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HEALTH IN PRISONS HEALTH PROMOTION IN THE PRISON SETTING

Summary Report on a WHO Meeting

London, 15-17 October 1995

ABSTRACT

The Working Group was convened to look into the validity and feasibility of health promotion in penal institutions. It examined the current position of such health promotion in the countries represented, the need for regular exchange of information and experience, and the identification of common areas of difficulty and concern. It was concluded that the prison community is eminently suitable for health promotion activities, and would offer great benefits to a vulnerable sector of the population represented by prisoners, their families and prison staff. It was agreed that a European health in prisons network, along the lines of other WHO networks concerned with schools, hospitals, workplaces and cities, would be set up, and that a coordinating centre would be established.

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TARGET 14

SETTINGS FOR HEALTH PROMOTION

By the year 2000, all settings of social life and activity, such as the city, school, workplace, neighbourhood and home, should provide greater opportunities for promoting health.

Keywords

PRISONS
HEALTH PROMOTION
EUROPE

Introduction

A WHO Working Group on Health in Prisons was convened by the WHO Regional Office for Europe in collaboration with the Directorate of Health Care, H.M. Prison Service (England and Wales). It met in London at the invitation of the British Government. The meeting was attended by WHO temporary advisers from eight countries and by observers from the Council of Europe, the European Union and nongovernmental organizations.

The Working Group was asked to consider the validity and feasibility of health promotion in the penal institutions. In that context it examined the following issues:

- the current position of health promotion in prisons in the countries represented, in the context of each country's health service provision for prisons;
- the need for a regular exchange of information, experience and good practice through a WHO network of interested countries, prison services and prisons; and
- the identification of common areas of difficulty and concern where collaboration between countries would be of benefit.

In the presentations and discussions the following main points were made.

1. There are great differences among countries in the numbers of people incarcerated. European countries range from about 350 per 100 000 population down to approximately 40. Over the last several years the trend in most European countries has been towards an increase in the size of the prison population, leading in many cases to serious overpopulation of prisons and detention centres. Obviously this contributes to health problems and to constraints on opportunities for health promotion.

2. There are likewise wide variations between countries in provisions for health care and health promotion in prisons. In only two European countries is the responsibility for health in prisons assumed by the health care sector and ultimately the Minister of Health; in all others the health of prisoners is an integral part of the prison administration. In a few countries provisions for health care and health promotion can match services outside the prison system; in the majority, however, prisoners are disadvantaged in terms of health care.

3. Many of the health problems encountered in prisons are common throughout Europe. Sentencing policies and practices have a marked influence on

health. Further, substance misuse (including alcohol, drugs and tobacco), communicable diseases (in particular HIV/AIDS) and mental ill-health rank among the most serious health problems in prisons almost everywhere in Europe. In a generally deteriorating health situation in the eastern part of the Region, the health situation for most prisoners is particularly disadvantageous. Sanitary and living conditions in prisons are often far below acceptable standards.

4. There are positive developments in many western European countries and in some of the eastern European countries in health promotion in prisons. There is growing interest on the part of the prison authorities, staff and prisoners themselves and an increase in lifestyles screening sessions and programmes on health education, substance abuse and mental health. A wide range of possible health promotion activities and examples of successful work were reviewed.

5. The particular characteristics of prisons and the prison community require a contractual basis for health promotion in order for it to become an effective and sustainable element of the system. These contractual requirements may take the form of special provisions in the prison rules, legislation or contracts between prison governors and senior management.

6. Prisoners and their families are exposed to particular health risks that are directly related to the situation of the prisoner. Prison staff are also liable to face such risks. Consequently the need and opportunities for health promotion in prison settings must address both prisoners and their families and prison staff.

7. The settings approach to health promotion has proven very effective in such environments as schools, workplaces, hospitals and cities. WHO's Europe-wide networks that address these settings are strategically vital tools in initiating and stimulating health promotion. Prisons can be regarded as another setting in which to advance public health in pursuance of target 14 of WHO's European health for all strategy.

Conclusions

1. The prison community is a valid and feasible setting for health promotion, offering potentially major health gains for a particularly vulnerable sector of the population.

2. Key elements of health promotion in the prison setting include, among many others:

- prevention of deterioration in health

- enablement and empowerment
 - physical and mental components
 - duty of care to the whole community
 - a multidisciplinary and holistic approach.
3. All the participants recognized health in prisons as a priority for action despite very limited resources. Such action could reap substantial benefits for the health of prisoners, prison staff and the general public, and might subsequently bring advantages in the management of prisons.
 4. Prison services have a duty to care for prisoners and prison staff and to take account of the public health of the wider community. This care must be equivalent to that available to other citizens.
 5. It is important to listen to the views of prisoners and prison staff in order to meet their needs through a range of effective health promotion strategies.
 6. A coordinating centre with clearly defined functions should be established. These functions would include: close cooperation with the Regional Office in supporting and enlarging the newly established health in prisons network, including its technical, managerial and financial aspects; to act as a technical and policy information centre; and to assist in strategic planning and implementation of international action for health promotion in prison settings.

Agreed action

1. The Working Group, with the expert guidance of the WHO Regional Office for Europe and with the collaboration of the Directorate of Health Care, H.M. Prison Service (England and Wales), would form the nucleus of a European health in prisons network.
2. A full report of the present meeting would be provided within six months of the meeting. Circulation of information and the establishment of a database of good practice should start as soon as practicable.
3. A further meeting should be arranged within one year, and other interested countries in Europe should be invited to be represented.
4. It was considered essential that this WHO initiative should take full account of the work of other European agencies such as the European Union, the Council of Europe and relevant nongovernmental organizations.
5. It was unanimously agreed that a regular exchange of information, experience, written materials

and good practice would be of great benefit to all prison services in Europe and that further work should be commenced to define the working of the health in prisons network.

6. A WHO collaborating centre should be designated to coordinate and facilitate the network's activities, arrange further meetings on specific issues in different countries, help to define common standards, and establish a database of good practice.