

Journées de la Conférence des médecins pénitentiaires suisses

TEMPS ET PRISON

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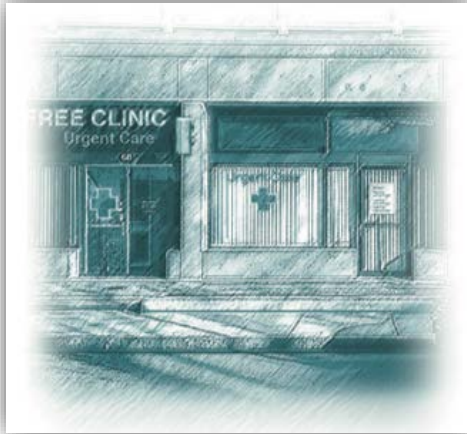
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Département vulnérabilités et médecine sociale*

Chaire de médecine des populations vulnérables (UNIL)

Lausanne, 26 janvier 2019



TEMPS : APRÈS



The structural violence of hyperincarceration.
Karandinos G et al.
New England Journal of Medicine, 2019

TEMPS : PENDANT

- Homicide involontaire
- Violences
- Libéré après 5 ans,



My real patients.

Simon L.

New England Journal of Medicine, 2017

PENDANT- LE PATIENT INCARCÉRÉ

- Maladies infectieuses
- Santé mentale
- Dépendances
- Maladies chroniques



The health of prisoners.

Fazel S et al.

The Lancet, 2011

PENDANT- LE PATIENT INCARCÉRÉ

- Maladies infectieuses
- Santé mentale
- Dépendances
- Maladies chroniques

| | Year | Sample (n) | Men (%) | HBsAg+ (%) | HBc IgG+ (%) |
|-------------------------|-----------|------------|---------|------------|--------------|
| Australia ⁴⁵ | 2004 | 435-457* | 89% | 3.0% | 20.0% |
| Brazil ⁴⁶ | 1994 | 63 | 100% | 17.5% | .. |
| France ⁴⁷ | 1995 | 391 | 79% | 1.3% | 28.1% |
| Ghana ⁴⁸ | 2004-05 | 1336 | 91% | 25.5% | .. |
| India ⁴⁹ | .. | 249 | 96% | 11.7% | .. |
| Italy ³⁹ | 2001-02 | 973 | 87% | 6.7% | 52.6% |
| Nigeria ⁵⁰ | 2007 | 300 | 100% | 23.0% | .. |
| Portugal ⁵¹ | 1999-2003 | 788 | 89% | 3.0% | 40.0% |

* Number varies because of missing data. HbsAg=hepatitis B surface antigen; HBc IgG=IgG antibody to hepatitis B core antigen.

Table 2: Seroprevalence of markers for infection of hepatitis B virus in prisoners in selected countries

PENDANT- LE PATIENT INCARCÉRÉ

- Maladies infectieuses
- **Santé mentale**
- **Dépendances**
- Maladies chroniques

| | Male prisoners (%) | Male general population estimates (%) | Female prisoners (%) | Female general population estimates (%) |
|---|--------------------|---------------------------------------|----------------------|---|
| Psychosis ²² | 4% | 1% | 4% | 1% |
| Depression ²¹ | 10% | 2-4% | 12% | 5-7% |
| Any personality disorder ²¹ | 65% | 5-10% | 42% | 5-10% |
| Antisocial personality disorder ²¹ | 47% | 5-7% | 21% | 0-5-1% |
| Alcohol misuse/dependence ²⁷ | 18-30% | 14-16% | 10-24% | 4-5% |
| Drug misuse/dependence ²⁷ | 10-48% | 4-6% | 30-60% | 2-3% |
| Intellectual disability ²⁶ | 0-5-1.5% | 1% | 0-5-1.5% | 1% |
| Post-traumatic disorder ²³ | 4-21% | 2% | 10-21% | 3% |

* General population estimates are based on individuals of similar ages where possible.

Table 1: Prevalence of mental disorders in prisoners in western countries in comparison with the general population*

PENDANT- LE PATIENT INCARCÉRÉ

- Maladies infectieuses
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- **Maladies chroniques**

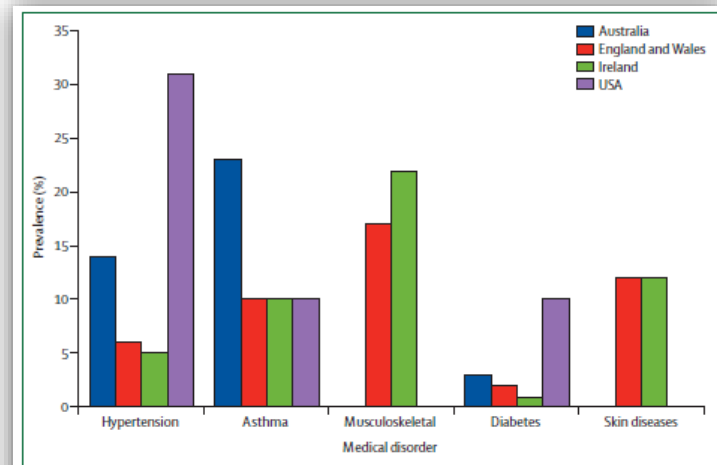


Figure 2: Self-reported chronic medical disorders in prison

Data for Australia were for 914 men and women prisoners and age-adjusted.⁷ England and Wales, 992 men prisoners.⁸ Ireland, 718 men prisoners.⁹ USA, 14 499 men and women state prisoners, age-adjusted.¹⁰

The Impact of Incarceration on Cardiovascular Disease Risk Factors: A Systematic Review

Main conclusions

- Incarceration seems associated with a rising prevalence or a higher incidence of overweight/obesity and hypertension, especially right after entering prison.
- Diabetes is better controlled during incarceration, probably due to regularity of the prison routine and access healthcare.
- In Japanese prison, the calorie intake is restricted: consequently, a significant improvement of most studied CVRDFs was reported.
- Due to insufficient studies or contradictory results, no clear change in prevalence or incidence has been noted for dyslipidaemia, smoking, physical inactivity, and unhealthy diet



PENDANT- LE PERSONNEL EN PRISON

- Risque de vulnérabilisation
- Travail sous pression
- Risque d'instrumentalisation
- Stigmatisation par ses pairs?

Rieder JP et al. Santé en milieu pénitentiaire : vulnérabilité partagée entre détenus et professionnels de la santé. *RMS*, 2010
Reprendre dans le livre

TEMPS : AVANT



Medicalization and demedicalization.

A gravely disabled homeless man with psychiatric illness.

Braslow JT et al.

New England Journal of Medicine, 2018

AVANT-PENDANT-APRÈS

- AVANT : violence structurelle
- APRÈS : violence structurelle

Violence structurelle → vulnérabilité structurelle

- PENDANT : éviter toute violence structurelle
- COMMENT ?

The NEW ENGLAND JOURNAL *of* MEDICINE

MEDICINE AND SOCIETY

Case Studies in Social Medicine — Attending to Structural Forces in Clinical Practice

Scott D. Stonington, M.D., Ph.D., Seth M. Holmes, Ph.D., M.D., Helena Hansen, M.D., Ph.D.,
Jeremy A. Greene, M.D., Ph.D., Keith A. Wailoo, Ph.D., Debra Malina, Ph.D.,
Stephen Morrissey, Ph.D., Paul E. Farmer, M.D., Ph.D., and Michael G. Marmot, M.B., B.S., Ph.D.

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MÉDECINE SOCIALE → CONCLUSIONS

- Avant-pendant-après → état de santé
- Violence structurelle → vulnérabilité structurelle
- Transition vers la sortie
- Implémentation de prises en charge ad hoc
- Actions de santé publique
- Formation : interdisciplinarité, interprofessionnalité, interorganisationnel

REMERCIEMENTS

