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Prison Healthcare News

Newsletter of the project to promote better prison and public health in Eastern Europe and Central Asia

Editorial

The WHO 'Declaration on Prison Health as Part of Public Health' (page 2) is a very important development in raising the standards of healthcare in penitentiary systems. For the first time WHO Europe has agreed a declaration on prison health stressing the need for close links or integration between public health and prison health services. The Declaration is addressed to all member governments of WHO Europe. It calls on them to bring their prison and public health services closer together. It makes it clear that harm reduction should become the guiding principle in dealing with the prevention of infectious diseases such as HIV/AIDS and hepatitis. It also notes the effect bad prison conditions can have on health. We hope all our readers will publicise the Declaration widely.

This is the sixth issue of ***Prison Healthcare News*** and also the last. The work we have been doing in making information available to people working in prison healthcare and public health will be carried on by the WHO Europe Health in Prisons Project and its taskforce. The project's latest newsletter is on the website of the WHO Health in Prisons Project (<www.hipp-europe.org>) in English and Russian.

Please watch our website for information on prison healthcare around the world.

Vivien Stern *Editor*
Anton Shelupanov *Assistant Editor*

HIV infection rising in Eastern Europe and Central Asia says UNAIDS

In Eastern Europe and Central Asia the number of people infected with HIV continues to rise, according to the 'AIDS Epidemic Update' of UNAIDS issued in December 2003. In 2003 the number of people who became infected is estimated to be 230,000. The total number of people infected in the region is estimated at 1.5 million. About 30,000 people in the region died of AIDS in 2003. HIV prevalence in adults is estimated to have reached 0.9%, a rate which is exceeded only by the rates for sub-Saharan Africa and the Caribbean region.

The worst-affected countries are the Russian Federation, Ukraine, Estonia, Latvia and Lithuania. HIV infection is spreading in Belarus, Moldova and Kazakhstan and more recently is affecting Kyrgyzstan and Uzbekistan. The cause of the spread is mainly injecting drug-use and also unprotected sex amongst young people. Some estimates suggest that in the Russian Federation there are three million injecting drug-users. In Ukraine there are 600,000 and in Kazakhstan 200,000. It is also estimated that in Estonia and Latvia up to one per cent of the adult population injects drugs. The number of new infections through male-to-male sex is believed to be greatly underestimated in Eastern Europe.

Most of the injecting drug-users are men and across the region up to one quarter of them are under 20 years of age. Many of these people share injecting equipment. Research in Moldova suggests that 80% of drug users share injecting equipment. A study carried out in Moscow showed that three-quarters of drug users had shared injecting equipment in the past month.

However, many more women are becoming infected and there is a sharp increase in transmission from mother to child.

The report calls for governments to take vigorous preventive measures by giving young people information and prevention tools and services. Harm reduction is the foundation of this preventive response.

Lack of treatment is also a problem. The WHO Regional Office for Europe estimates that, in 22 of the 52 Member States in the Region, about 100,000 people urgently need anti-retroviral treatment. This number is expected to grow to at least 500,000 in the next few years, as those infected with HIV move on to AIDS and death.

Contents

pages 2–3
WHO conference on Prison Health Declaration

page 4
Needle exchange in Spain

page 5
Disease control in Lithuanian prisons

page 6
Recent publications

page 7
European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

page 8
Forthcoming events

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University of London
International Centre for Prison Studies

New Declaration on prison health and public health agreed at WHO conference on health in prisons held in Moscow

The annual meeting and conference of the WHO European Network for Prison and Health was held in Moscow between 23 and 25 October. The main goal of the meeting and conference was to review and highlight the place and importance of prison health in the overall public health agenda. Announcing the conference Dr Roberto Bertollini of WHO Regional Office Europe said:

"Prisons and other custodial settings are breeding grounds for many infectious diseases such as tuberculosis, HIV/AIDS and hepatitis. International collaboration is now essential to improve prisoners' health and to stop the spread of diseases from prisons back to society."

WHO Regional Office for Europe hopes the Declaration will be useful as guidance for governments in developing close working links in every country between the Ministry of Health and the Ministry responsible for the penitentiary system. Such close links will:

- make it easier to raise standards of treatment for detainees
- provide better protection for penitentiary personnel
- raise the standards of professionalism amongst penitentiary medical personnel
- ensure continuity of treatment between the prison and outside society.

The Declaration should also encourage Member States to improve prison conditions so that the minimum requirements for health (light, air, space and nutrition) are met.

Declaration on Prison Health as part of Public Health (adopted in Moscow on 24 October 2003)

The delegates present at the joint World Health Organization/ Russian Federation International Meeting on Prison Health and Public Health, held in Moscow on 23 and 24 October 2003, took as the basis of their discussions the fundamental international standards relating to the need for a close link between public health and the provision of health care to those in prison.

The guiding principles for this Declaration are the following:

The International Covenant on Economic, Social and Cultural Rights (Article 12):
The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

United Nations Basic Principles for the Treatment of Prisoners, Principle 9:
Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

United Nations Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Principle 1:
Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

In addition, the delegates noted the Eleventh General Report on the activities of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and its statement on state obligations to prisoners even in times of economic difficulty:
The CPT is aware that in periods of economic difficulties (…) sacrifices have to be made, including in penitentiary establishments. However, regardless of the difficulties faced at any given time, the act of depriving a person of his liberty always entails a duty of care which calls for effective methods of prevention, screening, and treatment. Compliance with this duty by public authorities is all the more important when it is a question of care required to treat life-threatening diseases.

Declaration on prison health and public health

Delegates at the International Meeting on Prisons and Health in Moscow on 23 and 24 October 2003, representing senior staff from prison and public health services across Europe, wish to draw the attention of all countries in Europe to the essential need for close links or integration between public health services and prison health. Delegates draw attention to the fact that these problems are topical not only for penitentiary systems in European countries but also for the whole global community. Delegates also noted previous statements made and instruments adopted by the United Nations and Council of Europe on the rights of prisoners.

In all countries of the world, it is people from the poorest and most marginalized sections of the population who make up the bulk of those serving prison sentences, and many of them therefore have diseases such as tuberculosis, sexually transmitted infections, HIV/AIDS and mental disorders. These diseases are frequently diagnosed at a late stage. In addition, no country can afford to ignore widespread precursors of disease in prisons such as overcrowding, inadequate nutrition and unsatisfactory conditions.

Delegates noted that penitentiary health must be an integral part of the public health system of any country. In this connection, it is necessary for both prison health and public health to bear equal responsibility for health in prisons. The reasons for this are:

- Penitentiary populations contain an over-representation of members of the most marginalized groups in society, people with poor health and chronic untreated conditions, drug users, the vulnerable and those who engage in risky activities such as injecting drugs and commercial sex work.
- The movement of people already infected with or at high risk of disease to penitentiary institutions and back into civil society without effective treatment and follow-up gives rise to the risk of the spread of communicable diseases both within and beyond the penitentiary system. Prevention and treatment responses must be based on scientific evidence and on sound public health principles, with the involvement of the private sector, non-governmental organizations and the affected population.
- The living conditions in most prisons of the world are unhealthy. Overcrowding, violence, lack of light, fresh air and clean water, poor food and infection-spreading activities such as tattooing are common. Rates of infection with tuberculosis, HIV and hepatitis are much higher than in the general population.

The situation that has arisen in penitentiary systems in the majority of European countries calls for a whole range of urgent measures to be carried out, aimed at preventing the spread of diseases among detainees, carrying out vigorous information and education work among them and providing them with the means of preventing diseases. The delegates recommended the following as a basis for improving the health care of all detained people, protecting the health of penitentiary personnel and contributing to the public health goals of every member government in the European Region of WHO:

- Member governments are recommended to develop close working links between the Ministry of Health and the ministry responsible for the penitentiary system so as to ensure high standards of treatment for detainees, protection for personnel, joint training of professionals in modern standards of disease control, high levels of professionalism amongst penitentiary medical personnel, continuity of treatment between the penitentiary and outside society, and unification of statistics.
- Member governments are recommended to ensure that all necessary health care for those deprived of their liberty is provided to everyone free of charge.
- Public and penitentiary health systems are recommended to work together to ensure that harm reduction becomes the guiding principle of policy on the prevention of HIV/AIDS and hepatitis transmission in penitentiary systems.
- Public and penitentiary health systems are recommended to work together to ensure the early detection of tuberculosis, its prompt and adequate treatment, and the prevention of transmission in penitentiary systems.
- State authorities, civil and penitentiary medical services, international organizations and the mass media are recommended to consolidate their efforts to develop and implement a complex approach to tackle the dual infection of tuberculosis and HIV.
- Governmental organizations, civil and penitentiary medical services and international organizations are recommended to promote their activities and consolidate their efforts in order to achieve quality improvements in the provision of psychological and psychiatric treatments to people who are imprisoned.
- Member governments are recommended to work to improve prison conditions so that the minimum health requirements for light, air, space and nutrition are met.
- The WHO Regional Office for Europe is recommended to ensure that all its specialist departments and country officers take account in their work of the health care needs and problems of penitentiary systems and develop and coordinate activities to improve the health of detainees.

The Declaration on Prison Health as part of Public Health was adopted at the WHO International Meeting on Prisons and Health in Moscow on 24 October 2003. The meeting was organized in close cooperation with the Ministry of Justice and the Ministry of Health of the Russian Federation and was co-sponsored by the International Centre for Prison Studies, King's College, London, the Aids Foundation East West, Moscow, and the WHO Collaborating Centre on Prison Health, Department of Health, England and Wales.

Needle exchange programmes in Spanis

Needle exchange programmes have been introduced into all prisons in Spain. In order to launch the programme the Ministry of the Interior and Ministry of Health published a document setting out the experience so far of pilot projects of needle exchange and answering the questions of the other prisons who were to join the programme as it was established throughout Spain. As this document is now publicly available we thought readers of this newsletter would be interested in its main findings and conclusions.

The health situation in Spanish prisons

The proportion of HIV infected prisoners in Spanish prisons is 15% and of hepatitis C it is 40%. Prisoners account for one per 1000 Spanish inhabitants but 7% of those with AIDS. Therefore for Spain prevention of communicable diseases is one of the highest priorities for public health policies in prisons.

Most transmission of communicable diseases in prison comes from injecting drug use. Sexual transmission is the other route for infection but many of those who contract infection through this route have had sexual relations with an injecting drug user. Therefore injecting drug use is the prime cause of most transmission.
In recent years in Spain many prevention measures have been introduced: health information campaigns, training, hepatitis B vaccination, methadone maintenance programmes and needle exchange programmes. These measures have shown good results. Hepatitis B cases have been greatly reduced. HIV infection has been reduced from 32% in 1989 to 15% in 2002 and hepatitis C had been reduced from 46% to 40% between 1998 and 2001.

Evaluation of pilot projects

Needle exchange programmes were introduced into 11 prisons as a pilot study. The evaluations show that:

- Implementation in a prison setting is feasible and can be adapted to the conditions of a prison
- Needle exchange programmes in prison produce changes in the behaviour of prisoners that lead to less risky practices
- Needle exchange programmes in prisons help to persuade prisoners to take up drug treatment
- Implementation of a needle exchange programme does not generally lead to an increase in heroin or cocaine use

It was therefore decided that needle exchange programmes should be available in all prisons and should be implemented and evaluated by prison health care personnel in the same way as all other health programmes. In preparing the programme prison health personnel should contact the department responsible for prevention of AIDS and drug addiction to request their cooperation. It should be clearly understood that the needle exchange programme is a harm reduction programme designed to prevent disease transmission. The other policies of the prison on drug treatment and control of drug use and traffic in the prison should continue as before.

How to implement a programme

The target of the programme is injecting drug users. However, since they are often unwilling to identify themselves, needle exchanges may be made available to any prisoner. When prisoners on methadone maintenance ask to exchange a needle they should be given one but should be involved in discussions about their treatment and any problems they are encountering with the methadone maintenance.

Before starting a programme prisoners and prison personnel should be fully informed about the programme. Newly admitted prisoners should be informed about the system at their first medical consultation. All prisoners wishing to participate should be given information about the risks of drug injection and counselling about drug treatment and methadone maintenance. The rules of the needle exchange programme should be explained. Once an injecting kit has been given to a prisoner the rule is that it must be returned before a new one is issued. Access to needles should only be refused in exceptional circumstances. The times of distribution and the

h prisons

location should be chosen to ensure that prisoners use it. The more often needles are exchanged the less likely it is that a prisoner will use a contaminated needle.

Record keeping

The needle exchange programme is a health programme aimed at prevention of disease which takes precedence over the treatment of the prisoner as a drug addict. Therefore confidentiality must be respected and prisoners must be informed that their participation in the programme is confidential.

Training of prison personnel

Prison personnel need to be reassured that the programme increases their safety. The reasons are that illicit hidden needles are more dangerous to personnel than official needles in a plastic case; in the case of an accident it is less likely that the syringe has been used and if it has been used it is less likely that it has been shared. Also the more the amount of disease can be reduced the safer the prison environment will be.

Needle Exchange in Prison, Framework Document, October 2002, Ministry of the Interior and Ministry of Health, Spain.

new developments **new developments** new developments **new**

Assessment of disease control in Lithuanian prisons

Serious problems with transmissible diseases are to be found in the penitentiary system of Lithuania, according to experts from the Task Force on Communicable Disease Control of the Council of Baltic Sea States.

In March 2003 they carried out an assessment of the situation at the request of the Lithuanian authorities and made a large number of recommendations for improvements. The three experts concentrated on HIV/AIDS and TB and examined the structures and programmes being used by the Prison Administration to deal with these. They also examined the level of collaboration between the prison and public health services.

High level of MDR-TB found

The experts found a serious problem of MDR-TB in Lithuanian prisons. Treatment of these patients with second line drugs is not guaranteed. With the rapid increase in the number of HIV infected prisoners the combination of HIV and MDR-TB is a 'disaster waiting to happen'. However the capacity of the prison TB services is larger than needed and most of the prisoners currently in the TB colony do not have TB. Supervisors from the National TB programme were expected to visit the prisons to monitor the quality of treatment but they were not doing this regularly.

Improvements suggested

The experts proposed that annual screening for TB might be discontinued in favour of all staff being trained to detect and report symptoms of TB and prisoners informed of the symptoms so they too could report suspected cases. A closer link to the National TB programme and more joint working should be established. Living conditions for prisoners generally should be improved but special privileges for TB patients should be discontinued. Full financing should be available for the treatment of prisoners without health insurance and they should complete treatment started in prison.

Measures to prevent HIV spread found to be inadequate

The experts reported on the sudden increase in the number of HIV infected prisoners in Alytus strict regime colony, where 284 HIV infected prisoners were found. The cause was thought to be a dramatic increase in illicit drug use and needle sharing. The response was to introduce new security measures to prevent the smuggling of drugs and syringes into the prison and to introduce a new testing policy. Prisoners who test positive are separated and this isolation is the main preventive measure for the spread of HIV infection. Health education of prisoners is lacking. No leaflets or printed materials were available to prisoners. Harm reduction materials such as bleach or condoms were not readily available to prisoners.

Harm reduction measures essential

The experts recommended that the policy of compulsory testing be reconsidered as it is considered ineffective, discriminatory and unethical. Voluntary testing accompanied by counselling should be introduced instead. Personnel and prisoners must have information and education about HIV/AIDS. Harm reduction should be the aim of policy. Full-strength household bleach and condoms should be available to all prisoners. A pilot needle exchange programme should be established.

Finally the experts recommended close co-ordination between the Ministry of Justice and the Ministry of Health in order to make communicable disease control more efficient.

Assessment of Communicable Disease Control in Lithuanian prisons, report of an expert mission to Lithuania carried out 17-21 March 2003 by Thuridur Arnadottir, Ingrid Lycke Ellingsen and Zaza Tsereteli

Recent publications ...

New study shows between 200,000 and 300,000 mentally ill people in US prisons

A report by the US-based Human Rights Watch published in October 2003 shows that more than one in ten of the two million prisoners in the United States is mentally ill. Many of these prisoners suffer from serious illnesses such as schizophrenia, bipolar disorder, and major depression. There are three times as many men and women with mental illness in U.S. prisons as in mental health hospitals and the rate of mental illness in the prison population is three times higher than in the general population.

The treatment of mentally ill people in US prisons is seriously inadequate. Yet, according to the report,

without the necessary care, mentally ill prisoners suffer painful symptoms and their condition can deteriorate. They are afflicted with delusions and hallucinations, debilitating fears… They huddle silently in their cells, mumble incoherently, or yell incessantly. They refuse to obey orders or lash out without apparent provocation. They beat their heads against cell walls, smear themselves with faeces, self-mutilate, and commit suicide.

Prisons are grossly unsuitable places for mentally ill people. Other prisoners victimize and exploit them. Prison staff often punish them for symptoms of their illness. Mentally ill prisoners are more likely than others to end up housed in especially harsh conditions, such as isolation, that can push them over the edge into acute psychosis.

The mental health services in many prisons are not adequate and leave prisoners under-treated – or not treated at all. Prisoners do not get proper care because of a shortage of qualified staff, lack of facilities, and prison rules that interfere with treatment. According to the report the reason so many mentally ill people end up in prison is the underfunded, disorganized, and fragmented state of the community mental health services. Mental health hospitals across the United States have been shut down. Therefore many people with mental illness, particularly those who are poor, homeless, or struggling with drug and alcohol problems, cannot get mental health treatment.

Ill-Equipped: US prisons and Offenders with Mental Illness. Human Rights Watch, New York

First ever monitoring of Russian prisons by independent human rights groups

A study of 117 penitentiary establishments in Russia, 41 pre-trial prisons (SIZOs), 74 colonies and 2 prisons, has been carried out by human rights groups working with the Moscow Helsinki Group. The monitors looked at penitentiary conditions and compared them with the requirements of the United Nations Standard Minimum Rules for the Treatment of Prisoners. The visits were authorised by the Penitentiary Administration (GUIN). Former prisoners were also interviewed for the study.

The inspections of health care provision found shortages of medical personnel, outdated equipment and hostile attitudes in some places to prisoners seeking medical help. The supply of drugs needed to treat TB had improved and was almost adequate but there was difficulty in obtaining drugs to treat drug-resistant forms of TB. In some places prison medical personnel were dependent on relatives bringing necessary drugs to prisoners but sometimes all the relatives could afford were drugs which were past their proper date for use. Some prison hospitals were very overcrowded and the conditions put the personnel at risk of contracting infectious diseases. The conditions in which prisoners were transported from one prison to another were found to be particularly damaging to health.

Prisoners infected with HIV were not routinely segregated from other prisoners. The decision as to whether or not to segregate depended on the level of knowledge about HIV transmission of the head of the prison. The monitors also found that sick prisoners leaving prison encountered difficulties in getting medical treatment outside and many became homeless on release. The study points out that almost a quarter of the entire homeless population of Russia is made up of former prisoners and notes that many penitentiary institutions fail to issue internal passports to released prisoners. Without such papers, the ex-prisoner is ineligible for many services.

The report recommends that a system of public oversight should be established and that the Ministry of Justice should pass regulations spelling out procedures for both local government bodies and public organizations to make regular visits to penitentiary institutions.

Situation of Prisoners in Contemporary Russia, Moscow Helsinki Group, 2003

Highlights from reports of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

The European Committee for the Prevention of Torture and Other Inhuman and Degrading Treatment or Punishment is the only inspection mechanism of places of detention that allows citizens of a state to inspect the institutions of another state and report their findings. In Prison Healthcare News we bring to the attention of our readers comments made by the CPT on prison health in the countries they inspect. We do this not to highlight the shortcomings of the countries visited but to give an insight into what standards the CPT expects and what role it expects prison healthcare staff to fulfil.

CPT criticises Ireland for treatment of mentally ill prisoners

The CPT has concluded that the treatment of some mentally ill prisoners in three Irish prisons could be described as 'inhuman and degrading.' The Committee visited Ireland in May 2002 and the report was published by the Council of Europe in September 2003.

The treatment that caused the Committee such concern was found in Mountjoy, Cork and Cloverhill prisons. Prisoners who needed psychiatric care or should have been transferred to a mental hospital were being kept in padded cells. These cells were generally poorly lit and dirty. The prisoners were given a disposable chamber pot, a mattress and blankets which were often very dirty. Some prisoners were clothed just in their underwear or were naked. They were usually held in these cells all day and were looked at every 15 minutes. A doctor or psychiatrist visited them every day. Some prisoners were held in these conditions for a few days and others for a few weeks. The Committee was of the view that such treatment would make the condition of the prisoners worse. The Irish Government has responded to the Committee's concern by agreeing to bring the practice to an end as soon as possible.

Recording of injuries

The Committee noted the important role of prison health-care services in preventing ill-treatment of prisoners by systematically recording prisoners' injuries and providing information to the authorities about such injuries. They were therefore concerned to discover that the records made by prison doctors of the injuries displayed by prisoners, including at the time of their admission to prison, were often imprecise and the statements of the prisoners themselves were not usually recorded. They took the opportunity to set out what they expect the record of a newly admitted prisoner to contain. Such a record should include:

- an account of statements made by the prisoner about his or her state of health and any allegations of ill-treatment
- an account of objective medical findings based on a thorough examination
- the doctor's conclusions about the prisoner having taken account of these matters

The result of the medical examination should be made available to the prisoner concerned. The same approach should be followed whenever a prisoner is medically examined following a violent episode in the prison.

Prison health policy and drug abuse

The CPT notes that prison authorities are faced with the difficulty of dealing with many prisoners with drug-related problems. The Committee advises that a range of help should be available including medical detoxification, psychological support, life skills training and rehabilitation. For prisoners who cannot stop taking drugs, substitution programmes should be available. In the light of this advice the Committee welcomed the decision of the Irish authorities to introduce methadone substitution programmes in five prisons. The numbers of affected prisoners was large. In Cloverhill and Mountjoy Prisons about a third of all the prisoners were being treated with methadone. Prisoners receiving this substitution treatment were also offered the possibility of following a 21-day detoxification programme.

The Committee welcomed the methadone programme and recommended that it should be extended to the other prisons where it was needed. They also noted some deficiencies. The methadone programmes were not accompanied by adequate medical care and supervision, and prisoners with drug problems were not being offered psychological support or other counselling. In addition, none of the prisons visited by the Committee had in place preventive measures such as the provision of bleach and

information about how to sterilise needles.

Report to the Government of Ireland on the visit to Ireland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 28 May 2002, Strasbourg, September 2003

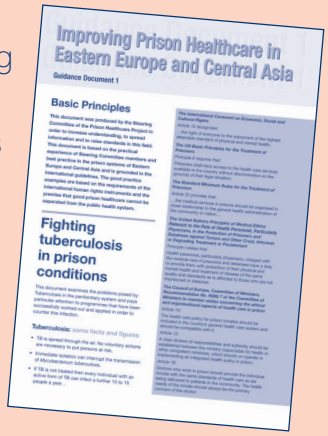
Treatment of suicidal prisoner in Germany criticised

The Committee visited Germany in December 2000. In Halle Prison they raised concerns about the treatment of a prisoner who had tried to commit suicide in the reception area. He was placed in a security cell and his hands and feet were strapped to the bed. He was kept in that situation for about 36 hours, observed by prison personnel and occasionally visited by a psychologist.

The CPT strongly criticised this method of dealing with a suicidal prisoner. They stated that such treatment would undoubtedly make him more distressed and recommended that such an approach not be used again. They also noted that the Prison Law of Germany allowed instruments of restraint to be used for days at a time and stated that using restraints for that length of time can never be justified. They also recommended that every use of instruments of restraint should be recorded in a register. The entry in the register should state the time at which the measure began and ended, the particular circumstances of the case, the reasons for using restraints, the type of restraint used, and details of any injuries sustained by prisoners or personnel.

Report to the German Government on the visit to Germany carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)from 3 to 15 December 2000, Strasbourg, March, 2003

Dealing with TB in the Prison Setting



A guidance document on dealing with TB in penitentiary systems is being sent out with this newsletter. This guidance document has been produced with the support of the Steering Committee of the Prison Healthcare Project, based on the practical experience of Steering Committee members and best practice in the region, and is grounded in the international guidelines.

Further copies are available from the International Centre for Prison Studies.

Forthcoming events

Drugs in Prisons

The Seventh European Conference on Drug and HIV/AIDS Services in Prison will take place in Prague between 25 and 27 March 2004. The title is 'Prison, Drugs and Society in the Enlarged Europe: Looking for the right direction. '

Topics to be addressed at the conference will include:

- EU enlargement and prison health standards
- Substitution treatments in 18 European countries
- Harm reduction
- Prevention of infections in prison

The languages of the conference will be Czech, English, French, German and Russian.

The conference is organised by the *European Network of Drug Services in Prison* and the *Central and Eastern European Network of Drug Services in Prison*. http://www.ceendsp.net/

Contact details

The Prison Healthcare Project is funded by the Open Society Institute and is run in conjunction with Penal Reform International

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