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# **Choosing health in prison: a qualitative study of prisoners' views on making healthy choices**

## **Introduction**

Since the inception of the 'Healthy Prisons Project'<sup>1</sup> there has been an increasing interest in the potential of prisons as healthy settings which promote health and address inequalities. In England and Wales the healthy settings perspective has been embraced and adopted in 'Health Promoting Prisons: a shared approach'<sup>2</sup>, which sets out a health promotion strategy to improve health, prevent deterioration in health during custody and encourage prisoners to adopt healthy behaviours which can be taken back to the community. The focus on health promotion in prison health has developed against a background of growing recognition of the extensive inequalities in health experienced by the prison population, and the consequences for public health of the ill health of prisoners<sup>3, 4, 5</sup>.

Prisoners are well recognised as a vulnerable and socially excluded population<sup>5</sup>. ONS surveys have shown that prisoners' mental and physical health<sup>6, 7</sup> is significantly worse than that of the general population. In addition, prisoners are known to be more likely to adopt risky health behaviours than the population as a whole, including smoking<sup>7, 8</sup>, hazardous drinking<sup>9, 10</sup> and substance misuse<sup>11, 12</sup>. Prior to entering prison, prisoners have more sexual partners than the general population, and these partners are more likely to be sex workers or substance

misusers<sup>13</sup>. Rates of communicable diseases, such as hepatitis B and C, and HIV are higher among the prison population<sup>14, 15</sup>.

Less is known about the lifestyle choices of inmates during imprisonment. In a questionnaire study Lester et al<sup>8</sup> explored male prisoners' views on health determinants and found that, although prisoners have the opportunity to take vigorous exercise in prison and eat a healthy diet, most did not choose to do this. The majority of participants in this study wished to stop smoking. Minority groups of prisoners, such as those over 60 years, women, and Black prisoners, are increasing rapidly<sup>9</sup>, but despite an increase in government commissioned research into the needs of these minority groups<sup>10, 16, 17, 18, 19</sup>, little is known about their specific health promotion needs, and the health choices they make in prison.

An extensive literature exists on the extent to which prisons function as health promoting institutions<sup>20, 21, 22, 23</sup>. A basic problem highlighted by Sim<sup>24</sup> is that while the practice of health promotion is founded upon the concepts of empowerment and choice, prisoners are restricted in meeting their own needs by their inevitably reduced autonomy within the prison regime. The non-therapeutic prison environment impacts upon the ability of prisons to promote health<sup>22, 25</sup> and imprisonment is known to have an adverse effect upon mental health<sup>17, 26, 27</sup>. The policy of healthy settings/whole prison approach has been described as poorly understood within prisons in England and Wales, and health promotion as a

whole underresourced<sup>21</sup>. Whitehead identifies an over-emphasis in prison health promotion on individualistic and disease-oriented interventions, such as the management of illicit drug use and reduction of communicable disease<sup>28</sup>, which limits its effectiveness in addressing the wider determinants of health.

'Choosing Health'<sup>5</sup> signals a new readiness to consider the specific needs of prisoners within the national public health agenda. This white paper proposes a collaborative approach to improving health by providing information and support to individuals, which will create an environment within which people find it easier to make healthy choices. The needs of prisoners are specifically discussed, with a focus on smoking cessation and reducing drug and alcohol use. Although health policy is based on the concept of the prison as an institution capable of producing a positive impact upon health and well being, it is not known how prisoners experience the reality of making choices about health within the prison setting.

This empirical study explores the views of people in prison in England on how health is promoted in the prison setting, both in terms of the services offered and the choices made by prisoners.

## **Method**

Semi-structured interviews were conducted with 111 prisoners in 12 prisons in England, between September and November 2005. Recruitment was carried out

by means of posters advertising the study, and participants selected randomly from lists of volunteers. Prisoners were interviewed individually by pairs of interviewers, using a topic guide concerned with the patients' experiences of health care in prison. Interviews were audiotaped and transcribed. Data analysis was facilitated by Atlas.ti software, following Ritchie and Spencer's analytical framework<sup>29</sup>. Ethical permission was obtained from an NHS Multi-Centre Research Ethics Committee, and the Research and Development Departments of relevant Primary Care Trusts.

All categories of prison were included in the study, ranging from category A (high security) to category D (open prison), and including a women's prison and two Young Offender Institutions (YOIs). Study prisons were located in the north and south of England. Up to ten interviews took place in each prison, and interviews averaged 45 minutes in length. Table 1 describes the age, sex and ethnicity of the study sample in comparison with the overall prison population.

## **Results**

Findings are presented within the areas of priority action identified in the 'Choosing Health' white paper. Using the priority areas as a framework, prisoners' views on the opportunities and barriers to making healthy choices are presented, looking in particular at the lived experience of caring for one's health

in prison. Where there were significant differences between prisoners' experiences in different categories and types of institution, these are highlighted.

### Reducing the numbers of people who smoke

For many interviewees smoking was a way of coping with prison life. Here a prisoner describes his worries about a friend's smoking:

*“When he was outside he never used to smoke but now he's started smoking and you can tell from his lips... they've gone really black from where he's just been sitting and smoking. I've noticed how serious smoking is, how bad it is for your health...people who can't really survive, they get really frustrated when they can't have tobacco...I feel the same myself now when I don't have tobacco.”* GP5 (age 21, category A prison)

Prisoners knew nicotine patches could be obtained from health care and to buy from the canteen. In all except one prison smoking cessation courses were run. However, prisoners who did want to give up smoking often found that there were long waiting lists to go on courses and sometimes considerable persistence was required to get a place.

Several prisoners described passive smoking as a problem. Sometimes non-smokers were put in cells with smokers, despite having requested a non-smoking cell. Some non-smokers thought smoking should be banned in all parts of the

prison because of its effect upon the health of both active and passive smokers. One study prison, a YOI, had become a 'non-smoking prison', for both inmates and staff. Interviewees generally thought this a sensible measure and found that stopping smoking was easier than they thought, resulting in benefits such as improved fitness. However, some considered that stress levels increased as a result, and one described how tobacco had become contraband to be smuggled into prison.

#### Reducing obesity and improving diet and nutrition

A range of attitudes were found to nutrition in prison. For those with very chaotic lifestyles outside prison, prison food was at least regular and available. Not all prisoners were concerned about eating 'healthy food.' In fact some prisoners stated that they preferred a diet of takeaways which they did not perceive as having an adverse effect upon their health. Even when there was enough money to make healthy choices, fast food was often preferred:

*"Because of my crime I was getting so much money, I was living the good life...I would go to Wetherspoons and posh Chinese...I'd have McDonalds, [in the] afternoon KFC or something, or a kebab, and me and my wife would go out for a meal in evening."* EP4 (age 18, young offender)

Prisoners who deliberately chose good food as part of their normal lifestyle found the adjustment to prison very difficult. A foreign national prisoner believed that

the transition from a low-fat African diet to a British prison diet was the cause of her ill-health. Despite protesting to healthcare and prison staff, serious obstacles to accessing brown bread and skimmed milk remained:

*“The kitchen man is an empire of his own. Nurse X and Mr Y, the kitchen man, came over to my wing...we had to sit down to talk. All Mr Y said was, I’m not going to give anyone skimmed milk, because it is not part of my contract. One. Number Two, he said, it is a struggle for them to give me two [pieces of] brown bread.” AP3 (age 50, female prisoner)*

Prisoners who could not consistently obtain healthy foods were concerned about the long term effects of poor diet upon health, especially diabetic prisoners. Ease of access to skimmed milk, wholemeal bread, unsweetened breakfast cereals, fish and lean meat varied greatly between prisons.

The majority of interviewees supplemented their diet by buying food from the prison canteen. Ability to buy from the canteen depended on either money being sent to the prisoner from outside or the prisoner earning money by working or attending education. Many purchased fizzy drinks, crisps and chocolate bars, but tinned tuna, vitamin tablets and protein drinks were popular with those keen on body building. Generally prisoners considered canteen foods overpriced and for some they were unaffordable. Buying food had to be weighed against purchasing phone credit, or tobacco,



### Increasing exercise

Many prisoners described themselves as taking more exercise in prison than outside prison. This related to the availability of facilities, and, for some prisoners, freedom from substance misuse. In many adult prisons excellent gym facilities were available and young offenders generally described a wide range of physical activities on offer. However, access to both exercise and gym facilities could be constrained by the prison environment, particularly in high security prisons. Whereas in some prisons inmates had the opportunity to walk outside every day, in other prisons exercise was regularly cancelled. This lack of predictability in the regime was found very difficult by prisoners, who generally considered the opportunity to walk in the fresh air very important to their health.

Procedures varied for getting access to the gym. Some prisoners described scrupulously fair procedures, while others seemed to find themselves the victim of an arbitrary system under which access to the gym was infrequent or non-existent. Many prisoners regarded using the gym as a coping strategy, with some describing it as a lifeline. In several prisons prisoners reported that remedial gym could be prescribed by health care staff. In two prisons, older prisoners complained that they were prevented from using the gym because they were not considered adequately fit. These prisoners felt that this caution stemmed from a fear of litigation which unfairly excluded them from a healthy activity.

### Encouraging and supporting sensible drinking

Drinking was mentioned frequently as a health concern, though generally as subordinate to, and less worrying than, drug use. Some interviewees said that problem drinking was insufficiently addressed when coming into prison, with fewer services available for alcoholics during their sentence and on release:

*“There’s no help for people that’s got a problem with drink...detox pack and that’s it.”* IP8 (age 41, category B prison).

Both drug and alcohol misusers described the difficulties of adapting to life outside prison when released. Lack of help for alcohol addiction in prison combined with the likelihood of hostel accommodation on release meant that some prisoners saw little hope of adjusting to life outside prison:

*“I really don’t want to go into a hostel because you don’t want to sit in a place like that all day. So you look for somewhere to go and make friends, and you end up in the pub all day. I don’t want to end up in the same habit again...and straight back to square one. I want to get out of that. They say to me are you looking forward to getting out, but I’m not... because I don’t know what I’m being let out to yet.”* IP6 (age 31, category B prison)

### Improving sexual health

Sexual health services in prison were generally considered good. Many prisoners described having screening for sexually transmitted infections (STIs) as well as for blood borne infections. Some prisons offered 'Well Man' clinics which provided screening, but the majority of prisoners accessed services following the initial assessment at reception to prison or when they noticed symptoms. Women prisoners often used prison as a time for accessing sexual health services, some only having cervical smears when in prison.

Most dissatisfaction with sexual health services centred on confidentiality. A young offender complained that he suffered teasing when his STI medication was given him openly in front of other inmates. A number of prisoners reported attending appointments at STI clinics outside the prison, which meant having to be escorted by prison officers, and, in one case, be examined while handcuffed to two officers. A female prisoner described her relief when the doctor she was consulting insisted that the officers waited outside during the examination. For some prisoners the thought of attending hospital under guard was so humiliating that they were deterred from seeking help for symptoms. For this reason prisoners appreciated sexual health services which were provided within the prison.

### Improving mental health

Interviewees in all prisons described the stresses of prison life, such as risk of violence from other prisoners and actual violence, separation from family and

friends and long periods spent in cells. All these were described as having a profound effect upon mental health, and many interviewees suffered from anxiety and depression. Substance misusers often found that mental health problems re-emerged after detoxification, leading to self-harm and difficulties in coping. However, it was not unusual for interviewees to describe prison life as being preferable to the life they led outside prison:

*“To me prison is like an escape. The only way I can get off drugs is coming to prison...in prison there is drugs, but you can't exactly walk out of your door and go and get some, can you? You're locked up all the time...so in my eyes I am safe in here... a lot safer.”* IP3 (age 33, category B prison)

*“I grew up in care so like, at the end of the day, this is a home from home for me ...I was heavily abused when I was at home, so prison life is much easier to deal with.”* FP6 (age 42, category B prison)

A variety of staff were described as being supportive of mental health problems, including mental health in-reach teams. However, most prisoners described their families as their main source of comfort and support, although some found contact with family members at visits, or even by telephone, too upsetting, and therefore limited contact as far as possible. The high cost of telephone calls in prison was described as a barrier to maintaining relationships by many prisoners. Some lost touch with their family and friends:

*“Being in here such a long time, I think everybody I knew before I came in, they just drift away. You’re in here and they’re out there and they’re getting on with their lives, and you just drift apart.”* AP2 (age 24, female prisoner)

## **Discussion**

This study gives an indication of the views of prisoners on priority areas of public health. Those who volunteered may have had a stronger interest in health issues than prisoners who did not wish to participate, and more motivation to express their opinions. However, interview data across the whole sample yielded a clear picture of how care of one’s health during imprisonment is influenced by opportunities and barriers to making healthy choices. Prisoners’ perceptions of these opportunities and barriers were remarkably consistent across all participating prisons.

In some respects choosing health in prison was easier, particularly those with a low standard of self-care outside prison, because opportunities for risky health behaviours were reduced, and a routine imposed upon the individual which included regular meals and opportunities to exercise. Many prisoners who were substance misusers welcomed this imposed control, while realising that imprisonment was not a satisfactory solution to their self-destructive and unhealthy behaviors. Prisoners described a positive effect upon their health

where services were provided, such as sexual health, mental health and smoking cessation services, especially where access to such services had been restricted in the community, either by lack of provision or the individual's inability to identify and address their own health needs. However, in the wider context of adopting a healthy lifestyle within the prison setting, prisoners found making healthy choices difficult.

Barriers to making healthy choices in prisons are associated with the lack of autonomy prisoners experience. In some cases these barriers are predictably associated with imprisonment, such as being separated from family and friends, but they are increased by the way in which prisons operate, with some prisons providing more restricted opportunities for exercise, smoking cessation or healthy eating than others. As in the wider community there appears to be a greater readiness to impose measures to reduce smoking<sup>30</sup>, while stepping back from taking proactive measures to encourage healthier eating. The findings of this research support earlier critiques of health promotion in prisons which suggest that prisoners have insufficient autonomy to ensure that their health needs are met<sup>24, 28</sup>. Despite policy support for the prison as a healthy setting, prison continues to restrict the ability of prisoners to make healthy choices.

## **Conclusion**

This study provides little evidence that prison facilitates the individual in making healthy choices which will be adopted as healthy behaviours after release. It is

acknowledged in 'Choosing Health'<sup>5</sup> that, where people do not feel in control of their environment or their personal circumstances, the task of encouraging people to make healthy choices is more challenging. Prisoners are the archetypal group which has restricted control, and this influences the choices inmates make and how healthily they live. Although 'Choosing Health' refers to the needs of prisoners, it does not consider the underlying difficulties of promoting health within an environment which primarily aims to discipline and control. In order to reduce health inequalities, further consideration needs to be given within the public health agenda on specific action to make healthy choices easier in prison.

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