5 Health behaviours

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

5.1 Tobacco smoking

Smoking is a major source of illness and death in Australia, and contributes to more deaths and drug-related hospitalisations than alcohol and illicit drug use combined. It is a major risk factor for coronary heart disease, stroke, cancer and a variety of other diseases and conditions (AIHW 2006). Passive smoking is a public health issue as it causes coronary heart disease and lung cancer in non-smoking adults and induces and exacerbates a range of mild to severe respiratory effects (Scollo & Winstanley 2008). Given the adverse effects of smoking on smokers and non-smokers, smoking is now banned in most indoor public spaces in the community.

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

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

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

Of the 91% of prison entrants who said they had ever smoked a full cigarette, the mean age they first smoked was 13.9 years and the oldest age was 42 years. Around 9% of entrants reported being aged less than 10 years when they smoked their first full cigarette. This was

similar to the results of the 2009 NSW Inmate Health Survey which found that of those in custody, the average age that prisoners first started smoking was 14.0 years (13.9 years for males and 14.6 years for females) (Indig et al. 2010).

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

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

DENOMINATOR: Total number of prison entrants during the census week.

There was a high prevalence of smoking amongst prison entrants, with 81% being current smokers and almost three-quarters (74%) being daily smokers (Table 5.1). In comparison, 9% had never smoked and 6% said they were ex-smokers. These findings are similar to those reported by the Office of the Inspector of Custodial Services WA (2008) which found that in Western Australia, around 80 per cent of prisoners smoked compared with around 15 per cent of people in the community (OICS 2008). Similarly the 2009 NSW Inmate Health Survey found that 75% of male and 80% of female prisoners were current smokers (Indig et al. 2010). A higher proportion of male (75%) than female (69%) entrants in the Census were daily smokers (Table 5.1).

Table 5.1: Prison entrants, smoking status by sex, age group and Indigenous status, 2009

	Daily smoker		Weekly smoker		Irregular smoker		Ex-smoker		Never smoked		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sex												
Male	362	74	21	4	11	2	31	6	40	8	486	100
Female	41	67	2	3	6	10	1	2	7	11	61	100
Age group												
18–24	136	76	11	6	7	4	11	6	9	5	180	100
25–34	142	76	6	3	4	2	7	4	17	9	188	100
35–44	94	75	4	3	5	4	5	4	13	10	126	100
45+	32	59	2	4	1	2	9	17	8	15	54	100
Indigenous status												
Indigenous	102	72	10	7	4	3	6	4	11	8	141	100
Non-Indigenous	296	74	13	3	13	3	26	6	36	9	401	100
Total	**405**	**74**	**23**	**4**	**17**	**3**	**32**	**6**	**47**	**9**	**549**	**100**

Notes

1. Includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.
2. Totals include 2 entrants whose sex was unknown, 1 entrant whose age was unknown, 7 entrants whose Indigenous status was unknown and 25 whose smoking status was unknown or invalid.

Source: National Prisoner Health Census 2009.

Three-quarters (75%) of prison entrants aged 18–44 years were current daily smokers, compared with 59% of entrants aged 45 years or older. In contrast, prison entrants aged 45 years or older were almost three times as likely as those in the younger age groups to be ex-smokers (17% compared with 4–6%).

There was little difference between Indigenous and non-Indigenous entrants in their smoking status, with around 80% of each being current smokers. This finding is inconsistent with the ABS 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) which found that Indigenous people aged 18 years and over were more than twice as likely as non-Indigenous people to be current daily smokers. This may be related to the higher overall level of smoking in prisons compared with the general population (see Chapter 7).

5.2 Risky alcohol use

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

In Australia alcohol use has been associated with violent crime (AGD 2004). The link between alcohol and criminal behaviour is well documented (Kraemer et al. 2009).

The prisoner population is characterised by very high rates of risky drinking (AIHW 2006).

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

NUMERATOR: Number of prison entrants who received a consumption score of at least 6 on the AUDIT-C, indicating a risk of alcohol-related harm.

DENOMINATOR: Total number of prison entrants during the census week.

The proportion of prison entrants at risk of alcohol-related harm was determined using questions on alcohol consumption from the World Health Organization's Alcohol Use Disorder Identification Test (AUDIT) screening instrument. The AUDIT is a reliable and simple screening tool which is sensitive to the early detection of risky and high-risk (or hazardous and harmful) drinking. The AUDIT-C contains the three consumption questions from the AUDIT, with each question scoring 0–4. Scores for the three questions are summed, with a maximum possible score of 12. A score of 6 or more may indicate a risk of alcohol-related harm. It may also indicate potential harm for those groups more susceptible to the effects of alcohol, such as young people, women, the elderly, people with mental health problems and people on medication. Further inquiry may reveal the necessity for harm reduction advice.

Data from the Census show that just over half (283 or 52%) of prison entrants were at risk of alcohol-related harm (Table 5.2). A higher proportion of males (52%) than females (44%) reported consuming alcohol at risky levels; however, for 30% of females the score was invalid. Scores were considered invalid when not all questions were answered or where responses were contradictory (e.g. have not had any alcohol in the last 12 months, but drink alcohol 4 times per week).

There was no definite trend in risk of alcohol-related harm by the age of prison entrants. The entrants with the highest proportion at risk were aged 18–24 years (57%). Around 46–47% of entrants aged 25–34 years and 45 years or older were considered to be consuming alcohol at levels which left them at risk of alcohol-related harm (Table 5.2).

Consumption of alcohol at levels considered to place a person at risk of alcohol-related harm was found in almost two-thirds of Indigenous entrants (65%), compared with less than half of non-Indigenous entrants (47%) (Table 5.2). However, there was a high proportion (18%) of invalid scores for non-Indigenous entrants.

Table 5.2: Prison entrants, risk of alcohol-related harm, by sex, age group and Indigenous status, 2009

	At risk of alcohol-related harm		Not at risk of alcohol-related harm		Invalid		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Sex								
Male	254	52	170	35	62	13	486	100
Female	27	44	16	26	18	30	61	100
Age group								
18–24	102	57	62	34	16	9	180	100
25–34	88	47	70	37	30	16	188	100
35–44	67	53	37	29	22	17	126	100
45+	25	46	17	31	12	22	54	100
Indigenous status								
Indigenous	91	65	43	30	7	5	141	100
Non-Indigenous	188	47	140	35	73	18	401	100
Total	**283**	**52**	**186**	**34**	**80**	**15**	**549**	**100**

Notes

1. Includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.
2. Risk of alcohol-related harm is indicated by a score of 6 or more on the three consumption questions from the AUDIT.
3. Totals include 2 entrants whose sex was unknown, 1 entrant whose age was unknown, and 7 entrants whose Indigenous status was unknown

Source: National Prisoner Health Census 2009.

5.3 Illicit drug use

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

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

Most prisoners have used illicit drugs at some time in their life, with two-thirds regularly using drugs at the time of incarceration. Drug use poses risk in itself through impure or overly-pure content, as well as through shared use of injecting equipment and the associated transmission of bloodborne viruses (AIHW 2006).

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

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

DENOMINATOR: Total number of prison entrants during the census week.

Prison entrants were asked about their non-medical drug use in the last 12 months. Just under three-quarters (71%) of prison entrants had used illicit drugs in the last 12 months, with illicit drug use being slightly more common among female (75%) than male (71%) prison entrants (Table 5.3).

As in the general population, recent illicit drug use was found most frequently in the younger age groups of prison entrants. The highest proportion of illicit drug use in the last 12 months was by prison entrants aged 25–34 years (77%) and the lowest by entrants aged 45 years or older (43%) (Table 5.3).

Table 5.3: Prison entrants, illicit drug use in last 12 months by sex, age group and Indigenous status, 2009

	Used illicit drugs in last 12 months		No illicit drug use in last 12 months		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	346	71	135	28	486	100
Female	46	75	14	23	61	100
Age group						
18–24	134	74	45	25	180	100
25–34	145	77	41	22	188	100
35–44	89	71	37	29	126	100
45+	23	43	28	52	54	100
Indigenous status						
Indigenous	102	72	39	28	141	100
Non-Indigenous	286	71	109	27	401	100
Total	**392**	**71**	**151**	**28**	**549**	**100**

Notes

1. Includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.
2. Totals include 2 entrants whose sex was unknown, 1 entrant whose age was unknown, 7 entrants whose Indigenous status was unknown and 6 whose recent drug use was unknown.

Source: National Prisoner Health Census 2009.

The proportion of Indigenous and non-Indigenous prison entrants who had used illicit drugs in the last 12 months was similar (72% and 71% respectively) (Table 5.3).

Using more than one type of illicit drug was common among prison entrants. Almost three-fifths (59%) of those who had used illicit drugs during the last 12 months had used more than one type of drug. At least 6 different types of drugs had been used by 12% of prison entrants.

Of the 392 prison entrants who had used drugs in the last 12 months, the median number of drugs used by each entrant was two, with the number of drugs used per person ranging from 1 to 12.

The most frequently used substances for non-medical purposes in the last 12 months by prison entrants were cannabis/marijuana (284/549 or 52% of all prison entrants), followed by meth/amphetamine (30%), heroin (19%), analgesics/pain killers (18%) and ecstasy (18%) (Table 5.4).

Table 5.4: Number and proportion of prison entrants who used substances for non-medical purposes in the last 12 months, 2009

Substance used	Number	Per cent
Cannabis/marijuana	284	52
Meth/amphetamine	164	30
Heroin	106	19
Analgesics/pain killers	101	18
Ecstasy	97	18
Tranquillisers/sleeping pills	74	13
Methadone/buprenorphine/Suboxone	67	12
Other analgesics	56	10
Cocaine	54	10
Hallucinogens	26	5
Barbituates	19	3
GHB	12	2
Ketamine	8	1
Inhalants—petrol/volatile solvents	6	1
Steroids	4	1
Inhalants—anaesthetic, nitrates, butyle, other	1	0
Total number of prison entrants	**549**	**100%**

Notes

1. Includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.
2. Percentages are of all prison entrants. Percentages do not add to 100% as prison entrants may have used more than one type of drug.

Source: National Prisoner Health Census 2009.

There were differences in the illicit drugs used by male and female prison entrants during the 12 months prior to incarceration (Table 5.5). Cannabis/marijuana was the most common drug, used by over half of both male (51%) and female (56%) prison entrants. For females, the next most common drug was heroin, which was used by 38% of females compared with 17% of

males. Analgesics/pain killers (33% and 17%) and tranquillisers/sleeping pills (28% and 12%) were also used more commonly among female than male entrants. Ecstasy was the only drug used by proportionally more males (19%) than females (10%). These results may be partly attributable to females representing a small minority of prison entrants and to their being a highly disadvantaged group.

Table 5.5: Prison entrants, types of drugs used by sex, 2009

	Male		Female		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Cannabis/marijuana	250	51	34	56	284	52
Meth/amphetamine	145	30	19	31	164	30
Heroin	83	17	23	38	106	19
Analgesics/pain killers	81	17	20	33	101	18
Ecstasy	91	19	6	10	97	18
Tranquillisers/sleeping pills	57	12	17	28	74	13
Other drugs	215	44	38	62	253	46

Notes

1. Percentages do not add to 100% as prison entrants may have used more than one type of drug.
2. Other drugs includes other analgesics, methadone/buprenorphine/Suboxone, barbiturates, ketamine, inhalants—petrol/volatile solvents, inhalants—anaesthetics/nitrates/other inhalants, steroids, cocaine, GHB, hallucinogens and other drugs not specified.
3. Table includes New South Wales, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

The types of illicit drugs used by prison entrants also differed by the age of the entrant (Table 5.6). In each age group, cannabis/marijuana was the most commonly used drug, followed by meth/amphetamines. Cannabis/marijuana had been used by 60% of entrants aged 18–24 years, but only by 30% of entrants aged 45 years or older. Meth/amphetamines were used by around 35% of entrants aged 25–34 years and by 19% of those aged at least 45 years. For entrants aged 25 years or older, heroin was the next most commonly used drug, followed by analgesics/pain killers. For the youngest entrants, however, ecstasy was used by almost one-quarter (24%) and was more common than heroin (12%) or pain killers (15%).

The illicit drugs of choice differed for Indigenous and non-Indigenous prison entrants (Table 5.7). Cannabis/marijuana was the only drug used by a greater proportion of Indigenous (59%) than non-Indigenous (50%) entrants. The differences were notable for synthetic drugs such as meth/amphetamines (33% and 21% respectively) and ecstasy (20% compared with 9%).

Injecting drugs

Injecting drug use is a risk factor for viral hepatitis in inmates, with the rates of injecting drug use among inmates being found to be the most important cause of the marked variability of seroprevalence rates for exposure to hepatitis C virus. Needle exchange programs and methadone maintenance programs are strategies that have been identified to reduce the transmission of hepatitis B and C to other prisoners (Hunt & Saab 2009).

Table 5.6: Prison entrants, types of drugs used by age group, 2009

	18–24		25–34		35–44		45+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Cannabis/marijuana	108	60	102	54	57	45	16	30	284	52
Meth/amphetamine	51	28	65	35	38	30	10	19	164	30
Heroin	21	12	51	27	25	20	9	17	106	19
Analgesics/pain killers	27	15	41	22	24	19	9	17	101	18
Ecstasy	43	24	32	17	17	13	5	9	97	18
Tranquillisers/ sleeping pills	14	8	39	21	15	12	6	11	74	13
Other drugs	79	44	104	55	58	46	12	22	253	46

Notes

1. Percentages do not add to 100% as prison entrants may have used more than one type of drug.
2. Total includes 1 prison entrant with unknown age.
3. Other drugs includes other analgesics, methadone/buprenorphine/Suboxone, barbiturates, ketamine, inhalants—petrol/volatile solvents, inhalants—anaesthetics/nitrates/other inhalants, steroids, cocaine, GHB, hallucinogens and other drugs not specified.
4. Table includes New South Wales, Queensland, Western Australia, South Australia and the Australian Capital Territory

Source: National Prisoner Health Census 2009.

Table 5.7: Prison entrants illicit drug use, by drug type and Indigenous status, 2009

	Indigenous		Non-Indigenous		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Cannabis/marijuana	83	59	199	50	284	52
Meth/amphetamine	30	21	133	33	164	30
Heroin	21	15	84	21	106	19
Analgesics/pain killers	18	13	81	20	101	18
Ecstasy	13	9	83	21	97	18
Tranquillisers/sleeping pills	12	9	62	15	74	13
Other drugs	53	38	197	49	253	46

Notes

1. Percentages do not add to 100% as prison entrants may have used more than one type of drug.
2. Total includes 7 prison entrants with unknown Indigenous status.
3. Other drugs includes other analgesics, methadone/buprenorphine/Suboxone, barbiturates, ketamine, inhalants—petrol/volatile solvents, inhalants—anaesthetics/nitrates/other inhalants, steroids, cocaine, GHB, hallucinogens and other drugs not specified.
4. Table includes New South Wales, Queensland, Western Australia, South Australia and the Australian Capital Territory

Source: National Prisoner Health Census 2009.

Strategies for reducing risk in relation to injecting drug use, which have been shown to be effective without leading to negative consequences for the health of prison staff or prisoners, include needle and syringe programs and opioid substitution therapies (Jurgens et al. 2009).

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

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

DENOMINATOR: Total number of prison entrants.

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

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

DENOMINATOR: Total number of prison entrants.

Data on prison entrants who have injected drugs and shared injecting equipment were obtained from the 2007 NPEBBV&RBS (Butler & Papanastasiou 2008).

Overall, 55% of the 740 prison entrants had ever injected drugs. Female prison entrants were more likely than males to have injected drugs—almost three-quarters (73%) of females had injected drugs compared with just over half (53%) of male entrants (Table 5.8).

Injecting drug use was more prevalent in prisoners aged over 25 years (61%) than under 25 years (37%), and was more common among Indigenous (61%) than non-Indigenous (53%) prison entrants (Table 5.8).

Table 5.8: Prison entrants injecting drug status, by sex, age group and Indigenous status, 2007

	Injecting drug user		Non-injecting drug user		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Sex						
Male	354	53	315	47	669	100
Female	52	73	19	27	71	100
Age group						
<25	70	37	120	63	190	100
25+	335	61	214	39	549	100
Indigenous status						
Indigenous	78	61	50	39	128	100
Non-Indigenous	320	53	283	47	603	100
Total	**406**[(a)]	**55**	**334**[(b)]	**45**	**740**	**100**

(a) Total includes 8 prison entrants whose Indigenous status was unknown and 1 prison entrant whose age was unknown.

(b) Total includes 1 prison entrant whose Indigenous status was unknown.

Source: NPEBBV&RBS 2007 Table 9.

Of the 248 prison entrants who had injected drugs in the previous month, one-fifth (46 or 20%) had re-used someone else's used needle or syringe, and 38 (15%) had shared injecting equipment with one or more people. The majority of those who shared equipment did so with one other person (Table 5.9).

The Health of Prisoner Evaluation project sampled 146 prisoners in Western Australia and found that drug use in prison was common, with 45% or 66 prisoners using drugs in prison, and over half (54%) of prisoners injecting drugs. About 40% of prisoners reported that the last time they injected drugs was in the community and 32% of prisoners reported that it was in prison (Kraemer et al. 2009). The 2009 NSW Inmate Health Survey found that 43% of inmates had ever used illicit drugs in prison, and 17% had ever injected illicit drugs in prison.

Table 5.9: Prison entrants who reported that they have shared injecting equipment in the last month, by injecting behaviour, 2007

Times shared injecting equipment	Number	Per cent
Re-used someone else's used needle or syringe		
None	198	80
Once	10	4
Twice	10	4
3–5 times	7	3
>5 times	19	8
Total	**248**[(a)]	**100**
Number of people needle & syringe was re-used after		
None	198	78
One	31	12
Two	3	1
3–5	4	2
>5	—	—
Total	**248**[(b)]	

(a) Total includes 4 prison entrants who did not know if they re-used someone else's needle or syringe.

(b) Total included 19 prison entrants who did not know the number of people who had previously used the needle or syringe.

Note: Total may not add up to 100% due to rounding.

Source: NPEBBV&RBS 2007 Table 10.

5.4 Unprotected sex

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

Sexual activity in prisons is risky because it is usually unprotected due to a lack of available condoms and commonly occurs between same sex prisoners with high rates of IDU, hepatitis B virus and HCV (Hunt & Saab 2009).

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

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

DENOMINATOR: Total number of prison entrants.

The 2007 NPEBBV&RBS found that of the 150 prison entrants that had had sex with a casual partner(s) in the month prior to entry to prison, over half (85 or 57%) did not use a condom. Of these, a higher proportion of IDUs than non-IDUs did not use a condom (69% compared with 35% respectively). Further, just over one-fifth (33 or 22%) sometimes used a condom. A higher proportion of non-IDUs than IDUs sometimes used a condom (33% compared with 16% respectively) (Table 5.10).

Table 5.10: Condom use with casual sex partner(s) in the last month[a,b], by IDU, 2007

Condom use	IDU		Non-IDU	
	Number	Per cent	Number	Per cent
No	66	69	19	35
Sometimes	15	16	18	33
Always	15	16	17	31

(a) Percentages excludes participants reporting no regular, new or casual sex partner respectively in the previous month.

(b) The number of prison entrants surveyed included 406 IDUs and 334 non-IDUs.

Source: NPEBBV&RBS 2007 Table 13.

5.5 Health service use

Use of health services

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

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

Prisoners typically make little use of health services in the community, but extensive use of available services within prison (Condon et al. 2007a). A qualitative study of prisoners'

experiences of the prison health clinic found that the majority considered prison a time to 'catch up on health care' and use the services offered (Condon et al. 2007b).

Prisoner use of health services may be dependent upon whether a service is provided on site or whether the prisoner is required to be transported to it. Some services are not generally provided in the community but are provided in the prison, such as the mental health nurse (Kraemer et al. 2009).

Prisoners are entitled to have access to:

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

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

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

DENOMINATOR: Total number of prison entrants during the census week.

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

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

DENOMINATOR: Total number of prison entrants during the census week.

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

In the last 12 months, 72% of prison entrants consulted a health professional for their own health in the community. Of these, almost two-thirds of prison entrants (350 or 64%) had seen a doctor or GP in the community, almost one-quarter (133 or 24%) had seen a nurse and one-fifth (115 or 21%) had seen an alcohol and drug worker (Table 5.11).

Consultations with a health professional had occurred in prison in the last 12 months for 29% of entrants—almost one-quarter (24%) had seen a nurse and over one-fifth (22%) had seen a doctor or GP in prison during the previous 12 months (Table 5.11). It should be noted that the proportions for prison consultations may be expected to be lower than for community consultations, as not all prison entrants will have been in prison during the previous 12 months.

Table 5.11: Number and proportion of prison entrants who reported that they had consulted a health professional in the last 12 months, in the community and in prison, by health professional, 2009

Health professional	Community		Prison	
	Number	Per cent	Number	Per cent
Doctor/GP	350	64	121	22
Nurse	133	24	130	24
Alcohol and drug worker	115	21	45	8
Dentist	94	17	46	8
Psychologist	94	17	36	7
Social worker/welfare officer	79	14	52	9
Psychiatrist	63	11	29	5
Aboriginal health worker	23	4	11	2

Notes

1. Percentages do not add to 100% because each prison entrant may have seen more than one health professional.
2. Percentages are calculated from the total number of prison entrants (549).
3. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

In general, a greater proportion of female than male entrants had seen health professionals in the community during the 12 months prior to the current incarceration (Table 5.12). Females were more likely than males to have seen a GP (72% of female entrants compared with 63% of males), nurse (30% compared with 23%) or a dentist (25% compared with 16%).

Consultations with health professionals in prison during the previous 12 months showed a similar pattern, with female entrants being more likely than male entrants to have attended consultations. A difference was seen for consultations with mental health professionals. In the community, similar proportions of males and females saw a psychologist or psychiatrist during the previous 12 months. However, in prison, more than twice as many females (15%) as males (6%) saw a psychologist, or a psychiatrist (11% compared with 5%).

There were few patterns by age other than a slightly higher proportion of entrants aged at least 35 years (70%) having consulted with a GP in the community, compared with younger entrants (61%). Visits with an alcohol and other drug worker in the community were fewer among entrants aged at least 45 years (13%), compared with younger entrants (22%). Visits in prison to each of these types of professionals had no apparent relationship to the age of the prison entrant.

Overall, 62% of Indigenous entrants had consulted with a health professional in the community in the previous 12 months, compared with over three-quarters (76%) of non-Indigenous entrants. Aboriginal health workers were the only type of health professional seen in the community by a greater proportion of Indigenous (16%) than non-Indigenous (0%) prison entrants during the previous 12 months (Table 5.13). More non-Indigenous than Indigenous entrants saw each of the other types of health professionals, including 69% of non-Indigenous entrants having consulted with a GP, compared with less than half (47%) of Indigenous entrants.

Table 5.12: Number and proportion of prison entrants who reported that they had consulted a health professional in the last 12 months, in the community and in prison, by health professional and sex, 2009

Health professional	Community				Prison			
	Male		Female		Male		Female	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Doctor/GP	304	63	44	72	103	21	18	30
Nurse	114	23	18	30	109	22	21	34
Alcohol and drug worker	100	21	15	25	38	8	7	11
Dentist	78	16	15	25	35	7	11	18
Psychologist	84	17	10	16	27	6	9	15
Social worker/welfare officer	68	14	11	18	43	9	9	15
Psychiatrist	55	11	8	13	22	5	7	11
Aboriginal health worker	21	4	2	3	9	2	2	3

Notes

1. Percentages do not add to 100% because each prison entrant may have seen more than one health professional.
2. Percentages are calculated from the total number of prison entrants (549).
3. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

Table 5.13: Number and proportion of prison entrants who reported that they had consulted a health professional in the last 12 months, in the community and in prison, by health professional and Indigenous status, 2009

Health professional	Community				Prison			
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Doctor/GP	66	47	278	69	38	27	83	21
Nurse	29	21	104	26	45	32	85	21
Alcohol and drug worker	21	15	93	23	14	10	31	8
Dentist	18	13	75	19	15	11	31	8
Psychologist	15	11	77	19	9	6	27	7
Social worker/welfare officer	16	11	62	15	14	10	38	9
Psychiatrist	11	8	51	13	6	4	23	6
Aboriginal health worker	23	16	0	0	11	8	0	0

Notes

1. Percentages do not add to 100% because each prison entrant may have seen more than one health professional.
2. Percentages are calculated from the total number of prison entrants (549).
3. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

For consultations with health professionals in prison in the previous 12 months, the pattern is reversed, with a greater proportion of Indigenous (38%) than non-Indigenous entrants reporting having made such visits (26%). For each type of health professional, the proportion of Indigenous entrants who had made consultations in prison was higher than or similar to the proportion of non-Indigenous entrants. This may reflect incarceration history, as Indigenous entrants were more likely than non-Indigenous entrants to have previously been in prison (see Figure 2.1).

Non-use of health services when needed and reasons

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

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

DENOMINATOR: Total number of prison entrants during the census week.

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

NUMERATOR: Number of prison entrants by type of health professional contact required in prison, yet not sought.

DENOMINATOR: Total number of prison entrants during the census week.

Over 40% of prison entrants reported that they needed to consult a health professional in the community during the previous 12 months, but did not. Almost one-quarter (24%) needed to see a doctor or GP but did not attend, and 17% needed to see a dentist but did not (Table 5.14).

In contrast, only 5% of prison entrants indicated that during the last 12 months they had needed to consult a health professional in prison but had not done so. The health professional most often not seen in prison was a dentist (3% of entrants). Many of the most common reasons for not attending required consultations (Table 5.16), such as cost and too busy, may not apply in prison, suggesting that for some prisoners, access to health care is improved in prison compared with in the community.

A greater proportion of female than male entrants reported that they needed to see each type of health professional but did not (Table 5.15). Female entrants (21%) were twice as likely as male entrants (11%) to report not seeing an alcohol and drug worker, or a psychologist (16% compared with 8%).

There were no patterns by age for not seeing a health professional in the community when required, and there was no difference between Indigenous and non-Indigenous entrants.

Table 5.14: Prison entrants who reported that in the last 12 months they needed to see a health professional in the community and in prison but did not, by health professional, 2009

Health professional	Community		Prison	
	Number	Per cent	Number	Per cent
Doctor/GP	134	24	10	2
Nurse	16	3	4	1
Alcohol and drug worker	65	12	3	1
Dentist	92	17	19	3
Psychologist	47	9	3	1
Social worker/welfare officer	37	7	2	0
Psychiatrist	39	7	3	1
Aboriginal health worker	13	2	–	–

Notes

1. Percentages do not add to 100% because each prison entrant may have needed to see more than one health professional.
2. Percentages are calculated from the total number of prison entrants (549).
3. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

Table 5.15: Prison entrants who reported that in the last 12 months they needed to see a health professional in the community but did not, by health professional and sex, 2009

Health professional	Male		Female	
	Number	Per cent	Number	Per cent
Doctor/GP	110	23	24	39
Nurse	11	2	5	8
Alcohol and drug worker	52	11	13	21
Dentist	75	15	17	28
Psychologist	37	8	10	16
Social worker/welfare officer	29	6	8	13
Psychiatrist	32	7	7	11
Aboriginal health worker	11	2	2	3

Notes

1. Percentages do not add to 100% because each prison entrant may have needed to see more than one health professional.
2. Percentages are calculated from the total number of prison entrants (549).
3. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

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

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

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

Overall, almost half (45%) of prison entrants reported that there was a time during the previous 12 months when they had needed to consult with a health professional, either in the community (42%) or in prison (5%), but did not. Prison entrants were asked why they had not attended and given a list of possible reasons to choose from; they could also nominate another reason. Over 40% of those who did not attend a consultation did not provide a reason why. Of those who did answer the question, the most common reasons given for not attending a required medical contact were: too busy (10% of all entrants), cost (9%) and decided not to seek care (8%) (Table 5.16).

Table 5.16: Number and proportion of prison entrants who reported that in the last 12 months they had not consulted a health professional in the community or prison when they needed to, by reason, 2009

Reason	Number	Per cent
Too busy	70	10
Cost	66	9
Other reason	61	9
Decided not to seek care	57	8
Waiting time too long or not available at time required	41	6
Transport/distance	30	4
Dislikes (service/professional, afraid, embarrassed)	31	4
Felt it would not help	24	3
Discrimination/service not culturally appropriate/language problems	15	2
Not available in area or prison	11	2
Unknown (no reason provided)	302	43
Total reasons for not attending	**708**	**100**

Notes

1. Of the prison entrants who reported that in the last 12 months they had not consulted a health professional when they needed to, 302 did not give a reason for not attending.
2. Percentages add to 100% of reasons for not attending.
3. Table includes New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory.

Source: National Prisoner Health Census 2009.

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Prison health services