



Drugs and prisons

DG SANCO C4

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Background / EU policy level

- EU Drugs Strategy 2005-2012
- EU Action Plan on Drugs 2005-2008
(Action 13 : drugs and prisons)
- Council Recommendation of 18 June 2003 (incl. availability/access to treatment services in prisons)

EC actions

- Commission report adopted on 18 April on the implementation of the 2003 Council Recommendation (published on http://ec.europa.eu/health/ph_determinants/life_style/drug/drug_rec_en.htm#1)
- Call for tenders on drugs policy and harm reduction launched in 2006 to prepare the future work as foreseen in the EU Action plan on drugs 2005-2008

The contractor will report, in particular on

- the status-quo of prevention, treatment and harm reduction services for people in prisons, reintegration services for persons on release from prisons
- current approaches to monitor/analyse drug use among prisoners (as one determinant for prisoners service needs)

The contractor will consult, in particular

- Specific sources (EMCDDA, WHO, Pompidou Group, UNODC/UNAIDS)
- Output from previous work:
 - EC co-funded projects (e.g. ENDIPP network incl. Cranstoun & WIAD, WHO database on prisons)
 - call for tenders on drugs

Main objective

Proposal for a Council Recommendation on drugs and prisons (action 13.2 of the Action Plan on Drugs), in order to:

- improve the health of prisoners in reducing demand and supply of drugs to avoid negative consequences for the individual, the institution and the wider society
- keep balance between public health interests, security aspects of prison settings and the human rights of prisoners

First input from Contractor on

- (1) Problem definition
- (2) Description of the situation : high risk behaviour/environment, risk factors
- (3) Prevalence of HIV, HCV
- (4) What seems working – growing consensus: treatment (ST), distribution of injecting material
- (5) Results from research study in prisons
- (6) first conclusions

(Information from presentation of Prof. Dr. Heino Stöver University Bremen / Germany – Consortium “good practice in drug treatment and in prisons” , April 2007)

(1) Problem definition

- More than half a million people are incarcerated in prisons of the EU MS
- Nearly all prison are overcrowded => overrepresentation of health damages: (sex)violence, self harm, suicide
- Prisoners often serving short terms => return to society, their partners, children and families => may transmit blood borne infections into the wider community (turn over rate)

(1) Problem definition

- Prisoners = vulnerable group from vulnerable sectors of society, lack of education
- High risk behaviours:
 - Unprotected sexual contacts
 - Intravenous Drug Use (IDU)
 - Tattooing/Piercing
- Institutional/environmental risk factors
- Risk factors for staff members

(2) Description of the situation

- High risk behaviour,
- first started to inject while in prison,
- blood borne infections (e.g. HIV, Hepatitis B and C),
- Prison staff is at risk to get infected with blood borne infections,
- The opportunities for treating drug users are limited in comparison to services in the community (cf. EC report adopted on 18/04/2007),

(2) Description of the situation

- Discontinuation of treatment
- High risk of overdose after release
- Prevention strategies (e.g. vaccination) are often not proactively offered,
- harm reduction (e.g. provision of condoms and sterile needles and syringes) are not implemented in most prison settings

(2) Description of the situation

Health services which are under the responsibility of the Ministry of Justice and are organisationally separated from the health service in the communities lead to problems in cooperation and communication among services.

(2) Description of the situation

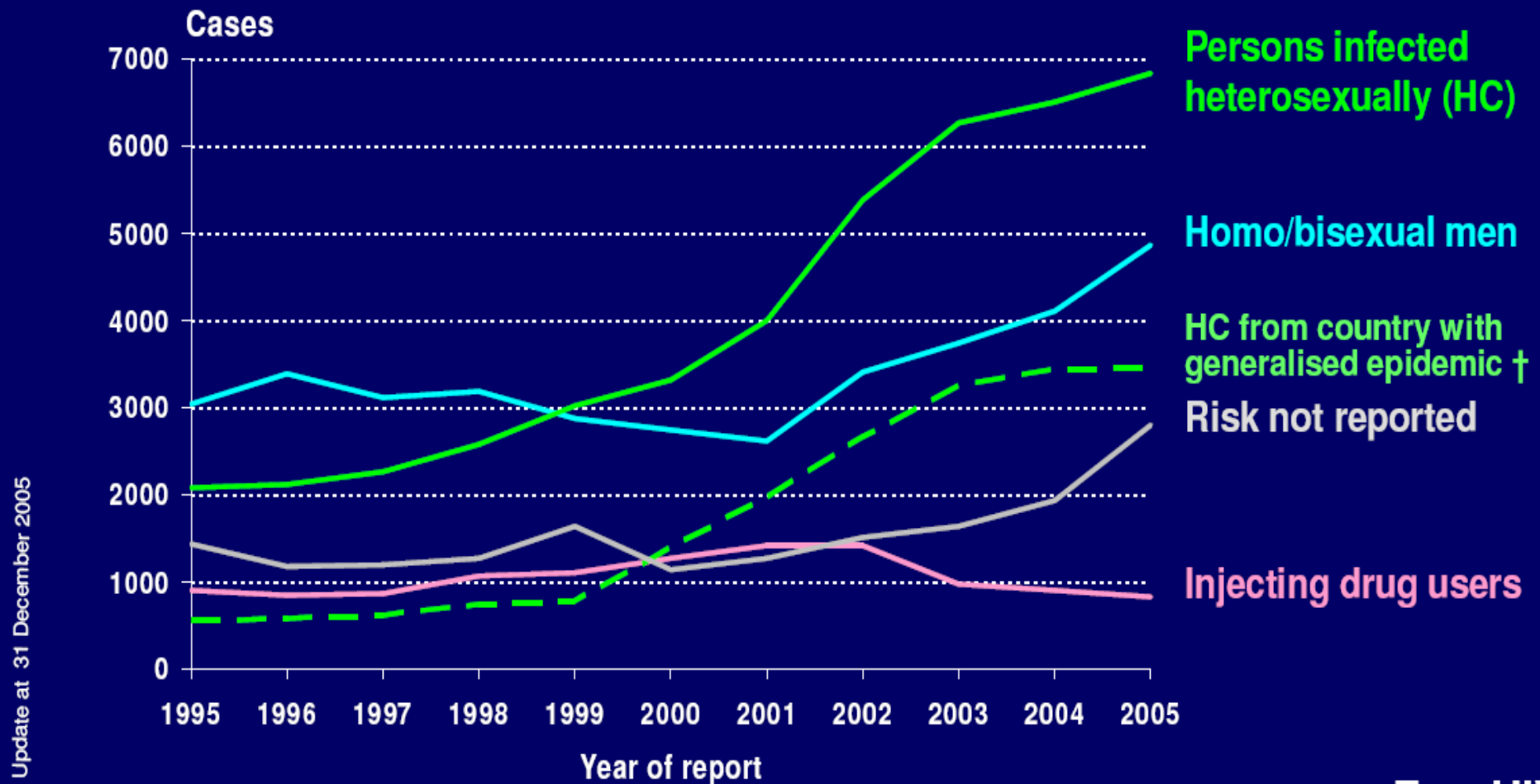
- Mental illness: + 2 - 4
- Prison suicide: + 5
- Infectious Diseases
 - HIV/AIDS: + 20;
 - Hepatitis C: + 100
 - High rates of tuberculosis (often multi drug resistant)
 - Sexually transmitted infections
- Substance dependence: + 2-7 male; 5-24 female
- 30-50% continue their drug use
- 5-25% start injecting
- Tattoos and piercing part of prison sub-culture

(3) Prevalence

According to European networks:

- Prevalence of HIV varies from 0-17% of the total prison population in EU (average 5%)
- HCV-prevalence 50-90%
- Poor understanding of HCV dynamics
- Unsafe injecting common
- Tattooing widespread
- Sharing of razors etc.

HIV infections newly diagnosed by transmission group 1995-2005, European Union*



EuroHIV

* Countries with data available for the whole period: Belgium, Cyprus, Czech Republic, Denmark, Finland, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Poland, Slovakia, Slovenia, Sweden, United Kingdom.

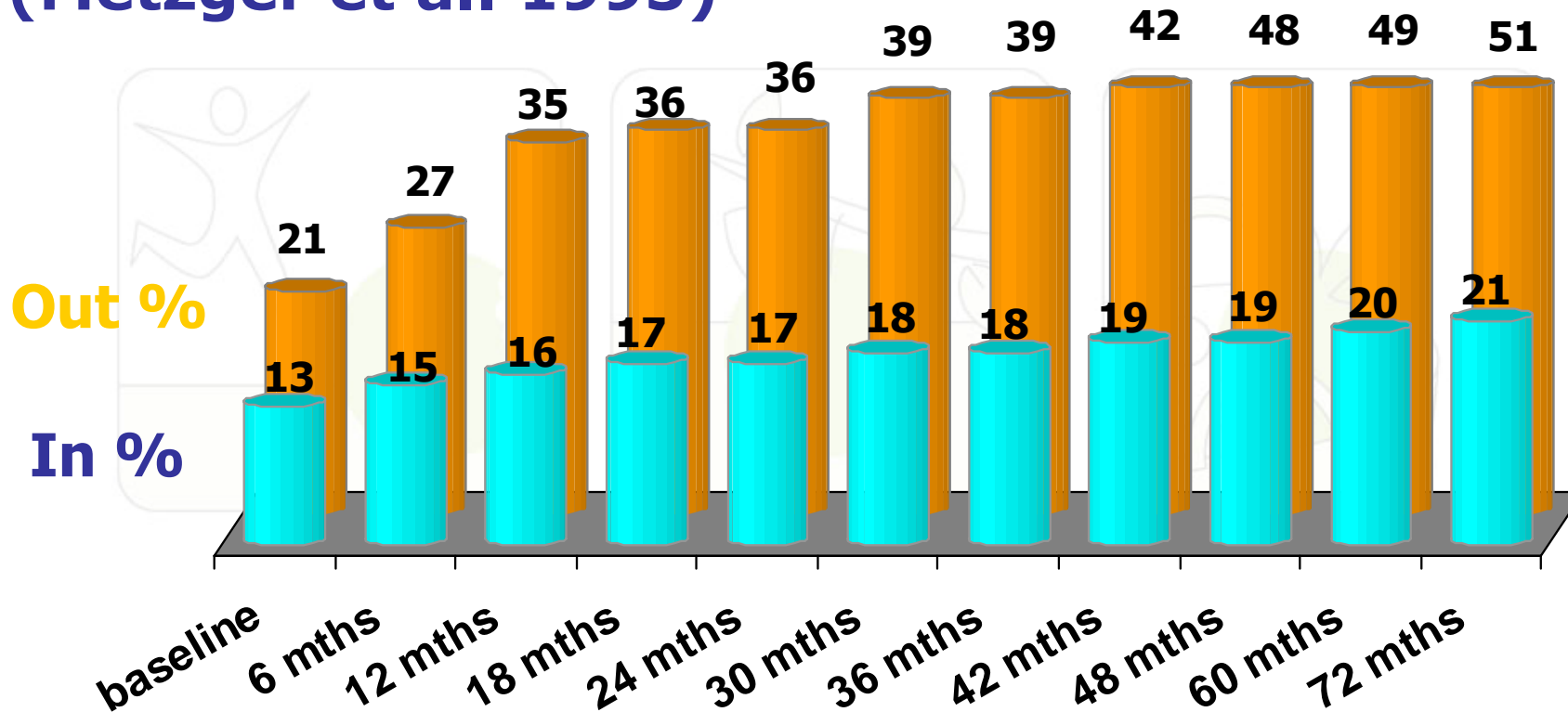
(4) Fight against HIV/AIDS in EU: Growing consensus on what works

- Education/Information how to reduce risks
- Voluntary counselling and testing of infectious diseases
- facilitating access to vaccination (HAV/HBV) and treatment of infectious diseases
- **Distribution of prevention material (injection equipment)**
- **Provision of drug treatment, especially substitution treatment (ST)**

(5) Syringe Exchange Evaluations

- Scientific evaluations conducted in 11 prisons with syringe distribution programmes
- The provision of syringes did not lead to an increase in drug consumption or an increase in injecting
- Syringes were not used as weapons, and safe disposal of used needles was not a problem
- Syringe sharing disappeared almost completely
- In prisons where blood testing was performed, no new cases of HIV or Hepatitis infection were found

HIV Infection Rates in and out of Substitution Treatment (Metzger et al. 1993)



(5) ST for Opioid Dependence in prisons

- works
- reduces
 - level of injecting
 - blood borne viruses transmission
 - drug related prison violence and crime following release
 - recidivism
- needs adequate doses (>60mg)

(5) Beneficial Effects of ST for prisoner and prison

- Reduction of drug use and related risk behaviour (e.g. sharing of needles/equipment)
- Morbidity: physical and psychological effects (e.g. anxiety of inmates)
- Reduces mortality, but: need to expand prison based programmes and links to community based programmes to reduce opiate related mortality soon after release from prison. Prison Methadone Maintenance to reduce mortality, detoxification alone increases mortality!
- Control related issues (e.g. management of opiate addicted inmates).

(5) Obstacles of a transfer of substitution (maintenance) treatment into Prisons

- Basic drug-free orientation
- Perception of methadone as a psychoactive not as a therapeutic drug
- Limited places/resources
- Lack of continuity of treatment after release
- Access to maintenance limited to special target groups (i.e. pregnant women, HIV infected prisoners, prisoners suffering from Hepatitis)

(6) Conclusions

- Connection between prison and community health care services; transparency of practices/policies
- Health care standards and clear guidelines on the basis of evidence-based knowledge
- Increase of availability of injection equipment and substitution treatment in various settings (community + prisons)

(6) Conclusions

- Globally and within Europe HIV remains a major public health issue as does Hepatitis C
- Prisons remain a major gap, transmission of infectious diseases in prisons & prison release mortality need a coherent and measured response
- Principle of equivalence: Consensus on the role and efficacy of substitution treatment and other evidence-measured interventions has to be acknowledged in prison health care

Starting process : discussion

regarding the proposal for a
Council Recommendation on drugs
and prisons:

- Prisons as part of society
- „Health“ concerns everybody in prison
- Principle of equivalence

Civil Society Forum Input (23/04/2007)

- New trends (not only opioids)
- Higher quality data on HIV needed
- Surveillance (TB/ HIV) - prevalence
- Set out best practice
- PH benefit on evidence that needle/syringe exchange is needed
- equivalence of HR measures

Civil Society Forum Input (23/04/2007)

- Tuberculosis
- Migrants in prisons (related to drug use)
- Treatments in/out prisons
- Alternatives for imprisonment
- Young people (< 18)
- Previous health & prisons projects; NGOs working in this field

Civil Society Forum input (23/04/2007)

- Ministry of Health/Justice + Interior
- Mechanism to check the implementation of BP in MS
- Balkans and neighbour countries
- Dublin Declaration, Lisbon Agenda
- International conference on HR in May (Warsaw), HIV/migrants conference
- Factors making policy change

The end



Thank you for your attention

http://ec.europa.eu/health/ph_determinants/life_style/drug_en.htm

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