EDITORIAL
The role of Prison Health in the prevention and treatment of illegal drug abuse

According to International Law, prisoners must be granted all human rights, except those directly derived from their imprisonment or detention. Therefore, Democracy must ensure that within the penitentiary system, prisoners are provided with the same health care services as they would be in the Community (prevention, care, treatment and rehabilitation). The right to health, in international law, must be understood in the context of the broad sense of Health established in the Constitution of the World Health Organization, which defines health as "a state of complete physical, mental and social well-being" and not merely the absence of disease or infirmity.

Until the HIV/AIDS pandemics, drug users were rarely mentioned in international treaties on human rights. From that moment on, treaties, also ratified by Spain, established the legal obligation to respect, protect and satisfy the prisoners' rights to: equality and to be free from all forms of discrimination, to life, to personal safety and to the enjoyment of the highest attainable standard of physical and mental health, among others[1]. Moreover, the WHO published in 1993 a document on Technical Guidance for the Management of HIV/AIDS in prisons for intravenous drug users[2], which was later ratified in 2009. Generally speaking, this document establishes a series of regulations, set from a public health approach, which penitentiary authorities should achieve to prevent and treat drug abuse and infectious and contagious diseases.

In Spain, in 1979 health care was standardized in the context of penitentiary assistance as a responsibility of Prison Administrations. Healthcare services progressively developed throughout the 80s, partly due to a high prevalence of intravenous drug use and concomitant infections such as HIV/AIDS and Tuberculosis[3].

Drug users, mainly intravenous ones, are a population which, apart from the risks derived from their lifestyle, are stigmatized and discriminated by the society and are therefore, more vulnerable, presenting impaired physical and mental health in comparison to the non-drug user population. Most of them have seldom or never, accessed health care services before imprisonment and mental disorders together with drug abuse and infectious diseases are their main health issues.

Disparity concerning health between the imprisoned and the general populations has been attributed to several social and economic, environmental, behavioral and legal determinants. The increased morbidity and mortality burden of prisoners directly affects their mental and physical health, and this entails an increased risk for re-offence[4]. This is why the treatment of these comorbid pathologies remains a significant challenge for Prison Administration and for society in general.

Throughout recent years, some countries like Spain, among others, have faced the epidemics of infectious and contagious diseases (HIV, HCV, etc.) by implementing harm reduction measures in prisons, which mainly intend to reduce detrimental consequences derived from drug abuse without necessarily reducing such consumption. These measures are based on the fact that coercive interventions are actually counterproductive for the control of the transmission of infectious diseases and their consequences and that we need to lean on respect for people and on the right to dignity and personal responsibility. Therefore, efforts include the pragmatic application of public health measures such as the provision of condoms, bleach or other disinfectant to clean syringes, substitutive therapy for opiate addiction (methadone, buprenorphine, etc.), needle exchange and overdose prevention programs. Such programs, like those developed in the extrapenitentiary context, are frequently criminalized even though their benefits (reduction of the transmission of HIV, hepatitis A, B and C and overdoses) have been broadly contrasted in scientific literature[5, 6].

In Spain, ever since the massive introduction of methadone maintenance programs (82% of those

with problematic opiate consumption –18% of all prisoners- were under methadone maintenance therapies in 2000[3]), the distribution of bleach and condoms, directly observed therapies for Tuberculosis and antiretroviral drugs by the end of the 90s and later, the introduction of needle exchange programs, infectious diseases have experienced a significant and evident fall[7]. All this has contributed to improve the control of such diseases within the community and, although currently consumption profiles have changed in Spain, the role of penitentiary institutions remain a key figure to control the problems derived from drug abuse.

Currently the main challenge of prison health is the high number of prisoners who suffer from primary mental disorders or concomitant disorders to drug abuse. Consequently, we must face the challenge of not only harm and risk reduction programs, but of reducing vulnerability and social exclusion affecting prisoners with mental diseases. It is very important to keep and use new measures regarding the prevention and early detection of such disorders, as well as measures aimed at modifying risk practices associated to problematic drug use. Thus, early detection of drug abuse and dependency problems, risk of suicide and other concomitant mental disorders must be encouraged by means of standardized tools to implement necessary treatments as early and as efficiently as possible.

Another challenge which Spanish prison health must actually encounter is the impaired integration between prison health care services and those from the community. This entails that assistance provided to those deprived form their freedom may be impaired in the transition between their release and their integration in society. Therefore, the Spanish Cohesion Fund and the 2003 Quality Act promoted the future integration of prison health care in the health system of each autonomous community.

Last, Prison Administrations should enhance and promote research among its professionals, as to evaluate and improve health care and integration policies conducted in prisons.

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REFERENCES:

1. Body of principles for the protection of all persons under any form of detention or imprisonment, UN GA Res. 43/173, annex, 43 UN GAOR Supp (No 49) at 298, UN Doc A/43/49 (1988), Principles 2, 4, 7.
2. World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2009.
3. Arroyo-Cobo JM. Public health gains from health in prisons in Spain. Public Health. 2010; 124: 629-31.
4. Jürgens R, Csete J, Amon J, Baral S, Beyrer C. People who use drugs, HIV, and human Rights. Lancet 2010; 376: 475-85.
5. European Monitoring Centre for Drugs and Drug Addiction. Harm reduction: evidence, impacts and challenges. Luxembourg: EMCDDA; 2011.
6. Fazel S, Baillargeon J. The health of prisoners. Lancet 2011; 377: 956-65.
7. Casos de sida y prevalencia de VIH en instituciones penitenciarias (IIPP). 2009. Boletín epidemiológico de instituciones penitenciarias [Internet]. 2012 En. [quoted 15 Feb 2012]; 16(13): [aprox. 4 p.]. Available from: http://www.institucionpenitenciaria.es/web/export/sites/default/datos/descargables/saludpublica/BOLETIN_13-2011.pdf