



Prison Health

Passed by the WFPHA General Assembly - 2011

Introduction

For too long, public health has paid insufficient attention to the health needs of those at the margins of society, the 'hard to reach'. One such group, those in prisons and places of compulsory detention, create real public health challenges which, if ignored, can be a threat to public health as a whole. It has now been demonstrated through the collaboration of a large number of countries in Europe that much can be done for this vulnerable group, to improve prisoner health, to reduce the possible threat to community health and to contribute to addressing health inequities.

Public Health Associations, holding to the principles of public health and with social justice as a core value, are well placed to cooperate with the several official and voluntary groups whose combined efforts can make a worthwhile difference.

Background

Prisoners around the world constitute one of most marginalized and vulnerable populations. ⁽¹⁾ Unlike many other such groups, they are designated as criminal and therefore guilty, and often fail to elicit sympathy or compassion on the part of the general public despite the strong human rights and social justice case for priority attention. This proposal however is based as well on the public health facts and the implications for community health if action is not taken.

Prisons are places where public health problems are concentrated. This is not surprising when the characteristics of prisoners are considered: they generally come from impoverished backgrounds, with few educational attainments, low self-esteem and poorly developed employment and social skills. In virtually every society, the greatest preponderance of serious life-threatening diseases in any community can be found in the prisons ⁽²⁾ Communicable diseases such as HIV and tuberculosis, addictions to various substances and drugs and mental illness and inadequacies, either on their own or together, affect the vast majority of prison populations.

Numerous studies worldwide have shown that HIV prevalence is higher in prison than in the community; an overview of the position pointed out the 'HIV hit prisons early and hit them hard.' ⁽³⁾ The evidence of the prevalence of HIV in prisons shows considerable variation between prisons and within and between countries: from zero in one study in Scotland and



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among prisoners in Iowa, to 33.6% in one part of Spain and to over 50% in a female prison facility in New York City. The HIV/AIDS epidemic in Spanish prisons in the 1990s led to improvements in prison health services and to the introduction of harm reduction measures so that the HIV prevalence fell to 7.0% in 2009.⁽⁴⁾ In the US, there is evidence of a decline in the share of the HIV/AIDS epidemic borne by inmates and persons released from jails and prisons: from one-in-five of all HIV-infected Americans in 1997 who was among the 7.3 million who left a correctional facility in that year to one in seven of infected Americans among the 9.1 million leaving in 2006. But the number of persons with HIV/AIDS leaving correctional facilities remains virtually identical; ‘Jails and prisons continue to be potent targets for public health interventions...effective interventions ‘will be felt not only in correctional facilities but also in communities to which releasees return’.⁽⁵⁾

A recent WHO Report states that ‘at no time in history has tuberculosis (TB) been as prevalent as it is today’,⁽⁶⁾ There is a disproportionate incidence of TB in prisons, with increased morbidity and mortality due to factors such as overcrowding, prison budgets which preclude adequate nutrition, poor ventilation, violence and weak or non-existent links to the civilian health sector. TB in prison affects the general population through transmission when prisoners are moved or discharged and via visitors and staff. So it is necessary that public health strategies to curb TB should include prisons as they are a community with higher TB prevalence and incidence rates.⁽⁶⁾

Almost all people who go to prison return to the community sooner or later, bearing with them whatever health problems they have and thus making a sometimes considerable impact on the health of the general population. Another infection of threat to public health which is endemic in many prison systems is hepatitis C (HCV). The rates in prisons of HCV are even higher than of HIV.⁽³⁾ It is estimated that in 2004, 30% to 40% of the 1.8 million prisoners in the United States were infected with HCV. In two prisons in northern Spain the figure was 92%. Yet many prisoners are released without knowing their HCV status. The condition is both preventable and treatable, and the prison setting gives an opportunity for effective interventions.

Dealing with these challenges cannot be left to public health alone, although it has a unique leadership role to play. To prevent and control major communicable diseases in prisons requires a set of measures, listed in the Madrid Recommendation.⁽²⁾ The measures were agreed at an international conference at which the WHO Health in Prisons programme was involved.

The WHO health in prisons initiative

In 1995, the WHO Regional Office for Europe responded to a request from one of its member countries to consult on the need for a health in prisons project. There was clear support for the need; at that time, prison health was of little interest to prison managers because they were judged by the effectiveness of their security arrangements and of no interest to public health



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authorities as the service was provided by the government departments responsible for providing prisons, often Ministries of Justice. The WHO network of countries which came together to share experiences on approaches to improve prison health started with eight countries but grew rapidly until today there are 44 countries committed to helping each other to cost effective improvements in prison health, to maximizing the prison health contributions to public health and to reducing health inequalities. A major factor in its success has been the high quality of collaboration with partner organizations both governmental and non-governmental. In Europe it can be claimed that the project has considerably raised the subject of prison health in the political and public health agendas.

An impressive number of evidence and experience based consensus statements and recommendations have been produced over the years and can be found on the WHO website: www.euro.who.int/prisons

Prison health raises global health issues

Involvement in health in prisons inevitably leads to involvement in some of the most pressing global public health problems of today, such as the control of life threatening communicable diseases such as HIV/AIDS and tuberculosis, mental ill health of all types, substance abuse and addictions, anti-health life style choices including smoking and alcohol; and 20% of prisoners in most countries are non-nationals. It also involves real challenges to beliefs in human rights and social justice, as prisoners are perhaps understandably considered by many people as ‘undeserving’ of special health attention.

What can and should be done?

The values, aims and concepts of the WFPHA make this global organization very suitable to take a civil society lead in getting something done. The Istanbul Declaration issued in 2009 pointed out that a time of intense global disturbance is the time for a new commitment to the health of populations. As public health faces challenges as great as those faced by the public health pioneers of the two previous generations, committed and sustained leadership is essential to move to action with regards to prison health.



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Recommendations

1. The WFPHA advocates for the development of suitable collaborative initiatives which would increase public health awareness of the health needs of prisoners.
2. The WFPHA invites international Public Health Organisations to join us in encouraging governments to adequately address the health needs of prisoners.
3. The WFPHA urges Public Health Schools to include the topics of health needs of prisoners and prison health in their curriculum.
4. The WFPHA expresses its willingness to collaborate with other NGO's in investigating and monitoring prison health conditions.

References

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