Submission

No 25

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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Date Received: 13/04/2006

Theme:

Summary

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Ref: 395/06 GEN415/00-02

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Dear Mr Torbay,

Re: Justice Health's Submission to the NSW Legislative Council's Inquiry into Tobacco Smoking in New South Wales

Please find attached Justice Health's submission to the *NSW Legislative Council's Inquiry into Tobacco Smoking in New South Wales*.

Thank you for inviting Justice Health to make a submission to the Joint Select Committee on Tobacco Smoking in New South Wales' Inquiry into Tobacco Smoking in New South Wales. Justice Health works in partnership with both the Department of Corrective Services and the Department of Juvenile Justice to provide care to patients within correctional and detention facilities in New South Wales. This partnership requires consultation on key aspects of tobacco reduction strategies.

The Department of Juvenile Justice does not permit young people in detention centres to smoke. Adults in correctional centres are managed by the Department of Corrective Services and this submission addresses some of the challenges that face Justice Health in implementing tobacco reduction strategies in the adult correctional centres.

Some strategies that restrict access to tobacco appear punitive for the prison population and, although presented in this submission for the sake of a balanced argument, would not be recommended by Justice Health. The strategies that encourage a reduced demand for tobacco have been successfully implemented in some centres.

Should you require any further information please do not hesitate to contact Gary Forrest, A/Director Population Health, on (02) 9289 2078.

Yours sincerely

Julie Babineau
Deputy Chief Executive
13 April 2006

Background

Tobacco use is a factor of coronary heart disease, stroke and cancer and it poses the greatest burden on the health of Australians; estimates suggest it is responsible for 12% of the total burden of disease in males and 7% in females.

Public health tobacco control strategies have succeeded in lowering tobacco use to around 17% in the general population. However the prevalence of smoking is much higher in marginalised populations such as prisoners (80%), the mentally ill (between 50% and 80%), Aboriginal Australians (55% in men and 30% in women), and illicit drug users (71%).[1;2]

At 30 June 2005 there were 25,353 prisoners (sentenced and unsentenced) in Australian prisons, an increase of 5% (1,182 prisoners) since 30 June 2004. This represented an imprisonment rate of 163 prisoners per 100,000 adult populations.

Incarceration represents one opportunity to access a highly disadvantaged group and has the potential to make positive population health gains. New South Wales prisoners are 20% Aboriginal, and have higher than community levels of persons with a mental illness, and those with substance-use problems.

Unfortunately, tobacco smoking has become a normative activity of prison culture. Smoking is considered one of the few remaining privileges left to inmates. However, the high prevalence of smoking among prisoners poses a danger not only to the health of smokers, but also other inmates and staff working in correctional facilities.

A 2000 survey of smoking prevalence in New South Wales correctional facilities revealed that 48 - 97% of inmates at 21 prison sites were regular smokers, and that the average smoking prevalence among male inmates was 71%, compared with 81% among female inmates.[3] More recent surveys have shown similarly high smoking prevalence. The 2003 NSW Young People in Custody survey revealed that the average age of tobacco smoking commencement was 12 years for both male and female adolescent detainees, and that despite smoking bans in NSW juvenile detention centres, 58% of the 127 young people surveyed self-identified as regular smokers.[4] Similar high smoking prevalence has been reported from prisons in other Australian states as well as internationally.

The 2001 NSW Inmate Health Survey[5] noted: "Given the high rates of tobacco consumption in this population and the use of tobacco as a form of currency, it is essential that effective quit strategies be developed and that attempts to reduce or stop smoking be encouraged. ... 69% of current women smokers and 76% of men wanted to quit smoking ... [half] said they required assistance to stop smoking".

The 2001 NSW Inmate Health Survey[5] also demonstrated that inmates have lower health status compared with the general NSW community. Health inequality may be defined as systematic differences in morbidity or mortality rates between people of higher and lower socio-economic status, as indicated by income level, occupational class, and/or level of education. Tobacco use is one of the major factors responsible for the wide health inequality between prisoners and the general community in NSW, and indeed between smokers and non-smokers in most nations.

Interventions that help inmates to quit smoking, rather than those that merely prevent them from smoking while incarcerated, are likely to make significant contributions to

inmates' long-term economic rehabilitation. For example, a recent study showed that each adult year of regular smoking is associated with a decreased net worth of around $US400.[6]

Given the extremely high prevalence of smoking in prison, the development of effective treatment approaches to smoking cessation for inmates is important. Incarceration represents a unique public health opportunity to initiate contact with this group and improve the health of a large number of people who pass through the correctional environment.

NSW Justice Health and the NSW Department of Corrective Services have developed and implemented initiatives to reduce tobacco use, especially since 2000. Nevertheless, more needs to be done in the broad areas of demand reduction and supply reduction, in order to reduce the smoking prevalence in prison cohorts to comparative levels in the general community. In broad terms, supply-side policies are primarily the responsibility of the Department of Corrective Services; demand-side policies are primarily the responsibility of NSW Justice Health.

Suggested supply-side policies

Supply-side policies relate to policies that reduce the availability of tobacco to inmates.

At one extreme of supply-side policies is prohibition. Some jurisdictions have considered banning smoking in prison. However, evidence suggests that when prisons ban smoking tobacco, it becomes an important contraband item. In the cashless culture of prison, tobacco is used as a form of currency. Prohibition of cigarettes only serves to create another source of contraband and all of the problems associated with an illegal commodity.

In the United States (US), where this policy is most popular, prohibition has generally resulted in more 'black market' activity, greater tension between prisoners and staff, an increase in tobacco related violence, and higher cost of tobacco tracking surveillance. In state prisons like Georgia and Vermont, where total tobacco prohibition policy was first introduced in the mid-1990s, they were relaxed after only a few months of operation due primarily to tobacco trafficking, as well as protests by smoker inmates.[7] Furthermore, surveys in American correctional facilities indicated that staff supported more stringent restrictive tobacco policies for inmates than for smoker custodial staff.[8]

Currently, no Australian correctional centre officially operates a total prohibition policy. Reports from Queensland suggest that the banning of tobacco at the Woodford Correctional Centre in 1997 resulted in a series of riots. The authorities were forced to rescind the ban following the riot.[9]

A study undertaken in NSW prisons in 2001 revealed that 80% of surveyed inmates opposed total prohibition, compared with 49% of prison staff. It should also be considered that supply-side polices which enforce mandatory abstinence while in prison may not be continued by the person when in the general community. Only 56% of adults stay longer than 30 days in prison in NSW and 10% longer than 6 months.

Restriction of smoking to designated areas, with penalties for infringement, is a feasible strategy to which greater attention has been paid by custodial authorities in recent years.

Replacing the current practice whereby inmates have access to tobacco with a policy of nicotine replacement therapy would send a strong anti-tobacco message. However, if this policy option were to be implemented as mandatory rather than the inmate's choice, there is a risk of trafficking in nicotine substitutes by inmates who require a higher nicotine intake than the maximum recommended amount available from nicotine replacement therapies.

An important restrictive tobacco policy is that of designating certain living areas of prisons as smoke-free for inmates and staff. Currently, all non-smoker inmates have a right to be accommodated in smoke-free cells. Unfortunately, most smoke-free cells are in close proximity to cells in which inmates are permitted to smoke. A more practical approach would be to designate whole wings or discrete prisoner housing blocks as smoke-free for inmates and custodial staff.

Limiting the range of tobacco brands available to inmates is another potentially important supply-side strategy for reducing tobacco use in prison settings. Studies in community settings have shown that tobacco branding affects user perceptions.[10] NSW correctional centres currently offer at least 25 tobacco brands and pack sizes on sale to inmates. Most inmates currently buy the less expensive brands such as "White Ox" and "Drum". Reducing the availability of cheap tobacco brands would make the expensive varieties unaffordable to most inmates, and may thus discourage a majority of inmates from smoking. However, the possibility of trafficking of cheaper brands by inmates and staff, and the higher risk of indebtedness by smoker inmates should be considered if this policy option were to be implemented.

Inmates are less likely to consistently comply with restrictive policies if prison workers contravene such policies. To this end, prison workers should be provided with incentives to quit smoking. A survey of 2040 custodial and non-custodial staff of the NSW Department of Corrective Services as well as Justice Health employees, showed that 20% of prison workers were regular smokers (Awofeso et al, 2001, unpublished).

Suggested demand-side policies

Two main demand-side policies applicable to prison settings are structured smoking cessation interventions and unstructured smoking cessation activities.

The United Kingdom (UK) is leading the way with regards to demand-side policies, by recently implementing a nationally coordinated, well-funded smoking cessation program for inmates who want to quit smoking. The recent UK Prison Health Service document titled "Acquitted: best practice guidelines for developing smoking cessation practices in prisons"[10] outlines core demand-side policies currently being implemented in prison settings, including free-to-inmates smoking cessation programs.

Justice Health has introduced (free-to-participants) structured smoking cessation programs for inmates since 2001. Table 1 (below) shows the summary of the outcomes from structured quit programs for inmates between 2001 and 2005.

Table 1: Key outcomes of smoking cessation programs for inmates at Justice Health, 2001-2005

Year	Total number of Inmates enrolled	Inmates abstinent at fourth week	Inmates abstinent from weeks 13-14	Inmates abstinent from weeks 26-35	Inmates attending at least 80% of peer support groups	Inmates that reduced quantity of tobacco smoked to two or less throughout the fourth week	Inmates with high self-reported, and observed, benefits of participation in program.
2001	62	41	34	ND	57	45	55
2002	58	28	31	ND	54	35	55
2003	49	32	26	16/41	47	40	46
2004	41	29	22	ND	40	36	37
2005	36	25	17	ND	31	28	29
Total	**246**	**155 (63%)**	**130 (52%)**		**229 (93%)**	**184 (75%)**	**222 (90%)**

Since at least 70% of inmates (i.e. ~6,300) in NSW are regular smokers at any point in time, the numbers of inmates so far enrolled on structured smoking programs are inadequate to make a significant impact in reducing smoking prevalence in NSW prisons. Given its positive outcomes (e.g. 52% not smoking after three months of commencement), it is worth expanding the coverage of structured smoking cessation programs in order for more inmates to benefit. However, these programs are quite expensive. Modelling estimates[11] indicate that the total annual cost of structured smoking programs in NSW prisons would be about $170,000 if the program were to be extended to all those with a potential to benefit. For this, Justice Health would require additional resources.

In 2002 a three-stage smoking cessation intervention involving a pharmacotherapy, nicotine replacement patches, and brief cognitive behavioural therapy was conducted by Justice Health and the School of Community Medicine University of New South Wales at Lithgow Correctional Centre. The survey revealed that inmates had a high or very high level of dependence upon tobacco. Most of them wanted to use their time in prison to get healthy. At six months following the intervention over one quarter of inmates were no longer smoking.[12] The study also had several unexpected positive outcomes. For example, inmates and staff members who were not directly participating in the trial expressed an interest in quitting and were able to be directed to the appropriate services. With the success of the trial, the National Health and Medical Research Council is funding a large-scale trial of the intervention across two states (New South Wales and Queensland).

Unstructured smoking cessation activities may take many forms. Quit Victoria has implemented a Quit program in the Victorian prison system. Inmates can join to quit, cut down or learn strategies to manage in enforced smoke-free areas. The possibility of inmates having access to the Quit phone line is being investigated (unpublished). The same approach could be implemented in NSW correctional centres. The cost of nicotine patches could be subsidised at inmate commissaries, so that it would be significantly cheaper to purchase a weekly supply of nicotine patches compared with a weekly supply of tobacco. At current prices, this might imply a $5/week subsidy on each packet of nicotine patches purchased by inmates. To complement this initiative, clinic staff could be provided with training on brief counselling techniques to enable them to effectively support smoker inmates with reliable smoking cessation advice. A typical smoking cessation workshop costs about $500 per participant, and at least 80 staff (two full-time staff per correctional centre) would require such training over the next two years if this approach were to be implemented.

Conclusion

Incarceration represents an opportunity to access a highly disadvantaged group and initiate treatment, with the potential to make positive health gains in this population.

Demand-side policies offer better opportunities for inmates to permanently quit smoking but they are more expensive to implement than supply-side policies. It is important that more resources be provided, not just to make NSW prisons smoke-free, but also to help inmates permanently quit smoking. With additional tobacco-control-specific resources, Justice Health would be better positioned to work with inmates and the Department of Corrective Services staff in order to effectively implement the policies and programs highlighted above.

It is important that appropriate interventions be developed for this unique population.

References

1. Butler T, Milner L. The 2001 Inmate Health Survey. 2003. Sydney, NSW Corrections Health Service. ISBN: 0 7347 3560 X.

2. Hockings B, Young M, Falconer A, O'Rourke PK. Queensland Women Prisoners' Health Survey. 2002. Brisbane, Department of Corrective Services.

3. Awofeso N, Testaz R, Wyper S, Morris S. Smoking prevalence in New South Wales correctional facilities, 2000. Tobacco Control, 2001; 10: 84-5

4. NSW Department of Juvenile Justice. 2003 NSW Young People in Custody health Survey. Key Findings. 2003.

5. Butler T, Milner L. 2001 NSW Inmate Health Survey. NSW Justice health, Sydney, 2002.

6. Zagorsky JL. The wealth effects of smoking. Tobacco Control, 2004; 13: 370-4

7. Carpenter MJ, Hughes JR, Solomon LJ, Powell TA. Smoking in correctional facilities: a survey of employees. Tobacco Control, 2001: 10; 38-42.

8. Awofeso N. Why fund smoking cessation programs in prisons? British medical Journal, 2005; 330: 852.

9. Awofeso N. Implementing smoking cessation programmes in prison settings. Addiction Research and Theory 2003; 11:119-130.

10 HM Prison Service (UK). Acquitted: Best practice guidelines for developing smoking cessation services in prisons. London, Department of Health, 2003. URL: www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle

11. Awofeso N. Reducing smoking prevalence in Australian prisons: a review of policy options. Applied Health Economics and Health Policy, 2002; 1: 211-8.

12 Richmond R, Butler T, Belcher J, Wodak A, Wilhelm K, Baxter E. Reducing smoking among prisoners: a pilot study. Accepted for publication - Australian & New Zealand Journal of Public Health 2006.