blow to the head resulting in a loss of consciousness	Total number of prison entrants during the data collection period
Proportion of prison discharges who report that they had to see a doctor or nurse due to an accident or injury while in prison	Number of prison discharges who report that they had to see a doctor or nurse due to an accident or injury while in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who report that they have received a head injury/blow to the head resulting in a loss on consciousness while in prison	Number of prison discharges who report that they have received a head injury/blow to the head resulting in a loss on consciousness while in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who report that they were physically assaulted or attacked by another prisoner while in prison	Number of prison discharges who report that they were physically assaulted or attacked by another prisoner while in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who report that they were forced or frightened by another prisoner into doing something sexually that they did not want to do	Number of prison discharges who report that they were forced or frightened by another prisoner into doing something sexually that they did not want to do	Total number of prison discharges during the data collection period

Indicator	Numerator	Denominator
Proportion of prison entrants who had a new or casual partner in the last 3 months and reported never using a condom (source: NPEBBV&RBS)	Number of prison entrants who report having had unprotected sex with a new or casual partner in the last 3 months	Total number of prison entrants during the data collection period
General health services		
Proportion of prison entrants who, in the last 12 months, consulted a medical professional for their own health within the community	Number of prison entrants, by professional medical contact sought in the community	Total number of prison entrants during the data collection period
Proportion of prison entrants who, in the last 12 months, consulted a medical professional for their own health in prison.	Number of prison entrants, by professional medical contact sought in prison	Total number of prison entrants during the data collection period who had been in prison in the last 12 months
Proportion of prison discharges who report they could easily see a health professional if they had a health problem	Number of prison discharges who report they could see a health professional if they had a health problem	Total number of prison discharges during the data collection period
Proportion of prison entrants who, in the last 12 months, needed to consult with a health professional in the community but did not	Number of prison entrants, by medical contact required in the community, yet not sought	Total number of prison entrants during the data collection period
Proportion of prison entrants who, in the last 12 months, needed to consult with a health professional while in prison, but did not	Number of prison entrants, by medical contact required in prison, yet not sought	Total number of prison entrants during the data collection period who had been in prison in the last 12 months
Prison clinic		
Proportion of prison discharges who received a health assessment upon entry to prison	Number of prison discharges who received a health assessment upon entry to prison	Total number of prison discharges during the data collection period who received a health assessment upon entry to prison
Proportion of prison discharges who visited the prison clinic	Number of prison discharges who visited the prison clinic	Total number of prison discharges during the period
Proportion of prisoners in custody who used the prison clinic	Number of prisoners in custody who used the prison clinic during the data collection period	Total number of prisoners in custody on 30 June 2012
Proportion of prison discharges who were diagnosed with a health condition in prison	Number of prison discharges who were diagnosed with a health condition in prison	Total number of prison discharges during the data collection period
Proportion of prison discharges who received treatment for a health condition in prison	Number of prison discharges who received treatment for a health condition in prison	Total number of prison discharges during the data collection period
Proportion of prisoners in custody who had a problem managed in the prison clinic during the 2-week data collection, by problem managed	Number of prisoners in custody, by reason for attending the prison clinic	Total number of prisoners in custody on 30 June 2012

Indicator	Numerator	Denominator
Proportion of clinic visits during the 2-week data collection period, by service received	Number of clinic visits by service received	Total number of clinic visits during the data collection period
Proportion of clinic visits initiated by prisoners	Number of clinic visits initiated by prisoners	Total number of clinic visits during the data collection period
Proportion of prison dischargees clinic visits by type of health professional seen	Number of prison dischargees by professional medical contact sought in prison	Number of prison dischargees who visited the clinic
Proportion of clinic visits by type of health professional seen	Number of clinic visits by type of health professional seen	Total number of clinic visits during the data collection period
Proportion of prison dischargees who received information on their condition at a clinic visit	Number of prison dischargees who received information on their condition at a clinic visit	Number of prison dischargees who visited the clinic
Proportion of prison dischargees who received answers to questions that they could understand at the prison clinic	Number of prison dischargees who had the opportunity to ask questions at a clinic visit	Number of prison dischargees who visited the clinic
Proportion of prison dischargees who had the opportunity to be involved in their treatment decision at a clinic visit	Number of prison dischargees who had the opportunity to be involved in their treatment decision at a clinic visit	Number of prison dischargees who visited the clinic
Proportion of prison dischargees who rated the health care they received in the prison clinic as excellent	Number of prison dischargees who rated the health care they received in the prison clinic as excellent	Number of prison dischargees who visited the clinic
Proportion of prison dischargees who reported a change in their health	Number of prison dischargees who reported a change in their health	Total number of prison dischargees during the data collection period

Medication

Proportion of prison dischargees who were prescribed medication for a health condition in prison	Number of prison dischargees who were prescribed medication for a health condition in prison	Total number of prison dischargees during the data collection period
Proportion of prisoners in custody who received medication during the data collection period	Number of prisoners in custody who received prescribed medication on one day of the data collection period	Total number of prisoners in custody on 30 June 2012

Prison health services

Ratio of full-time equivalent health staff working within the correctional system to the total number of prisoners	Number of full-time equivalent health staff working within the correctional system on the reference date	Total number of prisoners in custody on 30 June 2012
Proportion of prison dischargees who received an injection/vaccination	Number of prison dischargees who received an injection/vaccination while in prison	Total number of prison dischargees during the data collection period
Number of vaccinations provided by prison clinics during the 2-week data collection period		
Proportion of prison dischargees who went to a medical appointment outside the prison	Number of prison dischargees who went to a medical appointment outside the prison	Total number of prison dischargees during the data collection period

Indicator	Numerator	Denominator
Proportion of prison dischargees who were admitted to a general or psychiatric hospital	Number of prison dischargees who were admitted to a general or psychiatric hospital while in prison	Total number of prison dischargees during the data collection period
Proportion of prison dischargees who visited an emergency department	Number of prison dischargees who visited an emergency department of a general hospital while in prison	Total number of prison dischargees during the data collection period
Number of hospital transfers for prisoners in custody during the data collection period		
Proportion of Indigenous prison dischargees who received treatment or consultation from an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical Service (AMS) to a prison facility	Number of Indigenous prison dischargees who received treatment or consultation from ACCHO or AMS	Total number of Indigenous prison dischargees
Proportion of Indigenous prison dischargees who report they received culturally appropriate health care in prison	Number of Indigenous prison dischargees who report they received culturally appropriate health care in prison	Total number of Indigenous prison dischargees
Proportion of Indigenous prison dischargees who participated in Indigenous programs	Number of Indigenous prison dischargees who participated in Indigenous programs	Total number of Indigenous prison dischargees
Frequency of visits by an ACCHO or AMS	Number of prisons that received visits by an Aboriginal Community Controlled Health Organisation or an Aboriginal Medical Service.	Total number of prisons that took part in the NPHDC.

Correctional services

Proportion of prison dischargees who participated in correctional programs	Number of prison dischargees who participated in correctional programs	Total number of prison dischargees during the data collection period
Proportion of prison dischargees who didn't participate in correctional programs, by reasons why	Number of prison dischargees who reported that they wanted to undertake a correctional program while in prison but couldn't	Total number of prison dischargees during the data collection period
Proportion of prison dischargees who worked in a prison industry	Number of prison dischargees who worked in a prison industry while in prison.	Total number of prison dischargees during the data collection period
Proportion of prison dischargees who completed qualifications in prison	Number of prison dischargees who report that they completed qualifications in prison	Total number of prison dischargees during the data collection period

Release procedures

Proportion of sentenced and remand prisoners who had a health-related discharge summary in place at time of their release	Number of prisoners who had a health-related discharge summary in place at time of their release	Total number of prisoners released during the data collection period
Proportion of prison dischargees who have a health condition and there is a plan to continue treatment after release	Number of prison dischargees who have a health condition and there is a plan to continue treatment after release	Total number of prison dischargees who have a health condition
Proportion of prison dischargees who have a health condition and there is a plan to continue medication after release	Number of prison dischargees who have a health condition and there is a plan to continue medication after release	Total number of prison dischargees who have a health condition

Indicator	Numerator	Denominator
Proportion of prison dischargees who have a referral or appointment to see a health professional post-release	Number of prison dischargees who on release have a referral or appointment to see a health professional	Total number of prison dischargees during the data collection period
Proportion of prison dischargees who have a valid Medicare card available on release	Number of prison dischargees who have a valid Medicare card available on release	Total number of prison dischargees during the data collection period
Proportion of prison dischargees who felt prepared for their upcoming release from prison	Number of prison dischargees who felt prepared for their upcoming release from prison	Total number of prison dischargees during the data collection period
Proportion of prisoners in custody who received medication for opioid dependence	Number of prisoners in custody who received medication for opioid dependence	Total number of prisoners in custody on 30 June 2012
Number of prisoners in custody who received medication for hepatitis C		

Deaths

Number of deaths in custody.
Crude mortality rate in ex-prisoners within 4 weeks of release from prison
Crude mortality rate in ex-prisoners within 365 days of release from prison

Key

- = sourced from discharge form
- = sourced from entrant form
- = sourced from repeat medication form
- = sourced from clinic form
- = sourced from establishment form
- = other source

Appendix B: Data quality statement—National Prisoner Health Data Collection

Summary of key data quality issues

- The National Prisoner Health Data Collection (NPHDC) contains data relating to people entering prison (prison entrants), people about to be released from prison (prison discharges), clinic visits and services, and medications taken by prisoners. Data are collected over a 2-week period, and sent to the AIHW for collation, analysis and reporting.
- Although ideally an administrative by-product data collection, the NPHDC is currently a standalone paper-based collection. Participation rates vary among states and territories, with prison entrants having higher participation rates than discharges. This is partly due to the difficulties in identifying exact release dates in advance for prisoners, especially where they are on remand (awaiting trial or sentence).
- The relatively small population of discharges captured in the data collection creates issues with reporting data when disaggregated by jurisdiction due to increased potential for attribute disclosure. For some indicators, this meant that some tables are unable to be published; and for other instances small numbers were suppressed.

Description

The NPHDC is the only national source of information on the health of prisoners in Australia, covering a broad range of health issues and social determinants of health. Paper-based data collection forms are completed in the context of routine health assessments and service provision, by prison health services.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to

achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>.

The AIHW has been maintaining the NPHDC since 2009.

Timeliness

Data were collected over a 2-week period in May 2012 (14–27 May), and provided to the AIHW. The NPHDC has been conducted 3 times: 2009, 2010 and 2012. The exact timing of the data collection and how often it will be conducted in the future is not yet confirmed.

Accessibility

The AIHW website provides prisoner health data which can be downloaded free of charge. Reports including The health of Australia's prisoners, and thematic bulletins, are published and are available on the AIHW website where they can be downloaded without charge. Users can request data not available online or in reports via the Child Welfare and Prisoner Health Unit, Australian Institute of Health and Welfare on (02) 6244 1000 or via email to <prisoner.health@aihw.gov.au>. A fee may be charged for substantial requests on a cost-recovery basis. General enquiries about AIHW publications can be made to the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to <info@aihw.gov.au>.

Interpretability

Most of the data in the NPHDC are self-report rather than diagnostic health data. Reports such as The health of Australia's prisoners have a 'method' section in the Introduction chapter, where technical information may be found.

The denominator for indicators sourced from the clinic and medication data is the total number of prisoners in custody at 30 June for the relevant year. Some indicators in the NPHDC relate to 12 months of data (number of pregnant prisoners in custody, number of prisoners taking medication for hepatitis C, number of notifications of sexually transmitted infections). To provide an appropriate denominator for these indicators, jurisdictions provide data on the number of prisoners received into prison and released from prison, during the same 12-month period. This is a more appropriate denominator for these indicators, as it provides a more accurate representation of the number of prisoners over a 12-month period than the ABS 30 June snapshot.

Relevance

Scope and coverage

A prison entrant is classed as a person aged at least 18, entering full-time prison custody, either on remand (awaiting a trial or sentencing) or on a sentence. Prisoners who have been transferred from one prison to another are not included as entrants.

A prison discharger is a full-time prisoner aged at least 18, who expects to be released from prison within the 4 weeks following the time of interview.

Prisoners aged at least 18 years, held in full-time custody in correctional facilities in Australia are in scope for the clinic and medication components of the NPHDC.

Police cells, court cells, periodic detention, juvenile correctional facilities and immigration detention centres are out of scope for all components of the NPHDC.

Reference period

The NPHDC was conducted over a 2-week period in May 2012. Entrants, discharge, and clinic data cover the whole 2-week period, and medications data cover 1 day in this 2-week period. Some indicators cover entire the 2011–12 financial year.

Coverage

In 2012, data were collected from all states and territories except Western Australia.

Statistical standards

Australian Standard Classification of Countries (ASCC) and Australian Standard Classification of Languages (ASCL) were used as the code frame for questions on country of birth and main language spoken at home.

Accuracy

Participation rate

The participation rate for entrants in 2012 was 70%; indicating that 3 out of 10 prison entrants did not provide data on entry to prison, with variation among the states and territories. However, estimates which consider those who were not approached suggest a participation rate for entrants of about 60%. The participation rate for dischargers was 55% in 2012; indicating that just under half of prisoners exiting prison did not contribute to the data collection. Estimates which consider those who were not approached suggest a participation rate for dischargers of about 28%. 2012 was the first year that the discharge component of the data collection had been implemented, so lower participation rates were expected. Entrant non-participants were predominantly male (81%) but females were overrepresented (19%) compared with those who did participate (10%). The proportion of non-Indigenous non-participants was similar to participants (65% and 63%, respectively). Sex and age profiles for discharger participants and non-participants were very similar; but a slightly higher proportion of non-participants were Indigenous (35% compared with 31%).

Indigenous data

Identification of Indigenous status was generally good in each state and territory, with unknown rates under 10%. The proportion of Indigenous participants in the entrants and

discharge data were slightly higher than the reported proportion of the prisoner population on 30 June 2012.

Coherence

The indicators that constitute the NPHDC were developed by the AIHW with the assistance and advice of the National Prisoner Health Information Committee (NPHIC) and are influenced by policy relevance in monitoring key aspects of prisoner health. The data collection has been conducted in 2009, 2010 and 2012.

New data items were added in the 2012 NPHDC to the entrants, clinic and establishments collections. Also, the discharge component of the collection was introduced. Existing data items had minimal or no changes from previous years.

Comparison of data from previous years is difficult because the participating jurisdictions have changed, and therefore comparisons at the national level should be used with caution. Comparisons between years at the jurisdictional level may be more appropriate. Trend data for those states and territories which have participated in all three data collections would also be possible.

Glossary

Aboriginal Community Controlled Health Organisation (ACCHO): A health organisation controlled by, and accountable to, Aboriginal and Torres Strait Islander people in those areas in which the organisation operates. ACCHOs aim to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it.

Aboriginal health worker: A health worker who provides clinical and primary health care for Aboriginal and Torres Strait Islander individuals, families and community groups.

Aboriginal medical service (AMS): A health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals that is not necessarily community controlled. AMSs that are not community controlled are government health services run by a state or territory government. Non-community controlled AMSs mainly exist in the Northern Territory and the northern part of Queensland.

Adult prison: A place administered and operated by a justice department, where individuals are detained while under the supervision of the relevant justice department on a pre-sentence or sentenced detention episode.

Arthritis: An umbrella term for more than 100 medical conditions that affect the musculoskeletal system, specifically joints. The three most common forms of arthritis are osteoarthritis, rheumatoid arthritis and gout.

Asthma: A chronic inflammatory disorder of the airways. This inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly in the night or in the morning.

Bloodborne virus: A virus that lives in the blood and is transmitted by blood-to-blood contact. Examples of bloodborne viruses include hepatitis C and HIV.

Cancer: A group of several hundred diseases in which abnormal cells are not destroyed by normal metabolic processes, but instead proliferate and spread out of control (after being affected by a carcinogen or after developing from a random genetic mutation) and form a mass called a tumour or neoplasm. In this data collection, cancer includes leukaemia, lymphoma, kidney cancer, bladder cancer, digestive system cancer, stomach cancer, bowel cancer, breast cancer, genital cancer, head and neck cancers, liver cancer, lung cancer, nervous system cancers and skin cancer (excluding non-melanoma skin cancer).

Cardiovascular disease: Any disease that affects the circulatory system, including the heart and blood vessels. Examples include coronary heart disease, heart failure, rheumatic fever and rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease.

Clinic visit: A face-to-face consultation for which an entry is made in the health service record, other than for routine, household-type treatment such as adhesive plasters or paracetamol.

Communicable disease: Diseases that are capable of being transmitted between individuals, including AIDS, HIV, bacterial infection, hepatitis, malaria, meningitis and meningococcal infections, sexually transmitted infections, viral infections and vaccine-preventable diseases such as chickenpox and influenza.

Diabetes: A disease marked by high blood glucose levels resulting from defective insulin production, insulin action or both. The three main types of diabetes are Type 1 diabetes, Type 2 diabetes and gestational diabetes.

Digestive conditions: Includes abdominal pain, diarrhoea, gallstones, gastroenteritis, hernias, incontinence, indigestion, intestinal diseases, liver disease, malabsorption syndromes, oesophageal disease, pancreatic disease and peptic ulcer. Excludes digestive system cancers such as bowel, liver and stomach cancer.

Dischargee: A full-time prisoner aged at least 18, who expects to be released from prison within the 4 weeks following the time of interview.

Entrant: A person aged at least 18, entering full-time prison custody, either on remand (awaiting a trial or sentencing) or on a sentence. Prisoners who have been transferred from one prison to another are not included as entrants.

Full-time equivalent staff: Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary-time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Hours of unpaid leave are excluded. Contract staff employed through an agency are included where the contract is for the supply of labour (eg. nursing) rather than of products (eg. maintenance). A full-time equivalent of 1.0 means the person is equivalent to a full-time worker, while a full-time equivalent of 0.5 signals the person works half time.

Health-related discharge plan: A plan that supports the continuity of health care between the prison health service and the community, based on the individual needs of the prisoner.

Illicit drug use: Includes use of:

- any drug that is illegal to possess or use
- any legal drug used in an illegal manner, such as
- a drug obtained on prescription, but given or sold to another person to use
- glue or petrol which is sold legally, but is used in a manner that is not intended, such as inhaling fumes
- stolen pharmaceuticals sold on the black market (eg. pethidine)
- any drug used for ‘non-medical purposes’, which means drugs used
- either alone or with other drugs to induce or enhance a drug experience
- for performance enhancement (for example, athletic)
- for cosmetic purposes (for example, body shaping).

Indigenous: For administrative collections, an Indigenous person is a person of Aboriginal and/or Torres Strait Islander descent who identifies as such.

Juvenile detention centre: A place administered and operated by a department responsible for juvenile justice, where young people under the age of 18 are detained while under the supervision of the department on a pre-sentence or sentenced detention episode.

Malignancy: Includes most type of cancers but excludes non-melanoma skin cancer.

Mental health: A state of wellbeing in which the person realises his or her own abilities, can cope with normal stresses of life, can work productively and can make a contribution to the community. Mental health is the capacity of individuals and groups to interact with one another and the environment, in ways that promote subjective wellbeing, optimal development and the use of cognitive, affective and relational abilities.

Mental illness/mental health disorder: The range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people. Mental health disorders are diagnosable by certain criteria, and include depression, anxiety, substance use disorders, personality disorders, and psychoses.

Methadone program: A program for opiate addicts, usually done in an outpatient setting. These programs use a long-acting synthetic opiate medication, usually methadone or levo-alpha acetyl methadol, administered orally for a sustained period at a dosage sufficient to prevent opiate withdrawal, block the effects of illicit opiate use and decrease opiate craving.

Musculoskeletal condition: Long-term conditions to a skeletal muscle, tendon, ligament, joint or a blood vessel that services skeletal muscles and any related tissues. Includes back injuries, back pain, bone disease, bursitis, joint diseases, muscular disease, spinal diseases and tendonitis. Excludes arthritis, injury or cancer.

Musculoskeletal injury: Recent/short-term injuries to a skeletal muscle, tendon, ligament, joint or a blood vessel that services skeletal muscles and any related tissues.

Opiate/opioid pharmacotherapy treatment (OPT): A form of health care for heroin and other opiate-dependent people using prescribed opioid agonists, which have some similar or identical properties to heroin and morphine on the brain and which alleviate withdrawal symptoms and block the craving for illicit opiates. OPT includes methadone, buprenorphine, and buprenorphine with naloxone.

Pregnancy: The carrying of one or more offspring that has been confirmed by medical test with or without the assistance of a medical professional. Pregnancy includes babies carried to full term, abortions and miscarriages.

Prisoner: Adult prisoners (aged 18 and over) held in custody whose confinement is the responsibility of a correctional services agency. Includes sentenced prisoners and prisoners held in custody awaiting trial or sentencing (remandees). Juvenile offenders, persons in psychiatric custody, police cell detainees, those in periodic detention, asylum seekers or Australians held in overseas prisons are not included.

Prison mental health service: A health service that provides screening of prisoners at intake, does psychiatric assessments, provides therapy or counselling by mental health professionals and distributes psychotropic medication. This may be part of or separate to the prison health service.

Psychosis: A mental disorder in which the person has strange ideas or experiences that are unaffected by rational argument and are out of keeping with the views of any culture or group that the person belongs to.

Psychological conditions: Include depression, anxiety, psychosis, substance abuse, attention deficit/hyperactivity, adjustment, dissociation, impulse disorder, personality disorder and sleeping disorder.

Reception: The formal process whereby sentenced persons are received into prison.

Remand: When a person is placed in custody while awaiting the outcome of a court hearing.

Repeat medication: Prescribed medication regularly taken by the prisoner, including depot and oral medications. Excludes routine household-type medications, such as paracetamol, that are taken on an as-needed basis.

Respiratory conditions: Conditions of the respiratory system, including airways, lungs and the respiratory muscles, such as respiratory disease (chronic respiratory disease, lung disease and respiratory tract infections), bronchitis, diphtheria, influenza, colds, croup, pneumonia, sinusitis, legionnaires' disease, severe acute respiratory syndrome, tuberculosis and whooping cough. Excludes asthma and cancer.

Risk factor: Any factor that represents a greater risk of a health disorder or other unwanted condition or event. Some risk factors are regarded as causes of disease, other are not necessarily so.

Skin conditions: Includes burns, scalds, dermatitis, fungal skin diseases, infectious skin disease, pressure sores, psoriasis, rosacea, ulcers and warts. Excludes cancer.

Smoking status: The extent to which an adult was smoking at the time of interview. It refers to smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars, pipes and other tobacco products. The smoking categories include:

- daily smoker—an adult who reported at the time of the interview that he or she regularly smoked one or more cigarettes, cigars or pipes per day
- weekly smoker—an adult who reported at the time of the interview that he or she smoked occasionally, not every day, but at least once a week
- irregular—an adult who reported at the time of the interview that he or she smoked occasionally, but less than once a week
- ex-smoker—an adult who reported he or she did not currently smoke
- never smoked—an adult who reported he or she had never smoked a full cigarette.

Social worker: Someone with a bachelor degree in social work who provides counselling and support to prisoners.

Throughcare: Can be described as the coordinated and integrated approach to the provision of services to meet the needs of prisoners, from the time of sentencing throughout their imprisonment and after their release. Working between services based both in the prison and the community is essential.

Transgender: A person's sex may change during their lifetime as a result of procedures known as: sex change; gender reassignment; transsexual surgery; transgender reassignment; or sexual reassignment. Throughout this process, which may be over a considerable period, sex could be recorded as either male or female. Prisoners who identified as engaging in any of these procedures or currently undergoing gender reassignment were recorded as transgender.

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Prisoners have significant health issues, with high rates of mental health problems, communicable diseases, alcohol misuse, smoking and illicit drug use. 38% of prison entrants have ever been told they have a mental illness, 32% have a chronic condition. 84% are current smokers, but almost half of them would like to quit. 37% of prisoners about to be released said their health was a lot better than when they entered prison.