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**Special edition: Responding to
the coronavirus pandemic**

European prisons and the coronavirus pandemic

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Alessio Scandurra is Director of research at Antigone. He is Co-ordinator of Antigone's Observatory on Prison Conditions in Italy, and since 2012, has been co-ordinator of the European Prison Observatory.

Antigone is an Italian non-governmental organisation (NGO) established in the late nineteen eighties¹. Their work includes raising public awareness and promoting debate on penal policy and practice. They have produced radio programmes, documentaries and other publications to engage the wider public. They also produce specialist briefing papers and reports, as well as a scientific journal.

In 1998, Antigone received authorisation from the Italian Ministry of Justice to visit prisons. This led to the creation of an Observatory on Italian prisons involving now around 90 people. Since then, every year the Observatory publishes a report on Italian penitentiary system. Antigone also created a prison Ombudsman in 2008, which receives complaints from prisons and police stations. A team of ten lawyers and experts in criminal law offer help, free legal advice and mediate with the authorities in order to solve specific problems. To expand the scope of its work, with the support of the European Union, Antigone has created a European Prison Observatory² involving now 13 European Countries.

This interview took place in November 2020.

JB: You are based in Italy, where the first major European outbreak of coronavirus took hold, in January and February 2020. At that time, all European eyes were on Italy. When family visits were suspended in prisons as part of the national lockdown measures, riots broke out in 27 prisons. During the course of this disorder a dozen prisoners died, largely from overdoses from medication taken from pharmacies within the prison, and over 50 people escaped. What led to this widespread disorder and what have been the consequences?

AS: I have worked in prison for 20 years and I have to say that no one was expecting that. Everyone recognised that there was a level of tension, but no one was expecting what happened. It was very distressing. When you realise that you can't reasonably predict events, the future becomes very frightening.

The disorder followed the imposition of a national lockdown, but in some parts of the country there were already restrictions in place, sometimes quite severe. So, for some part of the prison population, this wasn't a new set of conditions.

It was such a radical train of events. Even now, it is not fully understood. Some people have referred to a lack of preparation, explanation or information when the lockdown was introduced. Many people in prison were relying on the television for information and this was largely focussing on the community rather than the implications for prisons. In some prisons, people were put into lockdown measures but did not know that this was happening everywhere. People may also have been very concerned about the level of infection in the prison they were being held in. It appeared to be a panic reaction. The disorder had very little planning. There is no evidence of organised crime groups being involved in orchestrating events. Most of the people who died were either poisoned by or overdosed on medication taken after they broke into pharmacies in the prison. This wasn't a radical, organised national protest. There did, however, appear some spread of disorder as news passed from prison to prison.

JB: Were European prisons prepared for the coronavirus outbreak? Were contingency plans in place?

AS: I don't think so. Some prison systems, particularly in Eastern Europe, are used to a general lockdown in the winter to prevent seasonal influenza. In other prison systems, including Italy, there is a different approach taken, where general impact is reduced and instead individuals with infections are referred to hospital or medical care. This meant that

1. <http://www.antigone.it/>
2. www.prisonobservatory.org

prisons did not have the space or facilities to isolate the number of people who were infected during the coronavirus pandemic and they had to respond without significant external assistance. The prison system largely had to manage on its own.

On the other hand, prisons are closed institutions, so they had a degree of protection from the outside world. During the first wave, the outcome across Europe was that there was a limited level of infection. This was due to the measures adopted including improved protection from community infection, and sometimes harsh restrictions including social isolation inside the prison.

JB: Where there any forecasts of potential impact in prisons? What was the situation you thought prisons in Europe would be facing?

AS: No, not specific forecasts. Prison reform organisations were very active in warning of the risks in prisons, and the impact of overcrowding increasing the risk. They were very strong in calling for measures to tackle overcrowding in many European countries. The concern was clear and there was an awareness of the risks.

JB: What action was taken in European prisons in order to manage the risk of infection spreading? Did they take actions to reduce interactions and increase social distancing?

AS: Everywhere there were restrictions introduced. These included limiting the personnel who could come into prisons, such as stopping volunteers and non-essential workers. This also led to a reduction in normal activities in prisons. For example, in Germany, many industries are run by private companies in prisons. They pay for this work and many prisoners use this to support their families. In many places, these workshops were closed down. Many activities were interrupted and some have not re-started.

JB: Were social visits with families suspended in many countries?

AS: Yes. In many countries these have continued to be suspended or restricted. In some cases, people have gone many months without direct contact with relatives. This is perhaps the issue that prisoners care about the most. In some countries, this is generating tensions and anxiety. It has not always been possible in

every country to compensate the loss of visits with additional phone calls or video conferencing. In some cases the technology has not been available and in some other cases, where video conferencing is available, the cost has been passed to the prisoner rather than being covered by the administration.

JB: Have there been attempts to reduce overcrowding, either by releasing prisoners or increasing the available accommodation?

AS: Many non-governmental organisations advocated for the reduction of crowding through the release of prisoners. My impression was that the most effective approach was to combine measures to release people who were currently in prison and measures aimed at reducing the number of new prisoners coming into the system. For example Netherlands and Germany adopted measures very early to reduce the number of new inmates. In Italy, while early release measures were introduced by the government a slowing down of people being sentenced to imprisonment was observed. In several European countries there seemed to be a change in the behaviour of prosecutors and judges during the crisis leading to them seeking more alternatives to prison.

JB: Were there any effective health measures such as separating groups of prisoners, or testing?

AS: There isn't much information about this. Of course health measures were introduced, but it is not always clear how or to what extent these measures were enforced in the prison system.

JB: What was the impact on prisoners of these measures in different countries?

AS: Prison life is more secluded than in the past. There are less opportunities for education and work. My impression is that in many places people in prison are used to this. They often do not feel they are entitled to these activities. In a way it is like old fashioned prison. There is a good degree of acceptance to the measures that have been taken. The exception is family visits, which is something people are used to and dependent upon.

JB: How were prisoners' families impacted by the measures put in place?

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AS: Initially, many family members couldn't get any reliable information. This created a lot of anxiety in a situation where people were already experiencing the pain of not being able to see their loved ones. There was a lot of uncertainty and it is only human nature that people thought of the worst scenario.

In many prison systems, family members also bring items to the prison including food, clothing, toiletries and money. That was stopped in many places as well as the visits. This meant that families couldn't support loved ones in ways they had done previously.

JB: What was the impact on staff?

AS: There was no time for any training or significant psychological support to be put in place. These have been very difficult months. Prison staff had to keep going to work while others were staying at home in order to stay safe. The prison is a challenging environment facing a new set of problems.

JB: How did prisons try to mitigate the impact of the measures put in place? Did they develop any new processes or use new technology?

AS: This was common, but unfortunately did not happen in all countries or in all prisons in each country. The technology available in prisons increased in many contexts though. In some cases the legislation was already in place and in many cases the pandemic simply accelerated the availability of facilities that were already possible. Video conferencing and the use of mobile phones were the main measures. These have been used as a compensation for social visits and to enable legal proceedings to continue safely. I get a sense that the wider use of technology was a taboo in many prison systems but might not be a taboo anymore.

In some cases, this has been introduced as an 'emergency' measure but I hope that this will continue afterwards and we will not return to the previous era. In our view at Antigone, prison should be the obvious place to make better use of technology. Having said that, there are limits, so these should not replace face-to-face visits and trials should be in open court where that is possible.

JB: What was the impact of coronavirus within the prison systems across Europe? How did it compare to the risks that were predicted?

AS: There hasn't been widespread disorder, other than in Italy. The number of coronavirus cases also varied a lot from prison to prison and from country to country. It appeared that the prison system was resistant to some extent because it is a closed system separated from society. When the infection did get into prisons, however, it could spread widely. In the UK, the number of cases are much higher than everywhere else, but that may be because the data is collected differently. The UK does produce and publish more information about the prison system than others. Overall, though, European prisons appear to have prevented the worst fears being realised.

JB: Is there anything you have learned from this that you believe will shape how prisons should operate in the future?

AS: Transparency is a key element as prisons are closed institutions and public scrutiny is critically important. This is particularly the case in the midst of a crisis. There is sometimes a tendency to close down and shut out scrutiny, but that monitoring and scrutiny is even more important in such circumstances. Opacity creates anxiety and fears and might also lead to disorders.

We have also found that the right to healthcare is a complicated issue. We were already aware of the difficulties that prisons present in relation to infections, as we have seen with conditions such as hepatitis, tuberculosis, or HIV, which are more prevalent in prisons. In the past, this has been seen as a 'prison' problem, but in this changed context, it can be seen as a wider social problem. This requires wider engagement with the community and health services. The impression we had during the height of the first wave was that because community health services were overwhelmed, the prisons had to cope on their own. This crisis has really highlighted the gaps in prisoner health services.

To some extent the increased use of technology and the efforts to tackle the digital divide between prisons and the community, is a positive change. Many people in prisons still communicate by letter. That is what people in the community did in the 1970s or 1980s. The world has changed so much since then and prisons need to adapt and keep pace. Improvements in cyber security mean that there really isn't any need for the level of mistrust that exists around technology.