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Improving Prison Conditions by Strengthening the Monitoring of HIV, HCV, TB and Harm Reduction

Mapping report
Ireland
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Authors:

Catherine MacNamara

Lorraine Varley

Patricia Mannix McNamara



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Context

- Part of an EU funded project implemented under the lead of Harm Reduction International
- The aim of the project and monitoring tool is to reduce ill-treatment of individuals in detention and improve prison conditions through improved and standardised monitoring mechanisms for HIV, HCV, &TB
- HIV, HCV & TB are major public health concerns but given the inextricable links between prison health and public health effective monitoring is a necessity, not only to protect the human and health rights of those in prison but also to safeguard communities



Context ctd

- While there have been improvements in prison healthcare over the last 20 years, progress in relation to monitoring infectious diseases is arguably less than sufficient, thus potentially impinging upon the human rights of individuals incarcerated in Ireland.
- This report was compiled through literature review, analysis of public documents, analysis of monitoring mechanisms, FOI requests and consultation with experts within the prison services



Report Content

- We outlined a brief political history of Ireland and the prison services with particular close attention paid to the social impacts of the financial crisis
- Given that the majority of prisoners emanate from lower socio-economic groupings we felt the following were important to note in terms of the determinants of health
 - There are 1.4 million people living in deprivation in Ireland
 - As of June 2016, there are **2177** children living in emergency accommodation.



Report Content ctd

- Relevant legal frameworks within the Irish Criminal Justice and Prison systems were outlined, together with the place of human rights in the Irish Judicial System
 - The right to health has not been explicitly incorporated into national law
 - But Ireland has ratified the International Covenant on Economic Social and Cultural Rights (ICESR), which imposes the right to health obligations.



- Significant attention was given to the National Drugs Strategy (2009-2016)
 - Prisons were explicitly targeted for actions in this strategy
 - There is a history of prisons being omitted from national strategy or at best ambiguity in terms of responsibility for healthcare.
- Drug uses is reported as much higher in prison populations than in communities (72% for males in prison: 14% for males in the communities)
- A lifetime prevalence of heroin usage was placed at 43% (Drummond et al 2014)



Communicable Diseases

- Prevalence data was requested from the Health Protection Surveillance Centre and the Irish Prison Service. Such data was not furnished.
- The most recent study on “the prevalence of drug use, including intravenous drug use and blood borne viruses among the Irish prisoner population” (Drummond et al 2014, Dublin: National Advisory Committee on Drugs and Alcohol) placed prevalence rates as;



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- ☐ HCV – 13%
 - ☐ Hepatitis B – 0.3%
 - ☐ HIV – 2%
- It was not possible to ascertain disaggregated prevalence data for TB amongst the Irish prisoner population

There is an urgent need for the collation of prevalence data within the Irish prisoner population



Monitoring

- The Ombudsman
- IHREC – bespoke human rights based training for prison staff
- OPCAT & NPMS – Ireland signed up in 2007 but to date has failed to ratify, this represents a threat to human rights in Irish prisons
- Office of the Inspector of Prisons
- IPS Complaints Policy – subject to much criticism, not possible to ascertain if any complaints related to healthcare standards
- Prison visiting committees – lack of standardised approach to reporting
- European CPT – highly critical of Ireland and have noted many cases of inadequate healthcare in Irish Prisons



- During the research process we requested the following clarifications from the Irish Prison Service
 - The extent of screening on arrival to prison
 - Had Loughlan House become a drug-free institution(included in the Review of the National Drugs Strategy 2013)
 - Prevalence data for TB, HCV, Hepatitis Band HIV among the prison population

Unfortunately at the time of writing no such clarification had been received.



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Recommendations

- There is an urgent need for a national collations of data in relation to infectious diseases within the prison population and transparent access to such data is a necessity. This data needs to be disaggregated along the prohibited grounds of discrimination.
- Work needs to be undertaken to challenge the current situation with regards to monitoring. Development of a transparent operational policy for the monitoring of infectious diseases within Irish Prisons
- Implementation of the recommendation of the CPT is necessary
- Further research is absolutely required in
 - ☐ The health of the Irish prison population
 - ☐ Specific and transparent monitoring tools for infections diseases in Irish prisons
 - ☐ A survey of available health services within Irish prisons



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Thank You