

Working with Limited Options- Quit Prison NSW Supporting NSW prison inmates to quit smoking

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Introduction

Corrective Services NSW has a population of approximately 11,000 offenders in custody (inmates), with a smoking prevalence rate of almost 80%.

In 2006 the Quit Smoking Prison Project commenced, a Clinical Trial with Justice Health. Quit Prison was established by SVH ADIS, in collaboration with Justice Health and Corrective Services NSW, in response to the identified need, and in the absence of alternative funding.

All NSW Correctional Centres became smoke free from 10 August 2015, under NSW Regulation -Smoke-free Prisons, 2015.

Aim

To provide a consistent, readily provided smoking cessation intervention to inmates of NSW Correctional Centres.

This intervention, while brief and focussed, must maintain a client-centred perspective to meet inmate need and SVH values. It must recognise the limited options available to residents of correctional centres.

Quit Prison developed and provides a consistent ten minute intervention that effectively supports inmates to quit and stay quit in a problematic environment, potentially hostile to change.

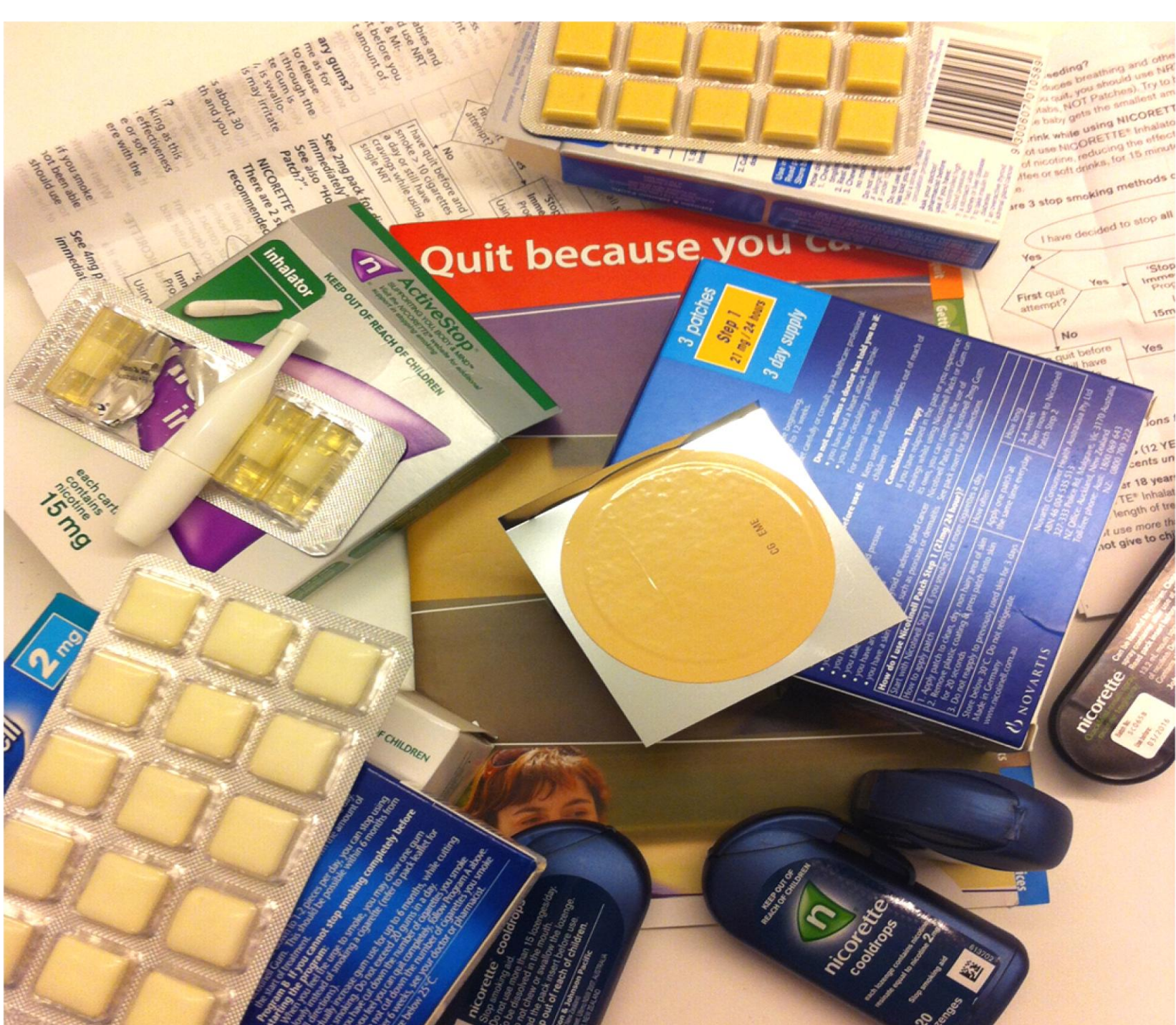
Method

Piloted in 2006, Quit Prison provides brief intervention and support to inmates seeking to quit smoking or invest in relapse prevention.

Quit Prison is available via a direct line provided by Corrective Services NSW, through the CSNSW common auto dial list telephony system (CADL). This system provides inmates with direct access to essential services such as legal advocacy, health and housing.

The Quit Prison CADL line allows inmates a free 10 minute, unmonitored call direct to an ADIS counsellor to discuss smoking cessation and staying quit.

The efficacy of this intervention approach is demonstrated in research (Richmond et al 2013).



Crimes (Administration of Sentences) Amendment (Smoke-free Prisons) Regulation 2015

under the

Crimes (Administration of Sentences) Act 1999

His Excellency the Governor, with the advice of the Executive Council, has made the following Regulation under the *Crimes (Administration of Sentences) Act 1999*.

DAVID ELLIOTT, MP
Minister for Corrections

Explanatory note

The objects of this Regulation are:

- (a) to make it an offence to smoke, or use tobacco or e-cigarettes, in correctional centres or residential facilities, and
- (b) to make it an offence to have possession of tobacco, tobacco-related accessories (such as matches, lighters and pipes) e-cigarettes or e-cigarette accessories within correctional centres (if an inmate) or within designated areas of correctional centres (if not an inmate), and
- (c) to make those new offences correctional centre offences.

This Regulation is made under the *Crimes (Administration of Sentences) Act 1999*, including sections 79, 236M (2) and 271 (the general regulation-making power).

Discussion

Corrective Services NSW provides inmates access to

➤Written, computer-based and video smoking cessation material designed for inmates, addressing varying literacy and language skills

➤2 free courses of nicotine replacement therapy (NRT) patches

➤Consultations with CSNSW health professionals

while lozenges can be purchased via 'buyup'.

No other NRT is permitted.

With minimal supports available, and the mandatory nature of smoking cessation under the NSW Smokefree Prisons Program, need for an evidenced based, strengths focussed, client centred support service appropriate to time limited delivery is demonstrable.

Beyond the usual need for an individual quit planning strategy, CSNSW Correctional Centres vary widely in type, restrictions, and facilities offered. This means that no one type of activity planning will be appropriate for all inmates.

Inmates may face a range of institutional challenges and barriers to quitting-

➤Free time may vary between centres, from monitored living, 8 hours free per day, to possibly 1 hour per day, and may include 24 hour lockdown periods

➤Facilities such as gyms, libraries, gardens etc are not available in all locations, nor for the hours some inmates may be able to seek access

➤Lack of personal autonomy, often leading to apparent 'institutionalisation' and a sense of loss of self-efficacy

Inmates are likely to enter custody with higher rates of -

➤Trauma history

➤Mental illness

➤Complex and multiple health needs

➤Problematic literacy, numeracy and language skills

Individuals from Aboriginal and Torres Strait Islander backgrounds, and from the lowest socioeconomic quintiles experience higher rates of incarceration than average.

Results

The Quit Prison intervention model, while working within inflexible time constraints, is flexible and adaptable, recognising the individual needs, concerns and skills of the caller.

It is the combination of

- ✓ Guided framework,
- ✓ Clear structure, and
- ✓ Defined adaptability

which supports the efficacy of Quit Prison.

The model ensures the best possible opportunity for inmates to successfully quit smoking in a supported fashion which encourages resilience and autonomy, and aids in quit maintenance and relapse prevention.

Conclusion

The increase of calls to the Quit Prison line demonstrates success with 350 calls in 2012 and 1000 calls forecast in 2015.

Richmond et al (2013) found counselling interventions had significant positive impact on the quitting success of Australian male prisoners. Stead et al (2013) found telephone counselling increased smoking cessation rates by between 25-50%.

Populations viewed as ambivalent and/or hard to reach, or facing significant, intransigent barriers, can be effectively supported with brief interventions which are specific, structured and population focussed.

Contact

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