Oral health in prisons
Fact sheet

World Health Organization
European Region

Good oral health is essential in people's lives: it impacts on eating, speaking, sleeping, communication and overall personal confidence and general health

WHO defines oral health as the state of the mouth, teeth and orofacial structures that enable individuals to perform essential functions, such as eating and breathing, and that encompass various psychosocial dimensions, such as self-confidence, well-being, and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health, and supports individuals in participating in society and achieving their potential *(1)*.

Oral diseases across the WHO European Region

In the WHO European regional summary of the *Global oral health status report* (2023), the burden of oral disease was found to be significant, affecting almost 466 million people (50.1% of the population) in the WHO European Region *(2)*.

According to the report, the WHO European Region had:

- a prevalence of 33.6% of **dental caries** in permanent teeth (a breakdown of tooth hard tissues), representing almost 294 million cases
- the second highest proportion of cases of **tooth loss** (25.2%) among the WHO regions
- the second highest estimated number of new cases of **oral cancers** among the WHO regions.

Oral health in the prison population

There are 613 497 people living in prison establishments across 36 countries in the WHO European Region. Of these, 95% are male and 80% have been sentenced (the remainder are held on remand) *(3)*.

Stark and persistent inequalities in oral health status exist across different population groups. Inequalities result from a complex array of interconnecting factors, many of which are beyond individuals' control *(1)*. Among people living in prison, the status of oral health has been reported to be much poorer than that of the general population. Not only is the burden of oral diseases affecting the health, well-being and essential functions of those incarcerated higher, but the gap between the oral health of the prison population and the general population is widening *(4)*.

Studies of people in contact with the criminal justice system have shown:

- a high prevalence of **dental caries** and **periodontal disease** *(5)*;
- a high proportion of **tooth decay**, ranging from 57% to 67% *(6,7)*;
- **poor oral health** and **dietary habits** *(8)*;
- **poor oral health-related quality of life** impacting on daily performance *(9,10)*.

Those with lower socioeconomic status in society have on average fewer teeth, and this can further contribute to disadvantage and greatly reduce the prospects of finding a job *(11)*.

Oral health equity

Health is a human right, and every individual is therefore entitled to access health care in the same conditions throughout their life course. In the case of prisons, as elsewhere, this is of the utmost importance, as such institutions are not silos: they are embedded in communities and investment made in the health of people in prison can become a community dividend. As Mandela Rule 25 states *(12)*:

> Every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health-care needs or with health issues that hamper their rehabilitation.

Oral health services are an essential part of health-care services in prison. Access to oral health care represents a significant opportunity for people in prison and an important step towards tackling health inequalities.

Each prison site should have an oral health team to provide comprehensive care. However, the *Status report on prison health in the WHO European Region* reported a stark deficit of oral health professionals in prison settings, where there is an average of 1.4 dentists per 1000 inhabitants compared to 6.2 in the general population *(3)*.

The limited number of oral health professionals across prison sites may have various negative consequences for those in custody. There may be limited information about available health services and how to access dental care *(13)*, as well as difficulty in accessing services while in prison *(14)*. This may ultimately lead to existing oral health inequalities becoming aggravated through detention *(15)*. Lack of continuity of care transitioning in and out of custody may also result in an increased use of emergency services for dental pain *(16)*.

Commissioning of oral health services

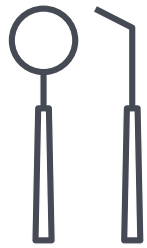
In the WHO European regional summary of the *Global oral health status report* (2023), 34 countries (66.7%) were found to be without a national oral health policy *(2)*. Resources need to be focused on developing oral health policies and structures, and these should include consideration of the oral health needs of the prison population. The World Health Assembly oral health resolution (WHA74.5) calls for a paradigm shift in oral health policy planning, moving from a conventional model of restorative dentistry towards a promotive and preventive model *(17)*. Commissioning of services should focus on the following aspects:

1. Oral disease prevention

Oral diseases are largely preventable. Time spent in prison is an opportunity for oral health promotion and oral disease prevention. Oral health professionals in prison should be encouraged to provide comprehensive oral health promotion, and remunerated accordingly.

Service commissioning should include:

- **Oral health screening**

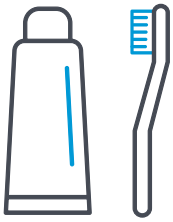


Screening should be conducted at the time of incarceration; it could be done in conjunction with trained nursing staff.

Currently, according to WHO Health in Prisons European Database (HIPED) data, 73.5% of countries (n = 25) include screening for oral diseases in all their establishments on entry to prison; however, in 8.8% of such establishments no screening was conducted *(3)*.

- **Oral cancer screening**

Oral cancer screening should be conducted on a yearly basis for high-risk populations *(18)*.

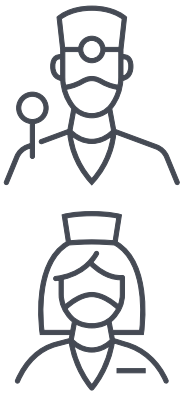


Oral hygiene products

Alongside reduction in sugar consumption, dental caries can be effectively reduced or prevented by ensuring optimal fluoride delivery for the population.

- All people in prison should be provided with a high-quality toothbrush, which can be replaced regularly without cost or at an affordable price.
- Toothpaste with a fluoride concentration of 1000–1500 ppm should be available to all.
- Interdental aids, such as dental floss and interdental brushes, should be available to all to purchase at low cost.
- Mouthwash containing fluoride should be available from the dental team for those at high risk of dental caries.

Currently, according to HIPED data, only a minority of countries (44%) supply health-care products free of charge *(3)*. While the 2022 *Status report on prison health* did not specifically focus on oral health products, these should be considered among other items distributed to promote health. The WHO Director-General's 2021 report on oral health recommends "promoting legislation to increase the affordability and accessibility of high-quality fluoride toothpaste and advocating for its recognition as an essential health product" *(19)*. The recent inclusion of fluoride toothpaste in the *WHO model list of essential medicines* for adults and children provides an opportunity to address the affordability of fluoride toothpaste in a prison setting *(20)*.



Health promotion by the oral health team

Each treatment contact is an opportunity to provide oral health advice. Oral health promotion training focusing on common risk factors and oral hygiene should be conducted by oral health teams in group sessions, leveraging the skill mix of dental nurses, hygienists and therapists.

Common risk factors

High sugar intake, all forms of tobacco and alcohol use are major public health challenges for a wide range of noncommunicable diseases. Oral health teams should promote healthy eating, highlighting the impact of food and drinks with a high sugar content on oral and general health.

The dental team should work with health-care and prison teams to ensure healthy snacks are available to purchase at prison shops.

Oral health teams should be trained to conduct brief interventions on smoking cessation during treatment sessions. The oral health team can refer to health development teams for smoking cessation *(21)*. An integrated approach to brief interventions, dealing with all main behavioural risk factors – tobacco use, alcohol use, unhealthy eating and physical inactivity – should be implemented in prison settings with oral health teams contributing to the programmes *(22)*.

2. Oral health service provision

Oral health care

Each prison site should have a fully equipped oral health-care unit to provide comprehensive treatment, with a budget for necessary dental materials and associated prosthetic laboratory work *(23)*.

Good governance

High standards of governance are required to ensure provision of effective infection control, ventilation, radiation protection and quality clinical care. *(24)*.

- **Referral process**

Dental triage processes should be established to prioritize demand for services.
Clear referral processes are necessary to ensure equity of access to dental services.

Health literacy inequalities should be considered in developing clear information about accessing oral health services.

- **Continuity of care**

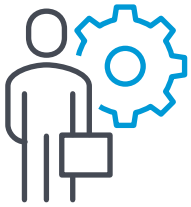
Structures should be created that facilitate transition to the community and ensure continued access to oral health care. Continuity of care is important in establishing links with community dental providers as people are released from prison *(25)*.

- **Co-design**

Oral health services should be co-designed with people in custody.

- **Data collection**

Systems should be designed to collect individual-level data; performance indicators for oral health services, such as availability, accessibility and quality of services, should also be established *(1)*.



3. Workforce development in prison settings

- **Career pathways**

Investment should be made in the prison health workforce, providing conditions and career pathways that encourage professionals to dedicate themselves to working for this vulnerable population *(23)*.

- **Training and capacity development**

The oral health team should be supported to continue professional education, with particular focus on issues relevant to prison health, such as mental health illness, substance use, prevention of noncommunicable diseases and health equity.

- **Skill mix**

Oral health care should be integrated into primary health care at all service levels, including required staffing, skill mixes and competencies *(26)*.

- **Whole-prison approach**

It is important to establish a multidisciplinary and interprofessional approach to oral health. The health-care and prison teams should play an important role in the prevention and treatment of oral diseases and should be involved in training and system pathways *(23)*.

Conclusion

Universal health coverage means that all individuals and communities have access to essential, high-quality health services that respond to their needs and that they can use without suffering financial hardship. The vision of the global strategy on oral health is "universal health coverage for oral health for all individuals and communities by 2030" *(17)*, enabling them to enjoy the highest attainable state of oral health and contributing to healthy and productive lives.

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