# 12. Dental health in prisons

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## Key points

- Good dental health is as important for prisoners as it is for everybody else.
- Many prisoners suffer from poor oral health when they enter prison.
- Many prisoners only access dental services when they are imprisoned.
- Prisons should offer a comprehensive dental health care service and provide an appropriate range of treatments based on patients' clinical needs.
- Oral health should be included in prisoner induction programmes and health triage systems.
- Oral health promotion should be an integral part of health service provision.
- Prison dental teams should be clinically experienced and competent.
- Dental teams should encompass a varied mix of skills and include dental hygienists, therapists and oral health educators, where appropriate.
- Commissioners of dental services for prisons should have a good understanding of the complex needs of prisoners and the difficulties of providing a dental service in the prison structure.
- Remuneration systems for dental professionals should be appropriately weighted for patients' special conditions and the special requirements of the prison environment.

## Introduction

The oral health needs of prisoners are complex. Coupled with chronic diseases and high levels of co-morbidity, this creates a high demand for dental services. The prison dental team needs to have good clinical experience and competence and a good understanding of the prison structures and processes. Commissioners and managers of services should be aware of the special demands of providing prison dentistry and should plan, evaluate and remunerate these services accordingly.

## Oral health

The oral health needs of the prison population are greater than those of the general population. Prisoners exhibit a higher prevalence of dental caries compared to the general population, with considerable unmet needs for treatment. Studies have revealed that prisoners had significantly more decayed and missing teeth and fewer restorations than the general population *(1–3)*.

A high prevalence of periodontal disease has been recorded among prisoners *(4)*, exacerbated by the large number of prisoners who smoke, misuse substances and exhibit stress-induced parafunctional habits.[9]

Current evidence supports the finding that these high levels of oral disease have an impact on prisoners' quality of life *(5)*.

## General impact of general health on oral health

Prisoners have a disproportionately high prevalence of health problems. A high prevalence of infectious disease, chronic medical conditions and psychological disorders has been reported. Additionally, prisoners are likely to experience social exclusion *(6)*.

Studies have shown that the prevalence of dental caries and periodontal disease is higher among substance misusers than in the general population *(7)*. Mental health illness among prisoners is also associated with oral health issues such as xerostomia, smoking and poor oral hygiene. The behavioural management of people with mental health problems or those who have experienced sexual or physical abuse must be competent and appropriate, and the dental team should be given relevant training *(8)*.

## Utilization of the prison dental service

The demand for dental services in prisons is high, resulting in long waiting-lists for dental care. Many prisoners only access dental services when they are incarcerated; outside prison they often only seek emergency dental care *(9)*.

A study of young offenders in the United States found that the commonest reason for health care visits was for dental care *(10)*, while the results of an Australian study revealed that prisoners used the prison dental service to a greater extent than they had used general dentists before being incarcerated *(11)*. An Irish study examining and interviewing methadone and heroin users in Dublin revealed that their most likely access to dentistry was through the prison dental service *(12)*.

[9] Parafunctional habits are the habitual use of the mouth in ways unrelated to eating, drinking or speaking, such as teeth-grinding or nail-biting.

Many prisoners only become aware of their poor oral health when they enter prison and start a detoxification regime. The analgesic properties of substances such as opiates or alcohol mask dental disease. Once these are removed, the patient may experience severe pain and seek immediate dental care.

In a prison survey, 76.8% of participants claimed to have difficulty accessing dental care. The barriers they cited included lack of information about dental services, anxiety, long waiting-lists, appointments clashing with legal and family visits, transfers between prisons and lack of an available escort to take prisoners to dental appointments *(3)*.

## Provision of prison dental services

Equity of access to health care is a key aim of prison dental services. The Strategy for modernising dental services for prisoners in England *(13)* calls for prisons to identify resources and operational issues specific to prisons to meet the dental needs of prisoners. The most significant challenges to prison health providers were summarized in the document *Reforming prison dental services in England. A guide to good practice (14)* (Fig. 3).

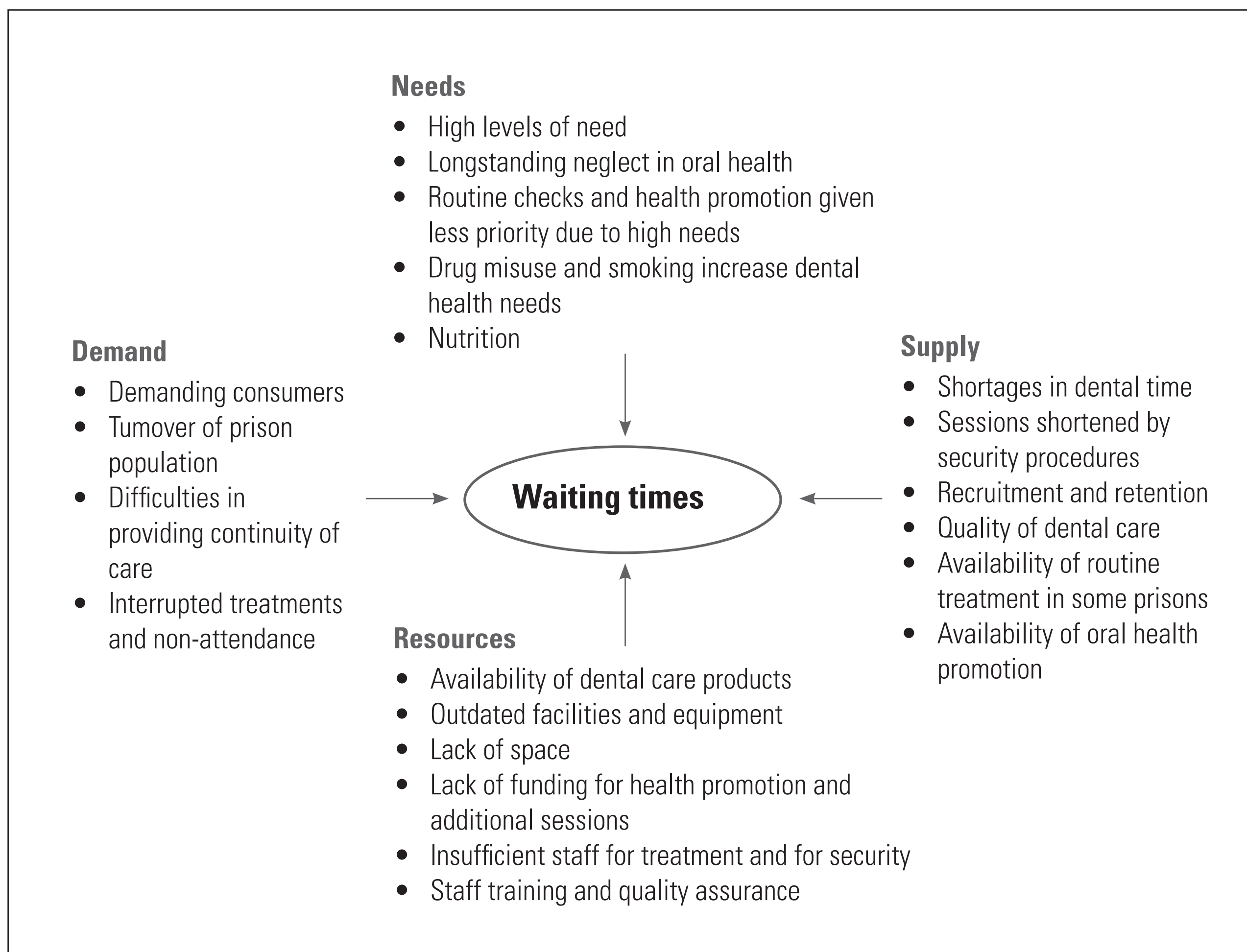
## Accessibility of dental services

On committal, every prisoner undergoes a medical assessment, which should include an oral health screening assessment. A dental care professional or trained member of health care staff can conduct a dental triage at committal. This initial screening assessment can be used to prioritize dental treatment *(3,15)*.

A prisoner should undergo an induction programme soon after committal. This should include information about the medical and dental services, which should be simple and accessible and outline the dental services available in the prison, details of how to make a referral, patients' entitlements and the range of treatments available.

To ensure that services are efficient, the dental team must work in close cooperation with the prison officers and health care staff. Prisoners or health care staff can make referrals. Protocols are necessary for these referral processes.

**Fig. 3. The challenges in providing effective dental care to prisoners**




*Source*: Harvey et al. *(16)*.

Many prison dental services do not work at full capacity due to delays and cancellations of appointments. It is essential that a coordinated approach is taken with the prison management to maximize sessions, with a high priority given to dental appointments in prisoner movement programmes.

The frequent transfer of prisoners between prisons causes much difficulty in accessing services. Where possible, a record of ongoing dental treatment should be transferred with the prisoner. Continuity of care between prison and the community dental services is reliant upon clear communication and robust protocols on release of the prisoner.

## Good clinical practice

The high quality of dental care in prisons should be based on the principles of clinical governance.

Prison dental teams have the responsibility of looking after patients in a high-risk environment. Good equipment, infection control and decontamination procedures are essential. Evidence-based practice should be the focus of each service *(14)*.

Good record-keeping is essential, and training in the response to legal queries is recommended. The dental notes in every prison should be integrated into the prisoner's clinical record.

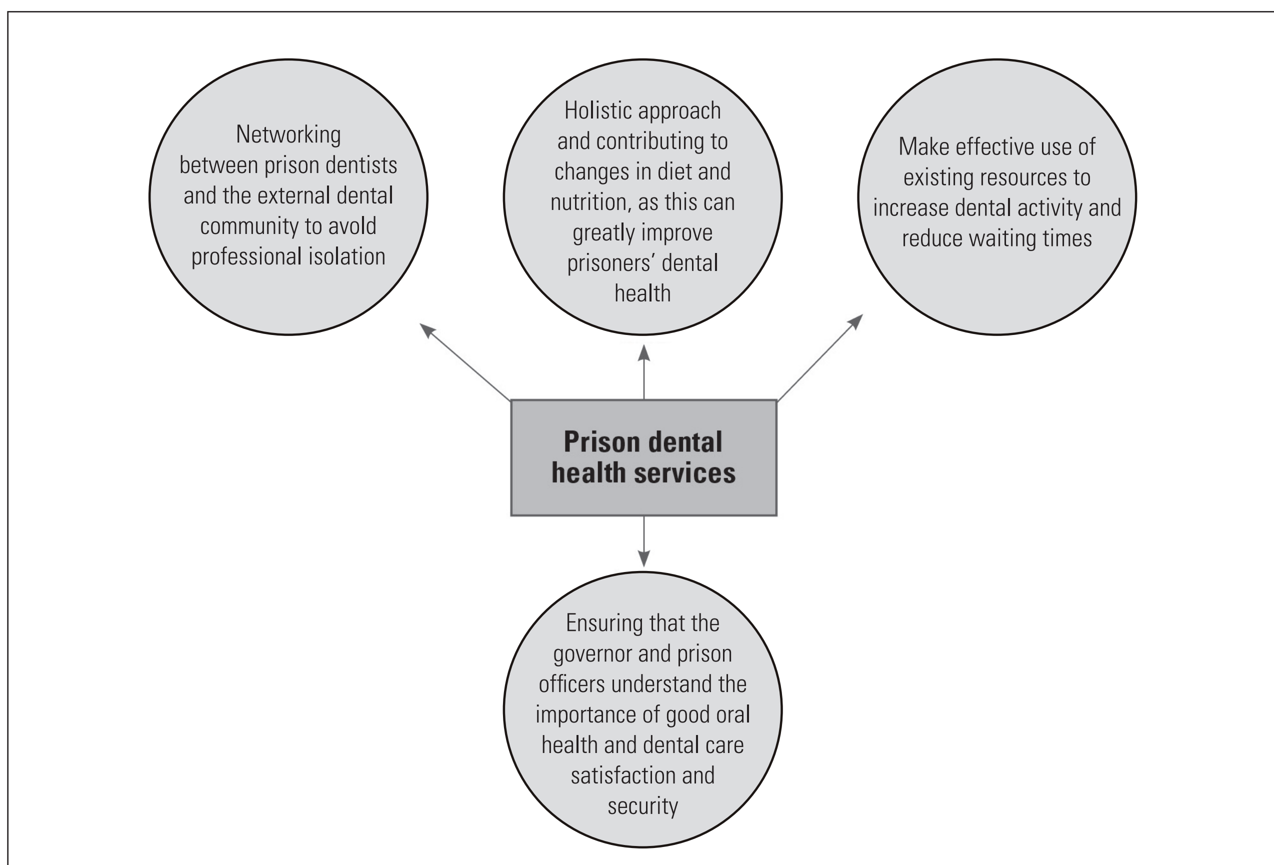
Dental teams should incorporate the values of fairness, respect, equality, dignity and autonomy into high standards of clinical care and the provision of a service accessible to all.

## Oral health promotion

The *Strategy for modernising dental services for prisoners in England (13)* stated that prisons should aim "to raise awareness of good oral health throughout the prison, among prisoners, prison staff and voluntary agencies working in prisons".

Most prisons recognize the importance of oral health promotion although not all have the resources or capacity to do so *(14)*. A tension exists between the high demand for treatment, long waiting-lists and time to conduct health promotion initiatives. It is suggested that dental teams include time dedicated to oral health promotion activities in their job plans, and work in collaboration with the prison governor and staff to aim for a holistic approach to oral health care (Fig. 4) *(16)*.

**Fig. 4. Good practices for prison dental health services**




*Source*: Bose & Jenner *(16)*.

The availability of materials for dental care is limited. Toothbrushes and toothpaste are available, but a better range of toothbrushes, higher fluoride concentration in toothpaste, interdental aids and fluoride products are not available or are expensive to buy in prisons *(14)*. A study concluded that improvements in the prison issue oral health kits led to better oral health and hygiene among the population *(4)*.

Coordinated health promotion programmes, involving the common risk factor approach, should be interdisciplinary with the dental team also involved in their planning and administration.

A prison shop can be an important part of the prisoner's week, enabling a small amount of autonomy. It is recommended that the dental team work with the administrators of the shop to highlight and promote healthy options for prisoners, and evaluate this regularly.

Good oral health enables individuals to communicate effectively and is important to the overall quality of life, self-esteem and social confidence.

## The dental team

To provide an efficient and effective dental service, the dental team must have a good understanding of the prison structures and processes. They must be able to interact with the prison managers and health care and security staff.

All prisons should provide support for dentists working in a prison environment by ensuring that there is an effective induction programme. They should also ensure that dentists have the appropriate qualifications and work within a clinical quality assurance framework.

The dental team often works in isolation and should have good clinical experience and be competent in simple oral surgery techniques.

There should be a good skill mix of dental professionals in the team, including dental hygienists and therapists to plan and run oral care clinics and initiatives.

The dental team should collaborate with other prison health care staff and dental teams to produce relevant research evidence in this field.

All dental teams working in prisons have a duty to undertake continuing professional development and should be encouraged and supported to attend courses and conferences related to prison dentistry. They should demonstrate appropriate professional standards through peer review, appraisal and clinical audit.

## Commissioning prison dental services

Commissioning is one of the means by which the best value service is secured. A good commissioning process includes five components *(16)*.

1. An oral health needs assessment assesses the oral health needs of the population and reviews the resources and capacity of the existing service.
2. Following the needs assessment, priorities should be decided in terms of the range of dental treatments available, length of a prisoner's stay, management of referrals, prevention, skill mix of the team, research priorities, risk management and the creation of a supportive prison environment. Strategic planning should be carried out and minimum standards assured.
3. A service-level agreement should be developed and the services reviewed against it. The agreement should be specific to the prison dental service and take into account the high prevalence of oral disease, the complex needs of prisoners and the difficulties in and barriers to providing a dental service in the prison.
4. Commissioners are encouraged to shape the supply and manage the market by using open tendering in their procurement strategy to ensure innovation, quality and value.
5. Arrangements should be made to manage performance and support quality improvement through frequent service reviews, using a robust and balanced set of measures for quality improvement *(17)*.

Remuneration systems for service payment should be appropriately weighted for the special conditions and complex demands of the prison environment.

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# Risk factors