

Health promotion and young prisoners: a European perspective

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Abstract

Purpose – *The purpose of this paper is to assess the health promotion needs of vulnerable young prisoners and the existing health promotion activities in custodial settings in seven European Union (EU) Member States.*

Design/methodology/approach – *The research comprised two components: the first involved identifying existing health promotion practices. The second involved mapping out young offenders' health promotion needs by carrying out a needs assessment. Both quantitative and qualitative methods were adopted. The quantitative element comprised surveys among young prisoners and prison staff and focused on the availability and perceived importance of health promotion activities in prison. The qualitative element comprised focus groups with young offenders and individual interviews with prison staff, field experts and NGO members.*

Findings – *The findings from the research have identified a number of similar, but also some diverse areas of unmet need for health promotion activities in prison settings across these diverse seven EU countries. There is no consistency of approach within and between countries regarding health promotion policy, guidance, resources and programmes for young prisoners. In order to improve the health of young prisoners and to establish and increase sustainability of existing health promotion programmes, there is a need for the establishment of National and EU standards.*

Originality/value – *Providing health promotion activities for young prisoners while in custodial settings is key to addressing their unmet health and well-being needs and to facilitate their reintegration back into the community. Despite the barriers identified by this research, health promotion is to some extent being delivered in the partner countries and provides a foundation upon which further implementation of health promotion activities can be built especially when the benefits of health promotion activities, like dealing with the common problems of alcohol and drug addiction, mental health and communicable diseases are linked to successful reintegration.*

Keywords *Health promoting prison, Health promotion, Young prisoners*

Paper type *Research paper*

Introduction

Young prisoners have particular needs that are different from other prisoners (Chitsabesan *et al.*, 2006). They are often more disadvantaged than their counterparts in the community and this can both have a negative impact on their health and be a factor in their initial offending (Prison Reform Trust, 2012). A focus on the health of young prisoners is therefore extremely important in any attempts to reduce re-offending. However, there is surprisingly little understanding on ways in which healthy living messages can be effectively promoted amongst this particularly disadvantaged and vulnerable group of prisoners. Engaging in health promotion amongst young prisoners provides a valuable opportunity to address the wider health needs of this vulnerable and socially excluded population (Goodwin and Carter, 2010). Unfortunately, there is little data on the health of young prisoners, but generally, there are clear indications that prisoner health is poorer than that of people in the wider community and this has caused much concern. This paper explores the availability of health promotion in European prisons and identifies key factors in improving health promotion for young prisoners as well as potential barriers.

This paper draws on research carried out for the Health Promotion for Young Prisoners (HPYP) Project funded by the Public Health Programme of the European Commission. The key aim of the project was to develop and improve the health promotion for vulnerable young prisoners in seven European Union (EU) Member States. More specifically, it aimed to assess health promotion needs and develop a health promotion toolkit for young prisoners that can be widely implemented across EU Member States. The project involved seven countries: Bulgaria, Czech Republic, England, Estonia, Germany, Latvia and Romania and brought together a multi-disciplinary team that included a range of professionals and practitioners working in and outside prison. The project included extensive literature reviews and research by each partner country. This paper draws on these 14 individual partner reports and the collective final report from the project (available at www.hpyp.eu).

The concept of prisons becoming more health promoting is now a key item on the policy agenda. The concept of a health promoting prison, developed by the World Health Organisation (WHO, 2007b, p. 15) has not been extensively critiqued or understood (Woodall, 2012; De Viggiani, 2012). Conceptually, implementing health promotion in the prison environment presents a number of practical challenges, some of which are at odds with the nature of prison settings; political and economic constraints and the overriding concern of security in prison. The concept of the health promoting prison is also the antithesis of the so-called “less eligibility” approach, one in which health and welfare conditions are made as minimal as possible in the hope of discouraging recidivism (Awofeso, 2012). The “less eligibility” approach has been widely discredited, mainly because it is both short-sighted and a threat to community health. However, some of the findings of this research indicate that the lack of health promotion activities available still is influenced by a belief amongst policy makers that prisoners having “less eligibility”.

Key questions about the nature of the wider prison population need to be explored, in particular identifying the reasons why individuals are in prison and what needs to be done on the organisational and wider political level to be able to respond to the health promotion needs of young prisoners.

It can be argued that the implementation of health promotion for young prisoners is more feasible than it is for adult prisoner populations. Throughout the EU the management of youth justice is a highly political issue. Policy development to address the wide range of concerns relevant to young people and in particular, drug and alcohol-related crime are subject to constant review (Goldson, 2002). The concept of welfare vs punishment is important in the development of juvenile justice as it encourages the implementation of health promotion in prison settings. In many EU countries the emphasis in regard to juvenile offending is more on protecting and maintaining the welfare of juvenile offenders and supporting them in their rehabilitation, whereas sentences for adult offenders, are often geared towards deterrence, incapacitation and punishment (MacDonald *et al.*, 2006).

The European directives that govern imprisonment of young people in EU Member States take account of a range of wider international treaties, standards and agreements (Allen, 2012; Howard League for Penal Reform, 2008) and are consistent with a healthy prison approach (Council of Europe, 1987) and provide the foundations to implement health promotion activities. However, it is not straightforward to compare youth justice systems in different countries because of the way that crimes are classified and the extent to which aspects of youth justice are recorded (Muncie, 2004). Definitions of the terms “juvenile” and “young person” and the age of criminal responsibility also differ between Member States. However, most European systems treat young offenders under the age of 21 years differently to adult offenders. The WHO uses the following definition of a young person:

[...] the UN Convention on the Rights of the Child definition covers children and young people up to age 18. However, for the purpose of this Consensus Statement a broader definition is used to include the transition period from youth custody to adult custody. Young men and women up to the age of 21 are therefore included (World Health Organisation, 2003).

The project from which this research is drawn includes prisoners up to the age of 24 years in the sample. This covers the range of classification of youth prisoners within the seven EU Member States involved in the project.

Methodology

The research comprised two components: the first involved identifying existing health promotion practices. The second involved mapping out young offenders' health promotion needs by carrying out a needs assessment.

Both quantitative and qualitative methods were adopted. The quantitative element comprised surveys among young prisoners and prison staff and focused on the availability and perceived importance of health promotion activities in prison. It contained both closed and open-ended questions; responses on the latter allowed the research teams to probe deeper into the issues investigated to gain new insights.

The qualitative element comprised focus groups with young offenders and individual interviews with prison staff, field experts and NGO members. Young prisoners' concept of health and well-being was explored, data were gathered concerning health promotion needs of young offenders, issues that have an impact on their health while in custody, the availability of different types/range of health promotion activities and suggestions for improving their health while in prison, opportunities for collaboration with other agencies in promoting young prisoners' health, and the obstacles in providing health promotion activities in prison were examined. The focus groups lasted between 30 minutes and one hour.

The survey questionnaires and the interview schedules were developed collaboratively by the seven project partners and the HPYP advisory team following the extensive literature reviews carried out prior to the research. These tools were developed first in English and after piloting and agreement amongst the project team were translated into the official language(s) of the participating Member States. In certain cases the questionnaires were further translated to accommodate the language needs of participants from different local ethnic groups; for example, Russian in Latvia, Roma in Bulgaria.

Ethical approval was sought from relevant organisations in each country prior to sample recruitment and data collection. Ethical principles: respect for autonomy, beneficence, non-maleficence, rights to withdraw and justice were adhered to during recruitment, data collection and data analysis; participation was voluntary and consent was given by participants prior to data collection or recording of the information.

Although all participant countries followed the same research strategy, different sampling procedures were used; some chose random and others convenient sampling. See detailed information about sampling process and the rationale in the individual country reports (www.hpyp.eu/reports.php).

The quantitative data provided by the project partners was merged and analysed using SPSS. In addition Kruskal Wallis and Mann-Whitney tests were used to identify differences in sub groups. The level of significance for all tests was set at $p = 0.05$ (For a full description of the analysis see Rabiee and Bibila, 2013).

For the qualitative secondary analysis of the data as reported by each country were carried out using a thematic approach. Illustrative quotes are provided to aid transparency of categorisation and theme representation.

The sample included 38 prisons: 228 staff and 571 prisoner questionnaires were returned, 90 interviews were undertaken with NGOs and prison staff, and 223 prisoners took part in focus groups (Table I).

Results

It is beyond the scope of this paper to present all the findings from the survey and the in-depth individual and focus group interviews therefore it will focus mainly on:

- availability of health promotion activities;
- importance of different health promotion activities;
- health promotion programmes;

Table I Sample size and methods of data collection (country)

Country	No. of prisons	Prison staff questionnaires	Prisoner questionnaires	Interviews with NGOs & prison staff	Prisoner focus groups & number of participants
Bulgaria	3	46	89	25	5 (n = 47)
Czech Republic	3	30	120	12	3 (n = 34)
England and Wales ^a	13 YOIs ^b	NCB Research ^c 3 HPYP research + 3 (HPYP) = 16 ^d	0	2	4 (n = 29)
Estonia	3	30	72	15	3 (n = 28)
Germany	4	23	86	13	2 (n = 25)
Latvia	6	42	104	11	4 (n = 33)
Romania	6	41	100	12	3 (n = 27)
Total sample	38	228	571	90	24 (223)

Notes: ^aThe response rate for the HPYP research was disappointing. This was due to several significant problems: sample prisons unable to facilitate the research; and official process to obtain Ministry of Justice permission in English prisons; ^bYoung Offenders Institutions; ^cThe questionnaire aimed at prison staff was sent to seventeen YOIs working with young people. Thirteen YOIs completed and returned questionnaires. The NCB interviews and focus group research took place in five young offender institutions. Two workshops were held with young male offenders in custody. There were a total of sixteen young men involved. There was one workshop held with young women with eight young women taking part and one other workshop with a mixed group of five young people that took place at a Youth Offending Team (YOT) based in the community. A total of 29 young people participated in the workshops.; ^dEngland and Wales (n = 16) is excluded from the quantitative analysis due to unavailability of the raw data

Source: Adapted from Rabiee and Bibila, (2013)

- impact of prison on health;
- perceived health promotion needs; and
- how to improve health in prison.

Availability of health promotion activities

The following discussion draws upon the *Health Promotion for Young Prisoners: Final Report* delivered as an output for the HPYP project (Rabiee and Bibila, 2013).

In the survey questionnaires, developed collaboratively by the seven project partners, prison staff were asked to indicate, from a list of 20, how many different health promotion activities were available at their institution. The possible answers were Yes, No or Under development.

The responses indicated that:

The most widely available health promotion activities (with more than 80% of 'Yes' responses) were; 'HIV Infection' (90%), 'Hepatitis' (89%), 'Use of Illegal Drugs' (85%), 'Tobacco Use' (80%), 'Tuberculosis' (80%) and 'Conflict Management' (81%) (see Table II) (Rabiee and Bibila, 2013: 23).

Table II Availability of health promotion activities

Health promotion activity	More than 80 per cent "yes" responses	Health promotion activity	More than 40 per cent "no" responses
HIV infection	90	Contraception	66
Hepatitis	89	Safe practices for tattooing/piercing	66
Use of illegal drugs	85	Body changes during puberty	60
Tobacco use	80	Safe practices for injecting drugs	56
Tuberculosis	80	Coping with bullying'	49
Conflict management	81	Dental/oral hygiene'	44
		Prevention of self-harm'	44
		Use of prescription drugs'	44

Similarly, the least widely available activities (with more than 40% of 'No' responses) were:

'Contraception' (66%), 'Safe Practices for Tattooing/Piercing' (66%), 'Body Changes During Puberty', (60%), 'Safe Practices for Injecting Drugs' (56%), 'Dental/Oral 'Hygiene' (44%), 'Prevention of Self-Harm' (44%), 'Use of Prescription Drugs' (44%) and 'Coping with Bullying' (49%). No significant difference was observed between countries studies (see Table II) (Rabiee and Bibila, 2013, p. 23).

Importance of different health promotion activities

The importance of the 20 different health promotion activities were rated by prison staff using a Likert type scale 1-5. 'Use of Illegal Drugs', 'HIV Infection', 'Hepatitis', 'Coping with Custody' and 'Coping with Bullying' were the highest rated activities. 'Body Changes During Puberty' attracted the lowest rating.

The data from Bulgarian prison staff indicated significantly lower importance to the highest rated activities above, however, 'Healthy Eating', 'Dental Hygiene' and 'Use of Nutritious Food' were rated highly. 'Safer Sex-Condom Use' and 'Contraception' were rated as of low importance by Bulgarian prison staff. 'Body Changes During Puberty' received a significantly low rating from both Bulgarian and Czech Republic prison staff.

The highest rated health promotion activities for young prisoners were:

'Dental Hygiene', 'HIV Infection', 'Hepatitis' and 'Sexually Transmitted Infections'. The lowest rated activities were 'Safe Practices for Injecting Drugs' and 'Prevention from Suicide'. 'HIV Infection' and 'Hepatitis' were rated as the top four most important health promotion activities for both prison staff and prisoners (Rabiee and Bibila, 2013, p. 8).

The questionnaire also asked prisoners about what health promotion activities they would be interested to learn more about:

The activities on which 90% (or more) of prisoners were interested in finding out more about were: 'Healthy Nutrition', 'Body Changes During Puberty', 'Tobacco Use' and 'Sexually Transmitted Diseases'. The health promotion activities on which 20% (or more) of prisoners did not know whether they were interested in finding out more about were: 'Safe Practices for Tattooing/Piercing', 'Safe Practices for Injecting Drugs', 'Dealing with Feelings of Suicide'. Low numbers of responses were also given to certain sensitive/taboo subjects, such as injecting drugs, self-harming and suicide (see Table III) (Rabiee and Bibila, 2013, p. 39).

Health promotion programmes

In the interview, prison experts were asked about health promotion programmes in their prisons, how these were organised and examples of successful practice. The scope, quality and degree of availability of health promotion activities varied considerably from prison to prison within and between countries studied. This variation was partly attributed to availability of funding and human resource, but also linked with inconsistent health promotion policy, guidance, resources and programmes for young prisoners.

Table III Health promotion activities that prisoners would like to know more about			
<i>Health promotion activity</i>	<i>90 per cent or more who wanted to find out more about</i>	<i>Health promotion activity</i>	<i>20 per cent or more who did not know if they wanted to find out more about</i>
Healthy nutrition'	✓	Safe practices for tattooing/piercing	✓
Body changes during puberty'	✓	Safe practices for injecting drugs'	✓
Tobacco use	✓	Dealing with feelings of suicide'	✓
Sexually transmitted diseases'	✓	Injecting drugs	✓
		Self-harming and suicide	✓

In some countries, specialised wings are available. There is also variation in the ways in which responsibility for providing services is distributed. In certain countries, for example Latvia, most health promotion activities are provided by NGOs, whereas in Germany, most activities are provided by in-house services. In the UK Youth Offending Teams working in the community in resettlement services for young offenders[1] provide integrated support for young offenders where the idea is:

[...] that workers from the YOP go into custody when young people get custodial sentences and start planning for release and resettlement packages that will meet their needs and I would say that mental health and physical health is all part of that. We also work with young people who receive community sentence (UK, YOP manager).

Participants from Estonia, the Czech Republic, England and Wales and Germany provided a comprehensive picture of health promotion strategy; policies, services and activities (see individual country reports (www.hpyp.eu/reports.php). In the UK the activities extended to practical support including writing a CV, how to get benefit or sign up for a GP:

[...] accommodation, relationships with parents and carers, relationships with peers, education, training and employment, substance misuse and mental health, general health, life skills, leisure time and anything else. Our service is looking at those practical things like how to get benefit, how to sign up for a GP, where to go for training, how to write a CV and that kind of thing. Obviously we are not experts in all these areas sometimes it is about being an advocate encouraging them to get to drug services appointments and so on (UK, YOP manager).

A different picture emerged of health promotion services provided to young offenders in Bulgarian and Latvian prisons. All prison staff and some NGO representatives from Bulgaria and Latvia admitted that health promotion programmes for young offenders are very poorly developed:

I think prison staff should start setting up strategies and programmes for health promotion and what topics to cover they have reliable information about the situation in their prison and the prisoners' needs and can use this as an effective tool (Bulgaria, prison staff 4).

The concern for Bulgarian prison staff was that not only were there not any specific health promotion activities and initiatives aimed at young offenders, but there were also obstacles in developing them: "we have to develop health promotion programmes but there are many obstacles and concerns. It is not very easy. Currently there are not any specific health promotion activities for young prisoners" (Bulgaria, prison staff 3).

A number of Latvian participants mentioned that prisons do not have funding for developing and implementing health promotion activities and they rely on NGOs to provide health promotion activities. However, both prison staff and NGO members were positive about their level of cooperation and felt the relationship has improved greatly in the last few years. Bureaucracy was believed to be the only obstacle to organising their activities in prison settings. Concerns about bureaucracy were echoed by participants from other countries too:

[...] everything needs to be authorised by ten different people. It is a huge structure and it is very difficult to change certain things there. On the other hand, the actual collaboration with specific prison staff; special education professionals, educators, psychologists, in our case work quite all right (Czech Republic, NGO representative).

All seven countries reported policies and protocols concerning the collaboration between prisons with external organisations regarding health promotion activities. The level of collaboration between prisons and external organisations varied between countries and within prisons in each country, and was often based on organisations meeting a number of conditions including security issues: "there are lots of security considerations for implementation of health programmes, usually security staff limits our time and access to those who need more help" (Bulgaria, NGO member 22).

Impact of prison on health

All respondents from the different focus groups believed that being in prison had affected their health both in positive and negative ways. Some prisoners highlighted their opportunities to

learn how to cope with their addiction to various drugs through counselling and support, to have less conflict and other stress factors were positive:

I had many problems with my family and always had this pain on one side of my head after all this shouting. I suffered from severe headaches everyday since I was fifteen. Now that I'm in prison the pain only occurred in the first two month and has completely abated since then (German, male prisoner).

Another issue that was mentioned as a positive was related to access to health care: "I have no health insurance but in prison it does not matter [as] the state pays" (Bulgaria, Roma male prisoner). Accessing health care was also mentioned in countries where health care is free which clearly highlights young males' poor access to health cares (Richardson and Rabiee, 2001) where one prisoner remarked, "I have had tests to check my body to see if I am all ok" (UK, prisoners-NCB).

Young prisoners from the Roma community in Bulgaria and some from the UK were generally more satisfied with the food than the rest of the prisoners, which may be an indication of their socio-economic deprivation where one respondent said being in prison provides "a chance to put on weight by eating three meals a day" (UK, prisoners-NCB).

Prison staff especially from Bulgaria, the Czech Republic and Estonia also echoed prisoners experience and mentioned that for some prisoners being in prison affects their health positively as they are in a secure environment, have regular meals and treatment for drug addiction. In terms of access to health care, there were mixed responses; participants from Bulgaria believed that "most of the prisoners do not have health insurance and access to health care but in prisons they often undergo medical examinations for free" (Bulgaria, prison expert 12).

The majority of prisoners from all seven EU countries, however, perceived their health status as deteriorating due to problems with sleeping, feeling homesick, feelings of boredom, loneliness, over-crowding, lack of fresh air, lack of opportunities to do sport, lack of access to frequent showers/baths and a stressful environment. Some of the reasons given as to why it was more difficult to remain healthy in custody were due to the: "greasy food, not enough chance to exercise outside, sometimes you can be banged [locked] up for too long and it can be easy to catch colds and other diseases because of the amount of people living close together" (England and Wales, prisoner).

Many prisoners expressed that their mental health had deteriorated due to problems with sleeping, being bullied, the rigidity of prison routine, having no contact or limited contacts with family and friends and having conflicts with other inmates. Life in prison was summed up by a Romanian prisoner:

[...] life here is very different. Even if we would explain, you wouldn't be able to understand. It is simply another world. We are isolated in our own universe, parallel from the outside world. It's a unique world. There are no terms for comparison. Here, instead of becoming good, we change in a bad way (Romania, male prisoner).

Participants also voiced a number of reasons for their deteriorating health status. Many of these reasons were related to the prison environment. Prisoners talked about the difficulty they had to keep their cells and themselves clean, as a consequence of different skin diseases which are hard to eradicate and that they contaminate the living space. Young prisoners also spoke about being unable to get used to other inmates' habits, such as smoking habits, or other inmates' illnesses, such as TB, hepatitis or HIV. In general, prison cells host a high numbers of persons. Thus, prisoners' bad habits and/or illnesses are seen as having a direct effect on the health of others. One prisoner observed:

If I come healthy and they put me into rooms with mattresses filled with scabbies? Well, how can I protect myself from scabbies? Or, I am not a smoker until now I stay in a smokers' room (Romania, male prisoner).

Similar issues in relation to the quality and quantity of food, mental health, hygiene, overcrowding and lack of sufficient social space were also highlighted by the prison staff and NGO's members. Most participants believed that "imprisonment affects young people's mental health and results in very negative consequences; depression, aggression, anger, and serious mental problems" (Estonia, expert 16).

Perceived health promotion needs

Both prisoners and staff highlighted the need to address the following health promotion issues in prison; mental health, structural issues, alcohol and drug abuse services, oral health, behavioural therapy, issues of self-esteem, sexuality, sexual health and contraception, as they believed these factors have a negative impact on prisoners' health.

Mental health

Mental health problems were identified as a major issue. It was believed that the prison environment plays a major role in this and that there are links between the environment, aggressive behaviour, bullying, deliberate self-harm and suicide. Prison experts stressed that the prison sub-culture has its own peculiarities with its own unwritten rules, often resulting in the suffering of young offenders through acts of bullying:

[...] we stumble here upon that subculture existing in custody. And they have [...] well, that hierarchy. Then those in the higher level of the hierarchy don't have problems among themselves [...], But relationships between the higher and the lower [...] it's [...] very hard there. They're rather cruel with each other (Estonia, prison expert 5).

In addition, a number of prison experts highlighted that young prisoners experience a wide range of stressful circumstances related to the prison environment. These include problems with adaptation, violence, lack of regular contact with their families and partners, boredom and lack of sufficient activities including frequent physical activities and sports, over-crowding and lack of social space leading to mental health problems. This was echoed by many prisoners expressing that their mental health had deteriorated due to problems with sleeping, feeling home sick, feelings of boredom, loneliness, over-crowding, lack of fresh air, lack of sport opportunities, lack of access to frequent showers/baths and a stressful environment. In addition, male prisoners also mentioned feeling that "nobody can be really trusted", having no friends, the rigidity of prison routine, having no contact or limited contacts with family and friends, a feeling of being constantly monitored (no privacy), being bullied and having conflicts with other inmates. A prisoner from Bulgaria also commented on being sexually abused "you can be enforced to have sex here by older inmates and informal leaders" (Bulgaria, male prisoner).

Most respondents believed that the stressful life inside prison often led to deliberate self-harm or suicide attempt. Prison staff and NGO members admitted that due to shortage of human resources they tend to deal with crisis situations instead of preventing issues from arising:

[...] as the psychologists are scarce [...] now we deal more [...] with the effects, when a person already harms oneself or has done a suicide attempt, then we [...] begin to work with him or her [...] of course, it would be more effective to work preventively with that person beforehand" (Latvia, prison expert 8).

Impact of structural factors

There was a consensus amongst both prisoners and prison staff that the environmental and structural issues in prison have a negative impact on prisoners' health.

Prison experts mentioned that the quality and quantity of food is a frequent subject of complaints with 95 per cent of the inmates in Germany ask for larger quantities and better quality food: "the thing that the inmates really complain about most frequently is food. It is of low quality, there's little to eat, and it doesn't taste good" (German, prison staff).

Most prison staff noted that it is difficult for young offenders to maintain good health status due to the structure of the prison environment and insufficient social space in the prison units. Many of the places where young prisoners are held are overcrowded and this impacts on the provision of health promotion activities.

Another problematic aspect of the prison environment as highlighted by both prisoners and prison staff is the limited access to resources that help people maintain a healthy life: drinkable water, frequency of showers, hot water, heating, healthy food, fresh air in the room, regular sport activities, prompt and good quality medical care and family contact. Young female prisoners also raised concerns that the quality of hygiene facilities provided by prisons is poor and insufficient.

Issues of hygiene and oral health

Prison staff expressed the belief that most young offenders often lack basic knowledge about hygiene and oral health. They mentioned that a large number of young offenders come from socially disadvantaged environments:

[...] especially concerning underage boys from socially disadvantaged families, they arrive, and they don't wash themselves, they don't wash their clothes. And then nobody wants to have contact with them [...]. They are outcast, isolated (Bulgaria, prison expert 8).

Teeth and gum care was singled out as a particularly significant health promotion issue and it was noted that a large number of juveniles suffered from drug addiction and pointed out that problematic drug use can damage teeth. In many countries the provision of dental health care both in the community and in prison can be lacking. For example, in Latvia prison staff mentioned that in their country only emergency dental health was covered by the state (usually tooth extraction) and that even prisoners have to pay for dental services.

Alcohol and drug services

Alcohol and problematic drug use among young prisoners before entering custody was the most frequently issue raised by prison experts, NGO members and prisoners. It became clear that most of the young offenders abused alcohol and started smoking from an early age (13-14 years old). Further, and according to prison staff, most of the young people detained committed their crimes while under the influence of alcohol and will "probably celebrate their freedom after release with alcohol" (Estonian, prison expert). Respondents raised the importance of providing programmes that will help young prisoners deal with potential overdose and other issues of problematic drug use.

Sexuality, sexual health and contraception

There was a consensus that there is poor knowledge relating to family planning and contraception amongst young prisoners especially young men. At best, young offenders have some information about the use of condoms:

[...] they have absolutely no knowledge about contraception. Absolutely zero [...] Condom is everything they know. That's all. That's the only thing they know (Latvia, prison expert 5).

The prison staff believed that many young offenders have suffered from sexual abuse or seen others being abused, often due, in their opinion, to the disadvantaged environment they come from. Young offenders also started their sexual relationships early: "they've got very [...] poor knowledge about sexual relationships [...] because they have it all in a very deformed way. Such life experience [...] poor knowledge despite the fact that they usually start their sexual relationships very early" (Latvia, prison staff 3).

The prisons staff and NGOs interviewed expressed the opinion that the institutional homosexuality that young offenders observe and experience in custody has an influence on issues of sexuality and sexual health. Overall, participants agreed that all these issues indicate the urgency required to provide programmes that deal with young offenders' sexuality and sexual health.

In addition, female participants (particularly from Latvia and the Czech Republic) expressed a wish to know more about building relationships with the opposite sex, contraception and pregnancy, delivery and child care. Interestingly, a number of young male prisoners in Latvia and the Czech Republic were of the opinion that one should discuss contraception more with girls, as it is "women's stuff", but admitted that they were also interested in these topics themselves as nobody talks with them about a man's responsibility for preventing unwanted pregnancies and the responsibilities following a pregnancy.

How to improve health in prison

Young prisoners are fully aware that the body and the mind are connected and that the state of one affects the other, hence health promotion topics and activities requested covered both

areas. The health promotion related topics mentioned by the majority of young offenders are: dental hygiene, infectious diseases; hepatitis, tuberculosis, sexually transmitted diseases, healthy eating, effects of alcohol and smoking, suicide and self-harm prevention, anger and stress management, managing psychological stress; bullying, depression, anxiety, skills on how to cope in custody and life skills such as cooking and personal hygiene.

An important issue highlighted during various focus groups is the gap between having knowledge about risks to health and wanting to do something about them (motivation) and/or being able to protect against them, often due to the prison environment. This has been summed up eloquently by one of the Romanian prisoners:

[...] we already know about them [health risks], because there were programmes that taught us how to prevent them [...] They were useful but theory is nothing, this is the problem. We do theory, we sit here, and we talk till after tomorrow. But in practice, we go back to the same room (Romanian, male prisoner).

When asked what could help them to be healthier in prison, respondents mentioned their need for information on certain topics, together with the need for health promotion activities and changes in prison policy to minimise the impact on health.

Although there were similarities between prisoners and staff's views about health promotion issues in prison including lack of social space, mental health issues, staff had more concerns about potential security issues, infections diseases and drugs, whereas prisoners are more concerned about food, physical activity, bullying, etc.

Discussion

The findings of the two surveys cannot be generalised to the prison staff and prisoner population of the participating Member States due to its mixed sample selection procedures. Nonetheless, they can provide an indication of current health promotion practices and help in mapping out young offenders' health promotion needs.

The findings from the research have identified a number of similar, but also some diverse areas of unmet need for health promotion activities in prison settings across these diverse seven EU countries. It is re-assuring, however, to find that both staff and young prisoners within and between each country have highlighted similar issues, and in particular mental health issues. This indicates a range of health promotion activities needs to be provided to meet young prisoners' diverse and complex needs (ECDC, 2010). There are a range of structural factors including overcrowding that hinder the implementation of health promotion activities. Overcrowding in custodial settings not only impacts on young prisoners feelings of well-being and health but can also cause increased feelings of stress and tension (Rouillon *et al.*, 2007). Overcrowding is a factor that is present in half of all the prisons in EU Member States; the latest statistics from the Council of Europe (Aebi and Del Grande, 2012) indicates that the occupancy rate in prison is over 100 per cent, ranging from 102 per cent in Ireland to 153 per cent in Italy. In addition, the poor and unsanitary detention conditions in some prisons are likely to impact on the health of prisoners (World Health Organisation (WHO) 2007a; EMCDDA, 2012, p. 13).

Overcrowding, also impacts on the ability of staff to provide health promotion activities in prison settings where there may be a shortage of both staff and funds and a lack of suitable rooms available for health promotion activities to take place.

The availability of health promotion activities varied considerably between prisons within and between the partner countries. A large number of these activities were infrequent and fragmented, or dependent on external initiatives/projects carried out by NGOs, an issue also highlighted previously (MacDonald, 2005). In some EU countries, NGOs still have problems accessing prisons often faced by bureaucratic procedures that make partnership working difficult (WHO, 2007b; Watson *et al.*, 2004). The most common institutional factor identified by the research affecting the whole prison system was the shortage of staff and funds, and lack of motivation in prisoners. The nature of collaboration between prisons and organisations varied from prison to prison. Similarly, the nature of activities and services offered by NGOs ranged significantly and were often not sustainable due to their short-term funding.

There is no consistency of approach within and between countries regarding health promotion policy, guidance, resources and programmes for young prisoners. In order to improve the health of young prisoners and to establish and increase sustainability of existing health promotion programmes, there is a need for the establishment of National and EU standards.

The data from the prisoner focus groups across the sample has provided a clear indication of their perceptions of the barriers and opportunities to making healthy choices. The opportunities available for making healthy lifestyle choices while in prison varies across the partner countries and links the apparent dichotomy between the commitment of prison administrations to promote health in prisons and the role that individual prisons within countries perform. The extent to which prisoners can make healthy choices in prison is associated with the prison environment and the way it functions; this often results in a lack of autonomy for prisoners (Condon *et al.*, 2007). It is of major importance that young offenders are consulted about their needs and that health promotional activities, capture their attention and stimulate interest in further activities that they may not have perceived as important or as a need.

As noted by both the experts and prisoners, drug and alcohol misuse prior to imprisonment is high in young prisoners and this is an area that warrants attention (Singleton *et al.*, 1998; Borrill *et al.*, 2003; Lester *et al.*, 2003). Additionally some young prisoners may continue to use drugs and adopt risky behaviours in prison, such as sharing injecting equipment (Bellis *et al.*, 1997), which contributes to the spread of HIV and Hepatitis B (Gore *et al.*, 1999). Addressing the social and health needs of young prisoners is, therefore, a key priority to facilitate improving the health of individuals, to prevent re-offending and to protect the wider community (Department of Health, 2002; Social Exclusion Unit, 2002).

The finding that mental health was another key issue is not surprising. Research (Singleton *et al.*, 1998) has shown that prisoners have worse mental health problems than the general population. In the UK, 70 per cent of all prisoners were shown to have two or more mental health problems (Singleton *et al.*, 1998). In addition, it has been argued that the prison environment itself can worsen health with increased anxiety and depression (Birmingham, 2003; Lester *et al.*, 2003; WHO, 2007a).

There was a shared view among all participants that there is a lack of concern about young offenders' health status that exists not only within the prison system, but also among State officials in wider society. Thus, there is lack of public support and no political will to increase prison funding and to make considerable changes in prison structures and health promotion services. Nearly all participants argued that the focus of young offenders' health should be on prevention rather than treatment. There was also a shared view about the necessity to balance the punishment and rehabilitation programme for young people (Hughes, 2000).

However, the research has shown that there is indeed an understanding and a willingness amongst NGO and prison personnel that health promotion is important for young prisoners both for their immediate health and to facilitate their reintegration back into the community. Despite the barriers identified by this research, health promotion is to some extent being delivered in the partner countries and provides a foundation upon which further implementation of health promotion activities can be built especially when the benefits of health promotion activities, like dealing with the common problems of alcohol and drug addiction, mental health and communicable diseases are linked to successful reintegration (WHO, 2007a; MacDonald *et al.*, 2012).

Participants in the study described a number of examples of health promotion practices/services taking place in different prisons within the countries studied which, demonstrates that it is possible for prisons to be health promoting. However, staff in the study also expressed concerns about striking the right balance between punishment and rehabilitation, especially in the case of juvenile prisoners, and highlighted the importance of pre-release health promotion programmes. The participants in the study were, on the whole, supportive of the idea of providing health promotion to young prisoners because of their vulnerability and need. The idea of the young prisoners being perceived as "less eligible" was not evident at this level of staffing but it could be argued that the lack of concern about young offenders' health status exists, a common view amongst the participants in the study, not only within the prison system, but among State officials and in the wider community. There are, therefore, indications that there is a lack of public support and political will to increase prison funding and to make considerable changes in prison structures and health promotion services.

Conclusions

Young prisoners will eventually return to the community, the period of imprisonment should therefore be viewed as a window of opportunity for providing health promotion activities, influencing their attitude and enabling them to develop life skills.

This study has indicated that health promotion activities should be further developed based on the needs identified from the participants of this research and building upon current examples of good practice from the partner countries. Prison provides an opportunity for a group with complex health and social needs to access healthcare services often for the first time.

In order to provide appropriate health promotion activities to young prisoners in key areas of mental health, education, employment and social relationships (Chitsabesan *et al.*, 2007) there needs to be affective assessment of needs and accessible services. Activities also need to be capable of motivating and engaging young people through participatory approaches, with a view to develop their life skills and prepare them for post release crime free life.

Young offenders often come from deprived and socially excluded backgrounds, and as a group are often difficult to engage and the prison setting can be a place when a difference can be made to their health and social needs, the focus should be not only in providing information but also helping them to develop skills in implementing their knowledge; provisions for preparing a warm meal as highlighted by a number of the focus group participants is an example of the way forward. This would require structural changes within the prison settings.

To improve the health of young prisoners and to sustain the health promotion programme, there is a need for national and EU standards to be set. Currently, there is no consistency of approach within and between countries regarding health promotion policy, guidance, resources and programmes in prison.

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Note

1. Resettlement support is based in the community. Young offenders are seen when they get custodial sentences and the process for planning for release and resettlement packages that will meet their needs when they are released starts in custody. They continue to work with the young person when they are released back into the community.

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