Health in the Criminal Justice System (London): Health Protection, Disease Prevention and Promoting Health beyond the prison wall.

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Health Protection Issues in prisons:

Figure 1 - Factors to consider in controlling and preventing infectious diseases in prisons and other places of detention.
## Prison Population: March 21, 2014

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Prisons</th>
<th>NOMS Operated IRCs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td>85,338</td>
<td>84,539</td>
<td>799</td>
</tr>
<tr>
<td>• Male population</td>
<td>81,426</td>
<td>80,627</td>
<td>799</td>
</tr>
<tr>
<td>• Female population</td>
<td>3,912</td>
<td>3,912</td>
<td>0</td>
</tr>
<tr>
<td><strong>Useable Operational Capacity</strong></td>
<td>85,906</td>
<td>85,064</td>
<td>842</td>
</tr>
<tr>
<td><strong>Home Detention Curfew caseload</strong></td>
<td>2,289</td>
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</tbody>
</table>
Prison Population Changes England & Wales 1900-2011

Chart 1 - Prison population, England and Wales, 1900-2011

Source: Table A1.2 Offender Management Caseload Statistics, 2010, MoJ
Criminal Justice Estate - England & Wales
Health Needs of People in contact with CJS

- People in prescribed places of detention often experience a higher burden of disease (including infectious diseases, chronic illnesses and mental health problems), poorer access to treatment and prevention programmes, and problems with substance misuse (including drugs, alcohol and cigarette smoking) than their peers in the community. (Singleton, Meltzer, Gatward, Coid & Deasy, 1998)*.

- Rates of homelessness, unemployment and a lack of basic level education are high amongst offenders (Prison Reform Trust, 2006); as are rates of drug and alcohol dependency and mental illness.

Higher Mortality Rates among prisoners

- Dramatic differences are evident between current or former prisoners and general population in relation to all cause mortality as well as accidental death and suicide.

- Deaths from natural causes in prison has generally increased each year between 2000 and 2010.
  - 124 natural in 2010, compared to 61 in 2000;
  - Doubling at a time population rose by only 31%.
Infectious Diseases: BBV/HIV infection

• Many prison populations have **high prevalence of infection with blood-borne viruses (BBVs)** (Hepatitis B & C) and **HIV** due to large numbers of injecting drug users (IDUs) among incarcerated populations;

• Some evidence of **onward transmission of infection** in some European states due to injecting of drugs, tattooing and unprotected sexual activity—although definitive data is difficult to find.
PHPQIs: % new receptions tested for hepatitis C by NHS England Area Team
Infectious Diseases: TB

- In Europe, prison populations are almost never specifically identified in population level reports on prevalence of disease;

- However, specific prevalence studies identify high rates of Tuberculosis (TB):
  - Data from 2002 shows prevalence of disease among prisoners in Europe was **84 times higher than in the general population**;
  - In 2010, three WHO European Member States reported TB cases in prisons **exceeding 10% of the countrywide total of new cases**, and the **TB relative risk in prisons was up to 145 times higher** than in the general population.

Figure 2 - Factors in prisons contributing to a risk of amplification of infectious diseases.
TB: An urgent public health issue in prisons:

- In order to better identify cases of TB in new receptions to prison, digital x-ray (DXR) machines have been put in place in the five main London prisons as well as in HMP Birmingham, HMP Manchester and HMP Holme House.

- Images taken are read ‘down the line’ at the Whittington Hospital in London for all prisons.

- DXR machines can be operated by suitably trained lay staff for active case-finding CXRs.
TB, homelessness & prisons*

• Levels of imprisonment, drug use and homelessness are high in London with an estimated 10,000 single homeless people living on the streets or in hostels, 70,000 problem drug users and over 5,000 prisoners at any one time.

• A cohort study was undertaken of all patients with TB living in London who were or should have been on treatment on 1 July, 2003. Nearly 2,000 eligible patients were included giving an overall point prevalence of 27 per 100,000.

• The prevalence of TB among risk groups:
  – 788 per 100,000 in the homeless;
  – 354 per 100,000 in problem drug users;
  – 208 per 100,000 in prisoners.

*Tuberculosis in London: the importance of homelessness, problem drug use and prison. A Story, S Murad, W Roberts, M Verheyen, A C Hayward, for the London Tuberculosis Nurses Network
Tripartite Agreement: Joint Developmental Priorities for 2013-14

- Developing core service specifications for prison health and wellbeing services.
- Developing Information Sharing Agreements and processes to drive transparency and continuous improvement of services.
- Improving continuity of care across transitions;
- Reviewing the current commissioning arrangements for healthcare services in private finance initiative (PFI) prisons.
- Reviewing & clarifying future responsibility for the funding of specific healthcare assets and enabling services.
- Testing ‘through the gate’ substance misuse services as part of the Transforming Rehabilitation Strategy.
- Reducing smoking amongst prisoners and supporting the development of smoke free prisons.
- Reviewing the prescribing and abuse of prescription medications.
- Reviewing multi-agency approaches to managing serious risk of harm.
- Reviewing the current arrangements for the provision of integrated health and social care services for prisoners.
- Improving the detection and management of tuberculosis among prisoners at or near reception.
- Implementing an ‘opt out’ policy for testing for blood-borne viruses (BBVs) and developing care pathways for those found to be infected.
Conclusions:

• Public health challenges associated with detention settings are significant and increasing;

• Prisons & other places of detention represent an opportunity to address health inequalities in these settings specifically and society generally.

• Challenge to ensure that work commenced in prisons and other detention settings is appropriately continued on return to the community - avoid ‘cliff edge’;

• In England, opportunity in new public health system and NHS to address these issues more effectively especially with advent of a single commissioner (NHS England) for all prescribed detention settings in England;

• Health and Justice organisations must work in ‘co-production’ mode to ensure effective design & delivery of services in prisons and beyond the prison walls.