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Prison health

2 Successful policy on drugs

The misery caused by drug abuse as manifested at Zurich's Platzspitz park seems a long-distant memory. Compared with the open drug scenes of those years, the situation has, in fact, improved greatly. Yet the cost to the economy of treating, combating and preventing the use of illicit drugs amounts to some 4.1 billion francs a year. The Swiss Government has been tackling this situation for years by implementing packages of measures to reduce drug-related problems (MaPaDro) – successfully, as the evaluation of MaPaDro III (2006–2011) confirms.

3 Improving health behind bars

Infectious diseases such as HIV or hepatitis occur much more frequently in penal institutions than in the community. Since 2008, the problem has been addressed by implementing the BIG project designed to combat infectious diseases in prisons. Applying the equivalence principle, BIG seeks among other things to make the same preventive and therapeutic healthcare services as accessible to prison inmates as they are to people living in the community. The achievements of BIG are now to be consolidated. The focus will be on harmonising healthcare provision in Swiss penal institutions and on setting up a centre of excellence for prison healthcare.

4 Flu vaccination campaign

The idea was that, by the end of 2012, 75% of members of risk groups, 50% of medical and healthcare professionals and 50% of individuals in close contact with risk groups would be vaccinated against seasonal flu. These are several of the current (2008–2012) flu campaign targets. But in some cases the vaccination coverage has not yet been even half-way achieved, despite inherently effective communication media and a successful communication strategy. The evaluators are therefore more critical of the unrealistic matching of targets to resources than of the quality of the campaign.



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Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

Growing focus on prison health

BIG – combating infectious diseases in prisons. The aim of the BIG project launched in 2008 is to bring health care in penal institutions into line with that of the community. The experience gained with BIG has been positive, and therefore the project is now to be institutionalised on a sustainable basis.

Studies show that infectious diseases such as HIV, hepatitis or tuberculosis occur much more frequently in penal institutions than in the community. In 2008, the Federal Office of Public Health (FOPH), the Federal Office of Justice (FOJ) and the Swiss Conference of Cantonal Justice and Police Directors launched the BIG project in order to remedy this problem. The project pursues the following goals:

- minimise the risk of infections being transmitted in penal institutions
- minimise the risk of infections being transmitted from the community to within penal institutions and vice versa
- create equivalent standards of prevention, testing and treatment for infectious diseases in penal institutions and in the community
- create equivalent standards of drug abuse treatment in penal institutions and in the community
- ensure sustainability of the measures and tools developed

On the basis of these goals, four areas of activity were defined and appropriate measures put into effect:

1. Data gathering: Since 1 January 2011, a new form for reporting infectious diseases has enabled detailed surveys of the number and nature of infectious diseases diagnosed in prisons to be carried out.
2. Information and training: Work is currently in progress on two brochures that provide prison inmates and staff with information on infectious diseases, risk situations, protective measures and treatment options. In addition, a training course for prison staff is being developed in one canton as a pilot scheme. The aim is for the modules to be included in the syllabus of the Swiss Prison Staff Training Centre (SAZ) from 2013 on. Since spring 2011, the SAZ has offered an introductory course on law enforcement (including prison medicine) for staff who have not taken the basic SAZ training course.
3. Prevention, testing and treatment: In order to harmonise the medical care of inmates and also clearly define the roles of the different players involved, guidelines containing recommendations, standards and checklists on a range of medicine-related topics (e.g. admission forms or transmission of information) have been issued and made available to all prisons.
4. General structural conditions: Legal expert opinions have been sought in



order to clarify the responsibilities of the Federal Government and the cantons. In addition, the problem of language barriers and of their negative consequences for the health of inmates has been analysed. A nationwide telephone interpreting service has been available to prison health staff since April 2011.

Recommendations on harmonising standards

The timeframe of the BIG project had originally been limited to the end of 2010. In the course of the project, however, it became clear that it would not be possible to guarantee the further development and dissemination of its products unless further action was taken. This was also true of the dialogue between the different players in prison medicine, nursing care and law enforcement. It was the BIG project that had actually initiated this interdisciplinary cooperation, which was greatly valued by all involved. Furthermore, it became obvious that more attention had to be devoted to prison healthcare in Switzerland as a whole and that the differences between the cantons with regard to prison health needed to be minimised as far as possible.

For these reasons, BIG is being continued for the time being. The current focus is on the "Recommendations for harmonising health care in Swiss penal institutions". Both international and Swiss law lay down several binding norms that govern prison healthcare. But, as the expert legal opinions commissioned by the FOPH have made clear, what Switzerland needs is action to ensure that these norms are applied consistently. The recommendations supported by the Swiss Conference of Cantonal Justice and Police Directors and the Conference of Cantonal Health Directors are aimed at all the relevant players in the prison healthcare system. Their objective is not structural harmonisation (out of consideration for the organisational sovereignty of the cantons), but implementation and fleshing out of the substance of the legal basis in the everyday routine of the penal system. This includes clarifying the legal situation and responsibilities of the professionals working within the healthcare

system. A further objective is to improve the knowledge and training standards of both staff and inmates with regard to health-related topics. This calls for the use of regularly updated training and information material that is coordinated and as uniform as possible.

Centre of excellence for prison health

One of the core recommendations is the creation of a Swiss centre of excellence for health issues in the penal system. The centre of excellence would secure the sought-after interdisciplinary dialogue in the long term and serve the cantons and institutions as an acknowledged platform for discussing health issues affecting penal institutions. An administrative link between this centre and the Swiss Prison Staff Training Centre (SAZ) is planned. It would be funded in the same way as the SAZ, i.e. with percentage-based cantonal contributions geared to respective prison days.

Largely positive echo

Last October, an initial draft of the recommendations was submitted for consultation to the cantons, the inter-cantonal concordat authorities, the Conference of Swiss Prison Medical Officers, and the authorities responsible for penal institutions in Switzerland. A total of 35 cantonal authorities and organisations had commented on the recommendations by the end of 2011. They all welcomed the recommendations, the establishment of a centre of excellence and its affiliation with the SAZ. The only reservations were those expressed by some cantonal law enforcement authorities with regard to the proposed financing. The BIG project will continue to have the support of the nine-member penal system and institutions commission of the Swiss Conference of Cantonal Justice and Police Directors. The recommendations and concept for the planned centre of excellence will be formally presented to the SAZ's governing bodies. The dossier will then be examined by the Swiss Conference of Cantonal Justice and Police Directors at its autumn meeting.

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At first hand

The risk of contracting an infectious disease such as HIV/AIDS, hepatitis or tuberculosis is greater in prisons than in the community. Research conducted both in Switzerland and abroad has confirmed this. While detainees do not have the right to free choice of doctor nor do they have automatic access to preventive and curative healthcare, however, it is essential that they have the same chance of enjoying the best possible health and benefiting from the same health counselling, care and support services as people who live in the community.

The equivalence principle applies here, and it is not only a moral but also a legal imperative. According to the Swiss Constitution, the Swiss Criminal Code and human rights agreements, the State is responsible for preventing impairment of health in individuals whom it holds in places of detention. It is obliged to undertake any supervisory and preventive measures judged to be reasonable. These measures are not confined to the provision of syringes or condoms. They must also ensure a healthy diet and opportunities for physical activity. Then there is the issue of protecting the mental health of detainees – one of the most controversial, and as yet unresolved, problems, in which the requirements of justice have to be reconciled with those of public health.

Switzerland is one of the countries to have pioneered prevention in penal institutions. An automatic syringe dispenser was installed in Hindelbank women's prison as early as 15 years ago. Now Switzerland is implementing the BIG project – "Combating infectious diseases in prisons". Its aim is to prevent the transmission of infectious diseases within prisons, but also between prisons and the community. Responsibility for the penal system and prison healthcare in Switzerland rests with the cantons. The necessary equivalence unfortunately falls short of requirements in a number of cantons. The BIG project also seeks to combat this problem by laying down minimum standards that have to be respected.

Linguistic and cultural barriers also often hinder access to healthcare: more than two thirds of all prison inmates in Switzerland are from other countries. Services such as intercultural translation and interpreting by linguists on site or over the phone facilitate such access. It is the State's responsibility to provide these services in prisons as well.

Prison health is public health. Improving the – in some cases parlous – health situation in Swiss penal institutions is in everybody's interests. This applies not least because diseases tend not to stay enclosed within prison walls.



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