

"Health in Prisons" A review of the evidence

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The WHO EURO Network

- A network of 28 European countries 1995
- Precipitated by high prevalence of HIV/AIDS, Tuberculosis, other communicable diseases (CD)
- First seminar: Finland September 1991
- Concern about Ethics, Human Rights. Move towards a Prison Health Code
- Move towards Health promotion
- Importance of Mental Health 1998
- Move against Drugs 2001
- Key recommendation: Align prison health services with the general country health services

Strategic Objectives of the Network

- Integration of prison health within the public health system of the country
- Encourage prisons to respect codes of human rights and medical ethics
- Rehabilitation, resettlement and social support to prisoners
- Reduce exposure to Communicable diseases
- Develop and promote standards, guidelines based on evidence as well as indicators
- Early warning system on CD and mental health
- Establish a database for evaluation
- "Health in prisons: A WHO guide to the essentials in prison health"
- Released by WHO-EURO in 2007
- The over-riding theme: "Health Promoting Prisons"

"Health Promoting Prisons"

- Understanding that Prison Health affects Public Health
- Establish National policies endorsed by Prison and health authorities
- A culture of care and rehabilitation
- A safe environment amongst inmates
- An acceptable physical environment

Main social problems

- Overcrowding, Poor Hygiene
- Loss of social control (Family support)
- Seclusion; Unfamiliar environment
- Threats to personal security
- History of social abuse
- Poverty
- Disability: Mental, intellectual

Main Life style problems

- Smoking
- Drugs
- Alcohol
- Diet
- Immobility and seclusion
- Sexual health
- Abusive relationships
- Personality disorders

Main health problems

- Drugs and dependence
- Poor Nutrition
- Mental Health
- Oral Health
- Infections
- Chronic conditions

Health of Prison staff

- Burn Out; Post traumatic stress
- Stress in a "closed" system
- Strict regimentation leads to poor self perception
- Conflict between being "Helpers" or "Guards". Critical of their profession
- Work with inmates often fails: Disillusion

Prisoners as Patients

- Same rights to health care

- Prison conditions should promote well-being of inmates and staff
- Health professionals need to deal with inmates as patients: Respect, courtesy
- Health staff to maintain professional independence and patient autonomy
- Multiple loyalties of staff: Yet the essential is the patient who is an inmate
- Issues of conscience and medical ethics: torture

Overcrowding

- The prison population has increased while the capacity of prison services has not kept pace.
- Overcrowding is an obvious cause or contributing factor to many of the health problems in prisons, most notably communicable diseases and mental health (including the use of psychoactive substances).
- While overcrowding is an issue for health all over Europe, the situation differs across countries.
- Imprisonment rates are considerably higher. While 50-99 persons per 100,000 people are imprisoned in most western European countries, the rates are 300-500 in many of the newly independent states (NIS).

Why Health Care in Prisons?

- **Prisons:**
Breeding grounds for communicable diseases
Introduce new, unhealthy practices (drug use, unsafe sex)
Seriously worsen prisoners' mental health.
- People often enter prison with less healthy lifestyles than the general population.
- Health promotion programs can improve the lifestyles of both prisoners and prison staff.
- Prisoners are members of the general population: Come from and usually return to the community.
- Health promotion in prisons - which contributes to the health of prisoners and staff reduces the burdens on a country's health system as a whole.

Common medical problems

- Blood borne diseases: HIV/AIDS, Hepatitis, STDs, Syphilis, Gonorrhoea
- Risks from tattooing and piercing
- CD: Tuberculosis, Trichomoniasis
- Urinary tract infections
- Scabies. Pediculosis (lice)
- Gastroenteritis, Food poisoning
- Drugs, substance abuse and detoxification

HIV/AIDS

- Two of the greatest public health problems overlap: the HIV/AIDS epidemic and the pandemic use of psychotropic substances (alcohol and illegal drugs).

- Rates of HIV infection are much higher among prisoners than among the general population.
- Prisons are high-risk environments for HIV transmission because of overcrowding, poor nutrition, limited access to health care, continued illicit drug use, unsafe injecting practices, sharing syringes, unprotected sex and tattooing.
- Many of the people in prisons come from marginalized populations, such as injecting drug users, which are already at high risk of HIV infection.

Tuberculosis

- Prisons constitute breeding grounds for TB and multi-drug-resistant TB (MDR-TB).
- In some countries, one third of all TB cases are in prisoners.
- TB is reported to be up to 100 times more common in prisons than the civilian population.
- Late diagnosis and treatment, poor prison conditions, poor nutrition and overcrowding help spread the disease.

Drug Use

- All prison systems are urged to:
 - Develop a planned and comprehensive clinical treatment program for drug dependent prisoners, including the use of opiate substitution maintenance therapy;
 - Develop a needle exchange program especially if the local prevalence of HIV or hepatitis C is high or if injecting drug use is known to occur in the prison; and
 - Provide an effective method for disinfecting needles and tattooing instruments
- A disproportionate number of prisoners have personal histories of drug use and many enter prison having severe drug problems.
- Regular drug use or dependence prior to imprisonment is reported by 8-73% of inmates and lifetime injecting drug use by about 15-50%.
- Where comparable data are available, they show that young offenders are less likely to inject than adults and that women are more likely to inject than men.

Mental Health problems

- Psychotic illnesses: 4%
- Major depression: 11%; Depressive symptoms: 89%
- Personality disorders: 42% Men, 65% Women
- Anti-social personality disorders 47% Men 21% Women
- Stress related somatic symptoms: 74%
- All are exacerbated by incarceration
- Serious risk of Suicide
- Prisoners are less likely to have their mental health needs recognized and to receive psychiatric help or

treatment

- Research has shown that about 40% of all prisoners have some form of mental health problem and prisoners are up to seven times more likely to commit suicide than people in the community.

Despite the size of the problem, prison services have had little guidance on mental health issues

In addition, prison staff dealing with disturbed or otherwise difficult prisoners may experience workplace-induced stress, with implications for their mental and physical well-being and the good management of prisons.

Oral Health problems

- Risk factors: Poor oral health, Poor diet, Poor oral hygiene, Dry mouth (Xerostomia), Smoking, Alcohol, sugar intake, carbonated drinks

Women in Prisons

- Women prisoners are just a small minority (on average 4-5%)
- Annual HIPP Conference 2008 to be: 'Prisons and Women's Health'.
- Women prisoners are often less educated
- Percentage of women being in prison for a non-violent, property or drug offence is higher than among men.
- Women prisoners' physical, mental and emotional needs differ from those of men, e.g. different needs relating to drug dependence, mental health, sexual abuse and hygiene.
- Research indicates that women prisoners are more likely to be suffering from certain mental health diseases, drug dependence and self-harm than male prisoners.
- Women have particular needs when pregnant in prison.
- The effects of women's imprisonment on their family are generally more severe especially when the woman is the sole carer of her children.
- Many women in prison are mothers and usually the primary or sole carer for their children.
- In most European countries babies and young children can stay in prison with their mothers. Three years is the most common age limit for children to stay with their mother in prison. Facilities vary widely between countries.
- Mental illnesses are overrepresented among women prisoners. 80% of women in prison have an identifiable mental illness and two-thirds suffer from a substance-related disorder.
- It is estimated that at least 75% of women entering European prisons are problematic drug and alcohol users. Furthermore, women prisoners are more likely to inject drugs than male prisoners.
- The prevalence of HIV and other infectious diseases among women prisoners is often higher than among

male prisoners.

- Women prisoners are more likely to self-harm and commit suicide than male prisoners.
- Women prisoners are three times more likely than male prisoners to report having experienced physical or sexual abuse prior to their imprisonment.

Recommendations

- Salute the work done by ISF, AJME, MDM, EU, Switzerland
- Develop the network within Lebanon and later in the Region
- Consider the concept of "Health Promoting Prisons" and adopt Guidelines and Indicators
- Involve the MOH in health care of prisoners
- Invite collaboration with WHO, ICRC and others
- Need for training and capacity building

