World Health Organization

REGIONAL OFFICE FOR Europe

Final report of the

Network Meeting on Prison and Health
Copenhagen, Denmark, 11-12 October 2012

WHO Regional Office for Europe

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europepw
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

CONTENTS

Introduction

The 17th meeting of the WHO Network for Prison and Health took place in Copenhagen, Denmark, at the premises of WHO Regional Office for Europe, on 11—12 October 2012. There were 60 participants including 23 Member States and 20 international organizations.

The following is a summary of selected main issues that were addressed in presentations and working groups. A full version of the minutes of the meeting and most presentations are available at request (nko@euro.who.int).

Welcome and opening

In his welcoming remarks Dr Lars Moeller, programme manager alcohol and illicit drugs at WHO/Europe, thanked the Netherlands for their support of the Health in Prisons Programme HIPP in providing a secondee, Brenda Van den Bergh, for the past five years. Dr Moeller thanked Brenda Van den Bergh for her work and commitment. Dr Moeller then introduced the new Technical officer, Mr Stefan Enggist, to the participants. Mr Enggist is seconded to WHO/Europe by Switzerland. Dr Moller thanked the Swiss government for this support. He noted the importance of the WHO HIPP Network in continuing to contribute to improvements in prison health and in providing a forum for sharing best practice between Member States.

Update on stewardship of prison health

Mr Paul Hayton, WHO Collaborating Centre, Department of Health, London, gave the meeting an update on progress with the HIPP stewardship of prison health document. Publication of the document is scheduled for the first quarter of 2013. The Collaborating Centre is exploring the possibility of launching the document in London.

Alcohol and Prisoners

Dr Lesley Graham, NHS Scotland, presented an overview of alcohol problems in prisoners. She continued mentioning some opportunities of the prison setting for tackling these problems: Population with a high prevalence of alcohol problems, easier to reach the 'hard to reach', potential to reduce re-offending, positive effect on third parties like family members, potential to reduce health inequalities.

Finally, Dr Graham set out some elements of best practice for identifying and treating prisoners with alcohol problems: Screening with a validated tool, triage, timely access to effective and standardises interventions with a patient centred (goals; user/family involvement), holistic (address additional needs) and outcome focused (model of care, integrated care pathways, information sharing protocols, monitoring)approach, skilled workforce, advocacy (e.g. peer support), throughcare (e.g. in-reach from community services), adequate resources.

HCV and Prisons

Dr Hans Wolff, University Hospitals, Geneva, gave an overview of Hepatitis C (HCV) prevalence and treatment in civil society and prison, and looked at options for control of HCV in custody, where the prevalence of HCV is always higher than in the general population but varies much mainly depending on the prevalence of injecting drug users.

Dr Wolff discussed some of the treatment options for HCV. He pointed out that treatment in prisons is possible but costly and the most commonly used drug – interferon - has many adverse side effects. He noted that new drugs are currently in development but that only two have been approved to date – boceprevir and telaprevir – and these increase the cost of treatment significantly.In discussing measures to control the spread of HCV in prisons, Dr Wolff referred to the WHO HIPP status paper on harm

reduction in prison[i] and suggested prisons have harm reduction programmes which consisting of provision of accessible and accurate information, health education, voluntary counselling and testing for HIV, provision of condoms and safer sex measures, information and materials for safer tattooing, Opioid Substitution Treatment (OST), Prison Needle and Syringes exchange Programs (PNSP), reduction of proportion of intravenous drug use in prisons.

Noncommunicable Diseases – the burden of disease in Europe

Ms Frederiek Mantingh, Division of Noncommunicable Diseases and Health Promotion, WHO/Europe, reported that the WHO European Region has the highest burden of noncommunicable diseases (NCDs) in the world. She presented an overview of ongoing work at the European level and the global level to address this situation. She based her presentation of the European developments on the *Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016* that was endorsed by the WHO Europe Member States at the 61st session of the Regional Committee in Baku in September 2011[ii]. Ms Mantingh then gave an overview on the global strategic developments concerning NCDs. She especially highlightened the UN political declaration on the prevention and control of noncommunicable diseases[iii]. Ms Mantingh concluded informing participants that WHO/Europe is planning a Ministerial meeting on NCDs in December 2013 in Ashgabat, Turkmenistan, and is also planning country support to help countries to develop or strengthen their own national plans for NCDs.

Noncommunicable Diseases – the burden of disease in prisons

Dr Emma Plugge, Oxford University, gave an overview of existing data on the burden of NCDs in prisons. She noted that a large proportion of NCDs are preventable through the reduction of 4 main behavioural risk factors: tobacco use, physical inactivity, harmful use of alcohol, unhealthy diet. Dr Plugge argued that the risk factors indicate that there is likely to be a serious burden of NCDs in prisons. She presented data from various studies which showed that prisoners are more likely to smoke, to be dependent on alcohol and have a poor diet than the general community. She presented extracts from interviews with prisoners who gave the following suggestions for a way forward in tackling NCDs in prisons: More structured activity in prison, more education, targeted sessions for those who are vulnerable or older or overweight, and special gym sessions for vulnerable groups.

Prison health's contribution to public health – the Swiss secondment to HIPP

Mr Roger Staub, Federal Office of Public Health, Switzerland, gave the meeting some background as to the Swiss secondment to the Health in Prisons Programme HIPP. He remembered participants of the Swiss pioneering role for Harm Reduction in prisons and informed them about ongoing activities of the Federal Office in the field of prison health. Mr Staub said that the intention of the Swiss secondment is to support a policy of WHO/Europe along the following lines:

1. Governments and societies are fully responsible for the health of those they imprison.
2. The responsibility therefore belongs to the entire Government and definitely not only to the Ministry of Justice.
3. All policy and guidelines relevant to prisoners must respect the principle of "do no harm to health".

4. The lead in matters of public health in prisons should be shared with the health authorities of a country. The lead in matters of safety in prisons should be the domain of the judicial authorities.
5. Health professionals and officials should advocate for the health of detainees and should be commissioned by the government to be in charge of it.

Mr Staub said that WHO HIPP has put important issues on the agenda over the past years and published important documents and statements. He saw the secondment as a clear statement that HIPP should be reinforced and firmly anchored in order for WHO/Europe to continue to take leadership in the area of prison health – because prison health is public health.

A proposal for training, research and development for health and prisons

This session was led by Dr Mark Dooris, WHO HIPP Collaborating Centre at the University of Central Lancashire, Ms Michelle Baybutt, University of Central Lancashire(UCLAN), and Dr Emma Plugge, Oxford University.

Dr Dooris said that as the daily running of the WHO HIPP Collaborating Centre is now hosted by the University of Central Lancashire HIPP should make the most of the opportunity and explore possibilities for research projects which can be translated into training.

Ms Baybutt and Dr Plugge reported that the Healthy Settings Unit at the University of Central Lancashire (UCLAN), in collaboration with the Department of Public Health at Oxford University are currently undertaking a training needs assessment across WHO HIPP Member States. Its purpose is to find out what training is needed by people who work in prisons across Europe in order to better address the public health challenges faced by those who are working with some of the hardest to reach, disadvantaged and more challenging people in our communities. A questionnaire on training needs was distributed to participants and comments of the following discussion will be integrated in an updated version to be sent to participants.

Drug monitoring in prisons

Dr Alessandro Pirona, EMCDDA, presented participants of the meeting a new report by EMCDDA entitled *Drug use in prison: the problem and responses*. The report is based on a data collection exercise which involved the 27 EU member States and Croatia, Norway and Turkey. It can be accessed on the website of EMCDDA[iv].

The impact of solitary confinement on prisoner health (1)

Dr Sharon Shalev, Centre for Criminology, Oxford University, presented an overview of the use of solitary confinement and its effects on the health of prisoners. Solitary confinement is defined by the UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment Report to UN General Assembly 5 August 2011 (UN DOC A/66/268) as “the physical and social isolation of individuals who are confined to their cells for 22 to 24 hours a day”. According to Dr Shalev solitary confinement is used in a range of circumstances, including prisoners of war (POW) and hostages, in order to protect ‘state security’, in order to prevent collusion in remand prisoners, in order to punish/discipline prisoners, as a measure for prisoner’s self protection, for ‘effective‘ prisonmanagement, for prisoners in Death Row or for life sentenced prisoners. Dr Shalev presented research findings from various studies, listing some of the physiological and psychological effects of solitary confinement. These effects of solitary confinement have been categorised by some observers as a distinct syndrome - the *isolation or SHU (Secure Housing Unit) syndrome*.

To address the increasing use of solitary confinement and its harmful effects, a working group of 24 international experts in December 2007 adopted the Istanbul Statement on the Use and Effects of Solitary Confinement[v], calling on States to limit the use of solitary confinement to very exceptional cases, for as short a time as possible, and only as a last resort. Dr Shalev concluded that the use of solitary confinement is unlikely to disappear altogether but that in light of its harmful health effects and its negative impact on prisoners' prospects of successful reintegration back into society, effort must be made to ensure that its use is reduced to an absolute minimum. Dr Shalev ended her presentation by referring participants to her Sourcebook on Solitary Confinement which is available free to download[vi].

The impact on solitary confinement on prisoner health (2)

Following on from Dr Shalev's presentation, Dr Robert Cohen, New York City Board of Corrections, continued with the theme that solitary confinement has a detrimental impact on the health of prisoners. He presented findings from a study carried out in the Colorado Department of Corrections which suggested that solitary confinement (also known as administrative segregation, AS) was less harmful than the researchers had expected[vii]. The results of the study were inconsistent with the authors' hypothesis and the bulk of literature that indicates AS is extremely detrimental to prisoners with and without mental illness. Similar to other research, this study found that high degrees of psychological disturbances are not unique to the AS environment.

Dr Cohen suggested that this study highlights a problem in attempting to view the issue of the impact of solitary confinement on the health of prisoners as a scientific issue. He posed the question "what happens when science contradicts our beliefs?"

Although this study may not be able to be generalised to other prison systems, and there have been substantial criticisms of the study, it poses a problem for those who are attempting to demonstrate that the use of solitary confinement has a detrimental effect on prisoners' health. Dr Cohen suggested that we might need to think about the issue as a human rights one rather than relying on science to prove that the use of solitary confinement is detrimental to prisoners' health.

Tuberculosis and prisons

Dr Raed Aburabi, ICRC, presented the film *Combating TB in prison – the Azerbaijan experience* as a premiere at the meeting. The film was produced for ICRC training purposes and describes the Azerbaijan experience in combating TB in prisons. Azerbaijan has the best cure rate of MDR TB in detention in the Region due to the provision of testing, isolation and treatment facilities. The services are funded with support from the Global Fund. People entering pre-trial detention are screened on admission and TB positive detainees are transferred to a special treatment institute. Once a year screening takes place for all detainees in Azerbaijan, with the use of a mobile screening unit, and detainees can self-report symptoms at any point throughout the year. Positive detainees are transferred within 3 days to the special institution where they receive treatment. Patients at the institution are segregated according to their TB status and level of infectiousness. The institution implements rigorous infection control measures. The TB cure rate for detainees in Azerbaijan in 2011 was 71%.

Following the film, Dr Rafail Mehdiyev, Head Medical Deptartment, Ministry of Justice, Azerbaijan, summarized the situation with TB control in the penitentiary system in Azerbaijan and provided some background as to how the programme was developed.

Dr Mehdiyev also reported on two further developments which have recently been implemented: The *Training Centre on TB Control in Prisons* and a country-wide database *e-TB Manager*. He concluded by saying that high level political commitment has been crucial to the success of combating TB in prisons in Azerbaijan.

Comprehensive package for HIV in prisons

Dr Fabienne Hariga, UNODC, presented the lately published UNODC policy brief *HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions* and explained the rationale behind this initiative. The document can be downloaded from the website of UNODC[viii].

Feedback on prison health issues from the World AIDS conference

Mrs Elena Voskresenskaya, AIDS Foundation East-West AFEW, gave feedback on important issues relating to prison health which were on the agenda at the 19th International AIDS Conference in Washington, DC, in July 2012. Mrs Voskresenskaya's discussion related to topica like occupational safety, equivalence of care, continuity of care, post release services, and youth in detention.

Closure

Dr Andrew Fraser, WHO HIPP Collaborating Centre, said that the Network continues to provide a valuable forum for sharing our experiences in coping with enormous challenges. He defined prison health as 'public health intensive care' and highlighted the intensive nature of prison health. Dr Fraser went on to say that Member States' duty of care to prisoners demands specifically that their health and healthcare is an issue of importance - one that benefits from the international assistance that WHO can offer. He also asserted that the picture of public health in WHO, globally and in its Regions, is more complete with the inclusion of prison health, on grounds of human rights and health security amongst others. Prison health is part of public health.

Dr Lars Moller, WHO/Europe, thanked participants and presenters. He also thanked ICRC and UNODC for their financial support with this meeting.

---

[i] World Health Organization (2005). Status Paper on Prisons, Drugs and Harm Reduction. (http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/publications/status-paper-on-prisons,-drugs-and-harm-reduction2, accessed 2 December 2012).

[ii] World Health Organization (2012). Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016. (http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf, accessed 2 December 2012).

[iii] United Nations General Assembly (2011). Draft Political Declaration of the High-level Meeting on the prevention and control of non-communicable diseases. Aggreed ad referendum on 7 September 2011. (http://www.un.org/en/ga/ncdmeeting2011/pdf/NCD_draft_political_declaration.pdf, accessed 2 December 2012).

[iv] European Monitoring Centre for Drugs and Drug Addiction (2012). Prisons and Drugs in Europe: The Problem and Responses. (http://www.emcdda.europa.eu/attachements.cfm/att_191812_EN_TDSI12002ENC.pdf, accessed 2 December 2012).

[v] The Istanbul statement on the use and effects of solitary confinement. Adopted on 9. December 2007 at the International Psychological Trauma Symposium, Istanbul. (http://solitaryconfinement.org/uploads/Istanbul_expert_statement_on_sc.pdf, accessed 2 December 2012).

[vi] Shalev Sh (2008). A sourcebook on solitary confinement. (http://solitaryconfinement.org/uploads/sourcebook_web.pdf, accessed 2 December 2012).

[vii] O'Keefe M L et al. (2011). One Year Longitudinal Study of the Psychological Effects of Administrative Segregation (https://www.ncjrs.gov/pdffiles1/nij/grants/232973.pdf, accessed 2 December 2012).

[viii] United Nations Office on Drugs and Crime (2012). HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. (http://www.unodc.org/documents/hiv-aids/HIV_prisons_advance_copy_july_2012_leaflet_UNODC_ILO_UNDP_Ebook.pdf, accessed 2 December 2012).