



UNIVERSITÀ DI PISA

L'AGORA' PENITENZIARIA 2019  
XX Congresso Nazionale SIMSPe-ONLUS

**IL CARCERE È TERRITORIO**

# POPOLAZIONI FRAGILI IN CARCERE

---

LARA TAVOSCHI

MILANO, 04 OTTOBRE 2019

# Salute pubblica e carcere

## Challenges and opportunities for the management of infectious diseases in Europe's prisons: evidence-based guidance

Lara Tavoşchi, Eamonn O'Moore, Dagmar Hedrich

People in prison have multiple complex health and social care needs. These are likely to be the result of a combination of overlapping, and sometimes interlinked, risk factors for infection, ill-health, and incarceration, such as problem drug use. Incarceration can represent a unique opportunity to make high-quality health care available to people in



*Lancet Infect Dis* 2019  
Published Online  
March 19, 2019

### Panel 1: Rule 24 of the The United Nations Standard Minimum Rules for the Treatment of Prisoners

1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.
2. Health-care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis, and other infectious diseases, as well as for drug dependence.

### Law, ethics and medicine

#### PAPER

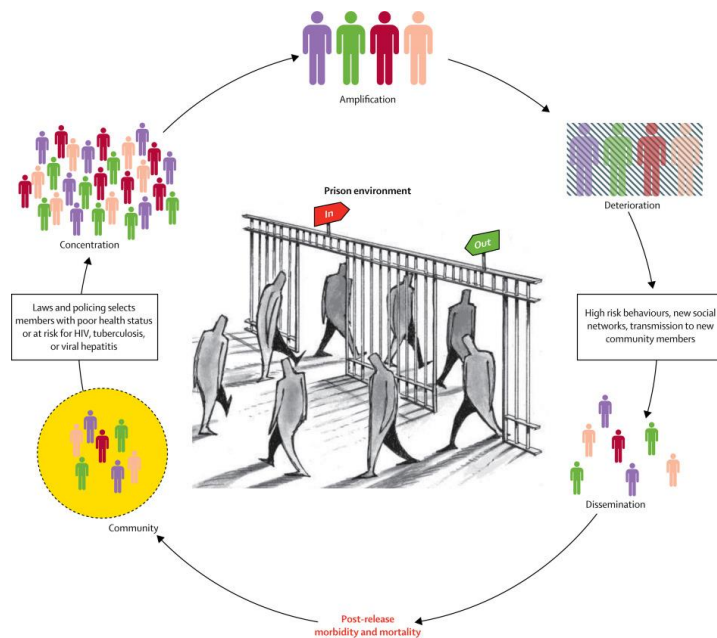
## 'Equivalence of care' in prison medicine: is equivalence of process the right measure of equity?

Anna Charles, Heather Draper

In recent years, the principle of equivalence has been accepted in many countries as the standard against which healthcare provision for prisoners should be measured. There are several ways in which this principle can be interpreted, but current policy in the UK and elsewhere seems to focus on the measurement and achievement of equivalence in the process of healthcare provision. We argue that it is not appropriate to apply this interpretation to all aspects of prisoner healthcare, as it does not necessarily address the challenges inherent to the prisoner population and prison setting. Consequently equivalence of health outcomes should also be considered alongside processes in the interests of providing healthcare in prison that is equivalent to that outside prison.

# Carcere e comunità: Un'interazione dinamica

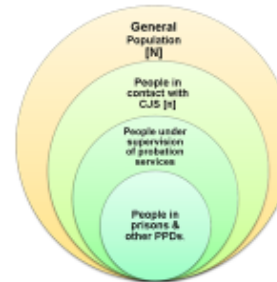
## Revolving doors



## Community dividend



### 'Community Dividend' for public health interventions in prison populations:



- In E&W, 'underserved' populations passing through prison estate ~160,000 per year (incl. ~100,000 'unique admissions');
- Often belong to **wider social groups and networks** contributing significantly to **health inequalities generally**;
- Delivering **health interventions in prisons** not only benefits prisoners- **'community dividend'** in addressing issues in underserved populations generally.
- This model works particularly well for **health protection**.

Source: [Lancet](https://www.thelancet.com/pdfs/default/Lancet_Sep10_2016.pdf). 2016 Sep 10;388(10049):1115-1126

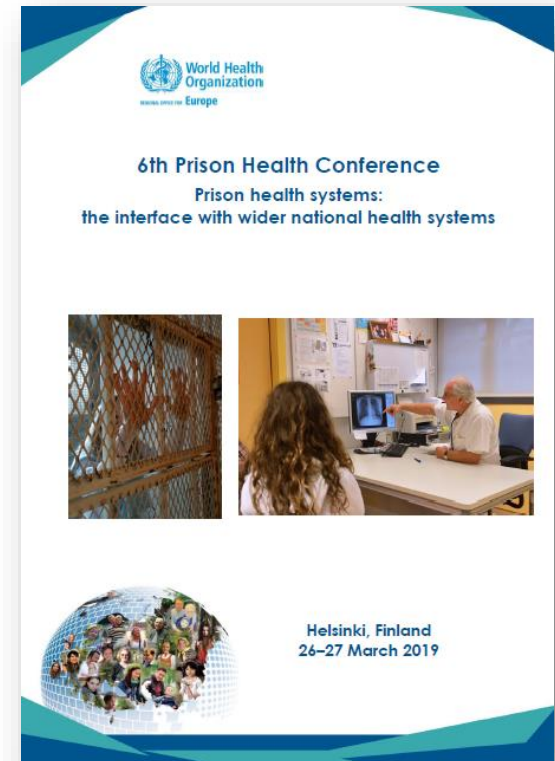
Source: E O'Moore - <https://publichealthmatters.blog.gov.uk/2015/07/06/the-community-dividend-why-improving-prisoner-health-is-essential-for-public-health/>

# Le conclusioni di Helsinki

## “Leaving no one behind in prison health”

*A fundamental tool for improving policies and practices in prison health is the generation of **evidence** on the effectiveness of interventions, of governance arrangements and of health systems performance as well as the continuous improvement on monitoring and evaluation of the health status and the health care provided to people in detention.*

*The nature of prison health programs should address **specific health needs** requiring public health interventions, **general health needs** requiring care in the regular health systems, and **needs after incarceration**, supporting preparation for release.*





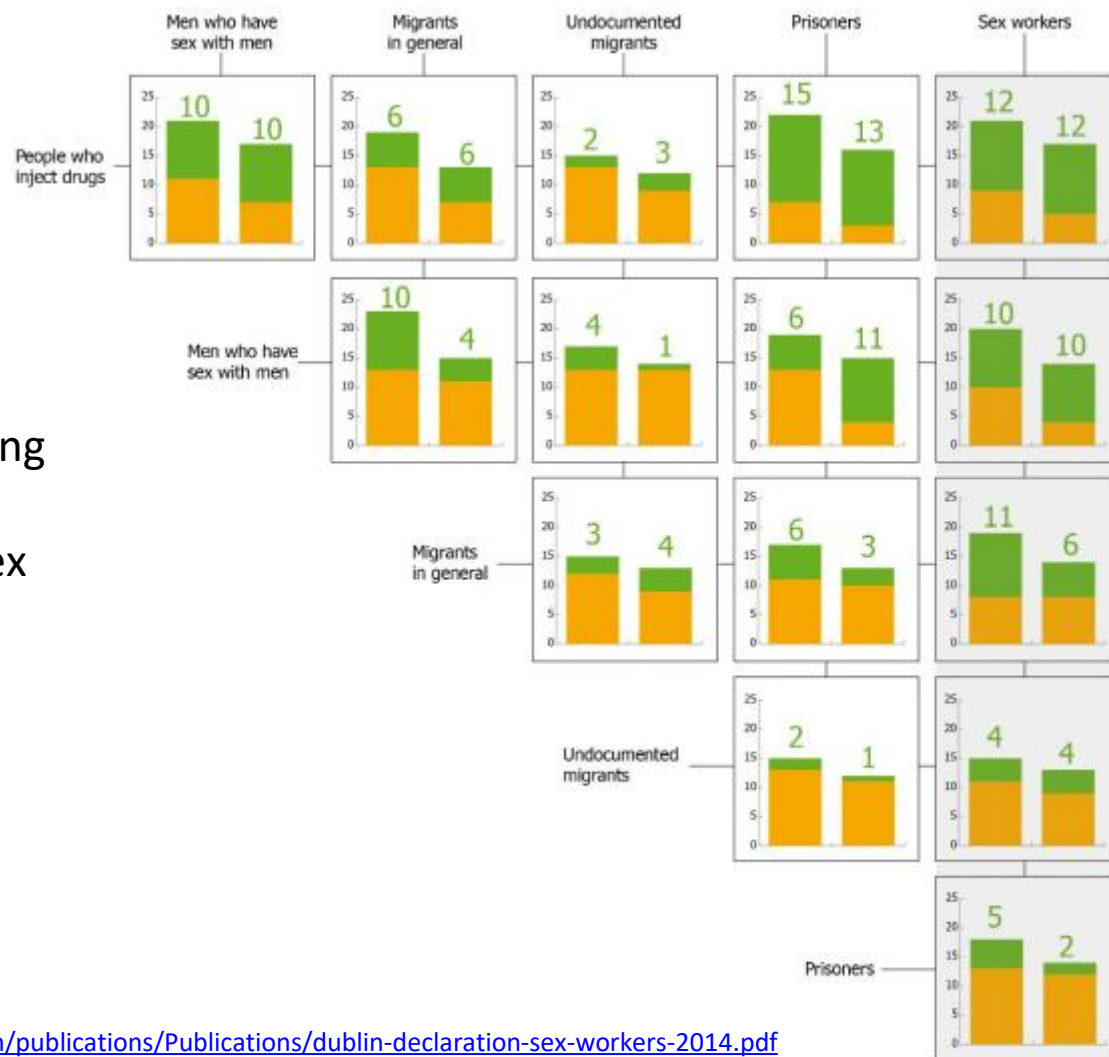
# Popolazioni vulnerabili



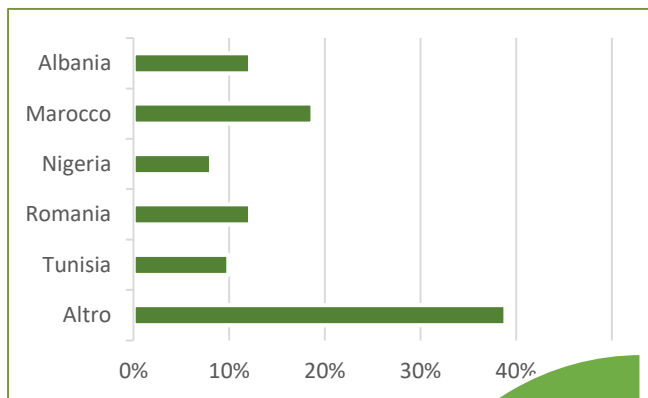
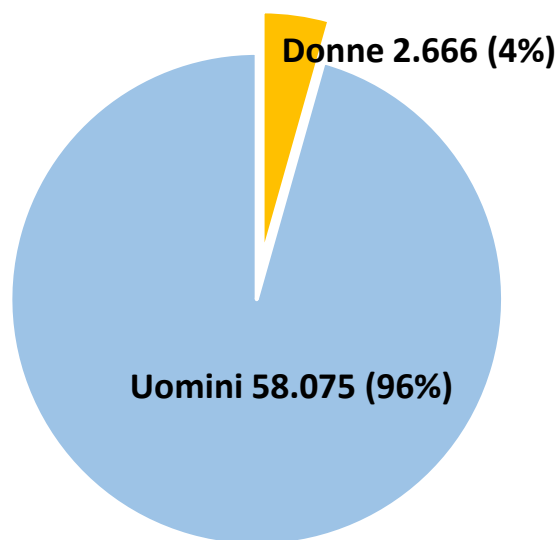
# Quante vulnerabilità?

## Dublin Declaration 2014 progress report

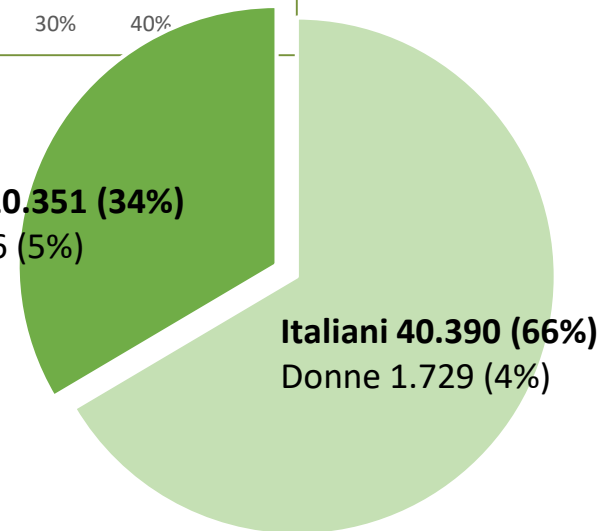
Number of countries reporting  
evidence of overlapping risk  
for HIV infection between sex  
workers and other key  
populations



# Popolazione carceraria Italiana



**Stranieri 20.351 (34%)**  
Donne 946 (5%)



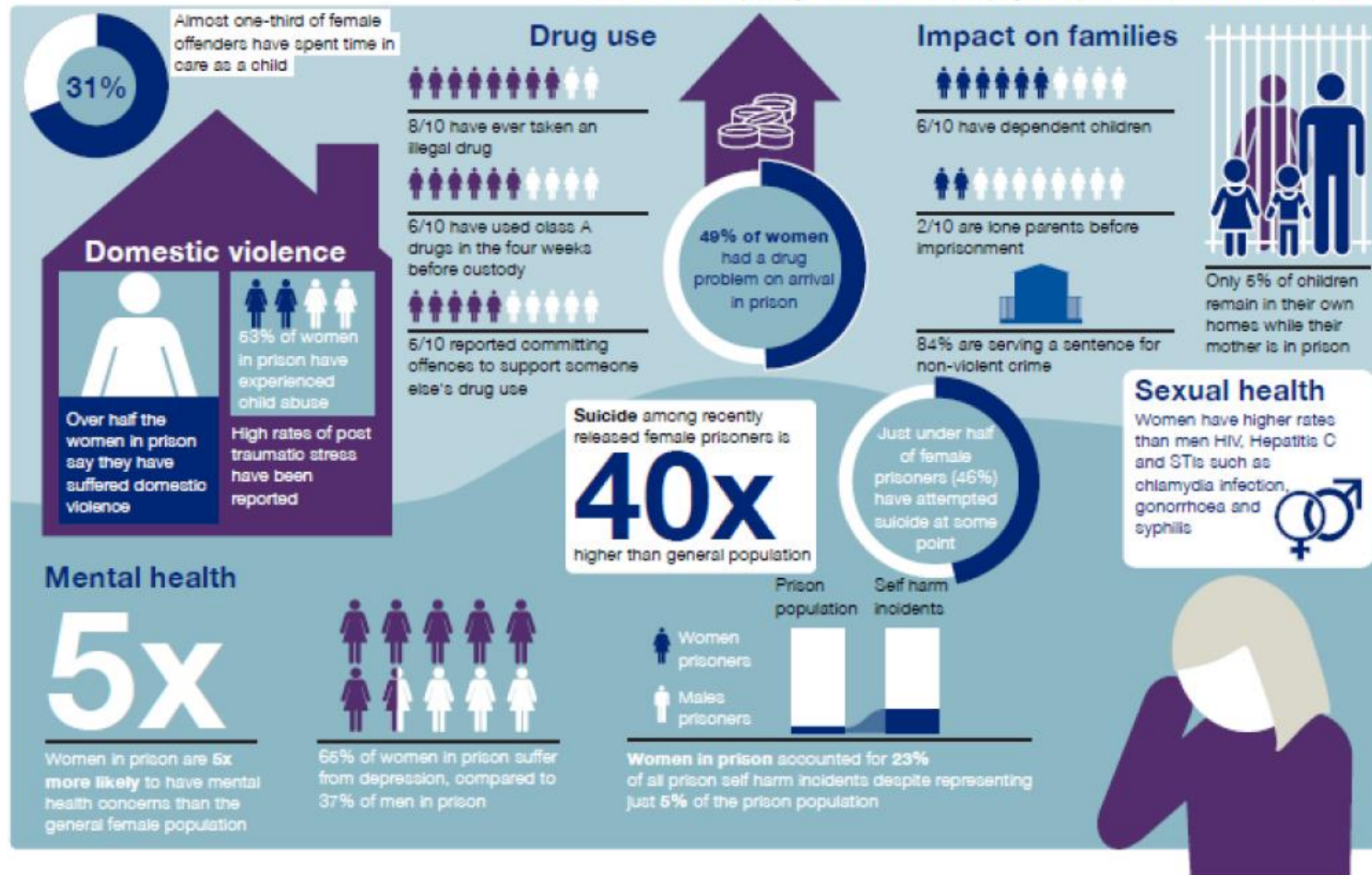
Source: Ministero della Giustizia, aggiornamento 31 Agosto 2019

[https://www.giustizia.it/giustizia/it/mg\\_1\\_14.page?facetNode\\_1=0\\_2&facetNode\\_2=3\\_1\\_6&facetNode\\_3=0\\_2\\_10&facetNodeToRemove=1\\_5\\_33&frame10\\_item=1&facetNode\\_4=0\\_2\\_10\\_3](https://www.giustizia.it/giustizia/it/mg_1_14.page?facetNode_1=0_2&facetNode_2=3_1_6&facetNode_3=0_2_10&facetNodeToRemove=1_5_33&frame10_item=1&facetNode_4=0_2_10_3)

# Donne in carcere

## Women in Prison

Women in detention settings often have multiple complex needs, including higher rates of physical and mental health needs, drug or alcohol dependence, poorer access to health services as well as poverty, indebtedness, unemployment, poor education and homelessness





# Donne, carcere e dipendenze

A higher proportion of women than men are in prison for drug-related offences

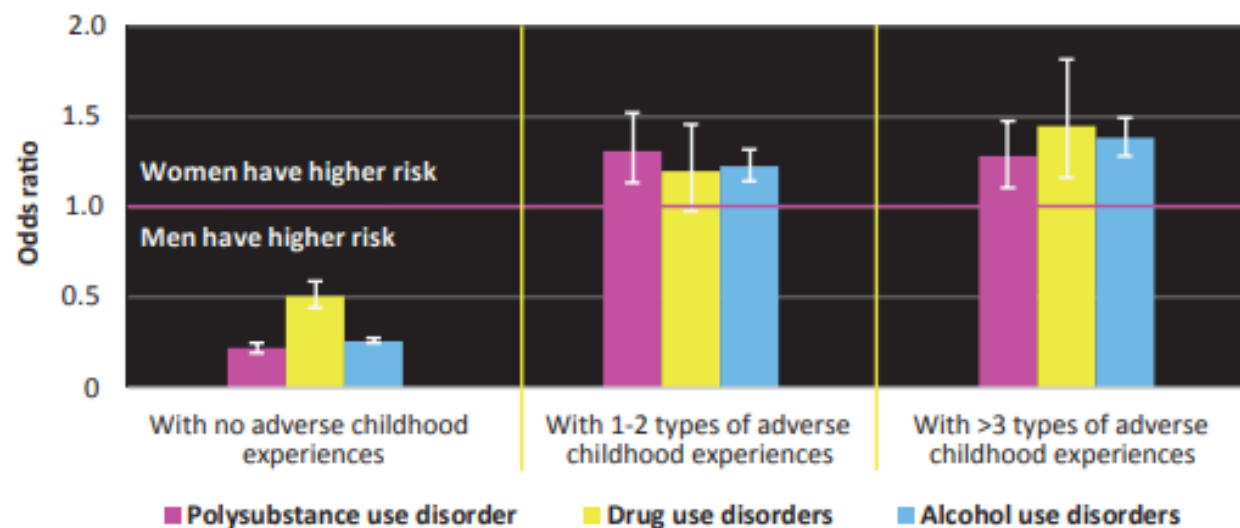


51% drug use disorders    30% drug use disorders

Source: UNODC World Drug Report. [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_5\\_WOMEN.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf)

Fazel et al. Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*, 2017

# Childhood adversity e dipendenze



Source: UNODC World Drug Report. [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_5\\_WOMEN.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf)

Fazel et al. Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*, 2017

# Bisogni di salute

## HPV Vaccination in Correctional Care: Knowledge, Attitudes, and Barriers Among Incarcerated Women

Alia Moore, MD, MPH<sup>1,2</sup>, Matthew Cox-Martin, Amanda F. Dempsey, MD, PhD, MPH<sup>4</sup>, Katie Berenbaum Szanton, MD<sup>5</sup>, and Ingrid A. Binswanger, MD, MPH<sup>2,6</sup>

Journal of Correctional Health Care  
2019, Vol. 25(3) 219-230  
© The Author(s) 2019  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/1078345819853286  
journals.sagepub.com/home/jcxc



AJPH OPEN-THEMED RESEARCH

## Pregnancy Outcomes in US Prisons, 2016–2017

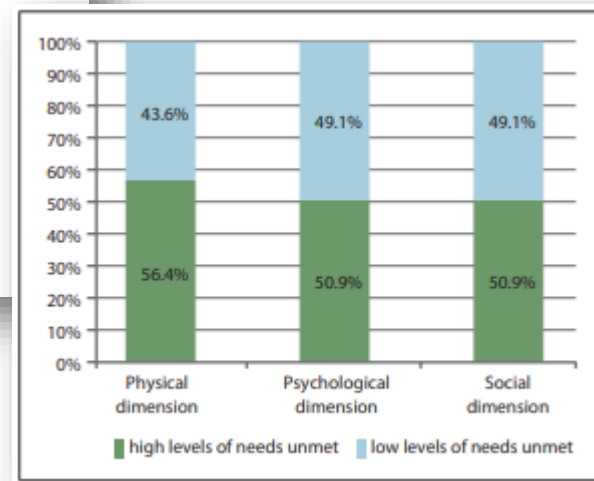
Carolyn Sufrin, MD, PhD, Lauren Beal, MPH, Jennifer Clarke, MD, MPH, Rachel Jones, PhD, and William D. Mosher, PhD

Ann Ist Super Sanità 2018 | Vol. 54, No. 2: 96-103

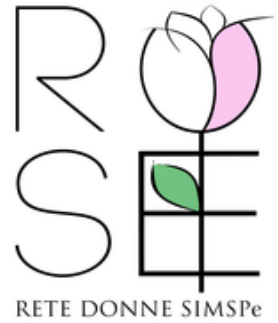
DOI: 10.4415/ANN\_18\_02\_04

## The health needs of women prisoners: an Italian field survey

Giovanni Antonetti<sup>1,3</sup>, Daniela D'Angelo<sup>2,3</sup>, Paola Scampati<sup>2,3</sup>, Ileana Croci<sup>4</sup>, Narciso Mostarda<sup>3</sup>, Saverio Potenza<sup>2</sup> and Rosaria Alvaro<sup>2</sup>

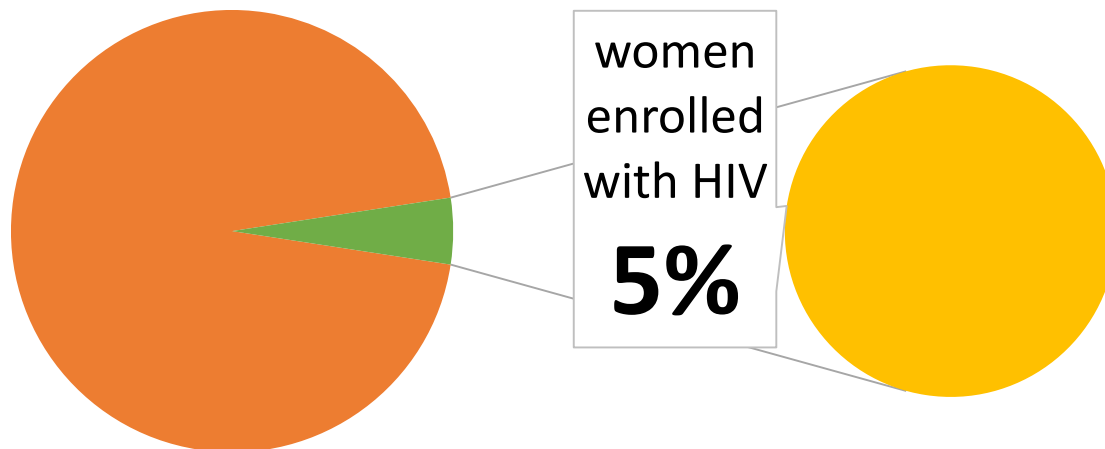


# Rose Network



- 1041 women were enrolled (43% of the female prison population in Italy as of 28 February 2018)
- The timely prevalence of HIV-Ab in this cohort was 5.0%, with 53 women being positive

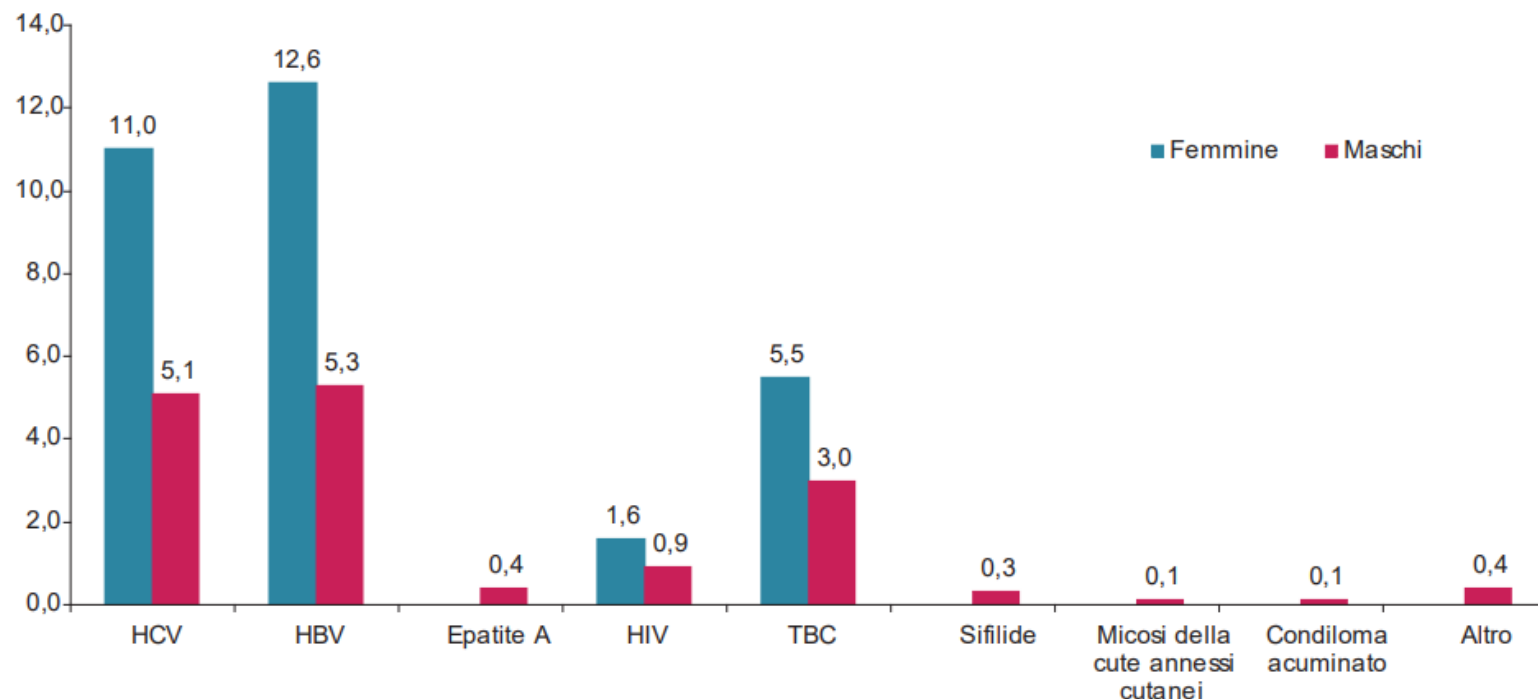
HIV prevalence





# Regione Toscana – malattie infettive

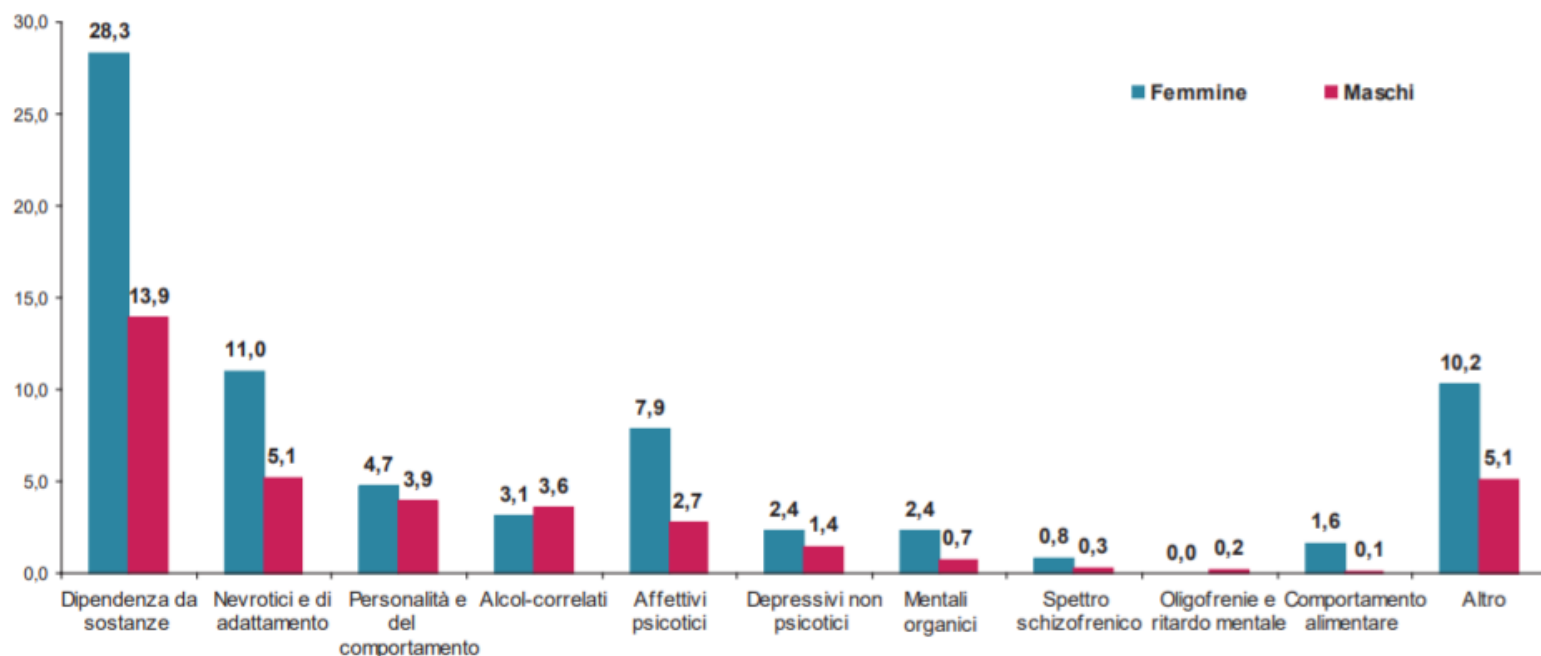
**Distribuzione (%) delle diagnosi infettive e parassitarie nella popolazione detenuta in Toscana. Analisi per genere. Anno 2017.**



28,3% delle donne ha almeno una diagnosi di disturbo da dipendenza rispetto al 13,9% degli uomini

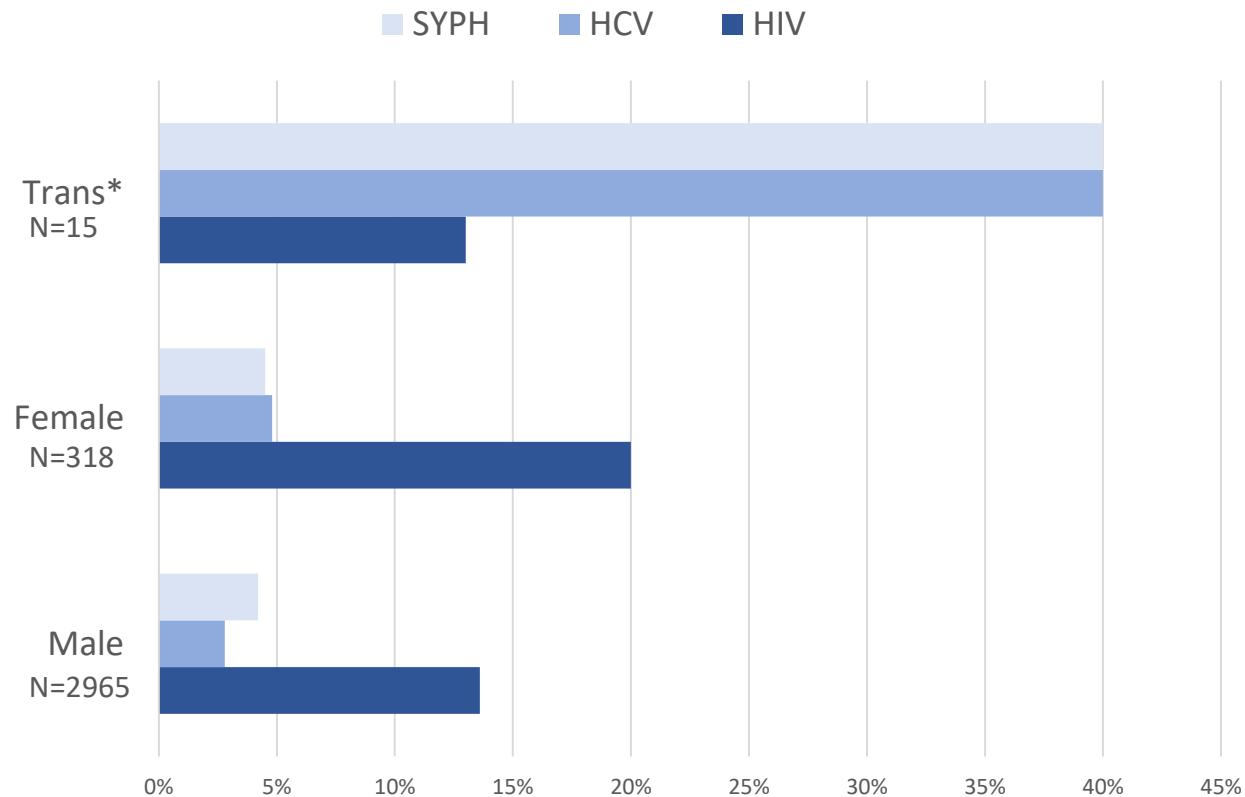
# Regione Toscana – salute mentale

Distribuzione (%) delle diagnosi psichiatriche nella popolazione detenuta in Toscana. Analisi per genere. Anno 2017.



Le donne sono maggiormente interessate dai disturbi psichiatrici con il 72,4% delle detenute che nel 2017 presentano almeno una diagnosi rispetto al 37% degli uomini

# Qualche altro dato italiano

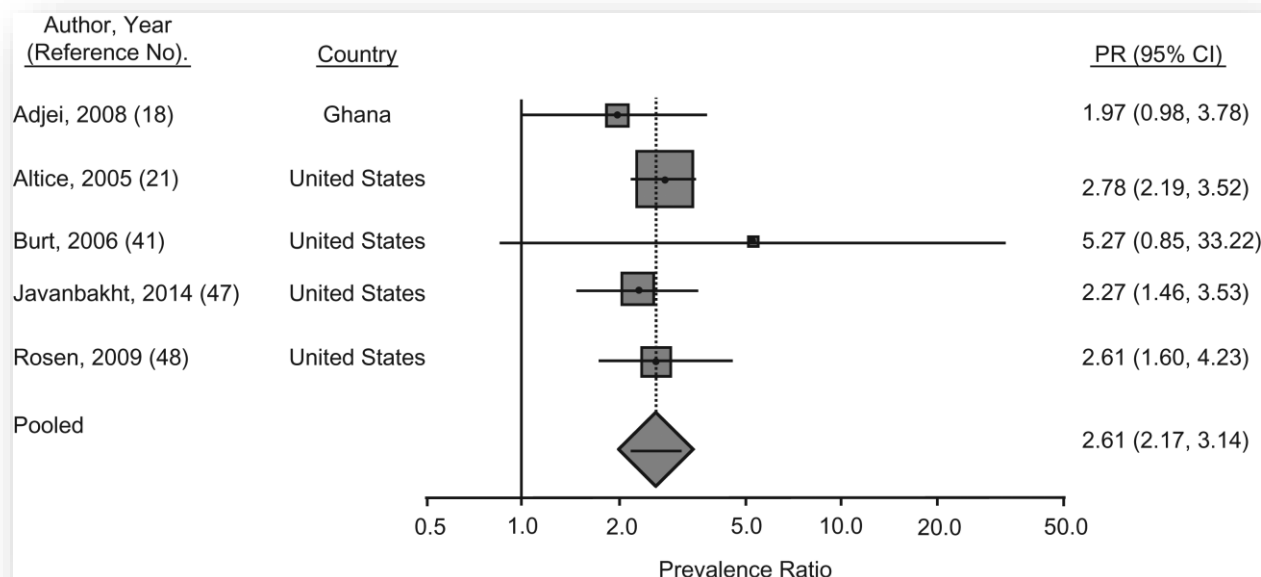


Source: Courtesy of Dott Roberto Monarca; Study PrHep-Eu2; unpublished data

Data from: Dott. Monarca (Viterbo) Dott. Gabbuti (Firenze) Dott. Ranieri (Milano) e Dott. Scalici (Palermo)

# Sex workers e Trans\*

**Sex workers:** 6 studies; Meta-analysis of prevalence ratios (PRs) of human immunodeficiency virus (HIV) compared sex workers with those who did not report a history of engaging in sex work



**Trans\*:** 2 studies; relatively few transgender prisoners identified: study 1 (US – 1 person); study 2 (Argentina- 11 people); HIV prevalence 54%.



# Trans\*: violenza, segregazione e terapie ormonali

First Author, Year (Reference No.)	Peer-Reviewed Literature or Gray Literature	Access to Gender-Affirming Hormones and/or Surgery	Housing Segregation	Violence
Colchero, 2015 (63)	Peer reviewed	NR	"In three of the centers, transgender women and gay men live in an independent wing, which is separated from where other men live. In the remaining center, most of the transgender women were found at the same wing where people with HIV live. All people living with HIV and AIDS in prisons in Mexico City are transferred to this wing in this prison" (p. s101).	"In detention centers, as verbally expressed by transgender women that declined to participate, non-participation was related to the fear of getting an HIV-positive result, and particularly associated with the anxiety of been transferred to the only prison that offers HIV treatment in the city, which is perceived as having a very violent environment" (p. s102).
Crepet, 2016 (62)	Peer reviewed	NR	NR	NR
Varella, 1996 (60)	Peer reviewed	NR	NR	NR
Valenta, 1992 (61)	Peer reviewed	"In 1987, prison policy was for inmates who presented proof of being treated with estrogens or progestogens prior to incarceration to continue to receive treatment while in prison. This was discontinued in 1988 due to concerns about risk of high blood pressure, elevated lipids, and thromboembolic disease. Hormone therapy was abruptly stopped in all inmates" (p. 242).	NR	NR
Lydon, 2015 (43) <sup>a</sup>	Gray	35% (n = 222) <sup>b</sup> of TW, TS, and NBG respondents received hormone therapy before incarceration. 23.0% <sup>c</sup> of TW, TS, and NBG respondents received hormone therapy in prison. 44.0% <sup>c</sup> of TW, TS, and NBG requested hormone therapy and were denied access while in prison. 40.0% <sup>c</sup> were denied access to surgery during incarceration.	76.0% of TW (n = 114) <sup>b,d</sup> placed in solitary confinement for safety 70.0% of TS (n = 46) <sup>b,d</sup> placed in solitary confinement for safety 65.0% of NBG (n = 52) <sup>b,d</sup> placed in solitary confinement for safety	Violence by staff: 22.0% (n = 137) <sup>b</sup> raped by staff 14.0% of TS (n = 51) <sup>b</sup> raped by staff 23.0% of NBG (n = 62) <sup>b</sup> raped by staff  Violence by inmates: 79.0% of TW (n = 137) <sup>b</sup> raped by inmates 57.0% of TS (n = 51) <sup>b</sup> raped by inmates 68.0% of NBG (n = 62) <sup>b</sup> raped by inmates
Hariga, 2011 (59)	Gray	NR	"A specific unit with trained staff has been established to hold the transgender population" (p. 14). "Proposed education, work and other activities are designed based on the needs of the population. All detainees expressed their great satisfaction with this arrangement in the classification. Their specific needs are addressed, including in terms of commodities" (p. 14).	NR
Emmer, 2011 (58)	Gray	18.9% (n = 37) <sup>b,a</sup> continued receiving hormone therapy during incarceration. 37.8% (n = 37) <sup>b,a</sup> received hormone therapy off and on during incarceration. 43.2% (n = 37) <sup>b,a</sup> have not received hormone therapy while incarcerated.	69.5% (n = 59) <sup>b</sup> in general population 5.1% (n = 59) <sup>b</sup> in administrative segregation 17.0% (n = 59) <sup>b</sup> in protective custody 6.8% (n = 59) <sup>b</sup> in solitary confinement	Violence by staff: 79.7% (n = 59) <sup>b</sup> verbally harassed by staff owing to gender 44.1% (n = 59) <sup>b</sup> sexually harassed 27.1% (n = 59) <sup>b</sup> physically assaulted 27.1% (n = 59) <sup>b</sup> sexually assaulted  Violence by inmates: 90.0% (n = 59) <sup>b</sup> verbally harassed 72.9% (n = 59) <sup>b</sup> sexually harassed 52.5% (n = 59) <sup>b</sup> physically assaulted 44.1% (n = 59) <sup>b</sup> sexually assaulted

Epidemiologic Reviews  
© The Author(s) 2018. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health.  
All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

DOI: 10.11  
Advance

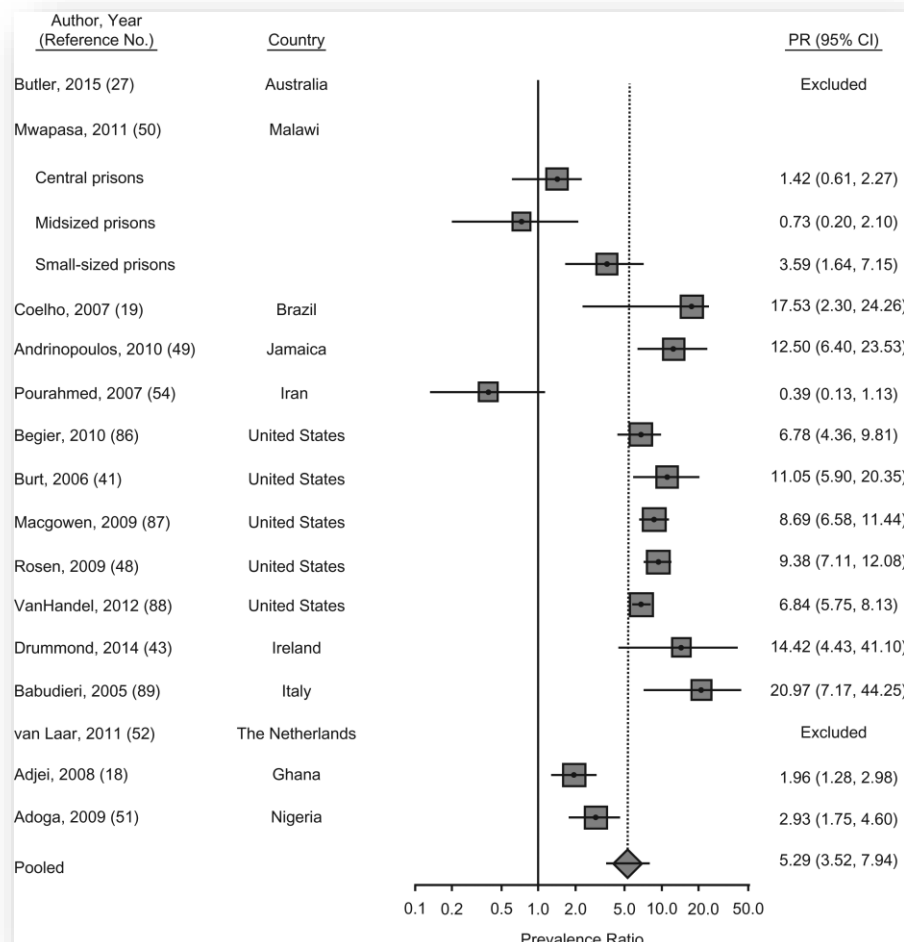
## Epidemiology of HIV, Sexually Transmitted Infections, Viral Hepatitis, and Tuberculosis Among Incarcerated Transgender People: A Case of Limited Data

Tonia C. Poteat\*, Mannat Malik, and Chris Beyrer

Research is urgently needed

# Men who have sex with men

**MSM:** 21 studies; Meta-analysis of prevalence ratios (PRs) of human immunodeficiency virus (HIV) comparing MSM with men who did not report engaging in same-sex acts



# Migranti e stranieri - Toscana

Distribuzione (%) delle diagnosi psichiatriche nella popolazione detenuta in Toscana. Analisi per gruppo etnico. Anno 2017.

Diagnosi disturbi psichici	Principali gruppi etnici		
	Italia (N=1433)	Africa (N=687)	Europa dell'est (N=313)
Dipendenza da sostanze	15,9	19,5	4,5
Nevrotici e di adattamento	6,9	6,3	2,6
Personalità e del comportamento	4,7	4,5	1,9
Alcol-correlati	3,3	5,8	1,9
Affettivi psicotici	3,6	3,1	1,3
Depressivi non psicotici	2,1	1,2	0,3
Mentali organici	1,0	0,4	1,3
Spettro schizofrenico	0,3	0,3	0,0
Comportamento alimentare	0,1	0,0	0,3
Oligofrenie e ritardo mentale	0,3	0,0	0,0
Altro	5,4	7,0	3,2
Totale	43,8	48,0	17,3

Età media  
italiani=45 anni  
stranieri=35,7 anni

# Migranti e stranieri - Toscana

Distribuzione (%) delle diagnosi infettive e parassitarie nella popolazione detenuta in Toscana. Analisi per gruppo etnico. Anno 2017.

Malattie infettive e parassitarie	Principali gruppi etnici		
	Italia (N=1433)	Africa (N=687)	Europa dell'est (N=313)
HBV	5,4	6,0	7,0
HCV	8,4	2,0	1,0
HIV	1,4	0,6	0,3
TBC	1,7	4,4	3,2
Epatite A	0,3	0,6	0,6
Sifilide	0,3	0,1	0,3
Condiloma acuminato	0	0,1	0
Micosi della cute e annessi cutanei	0,1	0	0
Altro	0,1	0,7	0
<b>Totale</b>	<b>17,7</b>	<b>14,6</b>	<b>12,5</b>

Età media: italiani 45 anni  
stranieri 35,7 anni

Fattori di rischio	Variabili dipendenti per l'analisi multivariata			
	HBV	HCV	HIV	TBC
OR (IC 95%)				
<b>Nazionalità</b>				
Italia	1	1	1	1
Africa	1.27 (0.83-1.94)	0.24 (0.13-0.44)***	0.45 (0.14-1.38)	3.41 (1.88-6.17)***
Europa-Est	1.59 (0.95-2.66)	0.15 (0.05-0.49)**	0.27 (0.04-2.10)	2.55 (1.17-5.57)**
Altro	1.48 (0.90-2.43)	0.56 (0.30-1.05)	0.50 (0.11-2.19)	4.08 (2.13-7.82)***



# Migranti e stranieri

Le Infezioni in Medicina, n. 1, 57-63, 2017

## ORIGINAL ARTICLE

### Infectious diseases among foreign prisoners: results of a hospital-based management model in Palermo

Tullio Prestileo, Daria Spicola, Francesco Di Lorenzo, Ernesto Renato Dalle Nogare, Adriana Sanfilippo, Antonio Ficalora, Salvatore Corrao

133 subjects (mean age 35.5 years)  
from 29 countries were followed for a  
period of 15 years

The results show limited effectiveness

Diagnosis	No.	(%)
HCV infection	54	(40.6)
HIV infection	30	(22.5)
Co-infection HIV/HCV	16	(12.0)
HBV infection	13	(9.8)
Tuberculosis infection	10	(7.5)
Co-infection HIV/HBV	4	(3.0)
Other infections	6*	(4.5)
Total	133	(100)

Infection	No. patients	Full diagnosis No (%)	Full therapy No (%)	Drop out No (%)
HCV	54	25 (46.3%)	20 (37%)	34 (63%)
HIV	50*	45 (90%)	41 (77%)	9 (23%)
HBV	13	11 (84%)	10 (77%)	3 (23%)
TBC	10	3 (30%)	3 (30%)	7 (70%)

# Conclusioni

---

- ✓ Evidenza scientifica è limitata e per alcune subpopolazioni molto scarsa
- ✓ Dati disponibili indicano un maggiorato carico di malattia
- ✓ Bisogni di salute complessi necessitano di servizi sanitari e cure appropriate (tipologia, modalità di erogazione etc)
- ✓ Migliorare le attività di monitoraggio e sorveglianza per identificare bisogni, pianificare servizi, valutarne l'impatto



© 2006 The Authors  
Journal compilation © 2006 Blackwell Publishing Ltd

# HCV in carcere

**TABLE 7**

HCV infection prevalence among people in prison by EU/EEA country and risk category, 2017

Country	People in prison			PLHIV in prison			PWID in prison			People in prison with tattoos			People in prison who have had unprotected sex			People in prison who have had transfusions		
	Number of studies	Prevalence (%)	Ref	Number of studies	Prevalence (%)	Ref	Number of studies	Prevalence (%)	Ref	Number of studies	Prevalence (%)	Ref	Number of studies	Prevalence (%)	Ref	Number of studies	Prevalence (%)	Ref
Bulgaria	3	20.5–28.6	[24]	1	8.2	[59]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Croatia	3	4.3–14.2	[24]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Finland	1	45.8	[24]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
France	8	3.8–6.8	[24,97]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Germany	4	8.6–84.9	[24]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Hungary	1	4.9	[24]	0	NA	NA	1	22.5	[98]	2	4.5–4.6	[98]	1	4.2	[98]	0	NA	NA
Ireland	1	12.9	[24]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Italy	2	37.4–38	[24]	2	55.9–78.3	[66]	1	74.7	[99]	1	51.2	[99]	1	43.2	[99]	1	48.7	[99]
Luxembourg	1	86.3	[24]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Norway	0	NA	NA	0	NA	NA	1	86	[100]	0	NA	NA	0	NA	NA	0	NA	NA
Poland	0	NA	NA	1	93.5	[77]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Portugal	2	10.8–34.4	[24]	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA
Spain	13	14.7–44.9	[24]	0	NA	NA	1	84.9	[101]	0	NA	NA	0	NA	NA	0	NA	NA
United Kingdom	5	1.3–19.2	[24]	0	NA	NA	1	49.3	[30]	0	NA	NA	0	NA	NA	0	NA	NA
EU/EEA	44	1.3–86.3	–	4	55.9–93.5	–	5	22.5–86	–	3	4.5–51.2	–	2	4.2–43.2	–	1	48.7	–

Source: Mason Lauren, Duffell Erika, Veldhuijzen Irene K, Petruti Uarda, Bunge Eveline M, Tavoichi Lara. Hepatitis B and C prevalence and incidence in key population groups with multiple risk factors in the EU/EEA: a systematic review. Euro Surveill. 2019;24(30):pii=1800614