

# Prison Healthcare News

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

## A new project – and a new newsletter

*Welcome to the first issue of Prison Healthcare News. It will be published four times a year and is part of a project on prison healthcare and public health in Eastern Europe and Central Asia. We hope it will be widely read by health personnel working in prisons and in public health in all parts of the world.*

The newsletter will cover current developments in prison healthcare from round the world, news of recent publications in the field and will have regular features such as interviews, in depth reports on new activities to promote prison healthcare and examples of good practice from the region and around the world. In this issue we include (pages 2 and 3) an interview with Dr Kononets, head of healthcare for the penitentiary system of the Russian Federation. We also report on the programme to treat TB in the prisons of Georgia run by the International Committee of the Red Cross.

### Prison Healthcare Personnel

The project is concerned with prisoners and the health care they receive whilst in pre-trial detention centres, prisons and colonies. It is also concerned about the working conditions and training of the prison healthcare personnel. But penitentiary systems cannot work in isolation. Prisoners leave and new ones arrive. Prisoners are visited by their families. Prison staff leave the prison or colony and return to their homes. Prison healthcare and the health of society at large are closely

related. So the primary aim of the project is to bring prison health services closer to the public health services and make the public health services more aware of the penitentiary systems and their problems.

### The Project Partners

The International Centre for Prison Studies (ICPS) at Kings College London University has been funded by the Open Society Institute to carry out the project. The project will build on earlier work funded by the Open Society Institute on TB in prisons in the region carried out by the ICPS. A publication *Sentenced to Die? The problem of TB in prisons in Eastern Europe and Central Asia* was produced in connection with that work and is available in English and Russian. The international non-governmental organisation, Penal Reform International, together with the national Soros Foundations in thirteen countries in the region, will be responsible for developing practical projects aimed at improving prison health and integrating prison healthcare into the public health system.

So that the newsletter really reflects what is happening in prison healthcare we need to hear from you. We shall be starting a letters page in the next issue. Please write and tell us about interesting developments in your country, ideas you have or comments you want to make. See the back page for all the contact details.

*Vivien Stern, Editor*

*Anton Shelupanov, Assistant Editor*

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*College*  
**LONDON**

**University of London**

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Prison Studies



Dr Kononets at work

# The PHN Interview

## The editors interview

Dr Alexander Kononets,  
head of the medical service of the GUIN of  
the Ministry of Justice, Russia

### 1. How long have you worked in the penitentiary health services?

I've spent 23 years in the medical service of the Ministry of Interior and 3 years in the GUIN of the Ministry of Justice.

### 2. When did you become the chief?

In January 1999.

### 3. Before that did you work in the civilian health services?

Yes, I worked in the civilian health services between 1971 and 1978.

### 4. Where did you train as a doctor?

I completed my studies at the Moscow Medical University in 1972 and at the Moscow Academy of Law in 1993.

### 5. Where do you come from originally?

I was born in Moscow.

### 6. Some doctors find work in the penitentiary system depressing. Do you enjoy it? What do you find the most positive aspect of it?

No normal person can react positively to the conditions which are found in Russian penal establishments at this time. Nevertheless, there are human beings there in need of medical assistance. And since I am a doctor, it is my duty to help them, regardless of their living conditions.

### 7. What are the main problems facing health services in the penitentiary system in the Russian Federation?

The main problems which are facing our system are to do with staffing, financing, humanity and the material/technical situation in our medical units.

### 8. What contacts are there between the penitentiary health services and the civilian health

### services? Are there any contacts at the local level?

At the level of the Ministry of Health and the Ministry of Justice, very close contact takes place on virtually all healthcare issues. Medical services in penal establishments are organised by most part in accordance with Ministry of Health norms. As a whole, the medical service of the penal system is an integral part of the state healthcare structure.

### 9. When a prisoner with an infectious disease is released does his treatment continue?

Upon release, patients with acute or progressing infectious diseases should be hospitalised or observed by the local medical services at their home, according to the law of the Russian Federation.

### 10. Would you like to see changes in the relationship between the penitentiary health service and the civilian health service?

The relationship between the penal system and local healthcare agencies is not so complex as to demand radical improvement. All the practical problems to do with the treatment of prisoners in the establishments of the Ministry of Health are solved locally.

During the last 10 years, due to socio-economic conditions, this continuity has been disturbed somewhat, both socially and medically. Another reason for this: the number of poor and socially deprived people has increased, for examples those at the margins of society, those without a home.

### 11. Who is the boss of the doctors that work in the SIZOs and colonies in the penitentiary system of the Russian Federation at the local level? Do they work for the head of their institution or do they work to a medical chief in the regional UIN?

The doctors who work in the SIZOs and colonies are answerable to the head of the establishment on administrative matters and to the head of the medical department in the local UIN and the relevant medical department in the GUIN on such issues as the

strategy and tactics of medical treatment.

**12. In some countries the penitentiary health service is part of the civilian health service. Can you see any advantages in such a system?**

At the moment such a unification would not be possible in Russia. In certain places in the Russian Federation, penal medical facilities are the only ones available for many hundreds of kilometres.

**13. It is a problem in many systems that mentally ill people who should be in hospital are in the penitentiary system. How does the Russian prison system cope with this problem?**

At the moment the Russian penal system has its own psychiatric service, which ensures the presence of a psychiatric doctor in each penal establishment. We also have a network of in-patient clinics and units for those prisoners who are mentally ill but cannot be released early.

In the cases where a chronic mental condition which may prevent the prisoner serving his full sentence develops, a complex procedure to establish whether the prisoner is fit to continue his sentence is conducted. The recommendations of this investigation are then passed on to the court, which decides whether to release the prisoner and send him to a psychiatric hospital of the Ministry of Health.

**14. Would you agree that a prison, SIZO or colony is not normally a healthy place? Prisons can be the place where diseases are spread. In your opinion, would it be better for public health if fewer people were sent to prison in Russia?**

It's true, prisons, SIZOs and colonies are not the healthiest of places. However, isolation is necessary for public safety. 2/3 of the prisoners contained therein have committed serious crimes.

At the moment the penal-executive system is undergoing reforms which take into account the reduction of the number of people sent to prison.

**15. As the Head of the Health Services of GUIN, what is your greatest wish?**

To work without being disturbed.

**16. This newsletter is intended to provide information to prison health professionals about developments in prison health world-wide, to increase the contacts with the public health sector and to raise awareness of the problems faced by prison health professionals. Do you think it will be useful?**

Yes, I think it will be useful.

## News in Brief

### Russia

ITAR-TASS reported on 28 September 2001 that more than 270,000 drug addicts have been registered in Russia in 2001, nine times more than in 1990.

The number of Russian prisoners infected with HIV has increased to 21,000, an increase of nearly 30% in six months, according to the Ministry of Justice. 90,000 prisoners were suffering from TB according to an ITAR-TASS report of 13 November 2001.

### Kyrgyzstan

The Kyrgyz anti-AIDS association reports that 106 people are HIV-positive in Kyrgyzstan.

21 October 2001

### Kazakhstan

Interfax reports that AIDS is spreading quickly in Kazakhstan according to the deputy Minister of Health. A total of 2,343 HIV-positive people were registered by 1 November 2001. However, the Minister believes that the real figure is nearer 20,000.

### UK

England and Wales reports a drop in the number of prison suicides. The number has fallen for the second year running to a total of 72. This is despite five deaths over the holiday period, a traditionally difficult time for prisoners and their families. The total of deaths is the lowest since 1997 when it was 68. The rate of 106 per 100,000 of the average prisoner population is the lowest since 1993 when it was 105 per 100,000.

Report from the Home Office of England and Wales

### US

The Supreme Court in Vermont in the United States has ordered the prison system in the state of Vermont to allow a prisoner to take methadone. Currently the only prison system in the United States that provides methadone treatment is the New York City jail on Rikers Island.

Report in *Corrections Journal* Vol.5 No. 4

## Prison Healthcare in Action - The TB programme of the Georgian Ministry of Justice and the International Committee of the Red Cross in the prisons of Georgia.

*The International Committee of the Red Cross started its programme to combat TB in Georgia's prisons in 1998. During their earlier visits to monitor conditions of detention the ICRC delegates noticed that the death rate amongst detainees was high and most deaths appeared to be due to TB. In 1997 the ICRC carried out a survey with the Ministry of Health and the Ministry of the Interior. They discovered that the TB case detection rate was 6.5% in prisons whilst it was 0.12% in civilians. So in prison it was 60 times higher than in outside society. The MDR-TB rate was 21.8%.*

In May 1998, a tripartite agreement for a TB control programme in prisons was concluded by the ICRC and the Ministries of Interior and Health. Under the agreement, treatment based on DOTS was to be introduced. The first prisoner patients started treatment in June 1998 after the prison medical personnel had been trained in the new procedures.

Between June 1998 and September 2001, 1634 TB patients began treatment. The cure rate amongst prisoners completing the treatment course was 77.7%. The MDR-TB rate is falling. Of the prisoners starting treatment recently only 8.8% are MDR compared with 21.8% in the first cohort. Of all patients who started treatment between June and September 2001 61.5% are 'new' cases compared with only 15.6% in the first three months of the programme. The death rate has gone down from 0.4% to 0.14%.

### The TB Colony

The ICRC activities started in Ksani, the TB colony 40 km away from Tbilisi, where between 250 and 300 patients can be treated at one time. First the entire prison population was screened by ICRC and prison medical staff. They were questioned, weighed, and measured by ICRC staff and the 30% who were suspected of having TB were given a sputum examination. Of these 12% were diagnosed as TB cases. Secondly construction and repair work on the TB colony was carried out to ensure a safe working environment for diagnosis and treatment and better living conditions for prisoners. Two buildings were made habitable, one for infectious cases and one for those that had become non-infectious. Third, doctors and nurses were trained.

Not all sick patients could be transferred to the TB colony. Pre-trial detainees, women, juveniles, former policemen had to be catered for where they were. Because of this an additional DOTS programme was implemented for women after the doctor from the women's colony had been trained. Treatment was also introduced for high-security prisoners. However, the programme still only covers 70% of prisoners as the non-sentenced prisoners are not covered. In the year 2000 a new method of screening was introduced. This is based on TB suspect lists established by prison doctors which reduced the long delays between screening and starting the DOTS treatment. In addition two further buildings in the TB colony were restored which made it possible to separate the multi-drug resistant cases from the others. In 2001 an assessment ward was renovated and so were a few high-security cells, so that treatment could continue for those who posed a security risk to others or to themselves. Four quarantine cells were rehabilitated in the pre-trial prison (SIZO) to allow a systematic medical and TB screening of every prisoner entering this facility. Currently, ten cells are under renovation in the SIZO so that DOTS can be implemented there too and doctors from the prison hospital at the SIZO have been trained.

### The National TB Programme

The programme has close collaboration with the National TB Programme (NTP). Many functions such as diagnostic and treatment procedures, data collection and reporting and stock management have been standardised between prison and civilian TB services. Standard training is being developed for

medical and laboratory staff. A National Reference Laboratory has been set up according to international standards which serves 9000 prisoners. It was inaugurated by the Georgian President in November 2000. The laboratory is under the control of the Supranational Reference Laboratory in Antwerp. The role of the national laboratory is to provide quality assurance for the nation-wide NTP laboratory network, train personnel and undertake the surveillance of resistance to TB drugs. The national reference laboratory is the only in the region and could become a resource for the whole South Caucasus area.

Work is also being done to give prisoners accurate information about TB and its treatment. Health education sessions are organised for prisoners. Diagnosed patients attend additional sessions stressing the importance of taking the whole course of treatment. Prisoners who are released during treatment are given a briefing on their disease, the address of the nearest civilian facility and a two-week supply of pills. However, the evidence suggests that

only half of the released TB case prisoners being treated under DOTS register with the NTP on release and one-quarter of those who register do not complete their treatment.

The experience of the ICRC in running TB control programmes in prisons suggests that for a successful programme to be implemented there must be

- ▶ Political will
- ▶ Civilian TB services in place
- ▶ Access to all the prisoners
- ▶ A minimum five-years commitment by the organisation supporting the government
- ▶ A programme endorsed by the highest level of all the partners which respects WHO and IUATLD procedures.

For further information contact: Dr Philippe Creac'h, ICRC Delegation in Georgia, e-mail: pcreach.tbi@icrc.org

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## New research about prison healthcare

Highlights from the 129th Annual Meeting of the American Public Health Association Session on HIV/Aids and Incarcerated Populations.

**Lizz Frost, Vladimir Tchertkov, and Murdo Bijl, Médecins Sans Frontières, reported on prisoner risk taking in the Russian Federation.**

Russia's HIV epidemic is exploding. Of infections reported by Russia's Ministry of Health, 65% were registered in 2000. Over 90% are attributed to injecting drug use and prisoners represent approximately 15% of registered infections. To support the development of prison HIV prevention mechanisms and to measure their effectiveness, MSF conducted independent research on prisoner risk behaviours with full support of the Russian prison administration. Over 1100 male and female prisoners, juveniles and adults, in eleven facilities in four regions were surveyed during summer 2000. A written Russian-language questionnaire obtained quantitative data about sex, drug and tattoo risks in Russian prisons. The findings show that 9% of prisoners had had penetrative sex in their current prison. Of them, 89% had not used a condom. 21% of all prisoners had used a condom the last time they had sex, inside or outside prison. 43% of the prisoners had ever

injected a drug in their lives and of these 21% injected in their current prison. Of these prison injectors 13% began injecting in prison, 26% had injected in the past four weeks, and over 65% reported passing on and/or taking used injecting equipment. One quarter of all prisoners had a tattoo made in prison and 68% of these were done with used needles.

**Murdo Bijl and Lizz Frost from Médecins Sans Frontières in Moscow also reported** that since 1999, Médecins Sans Frontières has worked with the Russian Ministry of Justice on pilot HIV/AIDS prevention and health promotion mechanisms for Russian prisons. This three-year programme included:

- ▶ producing targeted health promotion publications
- ▶ training prison officers, health workers and prisoners
- ▶ bleach and condom distribution
- ▶ peer education
- ▶ pre – and post – HIV test counselling
- ▶ research.

The lessons learned were that targeting a high-risk population inside prison prevents the spread of HIV beyond prison walls. Health promotion publications must be tailored to Russian prison conditions, resources and risks. Active contribution of supporting regional agencies fosters future handover.

**Armida Ayala, Maria G. Perez, and Mark E. Miller, Office of AIDS Programs and Policy of Los Angeles County Department of Health Services, reported on a programme to link up the health services in Los Angeles County Jail with the public health service outside. To ensure that HIV/AIDS services are improved while the infected prisoners are in jail and that the programmes continued upon release to the community, the Los Angeles County Sheriff's Department, and the Office of AIDS Programs and Policy of the Department of Health Services agreed to meet regularly to develop an action plan. They found that prisoners needed more counselling and testing for HIV and for sexually transmitted diseases. They needed more peer-based programmes where prisoners give advice to other prisoners. Prison personnel needed to be trained to make plans for the prisoners when they were released and to make sure they had help to ease their adjustment back into the community.**

**Researchers from the University of Nevada reported on discharge planning with HIV-positive prisoners and their take up of treatment when they left prison.** They examined what happened to 68 HIV-infected prisoners (both male and female) who left the prison system. Before leaving prison, the prisoners received one-month's supply of medication provided by the AIDS Drug Assistance Program and were interviewed by health professionals from the community with whom they made appointments at a medical clinic for the month following release. Twenty-four

percent of the released prisoners visited the clinic within one month. 37% had at least one visit in the first three months and 43% had at least one visit in the six months after leaving prison.

### Other relevant research

#### American Study Shows TB Spreads from Prison to Community

A team of researchers from Tennessee have studied the effects on the community of an outbreak of TB which occurred in the prison in Memphis between 1995 and 1997 and affected 38 prisoners and five personnel. In 1998 and 1999 the researchers studied TB cases in the county where Memphis is situated. Of the 156 infected people in the county the researchers were able to take genetic fingerprints of the strain of TB from 81 of them. Of these 81, 19 had the same strain of TB as the strain found in the prison outbreak. Of these 19 people 12 had not been prisoners in the Memphis prison. The strain of TB first found in the jail spread through an ever-widening circle of people. Now it is infecting people who have not had any association with the prison or with people directly connected with the prison.

The research was carried out by Dr Timothy Jones of the Tennessee Department of Health and Dr William Schaffner of the Vanderbilt University School of Medicine in Nashville and presented at the 39th annual meeting of the Infectious Diseases Society of America in San Francisco in October 2001. They conclude that as part of the planning for the discharge of prisoners, contacts must be made with the public health authorities who should arrange continuing treatment and assessment.

Source: Corrections Journal, Vol 5, Number 10. 245

## Prison Healthcare News

### from Around the World

#### Prison Health Care in Australia

The first ever study of the health situation of prisoners in the state of Victoria in Australia is to be carried out in 2002. The study will look at the health condition of the prisoners and compare it with the condition of the population outside

prison. Prison health care services will be assessed to see if they are as good as the standards in the outside community.

**Source:** The Corrections Agenda, Dec 2001, Office of Correctional Services Commissioner, Victoria, Australia

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

### Introduction

The only region of the world with a supra-national inspection mechanism for its places of detention is Europe. 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. All 41 of the 43 member states of the Council of Europe that have ratified the Convention for the Prevention of Torture are subject to visits from this committee. They may each nominate one member to the committee. Inspections usually are completed by a small number of members and one or two experts. This committee has the right to go to any member state and inspect any place in which people are detained against their will – prisons, mental hospitals and immigration detention centres. They may ask for access to any such place at any time of the day or night and also may ask to see documents such as reports of incidents, medical reports, log books, admission registers, punishment books. The committee makes a report to the government and, although it is confidential, most governments decide to publish the committee's report together with a governmental response.

Inspecting prison healthcare has always been a priority for the Committee and a number of distinguished doctors from many parts of Europe have been involved as expert advisers to the Committee. In Prison Healthcare News from time to time we shall be bringing to the attention of our readers comments made by the CPT on prison health in the countries they inspect. We shall be doing this not in order 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.

### Visit to Latvia

In November 2001 the Council of Europe published the report of the visit to Latvia which was carried out in 1999 and the report contains many examples of the CPT's approach to healthcare in prisons.

The CPT looked at the links between the Prison Department health services and the civilian services

provided by the Welfare Ministry and found that there was no direct link. They comment on this as follows

*'A similar situation is to be found in many countries in Europe; however, the view is increasingly being held that the role of Ministries of Health – or Welfare – should be strengthened in such matters as hygiene control, epidemiological surveillance, assessment of health care and organisation of health-care services in prisons. This approach is clearly reflected in Recommendation N° R (98) 7 of the Committee of Ministers of the Council of Europe concerning the ethical and organisational aspects of health care in prison.'*

### The CPT also says

*'the CPT considers it essential for prison doctors' clinical decisions to be governed only by medical criteria and for the quality and effectiveness of their work to be assessed by a qualified medical authority.'*

The Committee was critical of the health care service facilities in the Central Prison. Sick prisoners were, in theory, immediately transferred to the adjoining Prison Hospital. But when the hospital was full prisoners suffering from various diseases including hepatitis or tuberculosis had to be kept in ordinary cells scattered throughout the prison. Conditions in these cells were generally very poor and in some cases – for the prisoners suffering from tuberculosis – the Committee described them as appalling.

The Committee took a strong view on the provision of medicines. They heard from prison health care staff that apart from TB drugs medicines were in short supply and sick prisoners depended on families and friends. The CPT says in response to this

*'... in time of grave economic difficulties sacrifices have to be made; however, certain basic necessities of life must always be guaranteed in establishments where the State has persons under its care or custody. These necessities include appropriate medication for such persons.'*

Also the CPT states very clearly that prisoners must be able to communicate with the health care personnel in their prison *'on a confidential basis, for example by means of a message in a sealed envelope.'*

## Visit to Lithuania

The CPT visited Lithuania in 2000 and looked at conditions in Pravieni\_ks Strengthened Regime Colony No. 2[6], Vilnius Prison, as well as the Prison Hospital in Vilnius.

The Committee notes in particular the importance of the prison health-care services systematically recording injuries that prisoners have when they arrive at the prison.

*'Any signs of violence observed when a prisoner is medically screened on admission should be fully recorded, together with any relevant statements by the prisoner and the doctor's conclusions. The same approach should be followed whenever a prisoner is medically examined following a violent episode within the prison.' Such action can 'make a significant contribution to the prevention of violence against detained persons'.*

*'The CPT recommends that the record drawn up after a medical examination of a prisoner should contain:*

- (i) a full account of statements made by the person concerned which are relevant to the medical examination, including any allegations of ill-treatment;
- (ii) a full account of objective medical findings based on a thorough examination;
- (iii) the doctor's conclusions in the light of (i) and (ii).

*Further, the CPT recommends that existing procedures be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner, the record is systematically brought to the attention of the relevant prosecutor.'*

### Sources:

Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 24 January to 3 February 1999 Strasbourg, 22.11.2001

Report to the Lithuanian Government on the visit to Lithuania carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 14 to 23 February 2000 Strasbourg, 18.10.2001

## Recent Publications

### Statistics from the US

#### HIV Infected Prisoners in the United States

According to the US Bureau of Justice Statistics 24,607 (2.3%) of prisoners in State prisons in the United States, 1150 (0.9%) of those in Federal Prisons and 8615 (1.7%) of those in local jails were known to be infected with HIV. More than a quarter of all these prisoners were imprisoned in the state of New York.

#### Mentally-ill prisoners in the United States

One out of 8 prisoners in State prisons in the United States was receiving some mental health treatment in 2000 and nearly 10% were being given some psychotropic medication.

**Sources:** HIV in Prisons and Jails, 1999, and Mental Health Treatment in State Prisons, 2000, Bureau of Justice Statistics, see [www.ojp.usdoj.gov/bjs](http://www.ojp.usdoj.gov/bjs)

### Prison Healthcare in Azerbaijan

According to official sources, death rates in the prisons of Azerbaijan for the past 6 years were

Year	No. of deaths	Died of TB
1995	655	496
1996	588	452
1997	376	292
1998	270	215
1999	270	210
2000	260	199
Jan-June 2001	117	79

The figures are collected in a new report, Monitoring Project, Prisoners' Right for Health, produced by the Center of the Programs for Development in Baku under the project co-ordinator, Dr Elmira Alakbarova. The report also contains an interview with Colonel F Aliev, Chief of the Medical Department of the Execution of Punishments Department. He describes the procedure used by the system when prisoners are terminally ill. The Director General of Prisons makes an application to the court asking for compassionate release so that the prisoner can go home to die. Such requests are usually granted by the Court. He also notes that the TB colony, built for 640, is currently holding 680 sick prisoners.

Final Report, Monitoring Project, Prisoners Right For Health, Center of the Programs for Development **contact** [el@hotmail.com](mailto:el@hotmail.com)

## Contact details

International Centre for Prison Studies  
King's College London – School of Law  
8th floor 75-79 York Road  
London SE1 7AW, UK

**Tel:** +44 (0)20 7401 2559

**Fax:** +44 (0)20 7401 2577

**Website:** [www.prisonstudies.org](http://www.prisonstudies.org)

**Email:** [icps@kcl.ac.uk](mailto:icps@kcl.ac.uk)

**Penal Reform International**, Head Office

Unit 450, The Bon Marche Centre  
241-251 Ferndale Road  
London SW9 8BJ, UK

**Tel:** +44 (0)20 7924 9575/9853

**Fax:** +44 (0)20 7924 9697

**Website:** [www.penalreform.org](http://www.penalreform.org)

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