

Community intervention in prison

Show me your prisons and I will tell you how civilised your country is

(Dostoevsky in crime and punishment)

“All on drugs and public health in prison” was the title of a two day symposium which took place in Lisbon, May 9 and 10, 2006. The symposium was organized by SOMA, a Portuguese NGO dealing with anti prohibitionism, drug use and the problem of access to harm reduction measures for prisoners. About 200 participants from across Europe discussed their experiences with best practice models and harm reduction services in prison.

Prisoners throughout Europe are a highly vulnerable group. It is assumed that between 30 and 50% of all European prisoners are in prison because of drug related problems. One of the reasons for the high vulnerability of prisoners is the lack of access to harm reduction measures, such as needle and syringe exchange programmes, bleach, methadone and substitution treatment in prison.

Another major problem is denial of the existence of sexual violence, unsafe sex and MSM in prison. This results in the lack of prevention measures, such as access to condoms, lubricants and hepatitis B vaccination. Referral systems for rape victims are very often not in place.

The prevalence of hepatitis A, B and C and HIV within prisons is many times higher than in the general public. Prison settings should be a key focus for public health interventions, such as educational or vaccination programmes etc. But they do not and this is a major challenge for Europe’s public health care systems. Prison settings are in many countries excluded from public health care programmes.

It is scandalous that countries like Germany are able to decide not to participate in relevant networks, such as the WHO health in prison project, a European wide body dealing with health care standards for incarcerated people.

The fact that hundreds of thousands of prisoners in Europe rotate each year from prison back to society and vice versa should be reason enough to consider prison settings as a perfect target for community interventions.

One workshop during the conference dealt with the problems and challenges of community interventions in prison. About 20 participants with experience in prison work from countries such as / including, Macedonia, Israel, Germany, Latvia, Spain, Greece, Portugal, Hungary and the Ukraine shared their thoughts and ideas. This gathering was sponsored by the European AIDS Treatment Group (EATG).

The workshop participants isolated four major problems in order to come up with recommendations. Forum members are invited to respond to these conclusions. Any shared experiences from other regions of the world are highly valued. It is important to break the isolation many prisoners find themselves in.

The slogan “prison health is public health” has to be translated into action and interventions.

The exchange of ideas in Lisbon and the recommendations demonstrate the key positions that communities have and the challenges they face. It is time to include prisoners in our programmes.

Challenges and recommendations

1. There are many problems working with prison systems. There is no systematic access of NGOs to prisons. Access depends on the good will of responsible individuals within the prison system. This makes things very difficult for NGOs and is not acceptable. There should be (an independent) right for NGOs to have access to prison systems.

Recommendation:

- A system should be established by responsible administrations to allow NGOs to have access in order to carry out their work.

- Establish alliances between NGOs and other authorities (local and national) such as local health authorities, drugs and AIDS agencies to facilitate work with prison administrations (in prison).

2. Prison staff and prison administrations (and even prisoners themselves) deny the existence of risk behaviours. Harm reduction measures are neglected: There is limited discussion about sexual violence and rape in prison. There are no referral systems in place if rape among prisoners occurs. No post exposure prophylaxis and active hepatitis B vaccination for prisoners is in place, if sexual violence occurs.

Recommendation:

- Awareness raising for staff, involvement of staff and prisoners in NGO activities
- Advocate for the evaluation of international and EU guidelines on prison health.
- Expose prison administrations to evidence of the existence of infections and risk behaviours (thanks Soma – good initiative)
- Use multisectoral approach in trainings and activities

3. The right to health of incarcerated people is severely violated in many prisons: There is limited access to treatment. International acknowledged standards of VCT are often not in place. Confidentiality issues are a major problem in prisons, prisoners with chronic diseases frequently do not have any information regarding their health status. In many prisons there is no or limited access to harm reduction measures such as condoms, syringes, bleach. Equality of services for prisoners does not exist.

Recommendation:

- NGOs should remain independent and ensure the respect of prisoners rights first.
- Invite countries which did not implement international guidelines and join relevant international projects such as WHO Health in prison project.

- Germany gives a very bad example by its abstention from the WHO Health in prison project. Ensure the participation of NGOs in these networks.
4. Lack of continuity of care, once the person is released from prison. This frequently results in treatment interruptions for PLWHA

Recommendation:

- Use the expertise of NGOs in working with target population in the community to ensure referral and continuity of care
- Include prison administration in existing local social networks (education, treatment, financial care etc)
- Facilitate exchange of good practices between NGOs and prison administrations in different countries.