**EG on Prison Health**
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| **Reference** | PH 4/7/1 |
| **Title** | Production of Thematic Report and Situation Analysis concerning Prison Health in the Northern Dimension Area |
| **Submitted by** | Chair and Ms. Maxi Nachtigall |
| **Summary / Note** | - |
| **Requested action** | For information |

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**----Terms of Reference and Time frame----**

## 1. Background and context

Worldwide, more than 9 million people are held in penal institutions. The prison population varies however considerably between different regions of the world, and between different parts of the same continent. The majority of prisoners are, not surprisingly, detained in the three countries with the largest population; USA, China and the Russian Federation. In Europe close to 2 million prisoners are detained in various penal establishments (pre-trial institutions, correctional facilities, colonies, prisons, juvenile detention centres etc.) The highest number are to be found in the Russian Federation, which in June 2007 had 889.650 detainees, of which 7 % were women and 2,5 % children and young persons.

A considerable number of penal institutions are located within the Northern Dimension (ND) area[1]:

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|---|---|---|---|
| Denmark | 87 | Lithuania | 15 |
| Estonia | 7 | Norway | 47 |
| Finland | 38 | Poland | 213 |
| France | 185 | The Russian Fed. | 1051* |
| Latvia | 15 | Sweden | 86 |

Penal systems within the ND area constitute a sector of society where severe health problems persist. The spreading of communicable diseases is especially prevalent within marginalized groups living under socially and economically distressing circumstances, members of which may subsequently enter the penal system. As there are clear linkages between social disparities, mental disorders, the use of illicit drugs, infectious diseases and

[1] The Northern Dimension covers a broad geographic area ranging from the European Arctic and Sub-Arctic areas to the southern shores of the Baltic Sea, including the countries in its vicinity and from North-West Russia in the east to Iceland and Greenland in the west. Since the accession of the Baltic States and Poland to the EU, North-West Russia has been the principal geographic focus. http://www.ndphs.org/?about_nd

crime and imprisonment, there is a need to share experiences and expertise in the field of prison health.

Founded in 2003, the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) works to improve the quality of life and the demographic situation in Northern Europe, foremost North West Russia. Thereby, the Partnership has two main priority areas:

1. Reduction of major communicable diseases and prevention of life-style related non-communicable disease
2. Enhancement of promotion of healthy and socially rewarding lifestyle

Four Expert Groups provide professional input to the NDPHS joint activitites. One of them is the Expert Group on Prison Health (EG PH). Based on their Terms of References[2], EG PH is collecting experiences in the improvement of prison health from existing co-operations and shares and distributes good practice models throughout the Northern Dimension Area within the field of interest. EG PH focuses on communicable diseases, drug and social rehabilitation, care for inmates with mental disorders and special needs, inmates' living conditions (i.e. hygiene and problems associated with overcrowding), and educational programmes.

The Expert Group on Prison Health has the objectives of:

- Working towards the improvement of health in prisons within the Northern Dimension area, and communicate collective knowledge in this field;
- Supporting coordinated and collaborative efforts to further prison reforms and develop relevant national policies;
- Promoting networking and partnership-building among all relevant stakeholders.

One approach to reach these objectives is the production of thematic reports on integrated analyses in specific health and geographical areas.

## 2. Aim and focus of the report/ Objectives of the Thematic Report 2007

"With an ever increasing inmate population, prisoners are typically classified by security level or medical and psychiatric needs. Gender is another key category." (Desrosier/ Senter 2007:7). Over the last years the number of female offenders has risen at a greater rate than of their male counterparts (prove for the ND area). In general, people who are in prison need a high level of health and social care. (Hayton 2007, 18-19). Women are a minority in prison but they are one of the most vulnerable groups when it comes to health issues and health care settings. As the majority of the prison population consists of male detainees women's special needs are often neglected. Their rights as prisoners according to the European prison rules are for the most part ignored or badly implemented. But many health and social issues of imprisoned women could be solved by properly implementing rights and regulations that already exist (Kurten-Vartio 2007).

Mostly accused of crimes leading to conviction to short term stays or imprisonment under pre-trial conditions only, women are often suddenly and unexpectedly released. Therefore, they cannot profit from any health or social rehabilitation programmes as those programmes are mostly for prisoners staying longer in prison than one year. Meanwhile, a substantially higher number of women than men in custody have substance abuse issues.

[2] adopted by the CSR in March 2007

When staying longer in prison, women have a greater demand on health services, their health issues are more complex, also taking into account particular female health issues. Women in prison have higher demands on staff and whish more often and regular meetings with a doctor, still they cannot be described as more sick than male prisoners. Having the opportunity to receive regular professional health care they use this opportunity more often than their male counterparts. Additionally women are looking for health treatment and social care programmes in order to keep or regain the custody of a child/ children or their right to visit the child and extended family. Women coming to prison have maybe not taken care of their health during the last years, their general health conditions can be diagnosed as extremely weak. Prison can be the only place and imprisonment the only time when women can be encouraged to accept health investigations and treatment needed. Consequently, "prisons can contribute to the health of the communities by helping to improve the health of some of the most disadvantaged people in society" (Fraser 2007:25).

Compared to male inmates, female offenders are three times more likely to have a history of trauma. In this respect, correctional treatment programs should target previous trauma experiences, including childhood and adult physical, emotional and sexual abuse. Studies have also shown that different forms of abuse earlier in life lead to later self-harm behaviour and/ or suicide. Research in Russian prison has revealed that most of the imprisoned women are coming from broken families or were grown up in orphanages. They had problems to establish a normal life, finding a job and a permanent place to live and to build up social networks. Keeping this mind it is easy to understand why many female prisoners suffer from anxiety, depression, bipolar and eating disorders or self-mutilation. Being in custody produces further stress symptoms and generates psychological traumata, especially when women are separated from their partners, children and family. Any health care for women in prison must take into account the negative effect of imprisonment to any individual. Women are more likely to harm themselves than men and to do so repeatedly. The sudden withdrawing from drugs under custody can lead to sudden acts of self-harm, impulsive, volatile and unpredictable behaviour. A lot of women are facing mental health problems which are often enforced by drug dependency.[3]

Attention must be given to typical female, gynaecological issues as well as to women with small children, or in pre- or postnatal care.
The tasks of prison health staff can not be limited to treating sick patients only. There must also be supervision of conditions of hygiene, especially for female needs, of catering arrangements, regarding healthy nutrition and diet and the general living environment in prison.

Taking the imprisoned women's health issues as described above into account, the Thematic Report 2007 by the NDPHS Prison Health Expert Group concerns how prison health for women is organized and how health care in prison is adequately adjusted to women's needs. It seeks to give recommendation for the implementation of a gender equal whole prison health approach and assessment of prison health services. Human rights and decency should found the basis for the promotion of health because they emphasize all aspects of prison life, especially for vulnerable groups.

### 3. Gender Equity in Prison Health

[3] As described in the WHO Health in Prisons Guideline the typical female drug user arriving in prison can be described as: 17-30 years old, arrested for 7-10 days, using heroin or methadone, additionally crack, cocaine, cannabis, a high amount of alcohol and cigarettes as a substitute if hard drugs are not available. The women have a history in drugs lasting 9 years or longer. Most of the injection drug users are hepatitis c positive, suffer from deep vein thrombosis, abscesses or sexually transmitted infections. They face a lack of information about these diseases. Their partner mostly is also imprisoned; children if any are removed to extended family care or external care. Many of the women lived for many years in a vicious circle of drug addiction and withdrawal by using substitutes as alcohol or cigarettes, leading to additional health problems.

The number of female prisoners has increased in most of the countries in the Northern Dimension area over the last 10 years (statistical prove). This development demands equal opportunities and female's equal access to social, economical and cultural rights. Until today, female prisoners have been disadvantaged in obtaining information about their rights as prisoners, access to vocational and educational training and sufficient and adequate health care in prisons. As it is important to focus on diseases which affect both gender, there is also a common need to find differences, for example why certain diseases/ problems are striking harder when women are the target. In order to achieve gender equality also under custody, a whole prison approach is needed which also shows elements of implementation of the following basic human rights:

1. Social rights
2. Economic rights
3. Cultural rights

"As prison sentences have been designed for men and by men, women are always an exception. It is a challenge to find special solutions to meet the needs of imprisoned women" (Sonja Kurten-Vartio, 2007). Women in prison settings are considered to be more difficult to deal with than men. Women face harder moral punishment from society than male prisoners so that their punishment does not automatically end after their release but often continues in form of social isolation as well in private as in occupational life. On the other hand, to search for health care and social treatment when once in prison can have a high value among inmates. A treatment of drug addiction might be a first step to change lives and to give women a perspective for their future outside the prison.

Gender is more than a determinant of health that stands alone, but rather cross-cuts all other determinants, namely income and social status, employment, education, social environment, physical environment, healthy child development, personal health practices and culture. The interaction aspects of gender and health can be seen in factors as poverty, violence, sexual transmitted diseases, mental health, substance abuse, nutrition, health care delivery and reproductive health. Keeping this in mind, the thematic report will be based on the notion of gender equity, the process of being fair to women and men. "To ensure fairness, measures must be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a 'level playing field'" (Medial Women's International Organisation 2002:11)[4]. Gender equity also means that health needs, which are specific to each gender, receive appropriate resources (e.g. reproductive health needs).

## 4. Guidelines

During their 3rd Expert Group meeting in Paris in June 2007 and the 5th EG Chairs and ITAs meeting in Vilnius in 2007, the EG PH agreed on the publication of an thematic report on women's health in prison. The topic is also of relevance in regard to a planned conference on women's health in prison, organized and hosted by the WHO Europe "Health in Prison Project" (HIPP) in 2008 and a planned publication on women's health in prison.

The thematic report 2007 will focus on the special situation of imprisoned women in the Northern Dimension area. It will give a general overview on the situation of these women and will in detail analyse women's health issues in prison. Referring to part 2 of this paper, the Thematic Report will focus on four major issues:

### 1. Somatic diseases

[4] An example of gender inequality is the common setting that only inmates staying longer than one year in prison are eligible for starting with a detoxication treatment. This discriminates women as most of the female offenders in need of treatment are generally serving shorter sentences in prison than men.

2. **Mental and psychiatric diseases**
3. **Women specific diseases** and
4. **Other issues concerning women's health and social well-being**

The report will particularly pay attention to women as a vulnerable group in prison often being exposed to additional issues as mobbing, trafficking, prostitution or abuse.

Any health care in prison must base upon comprehensive primary health care as "good prison health is good public health" (WHO Health in Prison Guide 2007:2). Therefore this report seeks to research how to provide meaningful primary health care for women in prisons. Primary health care is the foundation of prison health services as it is the "most effective and efficient element of health care in any public health system" (WHO Almaty Declaration 1978). It should be characterised by a balance of disease prevention and health promotion.

As stated in the WHO publication "Health in prisons" (WHO 2007), Prison health care services must be able to deal with four major priorities:

1. Primary care
2. Mental health
3. Infections, tuberculosis, blood borne viruses, including HIV and skin conditions
4. Dependence, especially to alcohol and drugs

The thematic report framework will be based on the following documents:

1. Terms of Reference PH EG
2. Moscow Declaration on Prison Health as a Part of Public Health (WHO Regional Office, 2003)
3. European Prison Rules, revised 2006 by the Committee of Ministers of the Council of Europe (EPR)
4. Health in prisons, A WHO guide to the essentials in prison health, 2007
5. Further general international regulations on Prison health as SMR and CPT
6. Recommendations of the World conference on women Beijing report 1995
7. NDPHS founding document, Oslo Declaration, concerning the establishment of a Northern Dimension Partnership in Public Health and Social Well-being.

These documents refer to the obligations of prison authorities to safeguard the health of all prisoners and the "need for prison medical services to be organized in close relationship with the general public health administration" (Coyle 2007:11).

Furthermore, the report will enforce aspects of gender equity within the area of prison health.[5] As stated in the WHO Gender policy 1999: "In health, gender analysis contributes to the understanding of differentials between women and men in, for example, risk factors and exposures; manifestations, frequency and severity of disease and social responses to it; access to resources to protect health; and distribution of power and responsibilities in health care." In underlying the report a gender approach the report is dealing with distinct health characteristics of female offenders.

Accordingly to the Expert Group's Action plan for 2008, adopted by 3rd EG PH meeting in Paris in June 2007, the thematic report can form a basis for

[5] Mainstreaming gender is "the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated" (WHO Gender Policy 1999).

- Supporting initiatives for reorienting prison systems to improve the implementation and status of health care;
- Revealing gaps in research and action regarding prison health; proposing topics and issues for new project proposals in the field;
- Formulating criteria for future support for projects in the field of prison health. This should include the application of a Logical Framework Approach (LFA);
- Increasing the work and visibility of the NDPHS partnership and providing expert input to the preparation and implementation of joint activities carried out within the Partnership framework,

Furthermore, the report has five major objectives. It seeks to

1. Arouse the interest of the public in the issue of women in prison
2. Encourage national authorities, NGOs and national and international organisations to develop projects, and programmes to get involved and active in women's health in prison
3. Interest donor organisations to fund and implement projects in this field
4. Contribute to the NDPHS database project
5. Provide a guideline of gender equal treatment in prison health

Regarding its mandate, EG PH will research and compile good practice models from prisons across the Northern Dimension Area, addressing the major challenges of women in prison. The report will compile information on policies, projects and programmes as well as recent and ongoing reforms within the prison health area.

The Thematic Report will include results from the EG PH questionnaire, developed, sent out and to be returned before the 4th Expert Group on Prison Health meeting in Copenhagen, October 2007.

As another item, the report seeks to give an overview of the major national and international regulations and written standards concerning prison health in general and women's health in prison in particular.

The report will be developed in cooperation with the NDPHS EG on Primary Health Care, taking into account the premises stated in the Expert Group on Prison Health Terms of Reference (ToR) and the overall NDPHS working plan for 2008.

The Expert Group will set up an editorial group consisting of three to four experts in the field. The editorial group will jointly work on the publishing of the thematic report until the end of February 2008. The members of this group will compile own research for certain chapters, deliver data on women's health in prison across the ND area and/ or share their experiences from their work with women in prison. The thematic report will comprehend a maximum of 50 pages, excluding lists of documents and references.

The compilation of the report will be done by desktop research and the study of publication available online, in libraries and archives. Input should also be given by all members of the Expert group based on their experiences from work with women in prison and/ or own studies.

As the work will be partly financed by the EU within the framework of the NDPHS Database project, the thematic report should in relevant aspects follow the directions of the NDPHS Secretariat, which is responsible for the implementation of the NDPHS Database project.

## 5. Expected Outcomes

The major outcome of the EG Prison Health thematic report will be comprehensive outline of the status and recommendations regarding the improvement of the health and social well-being of women in prison. It will provide good practice models and measurements of good health care for women in prison in the Northern Dimension area. It might serve as a guideline to be of use for authorities and decision makers in the field of prison health, especially concerning women's health in prisons. The recommendations should also be used to define core working areas regarding the implementation of EG PH's own Work Plan for 2008 and the overall NDPHS Working Plan for 2008.

The thematic report will be distributed to major stakeholders, decision makers and the members of the Northern Dimension Partnership in Public Health and Social well-being as it will be broadly published through the NDPHS website and by additional NDPHS communication tools.

**6. Geographical Coverage**

The thematic report will focus on the health situation of women in prison in the whole Northern Dimension Area, spotlighting North-West Russia, Poland and the Baltic Countries.

**7. Timeframe**

*October 2007*
- Terms of Reference ToR for the Thematic Report of the Prison Health Expert Group
- First Thematic and content outline, including timeframe
- Sending out a Prison health questionnaire to stakeholders in the region (attachment to the Thematic Report?)

*24-25 October PH EG Meeting Copenhagen*
- Discussions and adoption (if appropriate) of the Terms of Reference (ToR) and timeframe
- Discussions on the content outline of the thematic report
- Establishment of the editorial group
- Discussing and inserting first results of the questionnaire into the Thematic Report
- Discussing further input to the Thematic Report by other members of the Expert Group and experts beyond the PH EG

*November-December 2007*
- Collecting material on data and good practice examples from work on women's health in prison across the Northern Dimension area; lining out major health issues for women in prison, focusing on the four major health issues mentioned in the content outline
- Delivery of the Draft Version of the thematic report

*January-February*
- Inclusion of good practice examples from the Northern periphery area (e.g. from prisons in Archangelsk, Murmansk, Ilguciema, Tartu, Denmark (?), Norway (?))

*February 2007*
- Consultation between the Expert Group on Primary Health Care and Editorial group for final content revisions
- General layout, prove reading

*29 February*
- Delivery of the Expert Groups Report to NDPHS Secretariat

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WMA