

Prison health: a threat or an opportunity?

Last week, WHO distributed to all European ministries of health one of the most important documents on prison health ever published. The report, *Status Paper on Prisons, Drugs and Harm Reduction*, brings together the wealth of evidence that shows that infectious disease transmission in prisons can be prevented and even reversed by simple, safe, and cheap harm-reduction strategies. Perhaps most importantly, the paper affirms WHO's commitment to harm reduction, despite opposition from many governments who view such approaches as a tacit endorsement of illegal behaviour. The public-health case for action is strong, but political commitment to this method of combating health problems in prisons remains elusive.

Indeed, health problems in prisons are numerous. Prisoners are often from the poorest sectors of society and consequently already suffer from health inequalities. Being in prison commonly exacerbates existing health problems—incarcerating anyone, especially vulnerable groups such as drug users and those with mental illness, has serious health and social consequences.

High rates of injecting drug use, risky sexual practices, and overcrowding have made prisons a perfect habitat for the spread of infectious diseases. In parts of Europe and the USA, up to 20% of inmates are HIV-positive; and in some prisons tuberculosis infection rates are 100 times that of the civilian population. A study by Anna Shkarishvili and colleagues in this week's *Lancet* highlights the need for interventions targeting vulnerable groups in detention centres to curtail the rapidly growing HIV epidemic in Russia.

Harm-reduction efforts in prisons aim to prevent or reduce the negative health effects associated with certain behaviour patterns, imprisonment, overcrowding, and adverse effects on mental health. Initiatives such as needle-exchange programmes are effective and viable for controlling the spread of HIV, and do not obstruct the safety or effectiveness of drug-use prevention policies. However, the prison systems that have achieved the most success in preventing the spread of HIV have promoted harm reduction and treatment strategies together—making bleach, condoms, methadone maintenance, needle exchange, and other drug treatment available.

Despite these positive outcomes, the response to the HIV/AIDS epidemic in prisons has been slow and

piecemeal, and most governments continue to ignore the strategic importance of prison health care to public health. Most strategies for dealing with HIV in prisons focus on a zero-tolerance approach to drug users. The fact that infection rates are still climbing confirms that this approach does not work, but governments have been reluctant to endorse alternative strategies.

Rather than a lack of evidence that key interventions work, the prevention of infectious disease transmission in prison is hampered by a bizarre denial of governments of the existence of injecting drug use and sexual intercourse. Sadly, prison health is not high on the list of the public's concerns, so there is also little domestic pressure to address the problem. Some UN agencies, such as the United Nations Office on Drugs and Crime, still question the efficacy of harm-reduction measures, despite much scientific evidence to the contrary. The influential role played by the UN's four major donors—the USA, Sweden, Italy, and Japan—which all favour prohibitionist approaches to drug use in prisons, means that harm-reduction measures have not been given the credit and status they deserve.

The failure of governments around the world to implement measures that have repeatedly been shown to reduce harm wastes a vital opportunity to improve the health of a population that is often beyond the reach of public-health efforts. This failure is utterly shameful. Prisoners, a "captive group", present a crucial opportunity to address behaviours that pose a high risk of disease transmission in society in general as well as in prisons, with proven, easy, and cheap harm-reduction measures.

It is important to remember that these health issues do not remain confined to prisons: the high level of mobility between prison and the community means that the health of prisoners should be a fundamental issue of public-health concern. Infectious diseases transmitted or exacerbated in prison inevitably become public-health issues when prisoners return to their communities.

It is time for a global approach: to acknowledge the contribution of prison health to health inequalities; and to make prison health a priority by convincing governments that health policy must be based on evidence and not political prejudice. ■ [The Lancet](#)



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See [Research Letters](#) page 57

Emergency contraception: prudes and prejudice



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See *Lancet* 365: 1677–78

The emergency contraceptive Plan B has become the latest battleground in an ideologically divided America, as the so-called culture of life becomes one of blame and victimisation. Delegates at the American Medical Association's annual policy-making meeting last week passed two resolutions in support of patients' rights of access to emergency contraception. One criticised the Department of Justice's omission of emergency contraception in their recommendations for rape victims; the other concerned pharmacists who refuse to dispense emergency contraception because of their personal views of morality, thereby threatening the time-sensitive effectiveness of this intervention. Contributing to doctors' unease is the FDA's reticence in making a decision about over-the-counter availability for Plan B (levonorgestrel) to women over 16 years of age, despite near unanimous approval from its scientific advisers.

While individual pharmacists pontificate and the FDA procrastinates, each day results in an additional

10 000 unintended pregnancies in the United States. Many are in vulnerable members of society with few choices and little political voice. One third occur in teenagers, who face poor access to antenatal care, increased morbidity, poor social support, and economic uncertainty. Another 60–80 pregnancies a day result from rape, prompting a bipartisan group of legislators to propose that hospitals receiving federal funds must offer emergency contraception to rape victims.

Although America's pregnancy rate of 84 per 1000 women aged 15–19 years is the highest in the developed world, it has been reduced by over 25% since 1990. This reduction is largely ascribed to increased contraceptive use, and could be strengthened further by making Plan B readily available. The American Medical Association is right to make access to emergency contraception an issue. Civilised societies respect and protect choices for women, particularly for those who may have been denied choice in contraception or intercourse. ■ [The Lancet](#)

Europe's science bureaucrats should learn from Gates' success



The Bill and Melinda Gates' Foundation's Grand Challenges programme and the EU-funded European and Developing Countries Clinical Trials Partnership (EDCTP) both began with big ideas, good intentions, and, unusually for global health, a large pot of money (\$450 million and €400 million, respectively). But their achievements since launching 2 years ago contrast starkly.

On June 27, the Gates' Foundation announced the list of scientists who will receive a share of the Grand Challenge cash, which is ring-fenced to promote research into diseases of the developing world and setting-appropriate interventions. The final list, which incorporates work on heat-stable vaccines, prevention of drug resistance, and accurate methods of tracking disease, is nothing short of an administrative triumph. The 43 successful projects were selected from over 1500 research proposals from 75 countries; each study will contribute to one of the 14 Grand Challenge goals, which themselves refined from more than 1000 suggestions from scientists.

The EDCTP, by contrast, a partnership between 15 European countries and researchers from Africa to develop clinical interventions for the main poverty-related

diseases, has spent an uncomfortable first 2 years struggling with organisational problems and internal conflicts. An investigation into EDCTP's working practices described severe shortcomings in its decision-making, noting that the review panel included researchers who had themselves submitted proposals. The report prompted the EDCTP to issue a letter last month to failed grant applicants urging them to submit their proposals for re-evaluation.

Comparing the two initiatives 2 years ago, EDCTP would probably have been given a better chance of immediate success. Europe's historical ties put the EDCTP in a better position to galvanise African partnerships than the Gates' Foundation. EDCTP also has the important stamp of EU approval, along with minister-level political commitment from African nations. Unfortunately, however, the bureaucratic tangle blamed for holding up EU research money in other areas seems also to have dogged EDCTP.

Scientists have long been criticising Europe's administration-heavy research-funding scheme. Perhaps the outstanding success of the Gates' Foundation's Grand Challenges will finally make EU bureaucrats pause for thought. ■ [The Lancet](#)