La Clinica delle dipendenze all'interno degli Istituti penitenziari e l'impatto dell'infezione COVID-19 sul sistema penale

Felice A. Nava, M.D., Ph.D.

Art. 1 D.Lgls. n. 230/1999

" I detenuti e gli internati hanno diritto, al pari dei cittadini in stato di libertà, alla erogazione delle prestazioni di prevenzione, diagnosi, cura e riabilitazione, efficaci ed appropriate"

"La Salute in carcere è un bene non disponibile per restrizioni"

- La salute non è bilanciabile con qualsivoglia motivo di sicurezza o esigenza processuale

- Per il detenuto o l'internato godere di buona salute è il presupposto per la "risocializzazione" e l'applicazione dell'art. 37 della Costituzione

Outbreaks of the pandemic coronavirus in correctional facilities have prompted moves to reduce populations.

COVID-19

Pandemic inspires push to shrink jails, prisons

New research focuses on the health and public safety impacts of "decarceration"

Servick, 2020, Science, 369: 1412-1413

Michael Daniels
Director, Justice Policy and Programs,
Franklin County, Ohio

“Come possiamo fare uscire di prigione
Il maggior numero di persone il prima possibile?”

“Dobbiamo cominciare a chiederci se valga ancora la pena di mettere dietro le sbarre qualcuno con la consapevolezza di esporlo al rischio di contagio”

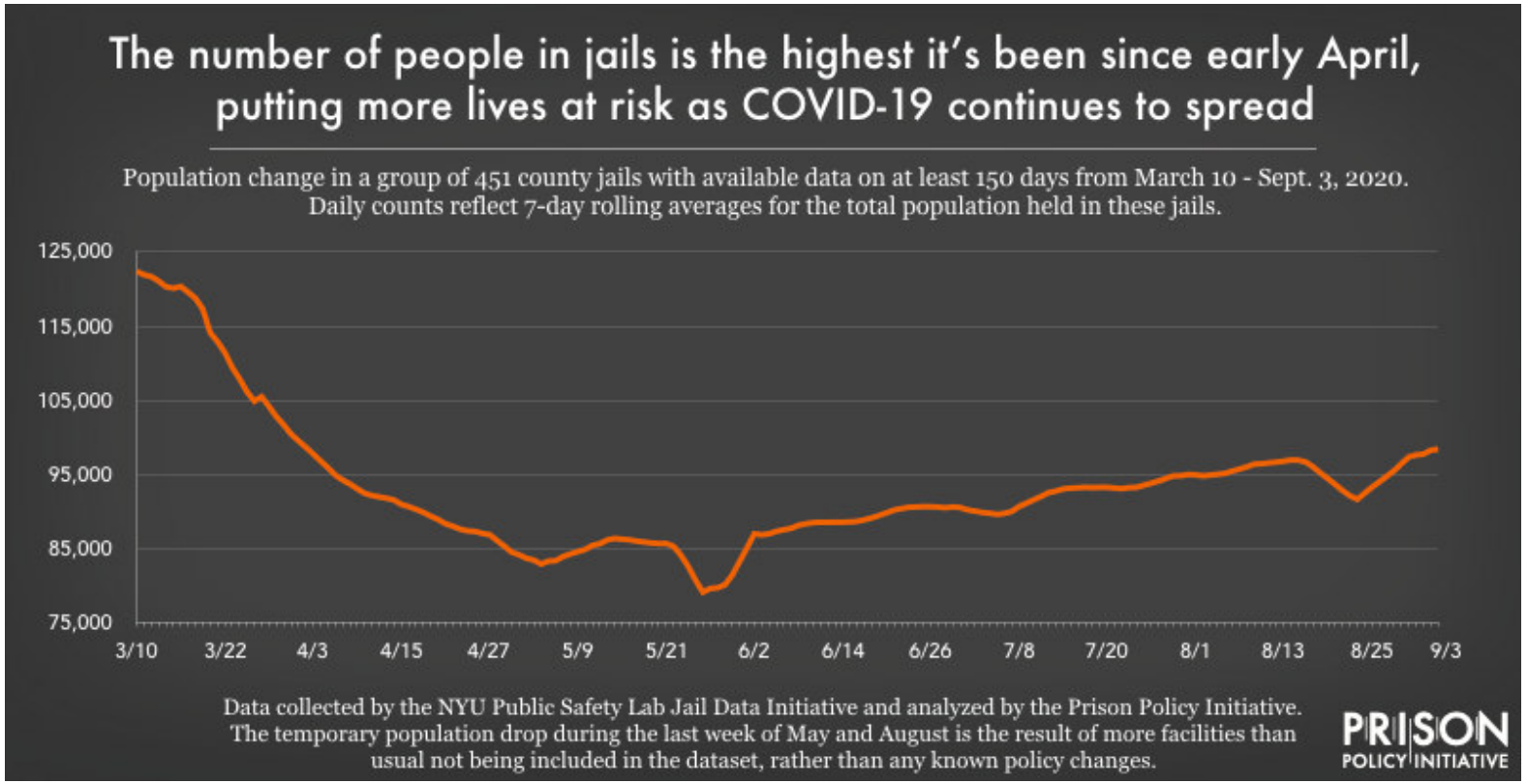
Elizabeth Glazer
Director of the Mayor's Office of Criminal Justice,
New York

Annette Chambers-Smith
Director Department of rehabilitation and correction Ohio

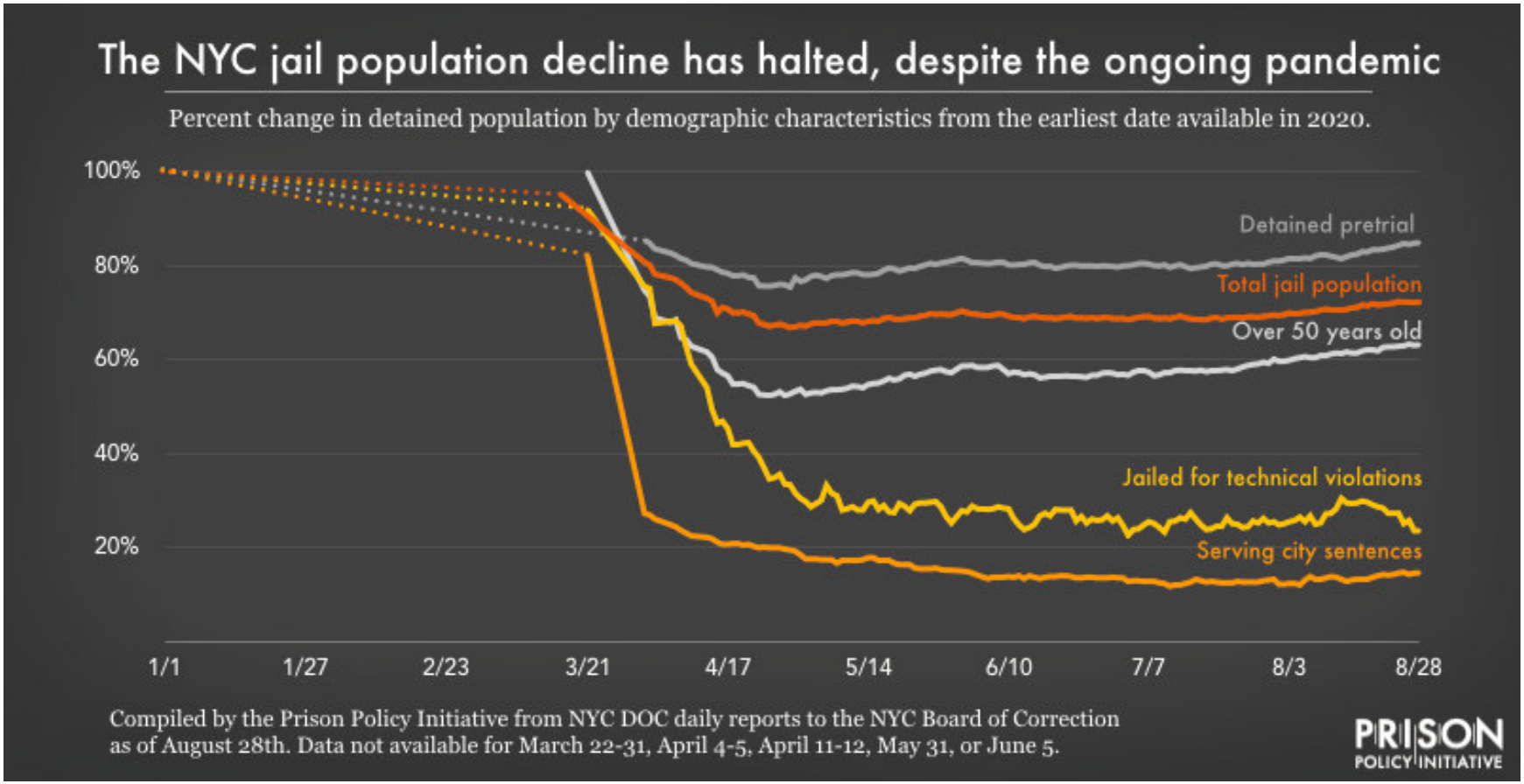
“L’approccio più efficace è semplicemente quello di non mettere le persone in carcere”

Emily Wang, MD
Epidemiologist, Yale School of Medicine

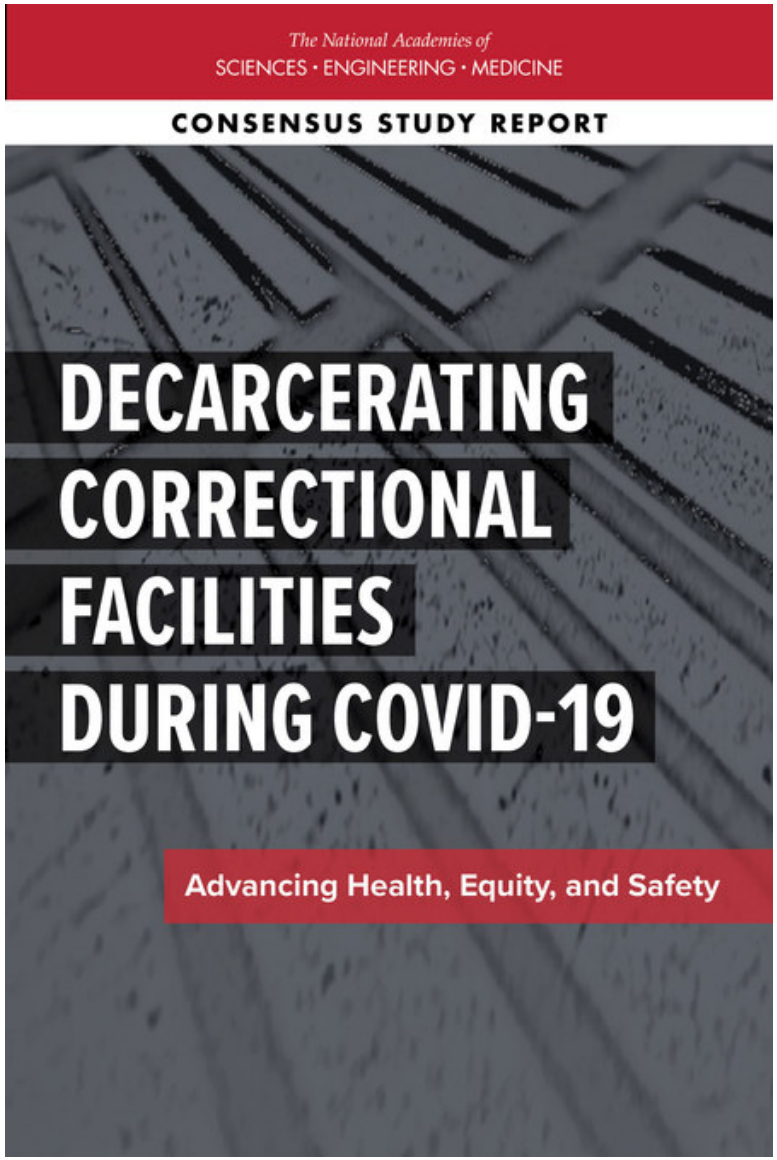
“Se ci preoccupiamo dei tassi di contagio nelle comunità allora dobbiamo prestare attenzione al sistema carcerario”



This graph contains aggregated data collected by NYU's Public Safety Lab. The Public Safety Lab is continuing to add more jails to their data collection and data was not available for all facilities for all days, so these graphs show jails where the Lab was able to report data for at least 150 of the 178 days in our research period. To smooth out most of the variations caused by individual facilities not being reported on particular days, we chose to present the data as 7-day rolling averages.



The percent of the jail population detained for technical violations of probation and those serving “city sentences” (a city sentence is defined as a sentence of 1 year or less) drastically dropped, while the percent of the population detained pretrial and those over the age of 50 did not see such drastic reductions. But, across all of these categories, efforts to reduce the jail population in NYC appears to have slowed to a halt despite the fact that 6% of people incarcerated in NYC jails currently have confirmed cases of COVID-19 and over 1,400 NYC correctional staff have contracted COVID-19 since the start of the pandemic.


The National Academies of
SCIENCES • ENGINEERING • MEDICINE
CONSENSUS STUDY REPORT
DECARCERATING CORRECTIONAL FACILITIES DURING COVID-19
Advancing Health, Equity, and Safety

Effect of decarceration on SARS-CoV-2

- Reduction of detainees of 25%
- 2/3 of detainees in single rooms

R = 8.25 a 1,72

Mallay et al., 2020, meRXiv, https://doi.org/10.1101/2020.06.16.20133280

JAMA Network Open

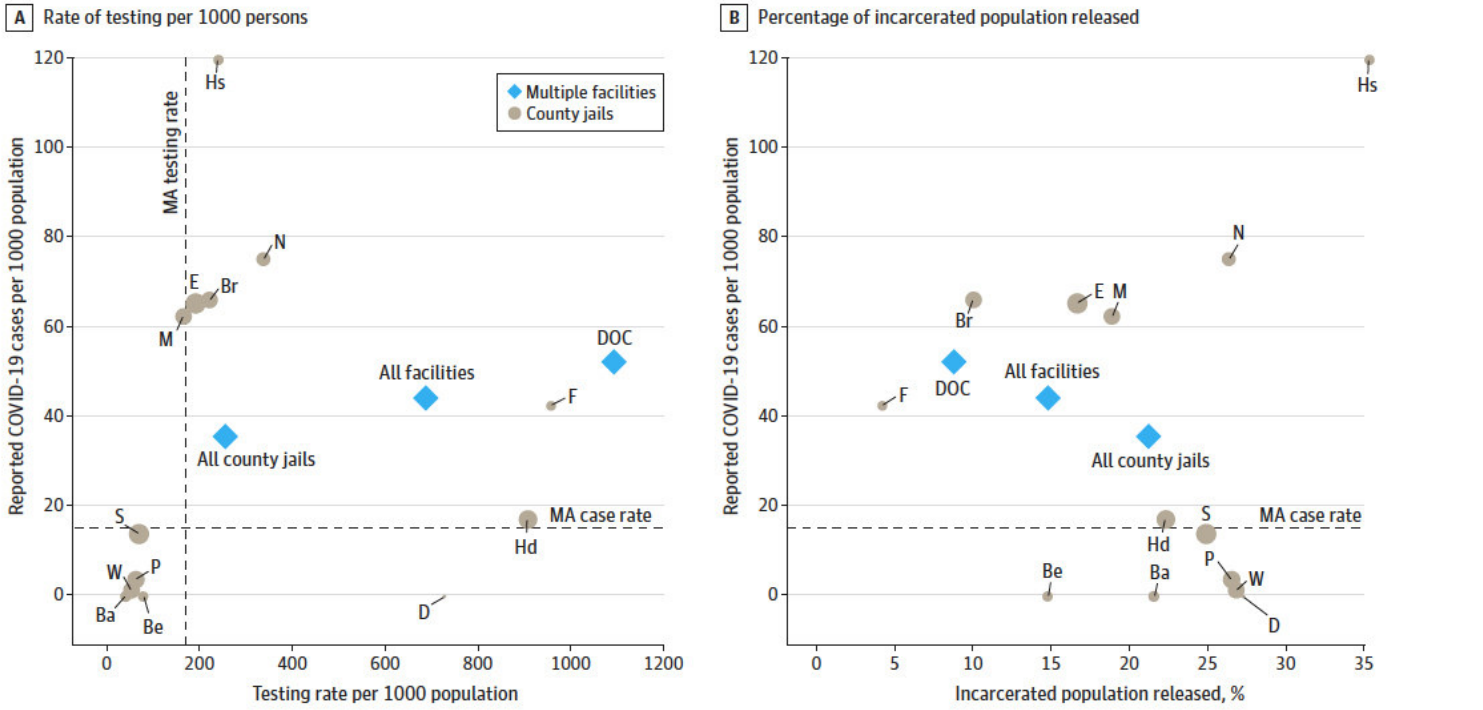
Research Letter | Public Health

Epidemiology of COVID-19 Among Incarcerated Individuals and Staff in Massachusetts Jails and Prisons

Monik C. Jiménez, ScD; Tori L. Cowger, MPH; Lisa E. Simon, DMD, MD; Maya Behn, BA; Nicole Cassarino, BA; Mary T. Bassett, MD, MPH

JAMA Network Open 2020: 3(8): e2018851

Figure. Rates of COVID-19 Cases Compared With the Rates of Testing and the Percentage of the Incarcerated Population Released



Rate of (A) COVID-19 testing per 1000 persons and (B) percentage of incarcerated population released against confirmed cases per 1000 among incarcerated persons by county carceral facilities and the state prison system. Diamonds represent multiple facilities; circles, county jails. Ba indicates Barnstable County; Be, Berkshire County; Br, Bristol County; D, Dukes County; DOC, Department of Corrections; E, Essex County; F, Franklin County; Hd, Hampden County; Hs, Hampshire County; M, Middlesex County; N, Norfolk County; P, Plymouth County; S, Suffolk County; and W, Worcester County.

World Health Organization
REGIONAL OFFICE FOR Europe

Checklist to evaluate preparedness, prevention and control of **COVID-19** in prisons and other places of detention

- Human right
- Risk assessment and management
- Referral system and clinical management
- Contingency planning
- Training
- Risk communication
- Prevention measures
- Case management

Recommendations for managing infectious outbreaks in prison

Table 2 Summary of recommendations for managing infectious outbreaks in prison

Recommendation	TB	Influenza	Measles, mumps, varicella	Adenovirus	COVID-19 (hypothetical impact)
Interagency collaboration	++	*	*	*	++
Health communication	++	*	*	*	++
Screening for contagious diseases					
Symptoms	+	+	–	+	+ (Marginal)
Diagnostic	+	+	+	*	+
Immune status	–	–	++	–	Unclear
Restrictions, isolation and quarantine	++	+	++	+	++
Contact tracing	++	–	+	+	++
Immunisation programmes	–	+	++	–	–
Epidemiological surveillance	++	++	++	–	++
Prison-specific guidelines	+	+	+	+	+
Appropriate treatment	++	+/-	–	–	–

-No current potential impact; +limited impact; ++likely impact; *data inadequate to formulate robust recommendation. All recommendations with the exception of the COVID-19 ones are based on the literature identified from the review. COVID-19 recommendations stem from consensus based on considering general literature on COVID-19 and one included study.[70] BJ and JF reviewed this literature, considered its applicability, and formulated the recommendations jointly.
TB, tuberculosis.

Beadry et al., 2020, BMJ Global Health, 5: e003201

J Urban Health
https://doi.org/10.1007/s11524-020-00504-z

BRIEF REPORT

Prison Population Reductions and COVID-19: A Latent Profile Analysis Synthesizing Recent Evidence From the Texas State Prison System

Noel Vest · Oshea Johnson · Kathryn Nowotny · Lauren Brinkley-Rubinstein

Accepted: 1 December 2020

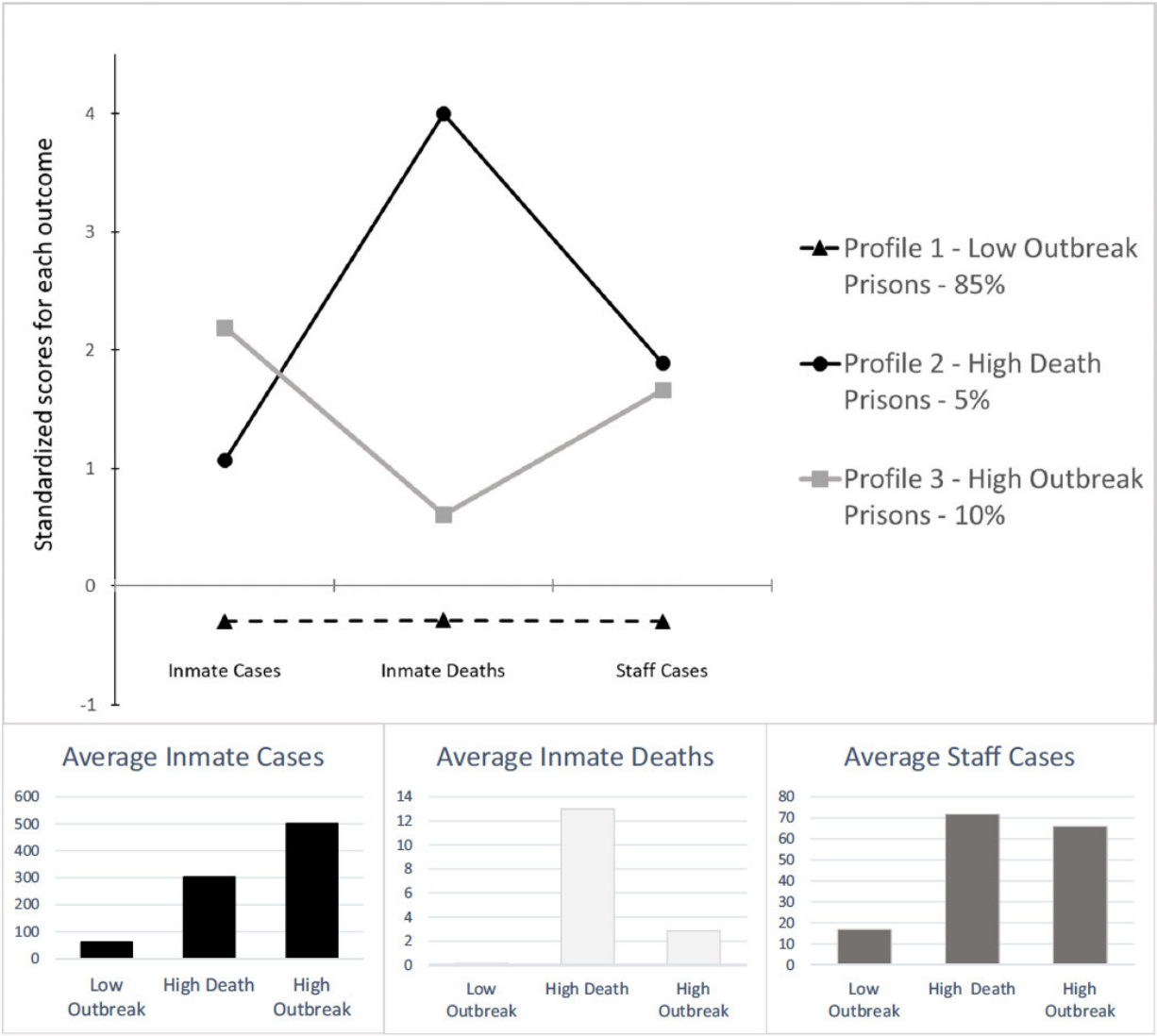


Fig. 2 Standardized and actual mean values for inmate cases, inmate deaths, and staff cases for latent profiles 1–3

Table 1 Prison characteristic and risk covariates

Variable–Mean/% (SE), *p* value	Profile 1 (referent)	Profile 2	Profile 3
Current facility capacity	1238.28 (77.34)	2016.60 (490.96), $p = .06$	2568.11 (341.63), $p < .01$
Current facility population	1077.77 (75.65)	1934.60 (472.73), $p = .03$	2603.90 (299.52), $p < .01$
Population to capacity ratio[a]	85%	94%	102%
Employees	315.68 (18.08)	571.20 (149.26), $p = .03$	656.50 (73.91), $p < .01$
Employee to population ratio[a]	1 to 3.4	1 to 3.4	1 to 4.0
Years in operation	37.98 (3.18)	52.60 (21.22), $p = .25$	36.70 (3.44), $p = .78$

P values less than .05 specify that the odds ratio for the profile indicated a significant difference from the referent group. [a] denotes that this ratio was included for explanatory purposes only and was not included in the analysis of statistical differences between profiles. Profile 1 = low outbreak; profile 2 = high death; profile 3 = high outbreak

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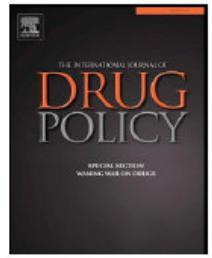

Commentary

The perfect storm: COVID-19, mass incarceration and the opioid epidemic

Trena I. Mukherjee[a,*], Nabila El-Bassel[b]

[a] Columbia Mailman School of Public Health, Department of Epidemiology, 722W 168th St, New York 10032, New York, USA
[b] Columbia School of Social Work, Social Intervention Group, New York, New York, USA

"Reducing the size of criminal justice population protects inmates from acquiring COVID-19 during incarceration, however, a lack of careful discharge during community reentry threatens to increase the risk of COVID-19 infection, subsequent community transmission and exacerbate existing epidemics of opiid care, HIV and inequality"

- Cosa ha cambiato l’emergenza COVID-19 nell’esigibilità del diritto alla salute all’interno del carcere?

- Cosa dobbiamo imparare dall’emergenza COVID-19?

Felice A. Nava, MD, PhD
Direttore U.O. Sanità Penitenziaria e SerD Carcere
Azienda ULSS 16 Padova
Tel. 049-8214904
Fax 049-8214908
felicealfonso.nava@aulss6.veneto.it

Direttore Comitato Scientifico Nazionale FeDerSerD
www.federserd.it

http://www.felice-nava.it
Felice.nava@icloud.com