



People in prison share the same right to health and well-being as everyone else. When a state deprives people of their liberty it has a special duty to care for their health.

What are the health issues in prison?

The health status of prisoners is almost always inferior to that of people at liberty. The risk of becoming seriously ill tends to be much higher in prison than in the general population.

- Up to 40% of prisoners suffer from a mental health problem.
- Many people entering prison have a severe drug problem.
- Because of overcrowding and poor nutrition, tuberculosis rates in prisons are up to 84 times higher than in the general population.
- Rates of HIV and hepatitis C infection are much higher among prisoners than among people living in the outside community. In one country 10% of male prisoners and 33% of female prisoners have HIV.
- Prisoners are 7 times more likely to commit suicide than people at liberty. Young people in prison are especially vulnerable and are 18 times more likely to commit suicide than those in the outside community.
- Between 64% and over 90% of prisoners smoke tobacco. The European average smoking rate is 28%.

Why promote prison health?

Prison health is a concern for the whole of society as prisons are closely linked to communities. Prisoners will return to society once they have served their sentences, and their good health is in the interest of the wider community. Good prison health lowers the costs of imprisonment by:

- improving the health of the whole community
- reducing public health expenditure
- improving reintegration into society and reducing reoffending
- reducing health inequalities
- reducing the size of prison populations.

New publication

Prisons and Health outlines important suggestions to improve the health of those in prison. www.euro.who.int/prisons-and-health

The WHO response

The WHO Regional Office for Europe is working with Member States and international partners to secure the health of those in prison. Health 2020, the new European health policy framework, considers that social values such as human rights and equity are the key to good governance for health.

Within its Health in Prisons Programme (HIPP), the Regional Office shares good practice with Member States and provides guidance on good governance of prison health. With regard to the institutional arrangements for prison health, it has been concluded that:

- managing and coordinating all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility; and
- health ministries should provide and be accountable for health care services and advocate healthy conditions in prisons.

Emprisonment in the WHO European Region

- Six million people are incarcerated in the WHO European Region every year.
- Most prisoners return to their communities after an average of 10 months in prison.
- Prison populations are becoming increasingly complex with regard to special needs, older prisoners, ethnic minorities and foreign prisoners, among others.
- Incarcerated women are far more likely to have had traumatic experiences in early childhood than incarcerated men; this includes sexual, mental and physical abuse. Half of female prisoners have also experienced domestic violence.

Prison overcrowding

- occurs in more than 20 states of the WHO European Region
- can accelerate transmission of infectious diseases
- has a negative impact on the mental health.

Medical ethics - Prison health staff

- have the sole duty to care for their patients and should never be involved in tasks concerning security or punishment of prisoners;
- should be independent from prison authorities;
- should be contracted by health ministries.