



Fact sheet
Copenhagen and Madrid, 29 October 2009

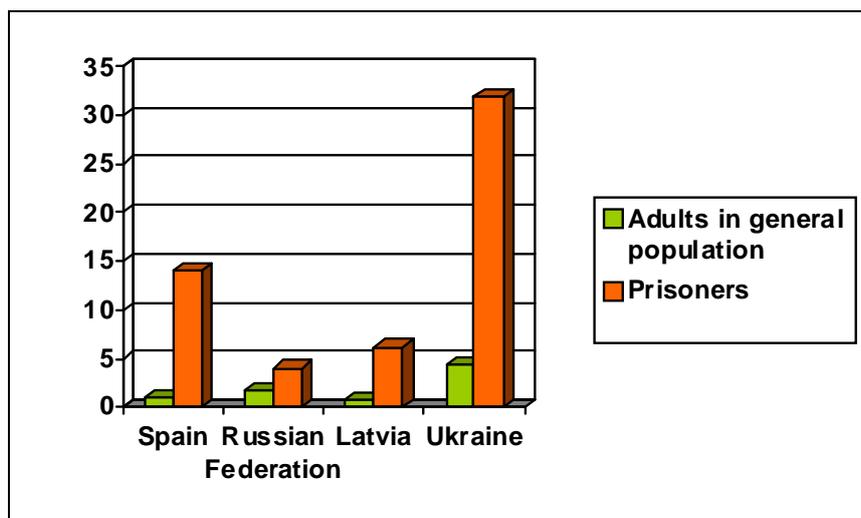
Prison health – HIV, drugs and tuberculosis

At any given time, over two million people are imprisoned in penal institutions in Europe. Prisons are extremely high-risk environments for transmission of infectious diseases because of overcrowding, poor nutrition, limited access to health care, continued illicit drug use and unsafe injecting practices, unprotected sex and tattooing. If prisons are not to become a breeding ground for infectious diseases, prevention and treatment must be an integral part of the penal system. Three major issues challenging prison health are HIV, drug use and tuberculosis (TB). Hepatitis C and sexually transmitted diseases are also major threats to the health of prisoners.

HIV in prisons

- In all WHO Member States in the European Region, rates of HIV infection are higher among prisoners than among the general population. However, studies in European countries have found great variation in the rates of HIV infection among prisoners.
- By far most HIV/AIDS epidemics in developing or transitional countries began among injecting drug users. Worldwide, around 10% of HIV/AIDS and hepatitis infections result directly from injecting drug use; in eastern Europe/central Asia, the figure is around 80%.
- Prisons are a breeding ground for HIV/AIDS and other infectious diseases, because of:
 - injection of drugs in the absence of sterile syringes;
 - sharing of other injection equipment (water, spoons, etc.), razors and toothbrushes, which promotes hepatitis C and B infections;
 - unsafe practices like tattooing, piercing and scarifications;
 - unprotected sexual relations: voluntary, prostitution, rape;
 - accidental punctures with infected needles; and
 - unsafe medical equipment (dental, medical, gynaecological).

HIV prevalence (%) in selected European countries: prison population compared to community



Drug use in prisons

A disproportionate number of prisoners in Europe have personal histories of drug use, and many of the people entering prison have a severe drug problem. Drug use and risky behaviour often continue inside prison, leading to an increased risk of infectious diseases. However, prisons can also provide very good opportunities for interventions.

- An estimated 20–40% of those who enter prison have a drug problem, although much higher percentages have been reported.
- It is estimated that at least 75% of women prisoners had some sort of drug- or alcohol-related problem at the time of their arrest.
- A high proportion of injecting drug users in prison share needles, which brings a high risk of transmitting HIV and other infectious diseases.
- Levels of illicit drug use in prisons in the European Union vary widely, from 22% to 86%. Regular drug use or dependence prior to imprisonment is reported by between 8% and 73% of inmates and lifetime injecting drug use by between 15% and 50%, although some studies have reported values as low as 1% and as high as 69%.
- Between 70% and 98% of those imprisoned for drug-related crimes who are not treated during the course of their imprisonment relapse within the first year following release.
- In the first two weeks after release, there is a high risk of mortality among ex-prisoners resulting from overdose of illicit drugs.
- Studies have shown that substitution therapy in prison, if given in appropriate doses for the duration of the imprisonment:
 - reduces sharing of needle and syringes;
 - has a positive impact on the prison by reducing drug-seeking behaviour among inmates;
 - makes re-incarceration of prisoners receiving substitution therapy less likely;
 - has a positive influence on the contacts between prison staff and prisoners; and
 - reduces risk behaviours on release.

TB in prisons

- As a result of overcrowding and poor nutrition, TB rates in many prisons are 10 to 100 times higher than in the community.
- Since the early 1990s, TB outbreaks have been reported in prisons in many countries in eastern Europe.
- TB strains transmitted in prisons are more likely to be drug-resistant or associated with HIV co-infection.
- A higher proportion of TB patients in prisons have multidrug-resistant strains than is the case in patients outside prison.

Conference on what works in prison health protection

Policy-makers, prison staff, criminal justice staff, health care staff, researchers and representatives of nongovernmental organizations taking part in a conference in Madrid from 29 to 31 October 2009 have endeavoured to define what works in prison health and have drawn up a multipoint recommendation.

Main points of the Madrid Recommendation

The Madrid Recommendation recognizes the need for and availability of the following measures, programmes and guidelines aimed at the prevention and control of major communicable diseases in prisons:

- treatment programmes for infectious diseases, including HIV/AIDS, hepatitis C and TB;
- treatment programmes for drug users;
- harm reduction measures;
- guidelines on hygiene requirements;
- guaranteed throughcare for prisoners on entry to and after release from prison, in close collaboration with stakeholders;
- mental health support for prisoners suffering from communicable diseases; and
- training for all prison staff in the prevention, treatment and control of communicable diseases.

The Regional Office web site offers further information on its work on health in prisons, through the Health in Prisons Project (www.euro.who.int/prisons), including the list of National counterparts for the Project (www.euro.who.int/prisons/partners/20050817_1). Further information on the Madrid conference on Prison health protection, “What works in the prevention and control of major communicable diseases”, may be found on: www.prisonhealthconference2009.com and www.euro.who.int/mediacentre/PR/2009/20091028_1.

For more information contact:

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WHO Health in Prisons Project
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