PRISONS: HEALTH HAZARDS, BUT ALSO HEALTH OPPORTUNITIES

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“Prisons are among the most unhealthy places in our societies. In them, people are not only deprived of their freedom but they are also exposed to threats such as violence, addiction and infectious diseases, while at the same time their own capacity to manage these risks is severely constrained” [1].

Worldwide, there is a high prevalence of bloodborne diseases such as hepatitis B, hepatitis C, or HIV among prisoners. This is largely due to a high prevalence of injecting drug users (IDUs) among detainees who have been infected by sharing needles or other paraphernalia. Moreover, injecting drug use is often continued within prisons in unsanitary conditions, or prisoners begin injecting while in prison. Tattooing, unprotected sexual intercourse and crowded living conditions also boost risks for infection [2-7].

Some studies indicate that IDUs who continue injecting while in prison are much more likely to share injecting equipment than injectors in the community.

There is an obvious lack of systematic documentation and research on health issues in European prisons. However, there are some valuable starting points in gathering information which could support health planning and policy making.

The Health in Prison Project (HIPPP) of the World Health Organization Regional Office for Europe (<http://www.euro.who.int/prisons>) has recently launched a Prison Health Database, which has been developed in collaboration with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Network on Drugs and Infectious Prevention in Prison (ENDIPP). The database includes a large number of relevant indicators on prison health. In connection to the database a tool for data presentation was developed (<http://data.euro.who.int/hip/>).

Countries are currently providing penal statistics on the epidemiology of HIV/AIDS, hepatitis B and C, TB, STIs, violence/suicides, mental disorders and on specific interventions or preventive measures. Based on this information, it will soon be possible to develop indicators for “good” prison health and to use this database as an instrument for policy monitoring within European prison systems [8,9].

Currently, several studies on the prevalence of bloodborne infections and related risk behaviours in prisons are being finalised in different European countries. They are based on the

WASH (Willing Anonymous Salivary HIV/hepatitis C surveillance) method, like the one presented by Danis and colleagues in this issue, and have been carried out under guidance of the EC funded ENDIPP Network (www.endipp.net) [10]. These studies comply with the technical term “second generation surveillance”, as they merge information on prevalence with information on knowledge, attitudes, behaviour and practices of prisoners and prison staff [11]. Prison staff were included in the surveys, since they represent a key element in all stages of prevention and harm reduction.

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Surveys have been carried out in Armenia and Belgium using saliva for bloodborne virus detection, in Poland and Estonia using full blood samples, and another survey is ongoing in Germany using dried blood spots [12]. Their outcomes will determine better tailored recommendations for the responsible ministries in order to improve prevention and care inside prisons.

The United Nations Office on Drugs and Crime has recently published another, more general, framework for effective national responses regarding HIV/AIDS prevention, care, treatment and support in prison settings [13]. This framework sets out principles and actions for management of prisons but also for treatment of prisoners. It provides a useful tool for countries to support the implementation of evidence based interventions. Its objectives include aspects of prevention, treatment, and support regarding HIV/AIDS among prisoners that equal the very same standards available to people in the community outside of prison.

HIPP is about to publish an international guide, “Promoting Health in Prisons: The Essentials”, which will outline key points regarding health promotion in prisons in general, and will also touch issues related to other infectious diseases.

In this issue, C Danis and colleagues present results from a cross-sectional survey on viral hepatitis and HIV among prisoners in Northern Ireland. Although the survey revealed a comparatively low prevalence of bloodborne infections among prisoners, based on test results of oral fluid specimens, the authors warn, correctly, that this is not a reason for complacency. Again, a clear relationship between infection with hepatitis B or C and injecting drug use is shown, and the authors recommend that measures should be taken in order to minimise potential transmission of bloodborne infections in prison.

Studies in other countries indicated varying, but generally much

higher prevalences of bloodborne infections among prisoners. However, common to all of them was a pronounced link between injecting drug use and incremental seroprevalence [3-6, 14-16].

It should be noted that good prison healthcare is good public health. In terms of potential for preventive measures, the prison setting provides a unique opportunity for prevention (in an otherwise hard to reach population), e.g. vaccination of risk groups against hepatitis B infection [17, 18]. It should be borne in mind that in the long run, prison based harm reduction strategies and vaccination programmes will have a marked impact also upon the community-based burden of infectious diseases, as a considerable proportion of society is exposed to the prison system. Most of the prisoners are eventually released and rejoin society. Moreover, the majority of detainees spends only limited time periods in prison, and repeated imprisonment is common.

Another important aspect in preventing spread of infectious diseases in prisons is educating staff and prisoners alike: it is vital that modes of transmission of bloodborne viruses are known in order to guarantee adherence to disease prevention strategies and to successfully promote health in prisons in the broader sense. Moreover, counselling and testing of prisoners, offering vaccinations and treatment of drug addiction or infectious diseases are of utmost importance, as well as preventing and managing accidental occupational exposure among the prison staff [19].

Even though specific harm reduction programmes have shown to be cost-effective, measures are generally adopted hesitantly, if at all [20, 21].

"It is insufficiently recognized that much more can be done within our prison system to reduce the harm from drugs and to treat successfully a large number of prisoners who are addicted to drugs. The promotion of health in prison can make a major contribution to national strategies for tackling the problems of drugs (including alcohol) in society" [9].

Namely, there is a need for increased infection control and harm reduction measures in prisons. Researchers and health planners likewise need to recognise the pivotal role prisons play in the context of infectious disease epidemiology, and they need to meet the challenge in improving health for those behind bars.

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