

NATIONAL SUMMIT ON TOBACCO SMOKING IN PRISONS

Report on the Summit



August 2010

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National
University,
Canberra



Curtin University

Preventing harmful drug use in Australia

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National Summit on Tobacco Smoking in Prisons: Report on the Summit

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March 2011

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EXECUTIVE SUMMARY

Following discussions with tobacco control officers in several jurisdictions in 2009, it was agreed that national collaboration on the issue of smoking in prison was needed. Efforts to reduce the prevalence of smoking among prisoners and to improve the prison environment in terms of exposure to environmental tobacco smoke have commenced in most jurisdictions but limited opportunities exist to share examples of best practice interventions, policy developments and other initiatives in this area.

The National Summit on Tobacco Smoking in Prisons was held at the Australian National University in Canberra on 12–13 August, 2010 and organised by the National Drug Research Institute. Funding for the Summit was provided by the Australian Government Department of Health and Ageing (Tobacco Control Section).

The aim of the Summit was to reach a broad consensus on how best to tackle the high rates of tobacco smoking amongst prisoners and to identify the best ways forward to reduce harms caused by tobacco in custodial settings.

This report describes the process of developing the Summit, the priorities identified by participants, the key outcomes, barriers to reducing smoking prevalence among prisoners, and recommendations for future action.

The diversity of disciplines represented at the Summit identified a range of challenges facing tobacco management in the prison setting and created interesting discussion between participants. Several recurrent issues were raised throughout the Summit: the need for greater national leadership in this area as has occurred with the general community, the need for more sustainable and equitable funding models for treatment programs, the desire to identify and communicate best practice models for smoking cessation and tobacco control, and the need for a strong evidence-base to underpin this area. The Summit agreed on a set of recommendations for progress in this area; these are set out in this report.

This document forms the basis for national action in this area and this will hopefully be reflected in reduced levels of smoking in future years as prison smoking rates align with that of the general community. To achieve this, a whole of government approach is needed with input from corrective services, health departments, prisoners, and other stakeholder groups.

Prisons are a unique setting with a special population who have some of the greatest health needs in the community. Progress in this area will require innovation, dedication, appropriate resourcing, and a longer-term perspective acknowledging that prisoners come from communities where smoking rates are high and that many have other substance use and mental health problems.

While the Summit was successful in articulating the major issues to be addressed, it is recognised that the challenge is to maintain momentum in this area and develop a process for working together at national level with a range of stakeholder groups to reduce smoking levels in this marginalised group.

RECOMMENDATIONS OF THE SUMMIT

1. Develop nationally agreed minimum standards for the management of tobacco in prisons.
2. Create and maintain smoke-free areas moving towards having all indoor areas in prison declared smoke-free.
3. Greater communication needs to occur between state and territory custodial authorities and agencies involved in smoking cessation and tobacco control.
4. Better coordination, collaboration and evaluation of smoking cessation interventions at national level.
5. Efforts to reduce the prevalence of smoking among prisoners need to be linked to wider health promotion and prevention activities in the community.
6. Greater smoking cessation support for prisoners including free access to nicotine replacement therapy (NRT).
7. Cessation programs should be sensitive to Indigenous, culturally and linguistically diverse, and juvenile populations.
8. Establish peer support programs for staff and prisoners.
9. Commonwealth support, including funding, is needed to enhance smoking cessation activities in prison.
10. An advocacy coalition needs to be established to lobby at local and state level.
11. A higher priority should be given to smoking cessation research among prisoners by national research centres.
12. National and state tobacco strategies/plans should include prisons.
13. A national working group to oversee and facilitate progress in this area.

ACTION PLAN

1. Present the outcomes of the Summit to the Australian Government Department of Health and Ageing (Tobacco Control Section).
2. Submit this report for endorsement to the Corrective Services Ministers Group and the Inter-Governmental Committee on Drugs.
3. Form a national working group to provide ongoing oversight of this area.
4. Liaise with Indigenous, juvenile justice and cultural and linguistically diverse (CALD) stakeholders to raise awareness of the Summit outcomes.
5. Establish clear ownership of this initiative.
6. Develop a series of research proposals and research studies.
7. Identify funding sources to support this work.

BACKGROUND TO THE SUMMIT

Prisoners have one of the highest rates of tobacco smoking in the community with around 85% reporting they are current smokers.¹ Efforts to reduce tobacco smoking in the community have been successful but this is not reflected among prisoners. Surveys indicate that 75% of prison tobacco smokers want to quit with many taking action to reduce tobacco consumption.² Around half stated they needed help to quit and over half of all non-smokers report being exposed to the negative effects of others' tobacco smoke in prison.³

Efforts to reduce the prevalence of smoking among prisoners and to reduce exposure of prisoners and staff working in the correctional setting have commenced in most jurisdictions but there is a need for consistency and information sharing between the jurisdictions. Limited opportunities exist to share best practice interventions, policy developments and other initiatives. This is a consequence of the states and territories having exclusive responsibility for prisoners' health care. Prisoners are also excluded from Medicare and the Pharmaceutical Benefits Scheme (PBS) which has implications for the funding of smoking cessation activities.

Considerable variation exists at local, national and international level with regard to tackling the problem of smoking among prisoners. Some jurisdictions, particularly those in North America have introduced total bans on tobacco in prison and New Zealand has indicated it will follow suit in 2011. There is a paucity of information on the effectiveness of this approach for longer-term cessation.⁴ In Australia, the approach has been more measured with restrictions introduced in most jurisdictions preventing smoking in indoor and other enclosed areas.

As part of efforts to tackle this issue, the Australian Government Department of Health and Ageing (Tobacco Control Section) provided funding to hold a national summit on tobacco smoking in prisons. The Summit was organised by the National Drug Research Institute in collaboration with partners from each of the jurisdictions, and the Public Health Association of Australia.

In August 2010, fifty-eight experts in the tobacco and prisoner health area along with representatives from corrective services departments, prison officers, prisoner advocates, correctional health services, tobacco control agencies, anti-smoking groups, juvenile justice, Indigenous groups, the Federal Government, and representation from the National Preventative Health Taskforce met in Canberra to discuss ways of tackling the problem of smoking among prisoners.

The primary aim of the Summit was to reach a broad consensus on best practice in addressing the high rates of tobacco smoking amongst prisoners and the best way forward to reduce harms caused by tobacco in custodial settings. A secondary aim was to provide those involved in smoking cessation activities and policy formulation with the opportunity to share models of treatment, policy, research and other initiatives that has contributed towards smoking cessation and limiting the harm caused by tobacco smoking.

Steering group

Tony Butler – National Drug Research Institute.

Matthew Craig – Tobacco Control Unit, South Australia.

Jane Farrin – Department of Correctional Services, South Australia.

Gary Hancl – Tasmania Prison Service.

Robyn Hopkins – Northern Territory Correctional Services.

Michael Levy – ACT Corrections Health.

Shani Prosser – Justice Health, New South Wales.

Vanessa Read – Department of Corrective Services, Western Australia.

Alun Richards – Offender Health Services, Queensland Health.

Brian Smith – Department of Justice, Victoria.

Clare Stevens – National Drug Research Institute (Project officer).

1 Butler, T., Papanastasiou, C. *National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004 & 2007*. National Drug Research Institute (Curtin University) & National Centre in HIV Epidemiology and Clinical Research (University of New South Wales). ISBN: 1 74067 582 72008.

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

3 Ibid.

4 Cropsey, K., Kristeller, J L. (2004). The effects of a prison smoking ban on smoking behavior and withdrawal symptoms. *Addictive Behaviours* 29:425-431.



THE SUMMIT PROCESS

In February 2010, letters were sent to all State and Territory Director Generals of Health (or equivalent), Commissioners of Corrections (or equivalent), and prison health service providers inviting participation to plan the Summit. A steering group was established to guide the development of the event on issues such as scope, structure, venue, who to involve and the format of the Summit.

Letters were then sent to a broader group of stakeholders including researchers, tobacco advocacy groups, prisoner representatives, unions representing custodial officers, Indigenous groups and juvenile agencies to request input and representation at the event.

The Summit was held over two days at the Australian National University, Canberra. Around sixty delegates attended the event which was facilitated by Stephen Mugford (QQSR Consultants).

The Summit (see Figure 1) was highly interactive with a series of activities to provide delegates with the opportunity to network with other participants ('35 exercise'). Divergent thinking was encouraged

in the initial stages of the Summit with jurisdictions sharing policies ('speed geeking'), activities and programs, discussion of current challenges, and success stories. The second half of the event focused on convergent thinking through the formation of working groups to address and respond to priority issues identified by Summit participants (see Figures 2–13 beginning on page 13). An open discussion exercise ('open fishbowl') completed the Summit with participants debating a number of topical issues.

THE SUMMIT STRUCTURE

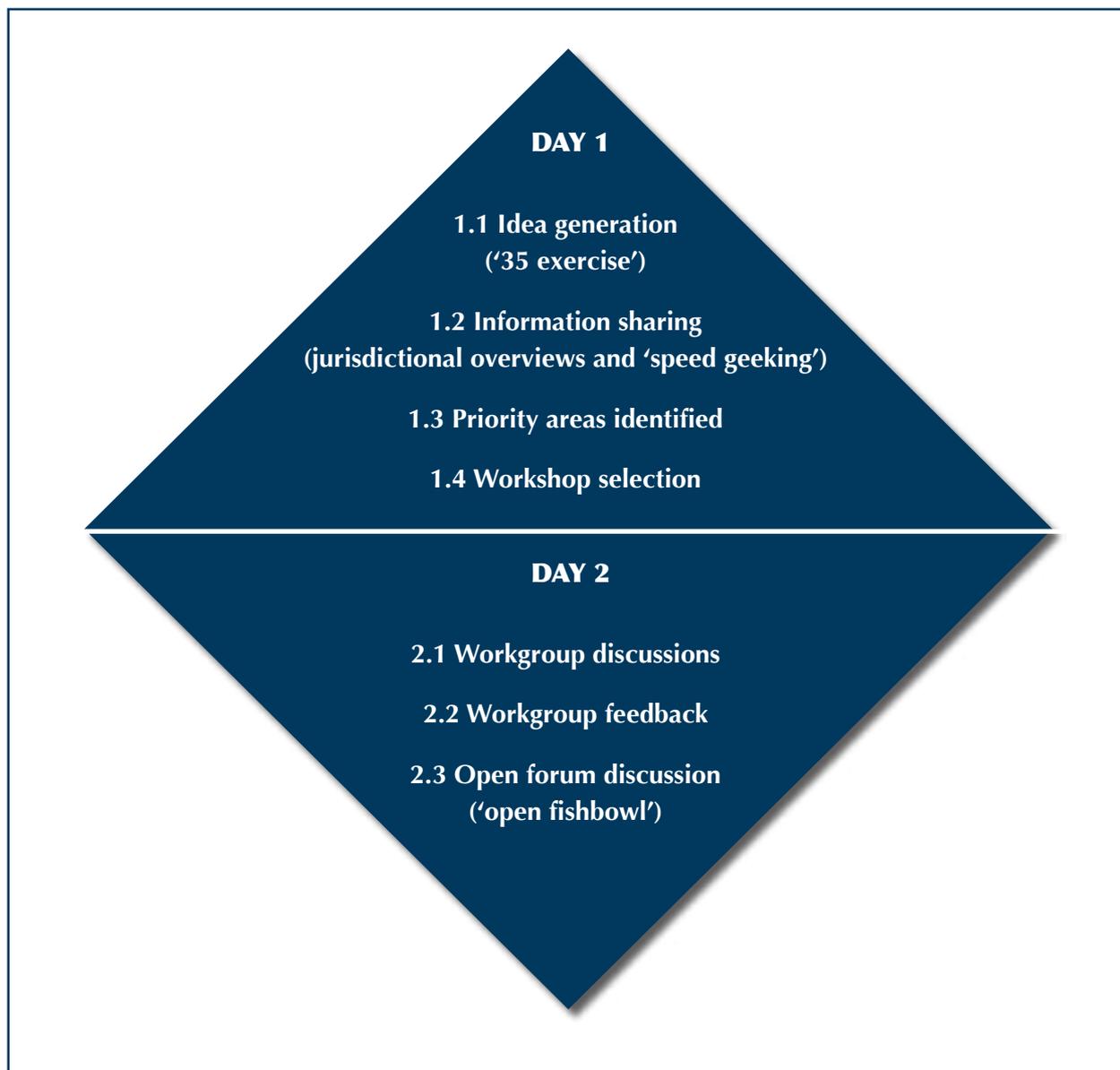


Figure 1 The Summit structure

INFORMATION SHARING: JURISDICTION OVERVIEW

A summary table (Appendix A) was developed from information provided by the individual jurisdictions in the form of an overview of smoking cessation and tobacco control activities prior to the Summit (Appendix B). This information was circulated to participants in an information pack.

The information sharing process also involved a representative from each jurisdiction presenting an overview of policy, cessation support, funding sources and challenges/successes to participants at the Summit.

DESIRED OUTCOMES FOR SMOKING IN PRISONS

Early on in the Summit, participants selected one priority outcome for tobacco in prisons that they wished to see implemented. These were thematically grouped as follows:

- 1.** A committed national approach to smoking cessation in prisons with standardised guidelines for the management of nicotine dependence.
- 2.** The need for comprehensive funding and support for cessation programs in prison.
- 3.** Free and equitable access to nicotine replacement therapy (NRT) for all prisoners nationally.
- 4.** A focus on reduction and cessation as explicit goals to be achieved in the custodial setting.
- 5.** Clear occupational health and safety (OHS) guidelines implemented nationally.
- 6.** Greater opportunity to share information between departments and jurisdictions at local and national level.
- 7.** Greater collaboration between departments of health and corrective services at local level.
- 8.** Prisoner-centred support programs that encourage advocacy.
- 9.** A focus on priority groups (e.g. Indigenous people, juvenile offenders, partners of prisoners, injecting drug users, mentally ill).
- 10.** Support and incentives for corrections staff wishing to quit smoking.
- 11.** Smoke-free cells and common areas to support cessation attempts and protect against Environmental Tobacco Smoke (ETS).
- 12.** De-normalise smoking in prison by changing the culture to that of non-smoking.
- 13.** A commitment to improved evaluation of smoking cessation programs and more research into this area.

PRINCIPLES ENDORSED BY THE SUMMIT

Through the process of generating dialogue and interactive exercises it became evident that delegates strongly agreed on a number of items and issues shown below:

1. Participants agreed that smoking in prison is:

- At an unacceptably high level among staff and prisoners which creates serious health and welfare issues.
- Smoking in prison presents a unique challenge for all levels of government because of legal and moral requirements to deliver healthy workplaces, human rights considerations, the need to promote health and wellbeing among those in prison, and to protect non-smokers from harm.
- While it is recognised that smoking is the cultural norm in prison, the Summit believed that:
 - Change is necessary and progress is possible despite the complexities;
 - There is merit in linking the effort to address smoking in prison to the wider health promotion/prevention efforts; *and*
 - Prison smoking cessation programs should target staff as well as prisoners.
- Specific changes that were noted as important included:
 - Greater ownership of prisoner health issues (e.g. smoking) by the Australian Government; *and*
 - A higher priority should be given to research into smoking in prisons by national research centres.

2. Participants recognised that:

- There is no safe level of tobacco smoke and everyone has the right to breathe clean air when in the prison setting.
- Smoking in prisons is a complex issue because:
 - The high smoking prevalence mirrors that of other lower socio-economic groups from which prisoners are typically drawn (Indigenous people, substance users, mentally ill, juvenile offenders);
 - Short prison sentences reduce the time available in which to deliver smoking cessation programs to prisoners;

- Smoking is linked to the psychology of everyday life in prison – e.g. as a coping mechanism to deal with a powerless and boring existence;
- Tobacco is intertwined in complex ways into the daily life of prisoners, for example as a form of ‘currency’ and as a management tool; *and*
- Prison is a person’s ‘home’ as well as a workplace.
- Responses to tobacco need to be nuanced. An immediate ban on smoking is too simplistic and a range of options and viewpoints need to be weighed and balanced.
- While it is true that the question of tobacco use and cessation is not substantially different from issues in the community in general:
 - We do not know what works in terms of cessation for prisoners;
 - No one approach is likely to succeed on its own; *and*
 - Collaborative, evidence-based, multi-dimensional strategies that can be applied across jurisdictions need to be developed.

3. Participants identified and agreed on the following objectives:

- Support for:
 - Action to achieve reduction in tobacco use levels and associated harm;
 - Positive approaches that are respectful of the rights of staff and prisoners;
 - Well funded effective, evidence-based interventions;
 - Ensuring that the needs of non-smokers are met;
 - Meeting the needs of the wider ‘prison community’, including Indigenous communities, children and families of prisoners;
 - Smoking cessation efforts in prison should be linked to those in other marginalised groups in the community; *and*
 - Long-term cessation including support in the post-release period when prisoners return to their communities.

- Specific focus should be given to:
 - Creating and maintaining smoke-free areas, and moving towards having all indoor areas in prison declared smoke-free;
 - Increased NRT funding for prisoners;
 - Coordinated approaches to information and skill sharing;
 - Developing a range of appropriate resources for prisoners;
 - Developing minimum national standards across jurisdictions;
 - Closer working relationship between the correctional and health areas;
 - Mobilising stakeholders in support of evidence-based policies; *and*
 - Establishing an advocacy alliance.

PRIORITIES FOR TOBACCO SMOKING IN PRISON IDENTIFIED BY THE SUMMIT

Participants identified several priority themes to workshop on day one of the Summit based on discussions and challenges identified on the first day. Priority areas identified were as follows:

- 1.** Developing national minimum standards for the management of tobacco in the custodial setting as part of Australia's response to tobacco.
- 2.** Establishing a national working group to identify best practice models of smoking reduction.
- 3.** Develop advocacy approaches to support tobacco control measures in prisons.
- 4.** Development of peer group smoking cessation support.
- 5.** Research to support an evidence-based approach to smoking cessation.

Having identified workshop topics, delegates formed small groups to consider the issues in greater detail. The following section presents the deliberations of these discussions in terms of a rationale for each priority and considerations that need to be taken into account to address the issue.

PRIORITY 1: NATIONAL MINIMUM STANDARDS FOR THE MANAGEMENT OF TOBACCO IN PRISONS

Rationale

National minimum standards for the management of tobacco in prisons are needed because:

- No standardisation exists between jurisdictions with regard to policies for smoking cessation and tobacco control;
- Prisons are out of step with the community but they reflect pockets of the community representing marginalised groups;
- Consistency is needed with national, state and territory plans (e.g. *National Preventive Health Taskforce Report*, 'Closing the Gap' initiative);
- Prisons can be used as a model on which to base approaches to other priority and hard to reach populations; *and*
- Jurisdictional tobacco strategies should be inclusive of prisons.

Objective

The development of national minimum standards for the management of tobacco in prisons.

Issues and process

National minimum standards for the management of tobacco within the custodial environment would encompass and address:

- Policy issues;
- Custodial culture, operations, and risk management;
- Programs (model of care/education/workforce development);
- Environmental Tobacco Smoke (ETS);
- Availability of interventions to support reduction/cessation/dependence/harm minimisation including: pharmacotherapies, individual counselling, group courses, Quitline, combination therapy; *and*
- Specific responses to Indigenous, culturally and linguistically diverse (CALD), and juvenile populations.

Correctional centres are subject to different legal requirements from those of the community.

Between and within prison, different security classifications exist which will impact on the interventions and policies which can be implemented.

Establish a steering group to develop national minimum standards consisting of a broad range of stakeholders (e.g. senior correctional administrators, jurisdictional representatives from health and custodial, Indigenous, juvenile justice, non-government agencies, consumer representation and Commonwealth health).

Endorsement for national standards needs to come from the Ministerial Council on Drugs, the Intergovernmental Committee on Drugs, and the National Preventative Health Agency.

Funding options need to be explored for a project coordinator to progress the development of the national minimum standards.

PRISONS CAN BE USED AS A MODEL ON WHICH TO BASE APPROACHES TO OTHER PRIORITY AND HARD TO REACH POPULATIONS.

PRIORITY 2: ESTABLISH A NATIONAL WORKING GROUP TO IDENTIFY BEST PRACTICE TO REDUCE SMOKING IN PRISONS

Rationale

A national working group is needed to identify best practice in each state and territory in relation to smoking reduction to help inform decision-makers on how to implement best practice nationally.

Objective

Establish a working group with terms of reference and representatives from each state and territory, Federal Government and Indigenous groups to create a set of best practice guidelines.

Issues and process

Develop a set of best practice guidelines for this area.

Stages involved in this process are as follows:

- Establish a secretariat to take overall responsibility for this process;
- Identify stakeholders (Corrective Services policy makers and staff, Health Departments, Corrective Services Administrators Council [CSAC] Federal Government, OHS authorities, prisoner advocates, union representatives, Indigenous agencies, juvenile agencies, non-government agencies, consumer representation, civil and human rights groups, alcohol and other drugs organisations);
- Project officer required to identify and collate international and community best practice;
- Circulate information to stakeholders and ensure that groups such as the Corrective Services Ministers and Administrators, and Health Ministers are involved in the dissemination process;
- Develop a Memorandum of Understanding (MOU) between the states and territories once best practice models have been identified;

- Develop outcome measures for minimal standards of best practice; and
 - Develop plan for implementation at jurisdictional level and agree on a timeline.
- Need to identify funding sources to support this process.

A NATIONAL WORKING GROUP IS NEEDED TO IDENTIFY BEST PRACTICE IN EACH STATE AND TERRITORY.

PRIORITY 3: ADVOCACY FOR EFFECTIVE TOBACCO MANAGEMENT IN PRISONS TO ELIMINATE ETS IN INDOOR AREAS AND SUPPORT PRISONERS AND PRISON STAFF TO QUIT SMOKING

Rationale

Although the harms from Environmental Tobacco Smoke (ETS) are accepted, correctional institutions have a strong smoking culture with very high smoking rates among prisoners and staff. Evidence confirms the health of prisoners is poor compared with the community and action is needed to overcome resistance to implement effective tobacco control measures in this setting and eliminate ETS in indoor areas.

Objective

Identify advocacy strategies to achieve agreement from leaders in Health and Corrective Services.

Issues and process

Convene a coalition of partners (Cancer Councils, the Public Health Association of Australia, Action on Smoking and Health, Australian Council on Smoking and Health, Non-smokers Movement of Australia, Alcohol, Tobacco and Other Drug Association ACT [ATODA] and Aboriginal-representatives) to advocate for each jurisdiction to develop a tobacco management policy with an implementation plan based on best practice.

The policy should be comprehensive, based on best practice, evaluated and adequately funded to ensure all smokers are encouraged and supported to quit. Key elements of the policy should include engagement and education of prisoners and staff, free cessation aids and support.

Partners need to be drawn from a broad range of stakeholders including Corrective Services policy makers and staff, Health Departments, workplace and OHS authorities, relevant health organisations, prisoners, union representatives, Indigenous agencies, civil rights and human rights groups, alcohol and other drugs agencies.

Coalition will develop advocacy tools including a position statement, facts sheets, and presentations

and develop a scoreboard competition (similar to ACOSH's state and territory 'Dirty Ashtray' jurisdictional awards competition) to award jurisdictions that are ahead and those lagging behind in eliminating ETS in indoor areas.

The coalition should convene a meeting with government policy makers to seek jurisdictional leadership in improving policies in Corrective Services.

The coalition will develop a presentation for high-level meetings of Corrective Services Ministers, Commissioners of Corrective Services, Health Ministers, Attorney Generals and Indigenous leaders.

NSW Cancer Council in association with Alcohol, Tobacco and Other Drugs organisations (ATOD) to take lead in convening the first coalition meeting in 2011.

THE POLICY SHOULD BE COMPREHENSIVE, BASED ON BEST PRACTICE, EVALUATED AND ADEQUATELY FUNDED TO ENSURE ALL SMOKERS ARE ENCOURAGED AND SUPPORTED TO QUIT.

PRIORITY 4: DEVELOP PRISON-BASED PEER SUPPORT PROGRAMS FOR SMOKING CESSATION FOR PRISONERS AND STAFF

Rationale

Smoking cessation is not considered a high priority in the correctional setting. Most attention is focussed toward interventions on behaviours associated with re-offending, illicit drug and alcohol use, and reintegration needs. The Summit supported the importance of engaging prisoners and staff in smoking cessation activities and agreed that establishing peer support groups could be a useful approach.

Objective

Establish peer support groups for inmates and staff as a way of providing support and empowering them to take responsibility for their own health.

Issues and process

The development of peer support programs should:

- Explicitly target staff and prisoners who want to stop and or reduce smoking;
- Utilise inmate development committees and engage with correctional facility management to raise awareness and gain support for this activity;
- Meet the needs of specific groups including Indigenous people, young offenders, individuals with mental health problems, and injecting drug users;
- Offer support for non-smoker prisoners to stay non-smoking while in prison;
- Provide free NRT to all prisoners. One model used in some jurisdictions is a 'tobacco levy' collected from the sale of cigarette products (difference between the wholesale and retail price);
- Engage families of prisoners and prisoner support service in the community to provide information and support when in the community; *and*
- Be flexible and adapt to meet local needs.

It is important to distribute evidence about what works in smoking cessation as part of the development of peer support groups.

The prison clinic/health centre is important in providing health promotion information including quitting smoking. An induction pack should be produced on how to maintain your health and well-being whilst in prison.

Consideration should be given to a variety of cessation approaches (e.g. pharmacotherapies, individual counselling, group courses, Quitline, combination therapy). A need exists to utilise and evaluate a wider range of tobacco control interventions and research specifically for this population instead of trying to apply community outcomes to treatment.

Consideration should also be given to the length of prison sentences which are typically short and thus reduce the time for programs to impact on prisoners.

Establish a mentoring program for national information sharing (e.g. an online group) among prison staff working in the smoking cessation area.

THE SUMMIT
SUPPORTED THE
IMPORTANCE OF
ENGAGING PRISONERS
AND STAFF IN
SMOKING CESSATION
ACTIVITIES.

PRIORITY 5: RESEARCH INTO SMOKING CESSATION AND TOBACCO CONTROL IN PRISON

Rationale

Little is known about what works in terms of smoking cessation for prisoners and no one approach to quitting smoking is likely to succeed in isolation.

Objective

To conduct research into smoking cessation and tobacco control in the correctional setting to promote best practice, and evidence-based policy/program development.

Issues and process

Smoking research among prisoners should be viewed as a higher priority by national centres given the limited information available regarding what works for prisoners.

A culture of evaluating smoking cessation programs needs to be encouraged.

Research may involve conducting large randomised control trials (RCTs) which can be costly and take considerable time to complete. Despite this, RCTs provide the highest level of evidence.

Shorter-term goals should be considered such as the establishment of common data collection items on smoking among prisoners (e.g. as part of the National Minimum Dataset for Prisoner Health).

A jurisdictional descriptive survey and audit of current programs will provide baseline information about the various programs on offer by the jurisdictions.

Need to form a number of collaborations with researchers in the tobacco area to develop research proposals and research studies to address knowledge gaps and inform best practice.

Specific research questions identified

- Does banning smoking in prison have a long term impact on smoking cessation?
- What are the unintended consequences of total/partial banning of smoking and environmental/social consequences?
- How to change the prison culture to one of quitting smoking?

- Can the culture in prison around body building and health and fitness be utilised to promote smoking cessation?
- Who should deliver cessation programs (corrections staff, clinical nursing staff, peers, external providers)?
- Is there capacity for staged approaches (levels of implementation, e.g. designated units), recognising that it takes time to reach the point where complete cessation can be properly achieved?
- What is the appropriate length of treatment needed for effective Cognitive Behavioural Therapy?
- What are the characteristics of smokers in prison which differentiate them from other smoker populations?
- Does NRT reduce smoking in prisons and does it have a long term/sustainable impact?
- What works in terms of programs (Meta-analysis of smoking cessation to identify what is actually working?)
- Research around health and economic costs – comparative expenditure for prisoners, do price increases work?
- How do we meet the needs of special groups (Indigenous, injecting drug users [IDUs], Mental Health, juvenile offenders)?

LITTLE IS KNOWN ABOUT WHAT WORKS IN TERMS OF SMOKING CESSATION FOR PRISONERS.

PRE- AND POST-SUMMIT ATTITUDES

Participants were asked to complete a pre- and post-Summit questionnaire on a series of statements on smoking in prison. They were asked to indicate their level of agreement or disagreement with the statement on a linear scale. The results suggest that participants did not change their views as indicated by the similar pre- and post-Summit distribution of responses.

There was overwhelming agreement for: prisoners being asked if they want to quit smoking on entry to prison, receiving free NRT if they wish to quit, paying the recommended retail price for tobacco, the need for more research and the Summit being useful.

Participants disagreed that riots would follow a ban on tobacco, tobacco should be commensurate with prisoners' wages, and prisoners should be allowed to smoke in their cells because this is their home. Participants were more evenly split on banning smoking, having dedicated non-smoking prisons, and the need for specific legislation to protect non-smokers.

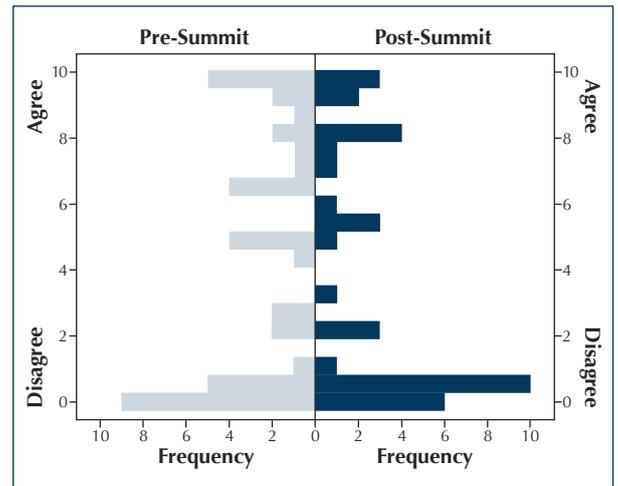


Figure 2 Smoking should be completely banned

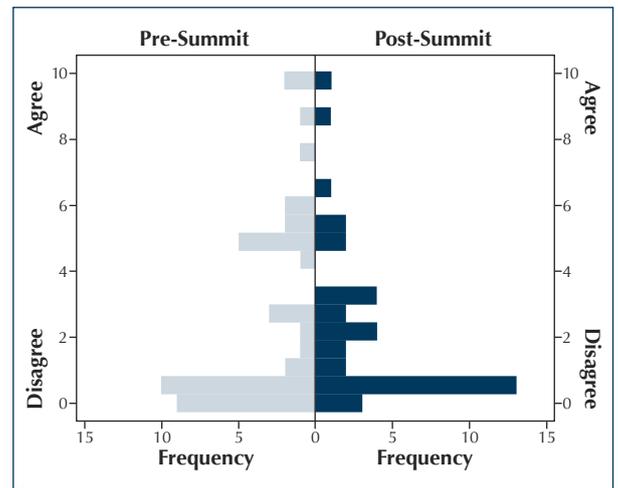


Figure 3 If smoking is completely banned in prison riots will be inevitable

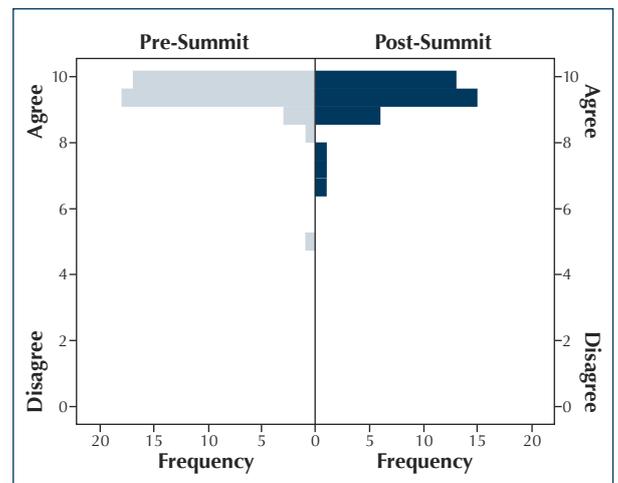


Figure 4 All prisoners should be asked if they want to quit smoking on entry to prison

continues overleaf

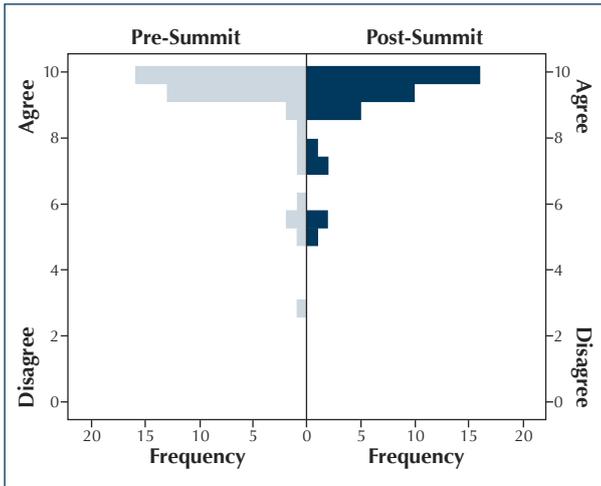


Figure 5 All prisoners who wish to quit smoking should receive free access to NRT if they wish to quit

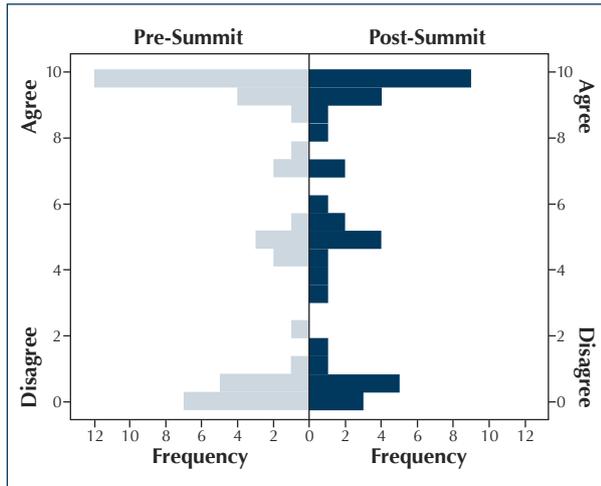


Figure 8 Dedicated non-smoking prisons should be available in each jurisdiction

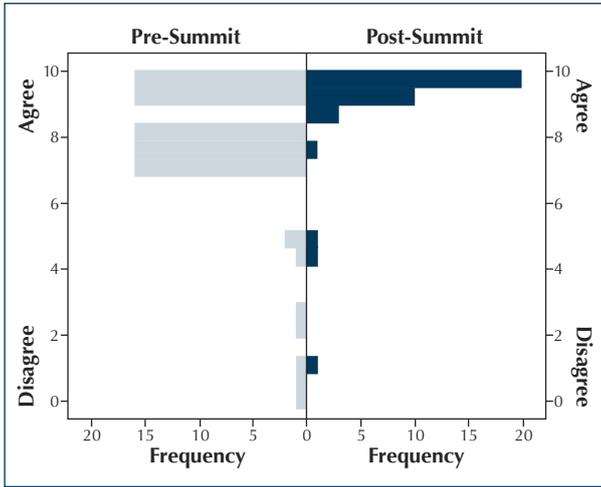


Figure 6 Prisoners should pay the recommended retail price for tobacco

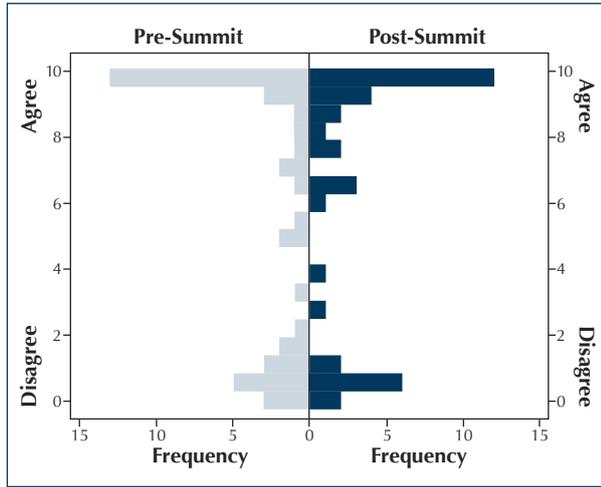


Figure 9 It is unfair to ban smoking in prisons before it is banned in the community

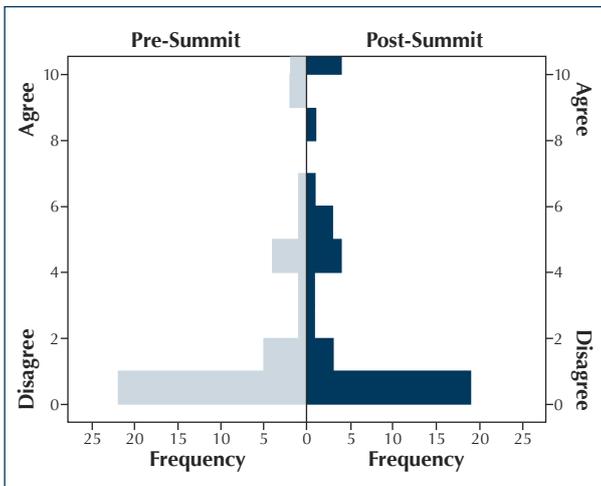


Figure 7 The price of tobacco should be commensurate with prisoners' wages

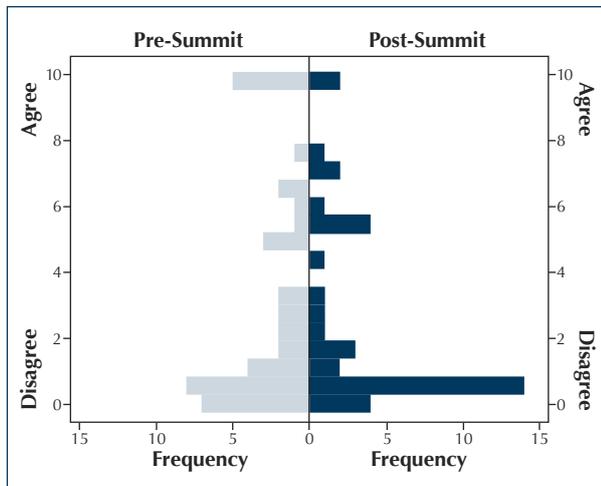


Figure 10 Prisoners should be able to smoke in their cells as this is their home

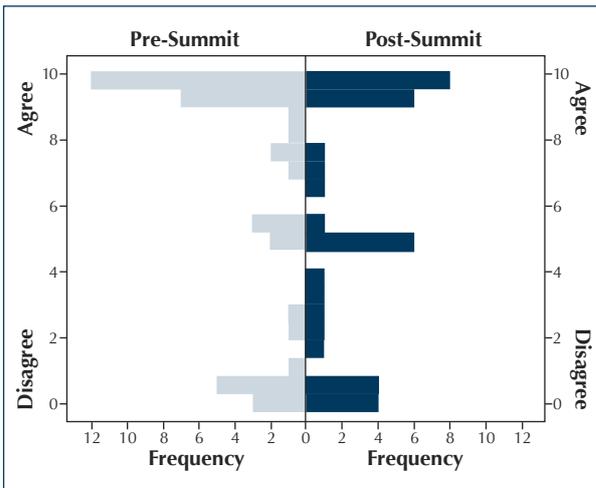


Figure 11 Specific legislation is required to protect non-smokers from having to share with smokers

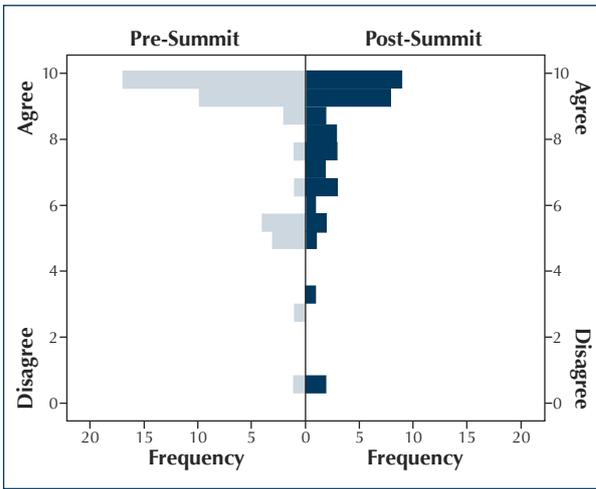


Figure 12 More research is needed into what works for prisoners in quitting smoking

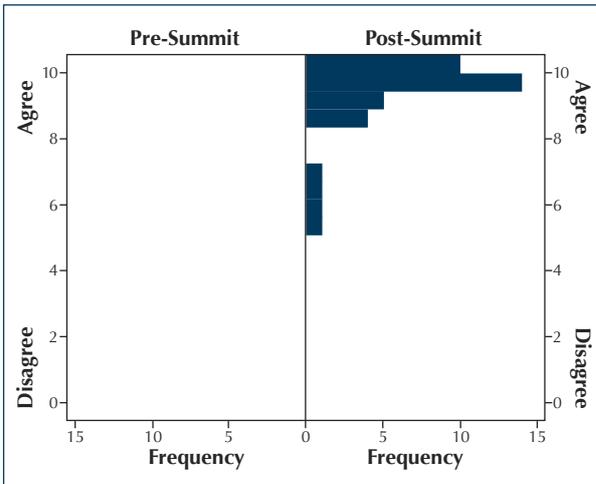


Figure 13 The Summit was valuable

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APPENDIX A: JURISDICTION OVERVIEW TABLE

	WA	NSW	VIC	ACT	TAS	NT	SA	QLD
Prisons (2010)¹	14	34	14	1	6	2	9	14
Prisoner population (2009)²	4,419	11,127	4,350	203	535	1,056	1,960	5,667
Indigenous prisoners (2009)²	1,790 (40.5%)	2,374 (21.3%)	241 (5.5%)	26 (12.8%)	66 (12.3%)	864 (81.8%)	449 (22.9%)	1,576 (27.8%)
Prior imprisonment (2009)²	53.7%	53.6%	49.8%	76.4%	69%	67.2%	58.1%	59.9%
Average out of cell hours (2009)²	Open level: 14.4 Secure level: 11.4 Total: 11.8	Open level: 13.4 Secure level: 7.1 Total: 9.3	Not available	Open level: 17.3 Secure level: 9.5 Total: 10.8	Open level: 14.7 Secure level: 11.9 Total: 12.2	Open level: 20 Secure level: 9 Total: 12.3	Open level: 16 Secure level: 9.4 Total: 10.2	Open level: 19 Secure level: 10.6 Total: 11.4
Smoking prevalence on entry (2007)³	81% (N = 79)	86% (N = 210)	83% (N = 134)	100% (N=4)	89% (N= 41)	Not available	79% (N= 22)	88% (N =138)
Policy overview: smoking in cells/ indoor areas	Smoking Reduction Strategy implemented to reduce the incidence of smoking among prisoners and staff in prisons, work camps and detention centres. The plan is for all prisons to have smoke-free enclosed areas. Whilst many prisons have achieved this and fully implemented the smoking reduction plan, others have not achieved this target.	Smoking is permitted in inmate's cells and designated outdoor areas. The Corrective Services NSW (CNSW) Smoke-free Environment Policy is to place non-smoking inmates in cells with other non-smoking inmates on request but limited cells make this difficult to implement. Long Bay Prison Hospital is smoke-free building with smoking outdoors only. Police and court cells are smoke-free. Long Bay Forensic Hospital is completely smoke-free.	Smoking is prohibited inside prison buildings, including prison cells and prisoners are only permitted to smoke in designated open-air areas. Smoking permitted in cells in exceptional cases (eg. acute mental illness & nicotine withdrawal, or during prolonged lock-ins).	Smoking is prohibited in all internal areas of the AMC including cells and prohibited in visit area, including the outdoor visiting area. Smoking is only permitted in designated areas, such as the courtyards. These areas are clearly marked with signage. The Alexander Maconochie smoking policy 2009 is intended to prevent harm and reduce actual harm caused by tobacco smoking via demand reduction, supply reduction and harm reduction strategies.	A restricted smoking regime is currently being implemented whereby prisoners & detainees are only permitted to smoke in designated outdoor areas and no longer in their cells or other indoor areas. This has been fully rolled out at two correctional facilities (Mary Hutchinson Women's Prison and more recently Ron Barwick) and will shortly commence in the other facilities. Identified units in Risdon Prison have been designated non-smoking.	Smoking is permitted with smoking and non-smoking cells available. Superintendents Instructions are in place in each adult institution to discuss smoking and non-smoking areas. An anti-smoking policy is currently in development based on the anti-smoking policy that was rolled out in Queensland in October 2009.	Prisoners are permitted to smoke in cells but in no other area of the prison except for designated outside areas. The Tobacco Legislation has made an exemption to prisoners' cells which are considered to be their homes (same as UK policy). General Managers implement procedures to manage risks associated with the exposure to tobacco smoke. Currently working to implement procedures that require prisoners to smoke outside, and not in their cells, during unlock times.	Smoking has been prohibited in all indoor areas including cells since October 2008 and the <i>Custodial Anti-Smoking Policy and Implementation Plan</i> (2009–2011) is in currently in place. Each centre has developed a local procedure which identifies where smoking can occur in outdoor places.

	WA	NSW	VIC	ACT	TAS	NT	SA	QLD
Programs: Cessation Support	<p>The Cancer Council provided train-the-trainer programs for prison staff to run Quit programs.</p> <p>Tobacco Control Branch of the DoH provided brief intervention training in smoking reduction/cessation.</p> <p>Each prison has formed a multidisciplinary Smoking Reduction Reference Group.</p> <p>In some sites where specific Quit Programs are not in place, smoking information and education is incorporated in a holistic approach to health where smoking is addressed.</p>	<p>Corrective Services AOD programs including Impact of Dependence, Getting SMART/SMART Recovery & Pathways (Criminal Conduct and Substance Abuse Treatment Program) can all address smoking as well as other AOD problems.</p> <p>Smoking cessation is not a high priority for CSNSW staff.</p> <p>Justice Health is currently developing a comprehensive program for the management of nicotine dependence for adults in custody in NSW.</p> <p>This includes comprehensive guidelines, and a brief intervention model of care which simplifies access to NRT and expands nurse initiation of NRT. It also provides information for staff and inmates.</p> <p>A smoking cessation program for women in custody is also being finalised.</p>	<p>The 'Quitters are Winners' program (QaW), developed with Quit Victoria, is conducted over six weeks and focused on improving the knowledge and understanding of the health risks associated with smoking and issues faced during reduction or ceasing.</p> <p>Quit Victoria has trained prison health staff and community health workers to deliver brief and longer interventions with prisoners.</p> <p>All Public and Private Prisons currently facilitate the prison-based cessation program.</p>	<p>Detainees are seen by the corrections health pharmacist in a clinic once a week.</p> <p>They are provided with advice and reviewed fortnightly.</p> <p>Hepatitis C Resource Council is in the process of developing a quit smoking program for ACT Corrections Health. Expressions of interest from detainees have been sent out.</p>	<p>Adopted the 'Quitters are Winners' Program from Victoria and offered to inmates (females initially) from February 2009.</p> <p>Twenty-three Tasmanian Prison Service Staff members have been trained to facilitate the program.</p>	<p>No current support packages/programs are made available to prisoners.</p> <p>Future policy to include quit smoking programs for prisoners and staff, NRT to those who elect to use them, access to Quit line phones for prisoners and written information to promote the health benefits of smoking cessation.</p>	<p>Quit Smoking Program available. Champix medication is available and access to the QUIT helpline.</p> <p>Program requires prisoners to enter into a contract with SAPHs and regularly access the QUIT line if to continue receiving the medication.</p> <p>Originally a twelve week QUIT program was implemented but not currently funded.</p>	<p>Smoking Cessation Support Program has been developed and rollout commenced on 16 June 2010.</p> <p>Offenders are assessed on admission and offered NRT/support. Current prisoners are given opportunity to request assistance & brief interventions take place with offenders.</p> <p>A 'Change Champion' is nominated at each centre with smoking cessation a key part of their work.</p> <p>Care Pathways have been developed with mechanisms to cope with prisoners being transferred from one prison to another.</p>

	WA	NSW	VIC	ACT	TAS	NT	SA	QLD
Indigenous specific programs	The WA Aboriginal Health Council had planned to develop a program that could be used by Aboriginal Health workers in prisons but this has not eventuated. An alternative is being sought.	The Justice Health Aboriginal Chronic Care Program "Murr-roo-ma Dhunbarn" includes an Aboriginal smoking cessation program and operates at 16 facilities (including one juvenile correctional centre) in NSW.	An employee has been specifically trained to work with those offenders in an Indigenous residential unit however no other Indigenous-specific programs are available.	No.	No.	No.	'Do It For Life Program' will be commencing within Yatala Labour Prison shortly, with a view to implement across all institutions. The 10-week program is aimed at addressing all of the health risk areas for Indigenous Australians, primarily focusing on smoking, and will utilise an Aboriginal Liaison Officer for support. NRT is being considered.	Implementation Plan seeks strategies to establish and provide culturally sensitive smoking cessation services. The 'Closing the Gap Project' allows Indigenous offenders funding for free NRT and other pharmacotherapy for subsequent quit attempts.
NRT/ pharmacotherapy funding	Prisoners are assessed for their suitability for NRT, and then can be provided patches, inhalers and/or lozenges free of cost. If a prisoner prefers to have a different medication (e.g. Zyban) this can be negotiated through the prison doctor and are charged for this. Nicotine Lozenges are also available for prisoners who are not interested in stopping but report discomfort when being locked down in a non-smoking cell overnight. These are provided by officers at no cost to prisoners.	NRT provided at cost to inmates via prison clinics. If participating in a cessation program or have a medical condition a doctor may prescribe NRT free of charge.	NRT is provided free of charge upon assessment ranging from patches to prescribed medication. A levy is collected from the sale of tobacco products (difference between wholesale and retail price) which funds NRT.	Lozenges are provided free of charge to remandees upon admission to the prison. Post-admission, prisoners may access nicotine replacement lozenges through the buy-up system – paid for in full by prisoner. If seeking help through Corrections Health, the pharmacist can supply patches and Champix free of charge.	An NRT Program is available and is subsidized up to 50% of the cost, but up to 100% where a facility/ unit (e.g. Hobart and Launceston) is to be designated as fully non-smoking. NRT is funded through a levy collected from the sale of cigarette products (difference between the wholesale and retail).	NRT has been provided on a per request basis from inmates who are expected to fund the NRT themselves. Future policy will be based on using the funds available through tobacco revenues to provide interventions and quit support for staff and inmates.	Champix dispensed free of charge to prisoners involved in the standard Quit Smoking Program. It is a requirement that prisoners must contact the Quitline at least once a week to remain receiving Champix. However, due to poor outcomes from Champix, SAPHS are looking at introducing nicotine patches.	NRT patches are provided free of charge. QCS raised the tobacco price to fund the supply of NRT. 'Closing the Gap Project' funding also used.

	WA	NSW	VIC	ACT	TAS	NT	SA	QLD
Number of participants	Not available.	Not available.	2009: 69 QaW programs run with 579 prisoners. 2010 (Jan-Jul): 21 programs conducted with 154 prisoners (from 14 programs; awaiting data from seven programs).	Chart review found that 18% of the current detainees (May 2010) had trialled NRT in prison (patches), and 2% had used Champix.	Feb 2009 – July 2010: Six 'Quitters' programs have been run with 32 inmates participating.	Not available.	Jan – July 2010: Commenced Quit Smoking Program: 57 Released: 4 Completed: 15 Withdrawn: 5 Ongoing: 33 Still awaiting data from three sites.	Currently 376 participating in program. NRT 373, Varenicline 2 and 1 brief intervention only. Still awaiting data from four sites for period June – July 2010.
Quitline access	Quitline is available at most WA prisons and the toll free number can be used at the Work Camps. Posters and stickers developed to promote the Quitline. Feedback indicates it is not a well utilised service.	The 13QUIT (Quitline) number is available to all NSW inmates as a free call on the inmate telephone system.	Quit Victoria trialled a Quitline service within a low and a medium security prison. Although the service was well publicised, the call volumes were low and a mutual decision was made with QUIT in April 2009 to cease the trial.	The prisoners have access to the Quit smoking hotline (free call).	The Quitline is made available on the Arunta phone system as requested for those that are participating in 'Quitters' Program.	The Low Security Unit of Darwin Correctional Centre is in the planning stage to have QUIT programs as part of pre-release program.	The Quitline is a free call on the inmate telephone system. QUIT collate info on prisoners accessing this service and provide to SAPHs.	Quitline is currently being added to the Arunta phone system.
Staff: Policy & Support	The Department provide patches free of cost and on-line support. Staff welfare program offers counselling (six sessions free) which can be used to address smoking behaviour. Additional sessions negotiable. Quit Support Networks established in some prisons and one ran the Fresh Start Program (Cancer Council) for staff. Staff made aware of community services available to them.	Staff allowed to smoke in designated areas during break time only. CSNSW has implemented a number of strategies to support staff regarding smoking cessation and policies supportive of a smoke-free workplace. CSNSW provides NRT and Quit Programs for staff. Justice Health provides NRT and cessation support for staff.	Staff permitted to smoke in designated open-air areas only. No programs or NRT offered to staff.	Officers permitted to smoke provided working in an area where smoking is allowed. Corrections officers rostered in a non-smoking area may smoke provided they smoke in an area where smoking is permitted. Staff members in violation of this policy will be subject to the employee disciplinary process. ACT Health staff can access subsidised NRT through The Canberra Hospital.	Staff only permitted to smoke in outdoor designated smoking areas. It has not been confirmed at this stage what the requirement for staff working in the no smoking facilities will be. Cessation programs and NRT are not funded for staff at the Tasmanian Prison Service at this time.	Staff told there is no smoking permitted in any government buildings. No support programs are currently available to assist staff quit smoking.	Institutions must implement local instructions to manage the risks associated with the exposure to tobacco smoke. Staff have been supported to quit smoking through QUIT until 2008/2009. However, specific or structured support for staff to quit smoking is no longer offered.	Staff only permitted to smoke in designated outdoor smoking areas. Staff quit smoking program is available for Offender Health Staff through Queensland Health (QH) and a pilot program delivered through QH's Quitline telephone counselling service. This involves regular Quitline counselling and free NRT (16 weeks) for all staff who register to participate. Launched on 1 Nov 2009.

	WA	NSW	VIC	ACT	TAS	NT	SA	QLD
Tobacco restrictions/price	The department has reduced the number of brands available for sale. Tobacco products sold at cost equivalent to community pricing; (previously sold at subsidised price).	Tobacco products sold at community price. All tobacco and cigarette products are subjected to half yearly CPI increases.	Tobacco products sold at community price. Cessation programs for prisoners funded by difference between retail and wholesale price.	The number of products available depends on the privileges available to the prisoner as per the <i>Hierarchy of Privileges Policy</i> .	Tobacco products sold at community price. Programs funded by difference between community (RRP) and wholesale price.	Future plan to increase the price of tobacco and direct funds towards evidence-based interventions for prisoners and staff.	Tobacco products sold at cost price plus GST. No profit margin on these items. One private prison sells tobacco products at wholesale price plus 10% for a prisoner amenities fund.	The price of tobacco is gradually being increased during the implementation of the QCS anti-smoking policy.
Tobacco-related research		NHMRC funded multi-component intervention trialled.	Post-evaluation demonstrated the 'Quitters are Winners' Program positively influenced prisoners to cease or at least reduce their smoking habit.	2010 ethics approval sought to allow research into the barriers to quitting and how these can be addressed.	Feedback provided from those that participated in the 'Quitters are Winners' Program demonstrated it assisted prisoners reducing their smoking habits.			Data gathered at quit date, 12 and 52 weeks (where possible) to provide qualitative insight into the uptake and impact of NRT and other pharmacotherapies provision.

1 Steering Committee for the Review of Government Service Provision. (2010). *Report on Government Services, 2010*. Canberra: Productivity Commission.

2 *Prisoners in Australia*. Catalogue No. 4517.0. Canberra: Australian Bureau of Statistics; 2009.

3 *National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004 & 2007*. National Drug Research Institute & NCHECR. ISBN: 1 74067 582 72008.

APPENDIX B: JURISDICTION OVERVIEW – POLICY DETAILS

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Note: The following overviews were provided by health departments, corrections health services, or the Departments of Corrective Services for each jurisdiction in preparation for the Summit.

NATIONAL SUMMIT ON TOBACCO SMOKING IN PRISONS: ACT OVERVIEW

ACT Corrective Services

ACT Corrective Services administers two adult Correctional facilities within the ACT (Alexander Maconochie Centre and Periodic Detention Centre Symonston). ACT Health Corrections Health Program within the ACT provides primary health care to approximately 230 prisoners on a daily basis.

ACT Corrective Services Anti-Smoking Policy

Since the establishment of the Alexander Maconochie Centre in early 2009, smoking has been prohibited in all internal areas of the facility including; cell, cottages, rooms, offices and covered corridors. Furthermore, a two metre smoke-free zone applies from all external exit doorways, with the exception of cell blocks, cottages and covered courtyards. This zone is clearly marked with signs as a smoke-free area for both prisoners and staff. Smoking is also prohibited in visits area, including the outdoor visiting area.

The *Alexander Maconochie Smoking Policy 2009* is intended to facilitate harm minimisation by preventing anticipated harm and reducing actual harm via demand reduction, supply reduction and harm reduction strategies. Restricting the use of tobacco products within correctional facilities is consistent with a harm reduction strategy.

The smoking policy within the Alexander Maconochie Centre applies to both prisoners and staff. Staff members that violate the policy are subject to employee disciplinary process, while prisoners that violate the policy are subject to prisoner disciplinary process.

Access to Nicotine Replacement Therapy (NRT) and Pharmacotherapy

All prisoners within the main correctional facility within the ACT currently have access to a clinical pharmacist employed by Corrections Health Program. A primary health care clinic is operated every Friday, where prisoners have the opportunity to discuss with a pharmacist nicotine replacement therapy. Prisoners can access Varenicline (Champix®) through consultation with a medical officer. Prisoners also have access to nicotine replacement lozenges through the prison buy-up system.

Aboriginal and Torres Strait Islander Smoking Cessation Program

Within the ACT currently, no specific Aboriginal or Torres Strait Islander smoking cessation program exists, however all Aboriginal and Torres Strait Islander prisoners have access to an Aboriginal and Torres Strait Islander General Practitioner.

ACT Health Corrections Health Program Non-smoking/Cessation Support Program

Corrections Health Program in consultation with Hepatitis Resource Council is in the process of developing a smoking cessation program to support prisoners within ACT correctional facilities to quit smoking via counselling and group sessions. Expressions of interest have been forwarded to all prisoners within the main correctional facility within the ACT.



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SUMMARY OF TOBACCO RELATED POLICY IN THE NSW CUSTODIAL SETTING FOR THE NATIONAL SUMMIT ON SMOKING IN PRISONS

Justice Health is a statewide service of NSW Health and provides health care in a unique setting for almost 31,000 adult inmates and juvenile detainees annually. There is a daily average population of 10,000 full time inmates and 450 juvenile detainees.

Corrective Services NSW

Corrective Services NSW (CSNSW) administers thirty three adult Custodial Centres and one Juvenile Correctional Centre (Kariong).

Corrective Services NSW Tobacco Policy

Department of Corrective Services Smoke-free Environment Policy (2003), states that:

- Inmates are only allowed to smoke in their cell (so long as it is a designated smoking cell) and in a designated area in the open air set aside for inmate smoking;
- That staff (both Department of Corrective Services and Justice Health) are only allowed to smoke in a correctional / departmental facility in a designated smoking area during “crib” or break time. At all other places in a correctional centre and at all other times, a member of staff must not smoke; and
- Visitors may only smoke in designated areas in the open air.

Police and Court Cell complexes are completely smoke-free and inmates are entitled to Nicotine Replacement Therapy (NRT) to manage nicotine withdrawal. However, access to NRT is variable due to a number of factors that require resolution.

Whilst CSNSW provides some health-related programs, including drug and alcohol counselling, education and Cognitive Based Therapies programs, smoking cessation is not a priority. The focus of programs is on behaviours associated with re-offending – particularly illicit drug use and alcohol consumption. The 13QUIT (Quitline) number is available to all NSW inmates via the CSNSW freecall phone number. In recent years, CSNSW has implemented a number of strategies to support staff regarding smoking cessation and policies supportive of a smoke-free workplace.

Corrective Services NSW Operations Procedures Manual

The *Corrective Services Operations Procedures Manual* stipulates the following about the placement of Non-Smokers:

General Managers should:

- Consider that a non-smoker may not want to share a cell with a smoker; and
- Take into account personal smoking habits of inmates when allocating space but recognise that the separation of non-smoking inmates may be difficult to achieve during times of overcrowding or certain security situations.

Juvenile Justice NSW

Nine Juvenile Detention Centres in NSW are administered by Juvenile Justice NSW (JJ NSW).

Juvenile Justice NSW Tobacco Policy

Juvenile Justice NSW (JJNSW) manages Juvenile Justice Centres. Health services are provided by Justice Health. Centres are completely smoke-free and tobacco is contraband. Both staff and young people in custody are not permitted to smoke within the centre nor within the perimeters. A two week course of NRT to manage nicotine withdrawal, is available free of charge to young people in custody following assessment of their nicotine dependence.

continues overleaf

Justice Health Tobacco Policy and Initiatives – Justice Health Policy

Justice Health Policy regarding the management of nicotine dependence and smoking cessation is currently undergoing a substantial review improve access to NRT and support for people in custody wish to stop smoking. The current policy includes:

- Tobacco smoking will not be permitted in, or at the entrances to, clinical areas (Justice Health Clinics and their entrances), including the Long Bay Hospital;
- Limited smoking cessation programs (including subsidised NRT), are available to inmates who meet certain criteria at certain centres;
- Inmates with life-threatening medical conditions or pre-operatively, can have fully subsidised NRT on the recommendation of a medical officer and approval of the Executive Director of Clinical and Nursing Services; and
- Support for inmates who are obliged to cease tobacco use for limited periods is available. This includes observation-cells, segregation units, inside clinics, hospital emergency departments, and transport vehicles and in Police holding cells or any area where inmates are prohibited from smoking. While inmates are held in these areas they are to be offered fully subsidised NRT for immediate use only. Appropriate documentation in the clinical record must support provision of NRT.

Access to Nicotine Replacement Therapy (NRT) and Pharmacotherapy

Justice Health provides NRT at cost to inmates via pharmacy, unless they are participating in a formal cessation program or have a recognised underlying medical condition in which case a medical officer may prescribe NRT free of charge.

NSW Health Smoke-free Workplace Policy

Justice Health provides a staff smoking cessation program including subsidised NRT as part of its implementation of the NSW Smoke-free Workplace Policy. Staff participation remains very low. The Smoke-free Workplace policy has moved all health facilities across NSW to completely smoke-free status and will influence the management of smoking in the new Justice Health forensic hospital.

Inpatient facilities: New Long Bay Prison Hospital and Long Bay Forensic Hospital

Long Bay Prison Hospital

In mid 2008, a new eighty-five bed prison hospital was opened in the Long Bay complex. The hospital includes medical/surgical, aged care and mental health beds and remains under the auspices of Corrective Services NSW with health care provided by Justice Health. Patients are not permitted to smoke inside the buildings due to the building design and installation of smoke detectors. Patients may smoke outside during the day in designated smoking areas.

Considerable planning and consultation took place to introduce a “Clean Air” hospital facility (no smoking inside the building) and to support patients who smoke during the extended “smoke-free” lock down period. Nursing, medical and allied health staff participated in specialised education regarding the management of nicotine dependence. Guidelines, procedures and a clinical assessment tool were developed. Patients are assessed on admission to the hospital and are prescribed nicotine replacement therapy when appropriate to prevent nicotine withdrawal during the extended periods when they are unable to smoke. Support is also available for patients who wish to stop smoking.

Forensic Hospital

In late 2008, Justice Health opened a new 135-bed high security mental health forensic hospital. The new forensic hospital is a solely health run facility managed by Justice Health (NSW Health). It was opened as a completely smoke-free facility to comply with the NSW Health Smoke-free Workplace Policy, and improve patient’s health. This represented a huge shift away from patient’s prior experience of being able to smoke in their rooms and in outside areas.

Again, extensive planning and preparation was required to support patients and staff and best manage nicotine dependence and smoking cessation in a highly nicotine addicted population and an environment where tobacco plays an integral part of daily life. Preparation of patients being transferred to the new forensic facility hospital took place in order to manage nicotine dependence and prevent withdrawal symptoms.

A literature review revealed planning, consultation, communication, provision of information and support (including NRT) and phased introduction of smoke-free policy essential to smooth implementation.

Consultation with other forensic and mental health services across Australia was conducted. Two discussion forums with representatives from smoke-free forensic and mental health facilities were held.

A multidisciplinary approach and model of care to manage nicotine dependence and smoking cessation was adopted and included managers, nurses, medical staff, pharmacists and occupational therapists.

Smoking cessation programs

Justice Health has trialled a number of approaches to smoking cessation during the past ten years. These have included ten-week group-based programs with the provision of free NRT, peer support and follow-up for six months.

Aboriginal Smoking Cessation Program

Justice Health is responsible for the provision of health care services and preventative health programs to Aboriginal and Torres Strait Islander peoples in custody in NSW. Justice Health has used enhancement funding to develop and implement a culturally effective approach to chronic conditions for Aboriginal and Torres Strait Islander peoples who are in contact with the criminal justice system.

The Justice Health Aboriginal Chronic Care Program *Murr-roo-ma Dhunbarn* (To Make Strong) is the major focus of Aboriginal specific health services seeking to 'Close the Gap' and reduce high morbidity and mortality rates related to chronic disease amongst Aboriginal people.

This program targets the most significant and treatable chronic conditions for Aboriginal people: cardiovascular disease, kidney disease, diabetes, chronic respiratory disease, cancer. The program encompasses prevention, early intervention and chronic disease management and includes an Aboriginal smoking cessation program. It operates at sixteen correctional centres (including one juvenile correctional centre) across NSW.

Current and Future Smoking Initiatives

Currently Justice Health is finalising clinical guidelines for the management of nicotine dependence in the NSW custodial setting. These will be used to implement an integrated program and model of care across the state. The program will include the provision of nicotine replacement therapy and will be supported by workforce development and patient education strategies and policy.

Smoking-related research

The Centre for Health Research in Criminal Justice (CHRCJ), the research centre of Justice Health, has conducted collaborative research into, and is currently coordinating a multi-component intervention for, smoking cessation among Australian male prison inmates. The first clinical randomised controlled trial of smoking cessation in the Australian prison setting is currently underway and has been funded by the National Health and Medical Research Council (NH&MRC). The trial aims to evaluate the effectiveness of Nortryptiline in combination with NRT and Cognitive Behavioural Therapy in assisting smoking cessation among adult male inmates in NSW. This study excludes females in custody. The principal investigators are Professor Robyn Richmond, Dr Alex Wodak and Professor Kay Wilhelm (University of New South Wales), Associate Professor Tony Butler (Curtin University, Western Australia) and Devon Indig (Centre for Health Research in Criminal Justice – Justice Health). This trial is a follow-on from a very successful pilot held at Lithgow Correctional Centre in 2003 (Richmond et al 2006).

NSW Inmate Health Surveys

In 2009 the Justice Health Centre for Health Research in Criminal Justice conducted the third *Inmate Health Survey*. This is acknowledged as one of the most comprehensive assessments of prisoner health in the world. The previous surveys were conducted in 1996 and 2001. The 2009 survey generated in-depth data regarding smoking including:

- 75% men and 80% of women were current tobacco smokers (this has remained consistent throughout the three surveys);
- 85% indicated they would like to quit smoking; and
- Desire to quit was higher among men (89%) than women (74%).

NATIONAL SUMMIT ON TOBACCO SMOKING IN PRISONS: NORTHERN TERRITORY OVERVIEW

NT Corrective Services

NT Corrective Services administers two adult Correctional facilities within the Northern Territory (Darwin Correctional Centre and Alice Springs Correctional Centre).

Corrections Health was administered by the Department of Justice NT until a transition process occurred in October 2008. This transition saw the Department of Health (DHF) taking responsibility for the Corrections Health Program. Corrections Health is managed by DHF through a contract which is currently being delivered by an independent health provider International SOS International.

Juvenile Detention Centres

NT Corrective Services administers two juvenile facilities in the Northern Territory (Don Dale Detention Centre in Darwin and Aranda House Holding Facility in Alice Springs) Health is delivered in the same way, by a contract managed through DHF with International SOS providing the healthcare.

NT Prisoner Numbers

Usual Adult prisoner totals Darwin around 600 and Alice Springs around 500.

Between the two juvenile detention centres the population is around 30. There is a high population of Indigenous offenders in the Northern Territory with the total NT population of Indigenous people at around 30%. The Indigenous population in Adult Correctional Centres is around 85%.

Current Policy

Northern Territory Correctional Services (NTCS) is currently reviewing the provision of tobacco in prisons. As part of this review, it is proposed to increase the price of tobacco from the current wholesale price to retail price. It is further proposed that this revenue be applied to the introduction of an anti-smoking policy and programs across NTCS.

Until the changes take place, adult offenders are able to smoke in the prison. This is of course restricted to outdoor areas; there is a ban on smoking in any prison buildings and in any government vehicles. There are some prison cells which are deemed non-smoking but other cells the prisoners can smoke in. Prisoners are able to choose non-smoking cells. Smoking is also prohibited in visits area, including the outdoor visiting area.

Juvenile offenders are not permitted to smoke at any time in the correctional centre or if attending school they are also banned from smoking.

Current Interventions

The Department of Health currently runs Alcohol and Other Drug harm reduction programs, counselling and cognitive behavioural interventions in Darwin Correctional Centres but this focuses on illicit drug use and alcohol use. Smoking cessation for this program is not a high priority. This program however will become involved when the Anti-smoking program is put in place by the NT Corrective Services.

Access to Nicotine Replacement Therapy (NRT) and Pharmacotherapy

All prisoners within the adult correctional facilities within the NT currently have access to a Medical Officer employed by International SOS. There is a primary health care clinic that operates seven days a week, where prisoners have the opportunity to discuss nicotine replacement therapy. Until the commencement of our Anti-smoking program, prisoners need to purchase this medication themselves.

Future Directions: Proposed Changes in Policy

The Department of Justice, Northern Territory (NT) is about to introduce an anti-smoking project in its Correctional Facilities and this is supported in an Northern Territory Policy Framework called *Territory 2030*. *Territory 2030* commits to a whole of government approach to reducing levels of smoking in the NT thereby contributing to better health outcomes for Northern Territorians. Similar approaches are being adopted across Australia, with jurisdictions developing a greater emphasis on anti-smoking programs in custodial settings. To develop this policy the Department of Justice (DoJ) have identified, as a core approach, an increase in the price of tobacco with these funds directed towards evidence based interventions for prisoners and staff including the use of Nicotine Replacement Programs, Smoking Cessation Groups, increased access to QUITLINE and the development of relevant Health Promotion Materials.

The Anti-smoking policy is based on the policy that was rolled out in Queensland in October 2009.

The broad steps to the introduction of an anti-smoking policy and program across Northern Territory Correctional Services include:

- quit smoking programs for offenders and staff;
- nicotine replacement therapies to those who elect to use them;
- access to Quit line phones for prisoners;
- Written information and other media to promote the health benefits of smoking cessation; *and*
- Provision of health education information to juvenile offenders and the offer of further interventions upon release.



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SUMMARY OF TOBACCO RELATED POLICY IN THE QUEENSLAND CUSTODIAL SETTING FOR THE NATIONAL SUMMIT ON SMOKING IN PRISONS

Offender Health Services is a Statewide service of Queensland Health, Division of the Chief Health Officer and provides Primary Health Care in a unique setting for a daily average population of 5,000 full time inmates.

Queensland Corrective Services

Queensland Corrective Services administers 13 adult Correctional Centres in Queensland, including two facilities managed by the private sector.

Queensland Corrective Services Anti-Smoking Policy

In October 2008, smoking was prohibited in all cells in correctional centres across Queensland. Smoking in secure facilities is prohibited in: air-conditioned buildings; food preparation and dining areas; QCS vehicles; within four metres of building entrances; and outdoor eating and drinking areas. Smoking is not permitted in the commercial industries areas.

Queensland Corrective Services Policy and Implementation Plan 2009–2011 key statement is to improve the health and wellbeing of staff, prisoners and children who reside in correctional centres, by reduction in the rate and prevalence of smoking in correctional centres.

The policy provides a framework to transform the social and cultural attitudes to smoking within correctional centres through support mechanisms, communication, environmental restrictions and price incentives. The price of tobacco is gradually being increased during the implementation of the policy. As well as discouraging smoking, the increases will be used to fund the provision of cessation support for prisoners. This component of the policy is being supported by Offender Health Services, Queensland Health.

Access to Nicotine Replacement Therapy (NRT) and Pharmacotherapy

Offender Health Services has developed a smoking cessation program to support offenders to quit smoking. In this program every offender in custody has the opportunity to take part in a formal smoking cessation program including free NRT. Other pharmacotherapy such as Varenicline is available through assessment and prescription by the Visiting Medical Officers, at the offender's cost.

Aboriginal and Torres Strait Islander Smoking Cessation Program

Offender Health Services in line with the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes – Priority Area: Tackle Smoking is currently developing a culturally sensitive smoking cessation program for Aboriginal and Torres Strait Islander offenders in custody in Queensland. This program allows Aboriginal and Torres Strait Islander offenders to take part in a formal smoking cessation program including free NRT and other pharmacotherapies.

A range of stakeholders from Offender Health Services (OHS), Alcohol, Tobacco and Other Drug Prevention Unit (ATODPU), Australian Sporting Commission (ASC) and Queensland Corrective Services (QCS) have been and will be brought on board with on-going development and planning to enhance success.

Offender Health Services Non-smoking/Cessation Support Program

Considerable planning and consultation has taken place. All clinical Offender Health Services staff have taken part in a *Training Needs Analysis Survey* to determine skill levels in delivering smoking cessation support and ensure all staff will be delivered specialised education regarding the management of nicotine dependence. Staff training and ongoing support will contribute to high standards and increased confidence among those delivering the service.

A 'Change Champion' has been engaged from each centre throughout the state, who will promote service and coordinate activities making cessation part of core work. The 'Change Champions' will also be involved in engaging previous quitters in peer support programs in the future.

Guidelines, procedures and clinical assessment tools have been developed to suit this unique environment. Offenders will be assessed on admission to a correctional facility and offered NRT and support to cease smoking. Offenders who are already incarcerated will be given the opportunity to request assistance to cease smoking and, in addition, opportunistic brief intervention will take place with offenders to assess and exploit the expressed desire to quit among offenders.

'Care Pathways' have been developed with mechanisms to cope with prisoners being transferred from one prison to another and released during the course of treatment.



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NATIONAL SUMMIT ON TOBACCO SMOKING IN PRISONS: SA OVERVIEW

The Department for Correctional Services employs more than 1500 staff who are employed in a wide variety of fields from custodial officers, to teachers, social workers, psychologists and supervisors of court orders working in 16 community correctional centres and nine prisons across the State plus the central administrative office of the Department.

The SA Department for Correctional Services (DCS) Smoking Policy

The South Australian Department for Correctional Services' (DCS) has recently endorsed and implemented a Standard Operating Procedure, SOP 77, Smoke-free Workplace. This SOP states that smoking is prohibited in all DCS owned, leased or occupied workplaces and within four metres of any entrance to buildings, air conditioning intakes or open windows.

The SA *Tobacco Products Regulation Act 1997* imposes duties on the occupier of a workplace to ban smoking in all enclosed public places, workplaces and shared areas. This includes non-conventional work areas such as departmental vehicles, toilets, stairwells, lifts, and building access and egress.

However, the SA *Tobacco Products Regulation Act 1997*, Section 4 (1) Interpretation, defines "residential premises to mean – a sleeping or living area in a prison or other place of detention." This gives prisoners the right to be able to smoke in their cells. Therefore, General Managers of institutions must implement local interpretive statements to manage the risks associated with the exposure to tobacco smoke by custodial services employees.

Currently, the SA Custodial Services Directorate is working with all SA prisons to implement procedures that require prisoners to smoke outside, and not in their cells, during unlock times.

Prisoner Health Services within the DCS

Prisoner Health Services are provided within the DCS by the Department of Health through Central Northern Adelaide Health Service (CNAHS) and Forensic Mental Health Service at James Nash House (inpatient services) and the Community Forensic Team.

Aboriginal Smoking Cessation Program

The community-based 'Do It For Life Program' will be commencing an amended version within Yatala Labour Prison shortly, with a view to implementation across all institutions. The program is aimed at addressing all of the health risk areas for Indigenous Australians, including smoking, nutrition, alcohol, physical activity and stress. As the DCS environment is restrictive in nature, the program will primarily focus on the smoking aspect of health; addressing the other areas to a lesser degree. The program consists of 10 weekly sessions, with the support of Aboriginal Liaison Officers, NRT and the Quitline. Support will also be available upon release as the program is primarily community-based.

Smoking Cessation Programs

Currently, prisoners can access Champix through SA Prison Health Service (SAPHS) to cease smoking. Prisoners prescribed this medication must enter into a contract with SAPHS and regularly access the QUIT line, which is available to all prisoners, in order to continue on the program. QUIT collate information on prisoners who access their service and provide this to SAPHS.

Due to poor outcomes from Champix, SAPHS are looking at introducing nicotine replacement therapy (nicotine patches) in the prisons. At this stage a procedure is being developed by SAPHS to introduce this process. Additionally, all prisoners have access to the Quitline when out of cells, with the calls being provided free of charge.



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SUMMARY OF TOBACCO RELATED POLICY IN TASMANIAN PRISON FACILITIES FOR THE NATIONAL SUMMIT ON SMOKING IN PRISONS

The Tasmania Prison Service consists of six prison facilities; Launceston Reception Prison, Hobart Reception Prison, Hayes Prison Farm (mens minimum security), Ron Barwick Minimum Security Prison (mens), Mary Hutchinson Womens Prison and Risdon Prison Complex (mens medium and maximum security).

Smoking Policy

As part of a joint strategy aimed at supporting health promotion within Tasmanian Correctional facilities, and to provide a healthier work environment for staff, the Tasmania Prison Service (TPS) has developed a smoking policy in conjunction with the Correctional Primary Health Service (CPHS), which is attached to the Tasmanian Department of Health. The policy states that prisoners and detainees are only able to smoke in designated outdoor smoking areas and no longer in their cells or other indoor areas. The policy is being implemented utilising project management methodology by a project officer working to a joint TPS/CPHS Steering Committee that reports to the TPS Senior Management Team.

Implementation of the regime has begun and has been completed in two facilities with full implementation of the restricted smoking regime within all prison facilities to occur by the conclusion of 2010.

Quit Smoking Program 'Quitters are Winners'

Suitable smoking cessation program and support are made available and offered to those prisoners/detainees that wish to utilize them. The Tasmania Prison Service, in conjunction with Quit Tasmania, offers the 'Quitters are Winners' program to prisoners/detainees, with participation being on a voluntary basis. The program is designed for prisoners/detainees in a custodial setting and is aimed at helping smokers make and confirm the decision to quit, and to support their efforts to become a non-smoker by providing them with useful information and strategies. The 'Quitters are Winners' program aids in assisting smokers to understand why they smoke and how smoking affects their lives. The course also looks at the various quitting methods and ways of coping with withdrawals and slip-ups.

A Memorandum of Understanding with Quit Tasmania has been signed to quality assure the 'Quitters are Winners' program delivery and to provide training, training materials, mentoring and ongoing support to facilitators. Twenty-three TPS staff members, both Correctional and non-Correctional, have been trained to facilitate the 'Quitters are Winners' Program.

The 'Quitters are Winners' Program was first offered to inmates at Mary Hutchinson Womens Prison in February 2009. From there, the program has been offered and delivered in additional facilities as requested. Six programs have been run with 32 inmates participating. The delivery of the 'Quitters are Winners' Program is continuing to see improvements as feedback is received from those who have participated in the course. The majority of those that have completed the course have managed to reduce their amount of smoking and have indicated that as a result of doing the program they feel better prepared to be able to quit and manage their smoking in the future.

Access to Nicotine Replacement Therapy (NRT)

A NRT Program is made available to prisoners/detainees and is subsidised up to 50% of the cost by the prison service for those inmates that choose to participate in the 'Quitters are Winners' Program. 100% subsidy has been offered initially to those inmates where a facility/unit is to be designated as fully non-smoking. The Tasmanian Aboriginal Centre has recently approached the Tasmania Prison Service to offer further monetary assistance to Aboriginal inmates that participate in the 'Quitters are Winners' Program and wish to use NRT.

Non-smoking Facilities/Units

Currently there are specific maximum units within Risdon Prison Complex that are designated non-smoking units. Discussion is currently taking place in relation to aspects of the Reception Prisons and how the smoking policy is going to be best implemented in those facilities. At the time of developing this paper an agreeable outcome has not been reached.



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NATIONAL SUMMIT ON TOBACCO SMOKING IN PRISONS: CORRECTIONS VICTORIA PRISONS OVERVIEW

- Prison staff of more than 1,800 staff;
- A capacity to house up to 4,882 prisoners;
- 11 public prisons directly operated by Corrections Victoria (CV);
- Two private prisons contracted to private providers; *and*
- One transitional centre.

Corrections Victoria's (CV) smoking policy is considered a living document and the Smoke-free Work Environment policy applies to all prisoners, staff, contractors and visitors to prisons, without exception.

■ **A Commissioner's Requirement directs policy across all prisons – both private and public**

Smoking within any prison building (including prisoner accommodation) is banned and prison staff and prisoners will be permitted to smoke in designated open-air areas only. Exceptional circumstances may exist, for example, prisoners who suffer from acute mental illness and nicotine withdrawal would not assist their treatment. Decisions by a Prison Manager to permit a prisoner to smoke in their cell (or be placed in a designated smoking cell held specifically for such issues) are to be made in the exercise of his/her general powers under Section 21 of the *Corrections Act 1986* and is in the exception.

■ **A Director's Instruction directs local procedures across public prisons**

Smoking within any prison building (including prisoner accommodation) is banned and prison staff and prisoners will be permitted to smoke in designated open-air areas only, unless exception applies.

Corrections Victoria is currently undertaking a review of cessation activities to include within the policy. In particular the area of prisoner access to nicotine replacement therapies; this is timely considering the National Summit, which will enable a consistent approach with other states and territories.

Legal Frameworks and other strategies considered in policy

■ **Tobacco Act 1987**

The Act legislates smoking areas, promotion and advertising of tobacco products in order to reduce the incidence of tobacco-related illness and death and has been amended several times in pursuit of these goals. It also provides for an exemption (5A) for personal sleeping, living areas or exercise yards of a prison as defined by the *Corrections Act, 1986*.

■ **Occupational Health and Safety Act 2004**

Worksafe Victoria clearly considers any exposure to environmental tobacco smoke constitutes a health risk. Under OHS legislation, employers are required to take all measures that are practicable to protect the health and safety of employees and others in the workplace. This involves employers identifying potential hazards, assessing the risks, and taking steps to eliminate or control them.

■ **Victorian Tobacco Control Strategy 2008–2013**

This Strategy outlines the State Government's five year plan for tobacco control in Victoria and renews its drive to reducing the toll of tobacco in Victoria. The main aims of the strategy are to continue investment in anti-smoking social marketing and intensive efforts to assist groups with high rates of smoking to quit and remain tobacco free.

■ **Human Rights and Responsibilities Act 2006**

The *Human Rights and Responsibilities Charter* deriving from the Act does not protect criminals from dealing with the consequences of their crimes, however protects the civil and political rights of everyone including corrections staff and prisoners. The over-riding principle for public authorities is the obligation to consider the ways that prisoner rights will be impacted in a way that does not discriminate from community members, other than those that will interfere with the operations of the prison. In addressing any limitations placed upon prisoners, the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) have the view that a harm reduction method of least restrictive method should be used.

Cessation Programs in Prisons

Quitters are Winners (QaW)

All Public and Private Prisons currently facilitate 'Quitters are Winners' (QaW)TM programs to those prisoners who express an interest in stopping smoking. QaW is a 12-hour program run over six weeks, but can be condensed into a shorter timeframe by doubling up on class hours at each session. The program outline was specifically developed in 1998 by Corrections Victoria and Quit Victoria to adapt to prisoner's circumstances from the 'Fresh Start' program currently available in the community.

Programs involve education and peer support and are facilitated by trained prison officers or trained external facilitators such as community health staff or privately operated companies. The 2009 calendar year saw 579 prisoners attending 69 QaW programs. An evaluation of courses run between 2002 and 2007 across seven prisons around Victoria has resulted in a review of the program, which is expected to be complete in late 2010. The evaluation abstract is included on the following page.

One-to-One Cessation Support

Trained QaW facilitators can be accessed for one to one support for those prisoners who are not suited to group work, or if a group is unavailable. One-to-one support is for exceptional circumstances only, with group work a preferred delivery method for QaW programs. This is primarily due to the resourcing drain it can present upon the location.

Quitline

Ararat Prison trialled a prisoner Quitline commencing November 2008 and ceasing in April 2009. The objective was to provide prisoners with the opportunity to speak to a trained quit counsellor to assist with quitting smoking outside of scheduled quit programs. The service was free to prisoners and provided through the prison phone system between the hours of 3.00pm and 5.00pm, as this was the time when prisoners were available and most likely to use the service. The service was well publicised with posters placed on each phone booth, every Industry and over 120 ashtrays and lighter points in the prison. Site visits and prison induction programs were provided to the QUIT counsellors to assist in their understanding and awareness of the environment.

The call volumes were disappointing with an average of one to two calls per day for the first month and then one to two per week for the following 8–10 weeks. Anecdotal feedback from a prisoner focus group identified that the initial QUIT consultation could not be conducted over the phone due to telephony system timing issues and the lack of privacy of prisoner phone booths. The mutual decision was made with QUIT in April 2009 to cease the trial.

Tobacco Levy

The Tobacco Levy Trust Fund administered by Corrections Victoria was created in 1993, using funds derived from the sale of tobacco products to prisoners within Victorian (public) prisons with a levy collected on all tobacco product sales in those prisons. Tobacco products are purchased at wholesale prices and are sold at a recommended retail price. The levy is calculated as the difference between the wholesale price and the retail price; this is collected weekly from each public prison and directed into the Trust Fund and used for purchasing cessation programs and resources.

Nicotine Replacement Therapies (NRT)

NRTs are provided to prisoners and funded through the Tobacco Levy with most generally only available to those prisoners participating in the QaW Program. Patches are the most common form of NRT, with access to Lozenges, Inhalers, microtabs and the possibility of Champix being explored. In particular, cases have presented where prisoners have requested Champix due to a skin allergy to patches. Champix may have an impact upon the patient's mental health; considering the prisoner's health demographic this would suggest Champix an unsuitable medication for many, however only a Doctor can assess and decide this. The prescription of Champix to prisoners is likely to be in exceptional circumstances only and based upon Health Professional assessment.

continues overleaf

EVALUATION OF THE 'QUITTERS ARE WINNERS' COURSE: A PRISON-BASED CESSATION PROGRAM 2002–2007

Abstract

Smoking rates amongst prisoners are considerably higher than the general community, with a recent study in NSW prisons suggesting as many as 79% of prisoners are current smokers. Prisoner populations face unique and significant challenges with regard to smoking cessation. In response to the unique needs of prisoner populations, Quit Victoria partnered with Corrections Victoria in 1998 to develop a tailored smoking cessation program for prisoners, entitled 'Quitters are Winners'.

This evaluation covers 'Quitters are Winners' courses run from 2002 to 2007 across seven prisons around Victoria. The evaluation methodology consisted of a series of standardised interviews delivered at three time points: prior to commencement of the course; at one month following completion of the course; and at three months following the end of the course.

In total, 358 prisoners who were current smokers completed the pre-course interview. Of these, 132 (38%) completed the one-month follow-up interview, and 82 (23%) completed the three-month follow-up interview. Most participants were aged between 30 to 49 years of age (56%, n=201), with 30% (n=107) aged between 18 to 29 years and 14% (n=50) aged over 50 years. Of those prisoners who completed the Quitters are Winners course (n=181), 25% were quit at one month follow-up while 14% were quit at three-month follow-up.

Using an intention to treat analysis, 13% of prisoners were found to have quit at one month following completion of the course, while 7% were quit at three months following the course. Ninety percent of those still smoking reported having reduced cigarette consumption at one-month follow-up, and 72% had reduced consumption at three month follow-up. The overwhelming majority of those still smoking reported that they felt better prepared to quit in the future (95% at one month follow-up and 94% at three month follow-up).

The evaluation of the 'Quitters are Winners' course has demonstrated that a prison based cessation course can be effective in assisting prisoners to quit smoking, to reduce consumption, and to feel better prepared to quit in the future. The alarmingly high smoking rates amongst prisoners, and the incumbent health risks posed by this to both prisoners and prison staff, alongside the high levels of motivation amongst prisoners to quit smoking, demonstrate a clear need for cessation support to be prioritised in prison settings.

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WESTERN AUSTRALIAN DEPARTMENT OF CORRECTIVE SERVICES SMOKING REDUCTION STRATEGY IN ADULT PRISONS

Overview of the WA Department of Corrective Services

The Department of Corrective Services was formed in February 2006, separating from the Department of Justice, to manage adult and young offenders in custody and in the community. The Department looks after 14 state prisons, one privately managed prison, six work camps and two detention centres, as well as people on probation, parole and other community orders. On Monday, 12 July 2010, the total adult prison population was 4,714.

The dominant issue facing the prison system in Western Australia is the continued over-representation of Aboriginal people who comprise just fewer than 4 per cent of the total WA population but over 40 per cent of the adult prison population. This level of over-representation demonstrates the cumulative impact of cultural isolation and the high degree of social and economic disadvantage experienced by Aboriginal people.

Background

In November 2004 the Cabinet requested a report on smoking regulatory strategies within the custodial system. It has been estimated that in excess of 80 per cent of persons entering the prison system are smokers, as compared to 15 per cent of people in the general community. More than 70 per cent of prisoners who are users of illicit drugs are also tobacco smokers, and over 50 per cent of Aboriginal prisoners smoke. These figures have been constant for over a decade.

In September 2005, a smoking cessation plan was submitted to Cabinet and it was proposed to be implemented across adult and youth custodial settings in WA.

In addition, the previous Minister for Corrective Services requested a smoking reduction trial in Greenough Regional Prison. The trial was successfully implemented in all enclosed areas of the prison, including prisoner cells, and was completed in March 2009.

Smoking Reduction Strategy in Adult Prisons and Work Camps

As adult prisons are unique environments that present unique risks and challenges, the smoking cessation plan was renamed to the smoking reduction strategy and was endorsed and funded by the Department. This multi-faceted strategy has been reviewed annually since 2005. It looks at custodial operations, harm reduction and health promotion.

As it is illegal to supply and sell cigarettes to anyone under the age of 18, all youth detention facilities in WA are smoke-free. Currently, only staff are permitted to smoke in designated smoking areas away from the youth, and in time these will also be removed.

Due to operational issues in WA adult prisons, the Department's decision is to continue with the smoking reduction plan. A total ban will not be considered.

Health Service Provision for Prisoners

Unlike some other jurisdictions in Australia, the WA Prison Health Service is operated by the Department of Corrective Services rather than the Department of Health. To ensure appropriate level of equivalence in service delivery to prisoners, the Department has established strong relationships with the Department of Health and health specialists in the community.

It is noteworthy that, until such time as the issue of prisoners being able to hold Medicare cards is resolved, this places enormous economic pressure on the delivery of health services when health issues are balanced financially against the need for custodial security and management issues.

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Departmental Smoking Reduction Plan

Following Cabinet's request to submit a report on smoking regulations in the custodial system, a smoking cessation plan was developed following a lengthy consultation with several internal and external stakeholders. The plan outlined a staged response that would lead to totally smoke-free prisons.

The original plan related only to prisons, prison health services and youth custodial services, and not to community corrections or other areas of Departmental operations. As a result of re-structuring in 2006, youth custodial services were removed from the plan and work camps were added.

Youth Custodial Services

The Department of Corrective Services manages two custodial facilities for young people aged 10–17 years, and in 2011 will open a special facility for sentenced young men aged 18–24. This facility will be the first of its kind in Western Australia, with the main focus being to help young men move away from a life of crime and make sure they do not fall into the habit of offending.

As it is illegal to supply and sell cigarettes to anyone under the age of 18, all youth facilities in WA are smoke-free. Currently, only staff are permitted to smoke and only in designated smoking areas for staff, away from young people. In time, these areas will be removed and facilities become totally smoke-free.

Adult Custodial Smoking Reduction Plan and Strategies

The smoking cessation plan has been reviewed annually since 2005 and provides a framework for prisons working towards smoke-free enclosed areas. The plan is multi-faceted and looks at custodial operations, harm reduction and health promotion.

To bring the plan into alignment with community standards, the smoking cessation plan was changed to the smoking reduction plan. The Department's senior management were of the view that prisons are unique environments that present unique risks and challenges not found in the general community, and that a harm reduction plan was more suitable. This meant that superintendents would only implement certain strategies and only if they considered the risk was manageable.

A timeline was set for all prisons to have smoke-free enclosed areas by 30 June 2009. While some prisons achieved this, others, due to risk factors such as increased prison population, have not yet achieved this target.

2009 Smoking Reduction Plan: Key Features

■ Communication and Consultation

Strong and ongoing communication has played an important part during the implementation of the plan. A comprehensive communication and consultation plan was developed to assist with external and internal media, newsletters and fact sheets for prisoners and staff to ensure a consistency of information being distributed.

■ Smoking Reduction Reference Group

Each prison formed a multidisciplinary Smoking Reduction Reference Group, with some including prisoners as members. The information, decisions and prison requirements were forwarded to the Department's Senior Stakeholder Reference Group (SSRG). Opportunities for consultation with prisoners and staff were provided at each stage of the smoking reduction implementation. It was recognised that prisoners played a key role in successful implementation.

■ Nicotine Replacement Therapy (NRT)

Staff: one reduction course per year of NRT patches have been provided free to prison-based staff. In addition, they were provided with information about on-line support services and community support programs. Through the Department's health and welfare program, staff can access six free counselling sessions to support them in their efforts to quit smoking.

Prisoners are assessed for their suitability for NRT. After the assessment, they can be provided with free patches, inhalers and/or lozenges. If a prisoner requests other medications such as Zyban, this can be negotiated with the doctor. Prisoners are charged for this medication.

Free nicotine lozenges are available to those prisoners who do not wish to stop smoking but report discomfort when being locked in a non-smoking cell overnight.

Special needs groups: programs, resources and information about the smoking reduction strategy are tailored to meet the needs of Aboriginal prisoners and special needs groups such as pregnant women, CALD population, poly drug users, individuals with mental health issues and those who are illiterate.

In some prisons, where not all strategies and specific Quit programs are in place, information and education on smoking is incorporated in a holistic approach to health as part of chronic disease management by prison health services. Special communication materials have been developed to support all prisoners.

Legislative Changes which impact upon smoking in prisons

Under the WA *Tobacco Products Control Act 2006*, wholesale sale of tobacco products to government entities and public prisons were exempted from having to comply. This did not include the Department's only privately-managed prison which is required to renew the licence annually. In addition, the Department reduced the number of brands available for sale in prisons and increased the prices to match those in the community.

According to the amended *Smoking in Enclosed Public Places Regulations 2003* and the *Occupational Safety and Health Act and Regulations 3.44, 1996 (Smoking in Enclosed Workplaces)* the Department has a responsibility to introduce bans on smoking in enclosed areas, including prison cells.

Currently, the Department is considering an amendment to legislation to enable prison superintendents to overrule compliance with smoke-free enclosed areas in prisons in times of emergence.

Workforce Development

During the development of the smoking reduction plan, the need to increase the capacity of its existing workforce to deliver effective information, education, support and clinical management was recognised.

As it is often difficult in regional areas to attract external service providers to deliver programs, the Department trained prison-based staff to provide assistance. The Cancer Council of WA trained Department staff to run Quit programs and the Department of Health (Tobacco Control Branch) provided brief intervention training in smoking reduction/cessation.

Due to the movement of staff, training will be provided on an ongoing basis. The Department is currently considering implementing an online, self-learning package in brief intervention counselling that has been developed by the Department of Health. This will provide a cost-effective approach to workforce development.

Prison Industries

The Department's prison industries have been extremely supportive in the design and construction of shelters and equipment such as lighters and ashtrays. This has enabled the Department to keep costs down and has provided a skills development opportunity for prisoners involved in manufacture and construction. There were prison-specific requirements for shelters as some prisons in regional areas needed to meet cyclone-building requirements, while those built for maximum-security prisons needed to be riot-proofed.



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WA DEPARTMENT OF CORRECTIVE SERVICES SMOKING REDUCTION PLAN

STRATEGY	STATUS
Smoking Restrictions	Prisons and grounds within the prison fence/perimeter become a non-smoking environment except for designated outdoor smoking areas.
Policy and Procedural Development	<p>a) Adult Custodial will issue an interim notice related to non-smokers having the right to a non-smoking cell. Implemented.</p> <p>b) Generic template to provide a framework for Standing Orders on Smoking Restrictions to be developed at each prison. Implemented.</p> <p>c) Standing Orders will incorporate a procedure around entry procedures for prisoners who smoke. Implemented.</p> <p>d) Department's Health Services to develop Clinical Policy and Procedures related to smoking reduction and cessation in accordance with national guidelines. Implemented.</p> <p>e) Policy Directive on Smoking Reduction to be developed by Adult Custodial. To be developed when consensus has been reached on an acceptable model for smoking reduction in custodial settings.</p> <p>f) Senior Stakeholder Reference Group to be re-established in 2010. Implemented.</p> <p>g) Prison-based Reference Groups to be established at all prisons. Implemented.</p> <p>h) Action Plans to be finalised for all prisons. Implemented and updated on a regular basis.</p> <p>i) Communications and Consultation Plans developed at each prison. Implemented.</p> <p>j) Risk Management Plans shall be in place for each prison. Implemented and updated as required.</p>

STRATEGY	STATUS
<p>Cessation Support and Products</p>	<p>The introduction of treatments for smoking cessation and access to programs and assistance, including counselling and written material, to be provided to staff and prisoners.</p> <p>a) Access to the Quitline for prison-based staff and prisoners – free or at the cost of a local call.</p> <p>b) Pilot program to deliver Quitline services in prisons to community standards.</p> <p>c) Training of prison-based staff in smoking cessation to increase the number of accredited Quit Program facilitators and staff who are skilled in brief intervention counselling on smoking.</p> <p>d) Counselling and access to written materials to both staff and prisoners in smoking cessation.</p> <p>e) Online access to staff in smoking cessation programs.</p> <p>f) Free access for staff and prisoners to appropriate nicotine replacement therapies (NRT).</p> <p>g) Prison-specific smoking reduction resources to be developed in collaboration with prisoners.</p>
<p>Mother and Child Units, Nursery and Medical Areas</p>	<p>Smoking will not be permitted within five metres of the nurseries and mother and child units at Bandyup Prison and Boronia Pre-release Centre.</p> <p>Smoking will not be permitted within five meters of a medical centre at all prisons.</p>
<p>Prison Main Gate</p>	<p>Smoking will not be permitted within ten meters of the main front gate of all prisons.</p>
<p>Visits Areas</p>	<p>a) Smoking will not be permitted in indoor visits areas of all prisons.</p> <p>b) Smoking will not be permitted in outdoor visits areas, unless there is a designated smoking area provided. Children should not have access to smoking designated areas.</p>
<p>Designated Outdoor Smoking Areas</p>	<p>Each prison to investigate the viability of providing designated smoking areas – covered outdoor areas (or partially enclosed outdoor areas) for staff and prisoners.</p>

STRATEGY	STATUS
Prisoner Cells	<p>a) From unlock in the morning to lock-down in the evening, prisoners will not be permitted to smoke in their cells.</p> <p>b) Prisons who did not implement a total smoking ban in cells, and where practicable, to have designated smoke-free cells and units.</p> <p>c) Where practicable, prisoners who do not smoke and do not wish to be exposed to tobacco smoke can request, and should be allocated smoke-free cells.</p>
Work Camps	<p>a) Prisons that have work camps under their management must ensure that the <i>Standing Orders on Smoking Restrictions</i> are developed for the work camps are complied with.</p> <p>b) Work camps officers to provide prisoner access to health promotion resources on smoking and education programs where available.</p>
Staff Smoking	<p>a) Staff will not be permitted to smoke in any enclosed areas of the prison or work camp.</p> <p>b) Staff will only be permitted to smoke in designated smoking outdoor areas during authorised breaks.</p>
Sale of Tobacco Products	<p>a) The range of tobacco products available to prisoners will be reduced in prisons.</p> <p>b) Tobacco products in prisons will be sold at the same prices as in the community.</p>
Performance Indicators and Evaluation	<p>a) Suitable monitoring and evaluation strategies to be developed to suit all prisons.</p> <p>b) Each prison, through their Smoking Reduction Reference Group (SSRG), to develop Action Plans based on the Department's master Smoking Reduction Plan. Individual Action Plans to be submitted quarterly to the Senior Stakeholders Reference Group to allow for monitoring of progress.</p> <p>c) Each prison, through their Smoking Reduction Reference Groups, to develop Risk Management Plan.</p> <p>d) SSRG to prepare a progress report at each project milestone and to submit to the Minister for Corrective Services. Report to include comments regarding viability of various strategies and recommendations for amendment to plan as necessary.</p>

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