ON THE PROBLEM OF HEALTH STATUS OF PERSONS, STAYING IN PLACES OF DEPRIVATION OF LIBERTY

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Abstract.

Analytical review of Russian and foreign sanitary and hygiene scientific research in the field of evaluation of health status of persons serving sentences in correctional institutions is presented, for the purpose of development of complex of measures on improvement of sanitary-hygienic conditions of life and work of prisoners in penal institutions. Socio-demographic characteristics of this population is presented, the peculiarities of the conditions and lifestyles that adversely affect the general health of the convicts are pointed. The statistical data of the Main Department of execution of punishments of Ministry of justice of the Russian Federation are given, on the distribution by sex, age, education, etc., allowing us to estimate the demographic characteristics of persons in places of deprivation of liberty. The structure of mortality of prisoners is analyzed, allowing us to identify the main factors of the prevalence of chronic diseases, including infectious and sexually transmitted diseases.

The study of primary total incidence of socially conditioned diseases, morbidity with temporary disability, disability, mortality and impact of sanitary and hygienic working conditions, health and social factors and nutrition on the health of prisoners, serving a sentence in criminal-executive system of the Russian Federation, is one of the most important aspects in the development of complex measures for rehabilitation of convicted persons after serving their sentence and their social and labor adaptation.

Key words: sanitary-and-hygienic estimation, working conditions, the convict, the prison system, the incidence

Introduction.

Issues of health and medical examination of persons, held in places of deprivation of liberty, remains the least studied topic in modern medical literature. Studies on the analysis of the incidence in the penitentiary institutions of Russia and foreign countries are very few. However, since the goal of any correctional system is not only to punish the person, guilty of a crime, but also to return the convicted person after serving the punishment in a society, if possible
as a healthy person, who does not provide a health risk to citizens, the study of factors affecting the health of convicts, is a socially significant problem of modern medicine. In this regard, conducted review of existing Russian and foreign research in this area, is an urgent task of contributing to the development of a number of measures to improve conditions of detention in penitentiary institutions.

**The purpose of the work.**

To analyze the factors influencing the health status of persons, serving sentences in correctional institutions.

**Materials and methods.**

The review of literature of Russian and foreign researches in the field of evaluation of health status of persons, serving sentences in correctional institutions, analysis of statistical data of the State Department of corrections of the Ministry of justice of the Russian Federation have done.

**Results.**

The inmates in correctional institutions often have specific socio-demographic characteristics, which allow us to allocate them to a special task group of public healthcare. A significant part of these people are the representatives of socially disadvantaged and marginalized social groups. Unsanitary, unhealthy living conditions and chaotic lifestyle, poor nutrition, lack of access to health care are common to many of them before getting imprisoned. For example, according to A. Duhamel, of the persons detained in French prisons, 56% had no vocational education, 62% were unemployed and more than half of them before imprisonment had not received any medical care [1].

Until the end of the 90-ies of the last century, the Russian Federation ranked first in the world in number of prisoners per capita. However, the ongoing in our country large-scale judicial reform has allowed in recent years to reduce significantly the number of persons, held in penal institutions. Thus, the primacy on this indicator moved to the United States [2].

According to the State Department of corrections of the Ministry of justice of the Russian Federation (GUIN MYU RF), in 2002, imprisoned men made up more than 90%, women and Teens – about 4-5%. More than 85% of inmates belonged to age groups from 20 to 49 years, 20% had higher education, 75% secondary education, 5% had not secondary education. 70% of prisoners when arrested were not married [3].

Sanitary conditions in establishments of criminally-executive system are rated as extremely unfavorable [4, 5, 6]. In Russia, on average, in detention centers was 1.7 m2, and in some institutions – 0.5 m2 per person [7]. Extremely complex and painful problem is the poor, often in emergency condition of many buildings in detention centers and
prisons, half of which were built over a hundred years ago. Many institutions observed the stuffiness and high humidity, lack of natural and artificial lighting in residential areas [8, 5, 6]. In separate penal colonies there are serious problems and shortages of hot water. Prisoners are provided with clothing and bedding up to 70%. According to the General center of the state sanitary-epidemiological supervision GUIN MYU RF more than 20% of samples of tap water did not meet sanitary-hygienic standards for chemical indicators, and more than 17% – on microbiological. Arrest and imprisonment is a great stress for most people. The process of adaptation to new micro-social area and environment often leads to emotional depression, severe stress for the defendants and convicted persons [9, 10]. Convicted in 10% of cases are sexually abused. Guilt, anger, anxiety, depression, PTSD, sexual dysfunction, somatic complaints, sleep disturbances, suicide attempts continue after release from prison [11,12].

In the second half of 1990-ies L. A. Sannikov and V. L. Sazhin showed that the incidence of convicts diseases structure, the leading places occupy diseases of respiratory system (acute respiratory viral infections, chronic lung disease, pneumonia, etc.) - to 23.5%, a mental disorder (alcoholism, drug abuse, etc.) – to 19.6%, infectious and parasitic diseases (tuberculosis, sexually transmitted infections, etc.) – to 17.3%, diseases of the skin and subcutaneous tissue – to 10.9% [5, 8].

In the English convict prisons every third person suffers from a mental illness [13]. In Russia in the 1980-ies 50-60% of prisoners had a variety of mental disorders [14].

In Switzerland, in prisons of Geneva the prevalence of tuberculosis is 5-10 times higher than in the whole country. The same pattern is observed in the United States: prevalence of tuberculosis in New York 7 times higher [15, 16]. According to Russian researchers, the number of cases of tuberculosis in 1997 was 4055 cases per 100 thousand persons in custody. Mortality from tuberculosis was 485 per 100 thousand. In some prisons the prevalence of TB has exceeded 7000 cases per 100 thousand convicts [17, 18, 19].

Typical of places of deprivation of liberty is a high incidence of infectious diseases, sexually transmitted. In Russia as a whole, over the past 10 years the incidence of syphilis in the criminal-correctional system has increased by almost 17 times. More than 90% of cases of sexually transmitted diseases in the Russian penitentiary institutions are revealed upon admission to the detention center [20].

In 2002 in correctional institutions of Russia, there were more than 36 thousand persons with HIV-positive status, which is about 20% of the total number of infections in the country [21]. The incidence of viral hepatitis B is 96.9-156.9 per 100 thousand convicts [22].
In European countries, prisoners regularly use drugs, the detection rate is 5-36.0% of cases. In Russian prisons, according to GUIN MYU RF [3] in 2002, the number of prisoners, regularly used drugs was about 2%.

Parasitic diseases are found among Russian prisoners in 10-20% of cases. In the period from 1991 to 1997 the death rate in correctional facilities increased 3.2 times (from 323.0 to 1027.3 per 100 thousand convicts). Despite the subsequent slight decrease of the mortality rate of prisoners, the number of deaths is approximately 327.8 per 100 thousand. In the structure of mortality the first place is occupied by cardiovascular diseases (32%), in the second place – infectious diseases, mainly tuberculosis (27%), followed by death from external causes (14.0 per cent). It should be noted that in Russia under the average morbidity and mortality, significant regional differences are inevitably masked. For example, in 2002, with an average incidence of tuberculosis in correctional colonies, equal to 2008 per 100 thousand, the incidence rate varied in different regions of the country from 78 to 6695 per 100 thousand prisoners. With an average mortality rate of prisoners from TB, amounting to 43.2 per 100 thousand, in more than half of the territories of the Russian Federation the mortality rate from tuberculosis in correctional facilities was not recorded, but in 10 regions significantly exceeded the average values (220 per 10 thousand) [3].

Conclusion.

Analyzing the available in the medical literature and statistical data on the incidence of convicts in places of deprivation of liberty, as in Russia so abroad, it can be firmly noted, that the health of prisoners is significantly different from the national rates. This is due to the concentration in the penal system of socially maladjusted segment of the population, the existence in prisons such conditions, that facilitate the spread of some infectious diseases and other factors that adversely affect the health of prisoners. The majority of persons serving sentences in places of deprivation of liberty, sooner or later return to society and start a career. Therefore, the study of primary total incidence of socially related diseases, SWOT, disability, mortality and impact of sanitary and hygienic working conditions, health and social factors and nutrition on the health of prisoners serving a sentence in criminal-executive system of the Russian Federation, development of measures for the protection of health and the assessment of their effectiveness is an important aspect in the complex of measures for rehabilitation of convicted persons after serving their sentence and their social and labor adaptation.

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