

Overcrowding and its impact on prison conditions and health

Overcrowding has been one of the biggest issues for prisons for many years and we highlighted this problem in an editorial of *IJPH* in 2012. However, it is depressing that this remains a serious problem. Indeed, very little seems to have changed in nearly 30 years. As early as 1990, the Director General of the English and Welsh Prison Service argued that “the removal of overcrowding is [...] an indispensable pre-condition of sustained and universal improvement in prison conditions”. He insisted that “for improvement to be solid and service-wide, the canker of overcrowding must be rooted out” (Prison Reform Trust, 2017). Moving on to 2018, Penal Reform International (2018) was still able to write that:

Overcrowding is an obvious cause of and contributing factor in many of the health issues in prisons, most notably infectious diseases and mental health issues. The latest data shows that 22 national prison systems hold more than double their capacity, with a further 27 countries operating at 150-200%.

Overcrowded prisons around the world create difficult and widespread challenges to maintaining prisoner health and providing a safe environment. Overcrowded prisons can lead to insanitary, violent conditions that are harmful to the physical and mental well-being of prisoners (UNODC, 2013). Staff who are working in overcrowded prisons are also at risk in a range of ways. They face greater potential violence from the prisoners, threat of infection and increased stress and mental health issues. Prison officers are, as a recent UK Ministry of Justice (2017a, b, c) report noted, leaving the Prison Service in significant numbers.

The scale of overcrowding remains huge. In excess of 10.35 million people are held in penal institutions worldwide, mostly as pre-trial detainees, remand or sentenced prisoners. Walmsley’s 11th edition of the World Prison Population List (2016) shows that there is some reduction in the numbers of people being incarcerated in Europe, North and South America and in part of Africa and Oceania. However, in the Caribbean, Russia and Turkey, the number of prisoners has actually increased. In all cases, the number of prisoners is still far too high.

Discussion on the negative consequences of overcrowded prisons is not new and in general there are two responses: build more prisons or reduce the number of prisoners by using reforms such as amnesties and early release programmes. Neither of these responses, however, is successful in long-term reduction of prison populations. The Council of Europe first addressed the issue of overcrowding in 1999 and, more recently, in a White Paper published in 2016. The White Paper considers moving away from increasing prison capacity and other short-term measures and addressing the root causes of overcrowding by making “more use of alternatives to custody and make lesser use of detention in order, among others, to reduce the growth of prison population” (Council of Europe, 2016: V, a, p. 85). The White Paper also recommends revision of national penal law, decriminalisation of some offences, providing alternative sanctions, such as community sentences and victim restitution and more rigorous monitoring of prisons by independent evaluators (Council of Europe, 2016: V, b).

Preventing overcrowding in prisons is a key initiative to rigorously battle the problems and concerns for prisoner and staff health resulting from the impact of living and working in overcrowded prisons. Such prevention measures can include providing programmes to deal with drug addiction, improve education and employment skills. Both the EU White Paper (2016) and the UNODC (2013) recommendations to reduce prison overcrowding are broadly similar and suggest improvements to the judicial systems to encourage efficiency, develop fairer sentencing policies and promote through-care programmes to increase social reintegration and reduce the

“revolving door” effect. One response to the challenge of preventing overcrowding is a European initiative in the Netherlands and Norway. This uses an approach which delays admission to prison of a convicted individual until there is “adequate space” for them. In effect, there is a “waiting list” for admission to prison (Van zyl Smit and Snacken, 2009).

Prison administrators, when faced with rising populations, find it harder to adhere to or meet international standards and guidelines to ensure humane conditions for prisoners. It also becomes harder to manage prisons effectively as overcrowding puts pressure on resources, and reduces the space available to provide educational and rehabilitative programmes. Working in overcrowded prisons can impact negatively on staff morale, create control and security concerns and can lead to increasing conflict and violence in the prison environment.

Overcrowded prisons: the case of England and Wales

The case of the English and Welsh prison estate highlights some of the problems resulting from overcrowded prisons. An analysis of prison inspection reports covering 118 institutions showed that two in five England and Welsh prisons are unsafe and in two thirds of prisons, conditions are inadequate (Savage and Townsend, 2018b). The Prisons’ Minister Rory Stewart described the conditions in some prisons as deeply disturbing. He also conceded (in an interview with the Observer) that “prisons are rife with psychoactive drugs”, and “increasing levels of violence committed by prisoners, and horrifying rates of self-harm” are evident (Savage and Townsend, 2018b). The prison system has been overcrowded in every year since 1994 (Ministry of Justice, 2017a, b, c).

Providing a safe environment

According to the Howard League for Penal Reform (2018), a lack of money and resources to match the growth in the prison population means that:

Despite the best efforts of those working in the system, prisons are sinking under a tide of violence, of rampant drug abuse and increasing evidence of mental distress among prisoners. There were more alleged homicides in 2015 than in any other year on record. Assaults in prison rose by 31% in the twelve months to the end of September 2016. Assaults on staff rose by an even greater 40%.

The HM Chief Inspector of Prisons (2017) Annual Report mirrors this by reporting that safety in prisons has got worse over the last six years and that prisoners and prison staff are less safe than at any other point since records began (HM Chief Inspector of Prisons, 2017).

Resources and staffing

HM Prisons and Probation Service, formerly the National Offender Management Service (2017), reduced its budget by nearly a quarter between 2010-2011 and 2014-2015. However, additional funding of up to £500 m has been committed by the government in order to finance its safety and reform programme between 2017-2018 and 2019-2020 (HM Treasury, 2016).

Since 2010 there have been significant reductions in the number of prison staff with frontline staff reduced by almost a quarter (23 per cent). This has resulted in less staff looking after approximately 800 additional prisoners (Ministry of Justice, 2017a, b, c). The government has committed £100 million to increase the number of prison officers by 2,500 by the end of 2018. Retention of staff is, however, problematic. Last year, a third of officers who left the prison service had spent less than two years in post. The Ministry of Justice Permanent Secretary notes that “staff recruitment, retention and staff morale are crucial where: reduction in staff numbers has been detrimental to security, stability and good order in prisons” (Ministry of Justice Permanent Secretary, Richard Heaton, House of Commons Public Accounts Committee, 2017).

Insanitary, violent conditions

The criminal justice policy over the past three decades has led to cuts in prison budgets and staffing. This has resulted in the prison system becoming overstretched and, due to overcrowding, no longer able to provide safety and decency standards expected in international rules and standards (Prison Reform Trust, 2017).

Health and mental well-being of prisoners

According to the Chief Inspector of Prisons Annual Report (2017), a reasonably good standard of health care is provided most of the time in the majority of prisons. Serious detrimental effects were, however, cited by the Prisons Inspectorate due to prison officer shortages and resultant restrictive regimes. The shortage of prison officers has impacted negatively on health care with prisoners unable to attend health care appointments due to a lack of available escorts. It was also found that in some cases prisoners were given their night time medication as early as 4:30 p.m. Concerns about mental health problems were identified by the Prisons and Probation Ombudsman (2017), where “nearly one in five of those diagnosed with a mental health problem received no care from a mental health professional in prison”.

The rate of self-injury has more than doubled among male prisoners since 2010 with self-harm at record levels with “with 42,837 incidents – an average of 117 a day – documented during the year to September 2017, an increase of 12%” (Savage and Townsend, 2018a).

Alcohol and drug addiction

New psychoactive substances (NPSs) are impacting negatively causing “a dramatic and destabilising effect in many of our prisons [...] nearly half of men (47%) and 31% of women reported that it was easy to get drugs in their prison” (HM Chief Inspector of Prisons, 2017). NPS has links to medical emergencies, violence, debt and organised crime.

Provision of help for prisoners with alcohol problems is insufficient: 58 per cent of people surveyed said that they had been offered support for their alcohol problems with only 22 per cent finding this support useful. Additionally, only 40 per cent surveyed knew that there was support available for their alcohol problems (Alcohol and Crime Commission, 2014).

Adhere to or meet international standards and guidelines

All prisons are tested to see if they satisfy basic standards for safety, respect for prisoners, access to purposeful activities and help when they leave the institution. In each area, they are deemed as being good, reasonably good, insufficient or poor. An Observer investigation found that:

[...] in the most recent inspections of adult prisons in England and Wales, 80 out of the 118 jails examined were providing insufficient or poor standards in at least one area. Only 7% of prisons – just eight – received a “good” rating across all four categories. An alarming 44% were providing poor or insufficient safety, and almost half (47%) offered insufficient or poor access to meaningful activities – often leaving prisoners locked in cells for very long periods. Two in five prisons were providing inadequate assistance to prisoners as they left – a major problem in tackling reoffending (Savage and Townsend, 2018b).

Concluding remarks

The case of prisons in England and Wales demonstrates that overcrowding is a key factor that continues to have a wide-ranging impact on prisoner health and well-being and on their living environment. Although the government has announced plans to increase the number of prison staff and improve safety, these plans are doomed to fail if they do not also deal with overcrowding by reducing the number of people sent to prison rather than relying on building more prisons. What is needed, as argued by the Howard League is:

[...] to stem the flow of people into prison and support so that prison staff can focus on working positively with those who remain behind bars (Howard League, 2017) and a justice system that tackles the underlying causes of crime and provides investment in prevention (Howard League For Penal Reform, 2018).

I hope the next time I re-visit the problem of overcrowding, I will be able to report that significant action has been taken to address the issue.

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Further reading

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