Spain

Country statistics

The population of the country was 46,658,447 in 2017.

The HIV prevalence in the country was 0.3% (2017); HBV prevalence was 0.6% (2017); HCV prevalence was 1.2% (2017) and TB prevalence was 0.009% (2017).

The estimated number of drug users was 286,629.

The prevalence of people who are suffering from mental illness was 0.6%.

The suicide rate was 7.89 per 100,000 habitants (2017).

The prevalence of STIs was 0.05% (2017)

Access in the general population

The general population has good access to all tools and methods of prevention and they have access to treatment of HIV, HBV, HCV, and TB.

Definition of closed setting – closed settings relevant in the national context

There is no nationally used definition of closed settings.

These settings include prisons; pre-trial detention; police custody (after arrest); centres for refugees and migrants and other facilities.

These include 1. National police stations and other custody facilities. 2. Spanish military police headquarters and other custody facilities. 3. Local police custody facilities and detainees deposits. 4. Autonomous police stations. 5. Jail in court buildings. 6. First aid and detention centres for migrants. (Local Police) 7. First aid and detention complementary installations for migrants. 8. Salas de inadmitidos y de solicitantes de asilo en puestos fronterizos (Rejected and asylum seekers halls at border crossing points) (Policía Nacional). 9. Detention centres for migrants 10. Prisons. 11. Social Integration Centres. 12. Penitentiary Psychiatric hospitals. 13. Health centres where people with mental illness are hospitalized involuntarily. 14. Repatriation services. (FRONTEX) 15. Transfer Services between detention centres for migrants. 16. Custody Hospital Units.

Difference of prevalence in closed settings vs general population

There is a significant difference between prevalence in the general population and people in prison. Women in penitentiary establishments are also much more vulnerable to HIV than the rest of the population. This is all due to issue of drug use and addiction that people bring into prison from the outside and the risk practices that they continue inside prisons, especially unprotected sex and drug use.

Although Spain has managed to reduce HIV cases in prisons in recent years (by more than 90%), the infection rate remains 'much higher' within prisons compared to the general population, which is currently at 0.3%. These results are not only due to the introduction of high-efficient ARV therapy for HIV (treatment as prevention), but also to the extensive development of harm reduction programs in Spain.

Funding for prevention and health interventions in closed settings

The penitentiary system is government funded and it depends on the Interior Ministry, and not on the health systems of each autonomous community. In two of the autonomous communities, Euskadi and Catalunya, which are having the best results, health in prisons depends on the health systems. The CIEs health system is private, contracted by the Interior Ministry.

Prison statistics

The size (or estimate size) of population was 50,461 in 2017.

The prevalence of HIV was 5.1% (2017); HBV was 2.6% (0.23–4.9); HCV was 16.7% (2017); and TB was 0.09% (2017)

There is no data on prevalence of mental illnesses in prisons, the suicide rate was 5.7% per 10.000 (2017).

There is no data on prevalence of STIs.

Access and policies vs practice in prisons

The shortage of sanitary personnel in Spanish prisons prevents the periodic repetition of the Mantoux.

The lack of health professionals in state prisons also prevents recurring testing and screening programmes.

The reality of the Spanish penitentiary system makes it difficult to know when and if the inmate is going to be released or removed from prison.

There is treatment available for HIV, HBV, HCV, and TB in prisons.

Condoms are freely available while femidoms have very limited availability and lubricants are not available or very limited. PrEP is not yet available in prisons; there is no clear information about its realization. However, PEP is available.

When it comes to harm reduction for people who use drugs, NSPs are available in theory but in practice they are not available in all prisons), but there is OST and Naloxone are available for all who need it.

Vaccination for HAV and HBV are available but there are some practical barriers due to shortage of medical staff in prisons. Disinfectants are also available in theory.

NGOs provide information leaflets for inmates.

There are programmes for drug users in most prisons.

Other issues in prisons

PLHIV and viral hepatitis patients are detained together with other inmates. TB patients are only separated if the medical services consider they can be contagious and only until this possibility is dismissed.

There are four care systems: PLHIV and hepatitis or TB patients are transported to the hospital; or the specialist visits the

prison; or the prison´s doctor is a specialist; or they use telemedicine services.

Trans individuals can access hormonal therapy if prescribed. There are cases of punishment consisting in denying the access to HT.

Training on HIV is available for prison staff but the lack of doctors and funds destined to these kind of programs implies it is not covered.

Policies to ensure confidentiality are in place but in practice, confidentiality in prison still leaves much to be desired.

Peer support and consultation with nutrition specialists are available in some establishments but psychological support is only available through NGOs.

Health education training, health mediators, support programs for ex-convicts, therapeutic accompaniment for ex-convicts and leisure and free time activities are available for all prisoners.

Special problems are found in the management of associated comorbidities, especially hepatitis C and mental health.

There are recurrent problems with the transport of inmates to hospitals or other specialist medical consultations, they often miss doctor's appointments. This is due to lack of coordination and/or resources.

Centres for refugees and migrants statistics

The size of population in centres for refugees and migrants were 7,855 (2018) and 8,814 (2017).

There is no data available on prevalence of communicable diseases or mental health issues, including suicide in these centres.

Access in centres for refugees and migrants and policies vs practice in centres for refugees and migrants

Although it is mandatory for the private health system contracted out by the Interior Ministry to propose measures to prevent epidemics, this is hardly ever done. These measures require a proposal to the Director and the proposal had to be decided by the Coordination Board.

There is not a mandatory policy for testing or screening, although the Ombudsperson and the Control Courts insist on requiring the systematic practice of screening tests of possible infectious diseases at the time of entry into this centres (CIE).

According to information from NGOs who are able to access these centres, there are not any prevention services.

Other issues in centres for refugees and migrants

PLHIV, viral hepatitis patients, and TB patients are together with other people in these centres.

There are no specialists visiting the centres. Any proposal for the inmate to visit a specialist had to be raised to the centre's director by the centre's doctor, or, if present, by the NGO doctor to both and, in case of being ignored, to the Control Court.

The policy is that trans persons can decide where to stay. If there was a women's facility they could decide to go there. However, there are bullying and discriminatory attitudes between the inmates so they would probably hide their condition. The centres do not provide hormonal therapy.

The policy is to follow the European legislation about protection of medical data. Confidentiality is not followed in practice due to the absence of interpreters. Malpractice about storage of medical information has been reported.

NGOs are not able to offer or ensure any regular services. They are only allowed to access the centres occasionally and arbitrarily.

There is no testing, diagnosis and therefore there is no treatment for these communicable diseases in the CIES. There can be cases in which a doctor from an NGO will go to the centre and present the situation to the Control Judge who will be the one to make the final decision about the treatment.

In other cases, there is information that people bring their own treatment or try to get it from their visitor. An HIV case has been reported in which the NGO doctor talked directly with the centre's doctor, who arranged the treatment for the person living with HIV in the centre. Any proposal for therapy made by the centre's doctor had to be raised to the centre's director.

Health care in these centres is very limited. NGOs are concerned about the deficiencies of health care provided in the CIE, outsourced by the Ministry of Interior to the private company Clínica Madrid. In these centres there is no chance personalized medical attention. Based on information obtained from NGOs, the private health services hardly ever do anything but a very superficial initial medical examination and supply painkillers and anxiolytics or sedative drugs. There is no other psychological or psychiatric attention for regardless the large number of people in these centres who suffered episodes of anxiety or insomnia derived from transit and their personal situation.

In most cases the lack of response to situations of health that place inmates in a particularly vulnerable situation is the responsibility of the CIEs directors, and not of the centre's doctors.

NGOs try to attend people with diseases or injuries whose treatment exceeds the possibilities of the medical services of the CIE. Sometimes medical reports are not provided to the people in the centres. There are cases in which there are minors in these centres, due to the difficulties in establishing a protocol to determine their age. There are centres in which the right to privacy of the inmates is not preserved either in the showers or in the toilets.

Young people

Closed settings for young people in Spain include detention facilities for young offenders (closed centres, open-prison or semi-open; therapeutic treatment centres; police units: detention centres of the State and the Autonomous Community; police detention centres at border crossings, for the detention of persons of migrant origin: asylum seekers, migrants in an irregular situation; and protection and guardianship centres for unaccompanied foreign minors.

Young people are from 14 to 18 years old, with exceptional decision of the judge, can be raised up to 20 years, based on the personal circumstances and the degree of maturity of the author, and the nature and severity of the facts.