

ST. ANDREWS HSE



SCOTTISH HOME AND HEALTH DEPARTMENT

Prisons in Scotland

Report for 1983

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£4.25 net

to provide bus services direct from Glasgow to a number of establishments at weekends, to allow friends and relatives to visit inmates, and they also assisted staff in finding accommodation for a number of inmates on release who had no homes to return to. The Women's Royal Voluntary Service and members of local churches continued to provide canteen facilities for inmates and their families and friends during visiting times, and the work of those responsible for providing toy library facilities for inmates' children at a number of establishments during visits was very much appreciated.

48. Other organisations who assisted staff in providing services, which were well received by inmates, including the Edinburgh and Glasgow Councils for Alcoholism, Alcoholics Anonymous, Gamblers Anonymous, the Barony Housing Association and local authority housing departments, the Salvation Army, Citizens' Advice Bureaux, the Careers Service and Marriage Guidance Councils.

CHAPTER THREE

Health and Hygiene

General

49. The general health of inmates has been satisfactory, but the number who seek medical attention is large and has shown a steady increase over the past few years, almost doubling over the past 10 years:—

<i>Year</i>	<i>No. of First Attendances</i>
1974	53,739
1975	54,014
1976	63,885
1977	67,422
1978	80,979
1979	71,935
1980	75,493
1981	72,969
1982	74,253
1983	97,107

50. These rising numbers are not the result of any marked change in disease pattern, but they do perhaps reflect the increasing number of inmates with personality disorders, with a history of alcoholism and, over the past 2 years, the rapidly increasing number who have been misusing drugs of addiction prior to admission. The psychological and physical morbidity associated with these conditions lead to considerable demands upon medical and nursing staff.

51. It was noted during the year that the average daily number of inmates under treatment was consistently about a quarter of the total population. Fortunately, most of these treatments are for comparatively minor complaints, but this also demonstrates the easy availability of medical, dental and nursing care and the demands made on these services.

52. The prison medical staff work in very close association with their local National Health Service hospitals and laboratories, thereby ensuring that no inmate is denied any of the facilities and specialist expertise that would have been available whilst at liberty.

53. As is to be expected with the increasing number of inmates receiving medical attention in penal establishments, there was a marked increase in the numbers of inmates admitted to NHS Hospitals. 327 (1982—252) were admitted to General Hospitals. Many more were, of course, referred for outpatient investigations and specialist opinions.

54. 21 inmates were transferred to mental hospitals and 7 of these required the special security of the State Hospital.

55. The main causes of morbidity for which inmates received treatment are shown below. The figures in brackets are those for the preceding year.

1. *Respiratory System*: 17,920 (14,670). Diseases of the upper respiratory system make up the greatest part of this large number, but more disabling conditions are common and it is noted that over 800 suffered from chronic bronchitis and emphysema.

2. *Teeth*: 9,436 (8,815). Modern dental facilities are available to all inmates and many receive treatment that they would not have sought whilst at liberty. This is a particularly useful service in the care of young offenders.

3. *Skin*: 8,405 (7,461). Diseases of the skin are always a common reason for consulting a doctor, but it is very satisfactory to note that in penal establishments less than a quarter of this number were of infective origin.

The control of the common skin infestations is most important in the cleanliness and hygiene of establishments and careful examinations are carried out on all admissions. During the year 834 cases of pediculosis were diagnosed and only 25 cases commenced after imprisonment. There were 349 cases of scabies and only 19 could possibly have been contracted during imprisonment.

4. *Alimentary System*: 5,922 (4,808). Far the largest number of these patients were treated for uncomplicated digestive upsets. It is most satisfactory that the number of cases of diarrhoeal disease remains very small and only one case of salmonella infection was reported. There were no cases of bacillary dysentery.

5. *Nervous System*: 3,430 (4,808). Psychoses were diagnosed in 32 inmates and 720 were treated for epilepsy, but the largest part of this group are classified as suffering from neuroses and personality disorders, a group which requires a very considerable amount of supervision, care and attention.

6. *Injuries*: 7,158 (6,763). Of these 1,338 were the result of events prior to admission and the greatest number, 5,327, were classified as "other" injuries and were mostly of a minor nature. 449 were treated for self-inflicted injuries, 185 of these being inflicted before reception, and this is an indication of the emotional instability of many of these admissions.

661 inmates received treatment for injuries inflicted by other prisoners, 58 prior to admission.

Other Significant Illness

56. *Alcoholism*: 1,880 (1,888) inmates were diagnosed as suffering from alcoholism, 1,730 males and 150 females. Although, for once, not showing an increased incidence this remains an important cause of morbidity, both physical and psychological. Withdrawal symptoms require careful supervision and treatment, and this year even more inmates, 95 (50), required treatment for delirium tremens which is potentially a very dangerous illness.

57. At all establishments there are regular links with Alcoholics Anonymous whose members visit regularly, and many inmates are very grateful for their initial or continuing contact with this valuable service.

58. The alcoholism treatment unit at Low Moss Prison continues to function effectively, although the nature of the problem and the life style of the inmates makes any measurement of results virtually impossible. Such indications as are available do continue to show this as a most worth while project. This unit can now accommodate 20 inmates at a time, housed in two dormitories. Selection, at time of reception, is based on a personal admission of an alcohol problem and willingness to accept advice. The members of the unit conform to normal prison routine, but as many evening group meetings as possible are held and much of their success depends on the enthusiasm of staff and invited speakers. The unit also endeavours to refer inmates to appropriate agencies on release.

59. *Drug Abuse*: 490 inmates were recorded as being dependent upon drugs at the time of reception or had recently misused drugs of addiction. The dramatic rise in misuse of narcotic drugs in the UK has been well publicised and this is mirrored in the admissions to our local establishments. Nearly all have been using heroin and most have been multiple drug abusers, involving combinations of heroin, morphine, methadone and sometimes cocaine. Misuse of cannabis, amphetamines and barbiturates is often reported, as is the misuse of dipipanone and LSD.

60. *Infective Hepatitis*: 39 (28) cases of infective jaundice were diagnosed. In only 9 cases was the illness thought to have commenced after imprisonment. 13 required to be transferred to NHS hospitals, but all made a satisfactory recovery. The incidence of carriers and suspected carriers of Hepatitis B infection in the general community is well recognised and it is realised that penal establishments, with an increasing number of admissions who are drug abusers, will contain their share of possible carriers. Wherever possible such carrier states are identified by Prison Medical Staff and all sensible precautions are taken. Guidelines, similar to those issued to NHS staff, have been issued to assist in the protection of other inmates and any staff who may suffer any risk of accidental exposure to infection.

61. *Tuberculosis*: 65 (56) cases of pulmonary tuberculosis were treated during the year. All had been diagnosed before imprisonment and in all cases treatment was satisfactorily continued during custody. None required transfer to NHS hospitals. All establishments are visited at least once per year by mobile mass X-Ray units. With a changing population it is not possible to screen all inmates, but these periodic spot checks are appreciated by medical staff and prison staff are offered the opportunity of periodic chest X-Rays.

62. *Mortality*: Two adult, male prisoners died after transfer to NHS hospitals, one the result of myocardial infarction and the other, who had been released on medical grounds, suffered from cancer of the throat. One adult, male, convicted prisoner died as the result of stab wounds inflicted by another prisoner. Five male prisoners died within establishments as a result of self-inflicted injury. One adult, convicted prisoner after a self-administered overdose of tablets. One untried adult, two convicted adults and one convicted young offender died as a result of self-strangulation by hanging. One male youth on remand died shortly after admission to a NHS hospital as a result of injuries sustained after setting fire to his cell furniture.

63. There were, therefore, 6 deaths as a result of self-inflicted injuries in the course of the year.

64. The number of deaths by suicide and self-inflicted injury over the past ten years is shown below:—

1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
2	1	4	3	4	3	1	3	3	6

65. As the numbers admitted who suffer from disturbed personality, emotional instability, drug and alcohol abuse increase, so does the risk of unpredictable and rash behaviour. Self-inflicted injury resulting in death is one tragic consequence of such behaviour. Every effort is made by all staff to identify, treat and protect those thought to be at risk, but in many cases there is no apparent evidence of nervous upset.

66. There is no doubt that some acts, resulting in self-destruction, are not primarily carried out with the clear intention to die. Some of these violent acts are started for their dramatic effect, for attention seeking or even for experimentation. Such incidents must be the most difficult for a most vigilant staff to predict and are perhaps the most tragic.

CHAPTER FOUR

Accommodation, Security and Discipline

General

67. Good progress was maintained with design work on Shotts Prison Phase II which will cost an estimated £10.5m and will provide additional places for 468 inmates in 4 accommodation blocks with cells of modern design fitted with integral sanitation and wash-hand basins. A new kitchen and dining areas, sports hall, education unit, reception, punishment block, works unit and chapel will also be provided and existing worksheds fitted out. Towards the end of the year the Property Services Agency, who will be responsible for the project as agents for the Scottish Home and Health Department, were arranging to invite tenders for undertaking the project by management contract. This system, which is a novel one in public sector building in Scotland, is being adopted to maintain the planned completion date of early