

Reference	EG PH 5
Title	Draft report from the separate meeting of EG on Prison Health
Submitted by	PH EG Chair and ITAs
Requested action	For comments and approval

1. Tour de Table

1.1. Introduction of the Participants

The introductory round was made and the participants introduced themselves.

The agenda was adopted.

1.2. Country Updates

- **1.2.1. Germany:**

- Germany has made the experience that substitution treatment is a good prevention for crime (crime reduction).

Dilemma: treatment with cannabis. Since it is allowed for the public, it should be allowed inside prison as well (equivalence of care). However, addicted prisoners should not be treated with cannabis. In NOR and SWE cannabis is only allowed for multiple sclerosis. In Latvia and Poland the use of cannabinoids in prison settings is not allowed. The use of cannabis is increasing the risk of crimes. A study called "Psychoactive substances and violent offences: A retrospective analysis of presentations to an urban emergency department in Switzerland" can be found on the EG webpage.

The presentation is available on the NDPHS website under following link:

http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv_tb_and_ai_5_warsaw

- **1.2.2. WHO:**

- The Prison Health Program Network only exists in the WHO EURO region. The aim is to extent the Program worldwide.
- Since last year, there is a prison health data base. The survey would be updated every third year.
- Beginning of December: the international conference and network meeting in Copenhagen.
- The Worldwide Prison Health Research & Engagement Network (WEPHREN) could be invited to the next PH EG meeting.
- Who is still working on the shift of prison health from the MoJ to the MoH.
- Bleach is not recommended anymore by WHO. Needle Exchange Programs however are recommended.

The presentation is available on the NDPHS website under following link:

http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv_tb_and_ai_5_warsaw

- **1.2.3. Sweden:**

- Treatment of HCV should not cost more than 10.000 Euro. Now every person in Sweden is treated. Nurses can do the fibro scan. The treatment period should be during treatment time (in order to avoid handing over medication after release).
- Problem with OMT: SWE cannot start treatment inside prison, but if the treatment started before imprisonment, it can be continued. If the prisoner has a sentence that is drug related, he is not eligible for OMT (since 2016, the treatment can however be continued).

- Currently the belting systems is under discussion. Placing persons in belts is only allowed for 4 hours. Currently SWE is discussing to ban it from the Prison Systems.
- ADHD (25% in Prison) is diagnosed and treated. The treatment continues after release. This topic should be discussed internationally (at WHO). The treatment with amphetamine-like drugs shows some parallels to medical cannabis.
- **1.2.4. Norway:**
 - A new national strategy for a coordinated reintegration after served sentences has been made on “Reduced recidivism to crime”. 5 ministries worked together on the strategy. It is important to make the responsibility of each sector visible in this transactional phase (from prison settings to liberty). The strategy is available in English under following link: https://www.regjeringen.no/contentassets/3f8ac79225654863ad3f9b0e082bf9f0/strategy_reduced-recidivism-to-crime.pdf
 - Access to specialized mental health services is a problem outside and inside prison. The strategy is addressing it. Additional grants of 15 million has been given to the treatment of mental health problems and drug addiction.
 - NOR is still facing issues with the matter of interpretation. 34 % of all inmates are foreigners.
 - Since 2017, a strategy on women in Prison settings exists.

The presentation is available on the NDPHS website under following link:
http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv_tb_and_ai_5_warsaw

- **1.2.5. Russia**
- Year by year number of prisoners in Russia has been decreasing – from more than million in 1999 to 602 200 prisoners in 2018.
- There is a need for a mind shift. However society still sees prisoners as criminals and have not the aim to “help” but to “punish”. Substitution treatment is therefore not wished for.
- After USSR was destroyed TB cases increased. But from the beginning of 21 century the mortality of TB has been reduced. Also data show a decrease in TB cases.
- Over the past 20 years, the number of HIV infected people in Russia has increased nearly in 800 times. The number of co-infections in prison has also increasing drastically (increase by twice since 2008).

The presentation is available on the NDPHS website under following link:
http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv_tb_and_ai_5_warsaw

- **1.2.6. Latvia**
 - An informative report “Healthcare organization and funding in prisons” has been created by the MoH in cooperation with the MoJ.
 - Latvia has an Action Plan to fight HIV/ AIDS, hepatitis and STI 2018-2020.

The presentation is available on the NDPHS website under following link:
http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv_tb_and_ai_5_warsaw

- **1.2.7. Poland**
 - The polish prison health is under the ministry of Justice. However drugs and testings are financed by the Ministry of Health.
 - Prisoners are entitled to have access to the health services available in the country without discrimination on the grounds.
 - It is planned to build a new hospital for prisoners. Due to security reasons, there is no acceptance of public hospitals to treat prisoners.
 - WHO sees the risk that the quality of hospitals for prisoners will never be equal to the quality seen in public hospitals. Especially that the problem of a lack of medical professionals is even more affecting prisoners hospitals.

The presentation is available on the NDPHS website under following link:
http://www.ndphs.org/?mtgs,ph_eg_&_eg_on_hiv_tb_and_ai_5_warsaw

2. Actual information concerning the PH EG

An Umbrella Project for NDPHS is planned (on the subject of “Elderly/ Aging”): A workshop in May is planned. The problem in prison is not only ageing but also disability. At WHO the number that has been decided for older prisoners is 55 years.

The task of the PH EG is to find indicators and to fill in the objective tree. This task needs to be completed before the 14th of May, since a special Chairs & ITA meeting on a NDPHS flagship project on elderly is planned.

The group agrees on reading the WHO Publication “Prisons and Health”, Chapter 19 on “older prisoner and complex medical care”.

The publication can be found here:

http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

3. Any other business

Latvia drafted a report from the questionnaire on HIV and TB. After the collection of data the aim is to make a political letter with recommendations out of it. The Co-Chair will send the report and the number to the EG again for comments (10-14 days deadline for feedback).

Russia plans to publish a book on medical care in October 2018 by the Panel System. WHO could contribute with an article.

4. Next meeting

The next PH EG meeting will be hosted by WHO on the 25 and 26th of October in Copenhagen (Thursday and Friday) in the UN-City. WEPHREN and maybe some Danish colleagues could participate in the meeting.

The spring meeting 2019 will be hosted by Sweden.

The autumn meeting 2019 could be a joint meeting with the other expert groups.

5. Closing of the meeting

Dr. Marc Lehmann, Chair of the Expert Group on Prison Health, and **Elisabeth Schulte**, ITA of the Expert Group, thanked the participants for their presentations, comments and ideas and declared the meeting closed.