**International Journal of Prisoner Health – Issue 8 (1): Editorial**

**The Impact of Overcrowding**

All prisoners are vulnerable to a certain degree. When the liberty of a group of individuals is restricted and they are placed under the authority of another group of people, and when this takes place in an environment which is to a large extent closed to public scrutiny, the abuse of power has proven to be widespread. Even where no abuse exists, prison conditions themselves in a large majority of countries worldwide are harmful to the physical and mental well-being of prisoners, due to overcrowding, violence, poor physical conditions, isolation from the community, inadequate prison activities and health care (UNODC, 2009:4).

Overcrowding in prison can impact significantly on prisoners’ health, access to education and training. In turn, this impacts on their ability to access the services and treatment vital to managing their throughcare to the community. Staff who are working in overcrowded prisons are also at risk in a range of ways.

In excess of 10.1 million people are held in penal institutions world wide, mostly as pre-trial detainees/remand prisoners or as sentenced prisoners. Walmsley’s ninth edition of the World Prison Population List (2012) states that:

Prison population rates vary considerably between different regions of the world, and between different parts of the same continent. For example:

• in Africa the median incarceration rate for western African countries is 47.5 per 100,000 population, whereas for southern African countries it is 219;

• in the Americas the median rate for south American countries is 175 whereas for Caribbean countries it is 357.5;

• in Asia the median rate for south central Asian countries (mainly the Indian sub-continent) is 42 whereas for eastern Asian countries it is 155.5;

• in Europe the median rate for western European countries is 96 whereas for the countries spanning Europe and Asia (e.g. Russia & Turkey) it is 228.

• in Oceania (including Australia and New Zealand) the median rate is 135.

Prison populations are growing in all five continents. Updated information on countries included in previous editions of the World Prison Population List shows that prison populations have risen in 78% of countries (in 71% of countries in Africa, 82% in the Americas, 80% in Asia, 74% in Europe and 80% in Oceania) (Walmsley, 2012:4).

As prison populations rise, prison administrations struggle to maintain or guarantee humane conditions that meet international standards and guidelines. Overcrowding means that prisons are more difficult to manage effectively. Pressure is placed on all resources resulting in limited, or in some cases, no space to provide educational, rehabilitation, cultural, recreation and/or religious activities. Overcrowding also reduces staff morale and creates security and control difficulties due to increased levels of conflict and violence. Staff and prisoners health and wellbeing are put at risk.

Prison overcrowding, as defined by the English and Welsh Prison Service, is where a prison contains more prisoners than the establishments:

‘certified normal accommodation’ or CNA. This is the level which represents the good, decent standard of accommodation that the service aspires to provide all prisoners. In January 2012, the Ministry of Justice reported that the prison population overall stood at 112% of in use CNA. The fifteen most overcrowded prisons were holding a population of more than 150% of CNA (Criminal Justice Alliance, 2012:4).

It is not always easy to define overcrowding. Internationally, many prison administrations adopt standards and procedures that result in measurement of prison capacity and, from this, definitions of overcrowding that refer:

 …basically to a number of prisoners actually imprisoned exceeding the number of prison cells/beds which has been set as the maximum to be held in a prison. Definitions of overcrowding thus require first of all the establishment of a maximum number of prisoners, which can be accommodated in a prison facility. The maximum number must be established on the basis of criteria consistent with human rights and minimum standards issued by the United Nations or regional bodies. Definitions of overcrowding, however, will differ among world regions and will be dependent partially on whether single cell accommodation is adopted as a rule or communal cells. … Prison capacity therefore has been assumed to be a “slippery concept” which expresses the need for elasticity and can be used to make overcrowding more or less apparent (Albrecht, 2010:67).

It is important to consider why prisons are overcrowded in many regions. The reasons for increasing prison populations worldwide are numerous and vary from region to region and from country to country. Overcrowding can be attributed to changes in the law and economic factors, prison policy, sentencing policies and practices, underfunding of prison building programmes and the lack of prison places due to age and deterioration.

The causes of overcrowding in many European countries can be explained by the following factors: first, a lack of investment in prison facilities to enable rehabilitation activities and insufficient prevention measures to resource social and mental health care. Second, lack of investment in non-custodial measures such as electronic tagging and community sentences and third, over use of and lengthy pre-trial detention coupled with tough sentencing for non-violent offenders and for vulnerable prisoners such as those with problematic drug and/or alcohol use, those with mental health problems and those with learning disabilities (European Federation of Public Service Unions, 2008).

It is much easier to find consensus on the impact of overcrowding on both prisoners’ health and wellbeing and on prison staff. Prisoners may face:

* deterioration of living conditions
* lack of access to education, training and work in a prison population where there are high levels of illiteracy and innumeracy and where many prisoners have no vocational qualifications. The opportunity to work reduces substantially in overcrowded prisons.
* difficulty in accessing mental health treatment and support due to the pressure caused by overcrowding on health care facilities.
* lack of support to address drug and alcohol dependence where prison systems have high numbers of prisoners with drug and alcohol problems and where high levels of re-offending amongst this group also suggests that the treatment available in many prison systems is inadequate.
* lack of throughcare interventions leading to high social cost and potential reoffending and difficulties in accessing key support in such things as housing when released.

While the main issue resulting from prison overcrowding is the negative impact on prisoners, overcrowding can also adversely affect staff. Lack of staff to provide supervision and escorts for both prisoners to activities, and for visiting NGOs and service providers from the community, can increase tension between prisoners and staff. Similarly, frustration and potential violence are possible outcomes when prisoners are confined in their cells for long periods. Additionally, there are fewer opportunities for rehabilitative work in overcrowded prisons due to a lack of supervision.

Prison staff may experience some deterioration in their working conditions and face increasing levels of stress in situations where they have limited time to deal with problems and less time to spend with individual prisoners to ensure that they complete educational and rehabilitation programmes. Staff may find that they are overstretched as they try to maintain a safe and rehabilitative prison environment. Medical staff may find it difficult to provide health care that is equivalent to that in the community. Other professional staff (educators, psychologists, social workers, etc.) may be unable to provide meaningful interactions to meet the needs of prisoners in an overcrowded prison. As a result, staff may become the target for frustrated and angry prisoners, making the working lives of prison staff both more dangerous and stressful.

Prison overcrowding is a major contributor to a wide range of problems. This raises the question of what can be done to improve conditions in overcrowded prisons. Prison overcrowding can be reduced first and most obviously by reducing the number of people sent to prison by using diversion schemes, for example, using alternatives to prison for offenders with mental illness. Second, by reducing the amount of time offenders spend in prison on remand by speeding up court procedures and by reducing the length of sentences (Van Ness, 2008). Prison Fellowship International (ND) suggest a number of long term solutions that require both careful work and strong political will through creative measures such as:

* Mobile judges travelling to prisons to hold court hearings. This reduces the number of remand prisoners.
* Use of probation and community service as an alternative to prison.
* Legislative sentencing reform to reduce the length of sentences
* Parole board authority to provide early release for prisoners who pose little danger to society (Prison Fellowship International, ND).

In summary, prison overcrowding impacts negatively on both prisoners and prison staff. Prisoner health and wellbeing are compromised by overcrowding. There is an urgent need for countries to re-assess the criminal justice policies that pose risk of harm so as to ensure that vulnerable prisoners can access health care equivalent to that in the community and that international standards that govern prisons and human rights are met.

In this issue we have an interesting selection of papers from England, the USA, India and Italy that cover a range of key issues of importance to prisoner health. In our first paper, Laura Caulfield and Hannah Twort discuss the experiences of staff implementing changes to prison mental health care in England and Wales. The findings from their study indicate that while many of their respondents felt there had been improvements in prison mental health care, they also acknowledged that it was difficult to implement new ways of working and that there is still some way to go towards providing offenders in prison with effective and appropriate care.

In our second paper, Michael W. Ross and Amy Jo Harzke report on the TECH model and its application in developing a ‘healthy prison’. The steps required to achieve the ‘healthy prison’ are described in the TECH domains: ‘Testing for and treating infectious diseases and vaccination; Environmental modification to prevent disease transmission; Chronic disease identification and treatment; and Health maintenance and education. Under each of these domains are tasks to achieve a ‘healthy prison’. The authors argue that this model is specially designed so that it can be implemented in both resource-poor as well as resource-rich correctional settings.

Vikram Bansal, Girish M. Sogi, Koratagere L. Veeresha, Adarsh Kumar and Shelly Bansal explore prison dental health in Haryana, India. Their study indicates that long term prisoners require a major input of dental treatment to meet their level of need.

The impact of overcrowding is continued in our final article where Maurizio Esposito notes that it is one of several factors that impacts on how prisoners access health care services in Italian prisons. Esposito, using in-depth interviews with male prisoners in three Italian prisons, explores how imprisonment impacts on the health of prisoners who are HIV positive or living with AIDS and how they perceive their quality of life. The results from his study indicate that life in prison for prisoners with HIV is experienced as a kind of double burden of loss of freedom and health limitations that leads them to exhibit fatalism towards the future, a sense of alienation and marginalisation as well as fear of the consequences of living with HIV or AIDS.

Morag MacDonald

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David Kane

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