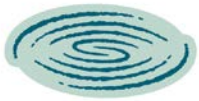

OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

Access to dental health care in Western Australian custodial facilities

Submission to the Select Committee into the Provision of and Access to Dental Services in Australia

May 2023

The Office of the Inspector of Custodial Services acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country, and their continuing connection to land, waters, and community throughout Australia. We pay our respects to them and their cultures, and to Elders, be they past, present, or emerging.

Table of Contents

1 Monitoring access to dental health services in the Western Australian custodial estate 1

1.1 The role and function of the Office of the Inspector of Custodial Services 1

1.2 Monitoring access to dental health services in the Western Australian custodial estate 2

2 People come into custody with poor oral health 4

2.1 Socio-economic factors contribute to poor dental health 4

2.2 Substance misuse is often linked to poor oral health 4

2.3 There is a link between dental disease and mental ill health 4

3 Addressing the terms of reference 5

3.1 The adequacy and availability of dental services in Australia, including in outer-metropolitan, rural, regional and remote areas 5

3.2 Pathways to improve oral health outcomes in Australia, including a path to universal access to dental services 8

3.3 The social and economic impact of improved dental healthcare 8

3.4 Workforce and training matters relevant to the provision of dental services 9

3.5 Other barriers identified that prevent people in custody from accessing dental services 10

Appendix A Bibliography 12

1 Monitoring access to dental health services in the Western Australian custodial estate

1.1 The role and function of the Office of the Inspector of Custodial Services

The Office of the Inspector of Custodial Services (OICS) was established in 2000 under an amendment to the *Prisons Act 1981* (WA), and later as an independent statutory agency governed by the *Inspector of Custodial Services Act 2003* (WA) (the Act). The intention was to:

- establish an independent inspection regime for places where prisoners, detainees and other persons in custody are held
- review certain "custodial services"
- administer an independent visitor service for prisons and places of detention.

The Inspector is appointed by the Governor for a term of up to 7 years, which can be extended (s.6). The current Inspector, Mr Eamon Ryan, was appointment in May 2019.

OICS staff are appointed under Part 3 of the *Public Sector Management Act 1994* (WA) (s.16).

Except as provided by the Act, the Inspector is not subject to direction by the Minister of Corrective Services (the Minister) or any other person in the performance of the Inspector's functions (s.17).

Our functions and powers

At least once every three years the Inspector must inspect each prison, detention centre, court custody centre and certain lock-ups (s.19). Following each inspection, the Inspector is to prepare an inspection report containing such advice and recommendations as appropriate to the findings (s.20). The Inspector can also inspect a place at any other time and on any number of occasions (s.21).

Under s.22 of the Act, the Inspector may at any time review a "custodial service" (or any aspect of a custodial service) in relation to a prison, detention centre or custodial service (relating to a court custody centre); including a custodial service in relation to one or more particular prisoners, detainees or persons in custody.

The Inspector may at any time prepare a report to the Minister on an occasional inspection (s.21) or review (s.22) and give advice or make a recommendation as appropriate to the findings (s.23).

For the purpose of performing the Inspector's functions, the Inspector (or any person authorised by them) "at any time and with any assistants and equipment" may have "free and unfettered access to" a wide range of people, places and documents or information relevant to prisons, detention centre, court custody centres and lockups (s. 28, 29, and 30).

The Act requires the Inspector to deliver all inspection reports (s.20), occasional inspection reports and review reports (that the Inspector decides to table) to each of the Speaker and President who are required to hold the report for 30 days and then table it on the next sitting day (s.34-35).

OICS also administers the Independent Visitor Service (Part 6). Independent Visitors (IVs) are appointed by the Minister, having regard to the advice of the Inspector, for every prison and detention centre for a period of 2 years (s.39). Our IVs are a diverse group of community volunteers whose duties are to visit and inspect prisons and detention centres at intervals of not more than 3 months and furnish a written report to the Inspector after each visit including a record of each prisoner complaint received (s.40). The Inspector is required to review each report received and follow-up, report and take action as required (s.43).

1.2 Monitoring access to dental health services in the Western Australian custodial estate

OICS has consistently monitored and raised concern about access to dental health services for adults and juveniles within Western Australia's custodial estate.

IVs regularly hear complaints from prisoners about a lack of access to dental health services. Between 2016 and 2022, IVs have raised 333 complaints on behalf of prisoners relating to dental care. Complaints often referred to lengthy wait times, deterioration of untreated oral health, and pain management. It was common for prisoners to tell IVs that they had given up trying to get a dental appointment because they had waited so long.

Similar complaints are often heard during inspections of custodial facilities. Between 2015 and 2021, only 18 per cent of prisoners who participated in a pre-inspection survey rated their experience of dental health care in prison as 'good' and more than half (55%) rated their experience as 'poor'.

Since 2016, OICS has made nine recommendations in inspection reports relating to access to dental health care. These were either supported or supported in principle by the Department of Justice. Only one was 'noted'. Despite this level of support, there has been few tangible improvements to dental services. An exception to this is the construction of a new dental suite at Wandoo Rehabilitation Prison that, during our 2022 inspection, was found to be generally functioning well and offering a range of services (report forthcoming).

Table 1: Since 2016, OICS has made nine recommendations on dental care in inspection reports.

Inspection	Recommendations	Supported	Supported in Principle	Noted
Karnet Prison Farm (OICS, 2016)	Establish a functioning dental suite in the Health Centre and engage a visiting dentist to improve Karnet prisoners' access to dental services		✓	
Roebourne Regional Prison (OICS, 2016A)	The Department of Corrective Services should negotiate with the Department of Health to ensure the adequate provision of dental services at Roebourne Regional Prison.	✓		
Bandyup Women's Prison (OICS, 2018)	Ensure health care staff are retained and adequately resourced to develop a holistic women-centric model of care at Bandyup		✓	
Wandoo Rehabilitation Prison (OICS, 2020B)	Explore opportunities to improve dental services for Wandoo residents	✓		
Bandyup Women's Prison (OICS, 2021A)	Provide better access to preventative and restorative dental care.		✓	

Eastern Goldfield Regional Prison (OICS, 2021B)	Expedite the arrangements for a local dental provider to attend Eastern Goldfields Regional Prison	✓		
Melaleuca Women's Prison (OICS, 2021D)	Establish a full dental service at Melaleuca that meets the needs of the Melaleuca women		✓	
Bunbury Regional Prison (OICS, 2021C)	Engage with Dental Health Services to improve consistency of dental coverage.		✓	
Roebourne Regional Prison (OICS, 2022B)	Ensure regular access to dental services for prisoners at Roebourne, including for basic preventative and restorative care.			✓

The level of concern raised through inspections and the IVs led to the review *Prisoner access to dental care in Western Australia* (OICS, 2021). The review examined the adequacy of dental care services provided to people in custody in Western Australia between 2018 and 2021. The review confirmed that, with only 2.7 full-time equivalent dental teams across the prison estate, the provision of dental health services was not meeting the needs of people in custody.

The review made six recommendations. This included calling on the Government of Western Australia to commit additional resources to increase the number of Dental Health Services dental teams (comprised of one dentist and one dental nurse) accessible to Western Australian prisons. The Department 'noted' this recommendation and another, supported in principle three recommendations, and did not support one recommendation.

The submission we present to the Committee has been informed by the findings identified through analysis of IV complaints, inspection reports and the review into dental care.

2 People come into custody with poor oral health

Prisoners regularly have poorer oral health compared to people in the wider community (AIHW, 2020A). This means prisoners often need higher levels of dental care and more intensive treatments. However, for some people, prison is the only time they will see a dentist (Douds, Ahlin, Fiore, & Barrish, 2020). This provides an opportunity for prisoners to receive the dental care they need and to be provided with information and education that may assist in reducing the likelihood or severity of future dental issues.

2.1 Socio-economic factors contribute to poor dental health

Prisoners often come from low socio-economic backgrounds, impacting their ability to access dental services prior to being incarcerated (AIHW, 2020A). The inability to pay for dental care is often cited as a barrier for people from low socio-economic backgrounds, limiting access to preventative, restorative, and emergency care (Goode, Hoang, & Crocombe, 2018; Koletsi-Kounari, Tzavara, & Tountas, 2011). Many are also unable to afford private health insurance, further limiting their access to treatment options (AIHW, 2016).

People from lower socio-economic backgrounds may also have limited access to good nutrition. Diets that are high in sugar, saturated fats, and include few fresh fruit and vegetables, are often more affordable but can have a detrimental impact on oral health and tooth decay (Lee, et al., 2016).

2.2 Substance misuse is often linked to poor oral health

People often enter custody as a regular user of both legal and illicit substances, which is also known to have a negative impact on dental health (Fazel, Yoon, & Hayes, 2017).

For example, there is an established link between tobacco smoking and periodontal disease (Zee, 2009). Western Australia remains one of two Australian jurisdictions that allow tobacco smoking in designated areas within all prisons - bar one. In 2021, we identified approximately 82 per cent of adults in custody in Western Australia regularly smoked tobacco, compared to only 11 per cent in the community (OICS, 2021B). As such, these people may be at greater risk of developing periodontal disease and requiring treatment.

Similarly, the link between methamphetamine use and poor dental health is well established. Many prisoners only become aware of the extent of their poor oral health when they enter prison and start a detoxification regime. The analgesic properties of substances such as opiates or alcohol often mask dental disease. Once these are removed, the prisoner may experience severe pain and request urgent access to dental care (WHO, 2014).

2.3 There is a link between dental disease and mental ill health

People with mental health problems are more vulnerable to dental diseases, including gum diseases and dental caries (Kisely, et al., 2011). Forty per cent of people coming into custody report having had a mental health condition at some stage in their life. This is higher for women, where 65 per cent report a history of mental illness, compared to 36 per cent of men (AIHW, 2020A).

3 Addressing the terms of reference

3.1 The adequacy and availability of dental services in Australia, including in outer-metropolitan, rural, regional and remote areas

In Western Australia, the Department of Justice (the Department) is responsible for providing people in custody with access to health services. The Department has established a Memorandum of Understanding (MoU) with North Metropolitan Health Services' Dental Health Services (DHS) to provide emergency, preventive and general dental care to prisoners to the same standard of service offered by DHS to the community.

The MoU states that dental health services are to be provided to the following prisons, which have onsite dental suites:

- Albany Regional Prison
- Bandyup Prison
- Banksia Hill Detention Centre
- Bunbury Regional Prison
- Casuarina Prison
- Hakea Prison
- Greenough Regional Prison
- West Kimberley Regional Prison
- Wooroloo Prison Farm

Where a prison is not serviced by DHS, the Department is able to transfer a prisoner to another prison to receive dental care.

Acacia Prison, privately operated by Serco, provides dental services through a private contractor. Prisoners across the custodial estate can also pay for their own private dental appointments.

Despite these arrangements, we have consistently found that access to dental services for prisoners is:

- often inadequate due to a shortage in dentists
- dependent on the facility that the prisoner is held at
- focused on extractions, with limited preventative services.

There are not enough dentists to meet demand

At the time we conducted our review, there were only 2.7 full time equivalent (FTE) dental teams (one dentist and one dental nurse) operating across the eight adult prisons in Western Australia covered by the MoU. These eight facilities had an approximate population of 4,000 prisoners (OICS, 2021). This level of resourcing was found to be insufficient for the level of demand, resulting in significant wait times and limitations in service. To our knowledge, this level of service has remained largely unchanged.

An internal review by the Department conducted in 2010 acknowledged this resourcing shortfall. It estimated that one day of dentist time per week is required for every 150 offenders. This makes clear why the level of service was not, and in our view, continues to not meet demand.

Waitlists are long

We regularly receive complaints from prisoners about lengthy wait times to see a dentist. We previously reported, as at April 2021, that there were 1,385 prisoners on the dental waiting list across various custodial facilities. Nearly 400 (approximately 30%) of these had been waiting for more than 12 months. The longest wait time was at Albany Regional Prison (19.7 months), followed by Eastern Goldfields Regional Prison (13.8 months). Despite having onsite dental suites, both prisons had been impacted by inconsistent attendances by dentists.

Long wait times have resulted in some prisoners extracting their own teeth. During the 2019 inspection of Pardelup Prison Farm, a prisoner approached our staff and proudly showed a tooth he had pulled out himself (OICS, 2021).

Many prisoners only see the dentist once their issue becomes acute. Access to dental appointments is based on clinical need. Those requiring non-emergency treatment are often 'bumped' down the list when another prisoner presents with a more urgent need. Unfortunately, the longer a prisoner waits the less likely it is a tooth can be saved.

Lengthy wait times also increase the risk of dental infections. In one week of March 2021, four prisoners were transferred to hospital for dental related issues. This included three prisoners being treated for dental abscesses and another being treated for ingesting a large quantity of pain relief medication due to untreated dental pain (OICS, 2021).

Limited focus on preventative services

Our review of dental treatments provided to custodial facilities over a 12-month period found only three per cent of treatment provided to prisoners related to preventative services (OICS, 2021). Nine per cent of treatment related to restorative work and 22 per cent of treatments were extractions. The high proportion of extractions was found to relate to the level of tooth decay present in prisoners. While this correlates with the tendency for prisoners to have poor oral health as outlined earlier, it was likely exacerbated by the lengthy wait times to see a dentist.

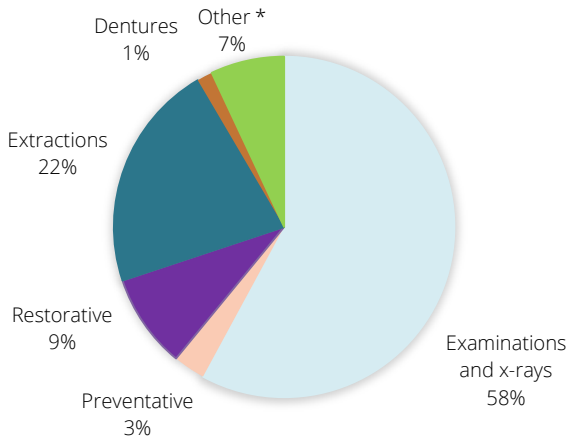

Figure 1: Breakdown of DHS dental treatment codes for prison services (OICS 2021a).

*other includes other diagnostic services, periodontics, surgery for prostheses, endodontics, crown and bridge services and general services including emergencies.

In August 2020, a prisoner at Casuarina Prison told an IV that he had been waiting to see a dentist for several months. In that time, his tooth had died. This meant that the only treatment

option would be extraction (OICS, 2021). This situation is unfortunately common and regularly raised with our office during inspections.

Access is dependent on the facility the prisoner is held at

Regardless of location, all prisons have experienced some degree of difficulty in providing regular access to dental care. Large maximum-security prisons, such as Casuarina Prison and Hakea Prison, often experience disruptions to service due to lockdowns imposed as a result of custodial staffing shortages (OICS, 2021).

Further, the provision of service is often inadequate for the size of the population. As at March 2021, Hakea Prison could only see 20 patients per week because the dentist was only onsite two days. This is despite the high demand for its services as a remand facility with a population in excess of 900 people (OICS, 2022C). As a result, two thirds of treatment provided were extractions (66%) and only four per cent of patients received preventative services (OICS, 2022C).

Access to appointments can be further hindered where prisons are reliant on external clinics. Boronia Pre-Release Centre, Broome Regional Prison, Melaleuca Women's Prison, Karnet Prison Farm, Pardelup Prison Farm and Roebourne Regional Prison do not currently have dental facilities. In some cases, prisoners are escorted to other facilities where there is a dental suite available. In other cases, prisoners are escorted to nearby public dental health clinics. This reliance adds an additional barrier to prisoners receiving adequate care.

Regional prisons also regularly experience disruptions to their dental services. Most non-metropolitan prisons in Western Australia have an onsite dental clinic. However, staffing these clinics have often proved difficult. A 'dental blitz' at Eastern Goldfields Regional Prison was organised in 2020 by DHS to help clear extensive wait times caused by a shortage in dentists (OICS, 2021).

Access to dental care at Roebourne Regional Prison has historically been difficult. A DHS dentist visits the Mawarnkarra Health Service in Roebourne for two weeks every six weeks (OICS, 2020). In this time, one appointment per day is set aside for prisoners. This capacity facilitated emergency work only. However, in March 2021 we were informed that there had been no access to dental care since November 2020 due to equipment failure at the local community clinic (OICS, 2021). During our inspection in 2022, we were informed that there had been no access to dental care since November 2021 due to a lack of dentists. As an alternative, the prison was facilitating escorts to appointments at private dental clinics, which were being paid by the native title trusts of some prisoners.

As the Department is not directly responsible for funding dental care, it 'noted' our recommendation to ensure there was regular access to dental services at Roebourne, inclusive of basic preventative and restorative care (OICS, 2022B).

Banksia Hill Detention Centre has improved dental services

In the youth custodial estate, Banksia Hill Detention Centre has improved its coverage of dental services in recent years. In 2020, we found that dental visits had increased to a full day per week,

allowing for preventive treatments and education to occur to an equivalent standard to school clinics in the community (OICS, 2020C). We understand that this level of service has been maintained.

Pre-inspection surveys at Banksia Hill positively reflected this change in service. In 2017, only 30 per cent of survey respondents listed dental services as 'good'. This improved to 60 per cent in 2020 (OICS, 2020C).

3.2 Pathways to improve oral health outcomes in Australia, including a path to universal access to dental services

Improved funding to public dental health services will have a positive influence on the delivery of dental care to people in custody.

Currently, people lose their access to Medicare when they enter custody. Section 19(2) of the *Health Insurance Act 1973* (Cth) states that when health services are being provided by, or on behalf of, or under arrangement with, any government entity, Medicare is no longer available. As a comparable level of healthcare is funded and provided by state and territory governments within prisons, the legislation does not allow for Medicare-funded services to also be provided. Therefore, changes to the provision of Medicare-funded dental health services will not directly impact people in custody.

However, improved Commonwealth funding could assist by easing the resourcing pressures on existing public dental services delivered by state and territory governments. In Western Australia, DHS are also responsible for providing public dental health services under various government-funded schemes, including the School Dental Service and General Dental Service for people who have a Health Care Card or Pensioner Concession Card. We have previously raised concern that, due to limited resourcing and competing demands, prisoner dental health care has not been adequately prioritised. This is despite a prisoner's dental health needs being on average four times greater than those of the wider community (OICS, 2021).

Additional Commonwealth funding should therefore have a positive influence on the provision of and access to dental services in Western Australian custodial facilities.

3.3 The social and economic impact of improved dental healthcare

Prisoners should not be seen as separate from the community. Rather, they are a cohort of people who pass through the prison system at a point in time. Prisoners come from the community and most prisoners will return to the community. As such, the benefits of providing prisoners adequate dental care extends beyond their time in custody.

Research indicates that for some people, prison is the only time they see a dentist (Douds, Ahlin, Fiore, & Barrish, 2020). This provides an opportunity for prisoners to receive appropriate dental care as well as information and education. This can help set up healthy and cost-effective dental habits, that may then be continued once the person returns to the community. This may reduce the likelihood or severity of further dental issues, and other associated health concerns.

Further to this, there is an obvious cosmetic aspect to a mouth full of healthy teeth and gums, which can be linked to self-esteem and self-confidence. Prisoners who have missing or damaged teeth may

find it more difficult to gain employment or reintegrate into community life (Douds, Ahlin, Fiore, & Barrish, 2020). Therefore, treating and preventing dental problems, including tooth loss, should also be considered part of the rehabilitative and reintegrative functions of incarceration. Helping prisoners re-establish their lives in the community can help reduce the chances of re-offending – this has clear social and economic benefits to society.

3.4 Workforce and training matters relevant to the provision of dental services

Dental Health Services have difficulty recruiting dentists and dental nurses

Access to prison dental services is limited by the availability of dentists and dental nurses. DHS advised us that, due to a lack of perceived benefits, it can be difficult to recruit and retain dental staff (OICS, 2021). Prison dentists are generally remunerated less than in private clinics and are required to work in high-risk environments with limited resources. Recruiting in regional areas has proven particularly difficult, with Albany Regional Prison and Eastern Goldfields Regional Prison being without dentists for some time (OICS, 2021).

However, this issue is not only isolated to dentists. The Department of Justice has consistently found it difficult to recruit and retain other prison health staff such as nurses and psychologists.

Access to culturally safe dental health services

We have consistently raised concern about access to culturally safe healthcare in Western Australia's custodial estate. Aboriginal people are over-represented in both adult and youth custody populations and are disadvantaged in terms of other social determinants of health and health outcomes. Often Aboriginal prisoners are placed at a facility that is off country and away from cultural supports. Some may not speak English as a first language.

While health care staff may have good intentions and a desire to meet the needs of Aboriginal prisoners, we have found that generally there is a lack of cultural safety embedded into the Department of Justice's healthcare structures (OICS, 2022C).

Often, we find prison health teams do not include Aboriginal health or mental health workers. Recommendations to establish Aboriginal health care roles or models of care have been made at Bandyup Women's Prison, Boronia Pre-Release Centre, Casuarina Prison, Greenough Regional Prison, and Hakea Prison (OICS, 2022C; OICS, 2020A; OICS, 2022; OICS, 2022A; OICS, 2018).

Our review into dental care access also highlighted the need for Aboriginal health workers in prisons. At the time of the review, DHS did not employ any Aboriginal health workers in the dental teams servicing prisons. The Department supported a recommendation in principle, subject to funding, to employ more Aboriginal health workers across prisons in Western Australia (OICS, 2021).

3.5 Other barriers identified that prevent people in custody from accessing dental services

Custodial decisions often override clinical need for high-risk prisoners

Research indicates that prisoners are not always provided with healthcare that is equivalent to a community standard. One reason for this is the balancing of security and custodial decisions with clinical needs (Edge, et al., 2020). During our review, the Department informed us that if a high-risk prisoner needed an emergency external dental appointment, the decision is based on clinical need. However, if this same prisoner required a non-emergency dental appointment, custodial staff could override the decision of health staff based on security or other custodial concerns. For instance, facilitating a high-risk prisoner's dental appointment may require staff to lockdown parts of the prison. The impact of this on the broader prison may result in that appointment being postponed until it can be facilitated with less impact.

Pain from poor oral health can also contribute to behaviour management issues in prisoners. Prisons are stressful environments, and this can be compounded for a prisoner who is in pain or discomfort. Research suggests that those suffering from acute physical conditions are more likely to experience what is called the 'hot affect' (Semenza & Grosholz, 2019). This can lead to both impulsive behaviours and irrational decision making, which can increase the likelihood of a prisoner committing acts of misconduct. Behavioural issues may worsen if a prisoner has a long wait time before seeing the dentist or is not kept informed about when their appointment will be.

Prisoners also have limited pain management options. Often there is a reliance on long-term paracetamol use, especially where dental waitlists are long. This can lead to other issues, with long-term paracetamol use associated with increased risk of high blood pressure and gastro-intestinal bleeding (McCrae, Morrison, MacIntyre, Dear, & Webb, 2018)

Custodial staffing shortages and lockdowns can hinder dental access

Lockdowns can prevent prisoners from accessing dental care. Lockdowns (either whole of prison, or for a specific section within a prison) can occur for many reasons. These include, when a prison is short staffed (due to daily absences or staff on other forms of approved leave), during an incident, or for staff training.

When short staffed, prison officers are often redeployed to other areas of the prison to maintain security. This may result in some areas such as non-emergency medical care and industries being closed.

Prisoners are also prevented from accessing dental care in the community when prisons are short staffed. Many prisoners require a two-person escort to external appointments. While some escort services are covered by a contracted service provider, this responsibility often falls to prison officers where escort capabilities are exhausted or at facilities not covered by the contract. During staff shortages, external dental appointments may be cancelled.

Few prisoners can afford to pay for private dental treatments

Departmental policy permits prisoners to pay for their own private dental appointments and treatments (DCS, 2014). However, prisoners are also required to cover the staffing and vehicle costs of the escort to and from the appointment. On average, this is an additional $700. This is prohibitive for most prisoners.

At the time of our review, one prison had forgone the cost of the escort, which led to a few prisoners taking up the option of paying for private dentistry. However, when the prison was short staffed, officers were unable to escort prisoners to their appointments. This created a risk that appointments could be cancelled with little notice, and prisoners being subjected to cancellation fees.

Between March 2020 and March 2021, only 26 prisoners paid for their own private dental appointments (OICS, 2021).

Administrative processes limit the availability of dentists who can enter custodial facilities

We were also told that slow administrative processes impede the availability of dentists (OICS, 2021). It takes at least a month between a dentist accepting a job within a prison and the Department's vetting processes to be completed. This includes security clearances, inductions, and site orientations. By the time the process is finalised, the dentist may well have accepted another job.

Adding to this, during our review we were advised that a dentist's access to the Department's system is cancelled if it is inactive for three months. This made it difficult for DHS to maintain a pool of reliable relief staff to fill a short-term vacancy for a dentist. This meant that vacancies often remained unfilled and prisoners missed dental appointments over that time. We recognised that vetting processes are critical. However, recommended the Department streamline these processes to ensure dental staff can commence in a timely manner and that a pool of relief dental staff can be maintained (OICS, 2021).

The Department did not support this recommendation, stating that current processes were effective and averaged a turnaround timeframe of approximately five days.

Appendix A Bibliography

AIHW. (2016). *Australia's health 2016: Social determinants of health.* Canberra: Australian Government.

AIHW. (2020A). *The Health of Australia's Prisoners 2018.* Canberra.

DCS. (2014). *Adult Justice Services Health Services Policy: PM37 Private Health Consultations.* Perth, WA: Department of Corrective Services.

Douds, A. S., Ahlin, E. M., Fiore, N. S., & Barrish, N. J. (2020). Why prison dental care matters: Legal, polciy, and practical concerna . *Annals of Health Law and Life Sciences: The Health Policy and Law Review of Loyola University Chicago School of Law,*, 101-126.

Edge, C., Stockley, R., Swabey, L., King, E., Decodts, F., Hard, J., & Black, G. (2020). Secondary care clinicians and staff have a key role in delivering equivalence of care for prisoners: A qualitative study of prisoners' experiences. *The Lancet*, 1-9.

Fazel, S., Yoon, I. A., & Hayes, A. J. (2017). Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*, 1725-1739.

Goode, J., Hoang, H., & Crocombe, L. (2018). Homeless adults' access to dental services and strategies to improve their oral health: a systematic literature review. *Australian Journal of Primary Health*, 287-298.

Kisely, S., Quek, L.-H., Joanne, P., Ratilal, L., Newell, J. W., & David, L. (2011). Advanced dental disease in people with severe mental illness: systematic review and meta- analysis. *The British Journal of Psychiatry*, 187-193.

Koletsi-Kounari, H., Tzavara, C., & Tountas, Y. (2011). Health-related lifestyle behaviours, socio-demographic characteristics and use of dental health services in Greek adults. *Community Dental Health*, 1-7.

Lee, A., Rainow, S., Tregenza, J., Balmer, L., Bryce, S., Paddy, M., & Schomburgk, D. (2016). Nutrition in remote Aboriginal communities: lessons from Mai Wiru and the Anangu Pitjantjatjara Yankunytjatjara Lands. *Australian and New Zealand Journal of Public Health*, 81-88.

McCrae, J. C., Morrison, E. E., MacIntyre, I. M., Dear, J. W., & Webb, D. J. (2018). Long term adverse effects of paracetamol- a review. *British Journal of CLinical Pharmacology*, 2218-2230.

OICS. (2016). *Report 105: Report of an Announced Inspection of Karnet Prison Farm.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2016A). *Report 106: Report of an Announced Inspection of Roebourne Regional Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2018). *Report 114: Inspection of Bandyup Women's Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2020). *Report 128: 2019 Inspection of Roebourne Regional Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2020A). *Report 129: Inspection of Casuarina Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2020B). *Report 130: Inspection of Wandoo Rehabilitation Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2020C). *Report 135: Inspection of Banksia Hill Detention Centre.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2021). *Prisoner access to dental care in Western Australia.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2021A). *Report 131: Inspection of Bandyup Women's Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2021B). *Report 132: Inspection of Eastern Goldfields Regional Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2021B). *Smoking in Western Australian prisons.* Perth: Office of the Inspector of Custodial Services.

OICS. (2021C). *Report 134: Inspection of Bunbury Regional Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2021D). *Report 136: Inspection of Melaleuca Women's Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2022). *Report 139: Inspection of Boronia Pre-Release Centre for Women.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2022A). *Report 142: Inspection of Greenough Regional Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2022B). *Report 145: 2022 Inspection of Roebourne Regional Prison.* Perth, WA: Office of the Inspector of Custodial Services.

OICS. (2022C). *Report 140: 2021 Inspection of Hakea Prison.* Perth: Office of the Inspector of Custodial Services.

Semenza, D. C., & Grosholz, J. M. (2019). Mental and physical health in prison: how co-occurring conditions influence inmate misconduct. *Health and Justice*, 1-12.

WHO. (2014). Prisons and Health. In S. Enggist, L. Moller, G. Galea, & C. Udesen, *Oral Health in Prisons* (pp. 99-102). Copenhagen: WHO.

Zee, K.-Y. (2009). Smoking and periodontal disease. *Australian Dental Journal*, 44-50.