

DIGNITY Fact Sheet Collection

HEALTH #18 PRISON OVERCROWDING

WHAT IS OVERCROWDING?

There is no consensus on a definition of overcrowding. The most common definition relates to spatial density such as living space per detainee or number of beds (CPT, 2015; Simpson et al., 2019). Overcrowding can also be defined based on operational capacity, i.e., prison population to staffing levels. Or it can be defined based on social density, i.e. percentage of detainees housed in group versus single cells where the higher the proportion of group housing, the higher the social density (Wooldredge & Steiner, 2009).

The combination of prison overcrowding and insanitary conditions was found by the UN Committee against Torture to violate the UN Convention against torture, and by the UN Human Rights Committee to violate the International Convention on Civil & Political Rights because of its “serious consequences for the prisoners’ health and safety” (UNCAT, 2018; UNODC, 2013). The UN Subcommittee on the Prevention of Torture (SPT) considered the subjection of detainees to “extreme” overcrowding as potentially amounting to ill-treatment and even torture when prolonged and combined with unacceptable material conditions (SPT, 2012, 2014). According to the European Court of Human Rights, when the space per detainee falls below 3 sq m, violation of the Convention against Torture is automatically assumed (Muršić v. Croatia, 2016).

IN PRACTICE

Regardless of the definition used, more than 121 countries are home to prison systems that exceed their own maximum occupancy capacity. Overcrowded prisons are a reality in all regions of the world. It is estimated that 13 countries have prison systems that exceed 250% of their occupancy capacity with seven of those in Africa and three in Asia (PRI, 2022). Ten countries in the Council of Europe reported overcrowding in 2021 (Aebi et al., 2021).

Overcrowding is rarely uniform across prisons in one country and is rarely static varying from one day to another as detainees leave and new ones enter prison. For a variety of reasons, in the same country some prisons may experience severe overcrowding while others are occupied under capacity. A number of factors can play into how overcrowding is experienced by detainees, including the amount of outdoor time they access, engagement in activities, quality of light, fresh air, sanitation, etc. (Heard, 2019).

Overcrowding implies a population exceeding planned budget capacity potentially resulting in compromised quality of health care services and nutritious food supply. In overcrowded prisons, detainees may need to take turns to sleep for lack of space or sleep only in certain formations that allow them to lay down in limited space (PRI, 2012).

HEALTH CONSEQUENCES

Global norms outline the negative effects of prison overcrowding (PRI, 2012; UNODC, 2013; WHO, 2014). Overcrowding heightens the risk of the spread of infectious diseases. A systematic review found an association between overcrowding (cell spatial density) and infectious diseases, including pneumococcal disease and various skin conditions (Simpson et al., 2019). The association between overcrowding and spread of infectious respiratory illness such as tuberculosis is confirmed in a number of studies (Johansen, 2021; Kalonji et al., 2016; Lobacheva et al., 2007; Salazar-De La Cuba et al., 2019). The COVID-19 pandemic is a cogent example of that risk. Overcrowding renders social distancing between detainees nearly impossible. It complicates quarantine of those exposed and isolation of those infected. In Texas state prisons, the higher the prison occupancy rate, the larger the COVID-19 outbreak. Prisons with occupancy at 94% and 102% experienced high rates of death and illness, while prisons at 85% occupancy experienced low-death and low-outbreak profiles (Vest et al., 2021). It can be assumed that as occupancy rates increase beyond capacity, this trend will continue.

It is unclear whether there exists an association between prison overcrowding and either suicide or self-harm. A study over six years in a Swiss prison found a statistically significant association between overcrowding and both self-harm and suicide (Baggio et al., 2018), but many other studies including systematic reviews found no statistically significant association, (Fazel et al., 2017; Leese et al., 2006; van Ginneken et al., 2017). Nevertheless, overcrowding has been associated with both depression and hostility among detainees in a national study among 5,552 detainees across 214 prisons in the US (Edgemon & Clay-Warner, 2019; Johansen, 2021). Overcrowding is also associated with increased violence in prisons (Baggio et al., 2019). Overcrowding is not only a burden on detainees, but also on prison staff. In a survey of 66 correctional officers in three overcrowded Alabama prisons in the US, all respondents reported high levels of stress, “impaired job performance” and increased violence (Martin et al., 2012). Overcrowding heightens the potential for tensions and conflicts among detainees and with staff. For example, violence was associated with overcrowding in the six-year Swiss study (Baggio et al., 2019).

CONCLUSION

Despite widespread recognition that overcrowding should be avoided, rigorous evidence of its association with negative health consequences is insufficient. Most research into the health consequences of overcrowding focuses on Western countries and especially the US. The effects of overcrowding on health may manifest differently across contexts. Research into the effects of overcrowding in different contexts is needed. Nevertheless, there is sufficient evidence that prison overcrowding has adverse health effects and must be avoided.

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