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The health of Australia's prisoners

2010

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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
AMS	Aboriginal Medical Service
AUDIT	Alcohol Use Disorder Identification Test
AUDIT-C	Alcohol Use Disorder Identification Test—Consumption
GP	general practitioner
HIV	human immunodeficiency virus
K10	Kessler Psychological Distress Scale
NDICP	National Deaths in Custody Program
NPEBBV&RBS	National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey
NSP	needle and syringe exchange program
OPT	opioid pharmacotherapy treatment
TBI	traumatic brain injury

Symbols

<	less than
—	nil or rounded to zero
. .	not applicable
n.a.	not available
no.	number

Summary

The health of Australia's prisoners 2010 is the second report relating to the National Prisoner Health Indicators, which were developed to help monitor the health of prisoners, and to inform and evaluate the planning, delivery and quality of prisoner health services. The indicators presented in this report are aligned to the National Health Performance Framework. The results in this second report build on the baseline information from the first National Prisoner Health Census, and this time include some state and territory comparisons.

Mental health issues

Prisoners in Australia have high rates of mental health related issues. In 2010, 31% of prison entrants reported having ever been told that they had a mental health illness and 16% of prison entrants reported that they were currently taking mental health related medication. On entry to prison, almost one-fifth of prison entrants were referred to the prison mental health services for observation and further assessment following the reception assessment.

Almost 1 in 10 prisoners in custody visited the clinic for a psychological or mental health issue, and 1 in 5 prisoners in custody was taking mental health related medication. When looking at the type of medication, 18% of all repeat medication was for depression/mood stabilisers, 9% for antipsychotics, 2% for anti-anxiety medication and 1% for sleep disturbance.

Risky health behaviours

Prison entrants in Australia reported previously engaging in various risky health behaviours, such as smoking tobacco, drinking alcohol at extreme levels and using illicit drugs. Four in five prison entrants reported being a current smoker, and three in four reported being a daily smoker. More than half of prison entrants reported drinking alcohol at levels that placed them at risk of alcohol-related harm, while less than twenty per cent reported that they did not drink. Further, two-thirds of prison entrants reported illicit drug use in the previous 12 months. These rates are all substantially higher than in the general community.

Aboriginal and Torres Strait Islander prisoners

Aboriginal and Torres Strait Islander prison entrants were significantly over-represented in the entrant's sample, with 43% being Indigenous, compared with 2.5% of the general population. Indigenous prison entrants reported poorer health behaviours than non-Indigenous prison entrants, and were more likely to be current smokers (89% compared with 79%) and to have consumed alcohol at levels considered to place them at risk of alcohol-related harm (73% compared with 48%) in the previous 12 months. However, Indigenous prison entrants reported lower level of mental health related issues (23% compared with 38%), use of mental health medication upon entry to prison (12% compared with 19%), and chronic conditions.

Overview

Most data for this report come from the National Prisoner Health Census (the Census), which was conducted during October and November 2010 in 44 of the 45 public and private prisons in all states and territories in Australia except New South Wales and Victoria. Data were collected over a two week period on all prison entrants, all prisoners who visited a clinic, all prisoners who were taking prescribed medication while in custody, prison clinic services and staffing levels. Additional data on prison entrants were sourced from the 2007 National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey, which included 740 prison entrants from all jurisdictions except the Northern Territory (Butler & Papanastasiou 2008).

During the Census, there were almost 29,000 prisoners in custody in Australia, including almost 14,000 in the six participating jurisdictions. Detailed data were collected for 610 prison entrants, almost 6,000 prisoners in custody who visited a clinic, and more than 5,500 prisoners who were taking prescribed medication.

Social determinants

Of the 610 prison entrants in the Census:

- 86% were male
- 43% were Indigenous
- the median age was 31 years
- 35% had not completed Year 10 at school, with Indigenous entrants having lower educational attainment than non-Indigenous entrants
- 69% had previously been imprisoned, and 22% had previously been in juvenile detention. A history of imprisonment was more common among Indigenous than non-Indigenous entrants.

Health conditions and risk health behaviours

- Prisoners have significant health issues, with high rates of mental health problems, communicable diseases, alcohol misuse, smoking and illicit drug use.

Mental health and head injury

- 31% of prison entrants reported having ever been told they had a mental illness, and 16% reported they were currently taking medication for a mental health related condition.
- 21% of prison entrants reported a history of self-harm.

- 39% of prison entrants reported having had a head injury resulting in a loss of consciousness.
- 30% of all repeat medication was for mental health related conditions (depression/mood stabilisers, 18%, antipsychotics, 9%, anti-anxiety medication, 2%, and medication for sleep disturbance, 1%).

Communicable diseases

- 35% of prison entrants tested positive to hepatitis C antibody.
- 21% tested positive to the hepatitis B antibody.
- Less than 1% tested positive to HIV.

Chronic conditions

- 26% of prison entrants self-reported having a current chronic condition (asthma, 12%, arthritis, 8%, cardiovascular disease, 5%, diabetes, 4%, or cancer, less than 1%).

Risky health behaviours

- 83% of prison entrants were current smokers and 74% smoked daily.
- 58% of prison entrants reported previously drinking alcohol at levels placing them at risk of alcohol-related harm.
- 66% of prison entrants reported illicit use of drugs during the 12 months prior to their current incarceration.

Health service use

- Both Indigenous and non-Indigenous entrants were more likely to have seen an alcohol and other drug worker in the community than in prison in the previous 12 months.
- During the two week Census, more than 5,800 prisoners visited a clinic (42% of all prisoners in participating jurisdictions), and more than 5,500 prisoners were taking prescribed medication (40% of all prisoners).
- Prisoners made an average of 2.4 visits each to prison clinics during the Census period, and were taking an average of 2.3 medications per day.
- The most common problems managed in the prison clinics were health checks (15%), medication/vaccination (12%), diabetes (11%), pathology (10%), and mental health issues (9%).
- One in five (20%) of prisoners were taking medication for mental health related issues. This is consistent with the proportion of prisoners referred to prison mental health services (19%).
- Prison clinics were staffed at an average of 3.7 full-time equivalent health professionals for every 100 prisoners in custody.
- Most primary health care in prison was provided by nurses (70%), with 15% of clinic visits being with a medical practitioner.
- Clinic visits for drug and alcohol or mental health related issues were most likely to be initiated by staff (83%), whereas clinic visits for skin conditions and arthritis were more likely to be initiated by the prisoner (62% and 49%, respectively).

Deaths in custody

- During 2008, there were 54 deaths in prison custody, 9 of whom were Indigenous. Most of the deaths in custody (69%) were due to natural causes.

Aboriginal and Torres Strait Islander prisoners

- There were 262 Aboriginal and Torres Strait Islander prison entrants during the Census. Aboriginal and Torres Strait Islander prison entrants are significantly over-represented in the entrant's sample, with 43% being Indigenous, compared with 2.5% of the general population.
- Indigenous prison entrants had lower levels of self-reported mental health issues than non-Indigenous prison entrants. Of Indigenous prison entrants, 23% reported having been diagnosed with a mental health issues, compared with 38% of non-Indigenous prison entrants.
- About 12% of Indigenous prison entrants reported they were currently taking medication for mental health related conditions, compared with 19% of non-Indigenous prison entrants.
- Non–Indigenous entrants were more likely than Indigenous entrants to report currently having asthma (16% compared with 6%) and arthritis (12% compared with 5%).
- Almost three-quarters (73%) of Indigenous entrants previously drank alcohol at levels that placed them at risk of alcohol-related harm, compared with 48% of non-Indigenous prison entrants. The vast majority (89%) of Indigenous entrants were current smokers, compared with 79% of non-Indigenous prison entrants.
- The type of prior illicit drug used varied between Indigenous and non-Indigenous entrants. Indigenous entrants were more likely than non-Indigenous entrants to have used cannabis (54% compared with 50%), while non-Indigenous entrants were more likely than Indigenous entrants to have used meth/amphetamines (38% compared with 19%), heroin (12% compared with 7%) and ecstasy (13% compared with 6%) in the previous 12 months.
- Indigenous prisoners were more likely than non-Indigenous prisoners to take diabetic medication (8% compared with 2%), antihypertensives (12% compared with 7%) and cholesterol lowering drugs (8% compared with 5%).

Snapshot of the health of Australia's prisoners

Indicator	Proportion	Indigenous comparison	95% confidence interval	Data source	Page
Education and employment					
Highest level of completed education: below Year 10	35% of prison entrants	45% Indigenous 27% non-Indigenous	39–51% 22–32%	Entrants form	20
Education and employment status in previous 30 days: unemployed and looking for work	28% of prison entrants	32% Indigenous 25% non-Indigenous	26–38% 20–30%	Entrants form	21
Health conditions					
Self-reported mental health diagnosis (ever told)	31% of prison entrants	23% Indigenous 38% non-Indigenous	18–28% 33–44%	Entrants form	27
Currently taking medication for mental health	16% of prison entrants	12% Indigenous 19% non-Indigenous	8–16% 15–23%	Entrants form	27
High or very high level of psychological distress as measured by the Kessler 10 (K10) scale	29% of prison entrants	20% Indigenous 35% non-Indigenous	15–25% 30–40%	Entrants form	30
Distress related to current incarceration	40% of prison entrants	29% Indigenous 41% non-Indigenous	24–34% 36–46%	Entrants form	33
History of self-harm	21% of prison entrants	21% Indigenous 21% non-Indigenous	16–26% 17–25%	Entrants form	34
Self-harm thoughts in last 12 months	14% of prison entrants	9% Indigenous 17% non-Indigenous	6–12% 13–21%	Entrants form	34
Ever had head injury with a loss of consciousness	39% of prison entrants	33% Indigenous 43% non-Indigenous	27–39% 38–48%	Entrants form	37
Notifications of sexually transmitted infections during 2009–10	152 notifications	n.a.		WA, SA, Tas, ACT	39
Hepatitis C antibody positive	35% of BBV prison entrants	43% Indigenous 33% non-Indigenous		NPEBBV&RBS	40
Hepatitis B core antibody positive	21% of BBV prison entrants	42% Indigenous 17% non-Indigenous		NPEBBV&RBS	41
HIV antibody positive	<1% of BBV prison entrants	n.a.		NPEBBV&RBS	42
Currently have asthma	12% of prison entrants	6% Indigenous 16% non-Indigenous	3–9% 12–20%	Entrants form	44
Currently have arthritis	8% of prison entrants	5% Indigenous 12% non-Indigenous	2–8% 8–16%	Entrants form	44
Currently have cardiovascular disease	5% of prison entrants	6% Indigenous 5% non-Indigenous	3–9% 3–7%	Entrants form	44
Currently have diabetes	4% of prison entrants	5% Indigenous 4% non-Indigenous	2–8% 2–6%	Entrants form	44
Currently have cancer	<1% of prison entrants	0% Indigenous 1% non-Indigenous	..	Entrants form	44

continued

Indicator	Proportion	Indigenous comparison	95% confidence interval	Data source	Page
Women's health					
Rate of pregnant women in custody during 2009–10	2.9 per 100 prisoners received	n.a.		Establishment form	50
Ever been pregnant	76% of prison entrants	79% Indigenous 75% non-Indigenous	74–84% 70–80%	Entrants form	51
Mean age of first pregnancy	19 years	18 years Indigenous 20 years non-Indigenous	17–19 18–22	Entrants form	51
Cervical screening in the last 2 years	49% of prison entrants	51% Indigenous 48% non-Indigenous	45–57% 43–53%	Entrants form	51
Health behaviours					
Current tobacco smokers	83% of prison entrants	89% Indigenous 79% non-Indigenous	85–93% 74–82%	Entrants form	55
Mean age of smoking first full cigarette	14.4 years	14.9 years Indigenous 14.0 years non-Indigenous	14–15 13–15	Entrants form	56
Self-reported consumption of alcohol at risky levels in last 12 months	58% of prison entrants	73% Indigenous 48% non-Indigenous	68–78% 43–53%	Entrants form	57
Illicit drug use in last 12 months	66% of prison entrants	68% Indigenous 65% non-Indigenous	62–74% 60–70%	Entrants form	60
Ever injected drugs	55%	61% Indigenous 53% non-Indigenous		NPEBBV&RBS	66
Injecting drug users who shared injecting equipment in the previous month	20%	n.a.		NPEBBV&RBS	67
Unprotected sex with a new or casual partner in the last month	57%	n.a.		NPEBBV&RBS	68
Health service use					
Consultation with medical professional in the community in last 12 months	76% of prison entrants	68% Indigenous 81% non-Indigenous	62–74% 77–85%	Entrants form	69
Consultation with medical professional in prison in last 12 months (for those who had been in prison in last 12 months)	76% of prison entrants	78% Indigenous 74% non-Indigenous	71–85% 66–82%	Entrants form	69
Consultation with medical professional in the community in last 12 months required but not completed	41% of prison entrants	35% Indigenous 47% non-Indigenous	29–41% 42–52%	Entrants form	73
Consultation with medical professional in prison in last 12 months required but not completed (for those who had been in prison in last 12 months)	11% of prison entrants	10% Indigenous 13% non-Indigenous	6–14% 9–17%	Entrants form	73
Reasons for not seeking medical contact in the previous 12 months when required	29% of prison entrants could not be bothered	n.a.		Entrants form	76
Prison health services					
Prisons that received visits by an Aboriginal Community Controlled Health Organised or an Aboriginal Medical Service to a prison facility	23% of prisons	. .		Establishment form	78
Referred to mental health services for observation and further assessment	19% of prison entrants	15% Indigenous 21% non-Indigenous	11–19% 17–25%	Entrants form	80
Identified during reception process as being currently at risk of suicide or self-harm	7% of prison entrants	4% Indigenous 9% non-Indigenous	2–6% 6–12%	Entrants form	82

continued

Indicator	Proportion	Indigenous comparison	95% confidence interval	Data source	Page
Number of hospital transfers during two week Census period	635 hospital transfers	n.a.	..	Establishment form	83
Number of hepatitis B immunisations delivered during two week Census period	200 immunisations	..	..	Establishment form	84
Number of cervical cancer immunisations delivered during two week Census period	0 immunisations	..	..	Establishment form	84
Number of meningococcal immunisations delivered during two week Census period	0 immunisations	..	..	Establishment form	84
Proportion of sentence and remand prisoners with a health-related discharge summary in place at time of their release	55% of remand prisoners 87% of sentenced prisoners	..	..	Establishment form	85
Proportion of prisoners using the prison clinic during the two week Census period	42% of prisoners in custody	39% Indigenous 40% non-Indigenous	38–40% 39–41%	Clinic form	86
Proportion of prisoners visiting the clinic during the two week Census period for health check	15% of prisoners in custody	15% Indigenous 14% non-Indigenous	14–16% 13–15%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for pathology	9% of prisoners in custody	9% Indigenous 8% non-Indigenous	8–10% 7–8%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for malignancy	<1% of prisoners in custody	n.a.	..	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for skin condition	4% of prisoners in custody	4% Indigenous 4% non-Indigenous	3–5% 4–4%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for musculoskeletal injury	4% of prisoners in custody	4% Indigenous 4% non-Indigenous	3–5% 4–4%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for communicable disease	3% of prisoners in custody	4% Indigenous 3% non-Indigenous	3–5% 3–3%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for arthritis	<1% of prisoners in custody	<1% Indigenous <1% non-Indigenous	..	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for musculoskeletal condition	2% of prisoners in custody	2% Indigenous 3% non-Indigenous	1–3% 3–3%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for asthma	1% of prisoners in custody	1% Indigenous 1% non-Indigenous	1–1% 1–1%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for respiratory condition	1% of prisoners in custody	1% Indigenous 1% non-Indigenous	1–1% 1–1%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for digestive condition	2% of prisoners in custody	1% Indigenous 2% non-Indigenous	1–1% 2–2%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for psychological/mental health condition	9% of prisoners in custody	7% Indigenous 9% non-Indigenous	6–8% 8–10%	Clinic form	90
Proportion of prisoners visiting the clinic during the two week Census period for diabetes	3% of prisoners in custody	3% Indigenous 2% non-Indigenous	2–4% 1–3%	Clinic form	90

continued

Indicator	Proportion	Indigenous comparison	95% confidence interval	Data source	Page
Proportion of prisoners visiting the clinic during the two week Census period for cardiovascular disease	2% of prisoners in custody	2%Indigenous 2%non-Indigenous	2–2% 2–2%	Clinic form	90
Proportion of clinic visits initiated by the prisoner	35% of clinic visits	30% Indigenous 38% non-Indigenous	29–31% 37–39%	Clinic form	95
Proportion of clinic visits initiated by clinic staff	62% of clinic visits	66% Indigenous 59% non-Indigenous	65–67% 58–60%	Clinic form	95
Proportion of clinic visits by type of health professional seen	70% nurse 15% medical practitioner	71% nurse Indigenous 69% nurse non-Indigenous	70–72% 68–70%	Clinic form	97
Current or past pharmacotherapy medication for opioid dependence	13% of prison entrants	4% Indigenous 8% non-Indigenous	3–5% 7–9%	Entrants form	99
Proportion of prisoners taking medication for opioid dependence	3% of prisoners in custody	n.a.		Clinic form	100
Proportion of prisoners taking prescribed medication	40% of prisoners in custody	31% Indigenous 44% non-Indigenous	30–32% 43–45%	Medication form	102
Number of prisoners taking medication for hepatitis C during 2009–10	112 prisoners in custody	20 Indigenous 80 non–Indigenous	19–21 80–80	WA, SA, Tas, ACT, NT	111
Ratio of full-time equivalent health staff to prisoners	1:26 staff to prisoner ratio	..	..	Establishment form	112
Deaths					
Number of deaths in custody in 12 months	54 deaths	9 Indigenous 45 non-Indigenous	..	NDICP	117
Number of deaths in first four weeks after release	n.a.	..	..	..	118

1

Introduction

1 Introduction

This report presents the results of the second national data collection on prisoner health in Australia, and reports against the National Prisoner Health Indicators. It provides information on the health of people entering prison (prison entrants), conditions and problems managed by prison health clinics, regular medications taken by prisoners and the operation of prison health clinics.

The National Prisoner Health Data Collection is designed to monitor indicators of the health of Australian prisoners, to help ensure appropriate health services are in place to meet the needs of the prisoner population. It includes a set of indicators that covers key health issues in the four stages of a prisoner's cycle: at prison entry (reception), while in custody, on release from prison and post-release. At this stage of the data collection, the indicators relate mainly to information about prisoners at reception and while in custody. Indicators relating to release and post-release will be developed over time.

The choice of indicators in the National Prisoner Health Data Collection was influenced by their policy relevance in monitoring key aspects of prisoner health, and by the likelihood of being able to collect the data. The indicators are aligned to the National Health Performance Framework (see AIHW 2009c for further details).

The indicators and data collection have been developed by the AIHW with assistance and advice of the Prisoner Health Information Group. The group includes representatives from each state and territory department responsible for prisoner health, and other experts in the field.

1.1 Background

Research indicates that prisoners have far greater health needs than the general population, with high levels of mental illness, chronic disease, injury, communicable diseases and disability (AIHW 2010; Condon et al. 2007b; Butler et al. 2004; Hockings et al. 2002). Several Australian studies have demonstrated increased mortality among prisoners (Hobbs et al. 2006; Karaminia et al. 2007a). Mental illness and harmful drug use are issues particularly relevant to the prisoner population both in Australia and internationally with only about one-quarter of prisoners having neither problem (Friestad & Kjelsberg 2009; Smith & Trimboli 2010).

The average time spent on remand is 5 months, and the median expected length of time to serve on a sentence is 2 years (ABS 2010c). This means that, each year, thousands of prisoners are released back into the community. So the health issues and concerns of prisoners are also 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, and recommends that issues such as mental health, overcrowding and reduction of drug-related harm be prioritised in prisons worldwide (WHO 2007).

The Australian Medical Association's position statement on the health care of prisoners and detainees states that 'prisoners and detainees have the same right to access, equity and quality of health care as the general population' (AMA 1998). 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).

The United Nations Special Rapporteur on the right of everyone to enjoy the highest attainable standard of physical and mental health visited Australia during 2009. In a 2010 report to the United Nations following this visit, the Special Rapporteur expressed concern about health services in Australian prisons, particularly in relation to mental health. The report noted that since the deinstitutionalisation of mental health care in Australia, prisons have become 'de facto mental health institutions', and that many are inadequately resourced to cope with this and provide the necessary services (United Nations 2010).

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—from private health care delivery (Northern Territory) to the provision of health services by the department responsible for corrective services (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 'in the units' (that is, 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 D for details in each jurisdiction.

1.3 National Prisoner Health Census method

Most data in this report are sourced from the National Prisoner Health Census (the Census), which was conducted during 11–24 October 2010 in the Australian Capital Territory and the Northern Territory, and during 8–21 November 2010 in Queensland, South Australia, Tasmania and Western Australia. One prison in Queensland completed the Census during February 2011. New South Wales and Victoria did not participate in the 2010 Census.

The denominator for the indicators sourced from the clinic and medications data is the total number of prisoners in custody at 30 June 2010 (within the prisons included in the Census). These data were sourced from the Australian Bureau of Statistics' (ABS) *Prisoners in Australia 2010.*

Some indicators 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 diseases). To provide an appropriate denominator for these indicators, jurisdictions provided data on the number of prisoners received into 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. For more details see 'Section 2.2 Australia's prisoners'.

Method changes

For the 2010 Census, the Census period was increased from one week to two weeks. Therefore increases in prison entrants and numbers of prisoners visiting the clinic and taking medication could be due to an increase in the sample size. Further, for 2010, different jurisdictions participated in the Census. In 2009, New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory participated in the Census. While in 2010, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory participated in the Census. Due to these changes comparisons between 2009 and 2010 are not made within text. A summary of the main differences between 2009 and 2010 Census data can be found in Appendix A.

Correctional centres

The Census collected information from 44 public and private prisons in all participating jurisdictions. In contrast to the ABS's *Prisoners in Australia* report, periodic detention centres and court cells were excluded, as were juvenile detention centres, immigration detention centres and secure psychiatric facilities.

Health service contact

During the Census period, prison entrants, prisoners in custody using the prison clinic, and prisoners on prescribed medication were invited to participate in the Census, 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 Band-Aids or paracetamol. Similarly, data were captured on all prescribed medications administered on one day during the Census period. Depot medications (injected so absorption occurs over a prolonged period) were included, whether or not they were administered on the Census day, while routine medications taken on an as-needed basis were not included.

Census forms

The forms for the 2010 Census are shown at Appendix H. These consist of:

- **prison entrants form**—completed for all prisoners entering prison in the Census period. Included questions relating to demographics of the prison entrant, mental health, chronic diseases, substance and alcohol use, use of health services and pregnancy.
- **clinic form**—completed for all prisoners in custody who used the prison clinic during the Census period. Included questions about demographics of the prisoner, who initiated the visit, problem managed at the clinic and who saw the prisoner.
- **repeat medications form**—completed for all prisoners in custody who were administered repeat medications on a designated day of the Census period. Included questions about prisoner demographics and repeat medications administered.
- **prison establishments form**—completed once for each prison. Included questions about whether health services were provided by Aboriginal Community Controlled Health Organisations or Aboriginal Medical Services, discharge planning, immunisation, full-time equivalent staff members, hospital transfers and prison entrants into the facility.

The Census was done using a combination of paper forms and electronic data, with jurisdictions given the choice of the data collection method (Table 1.1).

Table 1.1: Jurisdiction participation in the Census, by category, 2010

	Number of prisons	Establishments	Entrants	Clinic	Medications
NSW	0	×	×	×	×
Vic	0	×	×	×	×
Qld	13	✓ (paper)	✓ (paper)	✓ (paper)	✓ (paper)
WA	14	✓ (paper)	✓ (electronic)	✓ (paper)	✓ (electronic)
SA	8	✓ (paper)	✓ (paper)	✓ (paper)	✓ (paper)
Tas	6	✓ (paper)	✓ (paper)	✓ (paper)	✓ (paper)
ACT	1	✓ (paper)	✓ (paper)	✓ (paper)	✓ (paper)
NT	2	✓ (paper)	✓ (paper)	✓ (paper)	✓ (paper)

Source: National Prisoner Health Census 2010.

Prisoners

Prisoners were defined as adults aged 18 years 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, asylum seekers or Australians held in overseas prisons were not included.

Supplementary electronic data

Jurisdictions were also asked to complete another data request to determine prisoners on treatment for hepatitis C, notifications of sexually transmissible infections, and receptions and releases from prison during the 2009–10 financial year.

Ethics

Ethical clearance for this project was obtained by the AIHW's Ethics Committee. Each jurisdiction was then responsible for ensuring that, where required, ethics approval was gained from the relevant jurisdictional ethics committee(s).

Jurisdictional and community comparisons

New to the report this year are jurisdictional comparisons, which have been made wherever possible. For some indicators where the numbers were small, data for individual jurisdictions are not provided. Where possible, comparisons with the general Australian population and with prisoner health data from state and national surveys have been presented. Comparisons were made with appropriate age groups where data were available. The data sources used for these comparisons, as well as for additional supplementary information for the report, are provided in Appendix C.

Confidentiality

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

1.4 Report structure

Chapter 2 includes statistics about prisoners in Australia and an overview of the participants in the National Prisoner Health Census. It also contains information on the prison environment.

Chapters 3, 4, 5 and 6 address each of the indicators of the health of Australia's prisoners:

- Chapter 3 focuses on prisoners' health conditions at reception, including mental health, communicable diseases, chronic conditions and women's health.
- Chapter 4 focuses on health behaviours, including smoking, alcohol use, illicit drug use and condom use. It also covers the use of health services in prison and the community before entering prison.
- Chapter 5 relates to prison health services including visits from Aboriginal Medical Services or Aboriginal Community Controlled Health Organisations, referral of prison entrants to mental health services, identification of suicide or self-harm risk, transfers to community hospitals, availability of immunisations, discharge planning, medication and prison clinic use, and health staff-to-prisoner ratios.
- Chapter 6 relates to deaths including deaths in custody and post-release deaths.

For each area, relevant indicators are broken down (where possible) by states and territories, sex, age and Indigenous status.

Chapter 7 provides comparisons between the prisoner population and the general Australian population, as well as the Indigenous community in Australia, where data are available.

Chapter 8 discusses gaps in the currently available data and future directions for this collection.

The report concludes with eight appendixes on:

- comparisons with 2009 data
- the indicators included in this report
- external data sources
- prisoner health services in Australia
- key policy directions
- prisoner health legislation in Australia
- prisons in Australia
- prisoner health Census forms.

2

Overview

2 Overview

2.1 Prison environment

Prisoners often arrive at prison with several health problems. These include high rates of mental health problems, certain chronic conditions, communicable diseases, alcohol misuse, smoking and illicit drugs 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. However, many prisoners underuse health services in the general community, so prison provides an opportunity to access treatment to improve their health.

The National Statement of Principles for Forensic Mental Health (2002) 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.

The experience of incarceration and the prison environment itself may have a detrimental effect on prisoners' physical and mental health (Velamuri & Stillman 2007). Prisons are often overcrowded and hostile, and prisoners have limited opportunities for exercise and fresh air outside their cells. During 2009–10, the average daily number of prisoners in prison meant that prisons were used at 105% of the capacity they were designed for, and prisoners spent an average 13 hours a day locked in their cells (SCRGSP 2011).

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). Further, prisoners are often bored and are experiencing stressful events, such as prison transfer, and family and legal stressors, and need a way to relax (McCarthy & Brewster 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. 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. Currently, some prisons in Australia provide bleach or bleach alternative to be used to sterilise some injecting equipment. Laboratory studies indicate that bleach may reduce viral infectivity, but studies on the effectiveness of bleach in inactivating the hepatitis C virus are limited (MACASHH 2008).

Needle and syringe exchange programs (NSPs) in the general population have directly prevented almost 97,000 new hepatitis C virus infections during 2000–2009. Further, for every dollar invested in such programs, more than $4 were returned during the 10 years in direct health care related cost savings (NCHECR 2009b). NSPs have been available in prisons in some countries for more than 10 years, and have shown consistent improvements to prisoner health, while not undermining institutional safety or security (Lines et al. 2005).

In 2010, the Australian Health Ministers Advisory Council released three new health strategies relevant to NSPs. The Third National Hepatitis C Strategy 2010–2013 recommended that due to well documented evidence of effectiveness of Australian community-based and international prisons NSPs, state and territory governments should trial these programs in Australian prisons (DoHA 2010c).This recommendation is echoed in the Sixth National HIV Strategy 2010–2013, and the Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010–2013 (DoHA 2010b; DoHA 2010d). Currently, there are no regulated NSPs in Australian prisons. However, in April 2011, the Australian Capital Territory Government announced a review of potential models for these programs, and issues around implementation in the Territory's prison (ACT Minister for Health 2011).

Another health issue in the prison environment is the risk of sexually transmitted infections. The policies on availability of condoms in prison varies among jurisdictions in Australia, from being available anonymously in most jurisdictions, to not being available at all in the Northern Territory and Queensland.

Diet is an important contributor to various health conditions such as obesity, diabetes and cardiovascular disease. Research shows that regular consumption of fresh fruit and vegetables reduces the risk of cancers, stroke and heart disease. Prisoners usually have little control over the food they eat. A report found that in the Australian Capital Territory, prisoners received food high in salt and lacking in vitamins and minerals (Knowledge Consulting 2011).The 2009 New South Wales Inmate Health Survey also found that the majority of prisoners (60%) perceived the prison food as 'too unhealthy' (Indig et al. 2010).

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.

Another issue for incarcerated women is stress relating to loss of involvement in their children's lives, as many are the primary caregiver for children upon entry to prison (Justice Action 2010; Defence for Children International—Australia 2010). Given the importance of this issue, many Australian prisoners have dedicated mother and baby units where children can live in prison with their mother, and in some prisons, non–resident children are able to stay with their mother on weekends and during school holidays. These

programs may include parenting education and support services, playgroups, child protection workers and child care facilities (Bartels & Gaffney 2011). It has been shown that prisoners who receive visits from family and friends are less likely to reoffend than those who do not (Mulheirn et al. 2010).

2.2 Australia's prisoners

Many people in prison are either on remand (awaiting trial or sentencing) or on short sentences. This results in a fluid prisoner population, with people constantly entering and being released from prison. Table 2.1 shows the comparison between the number of people in prison on a snapshot day (30 June 2010) and the number of people who entered or left prison during a 12-month period (2009–10). At 30 June 2010 there were almost 29,000 people in prisons throughout Australia. This included almost 14,000 persons in prisons in Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (not including periodic detention or court cells) (Table 2.1). There was, however, almost twice that number imprisoned at some time during 2009–10. Prisoners who were received into prison or released from prison during 2009–10 are not included for New South Wales and Victoria, as they did not participate in the Census.

Given the difference between these types of counts of prisoners, the number of people received into custody during 2009–10 is used as the more appropriate denominator for indicators that include data for the entire 2009–10 year.

Table 2.1: Number of prisoners, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust incl NSW, Vic	Aust excl NSW, Vic
Number in prison custody 30 June 2010	10,193	4,523	5,532	4,776	1,788	480	214	1,085	28,591	13,875
Number received into prison 2009–10	n.a.	n.a.	7,275	7,091	4,231	1,080	444	2,344	n.a.	22,465
Number released from prison 2009–10	n.a.	n.a.	7,468	6,706	4,236	1,148	410	2,375	n.a.	22,343

Notes

1 Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

2. Number received into prison was defined as the number of people received into the prisoner within the financial year. The number of people rather than the number receptions was counted, so if a person was received into prison twice within the one financial year, he or she was only counted once.

3. 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 if a person was released from prison twice within the one financial year, he or she was only counted once.

4. South Australia and the Australian Capital Territory counted events rather than people for the receptions and releases data.

Sources: Supplementary data, National Prisoner Health Census 2010; AIHW analysis of ABS *Prisoners in Australia 2010 (ABS 2010c).*

Prisoners are overwhelmingly male (92%) and young, with more than two-thirds aged 20–39 years (ABS 2010c). Aboriginal and Torres Strait Islander people are significantly over-represented in the correctional system. At 30 June 2010, 35% of the prisoner population in Australia was Indigenous, compared with 2.5% of the general population (ABS 2009a). Aboriginal and Torres Strait Islander people were imprisoned at a rate of 1,892 per 100,000 of the adult population, an age-standardised rate 14 times that of the non-Indigenous population (ABS 2010c).

Repeat imprisonment was common, with 55% of all prisoners at 30 June 2010 having served a sentence in an adult prison before the current episode.

In this report, data labelled as 'prisoners in custody' refer to the ABS's *Prisoners in Australia* data (ABS 2010c).

2.3 Prison entrants

There were 610 prison entrants who participated in the Census (Table 2.2). They were predominately male (86%) and young (median age: 31 years), with a disproportionate number being Aboriginal or Torres Strait Islander (43%) compared with the general population. There were 85 female prison entrants (14%) and 2 transgender entrants, both of whom identified as male.

The number of prison entrants who participated in the Census increased from 549 in the 2009 Census to 610 in 2010 Census, despite New South Wales and Victoria not participating in the 2010 Census. This may be related to the Census period increasing from one week in 2009 to two weeks in 2010.

The proportion of Indigenous prison entrants in this Census was higher than in 2009 (26% compared with 43%). This is due to several factors. The inclusion of the Northern Territory, which has a high proportion of Indigenous entrants (88%), in this Census, and the exclusion of Victoria, which has a low proportion of Indigenous entrants (7% in 2009) lifted the overall proportion. However, the three large jurisdictions that participated in both the 2009 and 2010 Census' (Queensland, Western Australia, and South Australia) all saw higher proportion of prison entrants who were Indigenous.

For more than two-thirds of entrants (69%), this was not their first time in adult prison and more than one-fifth (22%) had been in juvenile detention at some time (Table 2.2). More than two-fifths (43%) of all prison entrants had been in prison during the previous 12 months. This equates to almost two-thirds (63%) of those with a prison history having been there in the previous 12 months.

Whether prisoners were on remand or serving a sentence varied among jurisdictions; overall, the legal status of almost half (46%) of all entrants was 'on remand' and 36% were sentenced. In Queensland, less than one-third (31%) of entrants were on remand, whereas in South Australia, Tasmania and the Northern Territory, 63–75% of entrants were on remand.

Table 2.2: Characteristics of prison entrants, states and territories, 2010

Characteristics	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Prison entrants (number)	n.a.	n.a.	189	173	118	43	12	75	610
Male (per cent)	n.a.	n.a.	89%	76%	86%	93%	83%	96%	86% (524)
Indigenous (per cent)	n.a.	n.a.	30%	52%	34%	16%	17%	88%	43% (262)
Median age (years)	n.a.	n.a.	30	30	33	30	29	31	31
Age range (years)	n.a.	n.a.	18–64	18–68	18–59	18–59	20–52	18–57	18–68
Been in juvenile detention (per cent)	n.a.	n.a.	21%	25%	23%	21%	25%	17%	22% (134)
Been in prison before (per cent)	n.a.	n.a.	69%	71%	63%	60%	75%	80%	69% (421)
Been in prison in previous 12 months (per cent)	n.a.	n.a.	46%	44%	36%	42%	67%	41%	43% (263)
Currently on remand (per cent)	n.a.	n.a.	31%	27%	75%	67%	75%	63%	46% (278)

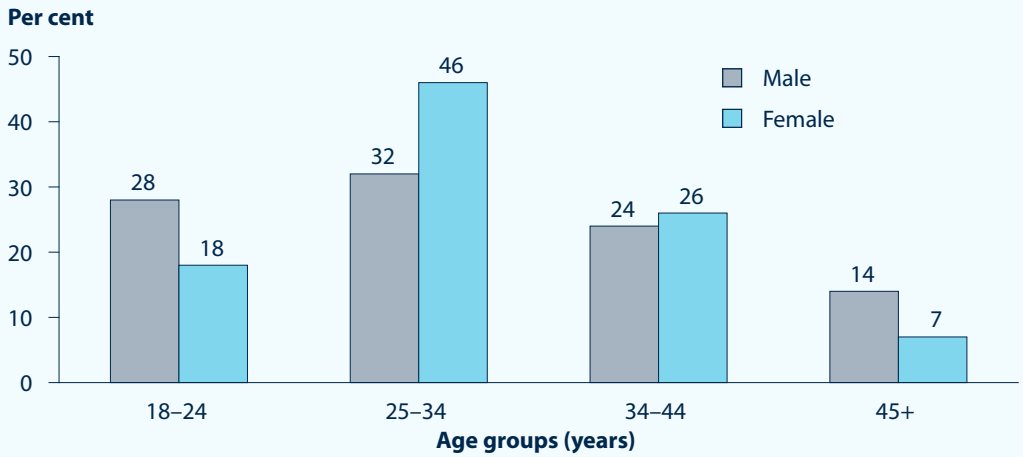
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 prison entrant of unknown sex, 11of unknown age, 21 with unknown Indigenous status, 4 whose juvenile detention history was unknown, 5 whose prison history was unknown,4 for whom it was unknown whether or not they had been in prison in the last 12 months, and 114 whose current legal status (remand or sentenced) was unknown.
3. There were 2 transgender entrants, both of whom identified as male and were included in the male row.

Source: Entrant form, National Prisoner Health Census 2010.

The age profiles of male and female prison entrants differed (Figure 2.1). Almost half (46%) of female prison entrants were aged 25–34 years, compared with 32% of males. Male entrants were more likely than females to be in the youngest age group (28% were aged 18–24 years compared with 18% of females) or aged at least 45 years (14% compared with 7% of female entrants).

Figure 2.1: Prison entrants, by age groups and sex, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Entrant form, National Prisoner Health Census 2010.

In Table 2.3 and Table 2.4, the demographic profile of the prison entrants in the Census is compared with that of all prisoners in custody in the same six jurisdictions on 30 June 2010 (ABS 2010c). 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 entrants are likely to include 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.

Females were over-represented in the prison entrants sample (14%) compared with prisoners in custody in the same jurisdictions (8%), as were Aboriginal and Torres Strait Islanders (43% of entrants compared with 35% of prisoners in custody). Prison entrants also had a younger median age than prisoners in custody—31 years compared with 33 years. More than one-quarter (27%) of prison entrants were aged 18–24 years compared with 20% of prisoners in custody.

The prison entrants in this Census therefore include a higher proportion of those at increased risk—women, young people and Indigenous Australians. Consequently, they are a different population to prisoners in custody, on whom most prisoner health literature focuses.

Table 2.3: Prison entrants and prisoners in custody, by sex, age group and Indigenous status 2010

	Number of prison entrants	Per cent of prison entrants[(a)]	Per cent of prisoners in custody[(b)]
Sex			
Male	524	86	92
Female	85	14	8
Age group (years)			
18–24	164	27	20
25–34	210	34	36
35–44	146	24	27
45+	79	13	18
Indigenous status			
Indigenous	262	43	35
Non-Indigenous	327	54	65
Total	**610**	**100**	**100**

(a) Per cent of prison entrants sourced from the National Prisoner Health Census 2010

(b) Per cent of prisoners in custody sourced from the ABS Prisoners in Australia 2010

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 prison entrant of unknown sex, 11 of unknown age, and 21 of unknown Indigenous status.
3. There were 2 transgender entrants, both of whom identified as male and were included in the male row.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of ABS Prisoners in Australia 2010 (ABS 2010c).

Indigenous prison entrants tended to be younger than non–Indigenous entrants (Table 2.4), with 70% of Indigenous entrants aged under 35 years, compared with just over half (55%) of non-Indigenous entrants. Both Indigenous and non–Indigenous entrants were younger than their prisoner in custody counterparts, with greater proportions of entrants being aged 18–24 years compared with prisoners in custody.

Table 2.4: Prison entrants and prisoners in custody, by age group and Indigenous status, 2010

Age group (years)	Number of prison entrants	Per cent of prison entrants[(a)]	Per cent of prisoners in custody[(b)]
		Indigenous	
18–24	80	31	26
25–34	101	39	39
35–44	61	23	25
45+	18	7	9
Total	**262**	**100**	**100**
		Non-Indigenous	
18–24	83	25	17
25–34	99	30	34
35–44	81	25	27
45+	57	17	22
Total	**327**	**100**	**100**

(a) Per cent of prison entrants sourced from the National Prisoner Health Census 2010

(b) Per cent of prisoners in custody sourced from the ABS Prisoners in Australia 2010

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 11 prison entrants of unknown age, and 21 of unknown Indigenous status.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of ABS Prisoners in Australia 2010 (ABS 2010c).

In Table 2.5 the country of birth and main language spoken at home for prison entrants is compared where possible with prisoners in custody on 30 June 2010 from the same six jurisdictions. Most prison entrants were born in Australia (90%) and nominated English as their main language spoken at home (89%). Among those entrants born outside Australia and/or those who spoke a language other than English at home, there was a broad variety of countries and languages nominated (Table 2.5).

A slightly higher proportion of prison entrants were born in Australia compared with prisoners in custody (86%). New Zealand (2% of entrants and 3% of prisoners in custody) and Vietnam (1% of entrants and 1% of prisoners in custody) were among the next most common countries of birth for both groups (ABS 2010c).

Table 2.5: Prison entrants and prisoners in custody, country of birth and main language spoken at home, 2010

	Number of prison entrants	Per cent of prison entrants[(a)]	Per cent of prisoners in custody[(b)]
Country of birth			
Australia	546	90	86
New Zealand	11	2	3
Vietnam	7	1	1
England	6	1	n.a.
Other	38	4	n.a.
Total	**610**	**100**	**100**
Main language spoken at home			
English	541	89	n.a.
Aboriginal Australian	33	5	n.a.
Vietnamese	6	1	n.a.
Arabic/Lebanese	4	1	n.a.
Other	26	4	n.a.
Total	**610**	**100**	**n.a.**

(a) Per cent of prison entrants sourced from the National Prisoner Health Census 2010

(b) Per cent of prisoners in custody sourced from the ABS Prisoners in Australia 2010

Notes

1. Exclude New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 2 prison entrants of unknown country of birth.
3. Other country of birth includes American Samoa, Italy, Democratic Republic of Congo, Nigeria, Nepal, Iran, Somalia, Bhutan, Canada, Taiwan, Indonesia, and Germany.
4. Other languages spoken at home include French, Siamese, Torres Strait Islander languages, Bandjima, Nangumarda, Acehnese, Maduwonga, Acholi, Goonian, Welsh, Ameslan, Farsi, Mulatara, and Nepalese

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of ABS Prisoners in Australia 2010 (ABS 2010c).

Detention history

Prison entrants were asked whether this was their first time in prison or detention, and, if not, how many times they had previously been incarcerated. More than three-quarters (77%) of entrants had never been in juvenile detention (Table 2.6). This was a fairly consistent result among jurisdictions ranging from 73% of entrants in Western Australia to 83% of those in the Northern Territory. Of those entrants who had previously been in juvenile detention (22% of all entrants), half (11% of all entrants) had been there at least 3 times.

In contrast, a history of previous imprisonment as an adult was common among prison entrants. Almost 70% had previously been in prison, ranging from 62% of South Australian entrants to 80% of those in the Northern Territory. As with juvenile detention, for those with a history of imprisonment, it was common for that history to be extensive, with one-quarter (25%) of all entrants having been in prison at least 5 times. More than one-third (35%) of entrants in the Northern Territory were in this category, compared with about one-fifth (19%) of entrants in South Australia.

Table 2.6: Prison entrants, previous detention history, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of times in juvenile detention					Number				
Never	n.a.	n.a.	150	126	91	34	9	62	472
1–2	n.a.	n.a.	20	20	15	7	—	7	69
3–4	n.a.	n.a.	6	10	<3	<3	—	<5	23
5+	n.a.	n.a.	13	13	<15	<3	3	<3	42
Total	n.a.	n.a.	189	173	118	43	12	75	610
					Per cent				
Never	n.a.	n.a.	79	73	77	79	75	83	77
1–2	n.a.	n.a.	11	12	13	16	0	9	11
3–4	n.a.	n.a.	3	6	<3	<3	0	<6	4
5+	n.a.	n.a.	7	8	<13	<3	25	<5	7
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Number of times previously in prison					Number				
Never	n.a.	n.a.	59	47	44	17	3	15	185
1–2	n.a.	n.a.	45	46	35	12	3	16	157
3–4	n.a.	n.a.	37	35	15	<10	<3	18	112
5+	n.a.	n.a.	48	41	23	<10	<5	26	151
Total	n.a.	n.a.	189	173	118	43	12	75	610
					Per cent				
Never	n.a.	n.a.	31	27	37	40	25	20	30
1–2	n.a.	n.a.	24	27	30	28	25	21	26
3–4	n.a.	n.a.	20	20	13	<23	<20	24	18
5+	n.a.	n.a.	25	24	19	<23	<42	35	25
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

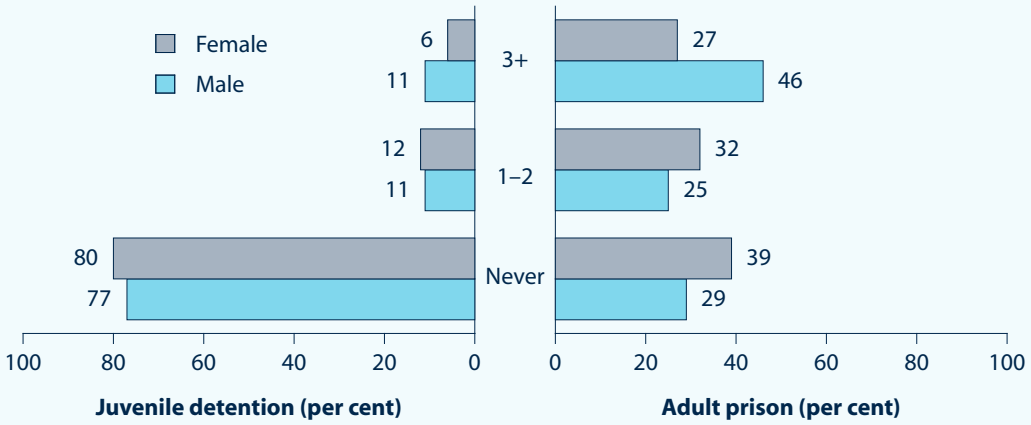
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 4 prison entrants for whom juvenile detention history was unknown, and 5 for whom prison history was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

A history of incarceration was more common among male than female entrants. Just over three-quarters (77%) of male entrants had no history of juvenile detention compared with 80% of female entrants. Among those with a history of incarceration, male entrants had a more extensive history than females. Almost half (46%) of male entrants had been in prison at least 3 times, compared with just over one-quarter (27%) of female entrants (Figure 2.2).

Figure 2.2: Prison entrants, history of previous incarceration, by sex, 2010



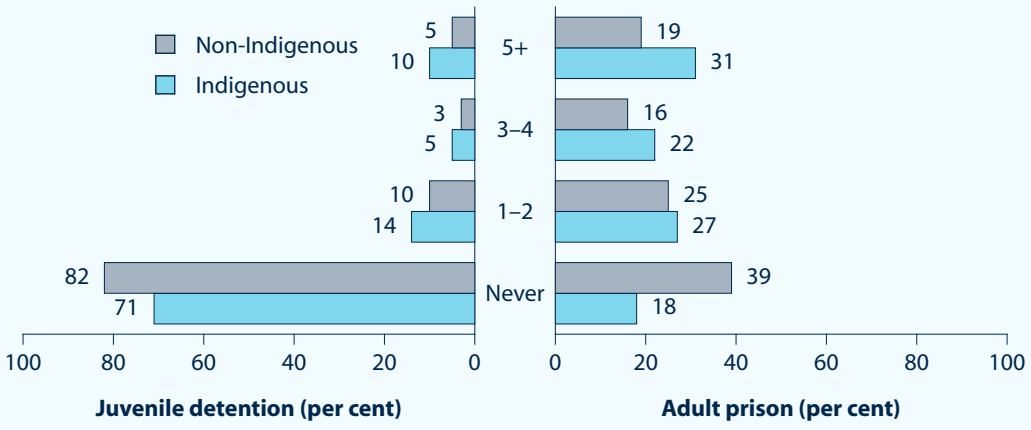
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 4 prison entrants whose juvenile detention history was unknown, 5 whose prison history was unknown, and 21 whose Indigenous status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Having a history of previous incarceration was more common among Indigenous than non-Indigenous prison entrants. Only 18% of Indigenous prison entrants had never been in adult prison before compared with 39% of non-Indigenous prison entrants. This difference was most pronounced for those who had been in either juvenile detention or prison at least 3 times (Figure 2.3).

Figure 2.3: Prison entrants, history of previous incarceration, by Indigenous status, 2010



Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 4 prison entrants whose juvenile detention history was unknown, 5 whose prison history was unknown, and 21 whose Indigenous status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Education level

Education and health are related—generally, those with the lowest health status also have low educational and literacy levels. Higher levels of educational attainment are thought to have a direct impact on health, by improving a person's health-related knowledge and his or her ability to efficiently use this information. Educational attainment is also associated with better employment prospects and higher income, which, in turn, might serve to increase access to health-related services and products (AMA 2007).

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 (Rawnsley 2003). Similarly, a higher level of schooling is associated with a lower probability of arrest and incarceration (Lochner & Moretti 2004).

INDICATOR: Proportion of prison entrants by highest completed level of education.

NUMERATOR: Number of prison entrants by highest completed level of education.

DENOMINATOR: Total number of prison entrants during the Census period.

Educational attainment among the 610 prison entrants was generally low (Table 2.7). More than one-third (35%) did not complete Year 10, and only 15% completed Year 12. These results were broadly consistent across jurisdictions, with Year 10 being the level of schooling most likely to have been completed in each state and territory.

Table 2.7: Prison entrants, highest level of completed schooling, states and territories, 2010

Level of schooling	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Year 12	n.a.	n.a.	30	22	20	5	3	13	93
Year 11	n.a.	n.a.	18	34	27	3	—	9	91
Year 10	n.a.	n.a.	68	58	36	16	5	23	206
Year 9	n.a.	n.a.	40	29	11	<10	<3	11	98
Year 8, below or none	n.a.	n.a.	32	30	20	<15	<3	19	117
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**
					Per cent				
Year 12	n.a.	n.a.	16	13	17	12	25	17	15
Year 11	n.a.	n.a.	10	20	23	7	0	12	15
Year 10	n.a.	n.a.	36	34	31	37	42	31	34
Year 9	n.a.	n.a.	21	17	9	<23	<25	15	16
Year 8, below or none	n.a.	n.a.	17	17	17	<35	<25	25	19
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Notes

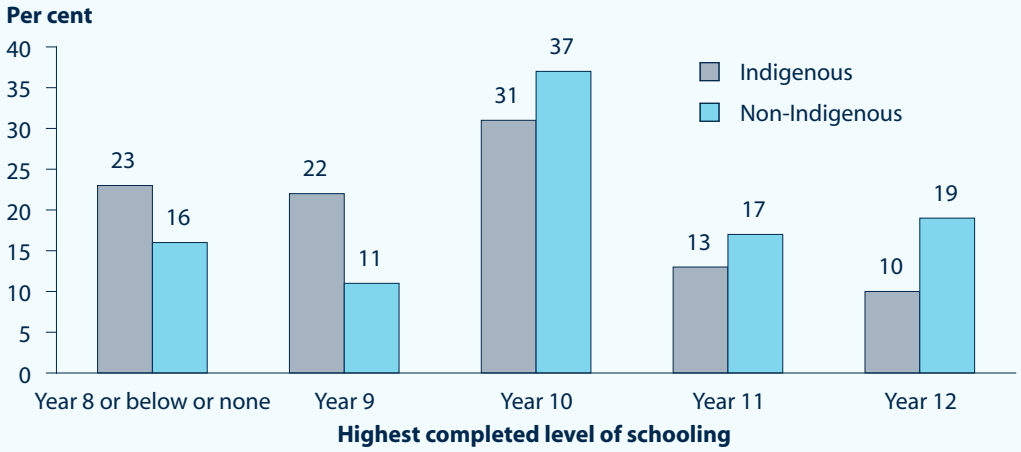
1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 5 prison entrants for whom the highest level of completed schooling was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

The highest level of completed schooling was similar for male and female entrants. A slightly higher proportion of males completed Year 11 or 12 (31% compared with 27% of females). Conversely, the 13 prison entrants reporting having completed no schooling were all males.

Level of educational attainment was lower for Indigenous than non-Indigenous prison entrants. Almost half (45%) of Indigenous entrants had a highest completed level of education of Year 9 or lower, compared with just over one-quarter (27%) of non-Indigenous entrants (Figure 2.4).

Figure 2.4: Prison entrants, highest completed level of schooling, by Indigenous status, 2010



Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 5 prison entrants whose highest completed level of schooling was unknown, and 21 whose Indigenous status was unknown.

Source: Entrant form, National Prisoner Health Census 2010

Just over one-fifth (21%) of prison entrants had a non-school qualification, all of which were trade certificates. No entrants in this 2010 Census reported having a higher qualification such as a diploma or degree. While trade certificates were more common among those who had completed a higher level of schooling, 21% of those who had not completed Year 10 had a trade certificate.

Employment level

An addition to the Prisoner Health Census for 2010 was the inclusion of a question about the employment or educational status of prison entrants during the 30 days before entering prison. Unemployment is related to other risk factors such as homelessness or unstable housing, financial difficulties and mental health issues. The level of unemployment of people entering prison may be indicative of the level of need for assistance with such issues upon release back into the community.

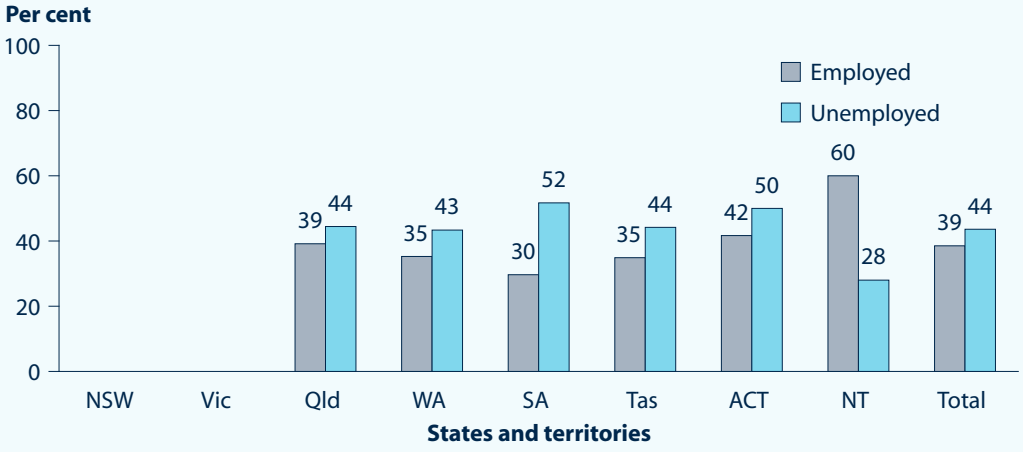
INDICATOR: Proportion of prison entrants, by employment or educational status.

NUMERATOR: Number of prison entrants, by employment or educational status.

DENOMINATOR: Total number of prison entrants during the Census period.

Overall, it was more common for prison entrants to have been unemployed than to have been employed, during the 30 days immediately before entering prison (Figure 2.5). This was true in each state and territory except the Northern Territory, where three in five (60%) entrants reported that they were employed on a full-time, part-time or casual basis. In the other jurisdictions, up to half (43–52%) of entrants were unemployed before entering custody.

Figure 2.5: Prison entrants, employment status in previous 30 days, states and territories, 2010



Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 10 prison entrants whose employment or education status before imprisonment was unknown
3. Proportions do not total 100% as some prisoners were unable to work due to disability, age or health condition

Source: Entrant form, National Prisoner Health Census 2010

Further details of the employment or education status of prison entrants are provided in Table 2.8. Equal proportions of entrants were employed full-time (28%) and unemployed and looking for work (28%) during the 30 days before imprisonment. Few were studying (3%), with others likely to be unemployed and not looking for work (16%), unable to work due to disability, age or health condition (13%) or in part-time or casual work (11%).

This was the pattern in all jurisdictions with the exception of South Australia where entrants were equally likely to be employed full-time (25%) as to be unemployed and looking for work (25%) or unemployed and not looking for work (26%). Only 13% of entrants in the Northern Territory were unemployed and looking for work (Table 2.8).

Table 2.8: Prison entrants, employment/education status in previous 30 days, states and territories 2010

Current employment	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Full-time work	n.a.	n.a.	52	47	30	13	4	24	170
Part-time or casual work	n.a.	n.a.	22	14	5	<3	<3	21	65
Study (full time or part time)	n.a.	n.a.	3	9	6	—	—	3	21
Unemployed and looking for work	n.a.	n.a.	62	53	30	12	4	10	171
Unemployed and not looking for work	n.a.	n.a.	22	22	31	<10	<3	11	95
Unable to work due to disability, age or health condition	n.a.	n.a.	27	25	10	<10	<3	6	78
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**
					Per cent				
Full-time work	n.a.	n.a.	28	27	25	30	33	32	28
Part-time or casual work	n.a.	n.a.	12	8	4	<7	<25	28	11
Study (full time or part time)	n.a.	n.a.	2	5	5	0	0	4	3
Unemployed and looking for work	n.a.	n.a.	33	31	25	28	33	13	28
Unemployed and not looking for work	n.a.	n.a.	12	13	26	<23	<25	15	16
Unable to work due to disability, age or health condition	n.a.	n.a.	14	14	8	<23	<25	8	13
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 10 prison entrants whose employment or education status prior to imprisonment was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

The employment and education status of prison entrants differed by sex, age and Indigenous status (Table 2.9). Male entrants were more than three times as likely as females to report being employed in the 30 days prior to imprisonment (42% and 13%, respectively). Female entrants (32%) were more than twice as likely as males (13%) to report being unemployed and not looking for work. A greater proportion of female (8%) than male (3%) entrants were studying, although this was low for both sexes. Almost one in five females were unable to work, compared with one in eight males.

The likelihood of being in full-time work increased with age of entrants, as did the likelihood of being unable to work. One-fifth (20%) of entrants aged 18–24 years were in full-time work compared with about one-third (33–34%) of those aged at least 35 years. Only 5% of entrants in the youngest age group reported being unable to work, compared with almost one-quarter (24%) of entrants in the oldest age group.

Table 2.9: Prison entrants, education/employment status in last 30 days, by sex, age group and Indigenous status 2010

	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
			Number			
Sex						
Male	164	60	14	148	68	62
Female	6	5	7	23	27	16
Age group (years)						
18–24	33	19	8	70	23	9
25–34	60	21	7	66	34	20
35–44	50	<15	<5	21	25	27
45+	26	<10	<3	13	10	19
Indigenous status						
Indigenous	49	39	10	83	52	26
Non-Indigenous	116	21	11	83	42	49
Total	**170**	**65**	**21**	**171**	**95**	**78**
			Per cent			
Sex						
Male	31	11	3	28	13	12
Female	7	6	8	27	32	19
Age group (years)						
18–24	20	12	4	43	14	5
25–34	29	10	3	31	16	10
35–44	34	<11	<4	14	17	18
45+	33	<13	<3	16	13	24
Indigenous status						
Indigenous	19	15	4	32	20	10
Non-Indigenous	35	6	3	25	13	15
Total	**28**	**11**	**3**	**28**	**16**	**13**

Notes

1. Prison entrants' data exclude New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 prison entrant of unknown sex, 11 of unknown age, and 21 of unknown Indigenous status.
3. There were 2 transgender entrants, both of whom identified as male and were included in the male row.

Sources: Entrant form, National Prisoner Health Census 2010.

3

Health conditions

3 Health conditions

This chapter contains information on the health conditions of prison entrants, including mental health, head injuries, communicable diseases, chronic conditions and women's health. This chapter is organised based on the prevalence of the health conditions in prisoner entrants, with the most prominent conditions discussed at the beginning. Data for this section come mostly from the National Prisoner Health Census; however, data for communicable diseases were obtained from the National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (NPEBBV&RBS) 2004 and 2007 (Butler & Papanastasiou 2008). Information is broken down (where possible) by states and territories, sex, age and Indigenous status.

3.1 Mental health

Mental health is an Australian national health priority area, and there has been concerted government action in recent years to reduce the burden it creates, and to improve the lives of people with mental health problems (AIHW 2009d).

Mental health is defined as 'a state of emotional and social well-being in which the individual can cope with the normal stress of life and reach his or her potential'. Mental health problems refer to 'the range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people' (AHM 2003).

There is a higher incidence of mental health problems in the Australian prison population than in the general population (Senate Committee on Mental Health 2006), with similar situations found internationally. The World Health Organization Europe Trencin statement on prisons and mental health stated that of the nine million prisoners worldwide, at least one million (11%) suffered from a significant mental disorder (WHO 2008a). This has been attributed to various factors, including: a lack of, or poor access to, mental health services; the misconception that all people with mental health problems are a danger to the public; the intolerance of many societies to difficult or disturbing behaviour; and the failure to promote treatment, care and rehabilitation (WHO 2008a).

Information on behaviours related to mental health problems is shared with custodial authorities to ensure appropriate placement and checks within the system, but only after a prisoner has signed a release form (except when the prisoner is considered to be at imminent

risk of harm) (AIHW: Belcher & Al-Yaman 2007). 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. But almost 70% were medicated after being received into jail or prison (Wilper et al. 2009).

Providing services for mental illness in prisons may be required for 30–50% of prisoners (Fraser et al. 2009). This has been recognised as an important area, which is currently underfunded. The United Nations Special Rapporteur recommended in 2010 that Australia:

> Increase resource allocation for diagnosis, treatment and prevention of mental illnesses within prisons and conduct research into the morbidity of mental illness within incarcerated populations (United Nations 2010 p23).

Mental health diagnosis and current medication

INDICATOR: 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).

NUMERATOR: 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.

DENOMINATOR: Total number of prison entrants during the Census period.

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

NUMERATOR: Number of prison entrants who are currently taking medication for a mental health disorder.

DENOMINATOR: Total number of prison entrants during the Census period.

During the Census 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 because prisoners most often see nurses, including mental health nurses, in prison clinics (see Chapter 5), and many entrants had been in prison previously.

Almost one-third of entrants (31%) reported having been told that they have a mental health disorder (Table 3.1). There were differences among the jurisdictions in the self-report by prison entrants of a history of mental health issues. In the Australian Capital Territory two-thirds (67%) of entrants reported a history of mental health issues, compared with less than one-fifth (19%) in the Northern Territory.

A total of 16% of prison entrants reported currently being on medication for a mental health disorder (Table 3.1). This represents nearly half (46%) of those who reported ever having been told they have a mental illness. There were differences among jurisdictions in the proportion

of prison entrants who have a mental health disorder and who are currently on mental health medication. In Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory, around 35–39% of those reporting a history of mental illness were taking medication. In Queensland (57%) and in South Australia this was over half (51%).

Table 3.1: Prison entrants, ever told they have a mental illness and current medication, states and territories 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Ever told they have a mental illness									
Number	n.a.	n.a.	61	44	39	26	8	14	192
Per cent	n.a.	n.a.	32	25	33	60	67	19	31
Currently on mental health medication									
Number	n.a.	n.a.	42	17	21	9	3	5	97
Per cent (all)	n.a.	n.a.	22	10	18	21	25	7	16
Per cent (ever told)	n.a.	n.a.	57	39	51	35	38	39	46
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 6 prison entrants for whom mental illness history was unknown and 18 for whom current medication status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Reporting a history of mental health problems was more common among female (41%) than male entrants (30%). In contrast, the same proportions of male and female entrants (16%) were currently on medication for mental health disorders in 2010 (Table 3.2). This suggests that males were more likely to opt for medication for mental health disorders than females.

Prison entrants aged 35–44 years were more likely than entrants of other ages to have been told they had a mental health disorder and to currently be on medication for such a condition.

Non-Indigenous prison entrants (38%) were more likely than Indigenous prison entrants (23%) to have been told they have a mental health disorder, to be currently taking medication for a mental health condition (19% compared with 12%), and to be currently experiencing very high levels of psychological distress (17% compared with 9%) (Figure 3.1). This may in part reflect 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).

Table 3.2: Prison entrants, ever told they have a mental illness and current medication, by sex, age group and Indigenous status, 2010

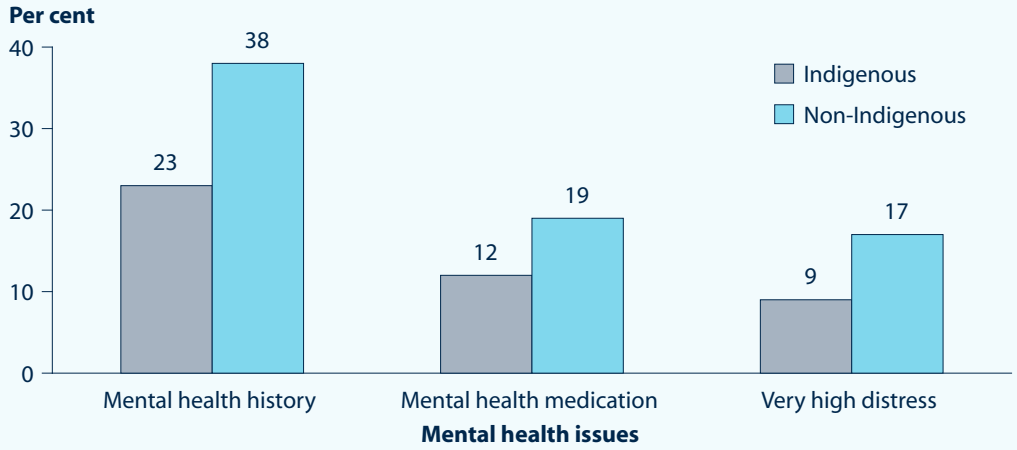
	Ever told they have a mental illness		Currently on mental health medication		Total prison entrants
	Number	Per cent	Number	Per cent	Number
Sex					
Male	157	30	83	16	524
Female	35	41	14	16	85
Age group (years)					
18–24	51	31	24	15	164
25–34	53	25	21	10	210
35–44	58	40	34	23	146
45+	25	32	16	20	79
Indigenous status					
Indigenous	61	23	31	12	262
Non-Indigenous	124	38	61	19	327
Total	**192**	**31**	**97**	**16**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Total includes 5 prison entrants whose mental illness history was unknown, 18 whose current medication status was unknown, 7 whose Indigenous status was unknown, and 5 whose age was unknown

Source: Entrant form, National Prisoner Health Census 2010.

Figure 3.1: Prison entrants, mental health issues, by Indigenous status 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

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).

INDICATOR: Proportion of prison entrants reporting psychological distress experienced in the past 4 weeks (self-report).

NUMERATOR: Number of prison entrants who report a given level of psychological distress.

DENOMINATOR: Total number of prison entrants during the Census period.

The Kessler 10 (K10) scale was used as part of the Census to measure the levels of psychological distress felt by prison entrants in the four 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 four-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 Surveys, 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. Half of all prison entrants (50%) had felt low levels of psychological distress during the four weeks immediately preceding entry to prison (Table 3.3). Almost one-third (29%) had high or very high levels of distress. In most jurisdictions, about 30% of entrants reported high or very high levels of psychological distress, though in the Northern Territory, only 8% of entrants reported this, with more than four in five (84%) reporting low levels of distress.

Levels of psychological distress were higher among female than male prison entrants (Figure 3.2). Over two-fifths (42%) of female entrants and 27% of male entrants felt high or very high levels of distress. Over half (52%) of male entrants felt low levels of distress in the 4 weeks preceding prison entry, compared with 38% of female entrants.

Table 3.3: Prison entrants, level of psychological distress, states and territories, 2010

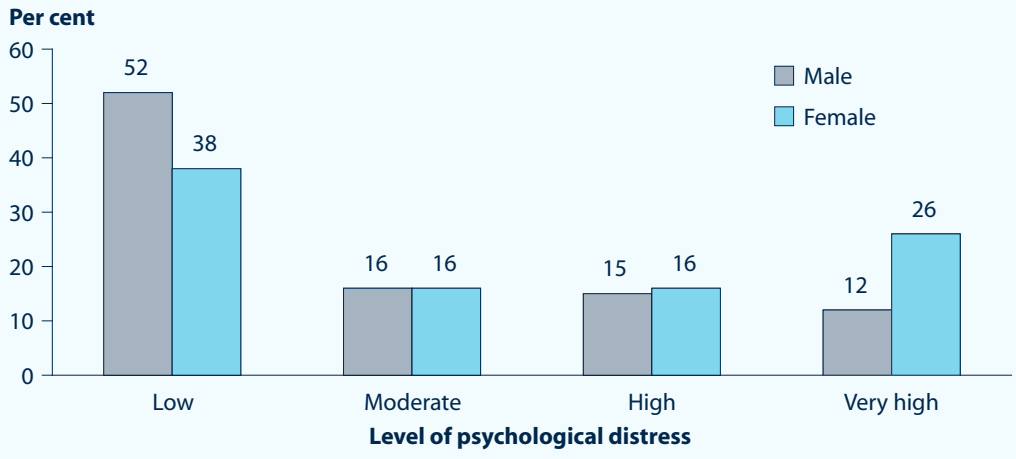
Level of distress	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Low	n.a.	n.a.	91	85	43	<25	<3	63	306
Moderate	n.a.	n.a.	33	27	24	<10	<3	6	99
High	n.a.	n.a.	33	31	16	<10	<3	3	90
Very high	n.a.	n.a.	22	30	17	7	6	3	85
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**
					Per cent				
Low	n.a.	n.a.	48	49	36	<58	<25	84	50
Moderate	n.a.	n.a.	17	16	20	<23	<25	8	16
High	n.a.	n.a.	17	18	14	<23	<25	4	15
Very high	n.a.	n.a.	12	17	14	16	50	4	14
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Levels of distress as indicated by scores on the K10: low (10–15), moderate (16–21), high (22–29), and very high (30–50).
3. Totals include 30 prison entrants for whom K10 score of psychological distress was invalid or unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Figure 3.2: Prison entrants, level of psychological distress, by sex, 2010



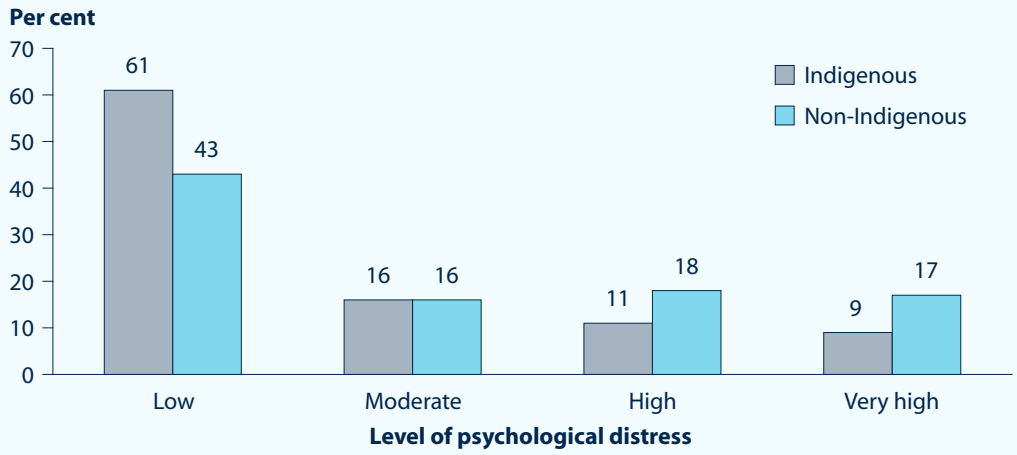
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Levels of distress as indicated by scores on the K10: low (10–15), moderate (16–21), high (22–29) and very high (30–50).
3. Per cents do not add up to 100%, as 5% of males and 3% of females had an unknown level of psychological distress.

Source: Entrant form, National Prisoner Health Census 2010.

Consistent with other results in relation to mental health, distress was lower for Indigenous than non-Indigenous prison entrants. In the four weeks prior to incarceration, one-fifth (20%) of Indigenous entrants experienced high or very high levels of distress, compared with over one-third (35%) of non-Indigenous entrants. A higher proportion of Indigenous than non-Indigenous prison entrants experienced low distress (61% and 43%, respectively) (Figure 3.3). Levels of psychological distress were very similar across age group.

Figure 3.3: Prison entrants, level of psychological distress, by Indigenous status, 2010



Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Levels of distress as indicated by scores on the K10: low (10–15), moderate (16–21), high (22–29) and very high (30–50).
3. Totals include 21 entrants of unknown Indigenous status, and 30 with unknown or an invalid level of distress score.

Source: Entrant form, National Prisoner Health Census 2010.

Distress related to current incarceration

INDICATOR: Proportion of prison entrants who indicate their current distress is related to their current incarceration.

NUMERATOR: Number of prison entrants who report that their current distress is related to their current incarceration.

DENOMINATOR: Total number of prison entrants during the Census period.

For many prison entrants, the distress felt in the 4 weeks immediately preceding imprisonment was not related to their current incarceration. Nearly two in five prison entrants (40%) said their distress was related, but the remaining 60% said it was not (Table 3.4). This suggests that prison entrants have other significant stressors in their lives. In 2010, those in the Northern Territory were least likely to relate their recent distress to their current incarceration, with only one-quarter (26%) of entrants reporting this as the reason.

Table 3.4: Prison entrants, distress related to current incarceration, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Distress related to current incarceration									
Number	n.a.	n.a.	54	65	53	19	9	19	219
Per cent	n.a.	n.a.	36	39	53	45	75	26	40
Distress not related to current incarceration									
Number	n.a.	n.a.	95	101	47	23	3	54	323
Per cent	n.a.	n.a.	64	61	47	55	25	74	60
Total number distressed entrants	n.a.	n.a.	149	166	100	42	12	73	542
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 12 prison entrants for whom relationship between distress and current incarceration was unknown.
3. Proportions of distress related to current incarceration and not related to incarceration were created by using the total number distressed entrants as the denominator.

Source: Entrant form, National Prisoner Health Census 2010.

The relationship between current incarceration and distress was similar for males and females. Where entrants felt they were not feeling any distress, this question could be answered as 'not applicable'. This response was chosen evenly by both male and female entrants (9%). A higher number of females (45%) felt that their distress was related to their current incarceration when compared with male prison entrants (40%) (Table 3.5).

Older entrants were slightly more likely than younger entrants to say that their distress was related to their current incarceration. Of all entrants aged 45 years or older, 43% related their distress to their current incarceration, compared with 39% of younger entrants.

For non-Indigenous entrants, 47% related their distress to their current incarceration, compared with 32% of Indigenous entrants. Similar proportions of Indigenous (7%) and non-Indigenous (11%) entrants responded to this question as 'not applicable'.

Table 3.5: Prison entrants, distress related to current incarceration, by sex, age group and Indigenous status, 2010

	Distress related to current incarceration		Distress not related to current incarceration		Total number distressed		Not applicable (not distressed)		Total	
	No.	Per cent (of distressed)	No.	Per cent (of distressed)	No.	Per cent (of total entrants)	No.	Per cent (of total entrants)	No.	Per cent (of total entrants)
Sex										
Male	185	40	281	60	466	89	48	9	524	100
Female	34	45	42	55	76	89	8	9	85	100
Age group (years)										
18–24	57	39	89	61	146	89	15	9	164	100
25–34	71	38	117	62	188	90	17	8	210	100
35–44	56	43	73	57	129	88	15	10	146	100
45+	30	43	40	57	70	89	7	9	79	100
Indigenous status										
Indigenous	76	32	164	68	240	92	19	7	262	100
Non-Indigenous	135	47	150	53	285	87	35	11	327	100
Total	**219**	**40**	**323**	**60**	542	89	**56**	**9**	**610**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant of unknown sex, 11 with unknown age, 21 with unknown Indigenous status, and 12 for whom the relationship between recent distress and the current incarceration was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

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. Methods to achieve self-harm include cutting or slashing, blunt force, burning, hanging, strangulation, suffocation, biting, refusing food/water, binge eating or self-poisoning (Kraemer et al. 2009; Berry & Harrison 2007). Females are more likely than males to self-harm, which is often used as a method for coping with painful or difficult feelings (Reachout 2009). Suicidal behaviour may be seen as a 'life-extinguishing act' or escapism, whereas self-harm or self-injury is a form of 'life affirmation' as a coping mechanism in response to stress (Smith & Kaminski 2011).

Prisoner 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).

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

NUMERATOR: Number of prison entrants who report that they have ever intentionally harmed themselves.

DENOMINATOR: Total number of prison entrants during the Census period.

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

NUMERATOR: Number of prison entrants who report that they have thought of harming themselves in the last 12 months.

DENOMINATOR: Total number of prison entrants during the Census period.

At reception, prison entrants were asked whether they had ever intentionally harmed themselves, and whether they had thought of harming themselves in the last 12 months (Table 3.6). Twenty one percent of prison entrants had a history of self-harm and 14% (86) had thought about harming themselves during the previous 12 months. About 10% (60 prison entrants) had both intentionally harmed themselves in the past and had thoughts of self-harm in the previous 12 months. This represented almost half (47%) of those reporting a history of self-harm.

The proportion of entrants reporting self-harm issues was not consistent across jurisdictions. Prison entrants in the Northern Territory had the lowest proportion reporting both a history and recent thoughts. Tasmania had above average proportions with one-third (33%) of entrants reporting a history, and just over one-quarter (26%) reporting recent thoughts of self-harm.

Table 3.6: Prison entrants, self-harm history and recent thoughts, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
History of self-harm									
Number	n.a.	n.a.	37	43	22	14	<3	<10	127
Per cent	n.a.	n.a.	20	25	19	33	<25	<13	21
Self-harm thoughts in last 12 months									
Number	n.a.	n.a.	25	27	14	11	4	5	86
Per cent (all)	n.a.	n.a.	13	16	12	26	33	7	14
Per cent (history of self-harm)	n.a.	n.a.	46	49	41	71	50	22	47
Total	n.a.	n.a.	189	173	118	43	12	75	610

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 6 prison entrants for whom self-harm history was unknown, and 9 for whom recent thoughts were unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Almost one-third (29%) of female prison entrants reported a history of self-harm, compared with less than one-fifth (19%) of male entrants. Thoughts of self-harm in the previous 12 months were less prevalent than a history of actual self-harm in both males and females. There was a smaller difference between the sexes in the proportion of entrants reporting having recent self-harm thoughts; with 19% of females and 13% of males reporting such thoughts (Table 3.7).

A history of self-harm was reported by up to one-quarter (22–24%) of prison entrants aged 25–44 years. A history was less common in those aged 18–24 years and those aged over 45 years (both 18%). Recent thoughts of self-harm were similar across all age groups.

The proportions of Indigenous and non-Indigenous entrants reporting a history of self-harm were the same (21% each); however, recent thoughts were reported almost twice as often by non–Indigenous (17%) as Indigenous (9%) entrants.

Table 3.7: Prison entrants, self-harm history and recent thoughts, by sex, age group and Indigenous status, 2010

	History of self-harm		Self-harm thoughts in last 12 months		Total prison entrants
	Number	Per cent	Number	Per cent	Number
Sex					
Male	102	19	70	13	524
Female	25	29	16	19	85
Age group (years)					
18–24	30	18	25	15	164
25–34	47	22	25	12	210
35–44	35	24	22	15	146
45+	14	18	13	16	79
Indigenous status					
Indigenous	54	21	24	9	262
Non-Indigenous	69	21	57	17	327
Total	**127**	**21**	**86**	**14**	**610**

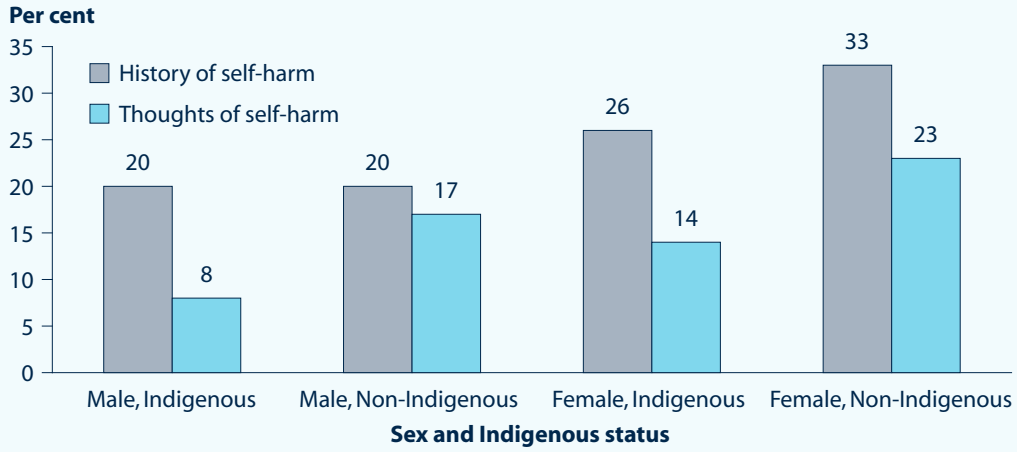
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 6 prison entrants for whom self-harm history was unknown, 9 for whom recent thoughts were unknown, 1 whose sex was unknown, 11 whose age was unknown, and 21 whose Indigenous status was unknown.

Source: Entrant form, National Prisoner Health Census 2010

Non-Indigenous females were more likely to have a history of self-harm and recent thoughts of self-harm than any other group. A history of self-harm and thoughts of self-harm were more common in non-Indigenous entrants than Indigenous entrants for both males (20% and 8% compared with 20% and 17%) and females (33% and 23% non-Indigenous compared with 26% and 14% for Indigenous) (Figure 3.4).

Figure 3.4: Prison entrants, history and thoughts of self-harm, by sex and Indigenous status, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

3.2 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: Belcher & Al-Yaman 2007; Butler et al. 2007; Butler & Milner 2003).

Many people in prisons have been exposed to TBI (Schofield et al. 2006), which 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 2006).

Previous studies have found TBI to be highly prevalent among prisoners (Slaughter et al. 2003). Estimates of the proportion of prisoners with TBI range from 25% (Morrell et al. 1998) to 82% of the prison population (Schofield et al. 2007). This may be attributed to the neuropsychological deficits and aggressive, violent, criminal behaviours that can result from TBI.

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

NUMERATOR: Number of prison entrants who report that they have ever received a blow to the head resulting in a loss of consciousness

DENOMINATOR: Total number of prison entrants during the Census period.

Prison entrants were asked whether they had ever received a blow to the head resulting in a loss of consciousness or blacking out. Loss of consciousness following an injury to the head is an indication that there has been an effect on the brain. Just over two-thirds (39%) of prison entrants in the Census period reported having received a blow to the head resulting in a loss of consciousness (Table 3.8). This was slightly less common in South Australia (27%) and the Northern Territory (28%). In Tasmania and the Australian Capital Territory, a history of such a head injury was reported by more than half of all entrants (51% and 58%, respectively).

Table 3.8: Prison entrants, head injury resulting in a loss of consciousness, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	n.a.	n.a.	90	64	32	22	7	21	236
Per cent	n.a.	n.a.	48	37	27	51	58	28	39
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 12 prison entrants for whom history of head injury was unknown.

Source: Entrant form, National Prisoner Health Census 2010

In 2010, it was slightly more common for female (41%) than male (38%) entrants to report having ever had a head injury leading to a loss of consciousness (Table 3.9).There was no particular pattern of head injury by age. The proportion of entrants with a head injury was highest for those aged 35–44 years (45%) and lowest for those aged 45 years or older (30%). A higher proportion of non–Indigenous (43%) than Indigenous (33%) entrants reported a blow to the head resulting in a loss of consciousness.

Table 3.9: Prison entrants, head injury resulting in a loss of consciousness, by sex, age group and Indigenous status, 2010

	Ever had head injury		Total	
	Number	Per cent	Number	Per cent
Sex				
Male	201	38	524	100
Female	35	41	85	100
Age group (years)				
18–24	64	39	164	100
25–34	79	38	210	100
35–44	65	45	146	100
45+	24	30	79	100
Indigenous status				
Indigenous	86	33	262	100
Non-Indigenous	140	43	327	100
Total	**236**	**39**	**610**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant of unknown sex, 11 with unknown age, 21 with unknown Indigenous status, and 12 whose head injury history was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

3.3 Communicable diseases

Communicable diseases are those which are capable of being transmitted between individuals, including infectious and parasitic disease (Healey 2004). Examples of communicable diseases are AIDS, HIV, bacterial infection, hepatitis C, hepatitis B, malaria, meningitis and meningococcal infections, sexually transmitted infections, viral infections, and vaccine-preventable diseases such as chickenpox and influenza.

In Australia, due to high levels of sanitation and the use of antibiotics and immunisation programs, communicable diseases are not among the leading contributors to the burden of disease. In 2004–05, infections and immunisation accounted for about 7% of all general practitioner (GP) consultations, and in 2005–06, 4% of deaths were attributed to infection (AIHW 2008b).

The Australian Government monitors communicable diseases through the National Notifiable Diseases Surveillance System, which was established in 1990 and coordinates the surveillance of more than 50 communicable diseases. This includes information on bloodborne viruses, gastrointestinal diseases, diseases that can be quarantined, sexually transmitted infections, vaccine preventable diseases, vector-borne diseases, zoonoses and other bacterial infections (DoHA 2011b).

Sexually transmitted infection

The Australian Department of Health and Ageing National Hepatitis C Strategy 2005–2008 and the National Sexually Transmissible Infections Strategy 2005–2008 recognise prisoner populations as priority populations for preventing bloodborne viruses such as hepatitis C and sexually transmitted infections. In response, the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis has produced national guidelines for the preventing, treating and caring for hepatitis C in custodial settings (MACASHH 2008). Australian and international studies have consistently found high levels of exposure to bloodborne viruses (for example, hepatitis C, hepatitis B and HIV) and sexually transmitted infections (Butler et al. 2008; Vescio et al. 2008) in the prison population.

INDICATOR: Number of notifications of sexually transmissible infections for prisoners in custody during 2009–10.

As part of the Census, jurisdictions were asked to provide the number of notifications of sexually transmissible infections during the financial year 2009–10. 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 Western Australia, South Australia, Tasmania, and the Australian Capital Territory. In those jurisdictions there were 152 notifications during the year.

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 liver failure, liver cancer and cirrhosis (DoHA 2010a). In 2010, there were about 12,000 notifications of hepatitis C (DoHA 2011b). This equates to a national prevalence of less than 1% of the Australian population (Dyer & Tolliday 2009). Hepatitis C is a notifiable disease in all Australian jurisdictions, but currently there is no national surveillance system for hepatitis C infection in prisons.

The population groups at greatest risk of hepatitis C infection are injecting drug users, people in custodial settings, women in prison, Aboriginal and Torres Strait Islander people, young people, people from culturally and linguistically diverse backgrounds and people from rural and remote areas (MACASHH 2008).

A history of incarceration is a risk factor for hepatitis C transmission, not only due to the high prevalence of hepatitis C infection among the custodial population but also due to the prevalence of high-risk behaviours in prison such as sharing contaminated injecting equipment and tattooing. Prisoners are unlikely to have access to sterile equipment for injecting, piercing, tattooing and personal care, leading to the sharing of equipment (Dyer & Tolliday 2009; Hunt & Saab 2009).

Imprisonment itself has been found to be a risk factor for hepatitis C, and as a social determinant of the transmission of the virus through the congregation of injecting drug users, many of whom have already contracted the virus, with limited potential for safe injecting practices inside prison (Awofeso 2010). A recent New South Wales study found one in three injecting drug users in prison contracted the hepatitis C virus annually (Dolan et al. 2010).

INDICATOR: Proportion of prison entrants testing positive to hepatitis C antibody.

NUMERATOR: Number of prison entrants testing positive to hepatitis C antibody.

DENOMINATOR: Total number of prison entrants tested.

Data on the prevalence of hepatitis C in prisons were obtained from the 2007 National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (NPEBBV&RBS) (see Appendix C for further explanation). The survey screened 589 prison entrants for hepatitis C antibody.

In 2007, just over one-third (35%) of prison entrants tested positive for hepatitis C antibody. The proportion of prison entrants who tested positive for hepatitis C antibody ranged from 21% in Western Australia to 42% in New South Wales (Table 3.10).

Table 3.10: Prison entrants, testing positive for hepatitis C antibody, states and territories, 2007

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	83	49	43	17	7	8	1	n.a.	208
Per cent	42	41	32	21	33	25	33	n.a.	35
Number of prison entrant tested	197	119	135	82	21	32	3	n.a.	589

Source: NPEBBV&RBS 2007 Table 6.

Prison entrants who have ever injected drugs (or injecting drug users) were much more likely to test positive for hepatitis C antibody than those who had not (60% compared with 4%), and in part, the proportion of prison entrants who tested positive for hepatitis C antibody increased with the number of times they had been in prison. Of those who had only been imprisoned once, 9% tested positive for hepatitis C antibody compared with 75% of prison entrants who have been imprisoned 10 or more times.

For more detailed analysis on hepatitis C refer to *The health of Australia's prisoners 2009* (AIHW 2010).

Hepatitis B

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

In 2010, there were 231 incident cases and 7,456 unspecified cases of hepatitis B in Australia, and about 107,000 people who have ever been diagnosed with hepatitis B (DoHA 2011b). Jurisdiction-based research suggests there is a higher level of hepatitis B in prisons than in the general population. Risk factors for hepatitis B include injecting drug use and a history of imprisonment (Hunt & Saab 2009; Sutton et al. 2008).

INDICATOR: Proportion of prison entrants testing positive to hepatitis B core antibody.

NUMERATOR: Number of prison entrants testing positive to hepatitis B core antibody.

DENOMINATOR: Total number of prison entrants tested.

Data on hepatitis B were obtained from the 2007 NPEBBV&RBS (Butler & Papanastasiou 2008). In 2007, 120 (21%) prison entrants tested positive to hepatitis B core antibody. In Queensland and Tasmania, 9% of prison entrants tested positive, compared with 27% in New South Wales (Table 3.11).

Table 3.11: Prison entrants, testing positive for hepatitis B antibody, states and territories, 2007

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	54	27	12	23	1	3	0	n.a.	120
Per cent	27	23	9	28	100	9	0	n.a.	21
Number of prison entrants tested	199	115	137	82	1	32	2	n.a.	566

Source: NPEBBV&RBS 2007 Table 7.

Prison entrants who were injecting drug users were more likely to test positive to hepatitis B than prison entrants who were not (31% compared with 9%). Further, prison entrants who had a long history of injecting drugs were more likely to test positive to hepatitis B—38% of prison entrants who were injecting drug users for more than 10 years tested positive, compared with 10% of those who were injecting drugs users for less than 3 years.

For more detailed analysis of hepatitis B refer to *The health of Australia's prisoners 2009* (AIHW 2010).

HIV

HIV (human immunodeficiency virus) 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 the acquired immune deficiency syndrome or AIDS (AIHW 2008b).

HIV prevalence in Australia remains one of the lowest in the world, at about 0.1% of the population (NCHECR 2010). An estimated 20,171 people were living with HIV infection in Australia at the end of 2009. Risk factors for HIV include male homosexuality or bisexual contact and injecting drug use. In 2007, of those with HIV, 76% had bisexual/homosexual contact, 4% had a history of injecting drug use and 4% had both bisexual/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 Aboriginal and Torres Strait Islander population (NCHECR 2010).

In the early 1990s in Australia, prisoners were identified as a high-risk group for HIV infection. Australian authorities were concerned that the transmission of HIV would occur at a higher rate in prison, and that further transmission would occur in the general population upon release. As a result, in 1990, compulsory HIV testing programs were established in prisons in New South Wales, South Australia, Queensland, the Northern Territory and Tasmania (Egger & Heilpern 1991). Currently, HIV screening coverage varies across the states and territories. In 2007, Queensland and the Northern Territory screened all men for HIV on entry to prison. In the other jurisdictions, the following proportions were screened: Western Australia, 47%; New South Wales, 29%; Victoria, 28%; South Australia, 26%; and Tasmania 21% (NCHECR 2009a).

INDICATOR: Proportion of prison entrants testing positive for HIV.

NUMERATOR: Number of prison entrants testing positive for HIV.

DENOMINATOR: Total number of prison entrants tested.

Data on HIV in Australia's prisons were obtained from the 2007 NPEBBV&RBS (Butler & Papanastasiou 2008). Both the 2004 and 2007 NPEBBV&RBS reported the prevalence of HIV among prison entrants to be less than 1% nationally in both men and women. No difference was found in HIV rates for injecting drug users and others.

3.4 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. Consequently, chronic conditions such as asthma, diabetes, cardiovascular disease, cancer and arthritis have been identified as National Health Priority Areas. Focusing on these areas can potentially reduce the burden of disease suffered by people with these conditions, and reduce the health care required and associated costs.

This section reports on findings from prison entrants in the Census, relating to self-reported chronic conditions. Information about the use of the prison clinics and prisoners taking prescribed medication for chronic conditions can be found in Chapter 5.

As part of the reception process, prison entrants were asked whether they had ever been told by a doctor or nurse that they had any of the following: arthritis, asthma, cancer, cardiovascular disease or diabetes, and whether they currently had the condition. Note that self-report of chronic conditions is likely to be an underestimate of the true prevalence. 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 Aboriginal and Torres Strait Islander entrants, and those living in remote areas where access to health services may be limited. If prison entrants were asked these questions a few months into their sentence, the number of positive responses would be expected to be higher.

Overall, just over one-quarter (26%) of prison entrants reported currently having one or more of these chronic conditions. Asthma was the most common chronic condition, reported by 12% of prison entrants, followed by arthritis (8%) (Table 3.12).This pattern was observed in most jurisdictions. But in the Northern Territory, there was a very different pattern—arthritis (9%) was the most common, followed by cardiovascular disease and diabetes (both 7%), with asthma only reported by 4% of entrants.

Chronic conditions were most common among prison entrants in Tasmania (33%) and Queensland (32%), with about one-third of entrants reporting currently having at least one condition.

Table 3.12: Prison entrants with current chronic conditions, states and territories, 2010

Current chronic condition	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Asthma	n.a.	n.a.	31	17	14	<10	<3	3	73
Arthritis[(a)]	n.a.	n.a.	22	7	5	<10	<3	7	51
Cardiovascular disease[(b)]	n.a.	n.a.	7	11	8	<3	<3	5	33
Diabetes[(c)]	n.a.	n.a.	<10	10	<5	—	—	5	27
Cancer[(d)]	n.a.	n.a.	<5	—	<3	—	—	—	4
Any chronic condition	n.a.	n.a.	61	40	28	14	<5	15	160
					Per cent				
Asthma	n.a.	n.a.	16	10	12	<23	<25	4	12
Arthritis[(a)]	n.a.	n.a.	12	4	4	<23	<25	9	8
Cardiovascular disease[(b)]	n.a.	n.a.	4	6	7	<7	<25	7	5
Diabetes[(c)]	n.a.	n.a.	<5	6	<4	0	0	7	4
Cancer[(d)]	n.a.	n.a.	<3	0	<3	0	0	0	<1
Any chronic condition	n.a.	n.a.	32	23	24	33	<42	20	26
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

(a) Arthritis includes gout, rheumatism, osteoarthritis, rheumatoid arthritis, other type and arthritis type unknown.

(b) Cardiovascular disease includes coronary heart disease, heart failure, rheumatic fever, rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease.

(c) Diabetes includes Type 1 diabetes, Type 2 diabetes and gestational diabetes.

(d) Cancer excludes non-melanoma skin cancer.

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Prison entrants may be counted more than once except in the total.

Source: Entrant form, National Prisoner Health Census 2010.

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 preservatives (ACAM 2008). Asthma affects all age groups and ranges in severity from intermittent mild symptoms to a severe, incapacitating and sometimes life-threatening disorder.

INDICATOR: Proportion of prison entrants who report that they have been told by a doctor or nurse that they have asthma, and who still have the condition currently.

NUMERATOR: Number of prison entrants who report that they have been told by a doctor or nurse that they have asthma, and who still have the condition currently.

DENOMINATOR: Total number of prison entrants during the Census period.

Of the 610 prison entrants in the Census period, 21% reported that they had ever been told they have asthma (Table 3.13). Of these, 57%, or 12% of all entrants still had the condition currently (Table 3.12).

A higher proportion of female prison entrants (25%) than males (20%) reported ever having been told they had asthma, which is consistent with reporting in the general population (Table 3.13).

Younger prison entrants were most likely to report ever having been told they had asthma—26% of entrants aged 18–24 years, compared with 16% of entrants aged 35 years and over (Table 3.13). This observed difference may be partly due to changes in diagnostic practice for asthma over time (Magnus & Jaakkola 1997).

In the 2010 Census, Indigenous entrants were less than half as likely as non-Indigenous entrants to report having a history of asthma (13% and 27%, respectively). This is mainly attributable to the low reporting rate in the Northern Territory. If prison entrants in the Northern Territory had reported a history of asthma at levels similar to the other jurisdictions, the overall results for Indigenous entrants would have been similar to or higher than non-Indigenous entrants. The reason for the low reporting rate in the Northern Territory is not clear, but could reflect the lower prevalence of asthma in warmer climates. The rates of asthma among prison entrants in the Northern Territory were still far higher than in the general population for both Indigenous and non-Indigenous Australians (ABS 2009b).

Table 3.13: Prison entrants ever diagnosed with asthma, by sex, age group and Indigenous status, 2010

	Diagnosed		Total	
	Number	Per cent	Number	Per cent
Sex				
Male	106	20	524	100
Female	21	25	85	100
Age group (years)				
18–24	43	26	164	100
25–34	45	21	210	100
35–44	24	16	146	100
45+	13	16	79	100
Indigenous status				
Indigenous	34	13	262	100
Non-Indigenous	88	27	327	100
Total	**127**	**21**	**610**	**100**

Notes
1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant of unknown sex, 11 of unknown age, 21 of unknown Indigenous, and 5 with unknown asthma history

Source: Entrant form, National Prisoner Health Census 2010.

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. Females are at a greater risk than males for developing osteoarthritis and rheumatoid arthritis (AIHW 2008a). Rheumatoid arthritis occurs most often in people aged 35—64 years (AIHW 2009a).The treatment and management of arthritis and other musculoskeletal conditions results in the frequent use of primary care, hospital and allied health services (AIHW 2008a).

INDICATOR: Proportion of prison entrants who report that they have been told by a doctor or nurse that they have arthritis, and who still have the condition currently.

NUMERATOR: Number of prison entrants who report that they have been told by a doctor or nurse that they have arthritis, and who still have the condition currently.

DENOMINATOR: Total number of prison entrants during the Census period.

Of prison entrants, 57 (9%) reported ever having been told they have arthritis (Table 3.14). The majority of these (51 or 8% of all entrants) reported that they still had the condition (Table 3.12).

A slightly higher proportion of female (11%) than male (9%) entrants reported a history of arthritis (Table 3.14).

As may be expected for a condition affecting joints, much higher proportions of entrants reporting having arthritis were found in the older age groups. One-quarter of entrants aged 45 years and over reported ever having been told they have arthritis, compared with less than 4% of those aged less than 35 years.

Non-Indigenous entrants (13%) were more than twice as likely as Indigenous entrants (5%) to report having ever been told they have arthritis (Table 3.14).

Table 3.14: Prison entrants ever diagnosed with arthritis, by sex, age group and Indigenous status, 2010

	Diagnosed		Total	
	Number	Per cent	Number	Per cent
Sex				
Male	48	9	524	100
Female	9	11	85	100
Age group (years)				
18–24	7	4	164	100
25–34	7	3	210	100
35–44	23	16	146	100
45+	20	25	79	100
Indigenous status				
Indigenous	14	5	262	100
Non-Indigenous	43	13	327	100
Total	**57**	**9**	**610**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant of unknown sex, 11 of unknown age, 21 of unknown Indigenous status, and 7 with unknown arthritis history.

Source: Entrant form, National Prisoner Health Census 2010.

Cardiovascular disease

Cardiovascular disease includes coronary heart disease, heart failure, rheumatic fever, rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease (AIHW 2004). Cardiovascular disease is the largest cause of premature death in Australia, and one of the leading causes of disability.

Most people need medicines to treat their cardiovascular conditions—65% of people who reported a cardiovascular condition in 2004–05 also reported using medicines for it (ABS 2006a). Medications to treat cardiovascular disease include cholesterol-lowering agents, certain blood pressure-lowering medicines and clot-preventing medicines.

The major preventable risk factors for cardiovascular disease are smoking, high blood pressure, high blood cholesterol, insufficient physical activity, being overweight or obese, poor nutrition and diabetes (AIHW 2008b).

The prisoner population has a high prevalence of risk factors for cardiovascular disease, including high cholesterol, high blood pressure, obesity and smoking (see Chapter 4), compared with the general Australian population (AIHW: Belcher & Al-Yaman 2007). In the past, mortality from cardiovascular disease in prisoners has been found to be higher than that of the general community (Kariminia et al. 2007a).

INDICATOR: Proportion of prison entrants who report that they have been told by a doctor or nurse that they have cardiovascular disease, and who still have the condition currently.

NUMERATOR: Number of prison entrants who report that they have been told by a doctor or nurse that they have cardiovascular disease, and who still have the condition currently.

DENOMINATOR: Total number of prison entrants during the Census period.

Of the 610 prison entrants in the Census period, 46 (8%) reported ever having been told they have cardiovascular disease, and most reported still having the condition (33 or 5% of all entrants) (Table 3.12).

Proportionally, twice as many male (8%) as female (4%) entrants reported ever having been told they had cardiovascular disease. Cardiovascular disease was also much more common among older than younger prison entrants, with 22% of entrants aged 45 years and over having been told they had cardiovascular disease, compared with less than 5% of those aged less than 35 years. Indigenous entrants were slightly more likely than non-Indigenous entrants to report a history of cardiovascular disease (9% and 7%, respectively).

Diabetes

Diabetes mellitus (diabetes) is a disease marked by high blood glucose levels resulting from defective insulin production, insulin action or both (WHO 1999). 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 over 55 years or those over 45 years of age who are overweight or have high blood pressure. Aboriginal or Torres Strait Islander people are considered at higher risk if they are aged over 35 years (Diabetes Australia 2009).

Diabetes has been found to be 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 over-representation of Aboriginal and Torres Strait Islander people in prison, and the socioeconomic disadvantage of many in the prisoner population.

The management of diabetics in prison can be difficult due to their special dietary requirements, the need for regular access to health clinics (particularly for those who are insulin dependent) and the need to closely monitor the condition (Martin 1989).

INDICATOR: Proportion of prison entrants who report that they have been told by a doctor or nurse that they have diabetes, and who still have the condition currently.

NUMERATOR: Number of prison entrants who report that they have been told by a doctor or nurse that they have diabetes, and who still have the condition currently.

DENOMINATOR: Total number of prison entrants during the Census period.

Of the 610 prison entrants in the Census period, 30 reported ever having been told they had diabetes, and 27 (4% of all entrants) still had the condition at the time of reception assessment (Table 3.12).

There was little difference between male and female entrants in reporting a history of diabetes. Consistent with the increasing prevalence of diabetes with age, diabetes was reported by 9%of entrants aged 45 years and over, compared with 1% of those aged 18–24 years. Diabetes was also more common among Indigenous (69%) than non-Indigenous entrants (4%).

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). Benign tumours do not invade other tissues or spread to other parts of the body, although they can expand to interfere with healthy structures. Cancers are distinguished from

each other 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 will determine 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.

INDICATOR: Proportion of prison entrants who report that they have been told by a doctor or nurse that they have cancer, and who still have the condition currently.

NUMERATOR: Number of prison entrants who report that they have been told by a doctor or nurse that they have cancer, and who still have the condition currently.

DENOMINATOR: Total number of prison entrants during the Census period.

Few prison entrants reported having cancer. Of the 610 entrants taking part in the Census, 18 (3%) reported ever having been told they had cancer, and 4 (less than 1%) still had cancer at the time of reception (Table 3.12).

3.5 Women's health

Women represent a minority of the Australian prisoner population, at less than 10%. This is similar worldwide, where the proportion of the female prison population ranges from 3% to 18% (Moloney et al. 2009). Internationally, 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 2008b).

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

Pregnancies

Pregnancy affects 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 less than 15 years, pregnancy is associated with a higher risk for gestational hypertension, anaemia, poor nutritional status, preterm delivery and both maternal and neonatal mortality (Amy & 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 parents during adolescence are also more likely to have repeat teenage pregnancies (Raneri & Wiemann 2007).

In Australia in 2008, 4% of women giving birth were aged less than 20 years, and 15% were aged 20–24 years. One in five (21%) Indigenous mothers were teenagers, compared with 4% of non-Indigenous mothers. The average age of mothers giving birth to their first child was 28.2 years (Laws et al. 2010).

Pregnant prisoners

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, as 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).

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
- have a medical problem that could affect the pregnancy outcome.

Despite these factors, they were less likely to receive adequate antenatal care.

INDICATOR: Proportion of pregnant prisoners in custody.

NUMERATOR: Number of female prisoners in custody who were pregnant during the 12 month period to 30 June 2010.

DENOMINATOR: Number of female prisoners received into custody during the 12 month period to 30 June 2010.

Of the 2,637 female prisoners received into custody during 2009–10, 77 were pregnant, which is an average of 2.9 per 100 female prisoners (Table 3.15). This rate ranged from 0.9 per 100 female prisoners in Queensland, to 8.3 per 100 in the Australian Capital Territory.

Table 3.15: Number and rate of pregnant prisoners in custody, by states and territories, 2009–2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of female prisoners pregnant	n.a.	n.a.	7	37	20	4	4	5	77
Number of female prisoners received	n.a.	n.a.	821	999	429	137	48	203	2,637
Number pregnant per 100 female prisoners	n.a.	n.a.	0.9	3.7	4.7	2.9	8.3	2.5	2.9

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Establishment form and Supplementary data, National Prisoner Health Census 2010.

Pregnancy history

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

NUMERATOR: Number of female prison entrants who report that they have ever been pregnant.

DENOMINATOR: Total number of female prison entrants during the Census period.

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

Prison entrants were asked whether they had ever been pregnant, and, if so, their age at first pregnancy. More than three-quarters (76%) of female prison entrants reported that they had been pregnant. The mean age of first pregnancy was 19 years (ranging from 14 years to 36 years), and the median age was 17 years. A slightly higher proportion of Indigenous female entrants (79%) reported having ever been pregnant than non-Indigenous female entrants (75%). The mean age of first pregnancy for Indigenous entrants was 18 years, compared with 20 years for non-Indigenous entrants.

Cervical screening

Women in prison are a high-risk group for sexual and reproductive health diseases, including particular cancers and sexually transmitted infections. Studies undertaken in the United States found that female prisoners have a high risk of cervical cancer. 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 (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 years, who have ever had sex, have a cervical screening every 2 years (DOHA 2006).

In 2007–08, the 2-year participation rate in the general population for the National Cervical Screening Program was 60% of women aged 20–69 years (AIHW 2009b).

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

NUMERATOR: Number of female prison entrants who reported having a cervical screening in the last two years.

DENOMINATOR: Total number of female prison entrants during the Census period.

Prison entrants were asked whether they had a cervical screening in the previous 2 years. Of the 85 female prison entrants in the Census period, about half (42, or 49%) of the women had had a cervical screening in the previous 2 years. This is lower than the general population (60%). A slightly higher proportion of Indigenous (51%) than non-Indigenous (48%) entrants had a cervical screening in the previous 2 years (Table 3.16).

Table 3.16: Proportion of female prison entrants who reported having had a cervical screening in the previous years, by Indigenous statutus, 2010

Cervical screening status	Indigenous		Non-Indigenous		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Had cervical screening	22	51	19	48	42	49
No cervical screening	21	49	20	50	42	49
Total	**43**	**100**	**40**	**100**	**85**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 2 female entrants whose Indigenous status was unknown, and 1 whose cervical screening status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

4

Health behaviours

4 Health behaviours

This chapter relates to the health behaviours of prison entrants, including smoking, alcohol consumption, drug use and unprotected sex, as well as the use and non-use of health services before prison entry. It is organised based on the prevalence of risky health behaviour (highest to lowest). Most of the data for this section come from the National Prisoner Health Census, with some additional data for injecting drug users and unprotected sex coming from the NPEBBV&RBS 2007 (Butler& Papanastasiou 2008). Comparisons with the general population and the Indigenous population are made in Chapter 7.

4.1 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 2006). Passive smoking (that is, exposure to second-hand smoke) is a public health issue, as it can cause coronary heart disease and lung cancer in non-smoking adults, and induces and exacerbates 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 Aboriginal and Torres Strait Islander people have remained unchanged (MacLaren et al. 2010).

Smoking prevalence is higher among prisoners than in the general adult population. The prisoner population is more likely to be from poorer backgrounds, have a history of mental illness and substance abuse, and be of Aboriginal or Torres Strait Islander background. All of these groups have much higher smoking prevalence than the general population (Scollo & Winstanley 2008).

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

NUMERATOR: Number of prison entrants who report that they currently smoke tobacco.

DENOMINATOR: Total number of prison entrants during the Census period.

Prison entrants were asked whether they had ever smoked a full cigarette, and, if so, the age at which they smoked their first cigarette and their current smoking status.

There was a high prevalence of smoking among prison entrants, with 83% being current smokers, and almost three-quarters (74%) were daily smokers (Table 4.1). In comparison, 11% had never smoked and 5% were ex-smokers. There were small differences among jurisdictions in the proportions of prison entrants reporting being current smokers. In Western Australia, 79% of prison entrants reported being current smokers, compared with 100% in the Australian Capital Territory.

Table 4.1: Prison entrants, smoking status, states and territories, 2010

Smoking status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Daily smoker	n.a.	n.a.	137	115	94	34	12	60	452
Weekly and irregular smoker	n.a.	n.a.	18	22	<5	3	—	<10	54
Ex–smoker	n.a.	n.a.	14	12	<3	3	—	<3	32
Never smoked	n.a.	n.a.	19	23	14	3	—	6	65
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**
Mean age started smoking	**n.a.**	**n.a.**	**13.6**	**14.1**	**15.1**	**13.2**	**14.6**	**16.1**	**14.4**
					Per cent				
Daily smoker	n.a.	n.a.	72	66	80	79	100	80	74
Weekly and irregular smoker	n.a.	n.a.	10	13	<4	7	0	<13	9
Ex–smoker	n.a.	n.a.	7	7	<3	7	0	<4	5
Never smoked	n.a.	n.a.	10	13	12	7	0	8	11
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 7 prison entrants for whom smoking status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

One-fifth (20%) of those entering prison for the first time reported never having smoked, and 71% were current smokers. In contrast, almost 9 out of 10 (87%) entrants who had previously been in prison were current smokers upon entering prison during the Census period.

A slightly higher proportion of female (78%) than male (74%) entrants were daily smokers.

More than three-quarters (77%) of prison entrants aged 18–44 years were current daily smokers, compared with 58% of entrants aged 45 years and over. These results seem to indicate that the declines in smoking rates over the past 20 years in the general community are not being reflected in the prison entrant population. In addition to being less likely to be daily smokers, prison entrants aged 45 years and over were also more than twice as likely as those in the younger age groups to have never smoked (22% compared with 9%).

Almost 9 out of every 10 (89%) Indigenous prison entrants reported being a current smoker, compared with just over three-quarters (79%) of non-Indigenous entrants. Non-Indigenous entrants were more than twice as likely as Indigenous entrants to be either an ex-smoker (7% and 3%, respectively) or to have never smoked (14% and 7%, respectively) (Table 4.2).

Table 4.2: Prison entrants, smoking status, by sex, age group and Indigenous status, 2010

	Daily smoker		Weekly/ irregular smoker		Ex-smoker		Never smoked		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Sex										
Male	386	74	50	10	28	5	54	10	524	100
Female	66	78	4	5	5	6	10	12	85	100
Age group (years)										
18–24	123	75	17	10	9	5	15	9	164	100
25–34	166	79	18	9	5	2	18	9	210	100
35–44	111	76	11	8	8	5	13	9	146	100
45+	46	58	7	9	8	10	17	22	79	100
Indigenous status										
Indigenous	193	74	40	15	8	3	19	7	262	100
Non-Indigenous	244	75	12	4	22	7	45	14	327	100
Total	**452**	**74**	**54**	**9**	**33**	**5**	**64**	**10**	**610**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant whose sex was unknown, 11 whose age was unknown, 21 whose Indigenous status was unknown, and 7 whose smoking status was unknown or invalid.

Source: Entrant form, National Prisoner Health Census 2010.

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

Of the 89% of prison entrants who said they had ever smoked a full cigarette, the mean age they first smoked was 14.4 years (Table 4.1), and the oldest age was 36 years. The mean age ranged from 13.2 years in Tasmania to 16.1 years in the Northern Territory. About 7% of entrants reported being aged less than 10 years when they smoked their first full cigarette.

Figure 4.1: Prison entrants, mean age of first cigarette, states and territories, 2010

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

4.2 Risky alcohol consumption

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

In Australia, alcohol use has been associated with violent crime (AGD 2004), 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 2006), 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 men than in the general population and up to 5 times greater for women (Parkes et al. 2010).

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

NUMERATOR: 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.

DENOMINATOR: Total number of prison entrants during the Census period.

The proportion of prison entrants who are at risk of alcohol-related harm was determined using questions on alcohol consumption from the World Health Organization'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 concerned with providing information on reducing risks to health from drinking alcohol.

Data from the 2010 Census show that more than half (58%) of prison entrants reported consuming alcohol at hazardous levels during the previous 12 months (Table 4.3).This high proportion of entrants at risk ranged from just under half (46–47%) of those in South Australia and Queensland, to more than three-quarters (76%) of those in the Northern Territory. One-quarter (26%) of all prison entrants were at low risk of alcohol-related harm and 16% of prison entrants did not drink alcohol in the 12 months before entry to prison.

Table 4.3: Prison entrants, high risk of alcohol-related harm in the previous 12 months, states and territories, 2010

High risk of alcohol-related harm	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	n.a.	n.a.	89	122	54	26	7	57	355
Per cent	n.a.	n.a.	47	71	46	60	58	76	58
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Risk of alcohol-related harm is indicated by a combined score of 6 or more on the three consumption questions from the AUDIT-C.
3. Totals include 17 prison entrants for whom risk status was invalid or unknown, 15 of whom were in Western Australia.

Source: Entrant form, National Prisoner Health Census 2010.

A higher proportion of male (59%) than female (54%) prison entrants reported consuming alcohol at hazardous levels (Table 4.4).

The risk of alcohol-related harm generally decreased with age of entrants. About two-thirds (66%) of entrants aged under 35 years were at risk, compared with just under half (48%) of their older counterparts.

Consumption of alcohol at levels considered to place a person at risk of alcohol-related harm was found in almost three-quarters (73%) of Indigenous entrants, compared with just under half (48%) of non-Indigenous entrants.

High alcohol risk was more common in Indigenous male and female entrants. A total of 73% of Indigenous males and 74% of Indigenous females consumed alcohol at levels considered to place a person at risk of alcohol-related harm, compared with 50% of non-Indigenous males and 35% of non-Indigenous females (Figure 4.2).

Table 4.4: Prison entrants, risk of alcohol-related harm in the previous 12 months, by sex, age group and Indigenous status, 2010

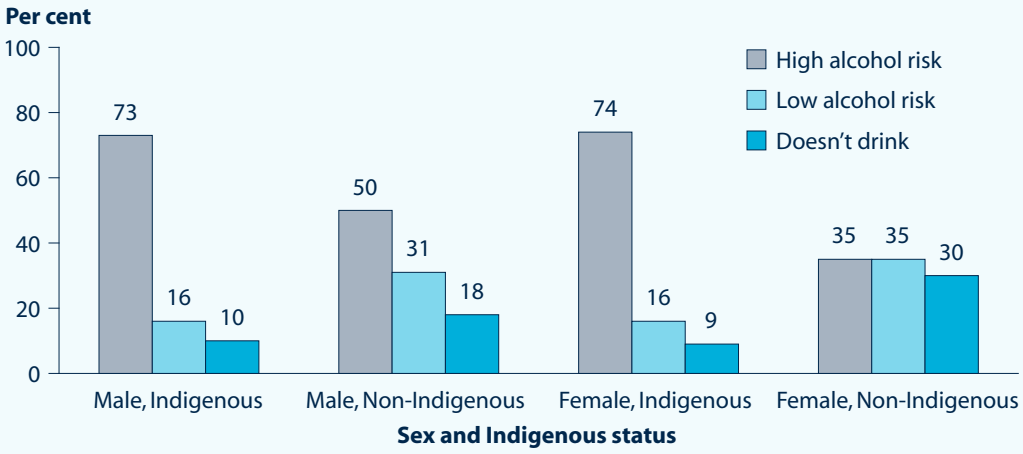
	High risk of alcohol-related harm		Low risk of alcohol-related harm		Does not drink		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	309	59	133	25	80	15	524	100
Female	46	54	23	27	16	19	85	100
Age group (years)								
18–24	105	64	38	23	21	13	164	100
25–34	140	67	40	19	30	14	210	100
35–44	72	49	44	30	28	19	146	100
45+	36	46	27	34	16	20	79	100
Indigenous status								
Indigenous	192	73	43	16	26	10	262	100
Non-Indigenous	157	48	104	32	65	20	327	100
Total	**355**	**58**	**156**	**26**	**97**	**16**	**610**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
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, 11 whose age was unknown, 21 whose Indigenous status was unknown, and 2 for whom risk status was invalid or unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Figure 4.2: Prison entrants, risk of alcohol-related harm in previous 12 months, by sex, age and Indigenous status, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

4.3 Illicit drug use

Illicit drug use may affect users' health, and injecting drugs may result in bloodborne viruses and mental health problems due to the effects of the drugs, injecting practices and lifestyle (DOHA 2007).

In Australia, illicit drug use has been associated with both violent crime and property crime. In 2004, one in ten sentenced prisoners was incarcerated for drug-related offences (AGD 2004). The 2003 Drug Use Careers of Offenders study determined that two-thirds of female prisoners reported using an illicit drug in the six months before their arrest, and that 55% were classified as dependent on drugs (AIHW 2005, Johnson 2004).

Most prisoners have used illicit drugs at some time in their life, with two-thirds regularly using drugs at the time of incarceration. 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).

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

NUMERATOR: Number of prison entrants who report that they engaged in illicit drug use in the last 12 months.

DENOMINATOR: Total number of prison entrants during the Census period.

Prison entrants were asked about their non-medical drug use in the previous 12 months, with two-thirds (66%) reporting illicit drug use in the previous 12 months (Table 4.5). The Australian Capital Territory had the highest proportion of prison entrants who reported illicit drug use in the previous 12 months (92%) and the Northern Territory had the lowest (40%). In Queensland, Western Australia and South Australia, about 70% of entrants reported illicit drug use in the previous 12 months.

Table 4.5: Prison entrants, illicit drug use in previous 12 months, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	n.a.	n.a.	131	123	83	27	11	30	405
Per cent	n.a.	n.a.	69	71	70	63	92	40	66
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 7 prison entrants for whom drug use was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

As in the general population, recent illicit drug use was found most often in the younger age groups of prison entrants (Table 4.6). The highest proportion of illicit drug use in the previous 12 months was by prison entrants aged 25–34 years (74%), and the lowest by entrants aged 45 years and over (38%).The proportion of Indigenous and non-Indigenous prison entrants who had used illicit drugs in the previous 12 months was similar (68% and 65%, respectively).

Table 4.6: Prison entrants, illicit drug use in previous 12 months, by sex, age group and Indigenous status, 2010

	Illicit drug use in previous 12 months		Total	
	Number	Per cent	Number	Per cent
Sex				
Male	339	65	524	100
Female	66	78	85	100
Age group (years)				
18–24	117	71	164	100
25–34	156	74	210	100
35–44	92	63	146	100
45+	30	38	79	100
Indigenous status				
Indigenous	177	68	262	100
Non-Indigenous	212	65	327	100
Total	**405**	**66**	**610**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant whose sex was unknown, 11 whose age was unknown, 21 whose Indigenous status was unknown, and 7 whose recent drug use was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Using more than one type of illicit drug was common among prison entrants. More than half (54%) of those who had used illicit drugs during the previous 12 months had used more than one type of drug. More than 1 in 10 prison entrants used at least 6 types of drugs.

Of the 405 prison entrants who had used drugs in the previous 12 months, the median number of drugs used by each entrant was two, with the number of drugs used per person ranging from 1 to 12.

The most commonly used substances for non–medical purposes in the previous 12 months by prison entrants were cannabis/marijuana (313 of 610 or 51% of all entrants), followed by meth/amphetamine (30%). Analgesics/pain killers (16%), tranquillisers/sleeping pills (12%) and other analgesics (including opiates/opioids, 11%) were also commonly used substances (Table 4.7).

Table 4.7: Prison entrants, types of drugs used for non-medical purposes in the last 12 months, 2010

Substance used	Number	Per cent
Cannabis/marijuana	313	51
Meth/amphetamine	182	30
Analgesics/pain killers	97	16
Tranquillisers/sleeping pills	75	12
Other analgesics	65	11
Heroin	60	10
Ecstasy	58	10
Methadone/buprenorphine/Suboxone	49	8
Cocaine	45	7
Hallucinogens	22	4
GHB	14	2
Ketamine	12	2
Barbiturates	10	2
Steroids	7	1
Inhalants	7	1
Total	610	100

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census
2. Per cents are of all prison entrants. Per cents do not add to 100%, as prisoners may have used more than one type of drug.

Source: Entrant form, National Prisoner Health Census 2010.

The pattern of the most commonly used drugs across jurisdictions was similar, though there were differences in the proportions of entrants using each drug type (Table 4.8). In the Northern Territory, which had the smallest proportion of entrants reporting illicit drug use, one-third (33%) had used cannabis/marijuana, and less than 4% reported using any individual type drug. The jurisdictions reporting the highest use of heroin were Queensland (17% of entrants) and the Australian Capital Territory (25% of entrants).

Table 4.8: Prison entrants, type of drugs used in previous 12 months, states and territories, 2010

Substance used	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Cannabis/marijuana	n.a.	n.a.	103	88	64	24	9	25	313
Meth/amphetamine	n.a.	n.a.	75	58	28	<15	7	<3	182
Analgesics/pain killers	n.a.	n.a.	22	37	19	12	<6	<3	97
Tranquillisers/sleeping pills	n.a.	n.a.	30	14	13	11	4	3	75
Heroin	n.a.	n.a.	32	13	10	<3	3	<3	60
Ecstasy	n.a.	n.a.	26	16	6	7	<3	<3	58
Other drugs	n.a.	n.a.	97	53	41	19	9	12	231
					Per cent				
Cannabis/marijuana	n.a.	n.a.	54	51	54	56	75	33	51
Meth/amphetamine	n.a.	n.a.	40	34	24	<35	58	<4	30
Analgesics/pain killers	n.a.	n.a.	12	21	16	28	<50	<4	16
Tranquillisers/sleeping pills	n.a.	n.a.	16	8	11	26	33	4	12
Heroin	n.a.	n.a.	17	8	8	<7	25	<4	10
Ecstasy	n.a.	n.a.	14	9	5	16	<25	<4	10
Other drugs	n.a.	n.a.	51	31	35	44	75	13	38

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents do not add to 100%, as prisoners may have used more than one type of drug.
3. Other drugs includes other analgesics, methadone/buprenorphine/Suboxone, barbiturates, ketamine, inhalants—petrol/volatile solvents, inhalants—anaesthetics/nitrates/other inhalants, steroids, cocaine, GHB, hallucinogens and other drugs not specified.

Source: Entrant form, National Prisoner Health Census 2010.

The most commonly used drugs were similar for male and female prison entrants (Table 4.9). Cannabis/marijuana was the most common drug, used by about half of both male (52%) and female (49%) prison entrants, followed by meth/amphetamines, used by 28% and 40% respectively. Analgesics/pain killers were used by proportionally 3 times as many female (36%) as male (13%) entrants.

Table 4.9: Prison entrants, types of drugs used in previous 12 months by sex, age group and Indigenous status, 2010

	Cannabis/ marijuana	Meth/ amphetamine	Analgesics/ pain killers	Tranquillisers/ sleeping pills	Heroin	Ecstasy	All other drugs
				Number			
Sex							
Male	271	148	66	56	48	50	188
Female	42	34	31	19	12	8	43
Age group (years)							
18–24	99	53	28	22	15	26	62
25–34	122	70	41	31	22	16	98
35–44	67	49	15	16	<20	<15	57
45+	22	6	7	5	<10	<3	12
Indigenous status							
Indigenous	142	50	44	23	18	15	63
Non-Indigenous	162	123	49	50	39	42	159
Total	**313**	**182**	**97**	**75**	**60**	**85**	**231**
				Per cent			
Sex							
Male	52	28	13	11	9	10	35
Female	49	40	36	22	14	9	52
Age group (years)							
18–24	60	32	17	13	9	16	38
25–34	58	33	20	15	10	8	47
35–44	46	34	10	11	<13	<10	40
45+	28	8	9	6	<12	<4	14
Indigenous status							
Indigenous	54	19	17	9	7	6	24
Non-Indigenous	50	38	15	15	12	13	49
Total	**51**	**30**	**16**	**12**	**10**	**10**	**38**

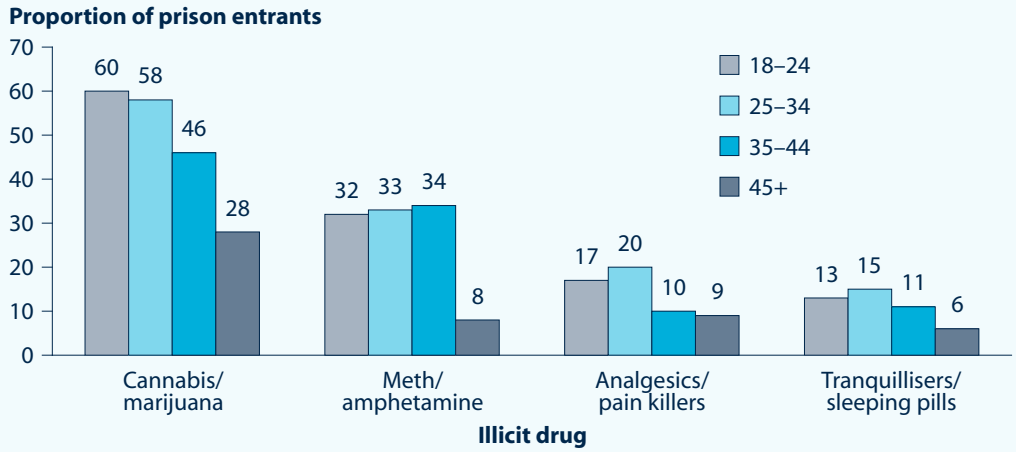
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents do not add to 100%, as prisoners may have used more than one type of drug.
3. Other drugs includes other analgesics, methadone/buprenorphine/Suboxone, barbiturates, ketamine, inhalants—petrol/volatile solvents, inhalants—anaesthetics/nitrates/other inhalants, steroids, cocaine, GHB, hallucinogens and other drugs not specified.
4. Totals include 21 prison entrants with unknown Indigenous status.

Source: Entrant form, National Prisoner Health Census 2010.

Of the most commonly used illicit drugs, the types used by prison entrants also differed by the age of the entrant (Figure 4.3). In each age group, cannabis/marijuana was the most commonly used drug, followed by meth/amphetamines. Cannabis/marijuana had been used by 60% of entrants aged 18–24 years, but only by 28% of entrants aged 45 years or older. Meth/amphetamines were used by 34% of entrants aged 35–44 years, 33% of entrants aged 25–34 years and 32% of entrants aged 18–24 years. For entrants aged 18–24 years analgesics/pain killers was the next most commonly used drug (17%) followed by ecstasy (16%). The age group with the highest proportion reporting illicit use of tranquilisers/sleeping pills was those aged 25–34 years (15%).

Figure 4.3: Prison entrants, illicit drug use, by age group, 2010

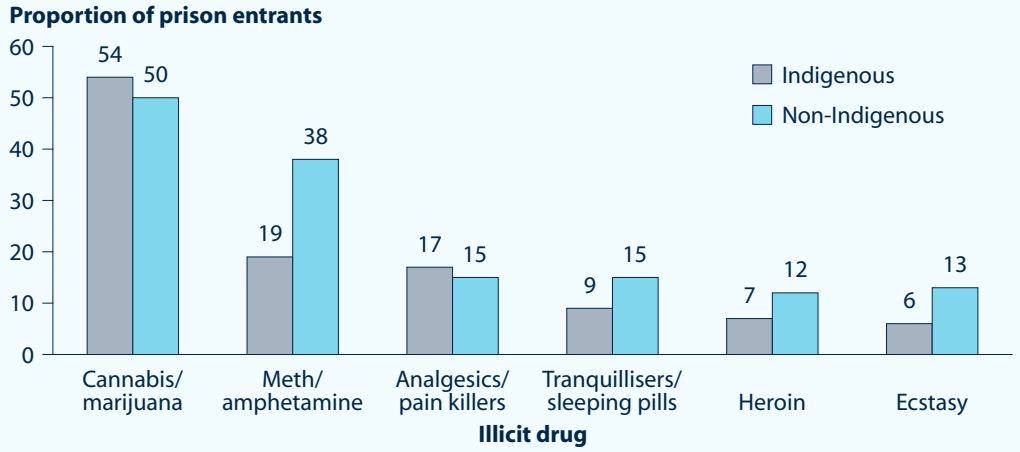


Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

The most common illicitly used drug for both Indigenous and non-Indigenous prison entrants was cannabis/marijuana. Other drug choices differed for Indigenous and non-Indigenous prison entrants (Figure 4.4). Cannabis/marijuana and analgesics/pain killers were the only drugs used by a greater proportion of Indigenous entrants (54% and 17%) than non-Indigenous entrants (50% and 15%). Non-Indigenous entrants were twice as likely as Indigenous entrants to use synthetic drugs such as meth/amphetamines (38% and 19%, respectively) and ecstasy (13% and 6%, respectively).

Figure 4.4: Prison entrants, illicit drug use, by Indigenous status, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Entrant form, National Prisoner Health Census 2010.

Injecting drugs

Injecting drug use is a risk factor for viral hepatitis in inmates, with the rate of injecting drug use among inmates found to be the most important cause of the marked variability of seroprevalence rates for exposure to hepatitis C (Hunt & Saab 2009).

Strategies for reducing the transmission of hepatitis B and C to other prisoners, which have been shown to be effective without leading to negative consequences for the health of prison staff or prisoners, include needle and syringe programs and opioid substitution therapies (Jurgens et al. 2009).

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

NUMERATOR: Number of prison entrants who report that they have injected drugs.

DENOMINATOR: Total number of prison entrants during the Census period.

Data on prison entrants who had injected drugs and shared injecting equipment were obtained from the 2007 NPEBBV&RBS (Butler & Papanastasiou 2008). Overall, 55% of the 740 prison entrants of the NPEBBV&RBS had ever injected drugs, ranging from 48% in Tasmania to 61% in South Australia (Table 4.10).

Table 4.10: Prison entrants, injecting drug status, by states and territories, 2007

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	132	87	91	55	17	22	2	n.a.	406
Per cent	54	54	58	56	61	48	50	n.a.	55
Number of prison entrants tested	245	162	157	97	28	46	4	n.a.	740

Source: NPEBBV&RBS2007 tables 3 and 4.

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

NUMERATOR: Number of prison entrants who report that they have shared injecting equipment.

DENOMINATOR: Total number of prison entrants during the Census period.

Of the 248 prison entrants who had injected drugs in the previous month, one in five (20%) had re-used someone else's used needle or syringe, and 15% had shared injecting equipment with one or more persons. The majority of those who shared equipment did so with one other person (Butler & Papanastasiou 2008).

For more detailed analysis on injecting drugs refer to *The health of Australia's prisoners 2009* (AIHW 2010).

4.4 Unprotected sex

Unprotected sex can involve risks such as unintended pregnancies, the transmission of sexually transmitted infections and hepatitis B.

INDICATOR: Proportion of prison entrants who report having had unprotected sex with a new or casual partner in the last month.

NUMERATOR: Number of prison entrants who report having had unprotected sex with a new or casual partner in the last month.

DENOMINATOR: Total number of prison entrants during the Census period.

The 2007 NPEBBV&RBS found that of the 150 prison entrants who had had sex with a casual partner(s) in the month before entry to prison, more than half (57%) did not use a condom. For more detailed analysis on unprotected sex refer to *The health of Australia's prisoners 2009* report (AIHW 2010).

4.5 Health service use

Use of health services

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, as these factors change, both over time and across different population groups (AIHW 2008b).

Access to health services is central to supporting people's health. Patterns of health service use reflect a combination of need for care, demand for care, and access to care. Prisoners are entitled to the same access and standard of health care as the general population—that is:

- evidence-based health services provided by a competent, registered health professional who will provide a standard of health services comparable with that of the general community
- 24-hour health services either on an on-call or stand-by basis
- specialist medical practitioners, as well as psychiatric, dental, optical and radiological diagnostic services.

Prisoners arrive at prison with various health conditions (see Chapter 3), and their health is often poorer than that of the general community (see Chapter 7). 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 & Dhami 2010).

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).

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

NUMERATOR: Number of prison entrants, by professional medical contact sought in the community.

DENOMINATOR: Total number of prison entrants during the Census period.

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

NUMERATOR: Number of prison entrants, by professional medical contact sought in prison.

DENOMINATOR: Total number of prison entrants during the Census period who had been in prison in the last 12 months.

The Census collected information from all prison entrants on their health-seeking behaviours, both in the community and in prison, in the 12 months before their current incarceration. This included information on health professional consultations, non-use of health-care professionals and reasons for not seeking health care when needed.

In the previous 12 months, three-quarters (76%) of prison entrants consulted a health professional for their own health in the community. Almost two-thirds of prison entrants (391 or 64%) had consulted a doctor or GP in the community and about one-quarter had seen a nurse (160 or 26%) and/or alcohol and drug worker (144 or 24%) (Table 4.11). In comparison, about 77–80% of those aged 25–54 years in the general community had visited their GP in the previous 12 months (ABS 2009c).

There were 263 entrants who reported having been in prison during the previous 12 months. Consultations with a health professional had occurred in prison in the previous 12 months for 76% of these entrants—almost two-thirds had seen a nurse (63%) and/or a doctor or GP (59%) in prison during the previous 12 months (Table 4.11). The proportions of entrants having consultations with a health professional were generally higher for the community than prison during the previous 12 months for many types of health professionals. This was most pronounced for alcohol and drug workers, who were seen by almost one-quarter (24%) of entrants in the community, but only 15% in prison during the previous 12 months. An exception to this trend was that entrants were more than twice as likely to report having consultations with nurses in prison (63%) than in the community (26%). This reflects the high proportion of health consultations in prison that occur with a nurse rather than a doctor (see Section 5.7 for details).

These results indicate that the reported increased use of health services within prison referred to above is not general, but instead specific to certain types of services such as nursing.

Table 4.11: Prison entrants who reported having consulted a health professional in the previous 12 months, in the community and in prison, by health professional, 2010

	Community		Prison	
Health professional	**Number**	**Per cent**	**Number**	**Per cent**
Doctor/GP	391	64	155	59
Nurse	160	26	165	63
Alcohol/drug worker	144	24	40	15
Dentist	104	17	45	17
Social worker/welfare officer	99	16	25	10
Psychologist	87	14	27	10
Psychiatrist	67	11	31	12
Aboriginal health worker	65	11	19	7
Consulted with any health professional	**463**	**76**	**199**	**76**

Notes

1. Per cents do not add to 100%, as each prisoner may have seen more than one health professional.
2. Per cents are calculated from the total number of prison entrants (610) for the community visits, and from the number of entrants reporting having been in prison during the previous 12 months for the prison visits (263).
3. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

In general, a greater proportion of female than male entrants had seen health professionals in the community during the 12 months before the current incarceration (Table 4.12). Females were more likely than males to have seen a doctor/GP (74% of female entrants, 63% of male entrants), a nurse (31% and 26%, respectively), an alcohol or drug worker (29% and 23%, respectively), or a social worker/welfare officer (26% and 15%, respectively).

All female entrants who had been in prison in the previous 12 months had consulted a health professional while there, compared with 73% of male entrants. A difference was seen for consultations with mental health professionals. In the community, similar proportions of males and females saw a psychologist or psychiatrist during the previous 12 months. However, in prison, about twice as many females as males saw a psychologist (21% of females, 9% of males) or a psychiatrist (21% of females, 11% of males). With the exception of nurses, males visited all other medical professionals either less or equally in prison than in the community. Females also visited a doctor/GP, alcohol or drug worker, social worker/welfare officer, and/or Aboriginal health worker more in the community than in prison.

There were few patterns by age other than the proportion of entrants having consulted with a doctor/GP in the community, which increased steadily from just over half (52%) of entrants aged 18–24 years to more than three-quarters (76%) of entrants aged 45 years and over. Visits in prison to each of these types of professionals had no apparent relationship to the age of the prison entrant.

Table 4.12: 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, 2010

	Community				Prison			
	Male		Female		Male		Female	
Health professional	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Doctor/GP	328	63	63	74	138	59	17	59
Nurse	134	26	26	31	141	60	24	83
Alcohol/drug worker	119	23	25	29	33	14	7	24
Dentist	90	17	14	16	39	17	6	21
Social worker/welfare officer	77	15	22	26	18	8	7	24
Psychologist	76	15	11	13	21	9	6	21
Psychiatrist	59	11	8	9	25	11	6	21
Aboriginal health worker	56	11	9	11	<20	<10	<3	<10
Consulted with any health professional	**393**	**75**	**70**	**82**	**170**	**73**	**29**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents do not add 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 (610) for the community visits, and from the number of entrants reporting having been in prison during the previous 12 months (234 males and 29 females) for the prison visits (263).

Source: Entrant form, National Prisoner Health Census 2010.

Overall, 68% of Indigenous entrants had consulted with a health professional in the community in the previous 12 months, compared with 81% of non-Indigenous entrants. It appears that Indigenous prisoners make use of certain types of health professionals more often when in prison than when in the community. Of those Indigenous entrants who had been in prison during the previous 12 months, almost two-thirds (62%) had visited a doctor while in prison, compared with 54% when in the community. Similarly, 64% of Indigenous entrants had seen a nurse in prison in the previous 12 months, compared with 32% in the community, and 11% had seen a psychologist in prison in the previous 12 months, compared with 4% in the community (Table 4.13).

Among non-Indigenous entrants, the opposite was true. About 55% of those who had been in prison during the previous 12 months had seen a GP while in prison, compared with 72% in the community. Likewise, 10% had visited a psychologist while in prison, and 22% had done so in the community. Both Indigenous and non-Indigenous entrants were more likely to have seen an alcohol and other drug worker in the community than in prison during the previous 12 months (Table 4.13).

Table 4.13: 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, 2010

	Community				Prison			
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous	
Health professional	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Doctor/GP	142	54	235	72	84	62	66	55
Nurse	85	32	68	21	87	64	73	61
Alcohol/drug worker	56	21	79	24	19	14	21	18
Dentist	38	15	60	18	21	16	22	18
Social worker/welfare officer	37	14	60	18	14	10	11	9
Psychologist	11	4	71	22	15	11	12	10
Psychiatrist	11	4	52	16	13	10	16	13
Aboriginal health worker	62	24	3	1	16	12	3	3
Consulted with any health professional	**179**	**68**	**266**	**81**	**105**	**78**	**88**	**74**

Notes

1. Per cents do not add to 100%, as each prisoner may have seen more than one health professional.
2. Per cents are calculated from the total number of prison entrants (610) for the community visits, and from the number of Indigenous (135) and non-Indigenous (119) entrants reporting having been in prison during the previous 12 months for the prison visits.
3. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

Barriers to use of health services

It has been previously shown that prisoners typically make less use of health services in the community, but extensive use of available services within prison (Condon et al. 2007a). Prison entrants in the Census 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 in the community and in prison.

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

NUMERATOR: Number of prison entrants, by medical contact required in the community, yet not sought.

DENOMINATOR: Total number of prison entrants during the Census period.

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

NUMERATOR: Number of prison entrants, by medical contact required in prison, yet not sought.

DENOMINATOR: Total number of prison entrants during the Census period who had been in prison in the last 12 months.

More than 40% of prison entrants reported they needed to consult a health professional in the community during the previous 12 months, but did not. Of all prison entrants, one-quarter (25%) needed to see a doctor or GP in the community but did not, and 18% needed to see a dentist but did not (Table 4.14).

In contrast, only 12% of prison entrants who had been in prison during the previous 12 months indicated that during that time they had needed to consult a health professional in prison but had not done so. There was a fairly even distribution of the types of health professionals not seen in prison. Some of the most common reasons for not attending required consultations included cost, being too busy, and transport or distance problems. These may not apply in prison, suggesting that for some prisoners, access to health care is improved in prison compared with when they are in the community.

Table 4.14: Prison entrants who reported having needed to see a health professional in the previous 12 months, in the community or in prison but did not, by health professional, 2010

	Community		Prison	
Health professional	**Number**	**Per cent**	**Number**	**Per cent**
Doctor/GP	155	25	13	5
Nurse	39	6	15	6
Alcohol/drug worker	63	10	8	3
Dentist	108	18	13	5
Social worker/welfare officer	55	9	10	4
Psychologist	42	7	10	4
Psychiatrist	44	7	7	3
Aboriginal health worker	11	2	5	2
Did not consult any health professional when needed	**253**	**41**	**31**	**12**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents do not add to 100%, as each prisoner may have needed to see more than one health professional.
3. Per cents are calculated from the total number of prison entrants (610) for the community visits, and from the number of entrants reporting having been in prison during the previous 12 months for the prison visits (263).

Source: Entrant form, National Prisoner Health Census 2010.

While females tended to make more use of health services than males, they were also at least twice as likely as male entrants to report they had needed to see each type of health professional in the community but had not (with the exception of visiting the dentist) (Table 4.15). Almost half (47%) of female entrants reported having needed to see a doctor/GP in the community but not going, compared with 22% of males. Females (29%) were about twice as likely as males (16%) to report not seeing a dentist, an alcohol and drug worker (21% compared with 9%), or a psychologist (15% compared with 8%) when they needed to.

Table 4.15: Prison entrants who reported having needed to see a health professional in the previous 12 months, in the community but did not, by health professional and sex, 2010

	Male		Female	
Health professional	**Number**	**Per cent**	**Number**	**Per cent**
Doctor/GP	115	22	40	47
Nurse	26	5	13	15
Alcohol/drug worker	45	9	18	21
Dentist	83	16	25	29
Social worker/welfare officer	29	6	13	15
Psychologist	42	8	13	15
Psychiatrist	31	6	13	15
Aboriginal health worker	6	1	5	6
Did not consult any health professional when needed	**201**	**38**	**52**	**61**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents do not add 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 (85) and male entrants (524), and one entrant whose sex is unknown, from the total of 610 entrants.

Source: Entrant form, National Prisoner Health Census 2010.

A greater proportion of non-Indigenous entrants than Indigenous entrants reported not seeing a health professional in the community when they needed to. More than one-fifth (21%) of non-Indigenous entrants did not see a dentist when they needed to, compared with 13% of Indigenous entrants. Non-Indigenous entrants were also more likely than Indigenous entrants to fail to see a psychologist (13% and 4%, respectively), or psychiatrist (11% and 3%, respectively). Overall, just over one-third (92 or 35%) of Indigenous entrants reported not seeing a health professional in the community, compared with 47% of non-Indigenous entrants.

Of those who had been in prison during the previous 12 months, 10% of Indigenous entrants reported failing to see a health professional while in prison, compared with 13% of non-Indigenous entrants.

INDICATOR: Proportion of prison entrants by reason for not seeking medical contact in the past 12 months when required.

NUMERATOR: Number of prison entrants by reason for not seeking medical contact when required.

DENOMINATOR: Total number of prison entrants during the Census period that needed to see a medical contact in the community.

Overall, more than two in five (43%) prison entrants reported there was a time during the previous 12 months when they had needed to consult with a health professional, either in the community (41%) or in prison (12% of those who had been in prison), but did not. Prison entrants were asked why they had not attended, and given a list of possible reasons to choose from; they could also nominate another reason. The most common reasons given for not attending a required medical contact were: 'felt at the time I didn't need or want to or couldn't be bothered' (29%), cost (29%) and being too busy (23%). Only 6% of those who didn't attend a consultation did not provide a reason (Table 4.16). The responses from those who did not attend a consultation in prison during the previous 12 months were excluded from the analysis, because there was a small number of them (31), and some of the reasons were not applicable (for example, cost).

Table 4.16: Prison entrants who reported that in the previous 12 months they had not consulted a health professional in the community when they needed to, by reason, 2010

Reason	Number	Per cent
Felt at the time I didn't need/want to, couldn't be bothered	74	29
Cost	73	29
Too busy (including work, personal, family responsibilities)	57	23
Transport/distance	51	20
Waiting time too long or not available at time required	39	15
Other reason	39	15
Intoxication	38	15
Legal issues	23	9
Not available in area	17	7
Discrimination/service not culturally appropriate/language problems	6	2
Unknown (no reason provided)	15	6
Total reasons for not attending	**432**	..
Total number of entrants not attending a consultation in the community	**253**	..

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents are of the number of entrants who did not attend a needed consultation in the community (253).
3. Per cents do not add to 100%, as entrants could choose more than one reason.
4. Excludes prison entrants not reporting failing to attend an consultation in the community.

Source: Entrant form, National Prisoner Health Census 2010.

5

Prison health services

5 Prison health services

This chapter 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 National Prisoner Health Census, and are reported for both prisons and prisoners. Information is broken down (where possible) by sex, age and Indigenous status.

5.1 Visits by Aboriginal Community Controlled Health Organisations

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 Aboriginal and Torres Strait Islander prisoners in correctional institutions. 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.

INDICATOR: Proportion of prisons that received visits by an Aboriginal Community Controlled Health Organisation or an Aboriginal Medical Service to a prison facility.

NUMERATOR: Number of prisons that received visits by an Aboriginal Community Controlled Health Organisation or an Aboriginal Medical Service.

DENOMINATOR: Total number of prisons that took part in the Census.

The Census collected information on whether prisons received visits by an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical Service (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 2007). An AMS is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals, and 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.

Of the 43 prisons that responded to this question, a total of nine (21%) prisons received visits at least every 2 weeks from AMSs or ACCHOs, with most of these visits being at least weekly (Table 5.1). The majority of prisons (33 of 43 or 77%) did not receive visits from these services, and one prison received visits less than monthly. In Queensland, Western Australia, South Australia and the Australian Capital Territory, at least one prison received AMS or ACCHO visits. Tasmania and the Northern Territory did not have visits at any of their prisons.

The types of services provided by AMS or ACCHO were most commonly medical practitioners. Others included Aboriginal health workers, counsellors, Aboriginal liaison officers, drug and alcohol workers, population health doctors and mental health services.

Table 5.1: Prisons, frequency of visits by ACCHO/AMS, states and territories, 2010

Frequency of visits	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Every day	n.a.	n.a.	0	0	0	0	0	0	0
At least once a week	n.a.	n.a.	0	4	1	0	1	0	6
At least once every 2 weeks	n.a.	n.a.	1	2	0	0	0	0	3
At least once a month	n.a.	n.a.	0	0	0	0	0	0	0
Less often than once a month	n.a.	n.a.	0	1	0	0	0	0	1
Never	n.a.	n.a.	12	7	6	6	0	2	33
Total	**n.a.**	**n.a.**	**13**	**14**	**7**	**6**	**1**	**2**	**43**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Establishment form, National Prisoner Health Census 2010.

In some jurisdictions, Aboriginal health workers are employed as part of the regular prison health clinic staff. Among participating states and territories, there are 4 full-time equivalent positions, with 2 in South Australia, 1 in Western Australia and less than 1 full-time equivalent in both Queensland and the Australian Capital Territory.

There may be other ways in which Aboriginal workers are employed and help within prisons, which have not been captured by this Census. 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 Census.

5.2 Referrals to prison mental health services

Prison mental health services are one of the target areas under the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011. Under the action plan jurisdictions have committed to improve services for people with mental illness in the criminal justice system, through measures such as stronger case management, more mental health workers, increased mental health beds and post-release support to people with mental illness (Council of Australian Governments 2006).

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

NUMERATOR: Number of prison entrants who, at reception, were referred to mental health services for observation and further assessment.

DENOMINATOR: Total number of prison entrants during the Census period.

As a result of the reception assessment, almost one-fifth (19%) of prison entrants were referred to prison mental health services for observation and further assessment (Table 5.2). The proportion of prison entrants referred to a prison mental health service was lowest in the Northern Territory, which could be due to the low number of prison entrants in the Northern Territory presenting with a history of mental health issues (Table 3.1).

Table 5.2: Prison entrants, referrals to prison mental health service, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	n.a.	n.a.	30	48	13	14	5	3	113
Per cent	n.a.	n.a.	16	28	11	33	42	4	19
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 29 prison entrants for whom referral status was unknown.

Source: Entrants form, National Prisoner Health Census 2010.

A slightly higher proportion of females (22%) than males (18%) were referred to prison mental health services (Table 5.3). This is consistent with the findings about mental health history (see Chapter 3). The highest proportion of prison entrants referred to prison mental health services was found in those aged 18–24 years (21%) and 35–44 years (20%). A smaller proportion of Indigenous entrants (15%) were referred to prison mental health services than non-Indigenous entrants (21%).

Table 5.3: Prison entrants, referral to prison mental health service, by sex, age group and Indigenous status, 2010

	Referred to prison mental health services		Total	
	Number	Per cent	Number	Per cent
Sex				
Male	94	18	524	100
Female	19	22	85	100
Age group (years)				
18–24	35	21	164	100
25–34	37	18	210	100
35–44	29	20	146	100
45+	11	14	79	100
Indigenous status				
Indigenous	38	15	262	100
Non-Indigenous	70	21	327	100
Total	**113**	**19**	**610**	**100**

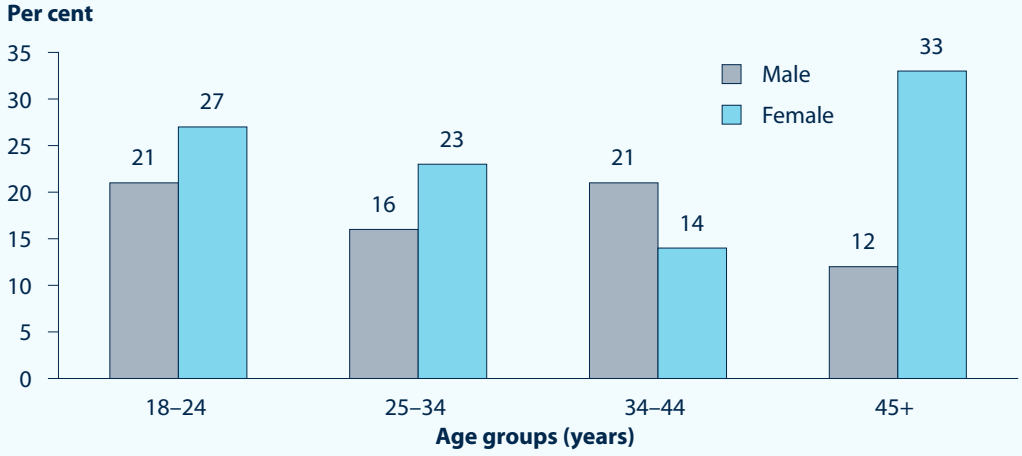
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 1 entrant whose sex was unknown, 11 whose age was unknown, 21 whose Indigenous status was unknown, and 5 for whom referral status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

While the proportion of male prison entrants referred to prison mental health services fluctuated with age, for female entrants, there was a peak in the oldest age group (Figure 5.1). One-third (33%) of females aged 45 years and over were referred, compared with about one-quarter (23–27%) of younger females, aged 18–34 years.

Figure 5.1: Prison entrants, referrals to a mental health service, by age groups and sex, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Entrant form, National Prisoner Health Census 2010.

5.3 Identification of suicide or self-harm risk

Prisoners identified as being at risk of self-harm or suicide are placed under a management regime appropriate to their individual needs and designed to ensure their wellbeing, including more frequent observations.

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).

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

NUMERATOR: Number of prison entrants identified as currently at risk of suicide or self-harm.

DENOMINATOR: Total number of prison entrants during the Census period.

The Census recorded whether or not each prison entrant was identified by prison staff as being currently at risk of suicide or self-harm at the time of entry to prison. Prison health staff identified 41 prison entrants (7%) as at risk of suicide or self-harm (Table 5.4).

Table 5.4: Prison entrants, identified as being at risk of suicide or self-harm, states and territories, 2010

Currently at risk of suicide or self-harm	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	n.a.	n.a.	5	20	12	4	—	—	41
Per cent	n.a.	n.a.	3	12	10	9	0	0	7
Total	**n.a.**	**n.a.**	**189**	**173**	**118**	**43**	**12**	**75**	**610**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 27 prison entrants for whom risk status was unknown.

Source: Entrant form, National Prisoner Health Census 2010.

Such identification was more common among male (7%) than female (5%) prison entrants. Among non-Indigenous entrants, 9% were identified as being at risk of self-harm, compared with 4% of Indigenous entrants. There was no clear pattern by age, which ranged from a low of 4% of entrants aged 25–34 years to a high of 9% of entrants aged 18–24 and 35–44 years being identified as at risk of suicide or self-harm.

5.4 Transfers from prison clinic to public hospitals

In some jurisdictions, prisoners who are hospitalised or who require highly specialised health care can be managed within the prison system, as 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.

INDICATOR: Number of hospital transfers for prisoners in custody during the Census period.

The Census collected information on the number of hospital transfers that occurred during the two week Census period, and whether they were planned or not. Of the 43 prisons that responded to this question, there were a total of 635 transfers during the two week period (Table 5.5). The majority of these transfers were planned (545 or 86%). The proportion of hospital transfers that were not planned varied among jurisdictions from no unplanned transfers in Tasmania to a high of 25% in the Northern Territory.

Table 5.5: Prisons, number of hospital transfers during Census period, states and territories, 2010

Type of transfer	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Non-acute (planned)	n.a.	n.a.	196	186	83	24	14	42	545
Acute (not planned)	n.a.	n.a.	41	21	11	0	3	14	90
Total hospital transfers	**n.a.**	**n.a.**	**237**	**207**	**94**	**24**	**17**	**56**	**635**
Per cent transfers (not planned)	**n.a.**	**n.a.**	**17**	**10**	**12**	**0**	**18**	**25**	**14**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Establishment form, National Prisoner Health Census 2010.

5.5 Immunisation

Immunisation is generally regarded as being highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. *The Australian immunisation handbook* provides clinical recommendations on the administration of vaccines. These recommendations were developed by the Australian Technical Advisory Group on Immunisation and endorsed by the National Health and Medical Research Council. *The Australian immunisation handbook* recommends vaccinations for special groups, particularly inmates of correctional facilities, who should be vaccinated against influenza, hepatitis A and hepatitis B given their risk of acquiring these infections (DoHA 2008; Weinbaum et al. 2005; Crofts et al. 1997).

INDICATOR: Number of hepatitis B, human papillomavirus, and meningococcal vaccines provided by prison clinics.

The Census collected information on the number of certain immunisations provided. During the two week Census period, there were 200 immunisations, all of which were against hepatitis B (Table 5.6). In most jurisdictions, about 9–26 hepatitis B immunisations were delivered during the Census period. The exception was in Queensland where there were 112 immunisations. The two other types of immunisations asked about were human papillomavirus (cervical cancer for females only), and meningococcal (for Aboriginal and Torres Strait Islander prisoners only), and neither of these types were delivered during the Census period.

Table 5.6: Prisons, number of immunisations provided during Census period, states and territories, 2010

Type of immunisation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hepatitis B	n.a.	n.a.	112	16	26	9	21	16	200
Human papillomavirus (females only)	n.a.	n.a.	0	0	0	0	0	0	0
Meningococcal (Indigenous only)	n.a.	n.a.	0	0	0	0	0	0	0

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Establishment form, National Prisoner Health Census 2010

5.6 Discharge planning

Discharge planning supports the continuity of health care between prison and the community, based on the individual needs of the prisoner (Borzycki & Baldry 2003). As most prisoners return to the community, it is important to the overall health of the community that health needs are addressed while in prison and support is continued while in the community. 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. A discharge summary is a summary of the care provided to the prisoner while in prison.

Logistically, discharge planning for prisoners can be difficult. With a high proportion of prisoners being on remand (46% of prison entrants in this Census), 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. So, knowing when to begin discharge planning for many people in prison is a difficult task.

Where a prisoner is under medical or psychiatric treatment at the time of release, the prison health service is required to make arrangements with an appropriate agency for the continuation of such treatment after release (AIC 2004). As noted above, this is not always a simple task. During a 2009 visit to Australia, the United Nations Special Rapporteur noted the difficulties in the current system for continuity of health care between prison and the community. Prisoners not having access to Medicare or the Pharmaceutical Benefits Scheme may hinder exchange of information between prison and community health providers. One of the recommendations of the United Nations Special Rapporteur was for Australia to:

> increase engagement with community health providers by prisons which would improve continuity of care and facilitate reintegration into the community (United Nations 2010 p.23).

INDICATOR: Proportion of sentenced and remand prisoners who had a health-related discharge summary in place at time of their release.

NUMERATOR: Number of prisoners who had a health-related discharge summary in place at time of their release.

DENOMINATOR: Total number of prisoners released during the Census period.

The Census asked how many remand and sentenced prisoners were released during the two week Census period, and how many of them had a written discharge summary on file.

More than half (55%) of remand prisoners who were released had a discharge summary on file, and most (87%) sentenced prisoners who were released has a discharge summary on file (Table 5.7).

Table 5.7: Prisons, discharge summaries during Census period, by states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of prisoners released									
Remand	n.a.	n.a.	62	112	108	32	13	16	343
Sentenced	n.a.	n.a.	236	189	34	—	3	51	513
Number of discharge summaries on file									
Remand	n.a.	n.a.	52	83	11	22	4	16	188
Sentenced	n.a.	n.a.	229	155	10	—	2	51	447
Proportion of released prisoners with a discharge summary									
Remand	n.a.	n.a.	84	74	10	69	31	100	55
Sentenced	n.a.	n.a.	97	82	29	—	67	100	87

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Establishment form, National Prisoner Health Census 2010.

The Census also collected information about the approach taken by prisons in relation to health-related discharge planning. While 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; however 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.

5.7 Use of prison clinic

INDICATOR: Proportion of prisoners in custody who used the prison clinic.

NUMERATOR: Number of prisoners in custody who used the prison clinic during the Census period.

DENOMINATOR: Total number of prisoners in custody on 30 June 2010.

The Census collected information on prisoners' use of prison clinics during the two week Census period. For each prisoner encounter at the prison clinic a one-page questionnaire was completed by staff. Data collected included demographic information, details of who initiated the visit, the problem managed and who the prisoner was seen by.

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 Band-Aids or paracetamol). Data on prisoners in custody who used the prison clinic were collected by all states and territories except New South Wales and Victoria.

During the two week Census period almost 6,000 prisoners (42% of those in custody on 30 June 2010 in all states and territories except New South Wales and Victoria) used the prison clinic.

The proportion of prisoners in custody visiting their health clinic during the two week Census varied among jurisdictions, from just over one-quarter (26%) in Queensland, to more than half (56%) in Western Australia and Tasmania (Table 5.8).

Table 5.8: Prisoners who visited the prison clinic during the Census period, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of prisoners who used the clinic	n.a.	n.a.	1,431	2,688	875	268	112	453	5,845
Number of prisoners in custody	n.a.	n.a.	5,532	4,776	1,788	480	214	1,085	13,881
Proportion of prisoners who used the clinic	**n.a.**	**n.a.**	**26**	**56**	**49**	**56**	**52**	**42**	**42**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Clinic form, National Prisoner Health Census 2010; AIHW analysis of ABS Prisoners in Australia 2010.

A much higher proportion of female (62%) than male prisoners (39%) used the clinic during the two week Census period (Table 5.9). Prisoners' likelihood of visiting the clinic increased with age; 35% of prisoners aged 18–24 years visited the prison clinic, compared with 46% of prisoners aged 45 years and over. The proportions of Indigenous and non-Indigenous prisoners who visited the clinic were similar (39% and 40%, respectively).

Table 5.9: Prisoners who visited the prison clinic during the Census period, by sex, age group and Indigenous status, 2010

	Number of prisoners who used the prison clinic during Census	Number of prisoners in custody on 30 June 2010	Proportion of prisoners who used the prison clinic
Sex			
Male	4,965	12,851	39
Female	642	1,030	62
Age group (years)			
18–24	979	2,814	35
25–34	1,967	4,993	39
35–44	1,456	3,688	39
45+	1,086	2,386	46
Indigenous status			
Indigenous	1,912	4,885	39
Non-Indigenous	3,590	8,989	40
Total	**5,845**	**13,881**	**42**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 239 prisoners whose sex was unknown, 359 whose age was unknown and 346 whose Indigenous status was unknown.
3. ABS 30 June 2010 data total includes 5 prisoners whose Indigenous status was unknown.

Sources: Clinic form, National Prisoner Health Census 2010; AIHW analysis of ABS 2010.

During the Census period, prisoners made multiple visits to the clinic and had various problems managed (Table 5.10). The 5,845 prisoners made an average of 2.4 visits each to their clinic during the two week Census, and had on average 1.3 problems managed in each visit.

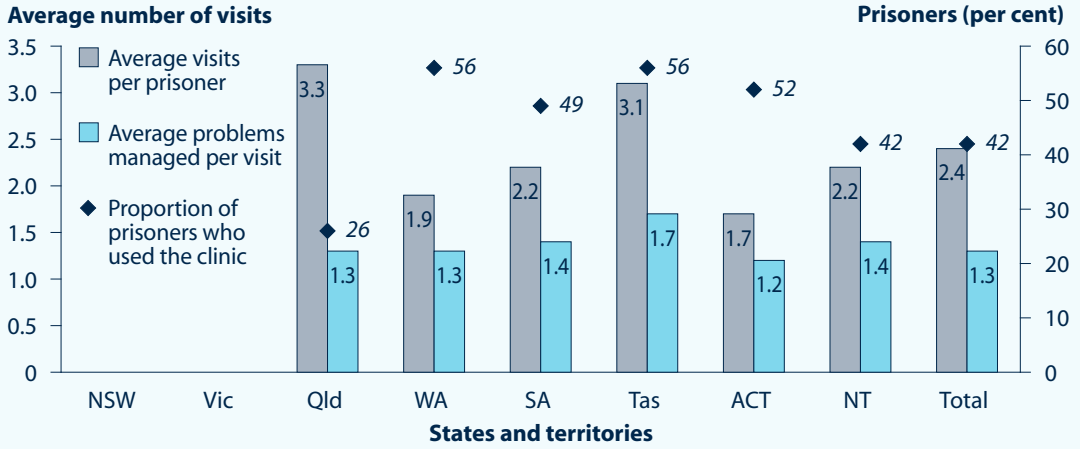
Table 5.10: Clinic visits during the Census period, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of prisoners who used the clinic	n.a.	n.a.	1,431	2,688	875	286	112	453	5,845
Number of clinic visits	n.a.	n.a.	4,669	5,187	1,913	886	187	1,001	13,843
Average visits per prisoner	n.a.	n.a.	3.3	1.9	2.2	3.1	1.7	2.2	2.4
Number of problems managed	n.a.	n.a.	5,946	6,829	2,667	1,197	217	1,445	18,301
Average problems managed per visit	n.a.	n.a.	1.3	1.3	1.4	1.7	1.2	1.4	1.3

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic form, National Prisoner Health Census 2010.

Although Queensland had the lowest proportion of prisoners in custody visiting their clinic during the two week Census, those prisoners made more visits per person on average than in any other jurisdiction. Queensland prisoners made an average of more than 3 visits during the 2 weeks. Tasmania had one of the highest proportions of prisoners in custody visiting the clinic during the Census (56%), and they made an average of 3 visits each. In contrast, in Western Australia a similar proportion of prisoners in custody visited the clinic (56%), but they made an average of 2 visits each. The average number of problems managed in each clinic visit was similar across jurisdictions, but slightly higher in Tasmania (Figure 5.2).

Figure 5.2: Clinic visits, average visits per prisoner and average problem managed per visit, states and territories, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic form, National Prisoner Health Census 2010.

The highest number of problems managed in the two weeks was 12. Females made more clinic visits, with an average of 3.1 visits per prisoner, than males, with 2.4 visits, during the two week Census period (Table 5.11).

Table 5.11: Clinic visits during the Census period, by sex, 2010

	Male	Female	Total
Number of prisoners who used the prison clinic	4,965	642	5,845
Number of clinic visits	11,618	1,960	13,845
Average visits per prisoner	2.4	3.1	2.4
Number of problems managed	15,220	2,741	18,301
Average problems managed per visit	1.3	1.4	1.3

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 348 problems managed at 266 visits by 239 prisoners whose sex was unknown.

Source: Clinic form, National Prisoner Health Census 2010.

Three-quarters (75%) of prisoners who used the clinic visited once or twice during the Census period, and 9% visited 5 or more times (Table 5.12). The highest number of visits by one prisoner during the Census period was 44. In most jurisdictions, about 71–83% of prisoners visited their clinic only once or twice during the two week Census. In Tasmania however, there were more repeat visits to the clinic, with almost one in five (19%) prisoners making at least 5 visits during the two week Census period.

Table 5.12: Prisoners using the prison clinic during the Census period, by number of visits, 2010

Number of visits per prisoner	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number of prisoners				
1	n.a.	n.a.	704	1,484	502	84	66	224	3,064
2	n.a.	n.a.	321	606	199	67	27	113	1,333
3	n.a.	n.a.	131	308	76	57	13	58	643
4	n.a.	n.a.	86	125	38	23	<5	<25	298
5+	n.a.	n.a.	189	165	60	55	<3	<40	507
Total	**n.a.**	**n.a.**	**1,431**	**2,688**	**875**	**286**	**112**	**453**	**5,845**
					Per cent				
1	n.a.	n.a.	49	55	57	29	59	49	52
2	n.a.	n.a.	22	23	23	23	24	25	23
3	n.a.	n.a.	9	11	9	20	12	13	11
4	n.a.	n.a.	6	5	4	8	<4	<6	5
5+	n.a.	n.a.	13	6	7	19	<3	<9	9
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Clinic form, National Prisoner Health Census 2010.

5.8 Problems managed in prison clinics

INDICATORS: Proportion of prisoners in custody, by reason for attending the prison clinic.

NUMERATOR: Number of prisoners in custody, by reason for attending the prison clinic.

DENOMINATOR: Total number of prisoners in custody on 30 June 2010.

During the two week Census period, in the 13,845 clinic visits, 18,301 problems were managed.

Prisoners in custody most commonly visited the clinic for a health check (15%), followed by visits for medication/vaccination, pathology, and psychology/mental health issues (9% each) (Table 5.13).

The most common problem managed in prison clinics was a health check (15%), followed by medication/vaccination (12%), diabetes (11%), pathology including blood and urine testing (10%) and psychological/mental health issues (9%). Skin conditions and drug and alcohol issues each made up 6% of problems managed in prison clinic visits.

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 3% of prisoners in custody visited their clinic for that reason. This is primarily because diabetes was a problem for which prisoners tended to make multiple visits during the period.

Health checks may be performed for various reasons specific to the prison environment, which contributes towards them being the most common reason for attending the clinic. Health checks are mandated on reception and for prisoners annually. Further, prisoners who have returned to prison (for example, 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 5.13: Problems managed in prison clinics during the Census period, 2010

Problem managed	Number of problems managed	Per cent of problems managed	Number of prisoners	Per cent of prisoners in custody
Health check	2,777	15	2,093	15
Medication/vaccination	2,262	12	1,206	9
Diabetes	1,992	11	393	3
Pathology	1,826	10	1,206	9
Psychological/mental health	1,706	9	1,206	9
Skin condition	1,145	6	568	4
Drug and alcohol issue	1,109	6	505	4
Wound care	1,004	5	430	3
Musculoskeletal injury	708	4	565	4
Dental	644	4	517	4
Communicable disease	581	3	472	3
Other	559	3	441	3
Digestive condition	391	2	286	2
Musculoskeletal condition	388	2	331	2
Cardiovascular disease	387	2	273	2
Sensory (including ear and eye condition)	303	2	228	2
Neurological	252	1	180	1
Respiratory condition	209	1	170	1
Asthma	164	1	137	1
Quit smoking	137	1	124	1
Advice and education	116	1	106	1
Women's health	113	1	96	1
Arthritis	55	<1	45	<1
Malignancy	31	<1	14	<1
Total	**18,301**	**100**	**(in custody) 13,881**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 116 clinic visits by 109 prisoners where the problem managed was unknown.
3. Excludes visits to the prison clinic during the Census period for routine provision of medication.

Source: Clinic form, National Prisoner Health Census 2010.

At most clinic visits, there was one problem managed (76%). In one in five (19%) visits, two problems were managed and 5% of visits had at least 3 problems managed. The maximum number of problems managed in one visit was 12. This pattern was broadly similar in most jurisdictions, but in the Northern Territory, at least 3 problems were managed at 11% of visits. In contrast, clinic visits in the Australian Capital Territory managed only 1 problem 84% of the time (Table 5.14).

Table 5.14: Clinic visits during the Census period, number of problems managed per visit, states and territories, 2010

Number of problems per visit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
1	n.a.	n.a.	3,576	4,093	1,350	656	158	675	10,508
2	n.a.	n.a.	950	782	438	167	28	218	2,583
3+	n.a.	n.a.	143	312	125	63	1	108	752
Total	**n.a.**	**n.a.**	**4,669**	**5,187**	**1,913**	**886**	**187**	**1,001**	**13,843**
					Per cent				
1	n.a.	n.a.	77	79	71	74	84	67	76
2	n.a.	n.a.	20	15	23	19	15	22	19
3+	n.a.	n.a.	3	6	7	7	1	11	5
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic form, National Prisoner Health Census 2010.

Clinic visits where multiple problems were managed were more common among female than male prisoners. For female prisoners, more than one problem was managed in about one-third (31%) of clinic visits compared with just over one fifth (22%) of visits by males (Table 5.15).

Table 5.15: Clinic visits during the Census period, number of problems managed per visit, by sex, 2010

Number of problems managed per visits	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
1	8,966	77	1,338	68	10,508	76
2	2,019	17	516	26	2,583	19
3+	633	5	106	5	752	5
Total	**11,618**	**100**	**1,960**	**100**	**13,843**	**100**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic form, National Prisoner Health Census 2010.

Indigenous and non-Indigenous prisoners each made about 25% of visits where more than one problem was managed. The number of problems managed at each clinic visit for each age group was similar. For all age groups one problem was managed for between 74% and 78% of clinic visits.

The most commonly managed problems differed among jurisdictions (Table 5.16). While health check was among the top three in most jurisdictions, it was the most commonly managed problem only in South Australia (18% of problems managed) and Western Australia (17%). In both Tasmania and the Australian Capital Territory, psychological/mental health issues were the most commonly managed problem, representing almost one-quarter (24%) of problems managed in both jurisdictions. In Queensland, one in five (20%) problems managed related to diabetes, and in the Northern Territory, medication/vaccination was the most commonly managed problem (20%).

These results may reflect policy and practice differences among jurisdictions. For example, in some jurisdictions, mental health care may be provided within the health clinic by clinic staff, whereas in other jurisdictions they may be separated. Similarly, there may be differences among and within jurisdictions in the management of chronic conditions such as diabetes, which require a high level of care and intervention.

Table 5.16: Problems managed in clinic visits during the Census period, by type of problem and states and territories, 2010

Problem managed	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Health check	n.a.	n.a.	690	1,167	467	212	11	230	2,777
Medication/vaccination	n.a.	n.a.	921	645	269	113	31	283	2,262
Diabetes	n.a.	n.a.	1,204	331	399	26	—	32	1,992
Psychological/mental health	n.a.	n.a.	244	800	367	284	53	78	1,826
Pathology	n.a.	n.a.	408	534	173	69	26	215	1,425
Drug and alcohol issue	n.a.	n.a.	529	391	139	75	7	4	1,145
Wound care	n.a.	n.a.	413	283	121	29	10	148	1,004
Skin condition	n.a.	n.a.	154	307	112	76	8	60	717
Musculoskeletal injury	n.a.	n.a.	188	312	114	53	9	32	708
Dental	n.a.	n.a.	107	369	45	44	18	61	644
Other	n.a.	n.a.	1,048	1,663	419	213	41	302	3,686
Total	**n.a.**	**n.a.**	**5,946**	**6,829**	**2,667**	**1,197**	**217**	**1,445**	**18,301**
					Per cent				
Health check	n.a.	n.a.	12	17	18	18	5	16	15
Medication/vaccination	n.a.	n.a.	15	9	10	9	14	20	12
Diabetes	n.a.	n.a.	20	5	15	2	0	2	11
Psychological/mental health	n.a.	n.a.	4	12	14	24	24	5	10
Pathology	n.a.	n.a.	7	8	6	6	12	15	8
Drug and alcohol issue	n.a.	n.a.	9	6	5	6	3	0	6
Wound care	n.a.	n.a.	7	4	5	2	5	10	5
Skin condition	n.a.	n.a.	3	4	4	6	4	4	4
Musculoskeletal injury	n.a.	n.a.	3	5	4	4	4	2	4
Dental	n.a.	n.a.	2	5	2	4	8	4	4
Other	n.a.	n.a.	18	24	16	18	19	21	20
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

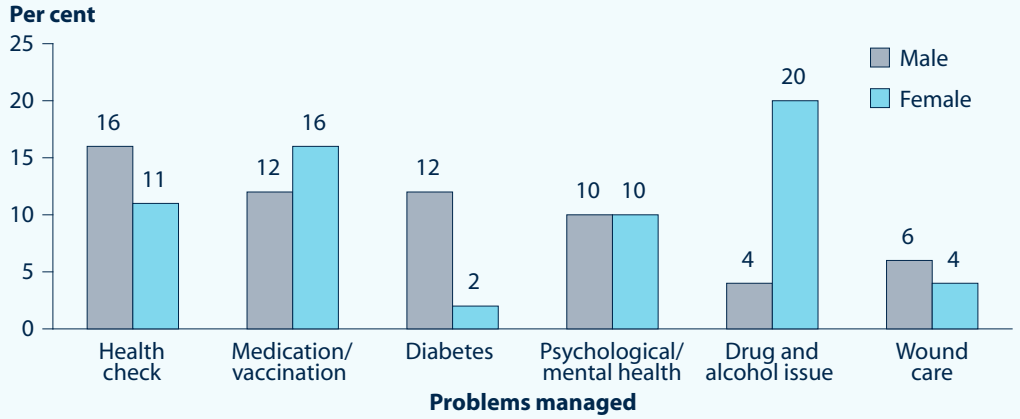
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 115 visits with unknown problem managed.

Source: Clinic form, National Prisoner Health Census 2010.

The problems managed during clinic visits by male and female prisoners were broadly similar. The greatest difference was for drug and alcohol issues, which made up 20% of problems managed for female prisoners compared with 4% for males (Figure 5.3). This may be partly attributable to the small number of female prisoners and to the finding that the association between drug use and criminal activity can be stronger in women than men (Loxley & Adams 2009). Diabetes represented 12% of problems managed at visits by male prisoners, compared with 2% for females.

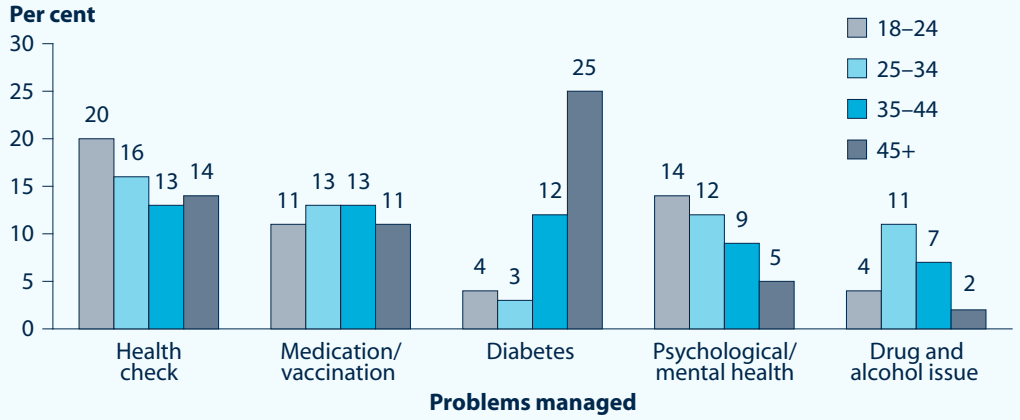
Figure 5.3: Clinic visits, problems managed at clinic visits, by sex, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic form, National Prisoner Health Census 2010.

The problems managed at prison clinic visits differed by the age of the prisoner, with variations in the three most commonly managed problems (Figure 5.4). For prisoners aged less than 35 years, the three most commonly managed problems were health check (16–20%), medication/vaccination (11–13%) and psychological/mental health (12–14%). For prisoners aged 35 years and over, diabetes replaced psychological/mental health in the top three problems managed, and represented one-quarter (25%) of problems managed for prisoners aged 45 years or older. Psychological/mental health issues for prisoners aged 45 years and over dropped to only 5% of problems managed in clinic visits.

Figure 5.4: Clinic visits, problems managed at clinic visits, by age groups, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic from, National Prisoner Health Census 2010.

The problems managed in clinic visits were similar for Indigenous and non-Indigenous prisoners, with equal or almost equal proportions in each of the problem managed categories.

For further information on specific conditions refer to Chapter 3 (for physical and mental health conditions) and Chapter 4 (for alcohol and other drug issues).

5.9 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).

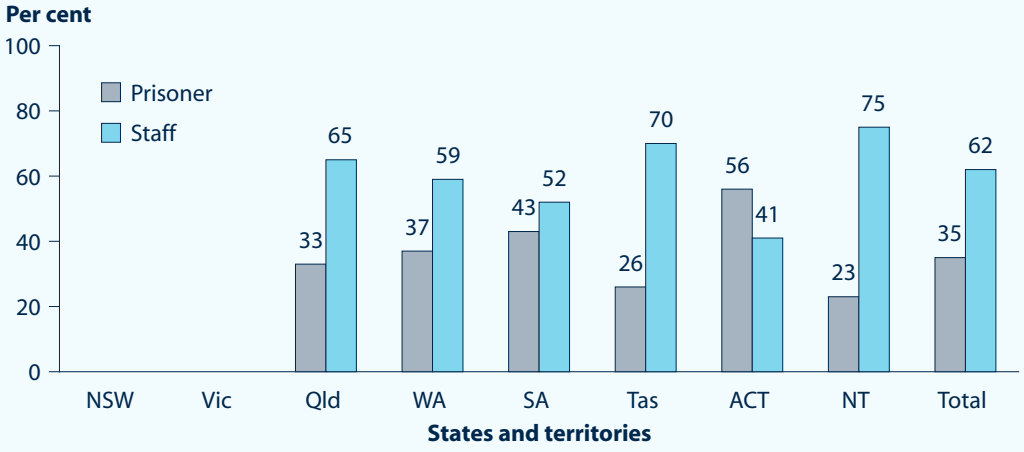
INDICATOR: Proportion of clinic visits initiated by prisoner.

NUMERATOR: Number of prisoners who initiated clinic visits.

DENOMINATOR: Total number of clinic visits during the Census period.

Prison clinic visits were most often initiated by staff (62%) rather than by prisoners (35%). This result was consistent across jurisdictions except the Australian Capital Territory, where more than half (56%) of visits were initiated by the prisoner. The lowest proportions of visits initiated by prisoners were in the Northern Territory (23%) and Tasmania (26%) (Figure 5.5).

Figure 5.5: Clinic visits, initiated by staff or prisoners, states and territories, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Clinic form, National Prisoner Health Census 2010.

While staff were more likely to initiate visits by both male and female prisoners, visits by female prisoners were initiated by prisoners just over one-quarter (26%) of the time, compared with 37% for visits by male prisoners (Table 5.17).

Older prisoners were less likely than younger prisoners to initiate prison clinic visits, with one-third (33%) of visits by prisoners aged 45 years and over being initiated by the prisoner, compared with 38% of visits by prisoners aged 18–24 years.

A smaller proportion of clinic visits were initiated by Indigenous prisoners (30%) than non-Indigenous prisoners (38%).

Table 5.17: Clinic visits during the Census period, initiated by staff or prisoners, by sex, age group and Indigenous status, 2010

	Clinic visits initiated by prisoner		Clinic visits initiated by staff		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	4,254	37	7,006	60	11,618	100
Female	514	26	1,370	70	1,960	100
Age group (years)						
18–24	824	38	1,294	59	2,191	100
25–34	1,531	35	2,683	62	4,354	100
35–44	1,292	36	2,156	60	3,590	100
45+	1,066	33	2,076	64	3,233	100
Indigenous status						
Indigenous	1,303	30	2,864	66	4,324	100
Non-Indigenous	3,416	38	5,368	59	9,055	100
Total	**4,857**	**35**	**8,525**	**62**	**13,843**	**100**

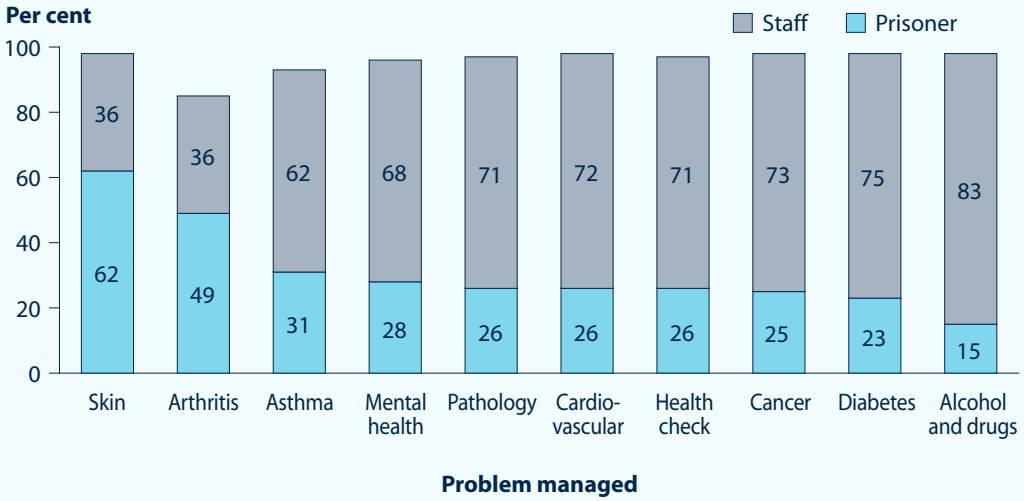
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 462 clinic visits whose initiator was unknown, 266 where the sex of the prisoner was unknown, 477 where the age of the prisoner was unknown, and 467 where the Indigenous status of the prisoner was unknown.

Source: Clinic form, National Prisoner Health Census 2010.

There were differences in clinic initiation, depending on the type of problem managed at those visits. The problems managed at visits most likely to be initiated by the prisoner themselves were skin conditions (62%), arthritis (49%) and asthma (31%). For most other conditions, about 68–83% of visits were initiated by the staff. Clinic visits for alcohol and other drug issues were the least likely to be initiated by the prisoner (15%) (Figure 5.6). About one-quarter (28%) of visits for psychological or mental health issues were initiated by the prisoners, 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).

Figure 5.6: Clinic visits during the Census period, initiated by staff or prisoner, by selected problems managed, 2010



Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Per cents may not total 100%, as the initiator of the visit was not always known.

Source: Clinic form, National Prisoner Health Census 2010.

5.10 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 or allied health worker. Most prisons have GPs who either work at the prison or visit regularly (AIHW 2006). Some prisons offer dental services and mental health services.

INDICATOR: Proportion of clinic visits by type of health professional seen.

NUMERATOR: Number of clinic visits by type of health professional seen.

DENOMINATOR: Total number of clinic visits during the Census period.

During the Census period, 70% of clinic visits were with nurses, and 15% with a medical practitioner (Table 5.18). A total of 4% of clinic visits were with a mental health nurse/team and 2% were with a psychiatrist. Dentists were seen in 2% of clinic visits.

The proportion of visits provided by a medical practitioner varied among jurisdictions, ranging from a low of 10% of visits in Queensland to almost one-quarter (24%) in Tasmania. In the Australian Capital Territory, many of the visits with 'other' health professionals were with psychologists.

Table 5.18: Clinic visits during the Census period, by health professional seen and states and territories, 2010

Health professional	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Nurse	n.a.	n.a.	3,948	3,139	1,382	466	71	840	9,846
Medical practitioner	n.a.	n.a.	452	849	399	216	35	126	2,077
Mental health nurse /team	n.a.	n.a.	45	318	19	160	—	38	580
Psychiatrist	n.a.	n.a.	82	155	61	4	23	5	330
Dentist	n.a.	n.a.	40	205	12	—	16	39	312
Alcohol/drug worker	n.a.	n.a.	—	134	—	—	—	—	134
Physiotherapist	n.a.	n.a.	1	78	11	—	—	8	98
Other	n.a.	n.a.	15	186	2	16	74	7	270
Total	**n.a.**	**n.a.**	**4,699**	**5,277**	**1,960**	**898**	**193**	**1,070**	**14,097**
					Per cent				
Nurse	n.a.	n.a.	84	59	71	52	37	79	70
Medical practitioner	n.a.	n.a.	10	16	20	24	18	12	15
Mental health nurse /team	n.a.	n.a.	1	6	1	18	0	4	4
Psychiatrist	n.a.	n.a.	2	3	3	0	12	0	2
Dentist	n.a.	n.a.	1	4	1	0	8	4	2
Alcohol/drug worker	n.a.	n.a.	0	3	0	0	0	0	1
Physiotherapist	n.a.	n.a.	0	1	1	0	0	1	1
Other	n.a.	n.a.	0	4	0	2	38	1	2
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 450 clinic visits where the type of health professional seen was unknown.
3. Totals do not sum, as in some visits more than one health professional was seen.
4. Other includes psychologist, Aboriginal health worker, social worker/welfare officer and radiologist.

Source: Clinic form, National Prisoner Health Census 2010.

There were few differences in the health professionals seen by male and female prisoners or Indigenous and non-Indigenous prisoners. Three-quarters (75%) of visits by females were with a nurse compared with 69% for males.

There were small differences among age groups in the types of health professionals seen at clinic visits. The likelihood of a visit being with a nurse increased slightly with age from

66% for those aged under 35 years to 78% of visits for those aged 45 years and over. Prisoners in the oldest age group were less likely to have a clinic visit with a mental health professional, including a psychiatrist (1%) or mental health nurse (2%), compared with prisoners who were aged 18–24 years (3% and 7%, respectively).

5.11 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.

In 1993, the World Health Organization issued guidelines on HIV infection and AIDS in prisons. The guidelines stated:

> drug-dependent prisoners should be encouraged to enrol in drug treatment programmes while in prison, with adequate protection of their confidentiality. Such programmes should include information on the treatment of drug dependency and on the risks associated with different methods of drug use. Prisoners on methadone maintenance prior to imprisonment should be able to continue this treatment while in prison. In countries in which methadone maintenance is available to opiate-dependent individuals in the community, this treatment should also be available in prisons (Kastelic et al. 2008).

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).

Incarceration may provide an opportunity to access drug treatments, including pharmacotherapy and counselling programs. OPT in prisons has been found to be related to significant reductions in the risk of injecting drug use, and of needle and syringe sharing (Larney 2010).

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 have not only 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 (Bruce & Schleifer 2008).

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

NUMERATOR: Number of prison entrants who report being on pharmacotherapy medication for opioid dependence.

DENOMINATOR: Total number of prison entrants during the Census period.

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

NUMERATOR: Number of prisoners in custody who received medication for opioid dependence.

DENOMINATOR: Total number of prisoners in custody on 30 June 2010.

Australia is one of at least 30 countries offering OPT in prison (Larney 2010). In some jurisdictions, however, this is restricted to prisoners who were on OPT in the community before entering prison.

Methadone is the most commonly available treatment in Australian prisons, 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 5.19).

Table 5.19: Availability of opioid substitution treatment in Australian prisons, states and territories, 2010

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

Source: Supplementary data, National Prisoner Health Census 2010.

On a snapshot day during 2009, 43,445 people across Australia were receiving pharmacotherapy treatment for opioid addiction, and 8% (3,454) of these were in correctional facilities (AIHW 2009e).

In the Census, prison entrants were asked whether they were currently on an OPT or had been in the past. More than 1 in 8 (13%) entrants reported having ever been on an OPT. A small proportion of entrants indicated they were currently on a methadone program (3%) or other opiate replacement program (2%). A total of 6% of entrants had been on a methadone program at some time in the past, and 7% had been on another OPT in the past (Table 5.20). Of Indigenous prison entrants 4% had been on a program at some time, compared with 8% of non-Indigenous entrants.

Table 5.20: Prison entrants, by opioid pharmacotherapy treatment history, states and territories, 2010

OPT	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Methadone currently	n.a.	n.a.	<5	6	6	<3	3	<3	20
Methadone in the past	n.a.	n.a.	17	3	12	<3	—	<5	37
Other currently	n.a.	n.a.	<3	3	4	<3	<3	—	10
Other in the past	n.a.	n.a.	20	8	8	3	<3	<4	43
Total ever on OPT	**n.a.**	**n.a.**	**29**	**13**	**21**	**6**	**4**	**5**	**78**
					Per cent				
Methadone currently	n.a.	n.a.	<3	4	5	<7	25	<4	3
Methadone in the past	n.a.	n.a.	9	2	10	<7	0	<7	6
Other currently	n.a.	n.a.	<2	2	3	<7	<25	0	2
Other in the past	n.a.	n.a.	11	5	7	7	<25	<5	7
Total ever on OPT	**n.a.**	**n.a.**	**15**	**8**	**18**	**14**	**33**	**7**	**13**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals do not sum, as some prisoners may have been on more than one type of program

Source: Entrant form, National Prisoner Health Census 2010.

The Prisoners in Custody—Repeat Medications form (see Appendix H) provided data on the number of prisoners in custody taking 'drugs used in opioid dependence' prescribed in prison. The proportion of prisoners in custody taking medication for opioid dependence varied greatly among jurisdictions. Less than 1% of prisoners in Queensland and the Northern Territory were taking this medication during the Census week, compared with more than 1 in 10 (12%) prisoners in South Australia. These results reflect the policy differences among the jurisdictions in the availability and provision of this treatment (Table 5.21). Sections 5.12 provides further details on the medications taken by prisoners in custody.

Table 5.21: Prisoners in custody taking prescribed drugs used in opioid dependence in the clinic during the Census period, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of prisoners taking OPT	n.a.	n.a.	21	163	220	10	—	3	417
Number of prisoners in custody	n.a.	n.a.	5,532	4,776	1,788	480	214	1,085	13,881
Proportion of prisoners taking OPT	n.a.	n.a.	<1	4	12	2	—	<1	3

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Medication form, National Prisoner Health Census 2010.

5.12 Medication

The Prisoners in Custody—Repeat Medications form (see Appendix H) was used to collect information on all prescribed medications administered to prisoners on one day during the Census period. Depot medications (such as antipsychotics) were included, regardless of whether or not they were actually administered on the Census day, while routine, household-type medications taken on an as-needed basis (such as paracetamol) were not included.

Data on repeat medications was provided using paper forms from Queensland, South Australia, Tasmania, Australian Capital Territory and the Northern Territory. Western Australia provided medication data electronically.

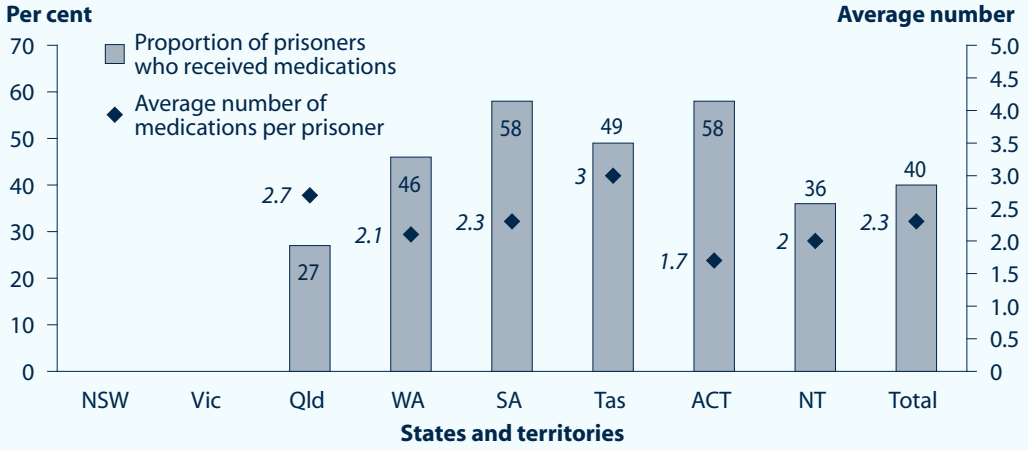
INDICATOR: Proportion of prisoners in custody who received prescribed medication on one day of the Census period.

NUMERATOR: Number of prisoners in custody who received prescribed medication on one day of the Census period.

DENOMINATOR: Total number of prisoners in custody on 30 June 2010.

Two in five prisoners in custody (40%) were taking regular medication during the Census period (Table 5.22; Figure 5.7). This proportion varied among jurisdictions, from a high of almost three in five (58%) in both South Australia and the Australian Capital Territory, to a low of just over one-quarter (27%) in Queensland. Many prisoners were taking more than one type of medication, with an average of 2.3 medications each. More than three-quarters of prisoners were taking 3 or fewer medications, and 9% were taking at least 5 types of medication.

Figure 5.7: Medication, proportion of prisoners who received medication and average number of medications per prisoner, by states and territories, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Medication from, National Prisoner Health Census 2010.

Table 5.22: Prisoners in custody taking prescribed medication, states and territories, 2010

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of prisoners taking prescribed medication	n.a.	n.a.	1,513	2,215	1,037	237	124	392	5,518
Number of prescribed medications	n.a.	n.a.	4,079	4,573	2,429	717	211	785	12,794
Number of prisoners in custody	n.a.	n.a.	5,532	4,776	1,788	480	214	1,085	13,881
Proportion of prisoners taking prescribed medications (%)	n.a.	n.a.	27	46	58	49	58	36	40
Average number of prescribed medications per prisoner	n.a.	n.a.	2.7	2.1	2.3	3.0	1.7	2.0	2.3

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Medication form, National Prisoner Health Census 2010.

Just under half (47%) of all females in prison were taking prescribed medication, compared with more than one-third (39%) of males (Table 5.23). The proportion for males is unchanged since 2009, but the proportion for females has declined from 56%. Females took slightly more medications on average than males (2.5 compared with 2.3). The maximum number of medications taken by male prisoners was 15, and by female prisoners, 8.

Table 5.23: Prisoners in custody taking prescribed medication, by sex, 2010

	Male	Female	Total
Number of prisoners taking prescribed medication	4,994	484	5,518
Number of prescribed medications	11,490	1,199	12,794
Number of prisoners in custody	12,851	1,030	13,881
Proportion of prisoners taking prescribed medication (%)	39	47	40
Average number of prescribed medications per prisoner	2.3	2.5	2.3

Notes
1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 40 prisoners and 108 medications records where the sex of the prisoner was unknown.

Source: Medication form, National Prisoner Health Census 2010.

The overall number of prescribed medications administered to prisoners during the Census period is shown in Table 5.24. The proportions of total medications and total prisoners shown in this table are similar to each other because there happens to be similar totals of each.

The most common type of medication administered was for depression or mood stabilisation (16% of all medications), followed by anti-inflammatories or medication used to treat arthritis (11%), pain medication (9%), and antipsychotics (8%). This has changed slightly since 2009, where medication for depression or mood stabilisation was still the most common, and medications for psychoses, pain and arthritis were all the second most common medications.

The number of repeat ongoing medications administered during the Census period (without short-term prescribed medications such as antibiotics, anti-infectives and dermatologicals for skin, including antifungals) is shown in Table 5.24. Mental health related medications made up nearly one-third (30%) of all repeat medications (depression/mood stabilisers 18%, antipsychotics 9%, anti-anxiety medication 2% and medication for sleep disturbance 1%).

Table 5.24: Prescribed medications administered during the Census period, 2010

Medication category	Number	Per cent of prescribed medications	Per cent of prisoners in custody	Per cent of repeat medication
Antidepressants/mood stabilisers	2,095	16	15	18
Anti-inflammatories/antirheumatic agents	1,367	11	10	12
Analgesics—repeat only	1,149	9	8	10
Antipsychotics	1,048	8	8	9
Antihypertensives, beta blocking agents	1,013	8	7	9
Drugs used in acid-related disorders, antimetics and antinauseants, laxatives, antidiarreals	1,032	8	7	9
Asthma relievers, preventers, symptom controllers (drugs for obstructed airway)	664	5	5	6
Cholesterol lowering drugs (lipid modifying agents)	690	5	5	6
Drugs used in diabetes	498	4	4	4
Vitamins and mineral supplements	460	4	3	4
Drugs used in opioid dependence	417	3	3	4
Dermatologicals (skin, including antifungals)	372	3	3	..
Antiepileptics, anti-Parkinson drugs	354	3	3	3
Antibiotics	336	3	2	..
Antihistamines	292	2	2	2
Anti-anxiety (anxiolytics)	261	2	2	2
Drugs used in nicotine dependence	112	1	1	1
Hepatitis, antivirals for HIV, infectious diseases	100	1	1	..
Diuretics	86	1	1	1
Hypnotics and sedatives	73	1	1	1
Thyroid therapy	73	1	1	1
Drugs used in benign prostatic hypertrophy (prostate)	15	0	0	0
Other	272	2	2	..
			(in custody)	100
Total prescribed medications	12,794	100	13,881	(11,699)

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 5 unknown medications.

Source: Medication form, National Prisoner Health Census 2010.

Antidepressants were the most common prescribed medication in all states and territories except the Northern Territory, where only 10% of prisoners in custody were taking medication for depression. In all other states and territories, antidepressant medication ranged from 15% in Western Australia to 35% in the Australian Capital Territory. The most common prescribed medication in the Northern Territory was antihypertensive medication (21%) (Table 5.25).

Table 5.25: Selected prescribed medications administered during the Census period, states and territories, 2010

Medication category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Antidepressants/mood stabilisers	n.a.	n.a.	658	694	466	129	73	75	2,095
Anti-inflammatories/antirheumatic agents	n.a.	n.a.	462	617	140	77	4	67	1,367
Analgesics—repeat only	n.a.	n.a.	581	242	250	50	11	15	1,149
Antipsychotics	n.a.	n.a.	382	337	210	25	38	56	1,048
Antihypertensives, beta blocking agents	n.a.	n.a.	276	343	187	34	5	168	1,013
Drugs used in acid-related disorders, antimetics and antinauseants, laxatives, antidiarreals	n.a.	n.a.	330	341	220	69	23	49	1,032
Asthma relievers, preventers, symptom controllers (drugs for obstructed airway)	n.a.	n.a.	165	329	111	30	—	29	664
Cholesterol lowering drugs (lipid modifying agents)	n.a.	n.a.	165	276	136	38	4	71	690
Drugs used in diabetes	n.a.	n.a.	115	183	76	<15	<3	111	498
Other	n.a.	n.a.	944	1,211	633	<255	<55	140	3,233
Total	**n.a.**	**n.a.**	**4,079**	**4,573**	**2,429**	**717**	**211**	**785**	**12,794**
					Per cent				
Antidepressants/mood stabilisers	n.a.	n.a.	16	15	19	18	35	10	16
Anti-inflammatories/antirheumatic agents	n.a.	n.a.	11	13	6	11	2	9	11
Analgesics—repeat only	n.a.	n.a.	14	5	10	7	5	2	9
Antipsychotics	n.a.	n.a.	9	7	9	3	18	7	8
Antihypertensives, beta blocking agents	n.a.	n.a.	7	8	8	5	2	21	8
Drugs used in acid-related disorders, antimetics and antinauseants, laxatives, antidiarreals	n.a.	n.a.	8	7	9	10	11	6	8
Asthma relievers, preventers, symptom controllers (drugs for obstructed airway)	n.a.	n.a.	4	7	5	4	0	4	5
Cholesterol lowering drugs (lipid modifying agents)	n.a.	n.a.	4	6	6	5	2	9	5
Drugs used in diabetes	n.a.	n.a.	3	4	3	<2	<1	14	4
Other	n.a.	n.a.	23	26	26	<36	<26	18	25
Total	**n.a.**	**n.a.**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

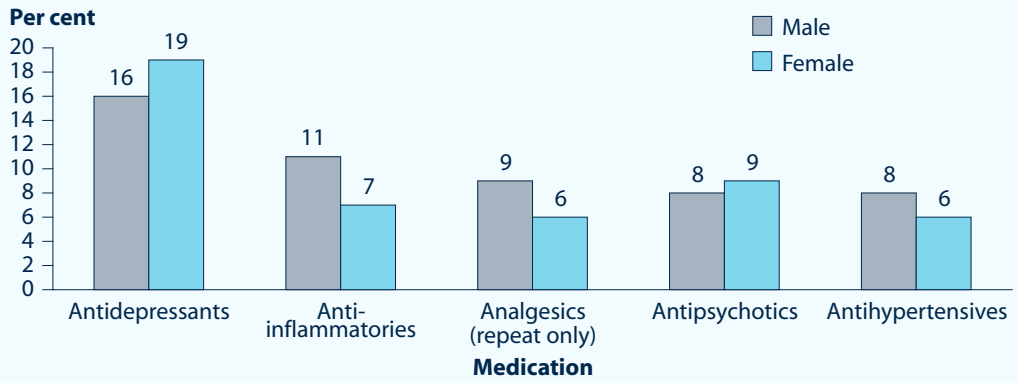
Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 5 unknown medications.

Source: Medication form, National Prisoner Health Census 2010.

There were differences in the medications taken by male and female prisoners (Figure 5.8). During the Census period, 19% of the female prisoners in custody were taking prescribed medication for depression or mood stabilisation, compared with 16% of the male prisoners. A higher proportion of females (9%) than males (8%) were also taking antipsychotics. For all other prescribed medications, a higher proportion of males than females were taking them.

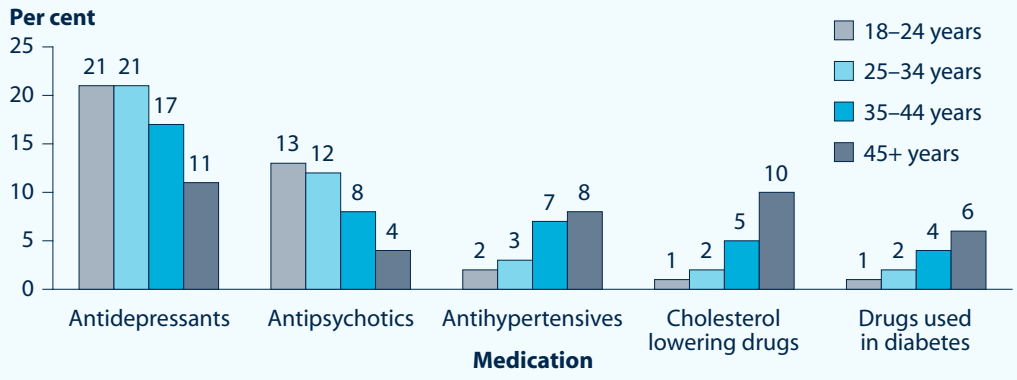
Figure 5.8: Proportion of selected prescribed medications, by sex, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Medication form, National Prisoner Health Census 2010.

The proportion of some medications taken was greater in older age groups than in younger age groups of prisoners (Figure 5.9). Of the prisoners aged 18–24 years, 1% were taking medication for cholesterol. This proportion increased over each age group to 10% of prisoners aged 45 years and over. A similar pattern was found for antihypertensives and for drugs used in diabetes. In contrast, of the prisoners aged 18–24 years, 21% were taking medication for depression or mood stabilisation. This proportion remained at 21% of prisoners aged 25–34 years, then decreased to 17% for prisoners aged 35–44 years and further to just 11% of prisoners aged 45 years and over. The trend was especially noticeable for antipsychotic medications (which decreased from 13% of those 18–24 years to just 4% of those aged 45 years and over).

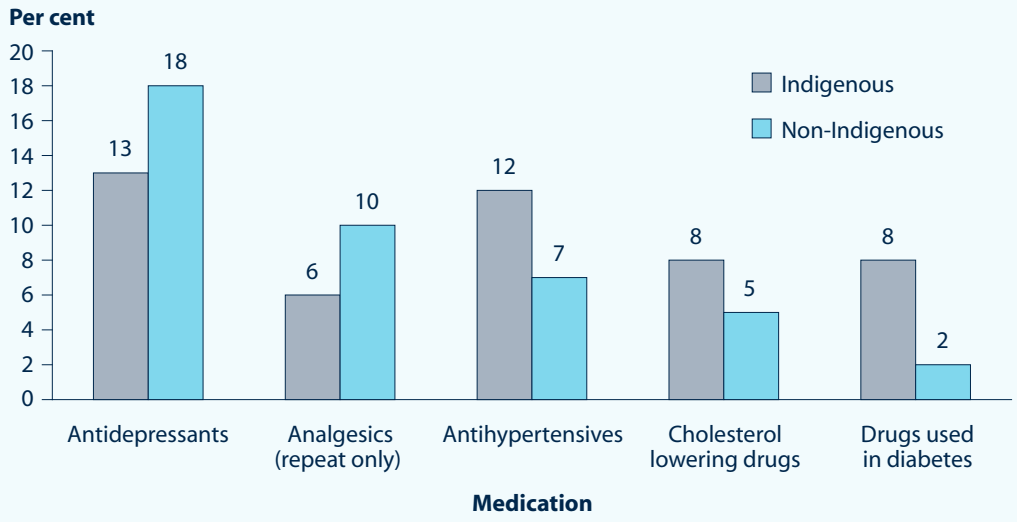
Figure 5.9: Proportion of selected prescribed medications, by age groups, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Medication form, National Prisoner Health Census 2010.

Indigenous prisoners were more likely to be prescribed antihypertensives, when compared with non-Indigenous prisoners (12% and 7%, respectively), cholesterol lowering drugs (8% and 5%) and drugs used in diabetes (8% and 2%). A total of 18% of non-Indigenous prisoners were taking medication for depression or mood stabilisation, compared with 13% of Indigenous prisoners. The proportions of Indigenous and non-Indigenous prisoners taking anti-inflammatories, drugs used in acid-related disorders, and drugs used in asthma were similar (Figure 5.10).

Figure 5.10: Selected prescribed medications, by Indigenous status, 2010



Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 5 medications of unknown type and 188 for prisoners whose Indigenous status was unknown.

Source: Medication form, National Prisoner Health Census 2010.

Mental health related medication

There were 2,768 prisoners taking mental health related medication during the Census period (20% of prisoners in custody). The proportion of prisoners taking mental health related medication ranged from 12% in the Northern Territory to 42% in the Australian Capital Territory (Table 5.26).

Table 5.26: Prisoners taking mental health related prescribed medications, states and territories, 2010

Medication category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Antidepressants/mood stabilisers	n.a.	n.a.	658	694	466	129	73	75	2,095
Antipsychotics	n.a.	n.a.	382	337	210	25	38	56	1,048
Anti-anxiety (Anxiolytics)	n.a.	n.a.	162	57	20	10	<3	<15	261
Hypnotics and sedatives	n.a.	n.a.	41	21	10	3	<10	<3	83
Total taking any mental health medication	**n.a.**	**n.a.**	**912**	**907**	**580**	**148**	**90**	**131**	**2,768**
					Per cent				
Antidepressants/mood stabilisers	n.a.	n.a.	12	15	26	27	34	7	15
Antipsychotics	n.a.	n.a.	7	7	12	5	18	5	8
Anti-anxiety (Anxiolytics)	n.a.	n.a.	3	1	1	2	<1	<1	2
Hypnotics and sedatives	n.a.	n.a.	1	<1	1	1	<5	<1	1
Total taking any mental health medication	**n.a.**	**n.a.**	**16**	**19**	**32**	**31**	**42**	**12**	**20**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. A prisoner taking more than one type of medication will be counted more than once except in the total.
3. Per cents are calculated from the Total number of prisoners in custody on 30 June 2010.

Source: Medication form, National Prisoner Health Census 2010.

Less than one-third (28%) of female prisoners were taking some form of medication for mental health conditions, compared with one-fifth (19%) of male prisoners. A greater proportion of female than male prisoners was taking each type of mental health related medication (Table 5.27).

Table 5.27: Prisoners taking mental health related medication, by medication type and sex, 2010

	Males		Females		Total	
Medication type	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Antidepressants/mood stabilisers	1,844	14	230	22	2095	15
Antipsychotics	935	7	109	11	1048	8
Anti–anxiety (Anxiolytics)	228	2	30	3	261	2
Hypnotics and sedatives	54	0	28	3	83	1
Total taking any mental health medication	**2,453**	**19**	**291**	**28**	**2,768**	**20**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. A prisoner taking more than one type of medication will be counted more than once except in the total.
2. Totals include 24 medications taken by prisoners whose sex was unknown.

Source: Medication form, National Prisoner Health Census 2010.

In each age group a greater proportion of non-Indigenous than Indigenous prisoners were taking each type of mental health related medication (Table 5.28). Almost one-quarter (23%) of non-Indigenous prisoners were taking a mental health related medication, compared with 13% of Indigenous prisoners. Medications for depression or mood stabilisation were taken by proportionally more than twice as many non-Indigenous as Indigenous prisoners.

A smaller proportion of prisoners aged 18–24 years were taking mental health related medication (15%), compared with prisoners aged 25 years and over (20–23%). For prisoners aged 18–24 years, 5% of the Indigenous prisoners took mental health medication, compared with 9% of non-Indigenous prisoners. For prisoners aged 25–34 years, 5% of Indigenous prisoners took any mental health related medication compared with 14% of non-Indigenous prisoners.

Table 5.28: Prisoners taking mental health related prescribed medication, by medication type, age group and Indigenous status, 2010

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	89	3	154	3	104	3	57	2	407	8
Psychoses	83	3	129	3	80	2	25	1	317	6
Anxiety	<20	<1	25	1	13	0	<3	<1	54	1
Sleep disturbance	<3	<1	7	0	4	0	<3	<1	14	0
Total taking any mental health related medication	**146**	**5**	**251**	**5**	**163**	**4**	**71**	**3**	**636**	**13**
					Non-Indigenous					
Depression/mood stabilisers	196	7	554	11	524	14	374	16	1,656	18
Psychoses	93	3	272	5	228	6	125	5	722	8
Anxiety	31	1	75	2	66	2	28	1	201	2
Sleep disturbance	16	1	20	0	16	0	14	1	67	1
Total taking any mental health related medication	**262**	**9**	**716**	**14**	**663**	**18**	**437**	**18**	**2,091**	**23**
					Total					
Depression/mood stabilisers	291	10	714	14	631	17	437	18	2,204	16
Psychoses	176	6	403	8	310	8	152	6	1,122	8
Anxiety	47	2	101	2	80	2	29	1	261	2
Sleep disturbance	19	1	27	1	20	1	16	1	81	1
Total taking any mental health related medication	**416**	**15**	**976**	**20**	**830**	**23**	**515**	**22**	**2,768**	**20**

Notes

1. A prisoner taking more than one type of medication will be counted more than once except in the totals.
2. Totals include 34 medications taken by prisoners whose age was unknown and 261 by prisoners whose Indigenous status was unknown.
3. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Medication form, National Prisoner Health Census 2010.

The proportion of prisoners in custody taking mental health related medication can be compared with the proportion of prison entrants who reported taking this type of medication. This may provide an indication of differences in prescribing practices between the community and prison. There will be some impact of the entrant data being self-report as opposed to the prisoners in custody data being prescriptions.

The proportion of prisoners in custody taking mental health related prescribed medication was slightly higher than the proportion of entrants taking mental health medication (20% compared with 16%) (Table 5.29). This varied among jurisdictions, with the proportions between entrants and prisoners in custody actually decreasing in Queensland from 22% of entrants to 16% of those in custody. In each other jurisdiction, the proportion in custody was greater than the proportion of entrants.

Table 5.29: Prisoners in custody and prison entrants taking mental medication, states and territories, 2010

Proportion taking mental health medication	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Prisoners in custody	n.a.	n.a.	16	19	32	31	42	12	20
Prison entrants	n.a.	n.a.	22	10	18	21	25	7	16

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Totals include 6 prison entrants for whom mental illness history was unknown and 18 for whom current medication status was unknown.

Source: Entrant and medication forms, National Prisoner Health Census 2010.

Medication for hepatitis C

The management of hepatitis C is a significant issue for prisons given its high prevalence in 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.

As part of the Census, jurisdictions were asked to provide data related to the number of prisoners who had received medication for hepatitis C during 2009–10. Data were available from Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory, where 112 prisoners received treatment for hepatitis C.

Table 5.30: Prisoners taking prescribed medication for hepatitis C, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number taking medication for hepatitis C	n.a.	n.a.	0	47	43	12	6	4	112
Number of prisoners received into prison	n.a.	n.a.	7,275	7,091	4,231	1,080	444	2,344	22,465
Proportion of prisoners in custody	n.a.	n.a.	0.0	0.7	1.0	1.1	1.4	0.2	0.5

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
Source: Medication form, National Prisoner Health Census 2010.

5.13 Full-time equivalent staffing ratios

The provision of health-care services to prisoners is dependent on the availability of suitability qualified staff. Health services in prisons must be sufficiently staffed by trained, licensed and qualified health professionals who provide health-care services that meet national standards of care for community clinical care settings (APHA 2003).

Limited information is available on the required full-time equivalent staffing levels of prison health clinics. In the United States one full-time physician (40 hours per week) has been recommended for every 200 to 750 prisoners (APHA 2003), and one full-time physician for prisons with 500 or more inmates with another physician for each additional 1,000 inmates or a substantial percentage thereof (Puisis 2006).

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, as 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.

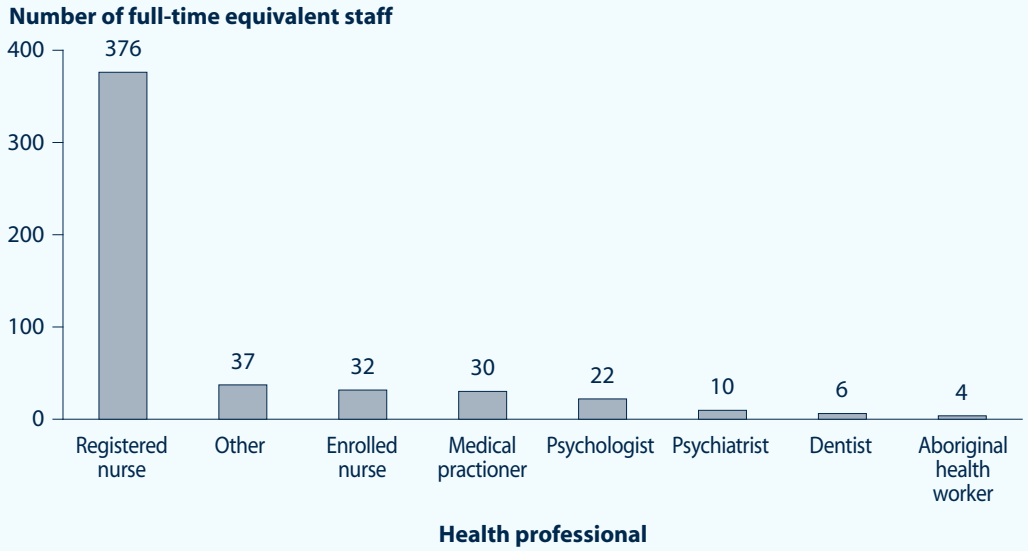
INDICATOR: Ratio of full-time equivalent health staff working within the correctional system to the total number of prisoners.

NUMERATOR: Number of full-time equivalent health staff working within the correctional system on the reference date.

DENOMINATOR: Total number of prisoners in custody on 30 June 2010.

The number of full-time equivalent positions in Australia's prisons at the time of the Census is shown in Figure 5.11. The data in this figure came from 43 prisons around Australia. Almost three-quarters (72%) of the full-time equivalent health staff in prisons were registered nurses (376). Enrolled nurses make up 6% of the full-time equivalent staff (32), followed by medical practitioners (6% or 30 full-time equivalent staff).

Figure 5.11: Full-time equivalent health staff in Australia's prisons, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Source: Establishment form, National Prisoner Health Census 2010.

There was a total of 519 full-time equivalent clinic health staff working in prisons across all participating jurisdictions (Table 5.31). This represented an average of 3.7 staff per 100 prisoners (or 1 full-time equivalent to 26 prisoners) based on the total of 13,881 prisoners in the 43 prisons responding to this question. There was great variability among jurisdictions, particularly in the level of nursing staff available, from a high of more than 6 nurses per 100 prisoners in South Australia and Tasmania, to a low of less than 2 in Western Australia and the Northern Territory.

Table 5.31: Prison clinics, full-time equivalent staffing states and territories, 2010

Health professional	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Number of full-time equivalent health professional					
Registered nurse	n.a.	n.a.	161	81	83	30	11	11	376
Enrolled nurse	n.a.	n.a.	5	5	20	1	0	1	32
Medical practitioner	n.a.	n.a.	8	12	5	2	2	2	30
Psychiatrist	n.a.	n.a.	0	5	3	0	<1	1	10
Psychologist	n.a.	n.a.	0	19	1	0	1	1	22
Dentist	n.a.	n.a.	0	4	<1	0	<1	1	6
Aboriginal health worker	n.a.	n.a.	<1	1	2	0	<1	0	4
Nurse practitioner	n.a.	n.a.	0	2	0	0	0	0	2
Other	n.a.	n.a.	10	24	<1	3	<1	0	37
Total	**n.a.**	**n.a.**	**184**	**153**	**114**	**36**	**15**	**17**	**519**
				Number of full-time equivalent health professional per 100 prisoners					
Registered nurse	n.a.	n.a.	2.9	1.7	4.6	6.3	5.1	1.0	2.7
Enrolled nurse	n.a.	n.a.	0.1	0.1	1.1	0.2	0.0	0.1	0.2
Medical practitioner	n.a.	n.a.	0.1	0.3	0.3	0.4	0.9	0.2	0.2
Psychiatrist	n.a.	n.a.	0.0	0.1	0.2	0.0	<0.1	0.1	0.1
Psychologist	n.a.	n.a.	0.0	0.4	0.1	0.0	0.5	0.1	0.2
Dentist	n.a.	n.a.	0.0	0.1	<0.1	0.0	<0.1	0.1	0.0
Aboriginal health worker	n.a.	n.a.	<0.1	0.0	0.1	0.0	<0.1	0.0	0.0
Nurse practitioner	n.a.	n.a.	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	n.a.	n.a.	0.2	0.5	<0.1	0.6	<0.1	0.0	0.3
Total	**n.a.**	**n.a.**	**3.3**	**3.2**	**6.4**	**7.5**	**7.0**	**1.6**	**3.7**
Total number of prisoners	**n.a.**	**n.a.**	**5,532**	**4,776**	**1,788**	**480**	**214**	**1,085**	**13,881**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. South Australia total excludes Cadell Training Centre from which no response was received to this question.

Source: Establishment form, National Prisoner Health Census 2010.

6

Deaths

6 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 *Deaths in custody in Australia* report (Lyneham et al. 2010). Information is broken down (where possible) by Indigenous status and cause of death.

6.1 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).

A Royal Commission into Aboriginal Deaths in Custody was established in 1989 following concern over the deaths of 99 Aboriginal and Torres Strait Islander 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 over-representation 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 Australian Institute of Criminology, 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. It has found that:

- since 1980, 1,260 deaths have been recorded in prison custody
- from 1999, 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
- since 1980, 17% of deaths in prison custody have been of Indigenous prisoners
- each year, male deaths have outnumbered female deaths
- 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, and since that time, deaths from natural causes have increased and consistently outnumbered those from hanging, which have decreased (Lyneham et al. 2010).

INDICATOR: Number of deaths in custody.

According to the NDICP, there were 54 deaths in prison custody during 2008, and 9 of these were Indigenous prisoners. The median age of death in 2008 was 43 years for males and 53 years for females. Most of the deaths (37) were due to natural causes; 14 were self-inflicted (including 10 due to hanging), and 1 death was considered an accident. Almost all (8) of the 9 deaths of Indigenous prisoners during 2008 were due to natural causes.

In 2008, the rate of deaths in custody in Australia excluding New South Wales and Victoria was 1.1 deaths per 1,000 prisoner population. This rate was calculated by dividing the number of deaths in 2008 by the number of people received into prison in 2009–10. This differs from the NDICP rate, which uses the number of prisoners in custody on 30 June 2008 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, as it may be an undercount due to the number of receptions in 2009–10 potentially being higher than in 2008.

6.2 Deaths following release from prison

Prisoners are at markedly increased risk of death following release from custody, especially in the weeks immediately following release. A recent Australian study estimated that among those released from prison in 2007–08, between 449 and 472 died within one year of release—about 10 times the number who died in custody in the same year (Kinner et al. 2011). The risk of mortality decreases exponentially with increasing time in the community (Kariminia et al. 2007a; Stewart et al. 2004; Graham 2003), but remains elevated for at least a decade after release (Rosen et al. 2008).

The main causes of death among ex-prisoners, particularly in the first few weeks, are related to drug and alcohol use, suicide and injury (Hobbs et al. 2006; Kariminia et al. 2007a). The risk of

suicide among recently released prisoners is similar to that of discharged psychiatric patients (Pratt et al. 2006); however, in the weeks immediately following release, the majority of deaths are drug related (Farrell & Marsden 2008). 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).

A study of 85,203 adults imprisoned in New South Wales between 1988 and 2002 found higher mortality among those hospitalised for mental health problems during imprisonment, and those with a larger number of imprisonment episodes. Among women, increased mortality was also observed in those aged under 25 years. Mortality risk was lower for both men and women of non-English speaking backgrounds, while Aboriginal status was associated with lower drug-related mortality and suicide (Kariminia et al. 2007a).

Upon release, ex-prisoners face significant challenges in returning to life in the community. The risk 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).

INDICATOR: Number of deaths in first four weeks after release.

In Australia, very limited information is available on mortality among recently released prisoners. While coroners' reports may mention a recent release from prison where it is seen as relevant to the circumstances surrounding death, there is a lack of consistency in both police and coronial reports in this area, rendering coronial data inadequate for monitoring post-release mortality. There is potential for data linkage, but current national data on the mortality of ex-prisoners are unavailable at this time, and require data development.

7

Comparisons with the general community

7 Comparisons with the general community

In this chapter, data from the Indigenous and non-Indigenous population in Australia, and from the general Australian community are presented for various indicators, to compare with the results found in this Census. For all items, the general population excludes data from New South Wales and Victoria, as they did not participate in the Census. Some of these data are directly comparable with the Census results, as they use similar methods and results for similar age groupings were available. Where appropriate, these data have been presented alongside relevant results of the current Census. More than 80% of the prison population are aged between 18 and 44 years, so the focus of this chapter is on these age groups. Other data that have used different methods or populations provide contextual information or are indicative only and should not be directly compared with the results from this Census.

7.1 Indigenous and non-Indigenous populations

Aboriginal and Torres Strait Islander people comprise 2.5% of Australia's population (ABS 2009c) yet made up 43% of prison entrants in the Census and 35% of the prison population on June 30 2010 (ABS 2010b). This over-representation has been a trend for decades, and although there is no definitive answer as to why it occurs, it is likely the result of an interaction between social, cultural and economic factors. Suggestions about specific contributing factors behind the disproportionate number of Indigenous prisoners include alcohol and drug abuse, unemployment and a lack of social support and social cohesion.

Among the general population, Indigenous Australians have poorer health outcomes than non-Indigenous Australians including: a substantially lower life expectancy; low birthweight; greater prevalence of certain chronic conditions such as diabetes and cardiovascular disease; and a high prevalence of mental health disorders (HREOC 2005). Further, high rates of

smoking and risky alcohol consumption explain a significant proportion of the burden of disease experienced by Indigenous Australians (AIHW 2011c). The significantly shorter life expectancy of Aboriginal and Torres Strait Islander people may be at least partly due to the higher mortality rates for non-communicable diseases and injury (Marmot 2005).

In this section, comparisons are drawn between Indigenous prisoners and the general Indigenous population and between non-Indigenous prisoners and the general non-Indigenous population on education, employment status, mental health, tobacco smoking, risky alcohol consumption and illicit drug use. To make the data comparable, the general Indigenous and general non-Indigenous population data for all items exclude New South Wales and Victoria, as they did not participate in the Census.

Education level

Educational attainment among Indigenous prison entrants was lower than for the general Indigenous population. Only 9% per cent of Indigenous prisoners aged 18–24 years had completed Year 12 or equivalent, compared with 33% of all Indigenous Australians the same age (Table 7.1). Indigenous prisoners aged 18–34 years were more than twice as likely as the general Indigenous population to have completed year nine or below as their highest level of schooling (44–46% and 20–21%, respectively) (Table 7.1).

Indigenous prison entrants aged 35–44 years were one-third as likely as the general Indigenous population to have a non-school qualification (14% and 42%, respectively). However, this gap was much lower among those aged 18–24 years. Among prison entrants aged 18–24 years, nearly one in five (19%) had a non-school qualification, compared with one in four (25%) of the general Indigenous population (Table 7.1).

Table 7.1: Indigenous prison entrants' (2010) and the general Indigenous population (2008), by education status and age group (per cent)

	Indigenous prisoners (years)			General Indigenous population (years)		
	18–24	25–34	35–44	18–24	25–34	35–44
Highest year of school completed						
Year 12 or equivalent	9	8	18	33	30	27
Year 10 or 11	48	47	44	47	49	51
Year 9 or below	44	46	39	20	21	22
Non-school qualification						
Has a non-school qualification	19	18	14	25	36	42

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

Employment status

In the 30 days prior to imprisonment, more than two-thirds (67%) of Indigenous prison entrants aged 18–24 years were unemployed, compared with 13% of those in the general population of the same age. Just one-quarter (25%) of prison entrants aged 18–24 years were employed, making them the age group least likely to be employed prior to imprisonment (Table 7.2). The unemployment rate decreased with increasing age for Aboriginal and Torres Strait Islander people in both population groups, reducing from 67% of prison entrants aged 18–24 years to 40% of prison entrants aged 35–44 years, and 13% of those in the general Indigenous population aged 18–24 years to 8% of those aged 35–44 years (Table 7.2).

For all age groups, a lower proportion of Indigenous prison entrants were not in employment compared with the general Indigenous population. However, among Indigenous prison entrants a high proportion reported being unable to work due to disability (see Table 2.9). This might not be the case for the general Indigenous population, which may have a larger proportion of people who are studying.

Table 7.2: Indigenous prison entrants' (2010) and the general Indigenous population (2008), labour force status, by age group (per cent)

	Indigenous prison entrants (years)			General Indigenous population (years)		
Employment status	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
Employed	25	39	34	55	60	66
Unemployed	67	51	40	13	11	8
Not in the labour force	9	11	25	32	29	26

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. 'Not in the labour force' includes those who are studying, and those who are unable to work.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

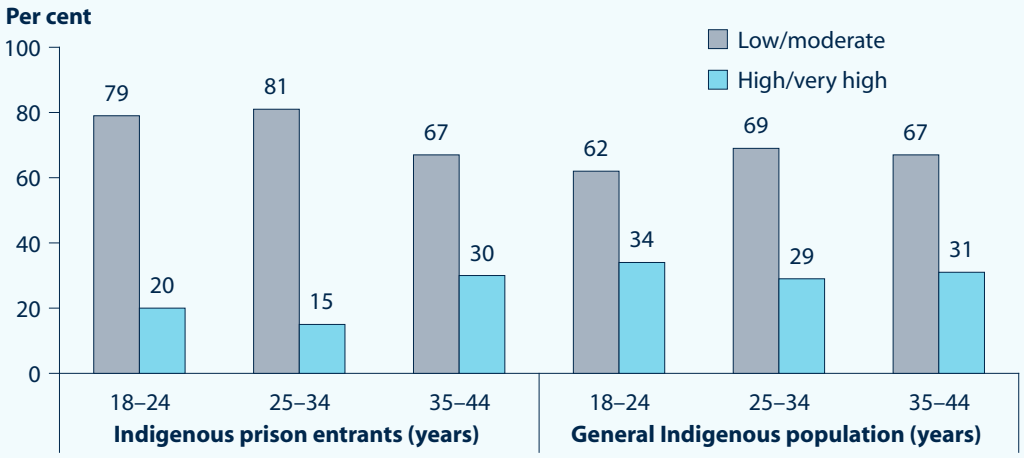
Mental health

For comparative purposes, only five items from the K10 were used in this analysis to match the five items (K5) and scoring ranges used in the 2008 National Aboriginal and Torres Strait Islander Social Survey.

Indigenous prison entrants reported levels of psychological distress that were similar to or lower than those in the general Indigenous population. Indigenous prison entrants aged 18–34 years were more likely to feel low/moderate psychological distress compared with the general Indigenous population (79–81% and 62–69%, respectively) (Figure 7.1).

Similar levels of psychological distress were felt by Indigenous prison entrants and the general Indigenous population aged 35–44 years, in both the low/moderate (67%) and high/very high categories (30–31%) (Figure 7.1).

Figure 7.1: Indigenous prison entrants (2010) and the general Indigenous population (2008), level of psychological distress as indicated by K5, by age group



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

Tobacco smoking

The data for the general Indigenous population in this section comes from the National Aboriginal and Torres Strait Islander Social Survey 2008. The survey question for 'never smoked' was, 'Have you smoked at least 20 times in your life?', whereas prison entrants in this Census were asked, 'Have you ever smoked at full cigarette?'

While it is recognised that relatively high rates of smoking exist in Indigenous communities (AIHW 2011a), rates are still substantially higher among the prison population. Just under half (47%) of the general Indigenous population in Australia smoked tobacco daily, compared with almost three-quarters (74%) of Indigenous prison entrants. And only 10% of Indigenous prison entrants had never smoked a cigarette, compared with 31% of the general Indigenous population (Table 7.3). Similar patterns were found when comparing non-Indigenous prison entrants and the general non-Indigenous population, with the majority of prison entrants being current smokers, while in the majority of the general population had never smoked a cigarette (Figure 7.3).

Table 7.3: Indigenous prison entrants (2010) and the general Indigenous population (2008), tobacco smoking status (per cent)

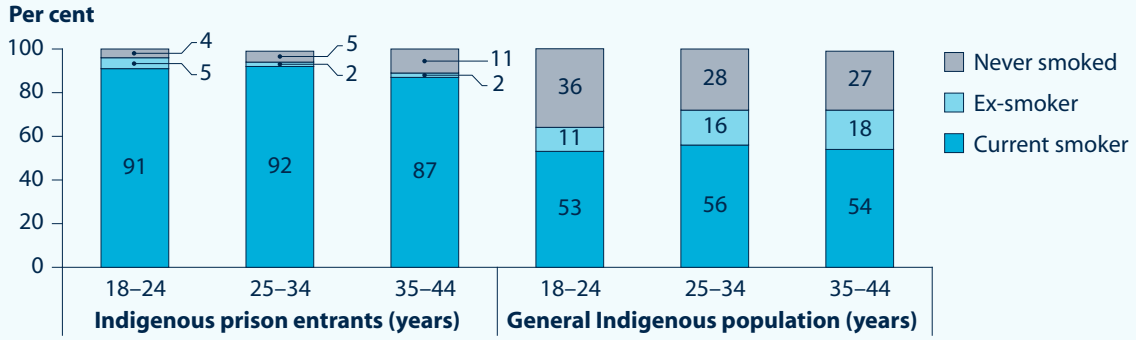
Smoking status	Indigenous prison entrants	General Indigenous population
Current daily smoker	74	47
Never smoked	10	31

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

People in the general Indigenous population were more likely to be ex-smokers compared with prison entrants. This was most apparent among those aged 35–44 years (18% and 2%, respectively) (Figure 7.2). Prison entrants aged 18–24 years were the least likely to have never smoked a cigarette (just 4%), but the most likely among the general population (36%). A similar contrast can be made with those aged 35–44 years: among Indigenous prison entrants, they were the group most likely to have never smoked a cigarette (11%), but within the general Indigenous population, they were the least likely (Figure 7.2). This suggests that declines in smoking rates are being seen in the general Indigenous population, but not among Indigenous prison entrants.

Figure 7.2: Indigenous prison entrants and the general Indigenous population, tobacco smoking status, by age group, 2010



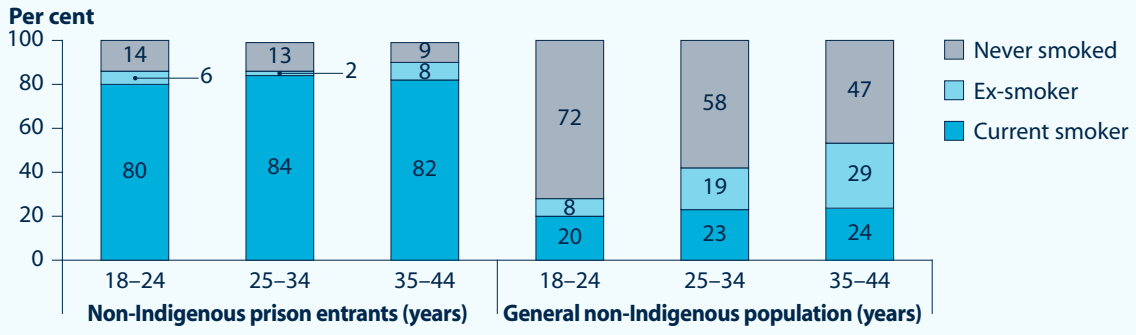
Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey

Within the non-Indigenous community, there were very large differences between the proportion of prison entrants who reported being smokers, and the proportion in the general non-Indigenous community who did so (Figure 7.3). Less than one-quarter of the general non-Indigenous community aged 18–44 years were current smokers, compared with 80–84% of prison entrants in the same age group. In the general non-Indigenous community, younger people were much less likely to be smokers, with almost three-quarters (72%) of those aged 18–24 years reporting never having smoked. The proportion reporting being ex-smokers increased from less than 1 in 10 (8%) among the youngest age group, to almost 1 in 3 (29%) aged among those aged 35–44 years in the general non-Indigenous community. Age patterns were less apparent among non-Indigenous prison entrants, suggesting that the trend away from smoking in the general community is not reflected among prison entrants.

Among the non-Indigenous population, prison entrants were, on average, younger when they smoked their first cigarette than those in the general community. Prison entrants started smoking at an average age of 14.0 years, which is more than 1 year younger than people in the general community, whose average starting age was 15.5 years.

Figure 7.3: Non-Indigenous prison entrants and non-Indigenous general population, tobacco smoking status, by age group, 2010



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National prisoner Health Census 2010; National Drug Strategy Household Survey 2010.

Risky alcohol consumption

Alcohol consumption was higher among Indigenous prison entrants than the general Indigenous population, for both the proportion who drank alcohol and the frequency of consumption. A higher proportion of Indigenous prison entrants reported having consumed alcohol in the previous 12 months compared with the general Indigenous population.

Consumption of alcohol four or more times per week was more common among Indigenous prison entrants when compared with those in the general population, although the difference varied. The gap between the age groups in the two populations narrowed from the youngest to the oldest age group. In the general Indigenous population, consuming alcohol 4 or more times per week became more common with age, increasing from 7% for those aged 18–24 years to 13% for those aged 35–44 years; but this trend was not reflected in the prison population (Table 7.4).

Table 7.4: Indigenous prison entrants (2010) and the general Indigenous population (2008), alcohol drinking status, by age group (per cent)

	Indigenous prison entrants (years)			General Indigenous population (years)		
Alcohol drinking status	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
4 or more times per week	24	27	25	7	10	13
2–3 times per week	31	23	21	20	14	18
Less than 2–3 times per week	35	42	40	53	55	48

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

In contrast to the Indigenous population, non-Indigenous prison entrants consumed alcohol less often than their general community counterparts, and were also more likely to report not consuming any alcohol in the previous 12 months (Table 7.5). These differences were more apparent in the older age groups, with the proportion drinking alcohol more than monthly decreasing among prison entrants but not in the general community.

Almost two-thirds (64%) of non-Indigenous prison entrants aged 18–24 years reported drinking alcohol more than monthly, compared with half (51%) of those aged 35–44 years. In the general community, this was just over two-thirds in each age group. Similarly, 17% prison entrants aged 18–24 years reported being non-drinkers, compared with one-quarter (25%) of prison entrants aged 35–44 years; proportions of non-drinkers in the general non-Indigenous community remained steady (about 11%).

Table 7.5: Non-Indigenous prison entrants and the general non-Indigenous population, alcohol drinking status, by age group, 2010 (per cent)

	Non-Indigenous prison entrants (years)			Non-Indigenous general population (years)		
Alcohol drinking status	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
More than monthly	64	62	51	68	67	69
Monthly or less often	19	18	24	21	21	20
Ex-drinker or never	17	20	25	11	12	11

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. More than monthly includes people who drink 4 or more times per week, 2–3 times per week and less than 2–3 times per week.

Sources: Entrant form, National prisoner Health Census 2010; National Drug Strategy Household Survey 2010.

However, those non-Indigenous prison entrants who did report drinking alcohol were more likely to do so at risky levels; and, on an average day when drinking, were likely to consume more alcohol than the general non-Indigenous population. These differences were more pronounced for older than younger people (Table 7.6).

Non-Indigenous prison entrants aged 18–24 years were slightly more likely (44%) than those in the general non-Indigenous community (39%) to consume at least seven drinks on an average day when they were drinking. Among those aged 25–34 years, prison entrants were more than twice as likely to report these high average levels of consumption (41% of prison entrants compared with 20% in the general non-Indigenous community). Non-Indigenous prison entrants aged 35–44 years were three times as likely as those in the general community to consume at least seven standard drinks of alcohol on an average day when they were drinking (39% and 13%, respectively).

Table 7.6: Non-Indigenous prison entrants and the general non-Indigenous population, typical daily alcohol consumption (on an average day when drinking), by age group, 2010 (per cent)

	Non-Indigenous prison entrants (years)			Non-Indigenous general population (years)		
Number of drinks	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
1 or 2 drinks	25	14	27	25	39	43
3 or 4 drinks	10	19	16	22	28	30
5 or 6 drinks	22	26	18	14	14	13
7 or more drinks	44	41	39	39	20	13

Notes

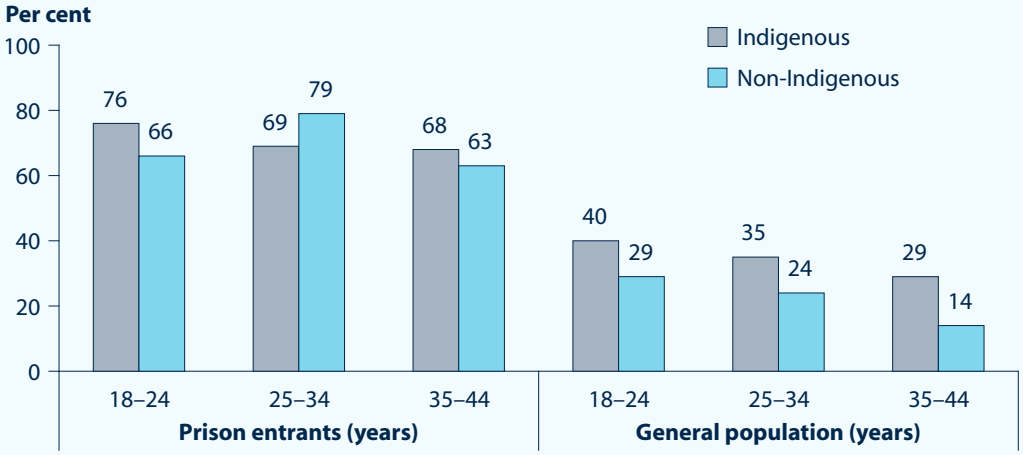
1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Excludes those who had not consumed alcohol in previous 12 months

Sources: Entrant form, National prisoner Health Census 2010; National Drug Strategy Household Survey 2010.

Illicit drug use

Illicit drug use in the previous 12 months was more common among Indigenous and non-Indigenous prison entrants than among the general Indigenous and non-Indigenous population across all age groups (Figure 7.4). For the non-Indigenous prison entrants, illicit drug use peaked among prison entrants at 25–34 years where 79% reported using illicit drugs in the previous 12 months. This is more than 3 times the rate of drug users in the same age group in the general population (24%).

Figure 7.4: Prison entrants (2010) and the general population (2008), illicit drug use in previous 12 months, by age group



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

Indigenous and non-Indigenous prison entrants used each type of drug, in each age group, more commonly than in the general population (Table 7.7; Table 7.8).

Among Aboriginal and Torres Strait Islander prison entrants, cannabis/marijuana was the most commonly used drug in 2010 (Table 7.7). Although rates were substantially lower, this was also true of the general Indigenous population aged 18 years and over. Cannabis/marijuana use was most prevalent in Indigenous Australians aged 18–24 years in both the Indigenous prison entrant population (63%) and the general Indigenous population (23%). While cannabis/marijuana use lessened with age to 13% of Indigenous aged 35–44 years in the general Indigenous population, it remained high at just under half (46%) of Indigenous prison entrants of the same age. Amphetamine and pain killer use for non-medical purposes were also much higher among Indigenous prison entrants when compared with the general Indigenous population.

Table 7.7: Indigenous prison entrants (2010) and the general Indigenous population (2008), illicit drug use in previous 12 months, by drug type and age group (per cent)

	Indigenous prison entrants (years)			General Indigenous population (years)		
Illicit drug	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
Cannabis/marijuana	63	55	46	23	20	13
Meth/amphetamine/speed	25	19	18	5	5	1
Analgesics/pain killers	15	23	14	6	5	5
Any illicit drug	**76**	**69**	**68**	**40**	**35**	**29**

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. Questions about illicit substance use in the 2008 National Aboriginal and Torres Strait Islander Social Survey were optional, so the per cents in the general population could be an underestimate.

Sources: Entrant form, National Prisoner Health Census 2010; AIHW analysis of 2008 National Aboriginal and Torres Strait Islander Social Survey.

Among non-Indigenous prison entrants cannabis/marijuana was also the most commonly used drug (Table 7.8). In the youngest age group, non-Indigenous prison entrants were at least twice as likely to report using each type of drug as those in the general community, while non-Indigenous prison entrants aged 35–44 years were at least 3 times as likely to report using each type of drug as those in the general community. Tranquilisers and/or sleeping pills were used illicitly by only 2% of people aged 18–24 years in the general non-Indigenous community, but by almost one-fifth (19%) of non-Indigenous prison entrants in this age group. Only 3% of non-Indigenous Australians aged 35–44 years in the general community reported using meth/amphetamines, compared with almost half (47%) of prison entrants.

Table 7.8: Non-Indigenous prison entrants and the general non-Indigenous population, use of illicit drugs in previous 12 months, by drug type and age group, 2010 (per cent)

	Non-Indigenous prison entrants (years)			Non-Indigenous general population (years)		
Illicit drug use	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
Cannabis/marijuana	58	61	43	25	20	12
Meth/amphetamine	39	45	47	6	6	3
Analgesics/pain killers	19	17	9	4	3	3
Tranquilisers/sleeping pills	19	18	14	2	2	2
Ecstasy	24	9	13	11	7	2
Any illicit drug	**66**	**79**	**63**	**30**	**26**	**16**

Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National Prisoner Health Census 2010; National Drug Strategy Household Survey 2010.

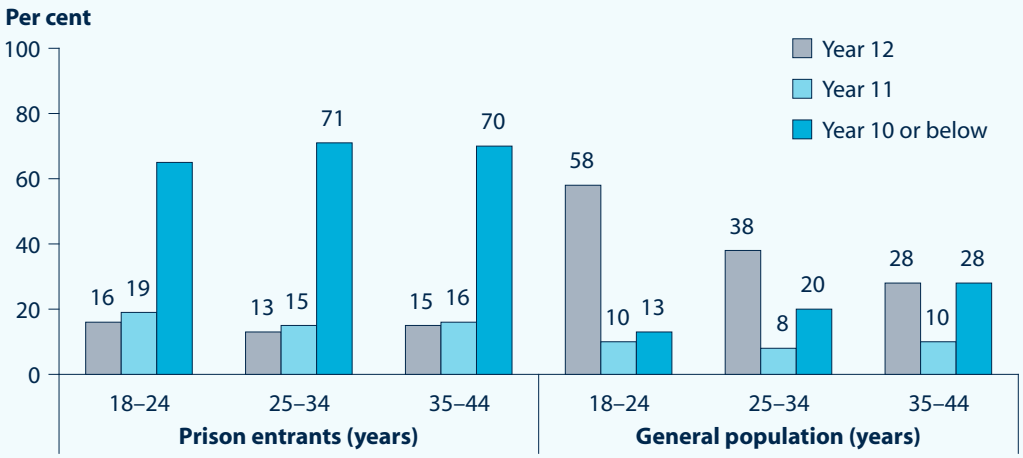
7.2 The general Australian population

In this section, comparisons are drawn between the general population and all prison entrants in the 2010 Census for: educational level; employment status; and cervical screening. The general Australian population excludes data from New South Wales and Victoria, as they did not participate in the Census.

Education level

Education attainment was lower among prison entrants than the general population. For all age groups, prison entrants were more likely to have completed Year 10 or below as the highest level of schooling, and less likely to have completed Year 12 than the general population. Of those aged 18–24 years, only 16% of prison entrants had completed Year 12, compared with 58% of the general population, and 65% of prison entrants had completed Year 10 or below, compared with 13% of the general population (Figure 7.5).

Figure 7.5: Prison entrants and the general population, highest level of schooling completed, by age group, 2010 (per cent)



Note: Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

Sources: Entrant form, National prisoner Health Census 2010; ABS 2010 Survey of Education and Work.

Employment status

For all age groups, prison entrants were less likely to be employed and more likely to be unemployed than the general population. Of those aged 18–24 years, nearly half (45%) of prison entrants were unemployed, compared with 7% in the general community. The proportion of prison entrants who were unemployed decreased in the older age groups, but the rates were still much higher than those in the general population (Table 7.9).

Table 7.9: Prison entrants and the general population, employment status, by age group, 2010 (per cent)

	Prison entrants (years)			General population (years)		
Employment status	**18–24**	**25–34**	**35–44**	**18–24**	**25–34**	**35–44**
Employed	27	42	31	72	78	80
Unemployed and looking for full-time work	45	42	13	7	4	3

Notes

1. Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.
2. 'Employed' includes those working full time and part time.

Sources: Entrant form, National prisoner Health Census 2010, ABS 2011 Labour Force Estimates.

Cervical screening

The Cervical Screening in Australia 2007–08 report prepared for the National Cervical Screen Program (AIHW 2009b) provides an outline on the national picture of cervical screening in Australia. In Australia, the proportion of women in the general population getting regular cervical screening tests is higher than among prison entrants (60% compared with 49%).

8

Data gaps and future directions

8 Data gaps 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 prisoner health Census.

Over time good quality data 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 over time
- 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).

8.1 Missing information and unavailable data

For 2010, the jurisdictions participating in the Census changed to include Tasmania and the Northern Territory. However, New South Wales and Victoria did not participate. It is anticipated that in future Census' all jurisdictions will participate.

The amount of missing and unavailable data has been reduced since the initial 2009 report. The participating jurisdictions were in 2010 able to provide the number of prisoners received and released from prison during a 12-month period. This has meant that a more suitable denominator was available this time, which allowed for better reporting of those indicators with 12 months of data.

The request for information about notifiable diseases was reduced, which made the task of providing data less onerous for jurisdictions, thus enabling reporting of that indicator for the first time.

The indicators of post-release health have not improved since the 2009 report.

8.2 Indicators not included in this report

The indicator on mortality rates post-release requires significant development. Data from the National Coroners Information System, which records whether or not a deceased person was released from an institution during the week before death, are currently only collected from four jurisdictions, and are available only in hard-copy format. Recent research suggests that the National Coroners Information System is able to detect only a minority of deaths among ex-prisoners, even among those who die in the first few weeks post-release (Wade et al. 2009). Although not currently feasible, one robust and efficient way of monitoring deaths among ex-prisoners would be through routine data linkage, in a manner similar to that used by researchers in New South Wales (Kariminia et al. 2007b) and Western Australia (Stewart et al. 2004).

8.3 Future directions for the Census

It is anticipated that in the future, the Census will move towards using fully electronic data. 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, as the data requirements for the Census are built in to the administrative systems in each jurisdiction.

A shorter-term aim is for complete coverage of all prisons in all jurisdictions. In some jurisdictions, the inclusion of privately run prisons is problematic, and it is hoped that over time, this obstacle may be overcome. Ideally, an ongoing national data collection would have the participation of all jurisdictions.

The Prisoner Health Information Group is committed to developing indicators of post-release morbidity and mortality, starting with an indicator of mortality in the period immediately following release. The group is also committed to developing outcome indicators for the 2012 Census.

Appendix A 2009–2010 comparisons

National comparison

There were changes to the jurisdictions between the 2009 and 2010 Census, which is reflected in the different results from each year. The 2010 sample includes Tasmania and the Northern Territory and excludes New South Wales and Victoria. Queensland, Western Australia, South Australia and the Australian Capital Territory fully participated in both 2009 and 2010. In this appendix, the implications of these changes are discussed.

The sample of prison entrants increased in 2010 due to the Census being done over two weeks. The proportion of females increased from 11% in 2009 to 14% in 2010, which means that the 2010 female data may be more reliable. The proportion of Aboriginal and Torres Strait Islander prisoners increased from 26% in 2009 to 43% in 2010. This would be partially due to the inclusion of the Northern Territory, which has a high proportion of Indigenous entrants, and the exclusion of Victoria, which has a low proportion of Indigenous entrants. However, in those jurisdictions participating in both 2009 and 2010, the proportion of entrants identifying as Indigenous also increased.

In the 2010 Census, female prison entrants were more likely to have had a history of incarceration than in 2009. There has also been a decrease in detention history for both Indigenous prison entrants in relation to juvenile detention, and for non-Indigenous entrants in relation to previous adult imprisonment. The proportion of Indigenous prison entrants having no history of juvenile detention has increased from 60% in 2009 to 71% in 2010, with a corresponding decrease in the proportion of entrants who had been in juvenile detention at least 3 times (from 21% in 2009 to 15% in 2010). For non-Indigenous entrants, there has been a decrease in the proportion having been in prison at least three times, from 43% to 35%. The reason for these changes is unclear and may be related to the increased proportion of Indigenous prison entrants in the 2010 Census compared with the 2009 Census, and the different states and territories represented.

The level of educational attainment has changed since the 2009 Census, with 69% of entrants in 2010 not completing Year 10, compared with 75% of entrants in the previous year's Census. The increase in overall educational attainment levels for entrants was seen among both Indigenous and non–Indigenous entrants. In 2009, non-Indigenous prison entrants were more than twice as likely as Indigenous entrants to have a highest completed level of education of Year 11 or 12 (27% and 13%, respectively). In 2010, this level of educational attainment improved to 35% and 24%, respectively.

Between the 2009 and 2010 Census, the overall proportion of prison entrants who reported having been told they had a mental health disorder reduced from 37% in 2009 to 31% in 2010. Similarly, following reception, the number of prison entrants referred to a prison mental health

service decreased from 31% in 2009 to 19% in 2010. The inclusion of the Northern Territory for the first time in 2010, which had the lowest proportion of prison entrants with a mental health disorder and entrants being referred, would have at least partially contributed to this reduction.

The changes in observed mental health disorders could be due to changes in female prison entrants. There was a reduction among female prison entrants reporting a history of mental health issues (from 57% in 2009 to 41% in 2010) and taking mental health related medication (from 28% in 2009 to 16% in 2010). Also, the number of females who were identified as a current suicide or self-harm risk decreased from 16% in 2009 to 7% in 2010. This may be partly attributable to the increased number of females in the sample.

In 2010, the proportion of female entrants reporting low distress more than doubled, from 16% in 2009 to 38% 2010, while the proportion of female entrants reporting moderate or high distress decreased. However, the proportion reporting very high distress did not change from the 2009 Census. The level of psychological distress reported by Aboriginal and Torres Strait Islander prison entrants was also lower than in the 2009 Census. The inclusion in 2010 but not 2009 of the Northern Territory, from where low levels of distress were reported, may have contributed to this result.

While there has been a decrease in the number of prison entrants who reported a history of mental health issues, the number of prison entrants reporting a history of self-harm and thoughts about harming themselves during the previous 12 months both increased slightly in 2010 from the 2009 Census (from 18% and 10% to 21% and 14%, respectively).

The proportion of prison entrants who reported having one or more chronic condition changed between 2009 and 2010. There were increases in the proportion of entrants reporting having arthritis, cardiovascular disease, diabetes and cancer, and decreases in the number of entrants reporting having asthma. The decrease in asthma rates may be mainly attributable to the inclusion of the Northern Territory in 2010, from where a low proportion of entrants reported a history of asthma.

In 2010, the proportion of Indigenous prison entrants reporting being a current smoker increased from 82% in the 2009 Census to 89% in the 2010 Census, which may reflect the inclusion of the Northern Territory in 2010, from where a high proportion of entrants reported being current smokers.

Consumption of alcohol at levels considered to place a person at risk of alcohol-related harm increased from 52% in 2009 to 58% in 2010. This proportion increased for both males and females from 2009, particularly for females (from 44% in 2009 to 54% in 2010). This may partly be due to a reduction in the proportion of invalid scores for females, from 30% in 2009 to 0% in 2010. The proportion of Indigenous prison entrant who were drinking at levels that could cause harm also increased from 65% in 2009 to 73% in 2010. Again this could be largely explained by the reduction in the level of invalid scores.

In 2010, 66% of prison entrants reported illicit drug use in the previous 12 months, down from 71% in the 2009 Census. This reduction is mainly due to the relatively low (40%) proportion of prison entrants reporting illicit drug use in the Northern Territory. Some notable changes to the most commonly used substances for non-medical purposes since the 2009 Census are in the use of heroin (which decreased from 19% to 10%) and ecstasy (from 18% to 10%). These changes may reflect differences in the drug markets of the jurisdictions in the two Censuses, with the 2010 Census excluding New South Wales and Victoria, but including Tasmania and the Northern Territory.

The proportion of prisoners in custody who visited the clinic during the Census increased from 25%in 2009 to 42% in 2010. The increase in the length of the Census from one week in 2009 to two weeks in 2010 would have contributed to this finding, as more prisoners have an opportunity to visit the clinic. The problems managed at the prison clinic were similar in 2009 and 2010, except for medication/vaccination which increased from 4% of problems managed in 2009 to 11% in 2010. Again, this difference is most likely due to the increase in the length of the Census period.

Jurisdiction comparisons

2009 and 2010 comparisons are only provided for states and territories that supplied data in both years (Queensland, Western Australia, South Australia and the Australian Capital Territory), and are only providing for indicators where data were available for both years.

Queensland

Indicator	2009 proportion	2010 proportion	Data source	Page
Education and employment				
Highest level of completed education: below Year 10	37%	38%	Entrants form	20
Health conditions				
Self-reported mental health diagnosis (ever told)	36%	32%	Entrants form	27
Currently taking medication for mental health	17%	22%	Entrants form	27
High or very high level of psychological distress as measured by the Kessler 10 (K10) scale	24%	29%	Entrants form	30
Distress related to current incarceration	30%	29%	Entrants form	33
History of self-harm	14%	20%	Entrants form	34
Self-harm thoughts in last 12 months	7%	13%	Entrants form	34
Ever had head injury with a loss of consciousness	49%	48%	Entrants form	37
Currently have asthma	20%	16%	Entrants form	44
Currently have arthritis	6%	12%	Entrants form	44
Currently have cardiovascular disease	<2%	4%	Entrants form	44
Currently have diabetes	3%	<5%	Entrants form	44
Currently have cancer	<2%	<3%	Entrants form	44
Women's health				
Ever been pregnant	90%	58%	Entrants form	51
Mean age of first pregnancy	20.3	19.2	Entrants form	51
Cervical screening in the last 2 years	70%	50%	Entrants form	51
Health behaviours				
Current tobacco smokers	84%	82%	Entrants form	55
Mean age of smoking first full cigarette	13.4	13.6	Entrants form	56
Self-reported consumption of alcohol at risky levels in last 12 months	49%	47%	Entrants form	57
Illicit drug use in last 12 months	74%	69%	Entrants form	60
Health service use				
Consultation with medical professional in the community in last 12 months	72%	75%	Entrants form	69
Consultation with medical professional in the community in last 12 months required but not completed	44%	43%	Entrants form	73

continued

Indicator	2009 proportion	2010 proportion	Data source	Page
Prison health services				
Referred to mental health services for observation and further assessment	26%	16%	Entrants form	80
Identified during reception process as being currently at risk of suicide or self-harm	<2%	3%	Entrants form	82
Number of hospital transfers during Census period	119 during one week Census period	237 during two week Census period	Establishment form	83
Proportion of prisoners using the prison clinic during the Census period	21% during one week Census period	26% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for health check	11% during one week Census period	9% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for pathology	4% during one week Census period	6% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for malignancy	<1% during one week Census period	<1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for skin condition	2% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal injury	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for communicable disease	1% during one week Census period	1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for arthritis	<1% during one week Census period	<1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal condition	2% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for asthma	<1% during one week Census period	<1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for respiratory condition	1% during one week Census period	1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for digestive condition	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for psychological/mental health condition	6% during one week Census period	3% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for diabetes	2% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of clinic visits initiated by the prisoner	40%	33%	Clinic form	95
Proportion of clinic visits initiated by clinic staff	57%	65%	Clinic form	95
Proportion of clinic visits by type of health professional seen	Nurse 76%	Nurse 84%	Clinic form	97
Proportion of prisoners taking medication for opioid dependence	<1% during one week Census period	<1% during two week Census period	Medication form	99
Proportion of prisoners taking prescribed medication	30% during one week Census period	27% during two week Census period	Medication form	102
Ratio of full-time equivalent health staff to prisoners	1:31	1:33	Establishment form	112

Western Australia

Indicator	2009 proportion	2010 proportion	Data source	Page
Education and employment				
Highest level of completed education: below Year 10	33%	34%	Entrants form	20
Health conditions				
Self-reported mental health diagnosis (ever told)	33%	25%	Entrants form	27
Currently taking medication for mental health	12%	10%	Entrants form	27
High or very high level of psychological distress as measured by the Kessler 10 (K10) scale	33%	35%	Entrants form	30
Distress related to current incarceration	34%	38%	Entrants form	33
History of self-harm	22%	25%	Entrants form	34
Self-harm thoughts in last 12 months	10%	16%	Entrants form	34
Ever had head injury with a loss of consciousness	42%	37%	Entrants form	37
Currently have asthma	10%	10%	Entrants form	44
Currently have arthritis	6%	4%	Entrants form	44
Currently have cardiovascular disease	7%	6%	Entrants form	44
Currently have diabetes	3%	6%	Entrants form	44
Currently have cancer	<3%	0%	Entrants form	44
Women's health				
Ever been pregnant	82%	73%	Entrants form	51
Mean age of first pregnancy	19 years	18.8 years	Entrants form	51
Cervical screening in the last 2 years	45%	41%	Entrants form	51
Health behaviours				
Current tobacco smokers	83%	79%	Entrants form	55
Mean age of smoking first full cigarette	13.5 years	14.1 years	Entrants form	56
Self-reported consumption of alcohol at risky levels in last 12 months	64%	71%	Entrants form	57
Illicit drug use in last 12 months	71%	71%	Entrants form	60
Health service use				
Consultation with medical professional in the community in last 12 months	67%	79%	Entrants form	69
Consultation with medical professional in the community in last 12 months required but not completed	50%	45%	Entrants form	73
Prison health services				
Referred to mental health services for observation and further assessment	26%	28%	Entrants form	80
Identified during reception process as being currently at risk of suicide or self-harm	4%	12%	Entrants form	82
Number of hospital transfers during Census period	50 during one week Census period	207 during two week Census period	Establishment form	83

continued

Indicator	2009 proportion	2010 proportion	Data source	Page
Prison health services (continued)				
Proportion of prisoners using the prison clinic during the Census period	35% during one week Census period	56% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for health check	9% during one week Census period	19% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for pathology	6% during one week Census period	9% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for malignancy	1% during one week Census period	<1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for skin condition	4% during one week Census period	5% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal injury	4% during one week Census period	6% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for communicable disease	2% during one week Census period	5% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for arthritis	<1% during one week Census period	<1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal condition	2% during one week Census period	3% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for asthma	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for respiratory condition	2% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for digestive condition	1% during one week Census period	3% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for psychological/mental health condition	7% during one week Census period	11% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for diabetes	2% during one week Census period	4% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for cardiovascular disease	2% during one week Census period	3% during two week Census period	Clinic form	90
Proportion of clinic visits initiated by the prisoner	40%	37%	Clinic form	95
Proportion of clinic visits initiated by clinic staff	55%	59%	Clinic form	95
Proportion of clinic visits, by type of health professional seen	Nurse 72%	Nurse 59%	Clinic form	97
Proportion of prisoners taking medication for opioid dependence	8% during one week Census period	4% during two week Census period	Medication form	99
Proportion of prisoners taking prescribed medication	57% during one week Census period	46% during two week Census period	Medication form	102
Ratio of full-time equivalent health staff to prisoners	1:30	1:31	Establishment form	112

South Australia

Indicator	2009 proportion	2010 proportion	Data source	Page
Education and employment				
Highest level of completed education: below Year 10	32%	26%	Entrants form	20
Health conditions				
Self-reported mental health diagnosis (ever told)	40%	33%	Entrants form	27
Currently taking medication for mental health	23%	18%	Entrants form	27
High or very high level of psychological distress as measured by the Kessler 10 (K10) scale	26%	28%	Entrants form	30
Distress related to current incarceration	51%	45%	Entrants form	33
History of self-harm	28%	19%	Entrants form	34
Self-harm thoughts in last 12 months	12%	12%	Entrants form	34
Ever had head injury with a loss of consciousness	44%	27%	Entrants form	37
Currently have asthma	17%	12%	Entrants form	44
Currently have arthritis	7%	4%	Entrants form	44
Currently have cardiovascular disease	<4%	7%	Entrants form	44
Currently have diabetes	5%	<4%	Entrants form	44
Currently have cancer	0%	<3%	Entrants form	44
Women's health				
Ever been pregnant	89%	69%	Entrants form	51
Mean age of first pregnancy	18.4 years	16.7 years	Entrants form	51
Cervical screening in the last 2 years	33%	38%	Entrants form	51
Health behaviours				
Current tobacco smokers	81%	<84%	Entrants form	55
Mean age of smoking first full cigarette	14.8 years	15.1 years	Entrants form	56
Self-reported consumption of alcohol at risky levels in last 12 months	59%	46%	Entrants form	57
Illicit drug use in last 12 months	69%	70%	Entrants form	60
Health service use				
Consultation with medical professional in the community in last 12 months	77%	69%	Entrants form	69
Consultation with medical professional in the community in last 12 months required but not completed	32%	42%	Entrants form	73
Prison health services				
Referred to mental health services for observation and further assessment	31%	11%	Entrants form	80
Identified during reception process as being currently at risk of suicide or self-harm	12%	10%	Entrants form	82
Number of hospital transfers during Census period	22 during one week Census period	92 during two week Census period	Establishment form	83

continued

Indicator	2009 proportion	2010 proportion	Data source	Page
Prison health services (continued)				
Proportion of prisoners using the prison clinic during the Census period	29% during one week Census period	49% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for health check	10% during one week Census period	21% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for pathology	5% during one week Census period	8% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for malignancy	0% during one week Census period	<1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for skin condition	2% during one week Census period	5% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal injury	2% during one week Census period	5% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for communicable disease	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for arthritis	0% during one week Census period	1% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal condition	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for asthma	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for respiratory condition	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for digestive condition	1% during one week Census period	3% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for psychological/mental health condition	8% during one week Census period	13% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for diabetes	2% during one week Census period	4% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for cardiovascular disease	1% during one week Census period	2% during two week Census period	Clinic form	90
Proportion of clinic visits initiated by the prisoner	39%	43%	Clinic form	95
Proportion of clinic visits initiated by clinic staff	60%	52%	Clinic form	95
Proportion of clinic visits, by type of health professional seen	Nurse 63%	Nurse 71%	Clinic form	97
Proportion of prisoners taking medication for opioid dependence	9% during one week Census period	12% during two week Census period	Medication form	99
Proportion of prisoners taking prescribed medication	57% during one week Census period	58% during two week Census period	Medication form	102
Ratio of full-time equivalent health staff to prisoners	1:25	1:16	Establishment form	112

Australian Capital Territory

Indicator	2009 proportion	2010 proportion	Data source	Page
Education and employment				
Highest level of completed education: below Year 10	31%	<50%	Entrants form	20
Health conditions				
Self-reported mental health diagnosis (ever told)	62%	67%	Entrants form	27
Currently taking medication for mental health	31%	25%	Entrants form	27
High or very high level of psychological distress as measured by the Kessler 10 (K10) scale	31%	<75%	Entrants form	30
Distress related to current incarceration	38%	75%	Entrants form	33
History of self-harm	31%	<25%	Entrants form	34
Self-harm thoughts in last 12 months	<23%	33%	Entrants form	34
Ever had head injury with a loss of consciousness	46%	58%	Entrants form	37
Currently have asthma	46%	<25%	Entrants form	44
Currently have arthritis	<23%	<25%	Entrants form	44
Currently have cardiovascular disease	0%	<25	Entrants form	44
Currently have diabetes	0%	0%	Entrants form	44
Currently have cancer	0%	0%	Entrants form	44
Women's health				
Mean age of first pregnancy	19	21	Entrants form	51
Health behaviours				
Current tobacco smokers	100%	100%	Entrants form	55
Mean age of smoking first full cigarette	12.9	14.6	Entrants form	56
Self-reported consumption of alcohol at risky levels in last 12 months	62%	58%	Entrants form	57
Illicit drug use in last 12 months	69%	92%	Entrants form	60
Health service use				
Consultation with medical professional in the community in last 12 months	62%	83%	Entrants form	69
Consultation with medical professional in the community in last 12 months required but not completed	69%	83%	Entrants form	73
Prison health services				
Referred to mental health services for observation and further assessment	54%	42%	Entrants form	80
Identified during reception process as being currently at risk of suicide or self-harm	0%	0%	Entrants form	82
Number of hospital transfers during Census period	6 during one week Census period	17 during two week Census period	Establishment form	83
Proportion of prisoners using the prison clinic during the Census period	42% during one week Census period	52% during two week Census period	Clinic form	90

continued

Indicator	2009 proportion	2010 proportion	Data source	Page
Prison health services (continued)				
Proportion of prisoners visiting clinic during Census period for health check	10% during one week Census period	5% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for pathology	12% during one week Census period	12% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for malignancy	<22% during one week Census period	<2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for skin condition	3% during one week Census period	3% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal injury	2% during one week Census period	4% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for communicable disease	3% during one week Census period	6% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for arthritis	—	—	Clinic form	90
Proportion of prisoners visiting clinic during Census period for musculoskeletal condition	2% during one week Census period	<2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for asthma	—	<2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for respiratory condition	<2% during one week Census period	<2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for digestive condition	4% during one week Census period	<2% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for psychological/mental health condition	20% during one week Census period	20% during two week Census period	Clinic form	90
Proportion of prisoners visiting clinic during Census period for diabetes	<2% during one week Census period	—	Clinic form	90
Proportion of prisoners visiting clinic during Census period for cardiovascular disease	<2% during one week Census period	1% during two week Census period	Clinic form	90
Proportion of clinic visits initiated by the prisoner	56%	56%	Clinic form	95
Proportion of clinic visits initiated by clinic staff	44%	41%	Clinic form	95
Proportion of clinic visits, by type of health professional seen	40% medical practitioner	37% nurse	Clinic form	97
Proportion of prisoners taking medication for opioid dependence	32% during one week Census period	0%	Medication form	99
Proportion of prisoners taking prescribed medication	69% during one week Census period	58% during two week Census period	Medication form	102
Ratio of FTE health staff to prisoners	1:10	1:13	Establishment form	112

Appendix B List of indicators

Indicator	Numerator	Denominator
Proportion of prison entrants by highest completed level of education.	Number of prison entrants by highest completed level of education.	Total number of prison entrants during the Census period.
Proportion of prison entrants, by employment or educational status.	Number of prison entrants, by employment or educational status.	Total number of prison entrants during the Census period
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 Census 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 Census 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 Census period.
Proportion of prison entrants who indicate their current distress related to the current incarceration.	Number of prison entrants who report that their current distress is related to their current incarceration.	Total number of prison entrants during the Census period.
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 Census 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 Census period.
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 Census period.
Number of notifications of sexually transmissible infections for prisoners in custody during 2009–10.		
Proportion of prison entrants testing positive to hepatitis C antibody.	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.	Number of prison entrants testing positive to hepatitis B antibody.	Total number of prison entrants tested.
Proportion of prison entrants testing positive for HIV.	Number of prison entrants testing positive for HIV.	Total number of prison entrants tested.
Proportion of prison entrants who report that they have been told by a doctor or nurse that they have asthma, and who still have the condition currently.	Number of prison entrants who report that they have been told by a doctor or nurse that they have asthma, and who still have the condition currently.	Total number of prison entrants during the Census period.

continued

Indicator	Numerator	Denominator
Proportion of prison entrants who report that they have been told by a doctor or nurse that they have arthritis, and who still have the condition currently.	Number of prison entrants who report that they have been told by a doctor or nurse that they have arthritis, and who still have the condition currently.	Total number of prison entrants during the Census period.
Proportion of prison entrants who report that they have been told by a doctor or nurse that they have cardiovascular disease, and who still have the condition currently	Number of prison entrant who report that they have been told by a doctor or nurse that they have cardiovascular disease, and who still have the condition currently.	Total number of prison entrants during the Census period.
Proportion of prison entrants who report that they have been told by a doctor or nurse that they have diabetes, and who still have the condition currently	Number of prison entrants who report that they have been told by a doctor or nurse that they have diabetes, and who still have the condition currently.	Total number of prison entrants during the Census period.
Proportion of prison entrants who report that they have been told by a doctor or nurse that they have cancer, and who still have the condition currently.	Number of prison entrants who report that they have been told by a doctor or nurse that they have arthritis, and who still have the condition currently.	Total number of prison entrants during the Census period.
Proportion of pregnant prisoners in custody.	Number of female prisoners in custody who were pregnant during the 12 month period to 30 June 201.	Number of female prisoners received into custody during the 12 monmth period to 30 June 2010
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 Census period.
Mean age at first pregnancy for female prison entrants.		
Proportion of female prison entrants who report that they have had a cervical screening in the last two years.	Number of female prison entrants who reported having a cervical screening in the last two years.	Total number of prison entrants during the Census period.
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 Census period.
Mean age at which prison entrants smoked their first full cigarette.		
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 Census period.
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 Census period.
Proportion of prison entrants who report that they have injected drugs.	Number of prison entrants who report that they have injected drugs.	Total number of prison entrants during the Census period.
Proportion of prison entrants who report that they have shared injecting equipment.	Number of prison entrants who reported that they have shared injecting equipment.	Total number of prison entrants during the Census period.
Proportion of prison entrants who report having had unprotected sex with a new or casual partner in the last month.	Number of prison entrants who report having had unprotected sex with a new or casual partner in the last month.	Total number of prison entrants during the Census period.
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 Census 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 Census period who had been in prison in the last 12 months.

continued

Indicator	Numerator	Denominator
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 Census 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 Census period who had been in prison in the last 12 months.
Proportion of prison entrants by reason for not seeking medical contact in the past 12 months when required.	Number of prison entrants by reason for not seeking medical contact when required.	Total number of prison entrants during the Census period that needed to see a medical contact in the community.
Proportion of prisons that received visits by an Aboriginal Community Controlled Health Organisation or an Aboriginal Medical Service to a prison facility.	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 Census.
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 Census 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 Census period.
Number of hospital transfers for prisoners in custody during the Census period.		
Number of hepatitis B, human papillomavirus, and meningococcal vaccines provided by prison clinics.		
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 Census period.
Proportion of prisoners in custody who used the prison clinic.	Number of prisoners in custody who used the prison clinic during the Census period.	Total number of prisoners in custody on 30 June 2010.
Proportion of prisoners in custody, by reason for attending the prison clinic .	Number of prisoners in custody, by reason for attending the prison clinic.	Total number of prisoners in custody on 30 June 2010.
Proportion of clinic visits initiated by prisoner.	Number of prisoners who initiated clinic visits.	Total number of clinic visits during the Census period.
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 census 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 Census 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 2010.
Proportion of prisoners in custody who received prescribed medication on one day of the Census period.	Number of prisoners in custody who received prescribed medication on one day of the Census period.	Total number of prisoners in custody on 30 June 2010.
Number of prisoners in custody who received medication for hepatitis C.		
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 2010.
Number of deaths in custody.		
Number of deaths in first four weeks after release.		

Appendix C Data sources

National Prisoner Health Census (AIHW)

The National Prisoner Health Census is the main data source for the reporting of the National Prisoner Health Indicators. The Census was done over two weeks. The Australian Capital Territory and the Northern Territory completed the Census from 11 October to 24 October 2010, and Queensland, Western Australia, South Australia and Tasmania completed the Census from 8 November to 21 November 2010. One prison in Queensland completed the Census during February 2011. The Census captured data on prison entrants and visits to the prison clinic for two weeks, and repeat medications taken by prisoners for one day. Thus the Census represents a complete enumeration of prisoners giving consent during the two week period.

National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey

The National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (Butler & Papanastasiou 2008) is held biennially in all states and territories. It is a census of prison entrants done over two weeks, which provides estimates of prevalence of bloodborne viruses. Testing is conducted for HIV, hepatitis B and hepatitis C. The data can be categorised by age, sex and Indigenous status.

Prisoners in Australia (ABS)

Prisoners in Australia presents national statistics on prisoners who were in custody on 30 June each year (ABS 2010c). These statistics describe the characteristics of prisoners, sentence lengths, and offences for which offenders are imprisoned, and provide a basis for measuring change over time.

Deaths in custody in Australia

The *Deaths in custody in Australia* report from the National Deaths in Custody Program monitors the extent and nature of deaths that have occurred in police, prison and juvenile custody since 1980 (Curnow & Larsen 2009). These statistics describe the number of deaths, the demographic characteristics of the deceased, and the circumstances surrounding the deaths.

National Drug Strategy Household Survey (AIHW)

The National Drug Strategy Household Survey was conducted during 2010, sampling more than 23,000 people aged 12 years and over in households throughout Australia (AIHW 2011b). The survey collected information on their drug use knowledge, attitudes and behaviours.

National Aboriginal and Torres Strait Islander Social Survey (ABS)

The 2008 National Aboriginal and Torres Strait Islander Social Survey was done by the ABS from August 2008 to April 2009, collecting information from about 13,300 Aboriginal and Torres Strait Islander people living in private dwellings in remote and non-remote areas, including discrete communities. The 2008 survey provides information on various demographic, social, environmental and economic indicators, including: personal and household characteristics; geography; language and cultural activities; social networks and support; health and disability; education; employment; financial stress; income; transport; personal safety; and housing.

Cervical screening in Australia 2007–08

The report prepared by the AIHW was produced in collaboration with the Screening Section of the Australian Government Department of Health and Ageing and state and territory programs (AIHW 2009b). The cervical screen report provides a national picture of cervical screening in Australia for 2007–08 by combining data provided by state and territory cervical screen programs and data sourced from the National Cancer Statistics Clearing House and the AIHW Mortality Database.

Labour force, Australia (ABS)

The *Labour force, Australia* publication, prepared by the ABS, contains information on the labour force in Australia. Data from the monthly Labour Force Survey are released in two stages. *Labour Force, Australia, Detailed, Quarterly* includes data only collected in February, May, August and November (including industry and occupation).

Survey of education and work (ABS)

The *Survey of education and work* publication, prepared by the ABS, contains information on the educational experience of people aged 15–64 years and 65–74 years who are in the labour force or marginally attached to the labour force (ABS 2010a). Data was collected in May 2010 as part of the ABS monthly Labour Force Survey, and includes information on participation in education in the year before the survey, and highest year of school completed.

Appendix D Prisoner health services in Australia

New South Wales

Justice Health is responsible for providing health care in a complex environment to adults and juveniles in the criminal justice system across four key areas:

- Pre-custody: including diversion for people with mental illness in the adult or juvenile court system away from custody into appropriate treatment, including the Court Liaison Service (in 21 adult courts), the Adolescent Community and Court Team (in 3 children's courts), the Adult Drug Court and the Youth Drug and Alcohol Court.
- Custody: for adult prisoners (in 31 correctional centres) and juvenile detainees (in 8 juvenile justice centres and 1 juvenile detention centre), periodic detainees (in 11 centres), and police cell complexes (in 10 centres). The care provided includes screening, triage, treatment, and monitoring in areas such as clinical and nursing services, primary health, population health, drug and alcohol, women's health, Indigenous health and adolescent health.
- Inpatient: providing inpatient health-care services including the Long Bay and Forensic Hospitals (primarily responsible for mentally unwell people), as well as organising inpatient and specialist care for people in custody in community-based hospitals.
- Post-release: including community forensic mental health (for adults), Community Integration Team (for juveniles) and the Connections Project, which supports integrating people with a drug and alcohol problem into community-based services.

Victoria

The Justice Health business unit, established in 2007, is responsible for the planning, coordination and delivery of contracted health services across police, courts, corrections and community corrections, to ensure an integrated and coordinated approach for health services within the Department of Justice. Justice Health is overseen by a committee comprising senior representatives of the Department of Justice (Victoria Police, Courts, Corrections and Justice Health), the Department of Human Services and the Department of Health.

Primary, secondary and tertiary health and mental health services in Victoria's government-run prisons are delivered by third-party providers contracted by Justice Health. The operators of Victoria's two privately operated prisons also subcontract health services. Victoria is in the process of transitioning to a single-lead service provider for all health services delivery across police, courts, corrections and community corrections.

Queensland

Primary health care services for prisoners in Queensland's publicly run correctional centres are provided by Queensland Health's Offender Health Services. Other parts of Queensland Health provide secondary and tertiary services. These are provided in local hospitals in central and northern Queensland, but in south-east Queensland, they are provided at a specialised Security Unit at the Princess Alexandra Hospital in Brisbane.

Mental health services are generally provided by the Forensic Mental Health Service, but are provided by Prison Mental Health Services in south-east Queensland. The primary clinical services to the two privately run prisons (Arthur Gorrie and Borallon Correctional Centres) are provided directly by those prisons. The clinical services to youth detention centres, and to prisoners in police custody are provided by other parts of Queensland Health.

Prisoners access health services usually by a written or verbal request to the nursing staff. All prisoners' requests are triaged by registered nurses, and prisoners are usually seen by the nurses within 1–2 days, with referral to the medical officer as necessary.

Western Australia

The Health Services Directorate is a part of the Offender Management and Professional Development Division of the Department of Corrective Services. It provides a comprehensive range of health care services comparable to general community standards to more than 4,000 adults and juveniles at any one time. It employs about 200 full-time equivalent staff across Western Australia.

Services are organised around four principal areas of health care: chronic disease; infectious disease; comorbidity; and primary care.

There are six metropolitan and seven regional public prisons and two metropolitan juvenile detention centres in Western Australia, each of which has a health centre. The service uses a combination of in-house services from doctors, psychiatrists, nurses and pharmacists, supported by medical records staff, medical receptionists and medication assistants, with external services from visiting GPs and allied health professionals. Acacia Prison, east of Perth, is administered by a private contractor with responsibility for staffing and providing health services to its prisoners.

There are three Crisis Care Units in Western Australian metropolitan prisons, which are managed by Adult Custodial Services. Their function is to care for prisoners who are at risk of self-harm and require psychological care. Health Services clinical staff provide input into the systems at all prisons that manage at-risk prisoners.

Casuarina Prison in the southern Perth metropolitan area has an infirmary, the role of which is now under review.

South Australia

Adult prisoners and people held on remand in South Australia are under the care of the Department for Correctional Services. The Department of Health through the South Australian Prison Health Service provides health services in the eight state-administered correctional services institutions: four country and four metropolitan facilities, with the Adelaide pre-release centre and Adelaide Woman's prison co-located at Northfield.

The Prison Health Service provides various primary services from nursing staff, salaried medical officers, visiting medical practitioners and limited allied health services.

Yatala Labour Prison and the Adelaide Remand Centre have small observation facilities capable of managing semi-acute health problems. A limited 24-hour nursing service is provided at these sites. On-site psychiatric clinics are provided by Forensic Mental Health Services who also have an inpatient facility at James Nash House.

Most secondary and tertiary health care and most allied health services are provided off site through the public health system.

To access health services in prison, prisoners complete a written request that is either handed to nursing staff directly during medication rounds, or via Department for Correctional Services officers. Waiting times vary between sites depending on availability of doctors; most patients are seen within 1 week in metropolitan prisons, but it may be up to 4 weeks for minor ailments in some country prisons.

Tasmania

The Department of Health and Human Services currently supplies health services to the Department of Justice based on a memorandum of understanding. The services are provided by the Forensic Health Service, which is an amalgamation of Correctional Primary Health Services, Forensic Mental Health Services and Community Forensic Mental Health Services. Broadly speaking the Forensic Health Service is responsible for a full range of primary health care, including mental health and drug and alcohol services.

Psychology services to behaviourally disturbed prisoners are supplied by Therapeutic Services who are part of the Tasmania Prison Service. Correctional Primary Health Services currently operates in 6 centres: Risdon Prison Complex, Mary Hutchison Women's Prison, Ron Barwick Men's Minimum Prison, Hayes Prison Farm (all of which are close to Hobart) and two reception prisons in Hobart and Launceston. There is a large unmet need relating to drug and alcohol use in Tasmania among forensic clients.

The basic way of making an appointment with the prison clinic is by request form. These are prioritised and allocated according to need. It takes about 1 week to be seen by the doctor, and less to be seen by the nurse. Urgent requests can come directly from prisoners, prison officers or any other prison worker.

Australian Capital Territory

In 2011 the ACT Corrections Health Program has been renamed Justice Health (ACT) . The Justice Health program provides health services to detainees at the Australian Capital Territory court cells, the Alexander Maconochie Centre, the Periodic Detention Centre, and the Bimberi Youth Justice Centre.

The service provides primary-level and secondary-level clinical services through registered nurses and sessional visiting medical officers. Mental Health ACT and the gastroenterology clinic at the Canberra Hospital provide tertiary services; imaging and pathology are predominantly provided through the Canberra Hospital, as are inpatient and outpatient services.

Pharmacy services are provided through a dedicated service at The Canberra Hospital. Allied health services are provided on a case-by-case basis, according to community levels of access. Dental services are provided at the Alexander Maconochie Centre by the Dental Health Program.

Clients access services either by written or verbal request to a registered nurse (who attend all residential areas twice a day), or by verbal request from a custodial officer. Nurse triage may trigger a nurse-initiated health intervention, a medical officer consultation or an emergency transfer to The Canberra Hospital. After hours, a medical officer is responsible for treatment and care.

The program has teaching and training links to the Australian National University Medical School and the University of Canberra Nursing School. Additionally, the program sponsors the custodial medicine unit of the Diploma of Forensic Medicine run by the Victorian Institute of Forensic Medicine.

Northern Territory

In the Northern Territory, health care is provided through a collaborative approach between the Department of Health and Department of Justice. Primary health care is provided in both adult facilities and juvenile detention centres, through a contract delivered by a third-party health-care provider and managed by the Department of Health. The contract provides for:

- a culturally appropriate primary health care and emergency medical service to offenders in Darwin and Alice Springs
- effective communicable and infectious diseases monitoring, follow-up and reporting program
- adequate and appropriate referrals to, and liaison with, all health services, including those currently provided within the prisons, such as oral health, physiotherapy, podiatry, mental health, and any other off-site services
- routine annual adult health assessments for offenders over the age of 15 years, serving sentences or on remand for more than 1 year
- effective multidisciplinary health management care plans for offenders with high care needs, chronic diseases and/or disabilities, in collaboration with other allied health teams in and outside the prison environment.

Clients receive a brief reception screen by nurse or medical officer on arrival at the Correctional Centre to ensure they are fit for custody, and a full reception health screen within 72 hours. Prisoners may access primary health care services through verbal and written requests to custodial staff and primary health care staff on medication rounds.

Appendix E Key policy directions

New South Wales

Key policy directions for prisoner health care in New South Wales include:

- identifying the health-care needs of the client group
- providing high-quality clinically appropriate services, informed by best practice and applied research
- making health care part of the rehabilitative endeavour
- facilitating continuity of care to the community
- promoting fair access to health services
- providing strong corporate and clinical governance.

Victoria

Key current priorities for prisoner health care in Victoria include:

- managing the transition to a single lead service provider to manage health services across the justice system to create and ensure a streamlined, coordinated and integrated health service model
- introducing an electronic health records system within the justice system to improve health information management
- developing a framework to meet the needs of prisoners with mental health issues, intellectual disability or other cognitive impairment
- implementing aspects of the Victorian Government's Mental Health Reform Strategy 2009–2019 that relate to the mental health issues facing Victorian prisoners.

Queensland

The direction of Offender Health Services follows the Queensland Health Strategic Plan and is focused on initiatives to:

- improve access to safe and sustainable offender health services
- better meet offenders' needs across the health continuum
- improve organisational work processes and systems to support service delivery and business effectiveness
- develop staff in a way that recognises and supports their role in the delivery of health services.

- Key initiatives are the accreditation of the services against the Royal Australian College of General Practitioners Standards for Prison Health Services, the implementation of an electronic patient management system, and expanding 'telehealth' initiatives.

Western Australia

Four priority areas have been identified in Western Australia:

- Improving the health of prisoners by providing evidence-based health care: Health care provision is organised around chronic disease management, infectious disease management, comorbidity services and primary care. Time in custody is used as an opportunity to improve the health of prisoners. Through-care planning will improve the long-term health prospects of patients who have been in custody.
- Partnerships: Health Services participates in formal and informal partnerships with key stakeholders, and collaborates in delivering consistent best-practice care. Its partnerships promote successful reintegration into the community.
- Positioning: There is active promotion within the Department of Corrective Services and with external agencies and stakeholders to heighten awareness that improved health is recognised as a major contributor to achieving justice outcomes.
- People: The key to achieving the aims of the Department of Corrective Services Justice Health Plan Strategic Directions 2005–2010 will be the through the continued personal and professional development of Health Services staff. High priority will be given to ensure the recruitment and retention strategies are focused on a competency based training and development framework.

South Australia

Key policy directions in South Australia aim to:

- provide prisoners and offenders with health care comparable with that of the general community
- improve the continuity and consistency of health care in prison and during the transition back into the general community
- promote healthy lifestyle choices
- work with the Department for Correctional Services in developing strategies to improve identification of and response to health needs of prisoners and offenders
- review and develop South Australian Prison Health Service practices so they are evidence based and consistent with accepted standards
- develop and introduce electronic data management systems.

Tasmania

Tasmania's key policy directions focus on:

- providing improved drug and alcohol services to forensic clients
- providing improved hepatitis C virus/hepatitis B virus treatment services to prisoners
- improving linkages with Corrections, a health promoting prison
- further developing the electronic database
- developing the workforce, through education, training and professionalism.

Australian Capital Territory

Key policy directions relating for health care in the Australian Capital Territory include:

- further developing primary care provision for detainee health care
- strengthening referral processes for the client's return to civil society
- developing the pharmacy services, including pharmacist-led clinics
- expanding access to hepatitis treatment
- applying human rights principles to health care for detainees
- strengthening links to academic institutions, including the Australian National University Medical School, and the University of Canberra School of Pharmacy and School of Nursing
- commissioning a secure forensic mental health facility
- integrating services with the police watch-house.

Northern Territory

Key policy directions for prisoner health care in the Northern Territory include:

- delivering a primary health care service that is responsive to the needs of a significant Aboriginal and Torres Strait Islander prisoner population
- using the Northern Territory Chronic Conditions Prevention and Management Strategy 2010–2020, to improve population health and wellbeing across the Territory through reducing the incidence and impact of chronic conditions on communities
- improving the continuity of health care in prison and during the transition back into the general community, with support of a shared electronic health record
- working to improve health outcomes by more effectively connecting service delivery areas to achieve better health outcomes, (including public health services, primary health care service, acute health services, mental health services, disability support, alcohol and other drug services, prisoner services and community corrections)

Australia

One of the key Australian Government strategies set in 2008 was 'closing the gap on Indigenous disadvantage'. This strategy has six targets, including closing the life expectancy gap (estimated to be about 10–12 years) within a generation, and halving the gap in mortality rates for Aboriginal and Torres Strait Islander children aged under 5 years within a decade (currently 3 times as high as that for non-Indigenous children). The Australian Government is working with its state and territory counterparts through the National Partnership on Indigenous Health Outcomes to achieve these targets. Given the high proportion of Aboriginal and Torres Strait Islander prisoners, this policy objective has relevance for prisoner health and health services.

Because of the high number of Indigenous Australians in prisons, the health of prisoners has also been a key strategic area for development in the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data 2005–2008 strategic plan. It is a key priority area in 2010–2015 strategic plans.

Other strategies directly relevant to prisoner health are the National Partnership Agreement on Mental Health, the National Mental Health Strategy and the National Drug Strategy. These are commitments by the Australian Government, state and territory governments to improve the lives of people with a mental illness and to prevent the uptake of harmful drug use. The National Mental Health Policy 2008 aims to ensure 'that Australia has a mental health system that detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment' (APO 2009).

Appendix F Prisoner health legislation in Australia

New South Wales

- Justice Health is a statutory corporation constituted under the *Health Services Act 1997*.
- Relevant New South Wales legislation includes:
- *Justice Legislation Crimes (Administration of Sentences) Act 1999*
- *Children (Criminal Proceedings) Act 1987*
- *Children (Detention Centre) Act 1987*
- *Mental Health Act 2007*
- *Mental Health (Forensic Provisions) Act 2009*

Victoria

The *Corrections Act 1986* (and associated regulations) governs the operation of Victorian prisons. The Act outlines prisoners' rights in relation to access to reasonable medical and dental care, and, in the case of prisoners who are intellectually disabled or mentally ill, access to special care and treatment as considered necessary by medical officers.

Other relevant legislation includes:

- *Drugs, Poisons and Controlled Substances Act 1981*
- *Health Act 1958*
- *Mental Health Act 1986*
- *Charter of Human Rights and Responsibilities Act 2006*
- *Information Privacy Act 2000*
- *Health Records Act 2001*

Queensland

The *Corrective Services Act 2006* is the Act in force in which the administration of correctional centres in Queensland is detailed. This Act covers health services.

Legislation specifically about health service is contained in the *Health Services Act 1991* and the *Health Act 1937*.

Legislation about prescription, supply and administration of drugs is detailed within the *Health (Drugs and Poisons) Regulation Act 1996*.

Western Australia

Relevant Western Australian legislation includes:

- *Prisons Act 1981*
- *Young Offenders Act 1994*
- *Health Act 1911*
- *Poisons Act 1964*
- *Mental Health Act 1996*

Tasmania

The *Corrections Act 1997* is the Act in force in Tasmania. The Act contains sections on treatment of prisoners and detainees, mandated examination and blood-taking, plus the application of lethal force when needed.

Australian Capital Territory

The *Corrections Management Act 2007* is the Act in force in the Australian Capital Territory. Section 21 refers to the administration of health services.

Northern Territory

Relevant Northern Territory legislation includes:

- *Prisons (Correctional Services) Act*
- *Youth Justice Act*
- *Mental Health and Related Services Act*
- *Part 2A NT Criminal Code*
- *Notifiable Disease Act*
- *Poisons and Dangerous Drugs Act*
- *Health Practitioners Act*
- *Adult Guardianship Act*
- *Disability Services Act*

Appendix G Prisons in Australia

There were a total of 93 prisons in Australia in 2010 as listed below.

New South Wales

Bathurst Correctional Complex

Berrima Correctional Centre

Brewarrina (Yetta Dhinnakkal) Centre

Broken Hill Correctional Centre

Cessnock Correctional Centre

Compulsory Drug Treatment Correctional Centre

Cooma Correctional Centre

Dilwynia Correctional Centre (Windsor)

Emu Plains Correctional Centre

Glen Innes Correctional Centre

Goulburn Correctional Centre

Grafton Correctional Centre

Ivanhoe (Warakirri) Centre

John Morony Correctional Centre (Windsor)

Junee Correctional Centre

Kirkconnell Correctional Centre (Bathurst)

Lithgow Correctional Centre

Long Bay Correctional Complex

Long Bay Hospital, Mannus Correctional Complex (Tumbarumba)

Metropolitan Remand and Reception Centre

Silverwater Correctional Centre

Silverwater Women's Correctional Centre (formerly Mulawa)

Metropolitan Special Programs Centre (Long Bay)

Mid North Coast Correctional Centre (Kempsey)

Nowra, Oberon Correctional Centre

Parklea Correctional Centre

Parramatta Correctional Centre

South Coast Correctional Centre

St Heliers Correctional Centre (Muswellbrook)

Tamworth Correctional Centre,

Wellington Correctional Centre

Note: data were not collected from any prison in New South Wales in 2010.

Victoria

Ararat Prison

Barwon Prison

Beechworth Correctional Centre

Dame Phyllis Frost Centre

Dhurringile Prison

Fulham Correctional Centre

Judy Lazarus Transitional Centre

Langi Kal Kal Prison

Loddon Prison

Marngoneet Correctional Centre

Melbourne Assessment Prison

Metropolitan Remand Centre

Port Phillip Prison

Tarrengower Prison

Note: data were not collected from any prison in Victoria in 2010.

Queensland

Arthur Gorrie Correctional Centre (privately run)

Borallon Correctional Centre (privately run)

Brisbane Correctional Centre

Brisbane Women's Correctional Centre

Capricornia Correctional Centre

Lotus Glen Correctional Centre

Maryborough Correctional Centre

Townsville Correctional Centre

Wolston Correctional Centre

Woodford Correctional Centre

Darling Downs Correctional Centre

Numinbah Correctional Centre

Palen Creek Correctional Centre (annexed to Wolston Correctional Centre)

Western Australia

Acacia Prison

Albany Regional Prison

Bandyup Women's Prison

Boronia Pre-release Centre for Women

Broome Regional Prison

Bunbury Regional Prison

Casuarina Prison

Eastern Goldfields Regional Prison

Greenough Regional Prison

Hakea Prison

Karnet Prison Farm

Pardelup Prison Farm

Roebourne Prison

Wooroloo Prison Farm

South Australia

Adelaide Remand Centre

Yatala Labour Prison

Adelaide Women's Prison

Cadell Training Centre

Port Lincoln Prison

Mobilong Prison (Murray Bridge)

Port Augusta Prison

Mount Gambier Prison (private)

Adelaide Pre-Release Centre

Note: data were not collected from Mount Gambier for this Census.

Tasmania

Risdon Prison Complex

Mary Hutchinson Women's Prison

Hayes Prison Farm

Hobart Reception Centre

Launceston Reception Centre

Ron Barwick Minimum Security Prison

Australian Capital Territory

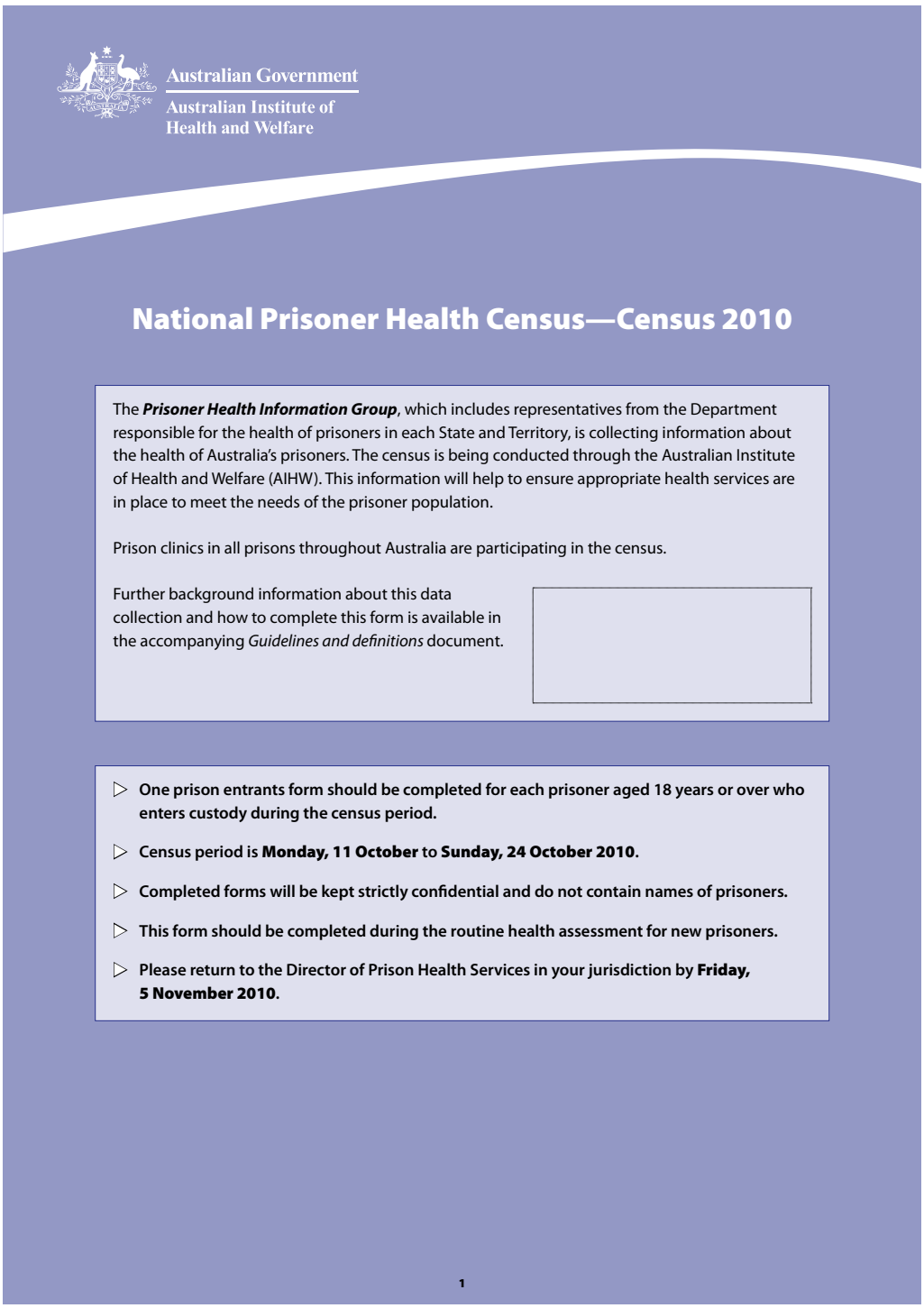
Alexander Maconochie Centre

Northern Territory

Darwin Correctional Centre

Alice Springs Correctional Centre

Appendix H Prisoner health Census forms



Australian Government
Australian Institute of Health and Welfare

National Prisoner Health Census—Census 2010

The ***Prisoner Health Information Group***, which includes representatives from the Department responsible for the health of prisoners in each State and Territory, is collecting information about the health of Australia's prisoners. The census is being conducted through the Australian Institute of Health and Welfare (AIHW). This information will help to ensure appropriate health services are in place to meet the needs of the prisoner population.

Prison clinics in all prisons throughout Australia are participating in the census.

Further background information about this data collection and how to complete this form is available in the accompanying *Guidelines and definitions* document.

- **One prison entrants form should be completed for each prisoner aged 18 years or over who enters custody during the census period.**
- **Census period is Monday, 11 October to Sunday, 24 October 2010.**
- **Completed forms will be kept strictly confidential and do not contain names of prisoners.**
- **This form should be completed during the routine health assessment for new prisoners.**
- **Please return to the Director of Prison Health Services in your jurisdiction by Friday, 5 November 2010.**

1

National Prisoner Health Census—Census 2010

Prison Entrants Form

To be completed by health professional at prison reception health assessment

Census period: Monday, 11 October to Sunday, 24 October 2010.

1. Correctional facility identifier

2. State or territory

3. Prisoner identifier

4. Date of birth

Day Month Year

5. Age in years

COMPLETE ONLY IF DATE OF BIRTH UNKNOWN

6. Country of birth

PLEASE TICK ONE BOX ONLY

- Australia ☐ 1
- Other (specify) ☐ 2

7. Main langauge spoken at home

PLEASE TICK ONE BOX ONLY

- English ☐ 1
- Other (specify) ☐ 2

8a. Sex

PLEASE TICK ONE BOX ONLY

- Male ☐ 1
- Female ☐ 2

8b. Transgender or currently undergoing gender reassignment? *PLEASE TICK ONE BOX ONLY*

- Yes ☐ 1
- No ☐ 2

9. Are you of Aboriginal or Torres Strait Islander origin?

PLEASE TICK ONE BOX ONLY

- Aboriginal ☐ 1
- Torres Strait Islander ☐ 2
- Both Aboriginal and Torres Strait Islander ☐ 3
- Neither Aboriginal nor Torres Strait Islander ☐ 4

10a. What was the highest year of school you have completed? *PLEASE TICK ONE BOX ONLY*

- Year 12 ☐ 1
- Year 11 ☐ 2
- Year 10 ☐ 3
- Year 9 ☐ 4
- Year 8 or below ☐ 5
- No schooling ☐ 6

10b. Have you completed a trade certificate, diploma, degree or any other educational qualification?

MULTIPLE BOXES MAY BE TICKED

Yes (specify below)

- Trade Certificate (Certification I-IV) ☐ 1
- Diploma ☐ 2
- Bachelors degree ☐ 3
- Postgraduate qualification ☐ 4

No ☐ 5

10c. In the 30 days prior to entering custody, which of the following best described your situation?

MULTIPLE BOXES MAY BE TICKED

- Full time work ☐ 1
- Part-time or casual work ☐ 2
- Full-time study ☐ 3
- Part-time study ☐ 4
- Unemployed and looking for work ☐ 5
- Unemployed and not looking for work ☐ 6
- Unable to work due to disability, age or health condition ☐ 7

3

11a. Is this your first time in a prison or a juvenile detention centre?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 11e*
No ☐ 2 ▶ *Go to Question 11b*

11b. If NOT the first time in prison then (please insert number in the boxes below):

Total number of times in custody in a juvenile detention centre ☐ 1
Total number of times in custody in an adult prison (including this time) ☐ 2

11c. What was your age at first detention? ☐

11d. Have you been in prison during the last 12 months?

Yes ☐ 1 *PLEASE TICK ONE BOX ONLY*
No ☐ 2

11e. Detention status?

Remand ☐ 1 *PLEASE TICK ONE BOX ONLY*
Sentenced ☐ 2

12a. Have you ever been told by a doctor, psychiatrist, psychologist or nurse that you have a mental health disorder (including drug and alcohol abuse)?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

12b. Are you currently on medication for a mental health disorder?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

13a. In the past four weeks, how often did you feel…?
(please mark the answer that best describes the amount of time you felt that way).
PLEASE TICK ONE BOX PER LINE

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Tired out for no good reason?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Nervous?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. So nervous that nothing could calm you down?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Hopeless?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Restless or fidgety?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. So restless that you could not sit still?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Like everything was an effort?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. So sad that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Worthless?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

13b. If you are currently experiencing any distress, is it related to your current incarceration?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2
Not applicable ☐ 3

14a. Have you *ever* been told by a doctor or nurse that you have asthma?

PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 14b*

No ☐ 2 ▶ *Go to Question 15a*

14b. Do you *still* have asthma?

PLEASE TICK ONE BOX ONLY

Yes ☐ 1

No ☐ 2

15a. Have you *ever* been told by a doctor or nurse that you have cancer?

Excludes non-melanoma skin cancer

PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 15b*

No ☐ 2 ▶ *Go to Question 16a*

15b. Do you *still* have cancer (including cancer which is in remission)?

Excludes non-melanoma skin cancer

PLEASE TICK ONE BOX ONLY

Yes ☐ 1

No ☐ 2

16a. Including conditions which can be controlled by medication, have you *ever* been told by a doctor or nurse that you have cardiovascular disease?

Cardiovascular disease includes coronary heart disease, heart failure, rheumatic fever, rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease

PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 16b*

No ☐ 2 ▶ *Go to Question 17a*

16b. Including conditions which you are controlling with medication, do you *currently* have cardiovascular disease?

PLEASE TICK ONE BOX ONLY

1. Yes ☐ 1

2. No ☐ 2

17a. Have you *ever* been told by a doctor or nurse that you have arthritis?

Arthritis includes gout, rheumatism, osteoarthritis, rheumatoid arthritis, other type, arthritis type unknown

PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 17b*

No ☐ 2 ▶ *Go to Question18a*

17b. Do you *currently* have arthritis?

PLEASE TICK ONE BOX ONLY

Yes ☐ 1

No ☐ 2

18a. Have you *ever* been told by a doctor or nurse that you have diabetes?

Diabetes includes Type 1 diabetes, Type 2 diabetes and gestational diabetes

PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 18b*

No ☐ 2 ▶ *Go to Question19a*

18b. Do you *currently* have diabetes?

PLEASE TICK ONE BOX ONLY

Yes ☐ 1

No ☐ 2

19a. In the last 12 months, have you consulted any of the following professionals for your own health?
MULTIPLE BOXES MAY BE TICKED

	While in the community	While in prison
Medical practitioner (Doctor/GP)	☐ 1	☐ 9
Nurse	☐ 2	☐ 10
Alcohol and drug worker	☐ 3	☐ 11
Aboriginal health worker	☐ 4	☐ 12
Dentist	☐ 5	☐ 13
Psychologist	☐ 6	☐ 14
Psychiatrist	☐ 7	☐ 15
Social worker/ welfare officer	☐ 8	☐ 16

19b. In the last 12 months was there ever a time you needed to go to any of the following professionals for your own health but didn't?
MULTIPLE BOXES MAY BE TICKED

	While in the community	While in prison
Medical practitioner (Doctor/GP)	☐ 1	☐ 9
Nurse	☐ 2	☐ 10
Alcohol and drug worker	☐ 3	☐ 11
Aboriginal health worker	☐ 4	☐ 12
Dentist	☐ 5	☐ 13
Psychologist	☐ 6	☐ 14
Psychiatrist	☐ 7	☐ 15
Social worker/ welfare officer	☐ 8	☐ 16

19c. Why didn't you go?
(please answer only if you ticked a box in question 19b)
MULTIPLE BOXES MAY BE TICKED

Cost ☐ 1
Discrimination/cultural/language issues ☐ 2
Felt I didn't need/want to, couldn't be bothered ☐ 3
Transport/distance ☐ 4
Waiting time too long or not available at time required ☐ 5
Not available in area or prison ☐ 6
Too busy (including work, personal, family responsibilities) ☐ 7
Legal issues ☐ 8
Intoxication ☐ 9
Other reason please specify ☐ 20

20. Have you ever received a blow to the head resulting in a loss of consciousness or blacking out?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

21a. Have you ever intentionally harmed yourself?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

21b. Have you thought of harming yourself in the last 12 months?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

22a. Over the last 12 months, how often did you have a drink containing alcohol?
PLEASE TICK ONE BOX ONLY

Never ☐ 0 ▶ *Go to Question 23*
Monthly or less ☐ 1
2–4 times a month ☐ 2
2–3 times a week ☐ 3
4 or more times a week ☐ 4

22b. Over the last 12 months, how many standard drinks (see table on next page), would you have on a typical day when you were drinking?
PLEASE TICK ONE BOX ONLY

1 or 2 ☐ 0
3 or 4 ☐ 1
5 or 6 ☐ 2
7 to 9 ☐ 3
10 or more ☐ 4

22c. In the last 12 months, how often did you have six or more standard drinks on one occasion?
PLEASE TICK ONE BOX ONLY

Never ☐ 0
Less than monthly ☐ 1
Monthly ☐ 2
Weekly ☐ 3
Daily or almost daily ☐ 4

23a. Have you ever smoked a full cigarette?
Includes manufactured cigarettes, roll-your-own cigarettes, cigars, pipes and other tobacco products
PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 23b*
No ☐ 2 ▶ *Go to Question 24a*

23b. If YES, how old were you when you smoked your FIRST full cigarette (Years) ☐

23c. Do you smoke NOW?

Yes ☐ 1 ▶ *Go to Question 23d*
No ☐ 2 ▶ *Go to Question 24a*

23d. If YES which of the following best describes your CURRENT use of tobacco?
PLEASE TICK ONE BOX ONLY

I NOW smoke:

occasionally, but less than once a week ☐ 1
occasionally, not everyday, but at least once a week ☐ 2
regularly, every day or most days ☐ 3

Standard drinks


285ml full strength beer (4.9% alcohol) — **1** standard drink


425 ml light beer (2.9% alcohol) — **1** standard drink


375 ml Stubby or can (4.9% alcohol) — **1.4** standard drinks


425 ml full strength beer (4.9% alcohol) — **1.6** standard drinks


30 ml spirits (40% alcohol) — **1** standard drink


150 ml wine (12% alcohol) — **1.5** standard drinks

24a. Have you used drugs in the last 12 months?
Excludes medical use of prescribed drugs—please see guidelines for definitions
PLEASE TICK ONE BOX ONLY

Yes ☐ 1 ▶ *Go to Question 24b*
No ☐ 2 ▶ *Go to Question 25a*

24b. Have you used any of the following substances for non-medical purposes or that were not supplied to you medically in the last 12 months?
Excludes medical use of prescribed drugs—please see guidelines for definitions
MULTIPLE BOXES MAY BE TICKED

Analgesics/pain killers *(Aspirin, Paracetamol, Mersyndol, Panadeine forte, Nurofen Plus)* ☐ 1

Other analgesics—*opiates/opioids such as morphine/oxycontin/pethidine* ☐ 2

Tranquillisers/Sleeping Pills *(Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)* ☐ 3

Methadone *(Done, Junk, Jungle Juice)* / **Buprenorphine** *(Bupe, Sub)* / **Suboxone** ☐ 4

Heroin *(Hammer, Smack, Horse, H, Boy, Junk)* ☐ 5

Barbiturates *(Barbies, Barbs, Downers, Reds, Purple Hearts)* ☐ 6

Ketamine *(K, Special K, Vitamin K, KitKat, Ket)* ☐ 7

Inhalants—Petrol / Volatile solvents *(e.g. glue, butane, aerosol sprays, cleaning fluid, felt pens, liquid paper, paint thinner)* ☐ 8

Inhalants—Anaesthetics *(e.g. nitrous oxide, ether, chloroform)*/ **Nitrates** *(e.g. amyl nitrate (poppers, snappers)*/ **Butyl** *(rush, bolt, climax, video head cleaner)*/ **Other inhalants** ☐ 9

Steroids *(Roids, Juice, Gear)* ☐ 10

Cannabis/Marijuana *(Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic)* ☐ 11

Meth/amphetamine *(e.g. Speed, Crystal, Whizz, Goey, Gogo, Uppers, Amphet, Ice, Meth, Zip, Ox blood, Leopards blood, MDEA, Methylamphetamine, Eve, Shabu)* ☐ 12

Cocaine *(Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)* ☐ 13

Ecstasy *(XTC, E, Ex, Ecci, E and C, Adam, MDMA, PMA)* ☐ 14

GHB *(Fantasy, Liquid E, Liquid X, Grievous bodily harm)* ☐ 15

Hallucinogens *(Tabs, Liquid, Magic mushrooms, Datura or Angel's trumpet, Other)* ☐ 16

Other drugs please specify
☐ 20

25a. Have you ever been on a methadone program?
MULTPILE BOXES MAY BE TICKED

Yes (specify below)
- on it now ☐ 1
- in the past ☐ 2

No, never ☐ 3

25b. Have you ever been on any other opiate replacement program, e.g., naltrexone, buprenorphine, suboxone or LAAM?
MULTPILE BOXES MAY BE TICKED

Yes (specify below)
- on it now ☐ 1
- in the past ☐ 2

No, never ☐ 3

▶ **For female prisoners, please answer questions 26 and 27.**

▶ **For male prisoners, please go straight to question 28.**

Female prisoners only

26. Have you had a Pap smear in the last 2 years?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

27a. Have you ever been pregnant?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

27b. Age of first pregnancy ____

▶ **Please go to question 28.**

To be filled in by health professional at completion of assessment

28. As a result of the current reception assessment, has the prisoner been referred to the prison mental health service?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

29. Has the prisoner been identified as currently at risk of suicide/self harm?
PLEASE TICK ONE BOX ONLY

Yes ☐ 1
No ☐ 2

Please indicate below who completed this form and their position within the organisation

Name ____

Position title ____

Thank you for completing this form

Australian Institute of Health and Welfare • National Prisoner Health Census—Census 2010

CLINIC FORM

- To be completed by treating health professional at clinic visitation
- Census period: **11 October 2010 to 24 October 2010**
- Please return to the Director of Prison Health Services in your jurisdiction by **5 November 2010**

This form is to be used for all clinic contacts during the census period, and is designed to capture information on the number of clinic contacts each prisoner makes, and the problem(s) managed during those contacts. A 'visit' is defined as 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 band-aids or panadol). One form is to be completed for each clinic contact.

i. Prisoner ID

1. Visit initiated by: *PLEASE TICK ONE BOX ONLY*

- Prisoner ☐ 1
- Staff ☐ 2

2. Prisoner seen by: *PLEASE TICK ONE BOX ONLY*

- Medical practitioner (Doctor/GP) ☐ 1
- Psychologist ☐ 2
- Psychiatrist ☐ 3
- Nurse ☐ 4
- Aboriginal health worker ☐ 5
- Alcohol and drug worker ☐ 6
- Dentist ☐ 7
- Social worker/welfare officer ☐ 8
- Mental health nurse/team ☐ 9
- Physiotherapist ☐ 10
- Radiologist ☐ 11
- Other (please specify) ☐ 20

3. Problem managed *TICK AS MANY AS APPROPRIATE*

- Health check ☐ 1
- Diabetes ☐ 2
- Psychological/mental health condition ☐ 3
- Pathology ☐ 4
- Skin condition (excluding cancer and communicable diseases) ☐ 5
- Alcohol or drug use ☐ 6
- Medicine/vaccination ☐ 7
- Musculoskeletal injury ☐ 8
- Musculoskeletal condition (excluding arthritis, injury or cancer) ☐ 9
- Cardiovascular disease ☐ 10
- Respiratory condition (excluding asthma, cancer or communicable diseases) ☐ 11
- Communicable disease ☐ 12
- Dental ☐ 13
- Digestive condition ☐ 14
- Wound care ☐ 15
- Asthma ☐ 16
- Sensory (including ear and eye conditions) ☐ 17
- Neurological ☐ 18
- Malignancy ☐ 19
- Arthritis ☐ 20
- Women's health ☐ 21
- Other reason (please specify) ☐ 98
- Other reason (please specify) ☐ 98
- Other reason (please specify) ☐ 98

Australian Institute of Health and Welfare • National Prisoner Health Census—Census 2010

PRISONERS IN CUSTODY—REPEAT MEDICATIONS

- To be completed by treating health professional
- Choose **ONE DAY** in the census period (**11 October 2010** to **24 October 2010**) to fill out this form
- Please return to the Director of Prison Health Services in your jurisdiction by **5 November 2010**

This form is designed to capture information on the number of prisoners on repeat medications, and the conditions those medications relate to. You only need to use this form on **one day** during the census period as repeat medications should be largely the same from day to day. It doesn't matter which day of the census period that you choose.

Routine, household type medications taken on a PRN basis (such as Panadol) are not included. Depot medications (such as antipsychotics) should be included whether or not they were actually administered on the census day. For each prisoner, please tick the boxes for each repeat medication administered.

i, ii, iii

Affix prisoner identification sticker here.
Please ensure that prisoner name has been removed.

iv. Are you of Aboriginal or Torres Strait Islander origin?
PLEASE TICK ONE BOX ONLY

- Aboriginal ☐ 1
- Torres Strait Islander ☐ 2
- Both Aboriginal and Torres Strait Islander ☐ 3
- Neither Aboriginal nor Torres Strait Islander ☐ 4

Repeat medications *PLEASE TICK AS MANY AS APPROPRIATE*

- Antidepressants /mood stabilisers ☐ 1
- Antipsychotics ☐ 2
- Analgesics - repeat only ☐ 3
- Anti-inflammatories, antirheumatic agents ☐ 4
- Drugs used in acid-related disorders, antimetics and antinauseants, laxatives, Antidiarrheals ☐ 5
- Antihypertensives, beta blocking agents ☐ 6
- Cholesterol lowering drugs (Lipid modifying agents) ☐ 7
- Asthma relievers, preventers, symptom controllers (Drugs for obstructed airway diseases) ☐ 8
- Drugs used in opioid dependence ☐ 9
- Antibiotics ☐ 10
- Hepatitis, antivirals for HIV, infectious diseases ☐ 11
- Drugs used in diabetes ☐ 12
- Vitamins & mineral supplements ☐ 13
- Anti-anxiety (Anxiolytics) ☐ 14
- Hypnotics and sedatives ☐ 15
- Antiepileptics, anti-parkinson drugs ☐ 16
- Antihistamines ☐ 17
- Dermatologicals (skin, including antifungals) ☐ 18
- Drugs used in nicotine dependence ☐ 19
- Drugs used in benign prostatic hypertrophy (Prostate) ☐ 20
- Diuretics ☐ 21
- Thyroid therapy ☐ 22
- Other (please specify) ☐ 98
- Other (please specify) ☐ 98
- Other (please specify) ☐ 98

National Prisoner Health Census—Census 2010

PRISON ESTABLISHMENT FORM

- To be completed by the manager of the prison's health service
- For assistance please call the Prisoner Health Census Helpline on **1800 466 155**
- Census period: **8 November 2010 to 21 November 2010**
- Please return to the Director of Prison Health Services in your jurisdiction by **Friday, 3 December 2010**

1. Correctional facility identifier	
2. Name of prison/remand centre	
3. State or territory	

4a. How often does your facility receive visits by an Aboriginal Community Controlled Health Organisation (ACCHO) or an Aboriginal Medical Service (AMS) ?

PLEASE TICK ONE BOX ONLY

- Every day ☐ 1
- At least once a week ☐ 2
- At least once every two weeks ☐ 3
- At least once a month ☐ 4
- Less often than once a month ☐ 5
- Never ☐ 6

4b. If your facility does receive visits, which health providers provide the ACCHO or AMS services?

MULTIPLE BOXES MAY BE TICKED

- Aboriginal Health Worker ☐ 1
- Medical practitioner ☐ 2
- Social worker ☐ 3
- Psychologist ☐ 4
- Counsellor ☐ 5
- Drug & alcohol worker ☐ 6
- Other (specify) ☐ 7

5a. How many prisoners were released from your prison during the census period (not including transfers to other prisons)?

PLEASE INSERT NUMBERS IN THE BOXES BELOW

- Number of remand ☐ 1
- Number of sentenced ☐ 2

5b. How many of these released prisoners have a health related discharge summary on their file?

PLEASE INSERT NUMBERS IN THE BOXES BELOW

- Number of remand ☐ 1
- Number of sentenced ☐ 2

5c. Please provide below some information about the approach, taken at your establishment, to health-related discharge planning.

1

6. During the census period how many of the following immunisations did your clinic deliver?
PLEASE INSERT NUMBERS IN THE BOXES BELOW

Hepatitis B	1
Cervical cancer (Gardasil) (only for females	2
Meningococcal (Mencevax) (only for Indigenous)	3

7. Number of full-time equivalent health staff working at your correctional facility *See guidelines for definitions of full-time equivalent staff*

Medical Practitioner(s)	1
Psychologist(s) providing mental health services	2
Dental Practitioner(s)	3
Psychiatrist(s)	4
Registered Nurse(s)	5
Enrolled Nurse(s)	6
Aboriginal health worker(s)	7
Nurse practitioner(s)	8
Other please specify	9
Total number full-time equivalent health staff	10

8. Number of female prisoners who were pregnant while in prison during the 12-month period to 30th June 2010
PLEASE INSERT NUMBERS IN THE BOX PROVIDED

9. How many hospital transfers have you had during the census period
PLEASE INSERT NUMBERS IN THE BOXES BELOW

Acute—ambulance—not planned	1
Non-Acute—planned	2

10. Total number of prison entrants into your facility during this census period by sex
PLEASE INSERT NUMBERS IN THE BOXES BELOW

Male	1
Female	2

Please indicate below who completed this form and their position within the organisation

Name	
Position title	
Date completed	

Thank you for completing this form

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 they operate. 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.

Anxiety disorder Disorders that involve feelings of tension, distress or nervousness. For example, panic disorder, social phobia, agoraphobia, generalised anxiety disorder, post-traumatic stress disorder and obsessive-compulsive disorder.

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. Two common bloodborne viruses are 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 contact 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 Band-Aids 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.

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 (for example, nursing) rather than of products (for example, photocopier 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 which 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 (for example, 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 years are detained while under the supervision of the department on a pre-sentence or sentenced detention episode.

Malignancy Includes all 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 The range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people. Mental illnesses are diagnosable, and include depression, anxiety, substance use disorders, psychoses and dementia.

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 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, 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 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 years 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 prison health service that provides screening of prisoners at intake, does psychiatric assessments, provides therapy or counselling by mental health professionals and distributes psychotropic medication.

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, 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.

Smoker 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.

Standard drinks A standard drink contains 12.5 ml of alcohol. The serving size will determine the number of standard drinks per serve, as shown by these approximations:

- 285 ml full-strength beer (4.9% alcohol)—1 standard drink
- 425 ml light beer (2.9% alcohol)—1 standard drink
- 375 ml stubby or can (4.9% alcohol)—1.4 standard drinks
- 425 ml full-strength beer (4.9% alcohol)—1.6 standard drinks
- 30 ml spirits (40% alcohol)—1 standard drink
- 150 ml wine (12% alcohol)—1.5 standard drinks

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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