



**UNIVERSITÉ
DE GENÈVE**
FACULTÉ DE MÉDECINE



Hôpitaux
Universitaires
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Human Rights in European Prisons

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XVI Congresso Nazionale SIMSPE-ONLUS, Cagliari, June 3, 2015

Outline

- Human Rights and Prison
- Monitoring Bodies
- Crime and Imprisonment
- Health Care and Human Rights
- Dual Loyalty

Human Rights, Medicine and Prison



Monitoring bodies

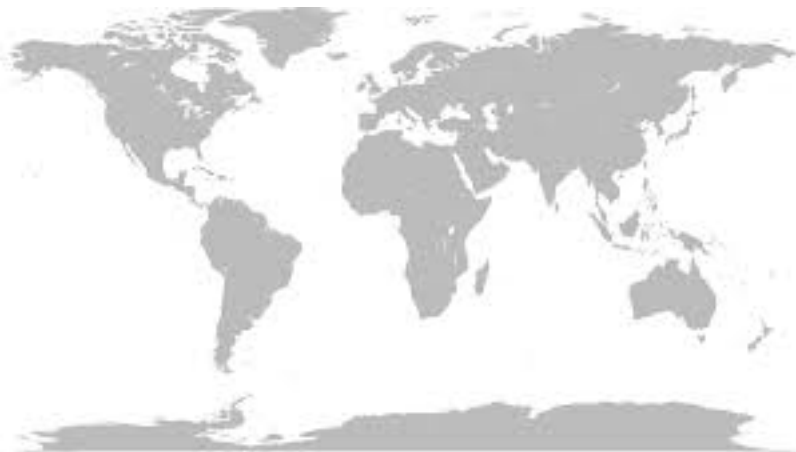
World

- ICRC 1864
- United Nations (UN):
 - The Committee Against Torture (CAT)
 - Subcommittee on Prevention of torture (SPT), OPCAT 2006

Europe

Council of Europe:

- Committee for the prevention of torture (CPT)

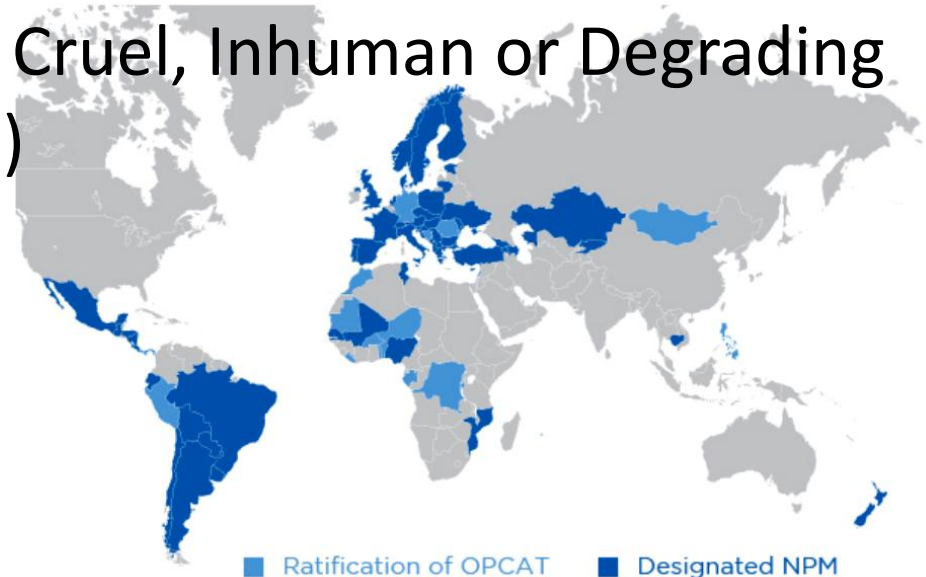




UN



- 1955: Standard minimum Rules for the Treatment of Prisoners
- 1984: Convention against Torture (CAT)
- 2002: OPCAT (Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment)



Council of Europe



- 1949: Strasburg, 47 members
- 1973: « European prison rules »
- 1987: «European convention for the prevention of torture and inhuman or degrading treatment or punishment»

Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), Council of Europe



European convention for the prevention of torture and inhuman or degrading treatment or punishment
1987

- *1989, Strasbourg
- Independent experts (one per member state)
- Visits, inspections
- Reports / Recommendations / Norms for the treatment of persons in detention (government level)
- Cooperation (\neq judiciary organ)
- Confidentiality (rupture possible if non-cooperation)
- Access to every place of detention (prisons, police stations, immigration centers, return flights, psychiatry, geriatrics)

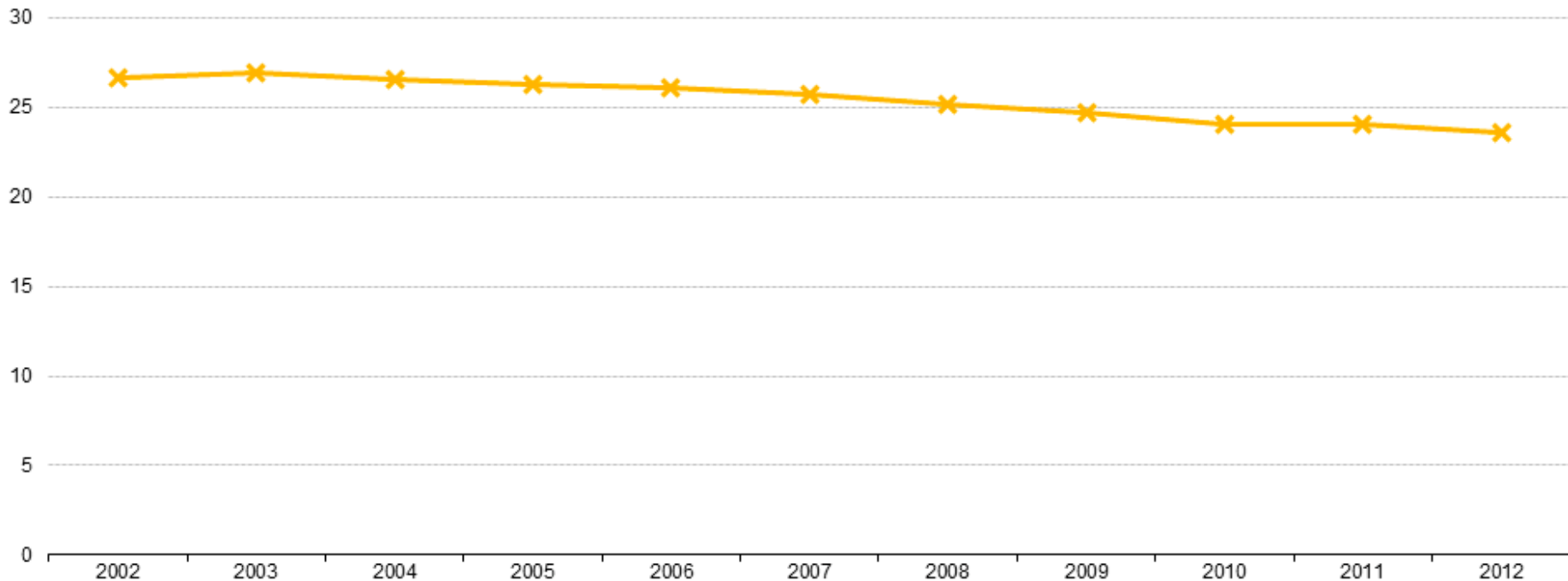


Jean-Jacques Gautier
1912 - 1986

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- **Crime and Imprisonment**
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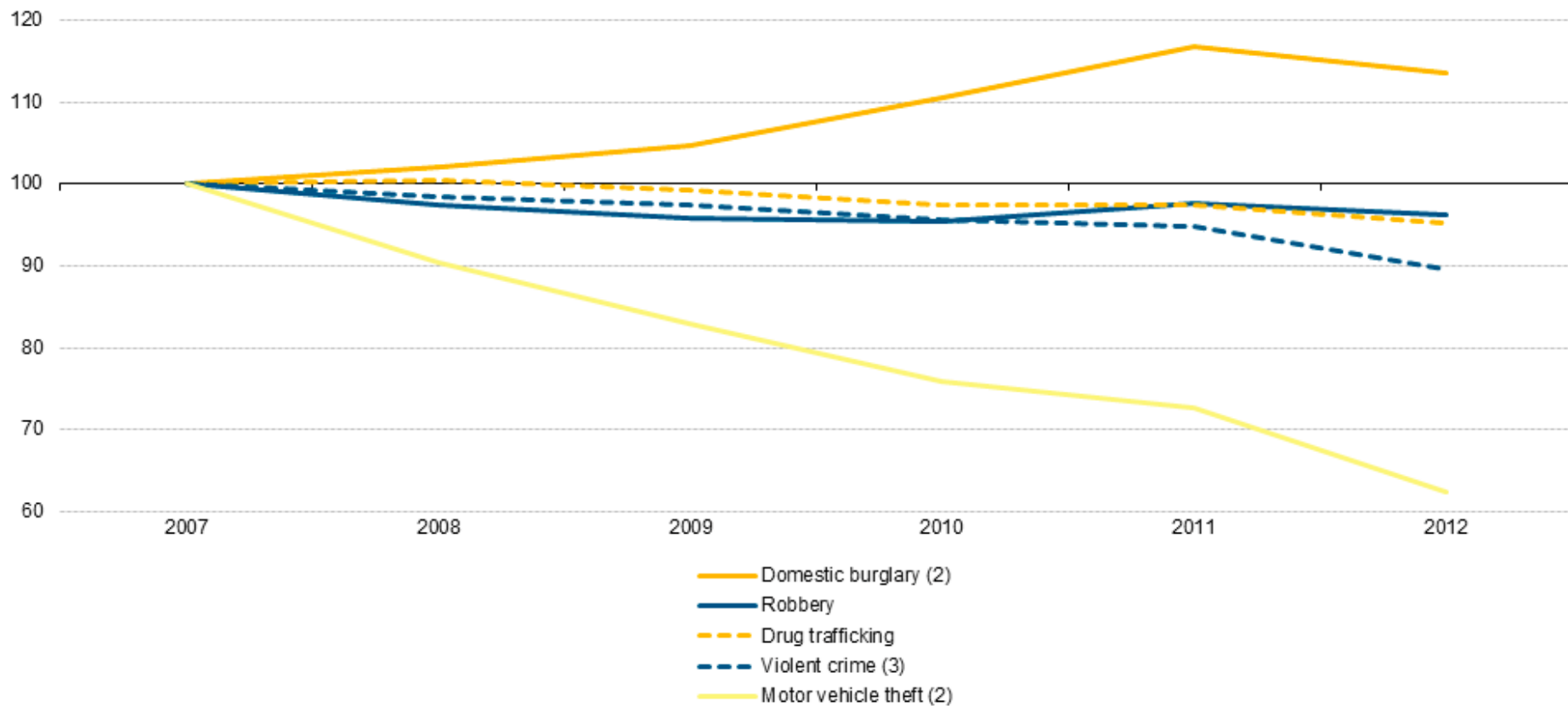
Recorded crime, EU-28, 2002–12 (1) (millions)



(¹) Excluding Ireland and France.

Source: Eurostat (online data code: crim_gen)

Offences recorded by the police, EU-28, 2007–12 (1) (2007 = 100)



(¹) Excluding French data for offences reported by the gendarmerie.

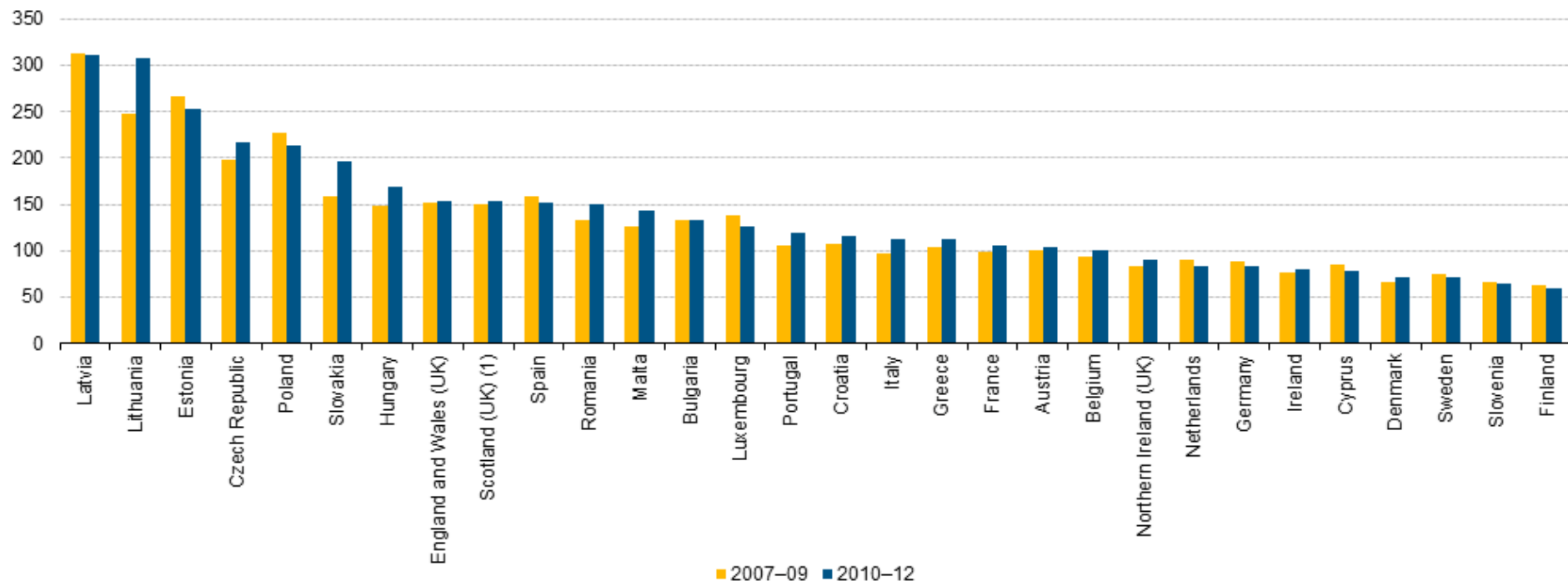
(²) Excluding Latvia.

(³) Excluding Cyprus.

Source: Eurostat (online data code: crim_gen)

Prison population Europe

Average per year, 2007–09 and 2010–12 (per 100 000 inhabitants)



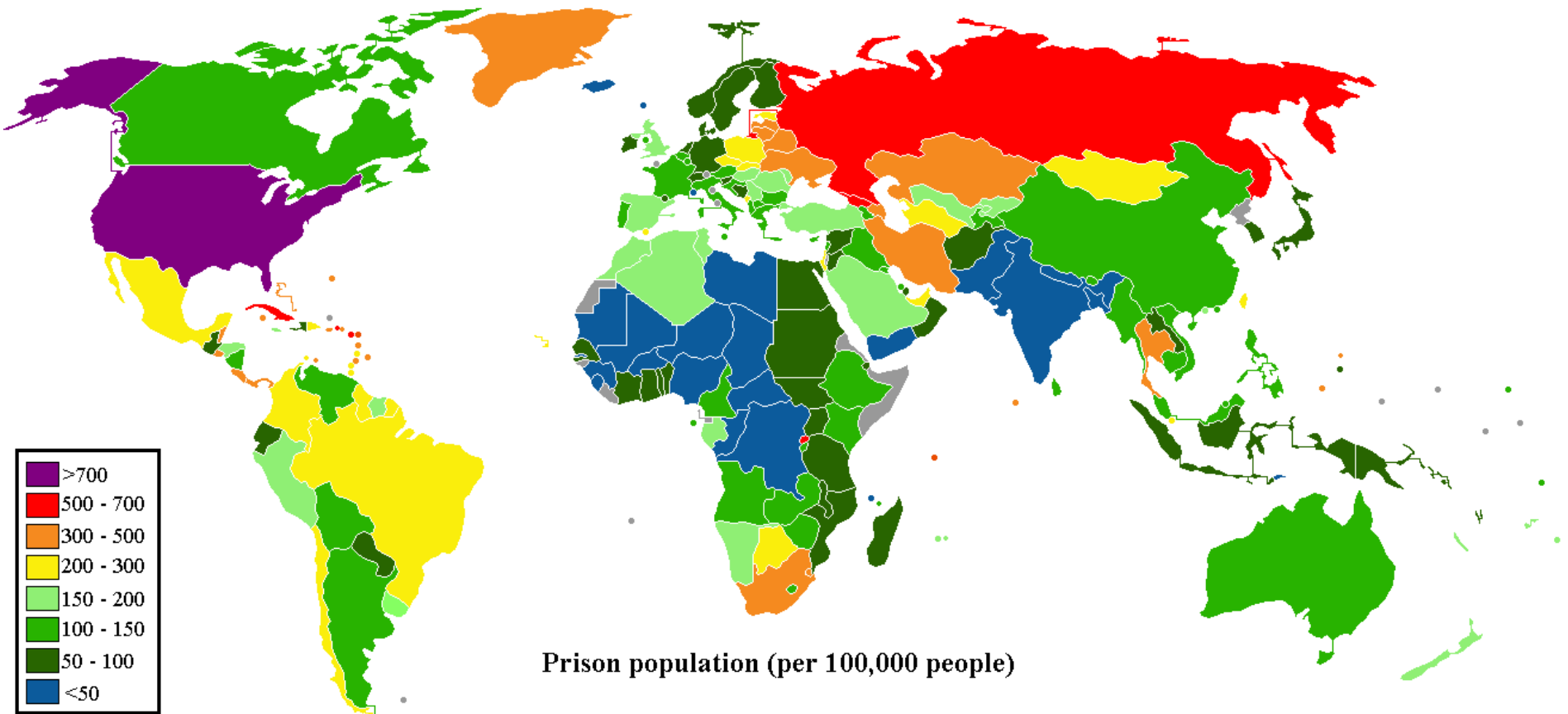
⁽¹⁾ 2009–11 instead of 2010–12.

Source: Eurostat (online data codes: crim_pris, demo_pjan and demo_r_d2jan)

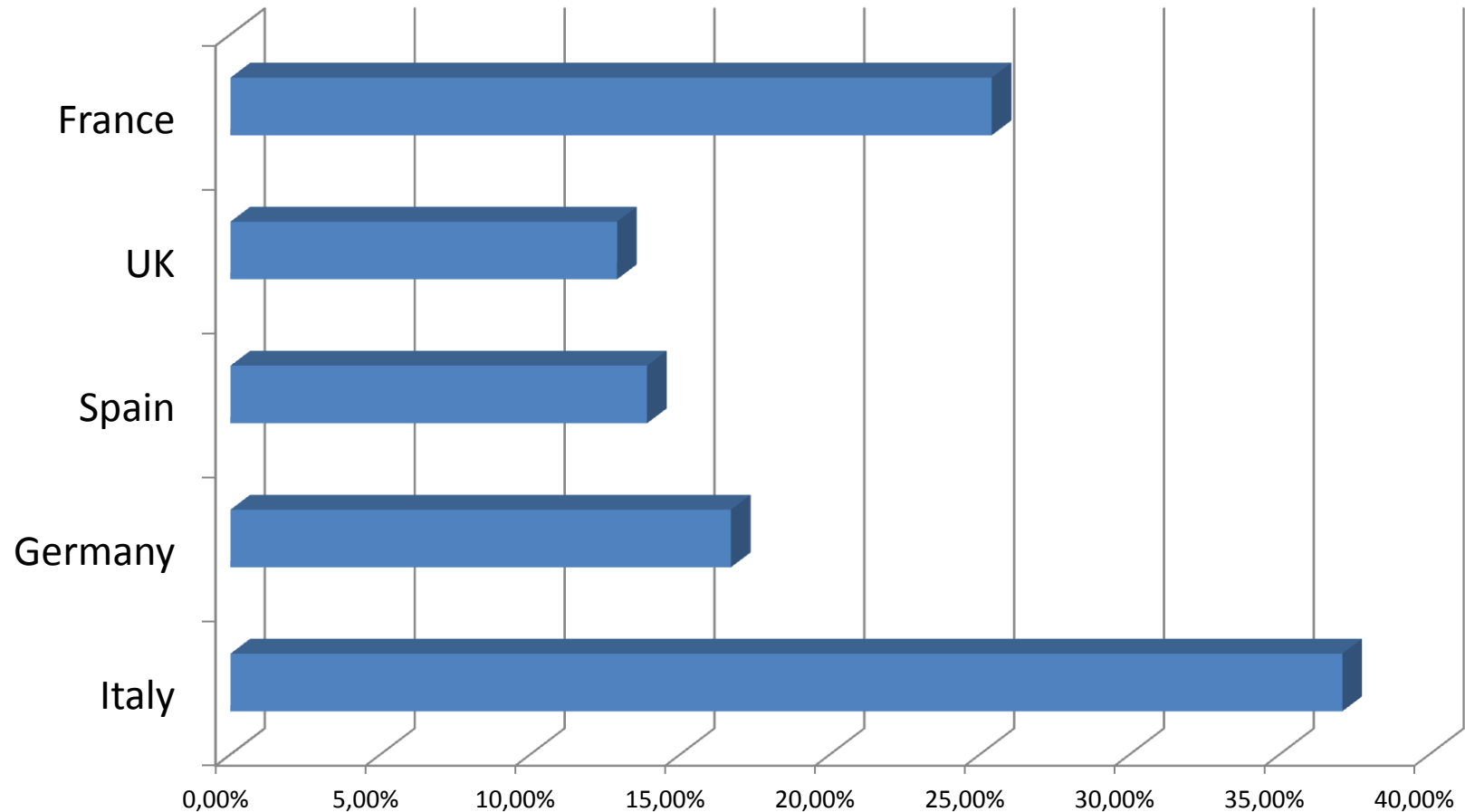
Incarceration worldwide



- World: 10.5 Mio detainees: $\frac{1}{4}$ in the US (2.3 Mio, 9 Mio/year), $\frac{1}{4}$ in Russia and China
- USA (costs) \$49 Billion/year, 70'000,-\$/inmate/year

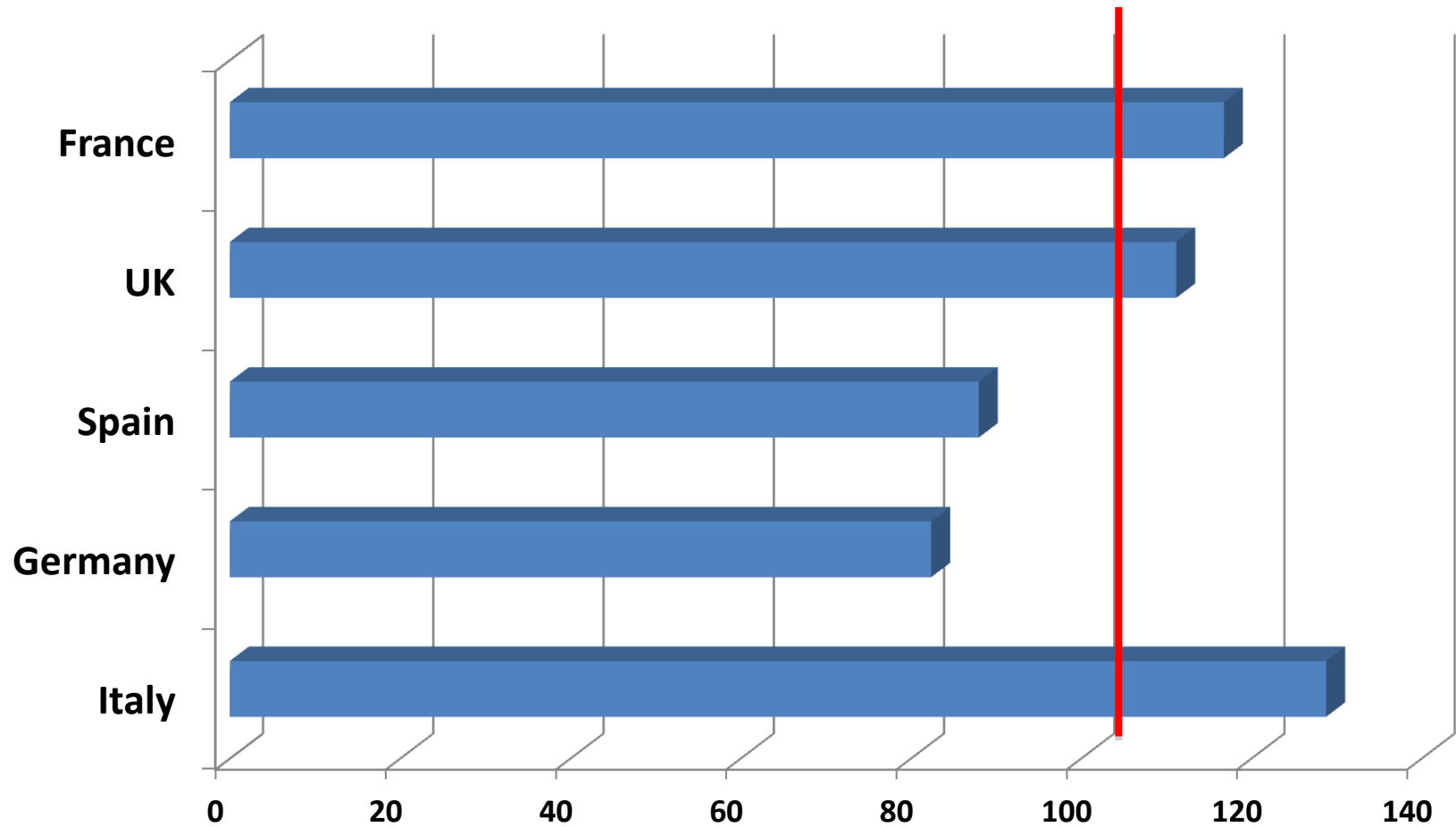


Pre-trial detainees/remand prisoners (% prison population)



Source: International Centre for Prison Studies 2013

Occupancy level (based on official capacity in %)



Source: International Centre for Prison Studies 2013

Challenges

- Overcrowding +++
- Poverty, low SES +++
- Communication:
 - Migrants, low education, low health literacy
- Continuity of care
- Access to health care:
 - Addiction
 - Infectious diseases
 - Mental health problems, suicide
- Confidentiality
- Stewardship (Independence of prison health care)

Outline

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- Crime and Imprisonment
- **Health Care and Human Rights**
- Dual Loyalty

Seven fundamental principles for health care in prisons



1. Access to a doctor
2. Equivalence of care
3. Patient's consent and confidentiality
4. Preventive health care
5. Humanitarian assistance
6. Professional independence
7. Professional competence

Council of Europe, CPT standards 2006 et 2013

Seven fundamental principles for health care in prisons



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Barriers / Threats

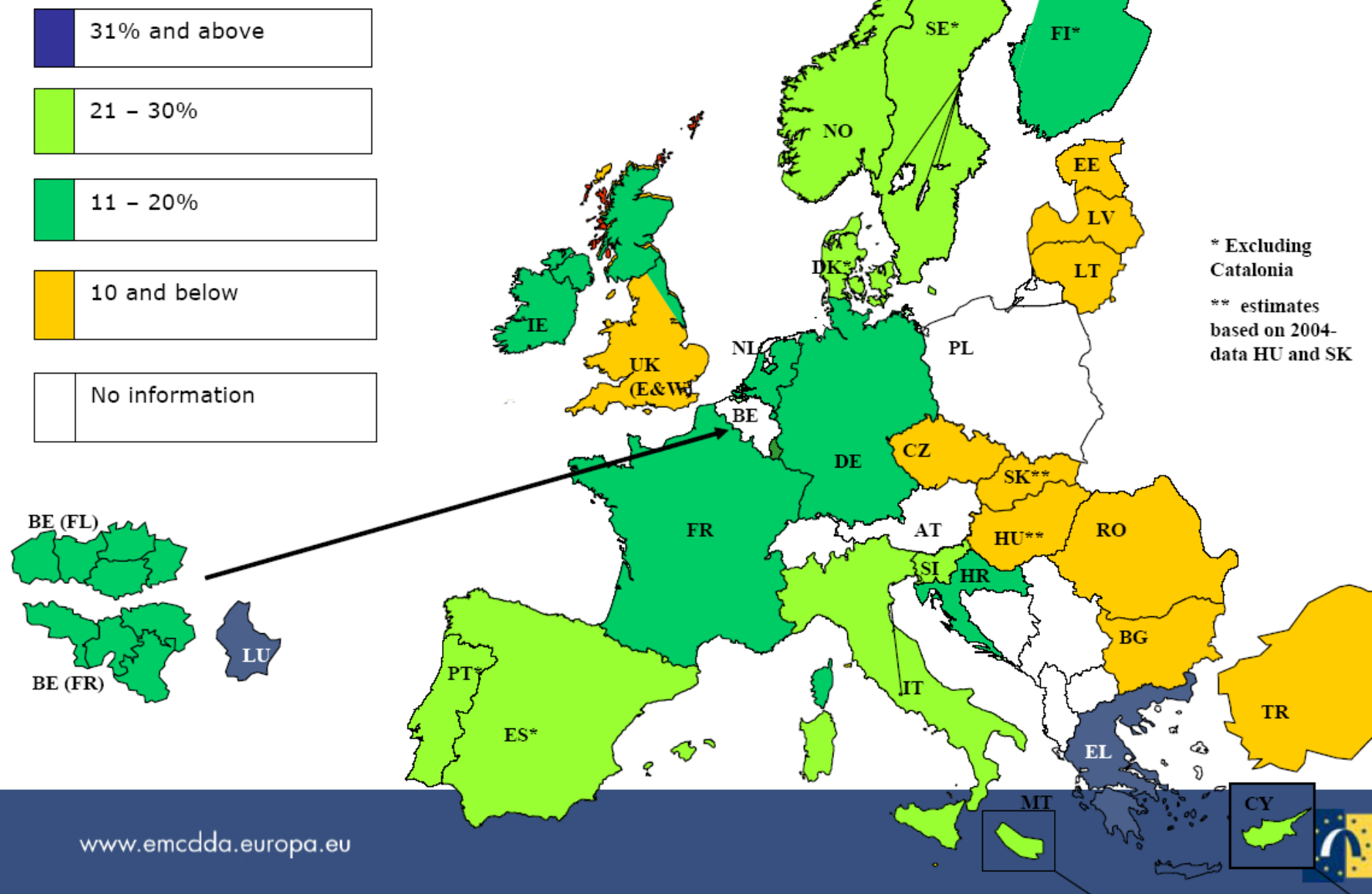


1. **Access to a doctor**
2. **Equivalence of care**
3. **Patient's consent and confidentiality**
4. Preventive health care
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6. Professional independence
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Access to a doctor /Equivalence

- At arrival (<24h, possibly by a well trained nurse)
- Access 24/7 for emergencies
- Provision in terms of medical, nursing and technical staff, (1 nurse/50; 1GP/200,...)
- A medical file for each patient
- Psychiatrists, and nurses with psychiatric training

(Source: SPACE survey, 2006)



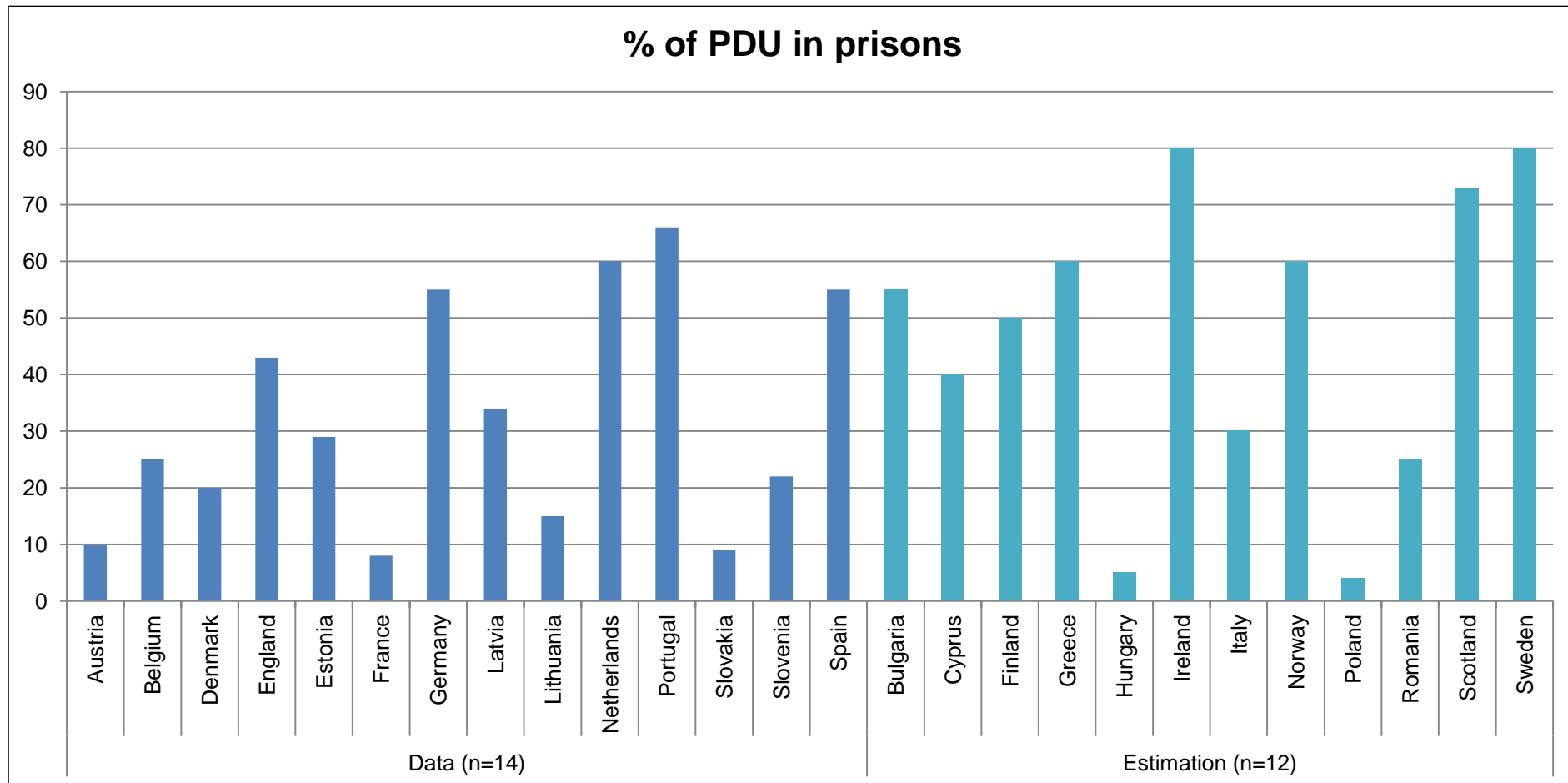
Addiction in prison (Switzerland)

Substance	General population*	Prison population°
Alcohol	4.7%	20%
Tobacco	30%	61%
Benzodiazepines	1.3-2.1%	22%
Heroin	< 1%	12%
Cocaine	< 1%	20%
Cannabis	9-31% selon l'âge	28%



*Enquête suisse sur la santé 2007,
Office Fédéral de la Statistique, 2005
° Wolff, BMC Public Health 2011

Problem drug users in prisons



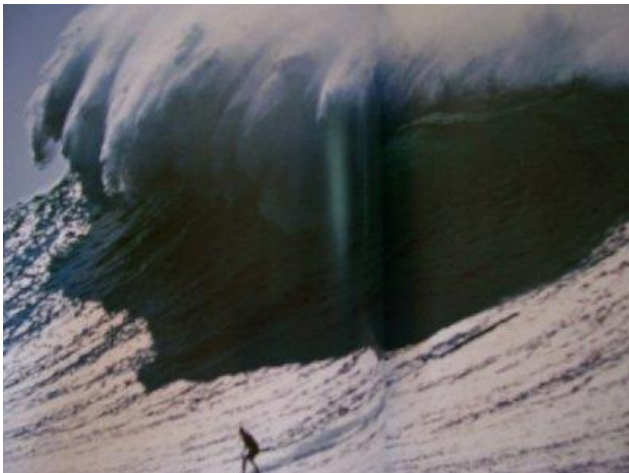
In 24 countries (86%) an initial screening for drug use problems is conducted

Injecting & Syringe Sharing in Prison

Location	N	% injected	% shared	Reference
Australia (NSW)	7 studies	31-74	70-94	Potter 1989; Wodak 1989; Dolan 1996,1998, 1999; MacDonald 1994; Dolan & Wodak 1999
Canada	4,285	11		Correc. Services Canada 1995
Canada	105 (F)	19		Di Censo, Dias, Gahagan 2003
Canada	>1,200	27	80	Small et al. 2005
England	378	11.6	73	Edwards et al 1999
Europe*	871	13		Rotily et al 2001
EU & Nor.		0.2-34		EMCDD 2005
Greece	861	20.2	83	Koulierakis et al 1999
Mauritius	200	2-11		RSA Mauritius 2005
Russia	1,044	10	66	Frost, Tscherkov 2002
Russia	277	13		Dolan et al 2004
Thailand	689	25	78	Thaisri et al 2003
USA	472	15%		Clarke et al 2001

Hepatitis C - Epidemiology

- ▶ Prevalence general population:
 - ▶ 3% overall (world)
 - ▶ 3.2-4 Mio in US (78% unaware)
 - ▶ EU: 60-90% of IV drug users HCV+
 - ▶ Previsions 2015-2020:
 - ↑ morbidity and mortality by 70-90%
- Prevalence prisons:
 - 12-31% (US)
 - 6,9-33% (EU)
 - Geneva: 6.9%
 - US: 29-43% of all HCV+ patients transit each year by a prison!



www.hepch.ch

Sagmeister Eur J Gastr & Hep 2002

Tan Hepatology 2008

Spaulding Ann Intern med 2006



Topics

- [Alternative development](#)
- [Corruption](#)
- [Crime prevention and criminal justice](#)
- [Drug prevention, treatment and care](#)
- [Drug trafficking](#)

PRESS RELEASE

UNODC launches a new policy brief entitled " HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions"

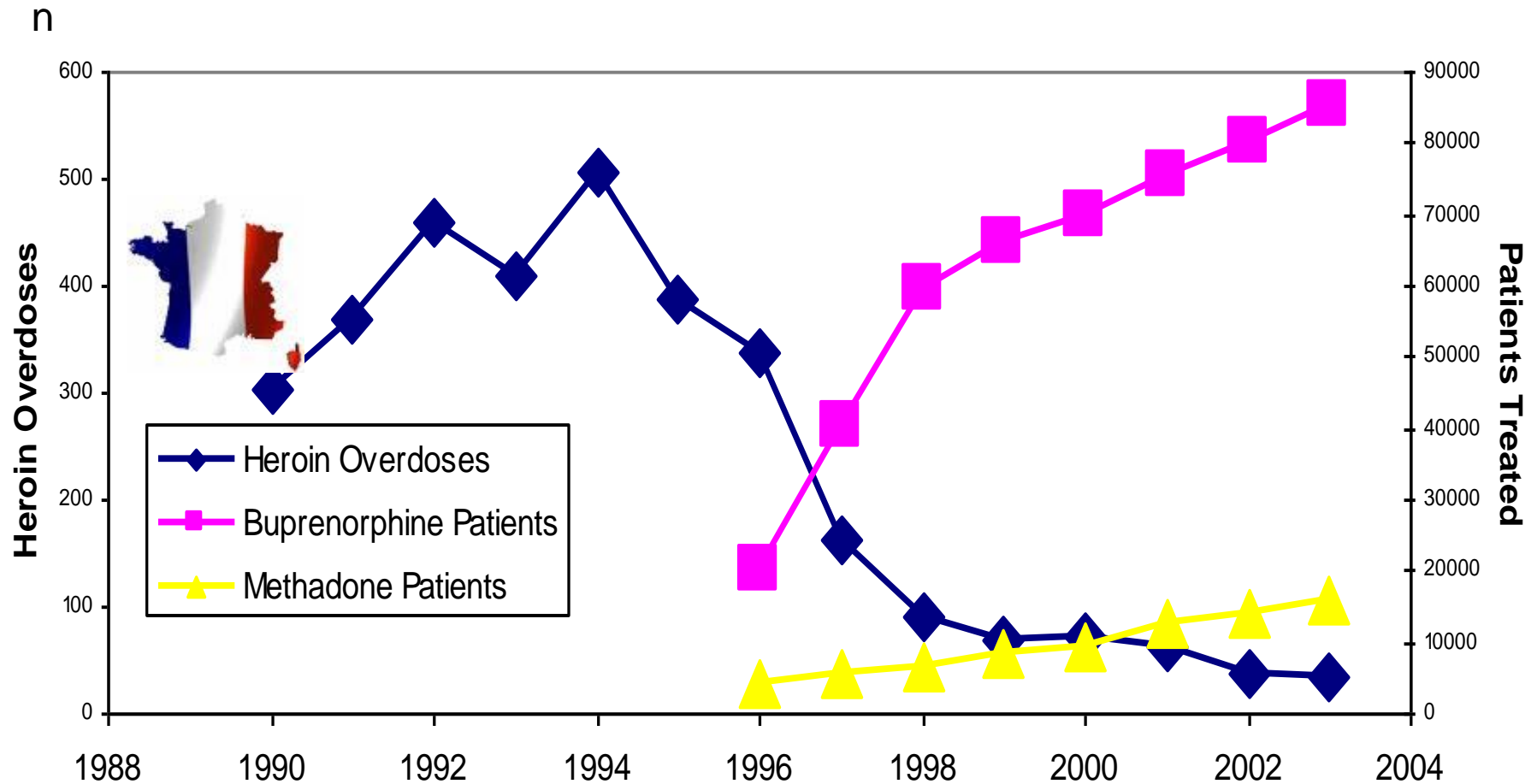
Prevention in Prison

The Comprehensive Package (UNOCD):

15 Key interventions

1. Information, education and communication
2. HIV testing and counselling
3. Treatment, care and support
4. Prevention, diagnosis and treatment of tuberculosis
5. Prevention of mother-to-child transmission of HIV
6. Condom programmes
7. Prevention and treatment of sexually transmitted infections
8. Prevention of sexual violence
9. Drug dependence treatment including Opioid Substitution Therapy
10. Needle and syringe programmes
11. Vaccination, diagnosis and treatment of viral hepatitis
12. Post-exposure prophylaxis
13. Prevention of transmission through medical or dental services
14. Prevention of transmission through tattooing, piercing and other forms of skin penetration
15. Protecting staff from occupational hazards

Reduce mortality by overdose

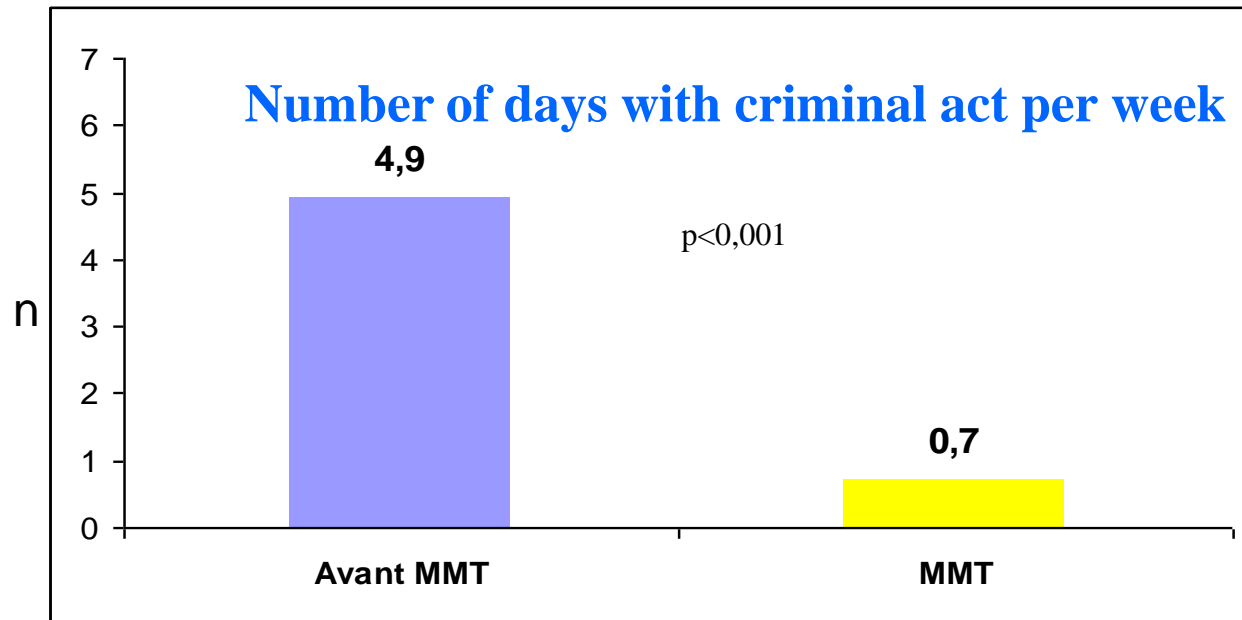


Reduction of criminality

Two interviews (85 patients)



First interview before MMT (methadone maintenance treatment)
The second, after a mean MMT of 57 months

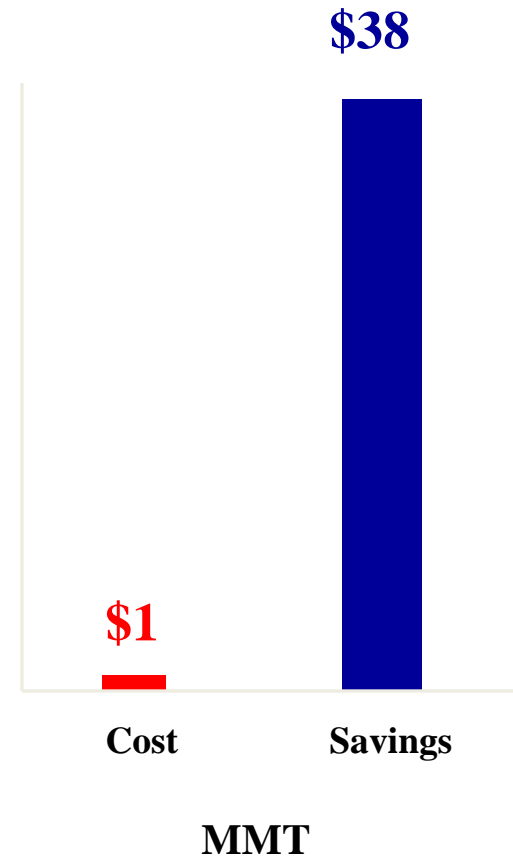


Cost-effective

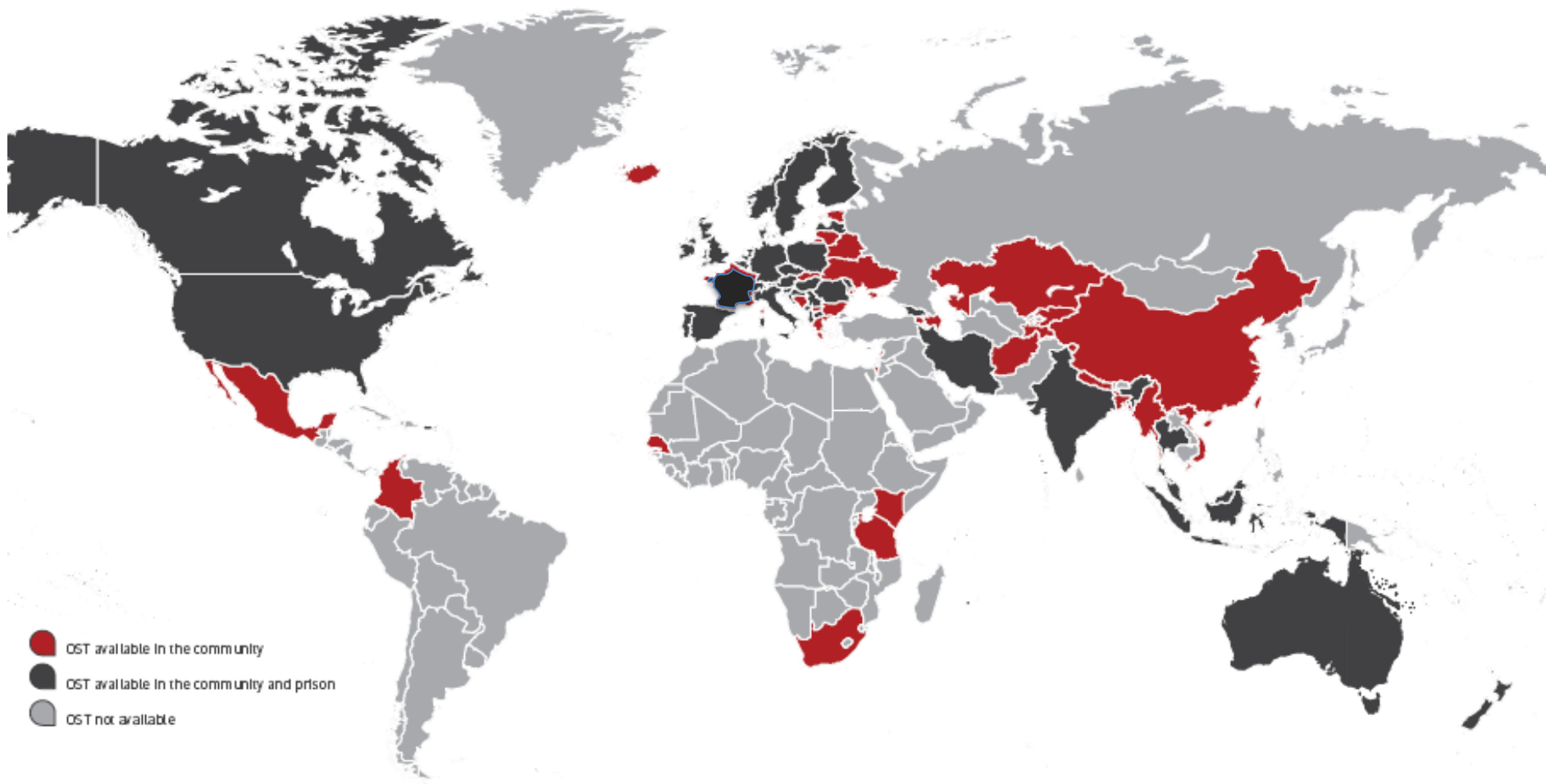


**1 \$ invested in OST,
Saves 38 \$**

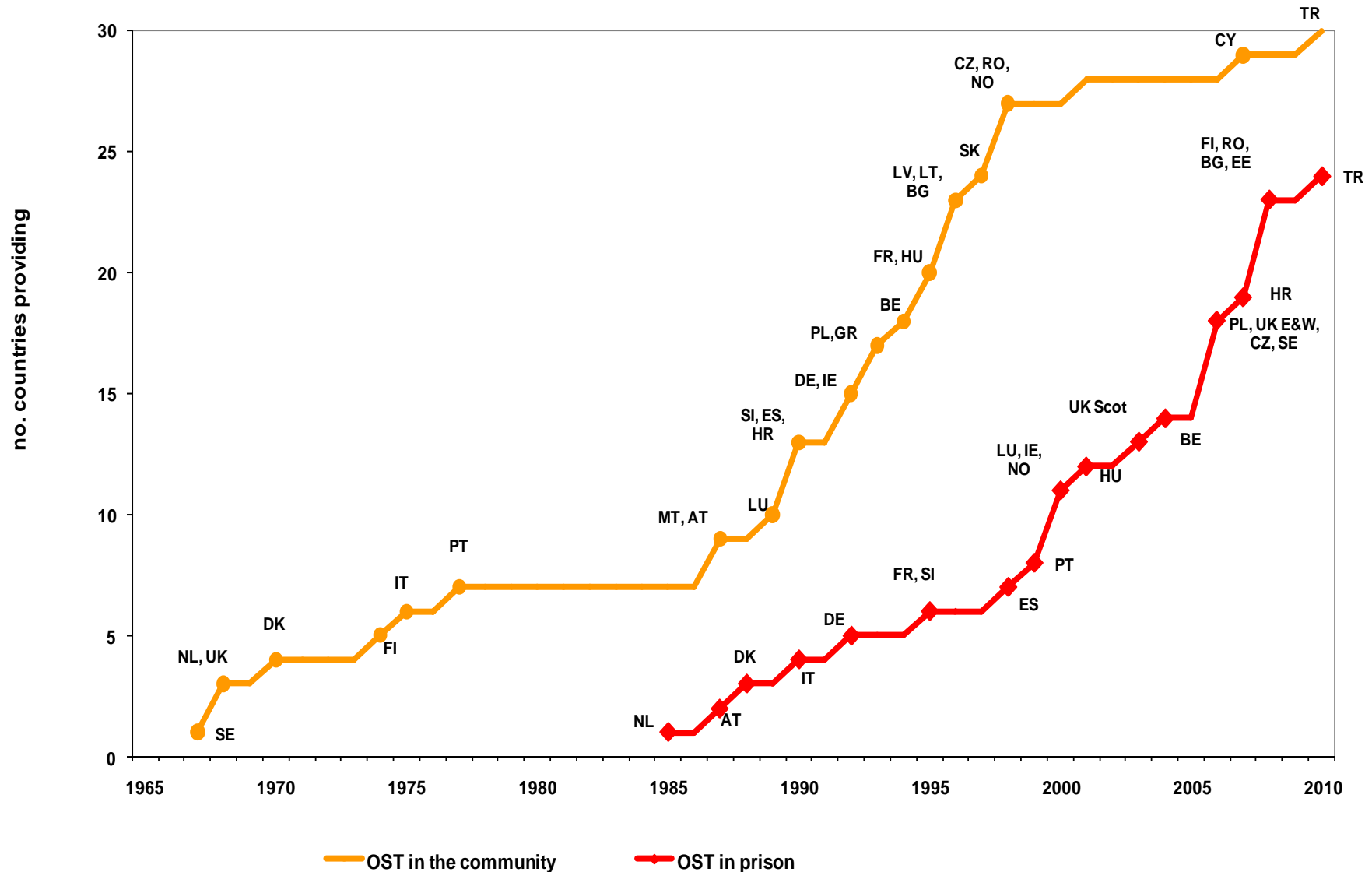
(cost related to criminal activity, further
incarcerations, unemployment,
hospitalizations, medical follow-up)




Access to OST in the community and in prison



Time gaps in the official introduction of OST in prisons: ~7-8y (Source: EMCDDA, Statistical Bulletin 2011, HSR tables)

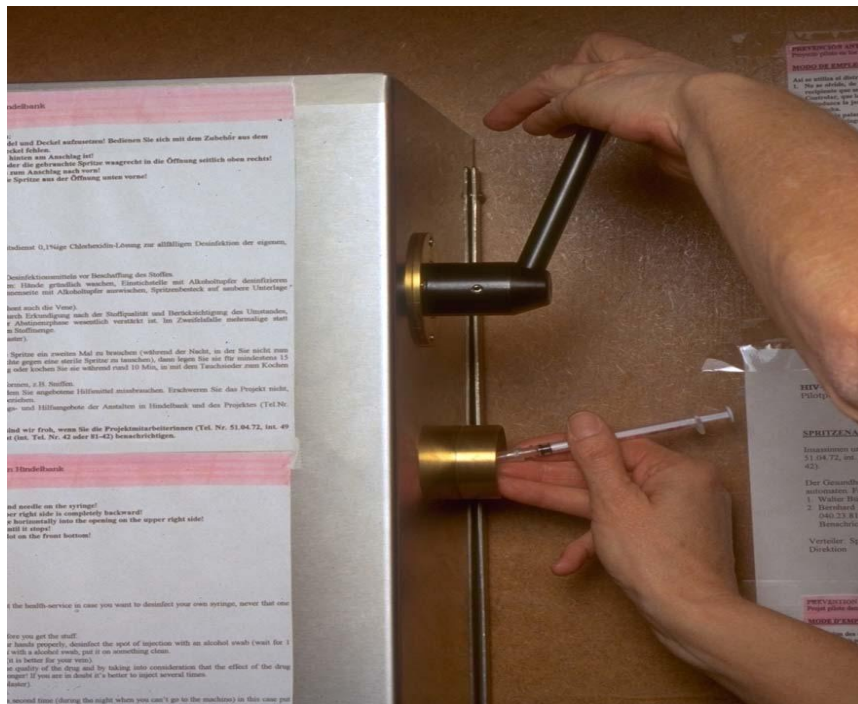


Thanks to H. Stöver

A close-up photograph of a person's arm and hand. The person is wearing a dark jacket and a patterned scarf. They are holding a clear plastic syringe with a needle inserted into their forearm. The skin on the forearm shows signs of previous injections, including small scars and discoloration. The person's hand has a small wound on the thumb. The background is out of focus, showing a concrete wall.

Needle and Syringe exchange for
intravenous drug users in Prison (NSP)

Distribution machine: Hindelbank, Switzerland



Hand-to-hand exchange



Evaluations

Prison Needle Exchange Programs (PNSP)

	Incidence of HIV/HCV	Needle sharing	Drug use	Injecting
Am Hasenberge (Germany) ⁶¹	..	Strongly reduced	No increase	No increase
Basauri (Spain) ⁶²	No seroconversion	Strongly reduced	No increase	No increase
Hannöversand (Germany) ⁶¹	..	Strongly reduced	No increase	No increase
Hindelbank (Switzerland) ⁶³	No seroconversion	Strongly reduced	Decrease	No increase
Berlin, Germany (Lehrter Strasse and Lichtenberg) ⁶⁴	..	Strongly reduced	No increase	No increase*
Lingen 1 (Germany) ^{65,66}	No seroconversion	Strongly reduced	No increase	No increase
Realta (Switzerland) ⁶⁷	No seroconversion	Single cases	Decrease	No increase
Vechta (Germany) ^{65,66}	No seroconversion	Strongly reduced	No increase	No increase
Vierlande (Germany) ⁶⁸	No seroconversion	Little change or reduction	No increase	No increase

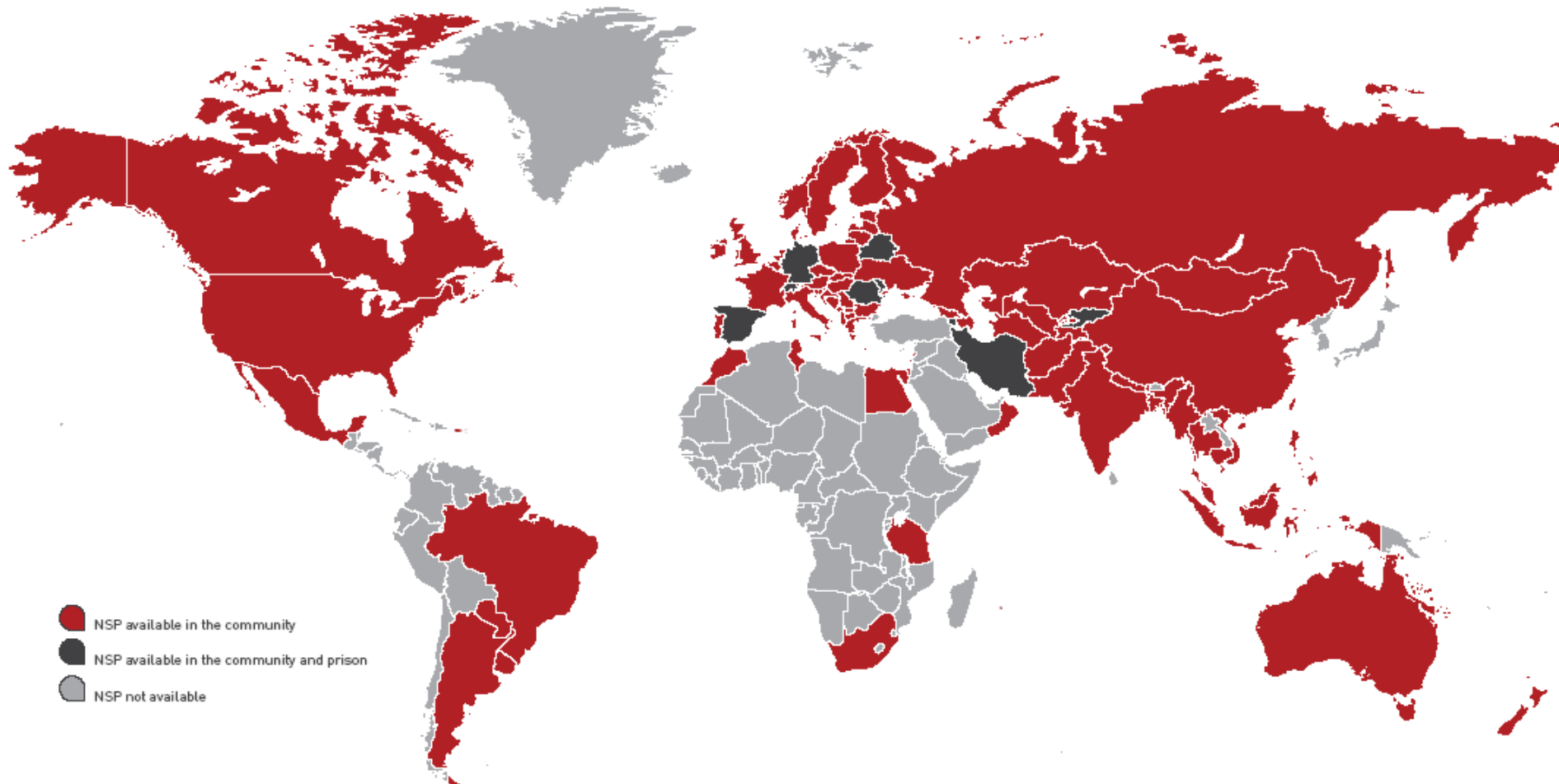
*Two people who had previously only inhaled heroin reported injecting drug use on single occasions. ..=No data.

Proof of efficacy of needle exchange programs in prison

- Prevents HIV infection
- No negative consequences
- No increase of drug use or drug injection
- Needles not used as weapons
- Facilitate referral of drug users to drug dependence treatment programs

WHO 2007

Global availability of needle and syringe programs (NSP) in the community and in prisons



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Professional Independance

The Swiss experience

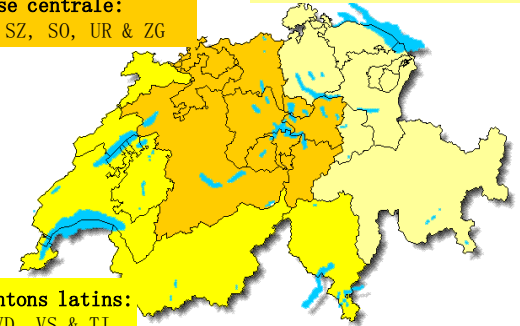
Incarceration in Switzerland

- General population : 8 Mio
- 109 prisons: 83 detainees /100'000 habitants
- Women (%): 4.9
- Foreigners (%): 73.8
- Young, <18y (%): 0.8

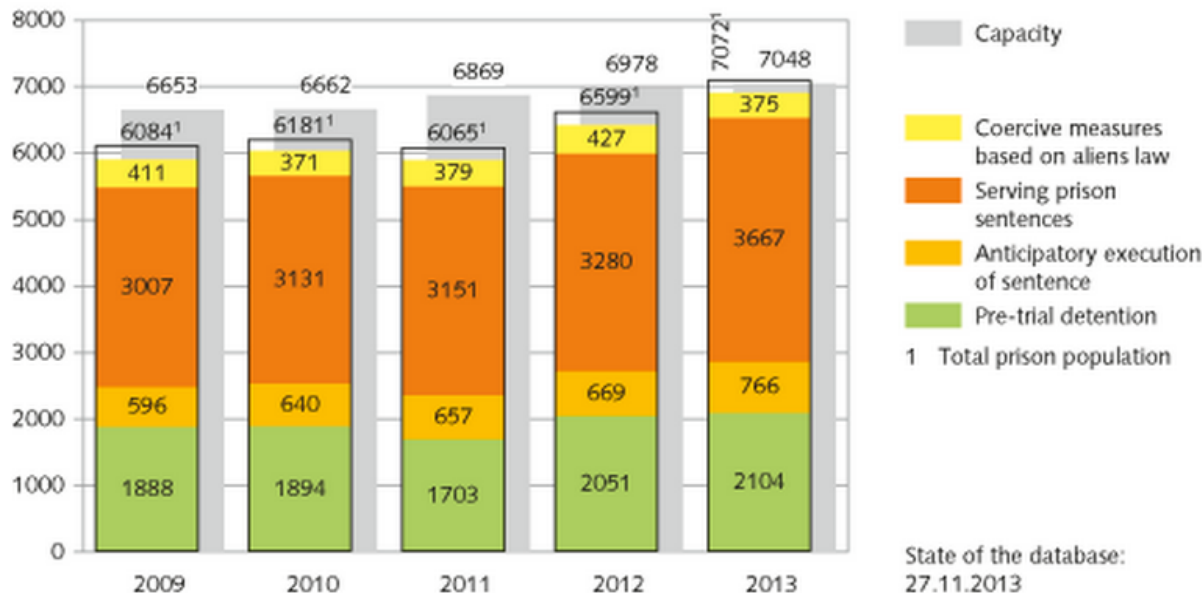
Concordat des cantons de la Suisse
du Nord-Ouest et de la Suisse centrale:
AG, BS, BL, BE, LU, OW, NW, SZ, SO, UR & ZG

Concordat des cantons
de la Suisse orientale:
AI, AR, GL, GR, SH, SG, TG & ZH

Concordat des cantons latins:
FR, GE, JU, NE, VD, VS & TI



Capacity of prison facilities, prison population and detention modalities



3 models for organization for health care in detention in Switzerland

1. **Dependent** (ZH, BE): Doctor and nurse directly employed by the justice and prison administration
2. **Mixed** (NE, BE, LU, ZH): Doctor and nurse directly employed by justice and prison administration; nurse doctor is employed by the public health authorities (SG)
3. **Independent** (GE, VD, VS): Doctor and nurse directly employed by health authority independently from justice and prison administration

Conflicts of double loyalty!

WHY 3 models?

Switzerland

1 country – 26 cantons



© BFS, ThemaKart, Neuenburg 2000 / OFS, ThemaKart, Neuchâtel 2000

Dual loyalty

- The health-care staff in any prison is potentially a staff at risk
- Their duty to care for their patients (sick prisoners) may often enter into conflict with considerations of prison management and security
- Dual loyalty exists when a health professional has simultaneous obligations to a patient and to a third party – often referred to as a role conflict
- Often pressures on the health professional to subordinate patient interests to those of state

Physician's loyalty

“The health of my patient will
be my first consideration.”

WMA Declaration of Geneva

Doctor dependant of the prison administration

- Double loyalty
- Lack of trust
- Lack of Information
 - If the patient does not trust his doctor, he/she will not disclose confidential information



Pont, Am J Public Health 2012

Solutions I

Training

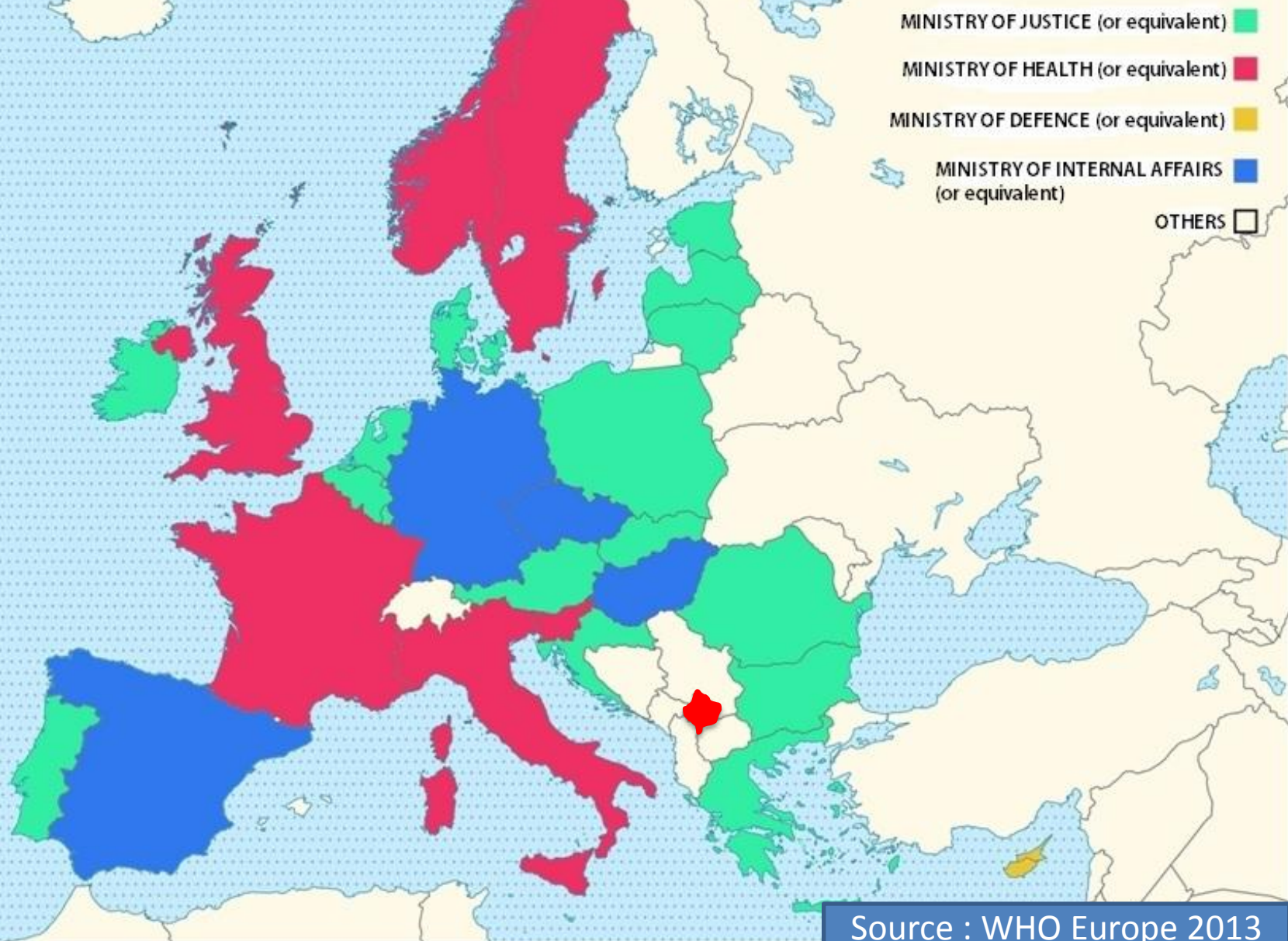
- **Awareness** and **training** in medical ethics for health care professionals and non-medical prison staff
 - Learn to identify dual-loyalty situations
- Active **support** and **oversight** of prison health care professionals by national professional boards and health authorities

Solutions II

Switch **stewardship** from
Ministry of Justice (MoJ) towards Ministry of Health (MoH)


- 1963: Geneva
- 1987: Norway
- 1994: France
- 1996-2006: Enland and Wales
- 1997: Australia (New South Wales)
- 2011: Italy
- 2013: Scotland, Kosovo
- In préparation:
 - Spain, Georgia, Brazil, Kenia

PRISON HEALTH IN EUROPE



Source : WHO Europe 2013

Effects of transferring stewardship from MoJ to MoH

- Cost 
- Improving the quality of care in prison
- Integration of public health projects:
 - epidemiological surveillance
 - better coordination and continuity of care
- Health professionals:
 - better qualification
 - less isolation
 - better recruitment

Hayton Am J Public Health 2006
Hayton WHO 2010
Pont Am J Public Health 2012



UNODC

United Nations Office on Drugs and Crime



World Health Organization

REGIONAL OFFICE FOR **Europe**

Good governance for prison health in the 21st century

A policy brief on the organization of prison health



« Prison health services should be fully independent of prison administrations and yet liaise effectively with them. »

Conclusions

- Violation of Human Rights in prison are frequent
- Monitoring bodies: NPM and CPT
- 7 fundamental principles for health care in prisons
- Dual loyalty ! Clarify the roles of each partner
- Independance

“To put people behind walls and bars and do little or nothing to change them is to win a battle, but lose a war. It is wrong. It is expensive. It is stupid.”

» Former Chief Justice Warren E. Burger (1907-1995)

