

**NORTHERN TERRITORY DEPARTMENT OF
CORRECTIONAL SERVICES (NTDCS)
SMOKE FREE PRISONS POLICY
PRELIMINARY EVALUATION
REVISED SEPTEMBER 2014
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Executive summary

The Northern Territory Department of Correctional Services (NTDCS) introduced a smoke free policy in all correctional facilities which came into effect on 1 July 2013. The policy was introduced as part of the Healthy Lifestyles Strategy to promote better health and reduce chronic disease among prisoners, and to protect non-smoking staff, prisoners and visitors from second hand smoke exposure. Given the very high smoking prevalence among prisoners, the policy has the potential for both immediate and long health benefits. Over 80% of NT prisoners are Indigenous; reducing smoking prevalence among NT prisoners therefore also has potential to contribute to overall Indigenous health improvement.

Implementation of the policy was supported by a comprehensive framework comprising an extensive communication strategy for staff, prisoners and prisoner families, provision of free nicotine replacement therapy (NRT), unmonitored access to the Quitline in correctional facilities, cessation training and quit groups, healthier food options and additional sport and recreation activities in the first six months of the policy.

This report outlines findings from a preliminary process and outcome evaluation. Data collection was undertaken from March to July 2014. The evaluation was primarily qualitative, based on interviews with correctional centre management, custodial and non-custodial staff, prisoners (male and female with medium and low security ratings, as well as prisoners on remand) medical clinic staff, and visitors to prisoners. A document review and analysis of some quantitative data was also undertaken.

The evaluation is intended to provide an initial assessment of what worked well, identify issues that need to be addressed, provide recommendations for improvements in implementation, and identify priorities for future research.

Overall, the introduction of the policy has been very successful. As noted by one staff member, approximately 1300 people, roughly 65% of whom previously smoked, have had to adapt to an enormous change to what was previously embedded in many aspects of daily life. The policy was implemented with no major incidents and is now well accepted – a significant achievement.

Key findings relating to aspects of the policy implementation that have worked well:

- **Leadership and support at all levels**

A high degree of support was provided from head office through regular meetings with custodial and operational staff to identify and resolve issues prior to implementation. This was matched by support and commitment on the ground, with many staff (particularly custodial staff) actively addressing issues with both colleagues and prisoners in preparation for the policy coming into force. Together this generated wider support and helped to overcome potential negativity towards the policy.

Many prisoners and staff interviewed were supportive of the policy. Among those who did not agree with the policy, many nonetheless accepted it and were able to articulate benefits they had observed. A minority of people interviewed remained completely opposed to the policy and believed that there were no benefits.

- **Comprehensive communication and awareness strategy, long lead-in time**

The long preparation and lead in time to the policy implementation, and the comprehensive communication and information strategy was cited by staff as key to the smooth implementation of the policy. This ensured that the full range of concerns were able to be addressed during the transition phase, and that both staff and prisoners were thoroughly prepared for the change. All prisoners interviewed who were in custody prior to the ban coming into force reported that they were informed about the policy well in advance of the implementation date and offered support to help them adjust to the transition. The training and information provided to prison staff also ensured that they were able to identify potential problems and develop collaborative and appropriate solutions to resolve and manage these.

- **Cessation support**

The comprehensive cessation support provided for 12 months prior to implementation of the policy was well received and facilitated active support of the policy from a range of staff. While free nicotine replacement therapy was offered, the comprehensive communication strategy and Quit training appear to have been more effective in facilitating a largely problem-free transition to being smoke free.

The additional sport and recreation activities that were made available in the first six months after the introduction of the policy were very positively received and highly valued by prisoners. Most prisoners interviewed indicated a preference for more physical activities over nicotine replacement therapy patches.

- **Adequate budget and resourcing**

All aspects of the policy preparation and implementation had an appropriate budget allocation and resourcing. This was important to demonstrate the commitment to the policy by NTDCS leadership, and ensure that adequate training and other support was able to be provided.

Key findings – preliminary outcomes of the policy:

- **Smooth transition to 100% smoke free facilities**

Overall both prisoners and staff reported that implementation has been very smooth, with no major incidents or security breaches arising. Many reported that while they had expected problems and incidents, the long lead-in time and range of support offered ensured a high degree of buy-in, and the opportunity for problem solving by both staff and prisoners. For some prisoners, it offered the opportunity to take ownership and set their own quit date prior to implementation; for others it encouraged 'practice quitting' before the smoke free policy came into force. Contingency plans for major incidents were not required to be activated.

There have been no serious assaults by prisoners on staff since the introduction of the ban, no increase in physical assaults by prisoners on staff and no increase in serious prisoner on prisoner assaults.

- **Benefits**

Many staff and prisoners noted that the correctional centre environment is cleaner and fresher, and appreciated not being exposed to second hand smoke. Prisoners reported noticeable improvements in their health. Both correctional centre staff and visiting family also observed an improvement in prisoners' health.

As tobacco was previously the most expensive item on the prison buy sheet, many prisoners felt that they are able to purchase a wider range of options including food and telephone credit.

Many staff felt that overall productivity has improved. A minority reported a decrease in productivity.

- **Prisoners' post-release intentions to remain smoke free**

Several prisoners reported an intention or desire to remain smoke free following release from prison. Some reported changing their self-identity from smoker to non-smoker, and were resolute that they would never smoke again. Others were less certain, citing a concern or expectation that returning to their home environment would make relapse either more likely or inevitable.

Issues to be addressed, and lessons learned for other jurisdictions:

- **Management of NRT patches**

The most problematic aspects of the policy were issues related to NRT patch distribution and misuse. These were reported by most people interviewed. Smoking of patches was the most common problem reported, with both staff and prisoners expressing concern about exposure to secondhand smoke, which many perceived to be more toxic than tobacco smoke.

There were also safety concerns about methods of ignition, which typically involved misuse of electrical sockets, wiring for electrical appliances and batteries.

There was some confusion among prisoners and some staff about who is responsible for issuing patches, following provision of initial supply by prison clinic staff. This confusion caused some tension between staff, and resulted in inconsistent provision to prisoners.

Patches became a major form of currency in the prison economy, with consistent reports of standover to obtain patches. It also appears that some prisoners were inaccurately reporting smoking status in order to receive patches at reception health screening.

Since the initial data collection was undertaken for this evaluation, effective action was taken to manage these problems. Screening for tobacco dependence and distribution of patches has been tightened; as a result, few prisoners are requesting or receiving patches and misuse has largely been eliminated.

- **Clearer and more consistent approach to violations of the policy**

Reports from both prisoners and custodial staff suggest that violations of the ban are sometimes treated inconsistently, with a perception that penalties imposed can sometimes be unduly harsh.

- **Ongoing monitoring and research**

Ongoing monitoring and research will be important to determine the longer-term impact of the policy on post release health status of former offenders, as well as understanding if it is having a broader impact on changing health and other behaviours.

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1. Background

Smoking prevalence among prisoners in Australia was estimated at around 80% in 2012, more than four times higher than the general population. Smoking has long been part of prison life and culture. Tobacco rations in many jurisdictions internationally and in Australia have been available to prisoners at subsidised prices. As a result, it has been embedded as a currency among prisoners, and used as a behavioural management aid by prison authorities.

Risk factors for smoking include mental illness, other drug and alcohol use, low educational attainment and experiences of unemployment, all of which are over represented among the prison population. In the Northern Territory, where smoking prevalence among Indigenous communities is 2-3 times higher than the general population, over 80% of prisoners are Indigenous. The high smoking rate among prisoners is reflected in significantly increased risk of premature death from both heart disease and smoking-related cancers.

In July 2013, the Northern Territory Department of Correctional Services (NTDCS) introduced a complete smoke free policy in all correctional facilities. The policy is part of the Healthy Lifestyles strategy to reduce chronic disease and an important measure for protecting non-smoking staff, prisoners and prisoners from secondhand smoke. The policy and its implementation drew heavily on the lessons learned from New Zealand, which successfully introduced a national smoke free prisons policy in July 2011.

The first steps in the process commenced in April 2011 with initial communication to inform prisoners and staff of the planned policy. Quitline was also installed on the prisoner free telephone service. In May 2011, Quit training was provided to selected staff and free nicotine replacement therapy patches were made available to prisoners and staff who were interested in quitting. Communication continued throughout 2012. From early 2013, policies and directives were amended and communicated to staff, endorsed by the Commissioner. The position was very strongly communicated that the policy was enforceable, not aspirational. Underpinning the policy was a commitment to ensuring humane containment was considered in all aspects of the policy and project roll out.

The smoke free policy is attached at Appendix A. A summary timeline of the policy planning and initiatives is attached at Appendix B.

2. Evaluation methodology

The evaluation was primarily based on qualitative interviews with key stakeholders affected by the policy. The interview discussion guides used in interviews are attached at Appendices C to F.

A review of key documentation was also undertaken, together with analysis of quantitative data.

A total of 82 people were interviewed, comprising the following:

Prisoners: A mix of medium, low security and remand prisoners were interviewed at Darwin Correctional Centre. Seven per cent of the prisoners interviewed were female, roughly in line with their overall representation of 5% of the Darwin Correctional Centre prison population. Low security prisoners included both current and previous participants in work release programs or work camps.

Seventy five per cent of prisoners interviewed were smokers prior to the implementation of the policy or entering custody. Approximately 85% of the participants were Indigenous. Interviews were a mix of individual and small group discussions (3-13 people) undertaken without custodial officers within hearing distance. Interviews lasted from a few minutes through to approximately 30 minutes.

Custodial officers: Uniformed and non-uniformed (Sport and Recreation) officers and management staff were interviewed in individual or pair interviews at Darwin Correctional Centre and by phone for Alice Springs Correctional Centre. Interviews lasted up to 45 minutes.

Prisoner Support Services and Treatment Program staff: Prisoner support and treatment staff at Darwin Correctional Centre participated in individual face to face interviews and by phone for Alice Springs Correctional Centre. These included including psychologists and other clinical treatment providers, education providers, reintegration services and Aboriginal Liaison staff. Interviews took up to 30 minutes.

Medical staff: Clinic staff at Darwin Correctional Centre participated in individual face to face interviews. Interviews took up to 12 minutes.

Prisoner visitors: Family members visiting prisoners on a Saturday at Darwin Correctional Centre were interviewed in face to face individual interviews. Interviews were held in a private interview room, and took up to 12 minutes.

2.1 Limitations

Every effort has been made to interview a sample of key stakeholders representing a wide range of views, review the full range of project documentation, and to undertake rigorous analysis of available quantitative data. However, as a preliminary, small scale evaluation it necessarily has some limitations.

The participants interviewed were a convenience sample, and cannot be considered representative. It is possible that those who agreed to participate had stronger opinions either for or against the ban than the overall prison population and staff.

While some analysis was undertaken of overall incidents coinciding with the introduction of the ban, a more detailed and nuanced analysis was not possible due to limitations in routine data collection. For example, we were not able to accurately determine the total number of tobacco-related contraband incidents, or changes in overall contraband as there is not a specific code for recording tobacco-related incidents or contraband in the prison record management system. This also meant there was a limit to how well anecdotes reported in interviews could be triangulated against hard data.

The nature of research in prisons means that it is likely there may be a level of distrust and potential under-reporting of key issues by prisoners. The main investigator is a white female, and this may have adversely impacted on the willingness of some prisoners (particularly older male Indigenous prisoners) to participate in the research and/or discuss issues freely.

2.2 Ethical issues

Ethical approval to conduct the review was granted by the Menzies School of Health Research and NT Department of Health ethics committee. Participation was on a voluntary basis, and this was

clearly explained to all prisoners who were approached to participate in the evaluation. Several declined to participate. Prisoners (and all other participants) were assured of individual confidentiality. Disclosure of practices that were systemic violations of the policy was reported at a disaggregated level to senior management without identifying individuals. The obligation to report this was explained to all participants prior to consent being obtained.

3. Findings

3.1 Planning and communication

The comprehensive planning process and multifaceted communication and awareness strategy were universally praised by both prisoners and all categories of staff. Nobody, including visitors to prisoners, reported not having been aware of the policy well before it was implemented. Most were able to name multiple channels through which they had learned about the policy, and the strong messaging that supported it.

Prisoners who were in custody prior to implementation cited the daily announcements over the prison system, banners, posters, pamphlets, information and advice from custodial officers and other staff, and special events to promote the policy. Visitors to prisoners, and prisoners who had entered custody after the implementation date knew about the policy through media coverage, advertisements and community announcements, Aboriginal Medical Services, and word of mouth.

Prisoners were given the opportunity to have input into planning and suggest activities and healthier buy options to help with replacing smoking. Most prisoners reported that they had been offered cessation support (NRT and other options) to assist them with the transition to becoming smoke free before the policy came into effect.

Consultation with Mental Health and Aged and Disability staff occurred several months prior to implementation to ensure appropriate management plans were developed to support prisoners who had additional complexities.

3.2 Processes and activities to support implementation

From January 2013 a raft of measures helped to facilitate active involvement from operational staff, and supported staff who were already advocates for the policy. Regular messages were sent out from the NTDCS Commissioner, and senior staff from head office staff visited and met with custodial and program support staff regularly to work through issues and reinforce the responsibility of the Department to provide a safe working environment. The project lead from head office was named by many staff as providing a high level of support and being readily available throughout the process, which was important for working through potential issues and developing on-the-ground momentum.

Experience from other jurisdictions – particularly New Zealand – was important to demonstrate that there are successful examples of smoke free policies elsewhere. Both custodial and head office staff regularly communicated with key people involved in the rollout of the New Zealand policy and drew on lessons learned. The involvement and support of champions for the policy from within the custodial officers' union appears to have been an important aspect of the success of the policy,

particularly the reassurance they were able to provide based on the experience of New Zealand and elsewhere that implementation of similar policies had not led to security threats.

Consultation was undertaken with a range of key stakeholders to ensure broader community involvement and support beyond the prison setting. These included regional tobacco workers in Aboriginal Community Controlled Health services to extend the process beyond prison following release, as well as prisoner advocacy groups, Indigenous elders, and smoke free health groups such as Cancer Council NT.

Custodial staff developed a range of tailored initiatives to reinforce a positive message to prisoners – these included using respected community leaders to endorse the policy and holding a concert in support of the policy. This complemented informal positive messages and encouragement to prisoners from custodial officers and non-custodial staff as the implementation date approached.

Prisoners and staff appreciated the additional activities that were available in the six months following the introduction of the ban. In particular, a program of physical activities and quit support provided by an external NGO was well received, and assisted some prisoners to develop alternative coping strategies to deal with cravings. There was some disappointment among prisoners that additional activities had not been maintained at the higher level beyond the first six months.

3.3 Staff attitudes to the policy

An anonymous online survey of all NTDCS staff, undertaken by NTDCS head office in May 2014, aligned with many of the findings of this section. Overall, 77% of staff who participated in the survey supported the policy. In a similar online survey conducted in August 2012, the policy was supported by 68% of participants.

A frequent observation in interviews with all staff was that there was greater opposition and resistance from staff (particularly smokers) to the policy than there was from prisoners.

Custodial staff (officers and management): A common opinion among custodial staff was surprise at how smooth implementation of the policy had been. Many expected that there would be some incidents arising, particularly in the initial period following implementation, although these expectations were lessened by the time of the implementation date. For most, actual implementation was a non-event, and the policy is now just a normal part of prison life.

Many of the custodial staff interviewed were very supportive of the policy. Unsurprisingly, support was strongest among non-smokers, who appreciated the transition to a completely smoke free work environment, however many smokers agreed with the policy and appreciated the support the smoke free environment provided for their own attempts to either quit or cut down. Several staff, both smokers and non-smokers reported that productivity had improved as a result of the policy, as people were better able to focus on work and were not distracted by smoking breaks. A minority reported that productivity had decreased, either because staff were taking longer to have (covert) smoking breaks, or because they had previously used cigarettes to manage prisoner behaviour and/or develop rapport, which helped with identifying potential issues among prisoners.

Some custodial staff felt there was an unfair level of compliance required of them compared to non-uniform staff, who are able to go offsite for smoking breaks, and that this created some tension between different categories of staff. Some custodial staff who were otherwise supportive felt that

the lack of provision for a staff smoking area was unreasonable, and led to potential undermining by colleagues who flouted the policy, as well as open breaches when there is minimal oversight, for example during nightshift and offsite work parties.

Several staff reported that they did not personally like the policy, however it was something that was to be expected in the context of broader moves towards smoke free environments, particularly workplaces. A minority were adamant that they would resist any influence of the policy on their own smoking, stating that any decision to either cut down or quit smoking would be made on their terms.

Overall, the policy was seen by most as an unexceptional issue to be managed along with the range of others that exist within prisons. Smoking of NRT patches was the biggest concern for many, as detailed in section 3.7. However it should be noted that misuse of NRT patches is one of a range of other problematic prisoner behaviours that must be managed by custodial staff.

Non-custodial prisoner support staff: Support and issues reported among non-custodial prisoner support services staff was similar to custodial staff. Some saw it as a significant change within prison life and culture, while others considered it as minor within the overall range of issues to be addressed among prisoners.

Some were concerned that there were insufficient options made available to prisoners to help with coping with withdrawal (specifically in Alice Springs Correctional Centre), and a number saw greater scope to provide enhanced support for self-management and coping strategies, as well as opportunities to mark and celebrate the achievements of being smoke-free (for example, tasty food days to recognise the improved sense of taste).

There were some differences in attitudes between smokers and non-smokers, although the greater flexibility and autonomy for non-custodial staff to manage their working hours meant there was less resentment among smokers than was reported by custodial staff. Some non-smokers felt there was previously, and continues to be, unequal expectations of smokers and non-smokers in terms of productivity, with some concessions to smokers for additional break times. Non-custodial staff are able to go offsite to smoke during the workday, however several reported that they do not do so, as they are using the smoke-free work environment to reduce their own smoking, with the intention to eventually quit.

Medical staff: Health clinic staff interviewed were supportive of the ban, and saw the benefits. However, the process of screening for tobacco dependence and issuing the initial supply of NRT patches created additional workload and hassles, with many prisoners returning after initial reception screening and assessment to attempt to obtain patches, sometimes on multiple occasions. This appeared to occur as NRT patches gained value as currency within the prison economy and/or due to standover from other prisoners. Staff also noted that they are seeing an increase in numbers of prisoners lying about their smoking status to be provided with patches. Medical staff who smoked were more accepting of the restriction on their own freedom to smoke during work hours than other staff, perhaps a reflection of restrictions which have been in place for longer under Department of Health policy.

3.4 Prisoners and prisoners' families attitudes to the policy

Many of the prisoners interviewed were supportive of the policy, and appreciated the opportunity to have a break from smoking which they believed they would never have otherwise had. For some, it was the first time they had been smoke-free since taking up smoking as a child.

Most prisoners reported that they had initially disagreed with the ban. For some, the experience and perceived benefits of being smoke free meant that they had retrospectively changed their attitude and now saw the ban as a positive initiative which they fully supported. In other cases, while they appreciated the benefits of the policy for their own health, they nonetheless continued to disagree with it on the basis that it is a legal product, and removing the right of prisoners to smoke was perceived to be an additional and unreasonable punitive measure.

Some Indigenous prisoners questioned why the NT was the first jurisdiction in Australia to introduce the policy, and suggested it was linked to the politics of the NT Intervention. A minority of prisoners interviewed remained completely and unequivocally opposed to the policy, stating that they would take advantage of any opportunity to smoke, both while in prison and as soon as they are released.

Most visitors to prisoners interviewed, all of whom were close family or partners, were very supportive of the policy and were intending to offer encouragement to help their loved one remain smoke free after release. All commented that they had observed an improvement in the prisoner's physical health since being smoke free. As with other interviewees, a minority were strongly opposed to the policy and expected that their family member would recommence smoking upon release, a decision they would support.

3.5 Benefits and impact on prisoners

Almost all prisoners interviewed reported noticeable improvements in their health and fitness, an observation that was also reported by many staff and all visitors. However, some staff and prisoners reported the money that was being saved from not purchasing cigarettes was now being spent on soft drinks or additional food, most of which is high in sugar, salt and/or fat. As a result, there is some concern that the health benefits of being smoke-free may be offset by unhealthy food consumption, particularly among those at risk of, or already diagnosed with, diabetes. This is an important issue, however it should be considered in the context of risks from smoking, which itself significantly increases risks associated with diabetes. Mortality risks for overweight non-smokers are also lower than for smokers who are not overweight.

The experience of quitting for some prisoners was an important experience of mastery and self-efficacy, particularly for those who had made an effort to quit ahead of the implementation date. Some prisoners also spoke of taking on a peer leadership role to support and encourage other prisoners to cope positively with the change, drawing on their own experience of successfully managing the transition to being smoke-free. Similarly, some treatment staff had drawn on the coping strategies used by prisoners to prompt consideration of how to manage behaviours in the future, and use of these skills to avoid criminal behaviours. However, this was not a universal experience; some prisoners reported finding the transition extremely easy. This was supported by the observations of some treatment staff, who had attempted to draw out lessons from the experience with prisoners and found that they were unable to identify coping strategies because adapting to the ban had not been as challenging as expected. Conversely, there were reports of a

small number of prisoners continuing to experience difficulties with abstaining from smoking beyond the initial withdrawal period.

3.6 Staff productivity

Many staff reported an increase in productivity because staff are no longer prioritising smoking time. However a minority feel that not having what had previously been a prisoner management tool available might be decreasing productivity. Some staff who are smokers reported that they have not found yet found an alternative management strategy, and suggested that this may be resulting in a higher level of tension among some prisoners, particularly recent arrivals who are affected by cravings.

For some staff, the perceived injustice and unfairness of staff being forced to comply with the smoking ban has sapped morale. There was noticeable resentment among some custodial staff that non-custodial staff are able to take smoking breaks, and a perception that this affected productivity, a view reflected in the online staff survey. This has the potential to generate tensions between different categories of staff.

3.7 Nicotine replacement therapy patch misuse, value as prison currency

Almost all staff and prisoners interviewed reported misuse of NRT patches as being a widespread problem at Darwin Correctional Centre. Smoking of patches was reported as occurring in accommodation blocks, primarily at night, although some smoking during the day was reported, particularly on days when patches are distributed. Both prison officers and medical staff rostered to accommodation blocks at night reported an unpleasant plastic/rubber burning smell, which was irritating to both the eyes and throat. Many prisoners and staff are concerned that this is more toxic than tobacco smoke, both to the smoker and to people exposed to secondhand smoke.

Several prisoners reported witnessing acute illness events of other prisoners which they attributed to smoking patches, and there is a perception among some prisoners that there has been at least one death associated with smoking patches. The acute health events and death being attributed to smoking patches is not supported by reports from medical staff or coronial findings from deaths that have occurred since the policy introduction. An additional safety concern reported by both prisoners and staff was the risk of electrocution from the methods of ignition, which included using exposed wires on electrical appliances, insertion of objects into power points, and also batteries with the casing peeled back.

Patches were reported as having value as a currency among prisoners. Multiple sources reported prisoners being stood over for their patches, typically having to hand over their entire supply as soon as it was received. As a result, it appeared that many prisoners who do wish to use their patches as intended are not able to do so. There were also reports of prisoners who had used their patches as intended being asked to hand over their used patch to other prisoners. Because of the value of patches as a currency, it is suspected that a significant proportion of prisoners may be over-reporting tobacco dependence in order to obtain patches.

There were two main methods reported for smoking the patches. The first (and apparently more common) was to shred the patch, mix it with tea leaves and roll it in paper such as sugar sachets. This produced approximately 4-5 cigarettes per patch. Less commonly (and more time consuming),

patches were boiled with tea, and the tea leaves were then dried and used instead of pouch tobacco to roll cigarettes.

Smoking of patches as described above was not able to be observed directly by the evaluation researcher, despite multiple (unannounced) visits to attempt to do so.

Misuse of patches did not appear to be a significant problem at Alice Springs Correctional Centre, where overall demand for NRT has been much lower and few patches have been distributed since early 2014.

While the misuse of patches needs to be resolved, it should be noted that only a small number of prisoners were receiving patches at any given time (no more than 15% of the prisoner population, and usually less than 10%). In addition, smoking of substances other than tobacco is a common problem, and one which occurred before the smoke free policy was introduced. Custodial officers and management advised that tea leaves have regularly been used in cigarettes in the past, particularly to tide prisoners over when their purchased cigarettes or tobacco ran out before buy day. Similarly, standover tactics occur for many different items, and previously occurred for cigarettes.

Prior to the ban coming into effect, both custodial and non-custodial staff reported that prisoners were engaging in dual use of tobacco and NRT – either using both together, or using NRT as a substitute until the next buy day when tobacco supplies ran out.

3.8 Contraband tobacco

Staff and prisoners interviewed confirmed there is contraband tobacco being brought into both Darwin and Alice Springs Correctional Centres, and it was noted that screening by sniffer dogs did not include the capacity to detect tobacco. Smuggling was reported as occurring through the low security sections of both centres, and breaches of the policy were reported to be occurring in work camps at Gove and Barkly. In both cases, these are systemic issues that will be difficult to fully resolve, as prisoners are exposed to outside work environments where tobacco may be available, as part of their transition back into the community prior to release.

The overall problem of contraband tobacco was perceived as relatively minor within both the correctional centres. It does not appear to be significantly undermining the policy, and most staff and prisoners reported that tobacco smoking is not common – and certainly less common than the smoking of NRT patches as detailed in section 3.7. At the time interviews were conducted, the price of tobacco at Darwin Correctional Centre was reported to be high in comparison to the availability and low cost of NRT patches (between \$150 to \$500 for one pack or pouch).

If the problems with NRT patch misuse are resolved by reducing availability and implementing a one-for-one exchange system, it is possible contraband tobacco may become a more significant problem. However this has not been the case at Alice Springs Correctional Centre, where NRT patches have not been widely distributed and contraband tobacco does not appear to be more of a problem than in Darwin. Nonetheless, this should be monitored closely. It should be noted that contraband into correctional centres is a general problem, and many of the custodial officers (and prison management) reported tobacco as being significantly less problematic than other contraband substances and items.

Data on tobacco-related contraband was not available from Darwin Correctional Centre, as there is not a specific code for recording this in the prison record management system. Alice Springs Correctional Centre was able to collate figures on tobacco-related contraband. As at 22 May 2014, there had been a total of 30 incidents, of which four were family members attempting to bring in tobacco and the remainder were detection of lighters on site, or prisoners attempting to bring matches or tobacco hidden in their shoes when returning from (outside) employment. This is an average of approximately three (relatively minor) incidents per month.

3.9 Other incidents

An attempt was made to undertake statistical analysis of incidents occurring in the 24 months leading up to the introduction of the ban and the 10 months since, to determine if there appeared to be a clear trend of changes in assault rates associated with the ban. The analysis was based on figures provided by NTDCS head office, and included aggregated annual data for prisoner-on-prisoner and prisoner-on-staff serious and non-serious assaults.

Overall, the data is very limited, and insufficient to provide a robust analysis. This is due to a number of factors, including:

- The limited number of data points available following the introduction of the policy (only 10 months, compared to data for 24 months prior)
- The small overall number of assaults
- Significant variability from month to month
- Potential confounders which may be important (for example, the variable monthly profile of prisoners, overcrowding, staff changes)

Due to the incompleteness and limitations of the dataset, the full analysis has not been included in this report. However, we note that there have been no serious prisoner-on-staff assaults since the policy was introduced, and no statistically significant change in prisoner-on-staff physical assaults from the 2011/12 financial year to May 2014. Prisoner-on-prisoner serious assaults also do not appear to have increased.

Prisoner-on-prisoner less serious and non-serious assaults, and non-serious prisoner-on-staff assaults may have increased. However, this should be interpreted with caution for the reasons listed above. In particular, each of the confounding factors may be responsible for any increase. It is possible a rise in recorded non-serious (verbal and minor physical) assaults reflects increased reporting and/or less tolerance of incidents. These may have also arisen due to standover and disagreements over NRT patches. Further monitoring and analysis will be needed over a longer time frame to determine if there is a trend beyond monthly variations, and if so examine the full range of potential causes.

3.10 Use of Quitline

The Quitline has registered no calls since it was established within the centre. This may be due to lack of awareness about the service and/or lack of knowledge about what it can offer. The Quitline Manager has advised there is a possibility of having 'talking billboards' installed in the new Darwin Correctional Facility which can provide information about Quitline and encourage people to use it.

3.11 Prisoner intentions smoke to post-release

Prisoners were asked if they were smokers prior to entering prison (if they entered after the ban came into force) or prior to the implementation of the ban (if they entered custody prior to the ban commencing). The majority reported having previously been smokers, usually self-described 'heavy' smokers.

Intentions and the desire to remain smoke free following release varied. Some prisoners said the process of quitting while in prison marked the point at which they became a non-smoker, with a strong resolve to remain a non-smoker following release. At the other end of the spectrum, several reported an intention to smoke again immediately upon release, seeing it as a way to express autonomy and the freedom that is absent as part of incarceration. This was true even for prisoners who were enjoying being smoke free and appreciated the health benefits of the ban.

For others, there was a greater ambivalence; although there was a desire and/or hope to remain smoke free after release, it was generally seen as unlikely, due to the environment into which prisoners expected to return. For many it was so thoroughly embedded in their usual social contexts that continuing to abstain was seen as likely to be too challenging.

4. Lessons learned

4.1 Nicotine replacement therapy provision

Considerable resources were allocated to providing NRT, in line with best practice cessation guidelines which emphasise making NRT available at a level matched to dependency in order to effectively manage nicotine cravings. Provision of NRT was also part of the comprehensive approach used in New Zealand. While availability of NRT for prisoners who have difficulty coping with cravings is important, the widespread misuse of the patches was surprising to most people involved in managing and implementing the policy. The NT experience suggests a number of caveats for its use both in a prison setting and elsewhere where patches are provided at little or no cost:

- If more than one day's supply of patches are provided to prisoners, there should be a robust system in place to ensure patches do not become a form of currency. If more than one patch is supplied at a time, the supply should be subject to monitoring, and if the supply cannot be accounted for, no additional patches should be provided. If possible, a one-for-one exchange process should be implemented.
- Careful assessment of nicotine dependence is necessary when providing NRT. Many prisoners in the NT do not have access to a regular supply of tobacco outside of prison, a fact not always well captured by existing screening tools. While the experiences of the NT may have limited transferability to prison populations in other states, the high level of socioeconomic disadvantage and poverty among the prison population may mean that many offenders do not have regular access to tobacco prior to entering prison, and therefore are not highly dependent.
- Given a choice between NRT and other activities and support to help with the transition to being smoke free, many prisoners interviewed for this evaluation expressed a preference for other activities.
- The absence of smoking cues in a smoke free facility may reduce the duration for which NRT is required, particularly if other support options are offered.

- When the potential for NRT to be used as a currency is minimised, the underlying demand for NRT appears to be significantly reduced.

4.2 Adequate transition time, ‘champions’ and implementation support

Crucial to the successful implementation of this policy was the long lead in time from when it was first announced to when it came into effect. The comprehensive communication and awareness campaign meant that all stakeholders had time to become aware of the policy, understand the rationale for it, and how it would work. ‘Champions’ of the policy at all levels ensured there was strong engagement and a collaborative approach to building momentum, rather than simply a directive from the Commissioner. Communication and support between NTDCS head office and operational staff ensured that processes and cultural change were occurring even before the official policy was disseminated. The range of formal strategies were complemented and reinforced by staff integrating promotion of the policy in their everyday work with prisoners, encouraging quit attempts before the policy came into effect and addressing concerns of both colleagues and prisoners.

Importantly, the entire initiative was adequately resourced and budgeted, allowing staff at all levels to take ownership, and demonstrating the commitment and endorsement of NTDCS leadership to the policy.

4.3 Data collection systems for monitoring and evaluation

Existing correctional services data collection systems may not be designed to capture information that assists in monitoring and evaluating the impact of smoke free policies. This was a limitation in this evaluation – for example, it was difficult to assess the overall impact of the policy on contraband incidents. There are also limitations on using existing datasets to determine the impact of the policy on post release smoking intentions and behaviour, or the longer term effect on prisoner health. Making adjustments to data collection process prior to implementation will allow other jurisdictions to capture more complete data for pre and post implementation comparisons.

5. Conclusions and recommendations

Overall, the implementation of the policy has been a considerable success, particularly as the NT is the first jurisdiction in Australia to introduce a completely smoke free policy. It offers a number of lessons for other jurisdictions, particularly in relation to planning for NRT provision.

5.1 Management and distribution of nicotine replacement therapy

This evaluation was undertaken at a time when NRT patch misuse at Darwin Correctional Centre appeared to be reaching a peak. As a result, solutions were being tried to address the problem, and some changes were implemented as the report was being prepared. The demand for NRT appears to have now reduced to almost zero, and the problems with patch misuse have largely disappeared. Nevertheless, the recommendations are included here for the benefit of other jurisdictions.

- Systematic changes should be implemented to ensure that patches are distributed on a one-for-one used patch in exchange for new patch basis. Ideally, this should occur on a daily basis to minimise stockpiling and the possibility of prisoners being stood over for patches.
- Screening for tobacco dependence should include additional questions to determine regularity of supply prior to entering prison.

5.2 Managing breaches/misconduct related to the policy

The process for dealing with breaches of the policy should be reviewed to ensure a consistent process is followed, and that the action taken is proportionate to the seriousness of the breach. This should take into account the need to ensure that overall progress within a prisoners' sentence is not set back as a result of relatively minor tobacco-related infractions.

5.3 Ongoing support and recognition of prisoners being smoke free

If demand for patches reduces as a result of implementing a system that reduces or eliminates their value as a currency, consideration should be given to diverting the funds previously used to purchase patches for alternative support options. This could include tasty food days to celebrate improved sense of taste, and additional one-off sporting, cultural or other activities.

In addition, specific support should be offered to assist prisoners to continue to develop alternative coping and management strategies that will assist them to remain smoke free following release when tobacco is again available. This may also contribute to coping strategies to deal with other issues.

5.4 Monitoring and research

Additional monitoring and research should be undertaken to examine the impact of the smoke free policy on post release smoking behaviour and health outcomes. This could include post-release smoking rates; the influence of being smoke free on coping skills, self-efficacy and other factors that contribute to reducing recidivism; and analysis of routine data to determine health outcomes.

Appendix A: NTDCS smoke free policy



SMOKE FREE POLICY

1. OVERVIEW

In Australia, people who are incarcerated have a smoking rate of approximately 74 per cent compared with the smoking rate of the general population, which is estimated to be less than 20 per cent.

People incarcerated in the Northern Territory have a smoking rate higher than the Australian average, with 80 per cent of prisoners reporting that they smoked daily at the time of their entry into a correctional facility. Prisoners are reported to have poorer overall levels of health than the general population; this increases the need for, and subsequently the cost of, medical care provided by the Department of Correctional Services (NTDCS).

Tobacco smoking is the single most preventable cause of ill health and death in Australia, contributing to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined. It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions.

Exposure to second hand smoke increases an individual's likelihood of developing respiratory issues, lung cancer and cardiovascular disease, and causes increased rates of mortality and morbidity in infants and children. Second hand smoke in correctional facilities presents a risk to the health of personnel, visitors, prisoners including expectant mothers and their unborn babies, and children accommodated in correctional facilities.

Decreasing tobacco smoking provides the greatest scope to prevent poor health and illness in Australians.

The custodial setting affords NTDCS the unique opportunity to engender positive change in people's health by undertaking supported preventative health promotions and interventions.

The department's adoption of smoke free environments goes beyond the custodial setting to incorporate the gamut of NTDCS facilities and work environments, and represents an important cultural shift for NTDCS.

2. PURPOSE

To improve health outcomes for prisoners and detainees.

To safeguard NTDCS personnel against the health impacts of tobacco smoke, including environmental tobacco smoke.

To ensure that all people in NTDCS custody, visiting or working within NTDCS facilities, working with NTDCS personnel, or in the employ of NTDCS are provided with a smoke free environment.

To encourage and support personnel and prisoners to quit smoking through cessation services and programs.

3. SCOPE

This policy articulates the framework for smoke free NTDCS facilities.

The policy applies to the whole of NTDCS.

4. DEFINITIONS

“Community Support Program” means the NTDCS program designed to supply work teams of low security prisoners to carry out a broad spectrum of community service projects.

“Contraband” means any item that is illegal, illicit, unauthorised or prohibited within a correctional centre.

“Correctional centre”, is a prison as declared under section 10 of the *Prisons (Correctional Services) Act*, and for the purposes of this policy means Alice Springs Correctional Centre, Berrimah Correctional Centre and the Darwin Correctional Precinct.

“Detainee” means a youth lawfully detained in a detention centre, as per the *Youth Justice Act*.

“Detention centre” is a youth detention centre approved under section 148 of the *Youth Justice Act*, and for the purposes of this policy means the Don Dale Youth Detention Centre and the Alice Springs Youth Detention Centre.

“Prisoner” means a person:

(a) committed or remanded by a court and in lawful custody; or

(b) under a sentence of imprisonment,

whether he or she was so committed or remanded, or the sentence was imposed, before or after the commencement of the *Prisons (Correctional Services) Act* and includes a person in custody under the *Migration Act 1958* (Cth).

“Offender” means a person convicted of an offence against a law (other than a Commonwealth Act or regulations under a Commonwealth Act) in force in the Territory, as per the *Parole of Prisoners Act*.

“Tobacco product” means a tobacco product as defined under section 6 of the *Tobacco Control Act*.

“Work camp” is a low-security correctional work camp where open-security level prisoners may be placed.

"Workplace" constitutes any place or occasion where NTDCS personnel are conducting their departmental duties, whether in an NTDCS facility or otherwise, including any dealings with prisoners, detainees, or offenders.

"Visitor", for the purposes of this policy is any person who is not NTDCS personnel or a prisoner who attends a correctional centre; this includes a person defined as an "Official Visitor" under the *Prisons (Correctional Services) Act*.

5. POLICY STATEMENT

5.1 Principles

- 5.1.1 The smoke free platform will assist the department to safeguard the health and wellbeing of prisoners.
- 5.1.2 Ensuring correctional centres are smoke free reinforces the department's commitment to the health and safety of its personnel.
- 5.1.3 Personnel are required to conduct themselves in a manner that is consistent with principles outlined in the NTDCS Code of Conduct.
- 5.1.4 This policy is underwritten by the NTDCS's commitment to improving the health of people in its care. The policy has a health promotion focus and is not intended to be punitive.
- 5.1.5 As the smoke free platform is a critical deliverable for the department, there will be robust structures to ensure this policy is embraced and adhered to.

5.2 Application

- 5.2.1 All NTDCS facilities are considered smoke free, and as such no person shall smoke in these places.
 - 5.2.1.1 For the purpose of this policy NTDCS facilities include:
 - correctional centres including the grounds on which the centre is situated
 - detention centres including the grounds on which the centre is situated
 - work camps
 - buildings in which NTDCS personnel undertake the business of the department, including:
 - any outdoor areas that might reasonably be considered a part of that building and
 - any amenities that might reasonably be considered a part of that building.
 - Northern Territory Government vehicles.
 - 5.2.1.2 Excluded from this policy are facilities operated by NTDCS social clubs. The department acknowledges that social clubs have the discretion to make decisions in relation to their

facilities; however, the department strongly encourages all social clubs to move toward smoke free facilities.

- 5.2.2 NTDCS personnel shall not smoke at any time in their workplace. A workplace, for the purposes of this policy constitutes any place or occasion where NTDCS personnel are conducting their departmental duties, whether in an NTDCS facility or otherwise. This includes any dealings personnel have with prisoners, detainees, offenders, young people and their families, and internal and external colleagues and stakeholders.
- 5.2.3 Prisoners are not permitted to smoke for the duration of the period that they are sentenced, ordered, or committed into the lawful custody of NTDCS.
- 5.2.3.1 This includes those occasions that prisoners are participating in an activity that is not undertaken at an NTDCS facility, including:
- as part of a Community Support Program work party
 - when attending court
 - when obtaining medical treatment.
- 5.2.3.2 The department acknowledges that there will be occasions when prisoners will not be under the direct supervision of NTDCS staff. In these occasions enforcement may be lessened; however, the department will continue to advocate and provide support for all prisoners to cease smoking.
- 5.2.4 Detainees are not permitted to smoke for the duration of the period that they are sentenced, ordered, or committed into the lawful custody of NTDCS.
- 5.3 Support**
- 5.3.1 Therapy, including nicotine replacement therapy, and support will be available to assist prisoners to transition into a smoke free environment and to enable and support prisoners to quit smoking.
- 5.3.2 While available supports and therapies will be accessible for all prisoners, the specific supports provided to a prisoner are dependent on the prisoner's individual needs.
- 5.3.3 NTDCS personnel wishing to quit smoking will be supported to do so by the department. The type of support provided and the method of delivery of that support will be dependent on the individual member's needs and work location.
- 5.4 Compliance**
- 5.4.1 In order to provide for legal enforceability, the Commissioner, with the issue of directives 2.1.3 and 2.2.16, has determined that smoking in correctional centres is prohibited and that tobacco products are contraband within correctional centres.

- 5.4.2 As tobacco products are considered contraband in all NTDCS correctional centres, the possession of these products will be treated in accordance with NTDCS Directive 2.2.16 *Control of Contraband*.
- 5.4.3 NTDCS personnel who do not comply with this policy may be subject to discipline proceedings in accordance with the *Public Sector Employment Management Act*.
- 5.4.4 Prisoners who do not comply with this policy may be charged with prison misconduct as per section 30 of the *Prisons (Correctional Services) Act*.
- 5.4.5 Visitors to a correctional centre found to be in possession of a tobacco product will be subject to the specific correctional centre's procedures for visitors possessing contraband.

6. ASSOCIATED DOCUMENTS

Parole of Prisoners Act
Prisons (Correctional Services) Act
Public Sector Employment Management Act
Tobacco Control Act
Youth Justice Act
Directive 2.2.16 Control of Contraband

7. IMPLEMENTATION

The Executive Director, Offender Services, Programs and Indigenous Affairs and the Executive Director, Custodial Operations are jointly responsible for the implementation of this policy.

8. REVIEW

This policy is effective from 1 July 2013 and its scheduled review should occur on or before 30 June 2014. This does not preclude the policy from being amended or reviewed prior to the scheduled review date should issues arise that would significantly impact the effectiveness of this policy.

Appendix B: Timeline of policy development and implementation

<p>2011</p>	<ul style="list-style-type: none"> • April: Range of health promotion tools developed to provide information to correctional centres and inform all prisoners and staff of planned changes. Quitline installed as free prisoner telephone service (now a permanent non-monitored service) • May: Price of tobacco on prisoner buy sheets increased from wholesale to retail price. Quit Victoria staff provided training to Sport & Rec Officers and Prisoner Support Staff including reintegration officers and Aboriginal Liaison Officers. Free nicotine replacement therapy patches available to staff and inmates
<p>Throughout 2011-2012</p>	<p>Communication through No Joke Quite the Smokes campaign, including daily announcements through prison PA system from July 2012.</p>
<p>January to July 2013</p>	<ul style="list-style-type: none"> • Throughout: close communication with key stakeholders involved in rollout of policy in New Zealand, regular meetings between NTDCS head office and prison staff • Communication strategy signed off by Minister • Start of health promotion campaign '<i>Smoking No Good Story</i>' including ongoing communications within correctional centres and to general public • Sponsorship and endorsement of the policy by the Commissioner • Allocation of budgetary support • Public endorsement of project • Development of NTDCS smokefree governance group • Communication to all staff that policy enforceable not aspirational, and regular information dissemination about NTDCS responsibility to provide a health and safe environment • Radio ads broadcast through regional radio stations • Provision of nicotine replacement therapy to staff and prisoners upon request • Review of Prison (Correctional Services) Act and associated directives to ensure appropriate legislative amendments • Quit groups for both prisoners and staff • Discussions with Mental Health and Aged and Disability staff to develop management plan to support prisoners with additional complexities • Consultation with prisoner advocacy groups, Indigenous elders program, primary health care providers and smokefree policy and advocacy organisation such as Cancer Council NT • Meeting with tobacco action workers in Aboriginal Community Controlled Health Services and Government, to develop approaches to provide support beyond correctional centres to families and former offenders following release from prison • Consultation with custodial officer unions • Visitors' packs developed for prisoners families to give them information about the policy and provide referral information to tobacco action workers at local Aboriginal health services. Included colouring in pages for kids, pencils, information about passive smoking, magnets about Quitline and quitting journals • Signage erected in all centres
<p>July 2013 - ongoing</p>	<ul style="list-style-type: none"> • NRT continues to be provided for staff and prisoners on request • Additional physical activities and quit support provided until December 2013 • From October 2013, change in communication strategy from '<i>Smoking no good story</i>' to '<i>No smoking good story</i>' to celebrate healthy change. DVD produced of prisoners' stories about how they feel without tobacco to reinforce benefits.

Appendix C: Interview guide for custodial officers

***Also adapted for use in interviews with non-custodial program staff**

Background and demographic information

How long have you been a custodial officer? _____ years or less than 1 year

Have you worked in other prisons? Y / N

If yes, where?

Are you: Aboriginal Torres Strait Islander
 Both Neither

Are you a smoker? Y / N

If yes, approx. how many cigarettes per day? _____ Or non-daily smoker

If currently a non-smoker, have you previously smoked? Y / N

If a former smoker, when did you quit?

Guiding questions for interview

1. Has the smoke free policy had any impact on your daily work? Y / N
If so, how?

How was the communication before the smoke-free rollout – did you get plenty of advance advice about the policy?

(If a smoker): Did you choose, or consider, taking up the offer of NRT yourself as offered by NTDCS? Y/N

2. Do you notice any changes in prisoner behaviour that you think is connected to the smoke free policy? Y / N

If so, please describe:

3. Have you had to manage any incidents related to the policy Y / N
If so, please describe:

4. (For smokers) Has the policy impacted on your own smoking? Y / N
If yes, please describe:

5. What are your observations of prisoners' reaction to the policy?

6. What do you think are the good things about the smoke free policy?

7. What do you think is not so good, or could be improved about the policy?

8. Before the policy was introduced, did you support it:

Not at all Somewhat Completely

Why?

9. Now, do you support the policy: Not at all Somewhat Completely

Why?

Appendix D: Interview guide for prison health staff

Background and demographic information

Nature of role:

How long have you been a prison health worker? _____ years or less than 1 year

Have you worked in other prisons? Y / N

If yes, where?

Are you: Aboriginal Torres Strait Islander
 Both Neither

Are you a smoker? Y / N

If yes, approx. how many cigarettes per day? _____ Or non-daily smoker

If currently a non-smoker, have you previously smoked? Y / N

If a former smoker, when did you quit?

Guiding questions for interview

10. Have you been involved in providing cessation services? Y / N

11. Have you noticed any changes in presenting health issues since the policy was introduced?
Y / N

If so, please describe:

12. What are your observations of the response of prisoners to the smoking ban?

13. (For smokers) Has the policy impacted on your own smoking? Y / N
If yes, please describe:

Did you consider or use NRT yourself? Y/N

Do you think the policy was well communicated? Y/N

14. What do you think are the good things about the smoke free policy?

15. What do you think is not so good, or could be improved about the policy?

16. Before the policy was introduced, did you support it:

Not at all Somewhat Completely

17. Now, do you support the policy:

Not at all Somewhat Completely

23. (For smokers): Do you intend to stay smoke free after you leave prison?
24. (All) What do you think are the good things about the smoke free policy?
25. (All) Do you think there are any bad things about the smoke free policy?
26. (All) Overall, do you support the policy: Not at all Somewhat Completely

Overall, do you support the policy: Not at all Somewhat Completely

What do you think are the good things about the policy?

Do you think there is anything bad about the policy? If so, what?

What are your expectations about the inmate smoking after he/she is released from prison?

He/she will:

Not smoke

Start smoking again – sometimes

Start smoking again – daily

What is your attitude towards whether the inmate wishes to smoke or not after release from prison?
Eg, would you try to encourage him/her to be smoke free, or would you support him/her to smoke again?

Any other comments?
