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## **Strasbourg Conclusions on Prisons and Health**

**Final draft, 20 June 2014**

The participants of the joint World Health Organization (WHO)/Council of Europe international expert meeting Prison Health in Europe: Missions, Roles and Responsibilities of International Organizations, held in Strasbourg on 27 May 2014, took as the basis for their conclusions the international rules, standards and guidance relating to the health of prisoners (see Annex).

### **Conclusions**

Participants<sup>1</sup> wish to draw the attention of all countries in Europe to the need for better health care in prisons for the benefit both of the health of prisoners and the public health of communities at large.

#### ***High risks of disease in prisons***

Prisons are not healthy places. Rates of communicable diseases such as HIV/AIDS, hepatitis and tuberculosis are much higher in prisons than in outside communities, and prisoners are at a much greater risk of contracting these diseases than members of the general population. Mental health disorders and alcohol and drug dependence are also more widespread among people in prisons than in the wider community. The increased health risks are frequently

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<sup>1</sup> Participants included representatives of international organizations (international governmental organizations and international nongovernmental organizations) and of states.

aggravated by unhealthy conditions such as overcrowding, poor material conditions and hygiene, restricted contact with the outside world and lack of purposeful activities.

### ***Prison populations have greater needs for health services***

There is vast evidence that prisoners carry a greater burden of disease compared to people living in the community. This is true for both somatic and mental disorders. In addition, the proportion of older people in prisons has increased over the last years, resulting in an even stronger need for comprehensive health services within prisons.

### ***Prison health is public health***

Prisons are closely linked to communities. Prisoners receive visitors, meet with lawyers and are in daily contact with prison staff living in the community. Most prisoners will return to their communities upon release. Prisoners often belong to vulnerable and deprived social groups. They are considered “hard to reach” and do not receive proper treatment outside prison, partly due to life-style and financial hardships. In prison, they have access to health and social care services. Delivering health interventions in prisons that limit the spread and severity of diseases not only benefits prisoners but also provides a “community dividend” by addressing health issues in underserved communities and improving the public health of the whole population.

### ***Prison health is a key to rehabilitation***

Health is a key to successful rehabilitation and integration. Healthy prisoners have a greater chance of leading independent and crime-free lives upon release. Addressing health determinants of criminal behaviour, such as substance misuse, will both improve health and reduce re-offending.

### ***States have a special duty of care***

States have a special duty of care for prisoners. When a state deprives people of their liberty, it takes on a special responsibility to look after their health in terms of both the conditions under which it detains them and of the individual treatment that may be necessary.

### ***Prisoners have the same rights to health as any other people***

Prisoners have the right to timely and accurate assessment and treatment of their health needs and, where necessitated by the nature of a medical condition, to regular and systematic supervision of their health. They shall receive all evidence- and needs-based medical care aimed at curing the health problems or preventing their aggravation, including surgical and psychiatric care, drug dependence treatment and preventive health care. Prisoners must have access to suicide prevention and protection from violence. Free informed consent and medical confidentiality must be guaranteed.

### ***Prison health staff must be professionally independent***

Prison health staff have a duty to care for their patients. To guarantee their professional independence from prison authorities, prison health staff should be aligned as closely as possible with the mainstream of health care provision in the community at large, including appropriate professional development, education and training programmes, supervision and appraisal systems.

## **Supportive developments for better prison health**

Participants noted the following supportive elements for better prison health.

- A body of international rules and standards to protect and promote the health and well-being of prisoners has been developed and endorsed by many states over the last decades.

- An increasing number of peer-reviewed publications, research findings, conferences, meetings and media products relate to prison health and facilitate the exchange of good prison health practices.
- An increasing number of international organizations (international governmental organizations and international nongovernmental organizations) are devoting considerable resources to protecting and promoting the health and well-being of people in detention; their respective mandates, missions, roles and activities sum up to a comprehensive approach to prison health.
- In many states, prison health reform has gained momentum in recent years as the responsibility for prison health services is transferred to health ministries.
- A “targeted revision” to update and improve the United Nations Standard Minimum Rules for the Treatment of Prisoners (SMR) is ongoing and includes the area of health care provision in prisons.<sup>2</sup>

These developments should be promoted in order to sustainably improve the quality of medical care and assistance provided to prisoners and the quality of conditions of imprisonment.

## **Persistent shortcomings of prison health**

Participants pointed out some persistent shortcomings of prison health in many states.

- Too many people who inject drugs and are vulnerable to HIV and tuberculosis are imprisoned. This is detrimental to the health of people in prisons and to the public health of communities.
- Inadequate financial, human and technical resources often impede prison systems from assessing and meeting the health needs of prisoners adequately.

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<sup>2</sup> The process of revision of the Standard Minimum Rules for the Treatment of Prisoners is accessible on the website of the United Nations Office on Drugs and Crime, see: <http://www.unodc.org/unodc/en/justice-and-prison-reform/expert-group-meetings6.html>, accessed 12 June 2014.

- Insufficient data regarding the health of prisoners and the performance of prison health systems, as well as some national legal frameworks, preclude many prisons from implementing evidence-based and effective public health policies, including policies to reduce the adverse health consequences of drug use (harm reduction).
- Inadequate prevention and treatment of infectious diseases and inadequate drug dependence treatment and harm reduction measures often expose prisoners to avoidable health risks.
- Poor material conditions such as overcrowding, inadequate nutrition and hygiene, lack of air-conditioning and inadequate heating, inadequate aeration, and lack of natural light are frequently found in prisons and are detrimental to health.
- Prison regime related issues such as lack of purposeful activities, restricted contact with the outside world, seclusion and solitary confinement often worsen the health status of prisoners.
- Poor infrastructure (such as lack of modern medical equipment, treatment options, including options for drug dependence treatment, other harm reduction measures, and therapeutic communities), as well as lack of adequate pharmacological supply and limited access to specialist care and hospitals, often impedes adequate care for prisoners.
- Prison systems frequently fail to adequately meet the specific health and protection needs of people in especially vulnerable situations such as people detained in police stations, remand prisoners, women prisoners (especially pregnant and breast-feeding women), prisoners living with HIV, foreign national prisoners, prisoners belonging to ethnic minorities, indigenous peoples, juvenile prisoners, prisoners with disabilities, prisoners with mental health care needs, prisoners who inject drugs or are dependent on drugs, older inmates, inmates with terminal illness or in another condition unsuited for continued detention, and gay, bisexual and transgender inmates.
- The lack of professional independence and inadequate education, professional skills and role awareness often impede prison health staff from providing health care to prisoners in accordance with international human rights law and provisions of medical ethics. Many prison health staff members are involved in tasks concerning the punishment of prisoners,

such as solitary confinement. Decisions of health care staff are often overruled by prison administrations on managerial or security grounds. Medical information and files are often not handled confidentially. Such practices jeopardize a trusting relationship between caregivers and their patients and may have negative health consequences for prisoners.

- Insufficient coordination between prison health services, prison administrations, the wider judicial systems, and public health services often impede the continuity of adequate prevention, treatment and care for patients between prisons and communities.

## **Prison health reform**

Participants identified increasing evidence of improvements not only in the health of prisoners but in the wider community in countries where health ministries have assumed responsibility for health care in prisons, such as in the United Kingdom.

To overcome the listed shortcomings and to raise existing standards, participants invite governments, other state authorities, policy-makers, and all other actors sharing in the responsibility for the health of prisoners to consider prison health reform along the following lines.

- Deprivation of liberty must always be a measure of last resort. Crime policies and practices should be assessed with this in mind, especially with regard to the problems of overcrowding and people in especially vulnerable situations. Adequate non-custodial alternatives to imprisonment should be considered and offered whenever possible.
- The performance of prison health systems should be assessed against the provisions of international human rights law and medical ethics, as well as with regard to the protection of individual and public health, especially the prevention and treatment of diseases.
- The subordination of prison health services under the jurisdiction of health ministries is the most effective way to guarantee the professional independence and ethical conduct of prison health staff. Some country examples offer strong indications that such an institutional arrangement

also has great potential to improve the health of prisoners and to contribute to better public health.

- Integrating prison health services under the jurisdiction of health ministries is a process that requires the highest political commitment. It must involve all ministries and governmental agencies that may impact on prison health, especially the Prime Minister's Office and the foreign affairs, health, justice, social affairs and interior ministries. Governments should communicate fully across all levels of prison management and personnel, and they should carefully plan and execute the practical steps, including all necessary financial and budgetary implications and transfers of funding.
- The process of integrating prison health services under the jurisdiction of health ministries and its effects should always be evaluated. Good practices at the process, structural, legal, financial, technical and human resources levels should be identified and promoted by research and interdisciplinary, intergovernmental and intersectoral dialogue and exchange.
- The outlined reform should extend to other settings in the criminal justice system, including police stations, remand prisons and detention centres for asylum seekers and irregular migrants.

To support prison health reform, international organizations (international governmental organizations and international nongovernmental organizations) are determined to strengthen and coordinate their efforts and to support national governments whenever desired.

## **Annex**

### **Relevant international rules, standards and guidance**

(The following list is not comprehensive)

#### ***Documents of the United Nations***

- United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). New York, United Nations, 2011 ([http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN Rules Treatment Women Prisoners Bangkok Rules.pdf](http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN_Rules_Treatment_Women_Prisoners_Bangkok_Rules.pdf), accessed 12 June 2014).
- Human rights and prisons. A pocketbook of International Human Rights Standards for Prison Officials. New York, United Nations, 2005 (Professional Training Series No. 11; <http://www.ohchr.org/Documents/Publications/training11Add3en.pdf>, accessed 12 June 2014).
- Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights). New York, United Nations, Committee on Economic, Social and Cultural Rights, 2000 (<http://www.cetim.ch/en/documents/codesc-2000-4-eng.pdf>, accessed 12 June 2014).
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- International Covenant on Economic, Social and Cultural Rights. United Nations General Assembly Resolution 2200A (XXI). New York, United Nations, 1966 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>, accessed 12 June 2014).
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- Universal Declaration of Human Rights. United Nations General Assembly Resolution 217 A (III). New York, United Nations, 1948 (<http://www.un.org/en/documents/udhr/index.shtml#a30>, accessed 12 June 2014).

For further United Nations documents, see <http://www.unodc.org/unodc/en/justice-and-prison-reform/criminaljusticereform.html#prisonreform>, accessed 12 June 2014.

### ***Documents of WHO***

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- Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016. Copenhagen, WHO Regional Office for Europe, 2012 ([http://www.euro.who.int/\\_data/assets/pdf\\_file/0019/170155/e96638.pdf](http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf), accessed 12 June 2014).
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Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015. Copenhagen, WHO Regional Office for Europe, 2011 ([http://www.euro.who.int/\\_data/assets/pdf\\_file/0014/152015/e95786.pdf](http://www.euro.who.int/_data/assets/pdf_file/0014/152015/e95786.pdf), accessed 12 June 2014).

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For further documents of WHO, see <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications>; for a full list of publications of the WHO Regional Office for Europe, see <http://www.euro.who.int/en/publications>; for further documents related to

prison health, see <http://www.who.int/topics/prisons/en/>, all accessed 12 June 2014.

## ***Documents of the United Nations Office on Drugs and Crime***

### ***Publications on criminal justice and prison reform***

- Handbook on Women and Imprisonment. 2nd edition, with reference to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules). New York, Vienna, United Nations Office on Drugs and Crime, 2014 ([http://www.unodc.org/documents/justice-and-prison-reform/women\\_and\\_imprisonment - 2nd edition.pdf](http://www.unodc.org/documents/justice-and-prison-reform/women_and_imprisonment_-_2nd_edition.pdf), accessed 12 June 2014).
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[http://www.unodc.org/unodc/en/hiv-aids/new/publications\\_prisons.html](http://www.unodc.org/unodc/en/hiv-aids/new/publications_prisons.html), accessed 12 June 2014).

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### ***Recommendations of the Council of Europe***

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- Recommendation CM/Rec(2012)5 of the Committee of Ministers to member states on the European Code of Ethics for Prison Staff. Strasbourg, Council of Europe, 2012 (<https://wcd.coe.int/ViewDoc.jsp?id=1932803&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383>, accessed 12 June 2014).
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### ***Documents of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)***

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- Mario Benedettini. The emergence of drug addiction in prisons. Strasbourg, Council of Europe, 2002 (CPT (2002) 13).
- Drugs in prisons. Draft list of issues to be examined when evaluating arrangements for the treatment of drug users detained in prisons. Strasbourg, Council of Europe, 2002 (CPT (2002) 14 rev).
- Pétur Hauksson. Psychological effects of trauma. How to conduct an interview with a detainee to document psychological trauma symptoms. Strasbourg, Council of Europe, 2002 (CPT (2002) 42 rev).
- Jan-Pierre Restellini. Physiopathology of fasting. Strasbourg, Council of Europe, 2002 (CPT (2002) 89).
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