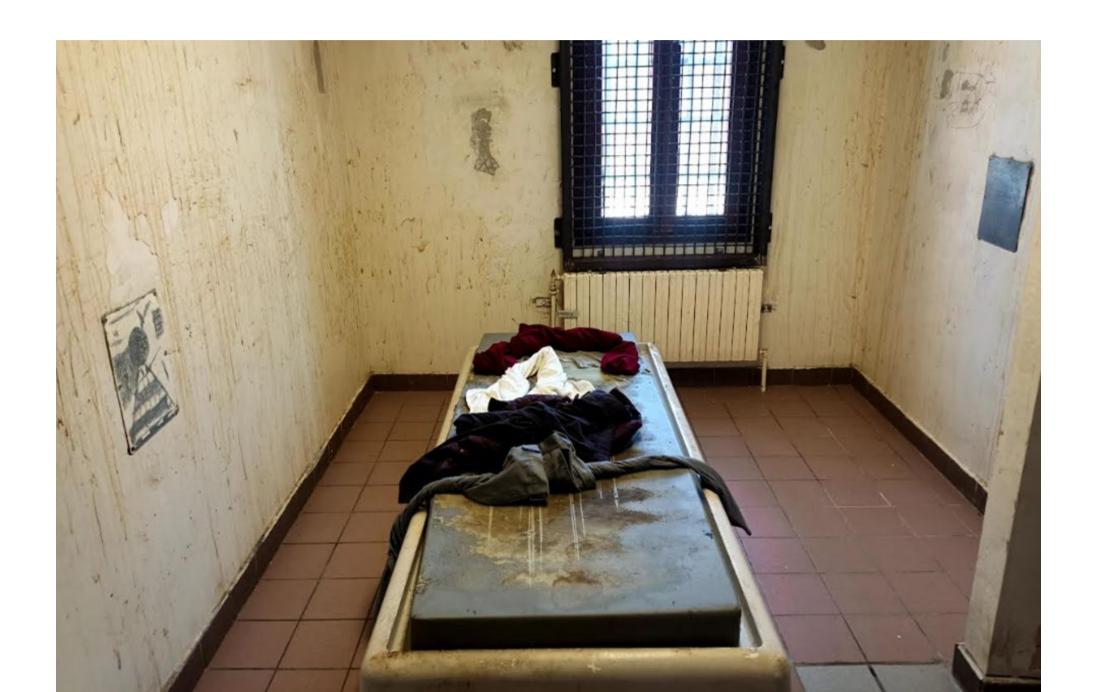
Reflections on public health and HIV care in Belgian prisons

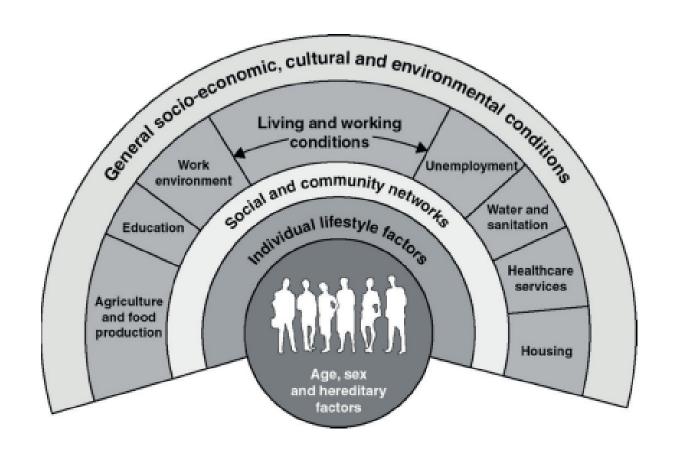
dr Brecht Verbrugghe 'Prison doctor' in Brussels



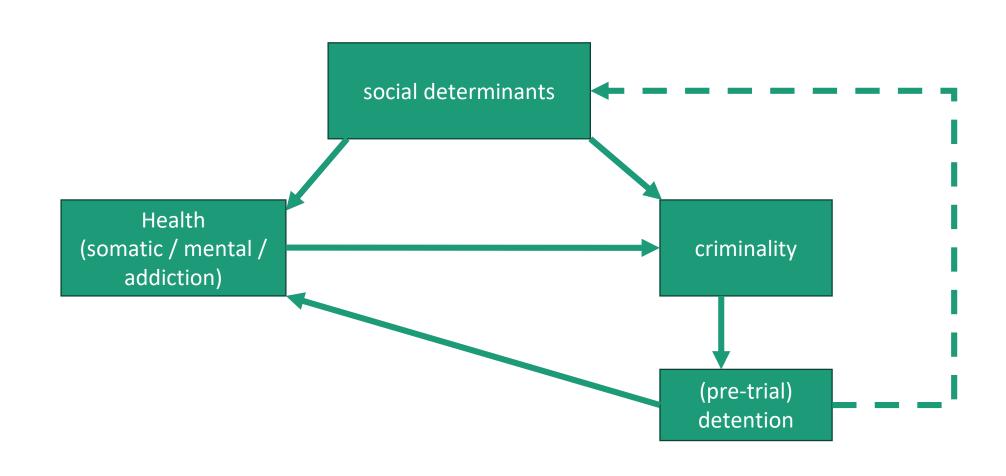
Some numbers

- 1980: $5500 \rightarrow 2025$: 12.000
- 46%: lifetime psychiatric diagnosis
- Suicide: x 8
- 56% drug charges
- Recidivism rate: within the highest in EU

Social
determinants of
health =
Social
determinants of
criminality/
detention



Reproducing social and health inequalities



Public health strategies

- 1. Prevention of detention (pretrial inequalities, drug laws, migration policies, facilities for drug users, psychiatric care, societal inequality etc..)
- 2. Humanizing detention and detention conditions: working on the prison as a social and intergenerational determinant of health
- 3. Focus on prison health care systems
 - a. Horizontal: strengthening health care system -> health ministry
 - b. Vertical → specific programs (screening, risk reduction, drugs,...)

General problems and barriers

- -A hierarchy in prison functions:
 - -Punishment, deterrence, neutralization, reintegration, ordered around the priority of 'safety'
 - -Latent functions: symbolic, discipline, ...
 - → Health is not a priority
- -The department of justice and the independence of the health care personnel
- -Cooperation between services: in out
- -The example of HEP C

Specific problems and barriers

- -Testing and follow-up: the pre trial detention
- -Seroconversion and hospital: continuity of care and delays due to strike/annulation/transport/health information
- -Old practices and evidence based medicine: deontological issues
- -Consultation with handcuffs
- -Lack of trust of the prisoner Confidentiality Psychosocial support
- -Language and intercultural mediation, taboo
- -Specific populations / minorities: women / trans
- -Harm reduction: Condoms, syringes, information, sexual violence, no prep prescriptions, unsafe drug use, automutiliation, promiscuity

Some conclusions

- -Everybody always sees a lot of opportunities in the prison
- -There is a lot to be done
- -Every prison works differently
- -Prison will never be 'a healing environment' or a place where it is easy to offer care
- -Lessons from the Hep C case
- -Coordination of public health interventions
- -Public health involvement as argument for humanisation of the prison
- -Haren vs st Gillis