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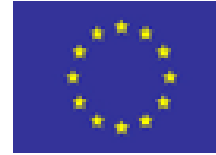
HA-REACT WP6

Bucharest

European Harm Reduction Conference

21.11.2018

European Mapping of harm reduction interventions in prisons



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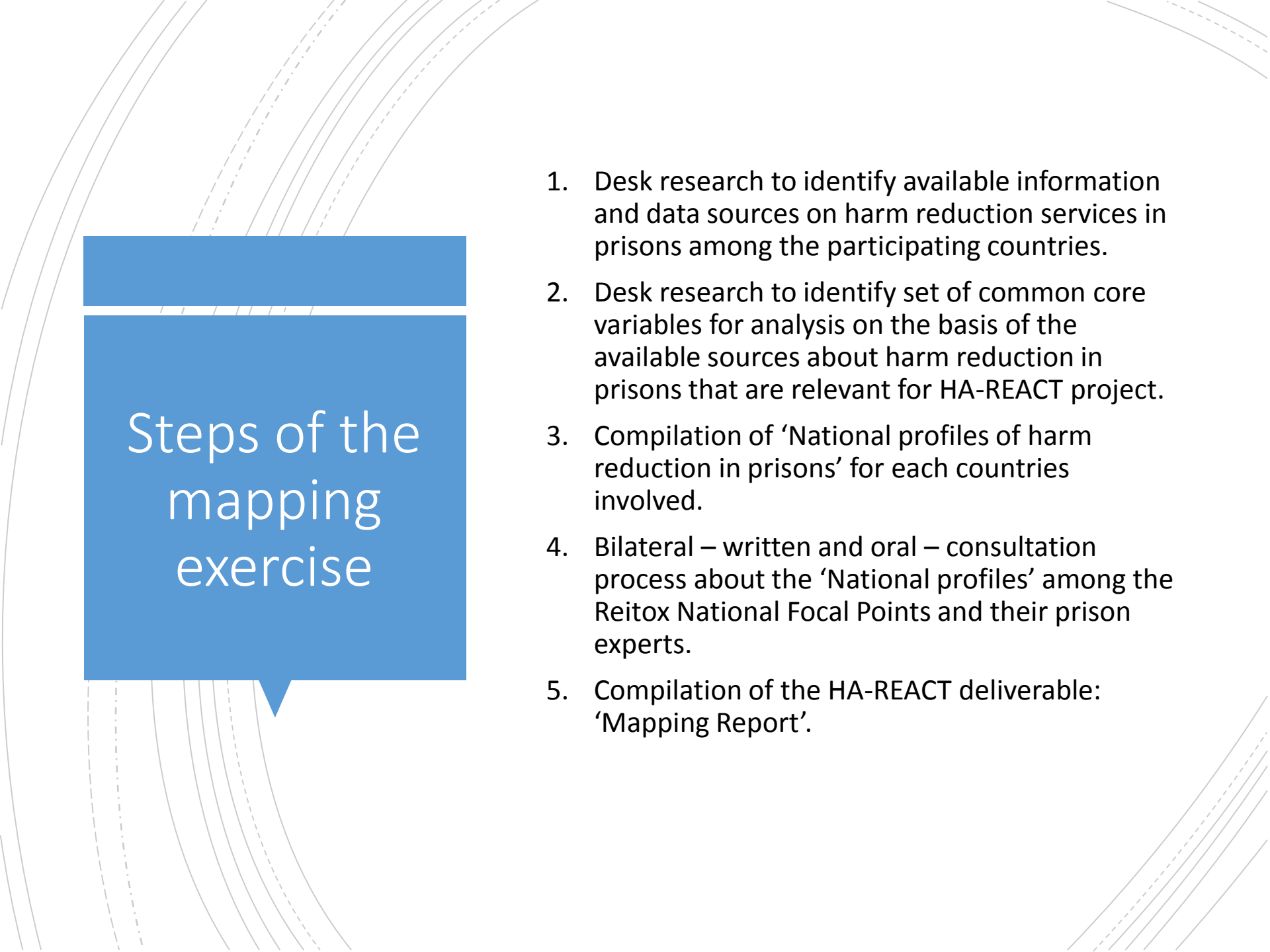
Institut für Suchtforschung
Frankfurt am Main



JOINT ACTION ON HIV AND CO-INFECTION
PREVENTION AND HARM REDUCTION

Aims of the Mapping

- Compilation of the available **general information** about the prison population in the EU 28+ Norway and Turkey.
- Compilation of the available information about **infectious diseases** and **drug use** among prisoners in the 28+2 countries.
- Compilation of the available data about the **available responses** and **interventions** aiming prisoners who used drugs, especially of those who injected drugs in the 28+2 countries.
- Analysis of the available information about **harm reduction related policy documents** and principles in the 28+2 countries.

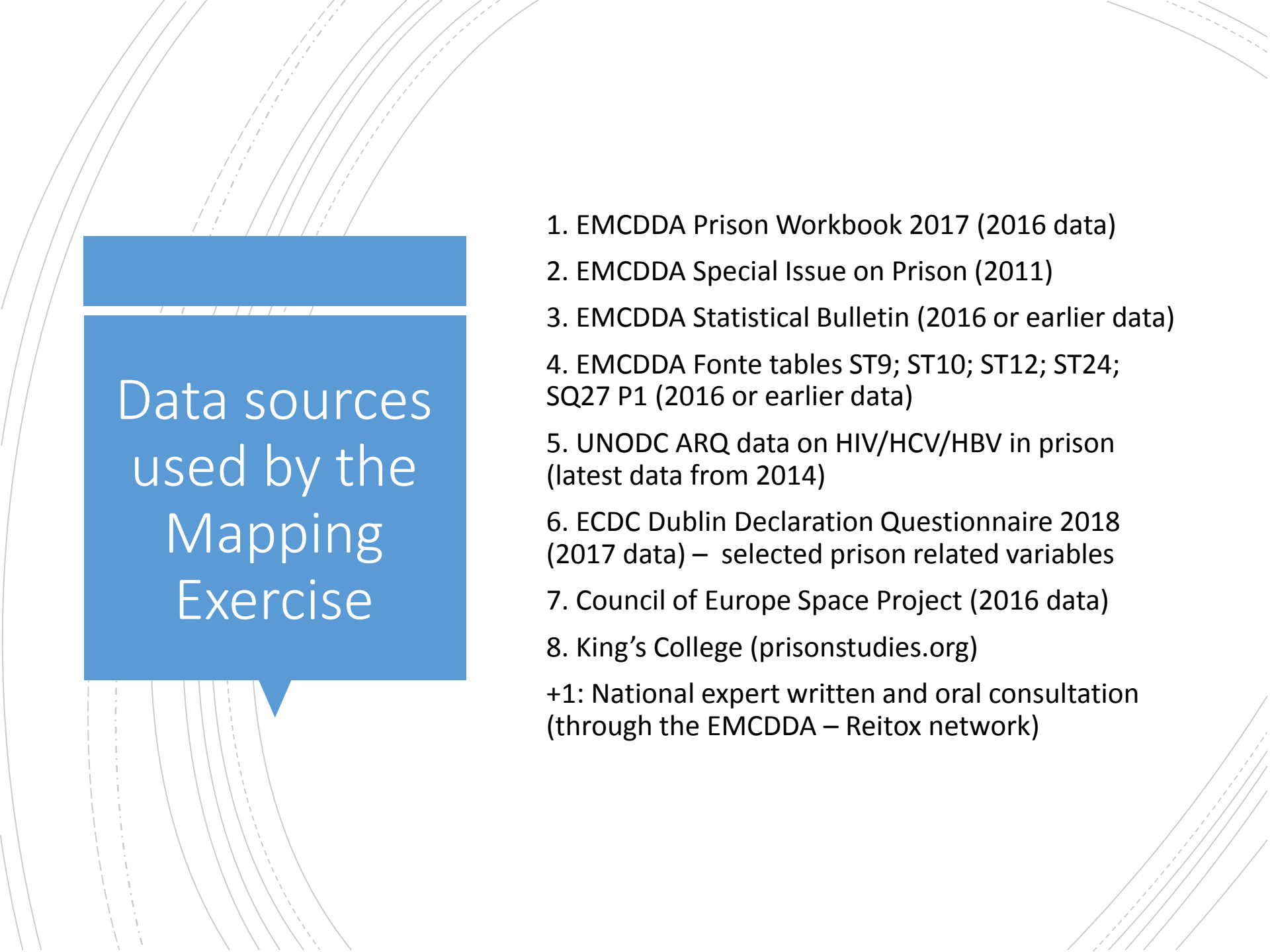
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Steps of the mapping exercise

1. Desk research to identify available information and data sources on harm reduction services in prisons among the participating countries.
2. Desk research to identify set of common core variables for analysis on the basis of the available sources about harm reduction in prisons that are relevant for HA-REACT project.
3. Compilation of 'National profiles of harm reduction in prisons' for each countries involved.
4. Bilateral – written and oral – consultation process about the 'National profiles' among the Reitox National Focal Points and their prison experts.
5. Compilation of the HA-REACT deliverable: 'Mapping Report'.

Coverage of the Mapping Exercise

- The mapping activity covered the 28 Member States of the European Union + Norway and Turkey
- The reference time period for data we were asking for was 2016 or the latest available before 2016. In the course of the expert consultation 2017 data was also accepted mainly at variables on availability or coverage of services
- Data available for national level were preferred over regional or partial data even if the latter were newer
- UK was presented with three parts: England+Wales, Northern Ireland and Scotland, where available - in these cases total is 32.

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Data sources used by the Mapping Exercise

1. EMCDDA Prison Workbook 2017 (2016 data)
 2. EMCDDA Special Issue on Prison (2011)
 3. EMCDDA Statistical Bulletin (2016 or earlier data)
 4. EMCDDA Fonte tables ST9; ST10; ST12; ST24; SQ27 P1 (2016 or earlier data)
 5. UNODC ARQ data on HIV/HCV/HBV in prison (latest data from 2014)
 6. ECDC Dublin Declaration Questionnaire 2018 (2017 data) – selected prison related variables
 7. Council of Europe Space Project (2016 data)
 8. King's College (prisonstudies.org)
- +1: National expert written and oral consultation (through the EMCDDA – Reitox network)

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6 main data collection units

1. General Prison Data
2. Drug use/ Injecting drug use among prisoners
3. Infectious diseases among prisoners
4. Harm reduction responses in prison
5. Testing + Vaccination + Treatment of infectious diseases in prison
6. Framework and Strategies for harm reduction in prison

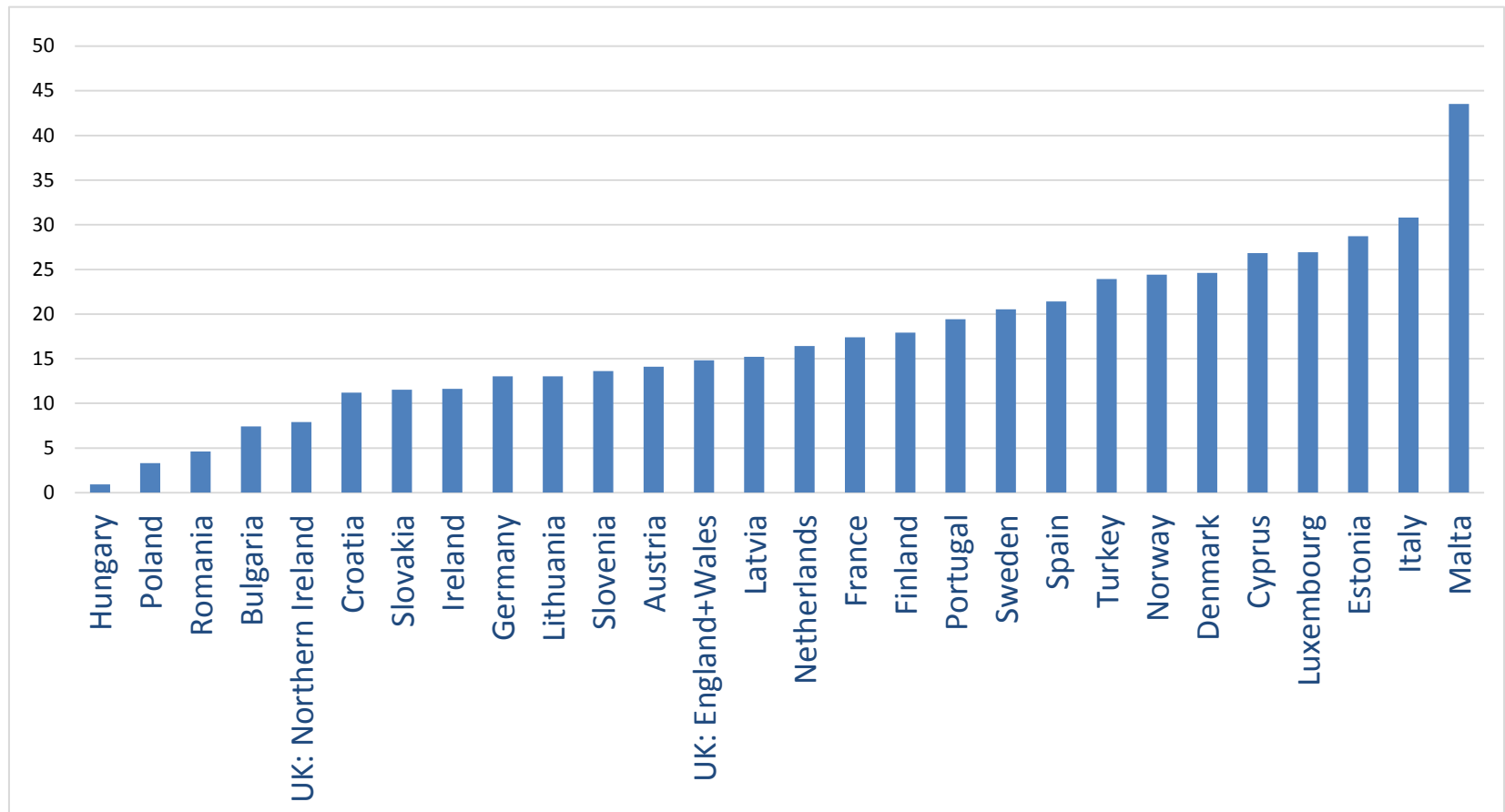
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Selected results

1. General Prison Data

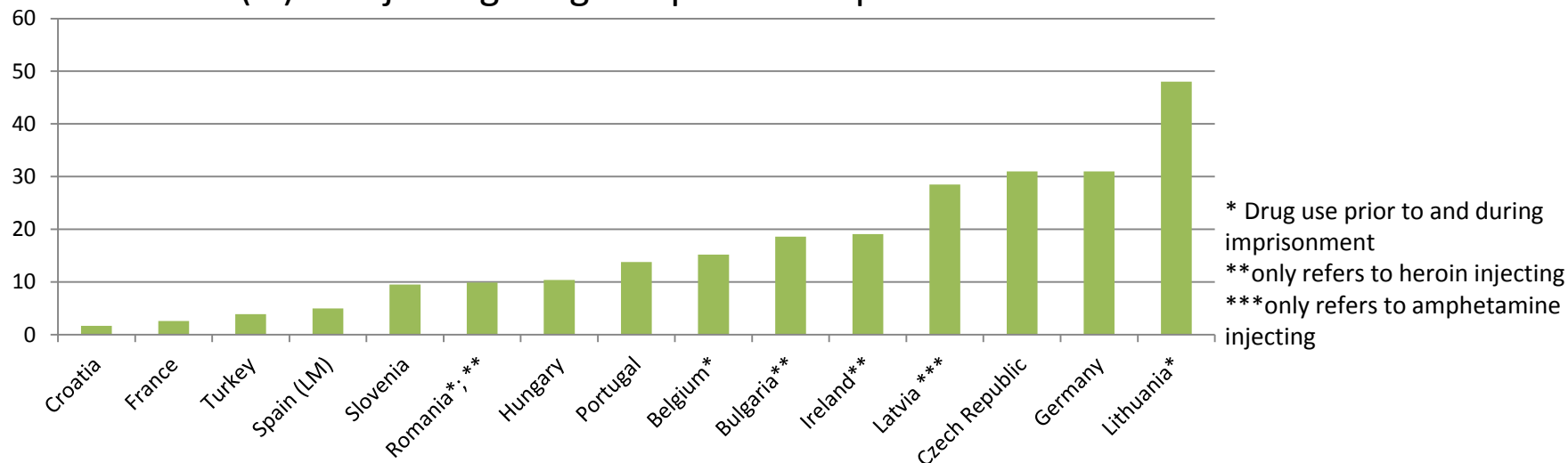
- In the 30 countries covered the total number of prisoners were more than 785,000 prisoners including pre-trial detainees in Europe (2016, SPACE, stock data)
- In 27 countries the total number of prisoners sentenced for drug related offences reached 127,000 (2016)

Proportion of prisoners sentenced for drug offences (%) in 2016

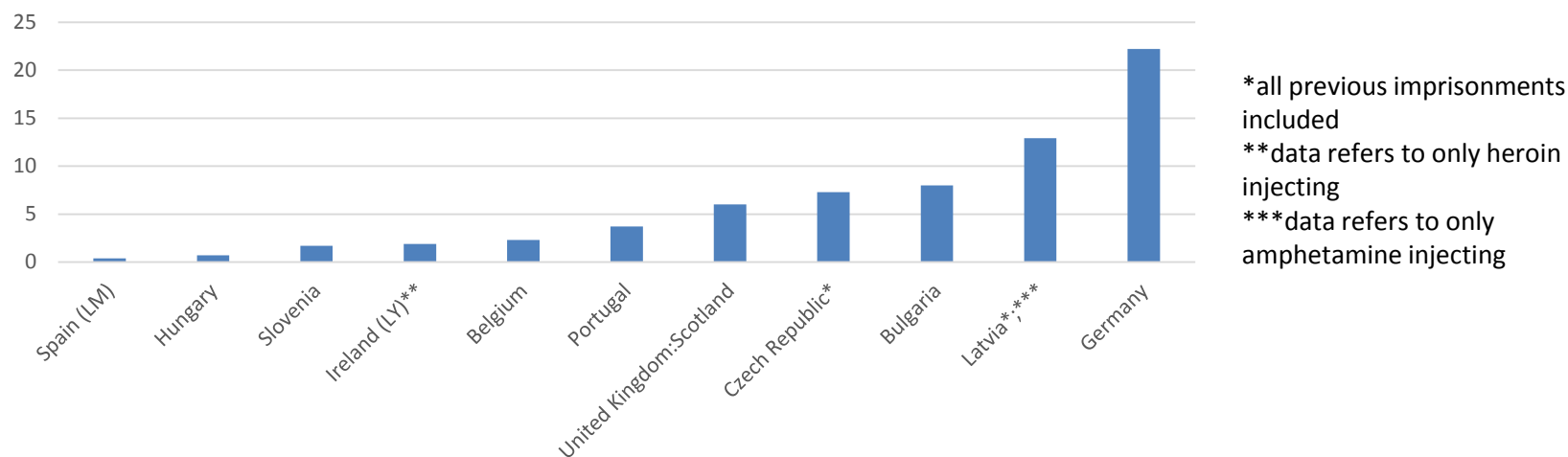


2. Drug use: Injecting drug use among prisoners

Prevalence (%) of injecting drug use prior to imprisonment 2003-2017



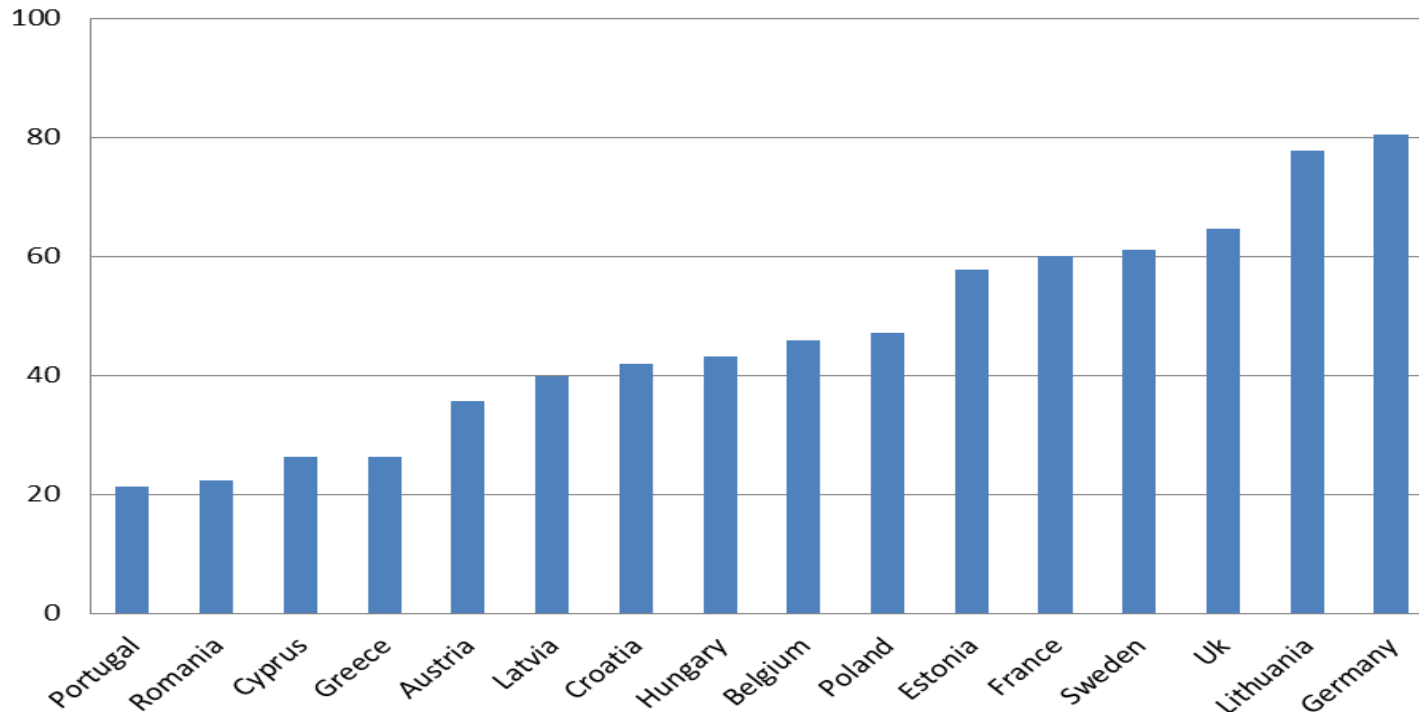
Prevalence (%) of injecting drug use during imprisonment 2008-2016



2. Drug use: Prison history among PWID

Proportion (%) of PWID reporting prison history, 2006-2015

PWID samples originating from HIV/HCV/HBV diagnostic testing programmes or bio-behavioural prevalence surveys recruited at DTC, NSP, LTS or recruited via street outreach/respondent driven sampling

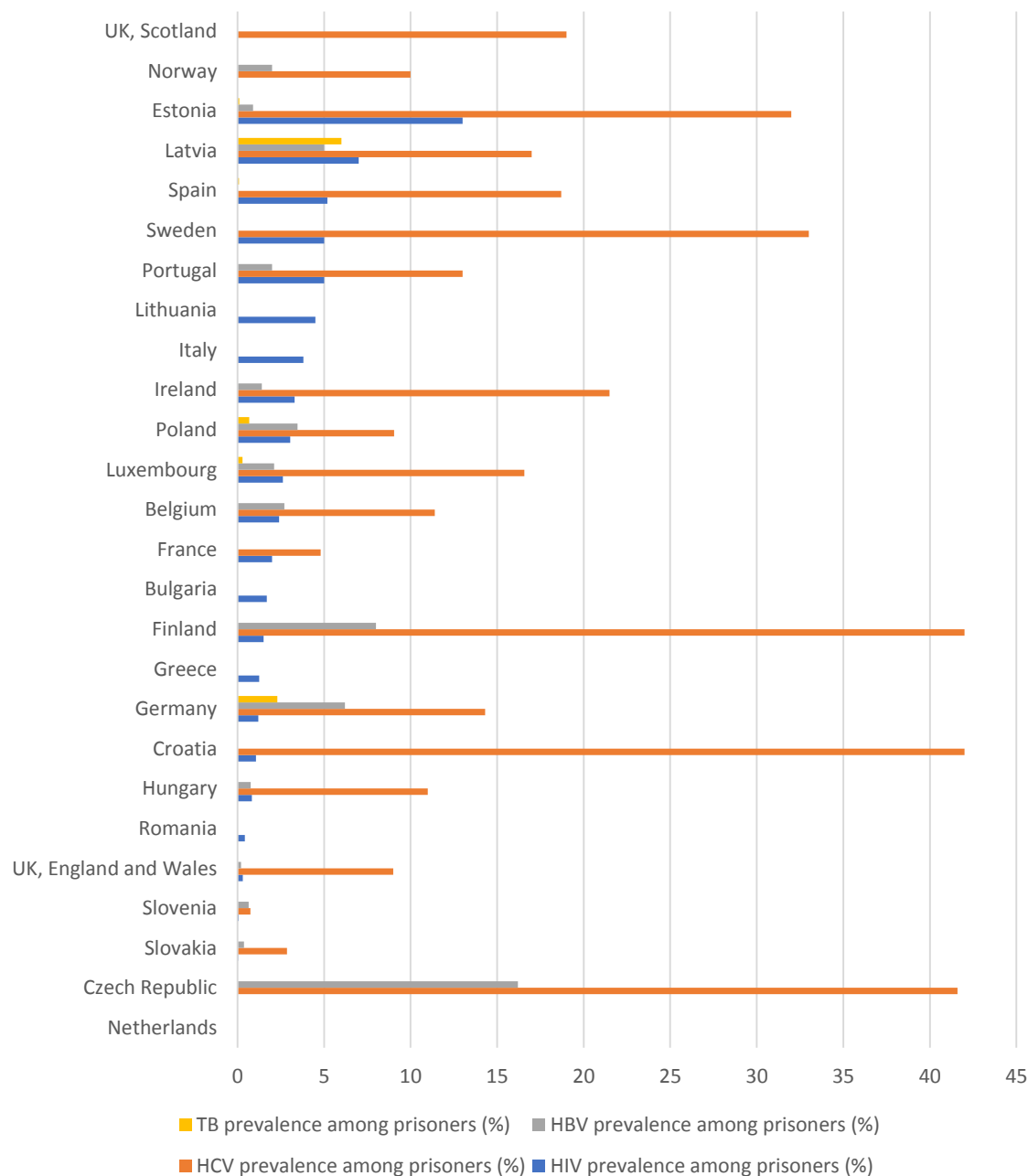


Source: Wiessing et al. 2017

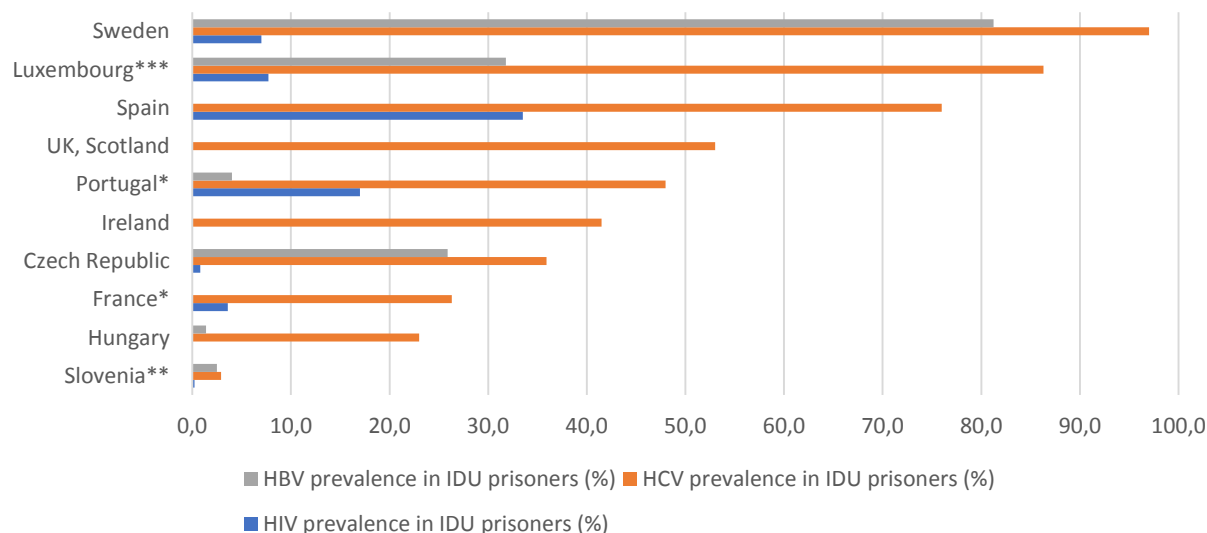
High proportion of (in the community hard to reach) PWID pass through the prison system → core setting for catching/reaching them and providing them harm reduction, counseling, testing and treatment services.

3. Infectious diseases among prisoners

Prevalence (%) of HIV/HBV/HCV/TB among prisoners (2008 – 2017)



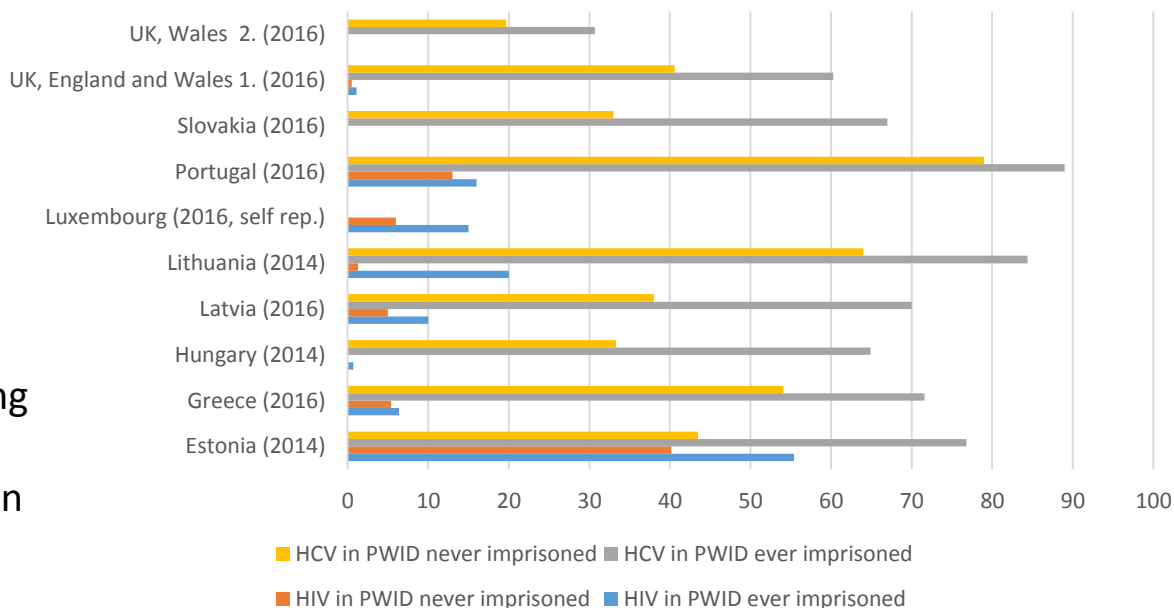
3. Infectious diseases among prisoners with injecting drug use history



HIV, HBV and HCV prevalence (%) among drug user/ injecting drug user prisoners tested in prisons 2007-2016

HIV and HCV prevalence (%) among PWID ever imprisoned vs. never imprisoned tested in the community 2014-2016

EMCDDA 2018: „prevalence of these infections was significantly higher among PWID with a history of incarceration in most countries: 10 out of 17 countries in the case of HIV and 14 out of 17 in the case of HCV.”

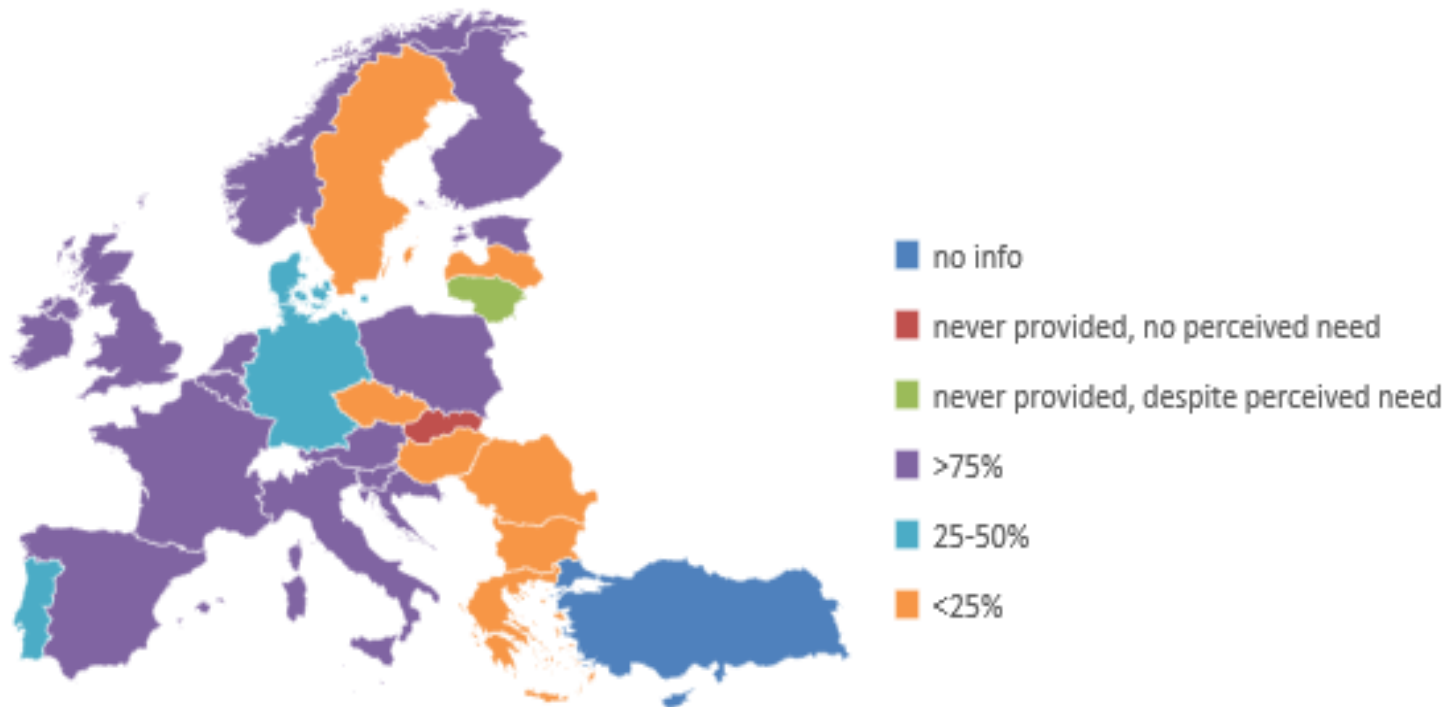


4. Harm Reduction: OST

Opioid substitution therapy (OST) is available in all but 2 countries (Lithuania, Slovakia) in prisons.

In 16 countries more than 75% of prisons per country provide OST for prisoners. In 3 countries 25-50% of prisons, while in 7 countries less than 25% of prisons provide such service. No info was available at 2 countries. Dominant medication: methadone in 14 out of 20 reporting countries.

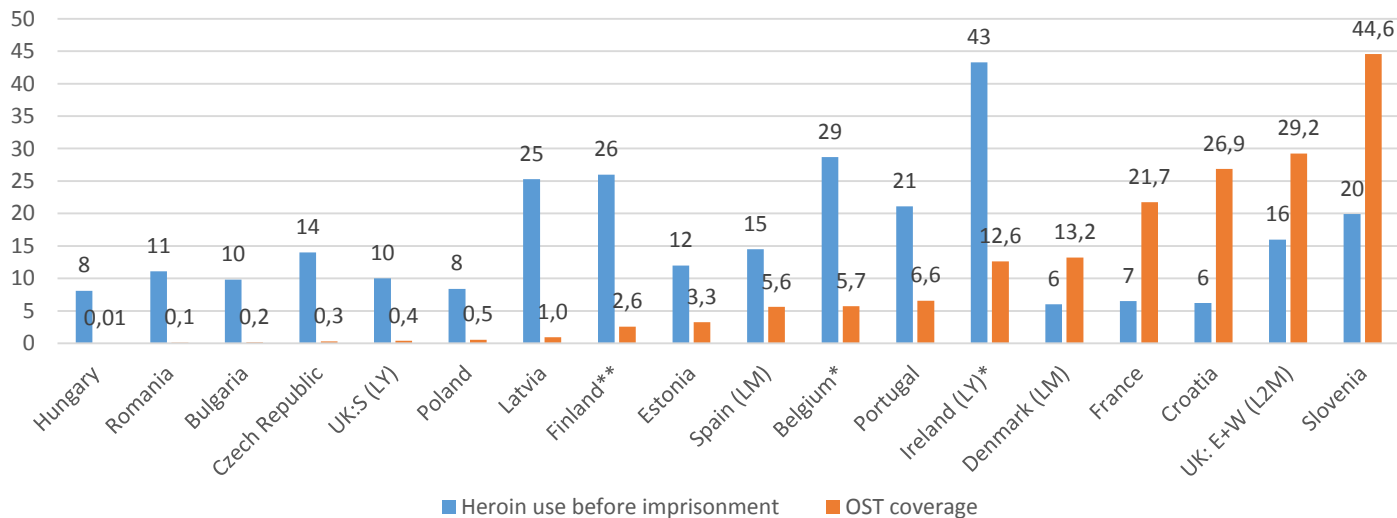
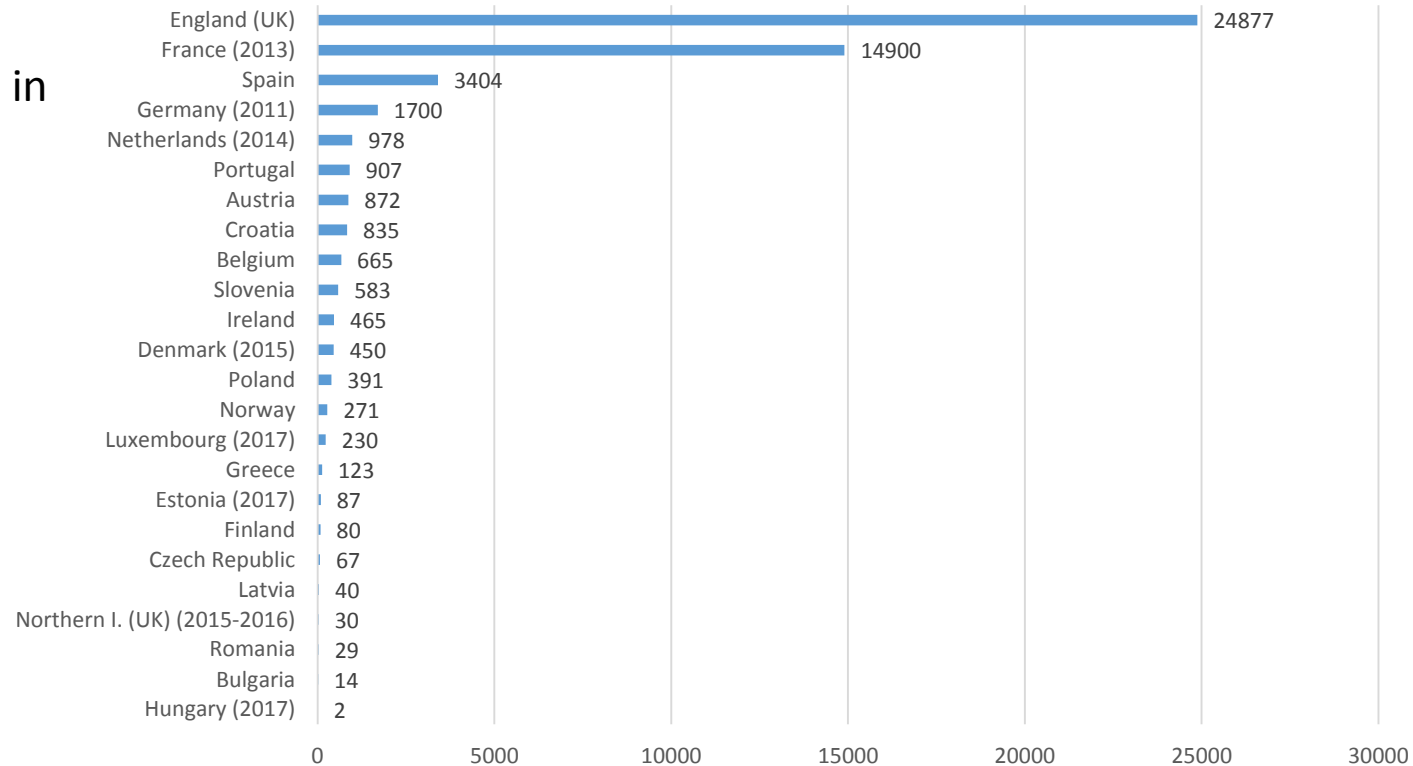
Coverage of OST regarding the percentage (%) of prisons where available by country 2016/2017



4. Harm Reduction: OST

Number of inmates in OST in 2016

Total= 52 000 prisoners
(data of 24 countries)



Prevalence (%) of heroin use before imprisonment and percentage* (%) of prisoners being on OST in 2016/2017 by country

* N of OST clients divided by N of prisoners based 2016 SPACE stock data

4. Harm Reduction: NSP in prisons

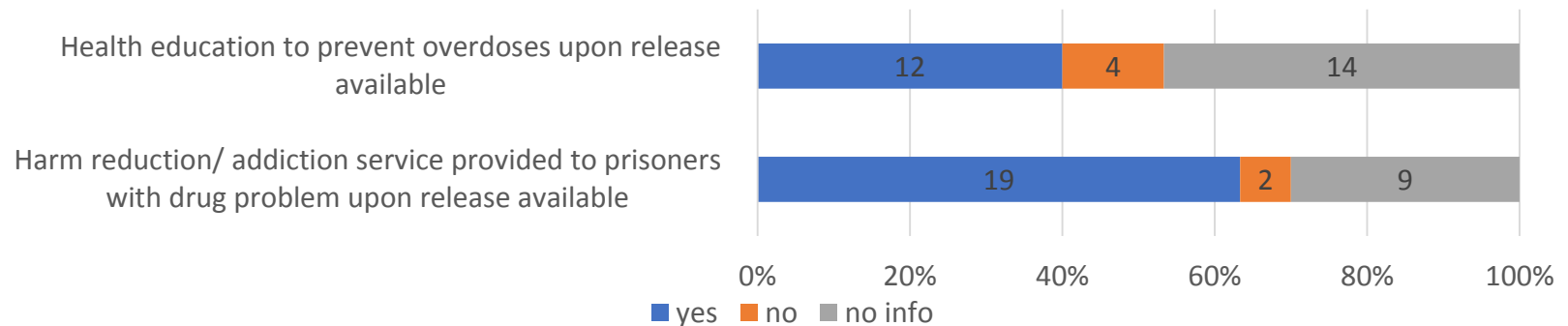
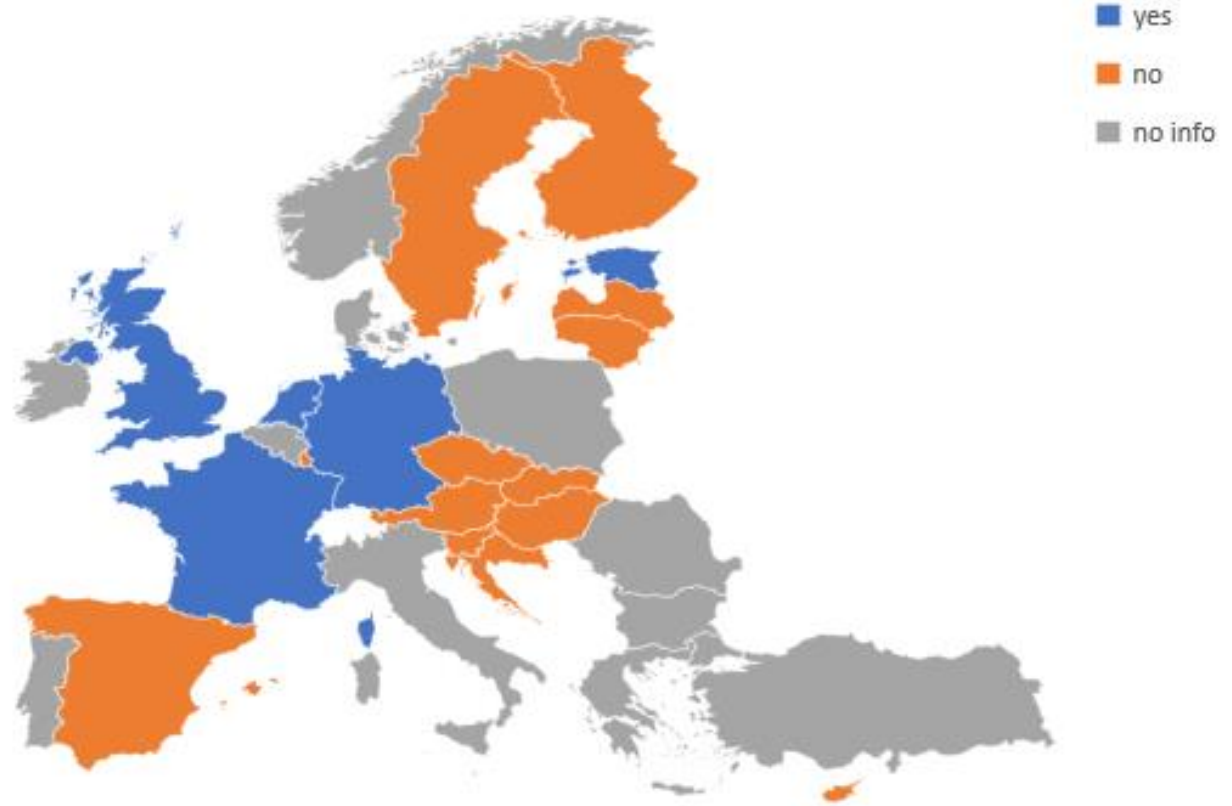
Available in 4 countries,
good coverage in 2
countries,
Planned in 2 (FR, UK-
England)



Country	NSP year of introduction (Source: EMCDDA SB)	NSP coverage 1. - % of prisons where available (Source: ECDC 2018)	NSP coverage 2. - % of prisoners in need receive NSP (Source: expert consultation)	N of prisons where NSP available / N of distributed syringes/ year of data (Source: ST10 + WB)
Germany	1996	Low coverage: available in < 30% of prisons	No info	1 prison/ no info on N of syringes/ 2013
Luxembourg	2005	Full coverage: available in 95-100% of prisons	Full coverage: 95-100% of prisoners in need have access to NSP	2 prisons / 1612 syringes / 2016
Romania	2008	No coverage	No info	9 sites/ 6300 syringes/ 2011; 0 syringes/ 2016
Spain	1997	Full coverage: available in 95-100% of prisons	Medium coverage: 30-60% of prisoners in need have access to NSP	26 sites/ 5018 syringes/ 2016

4. Harm reduction: Naloxone upon release

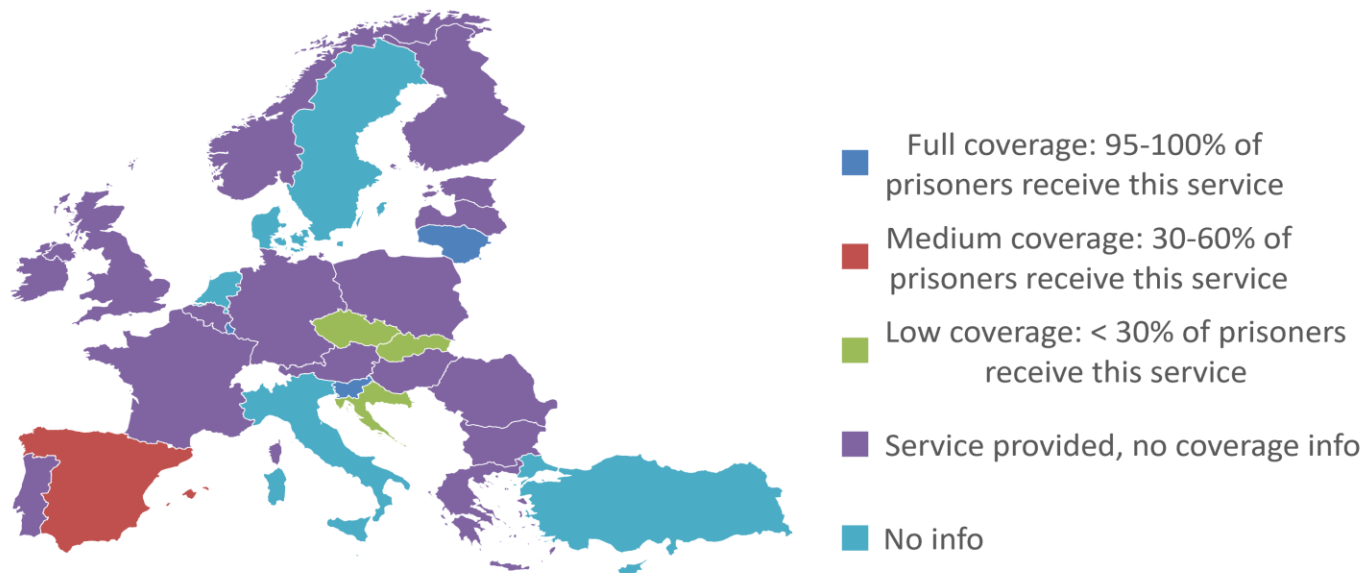
Naloxone upon release is available in 5 countries



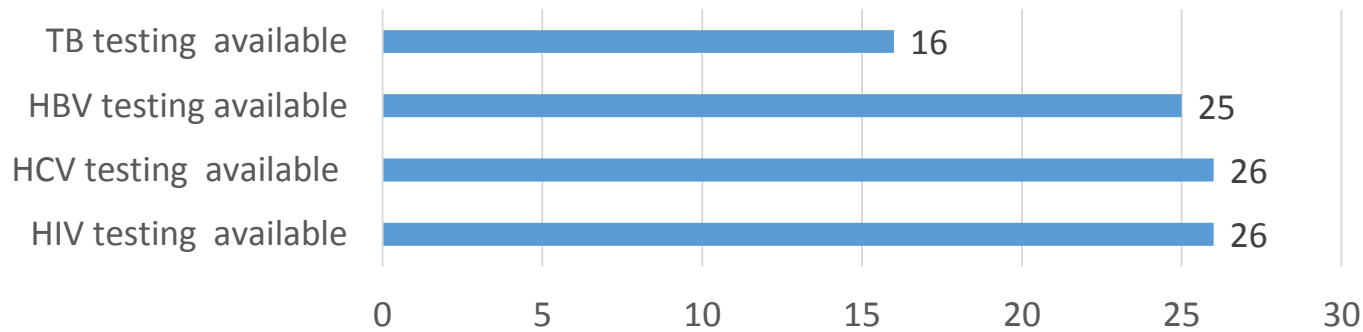
4. Harm reduction: counseling to prevent drug-related infectious diseases

Availability and coverage of health education (as prevention) on drug-related infectious diseases – regarding % of prisoners receive the service

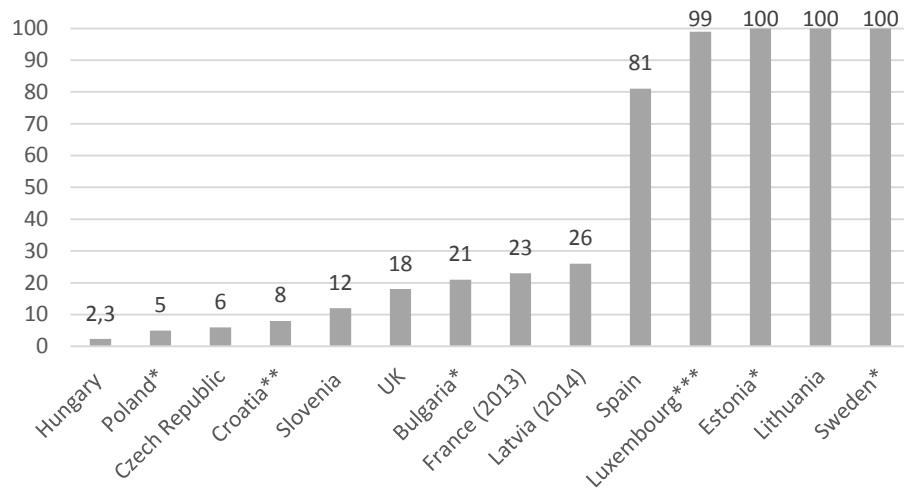
All reporting countries (25) stated that health education (as prevention) on drug-related infectious diseases is available for prisoners: 3 countries reported full coverage of such intervention, 1 reported medium coverage, while 3 reported low coverage. 16 countries where service is provided did not report on coverage, while 7 countries did not provide information if the intervention is available.



5. Testing + Vaccination + Treatment in prison: Testing

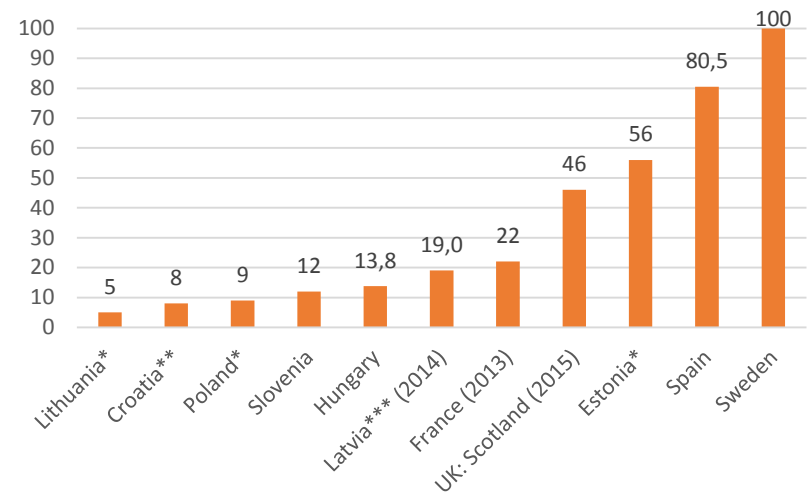


Total is 30, UK counted as one at these variables.



HIV testing rate (%) among prisoners in the last 12 months (2016/2017)

*testing rate was calculated by authors on the basis of number of tested people reported in WB and total prison population data available at SPACE statistics for 2016 (stock data) if testing rate for the last 12 months was not available at sources (WB, ECDC, NEC)



HCV testing rate (%) among prisoners in the last 12 months (2016/2017)

5. Testing + Vaccination + Treatment in prison: Testing



- Full coverage: 95-100% of prisoners have been tested (last 12 months)
- High coverage: 61-95% of prisoners have been tested (last 12 months)
- Low coverage: < 30% of prisoners have been tested (last 12 months)
- No information if service provided
- Service provided, no information on coverage

Coverage of HIV testing among prisoners, % of prisoners have been tested in the last 12 months (2016/2017)

Full coverage was estimated in 5, high coverage in 3, while low coverage in 8 countries. (16 reporting countries on HIV testing coverage)

Coverage of HCV testing among prisoners, % of prisoners have been tested in the last 12 months (2016/2017)

Full coverage was estimated in 3, high coverage in 3, medium coverage in 2, while low coverage in 7 countries. (15 reporting countries on HCV testing coverage)



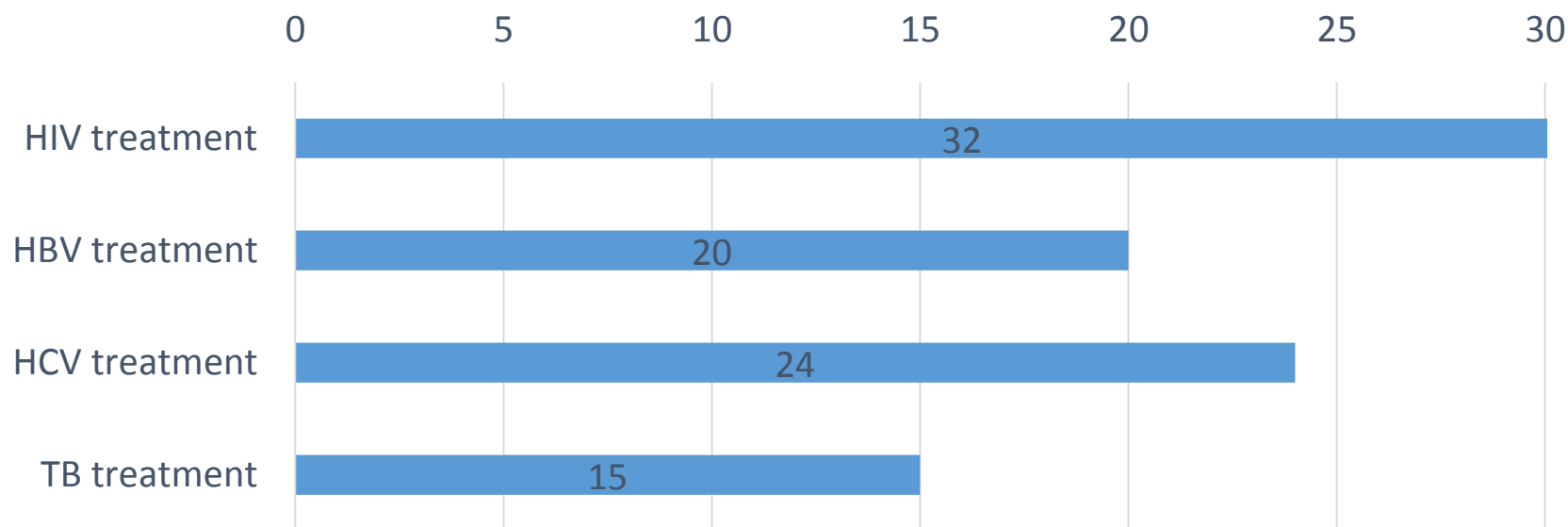
- Full coverage: 95-100% of prisoners have been tested (last 12 months)
- High coverage: 61-95% of prisoners have been tested (last 12 months)
- Medium coverage: 30-60% of prisoners have been tested (last 12 months)
- Low coverage: < 30% of prisoners have been tested (last 12 months)
- No information if service provided
- Service provided, no information on coverage

5. Testing + Vaccination + Treatment in prison: Treatment

Infectious disease treatment availability and coverage (referring to prisoners in need)

- HIV treatment is available in all 32* countries; where coverage info available (14 countries) mainly: Full or High
- HBV treatment is available in 20* countries, coverage info sporadic (7 countries): Full:4; High:1, Low: 2
- HCV treatment is available in 24* countries; coverage info sporadic (10 countries): Full: 4; High: 1, Med.:1, Low: 4
- TB treatment is available in 15* countries; coverage info sporadic (6 countries): all Full
- Linkage to HIV treatment is upon release – partly or fully – available in 25* countries
- Linkage to HCV treatment upon release: only 14* countries stated its available, others could not report availability

* Scotland, England+Wales, Northern Ireland counted separately, thus total is 32.

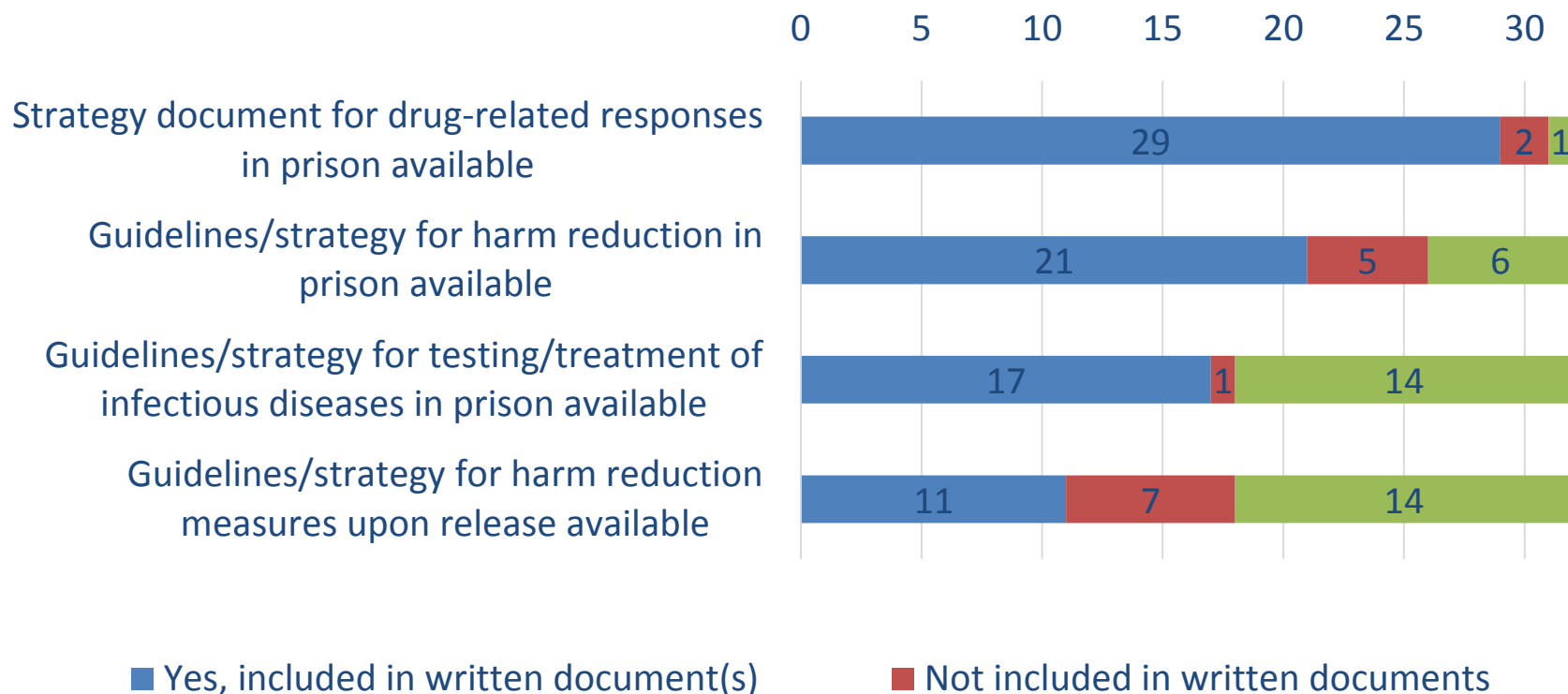


6. Strategy and Framework of harm reduction responses for prisoners

- Although drug-related aims are widely defined, harm reduction and infectious diseases testing and treatment policies are less frequently articulated in policy documents and guidelines

Inclusion of several topics relevant for the Joint Action in written policy documents

(N= number of countries, (total=32, UK represented in 3 parts)

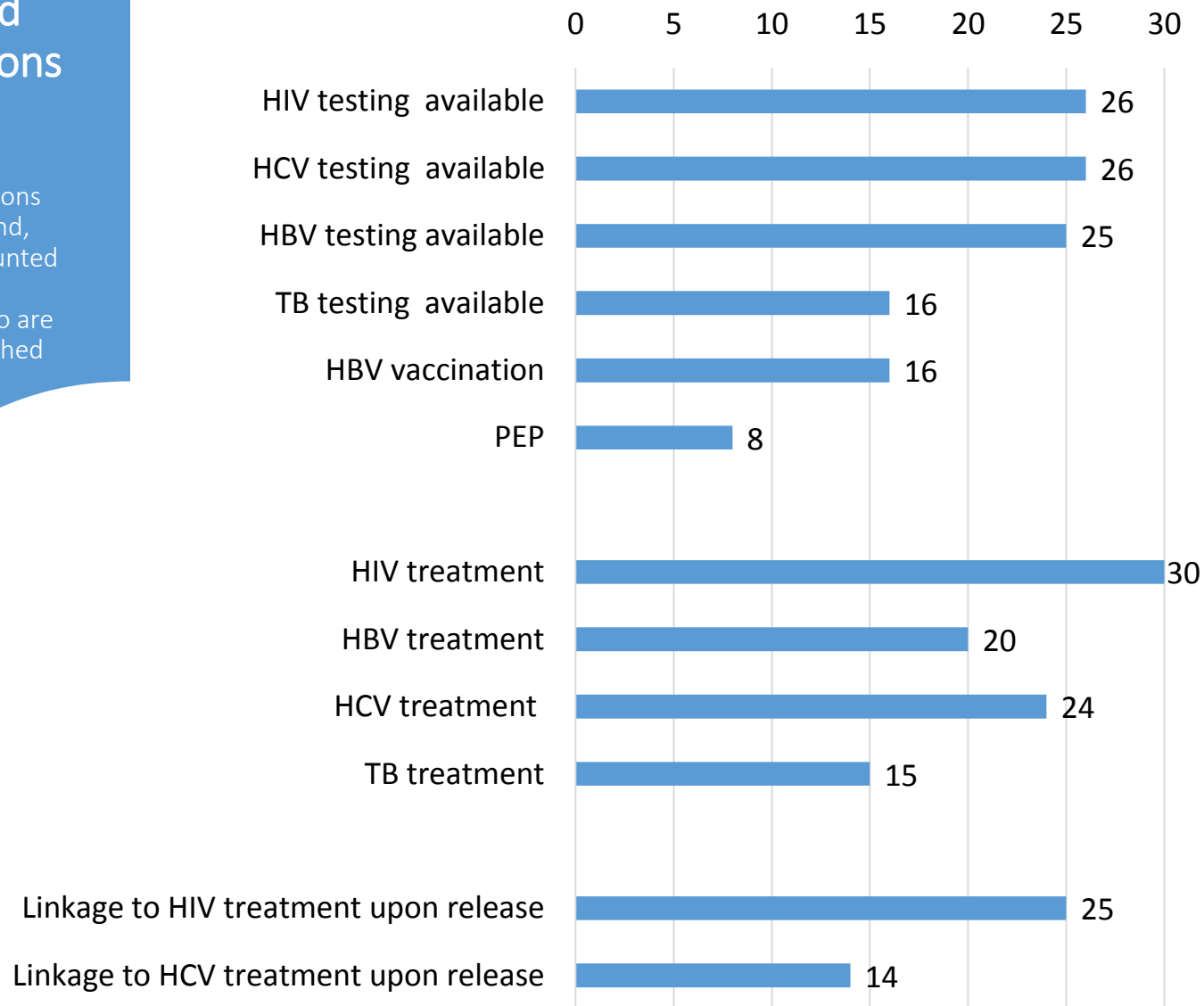


Summary of available infectious diseases related services in prisons

N= n of countries where available

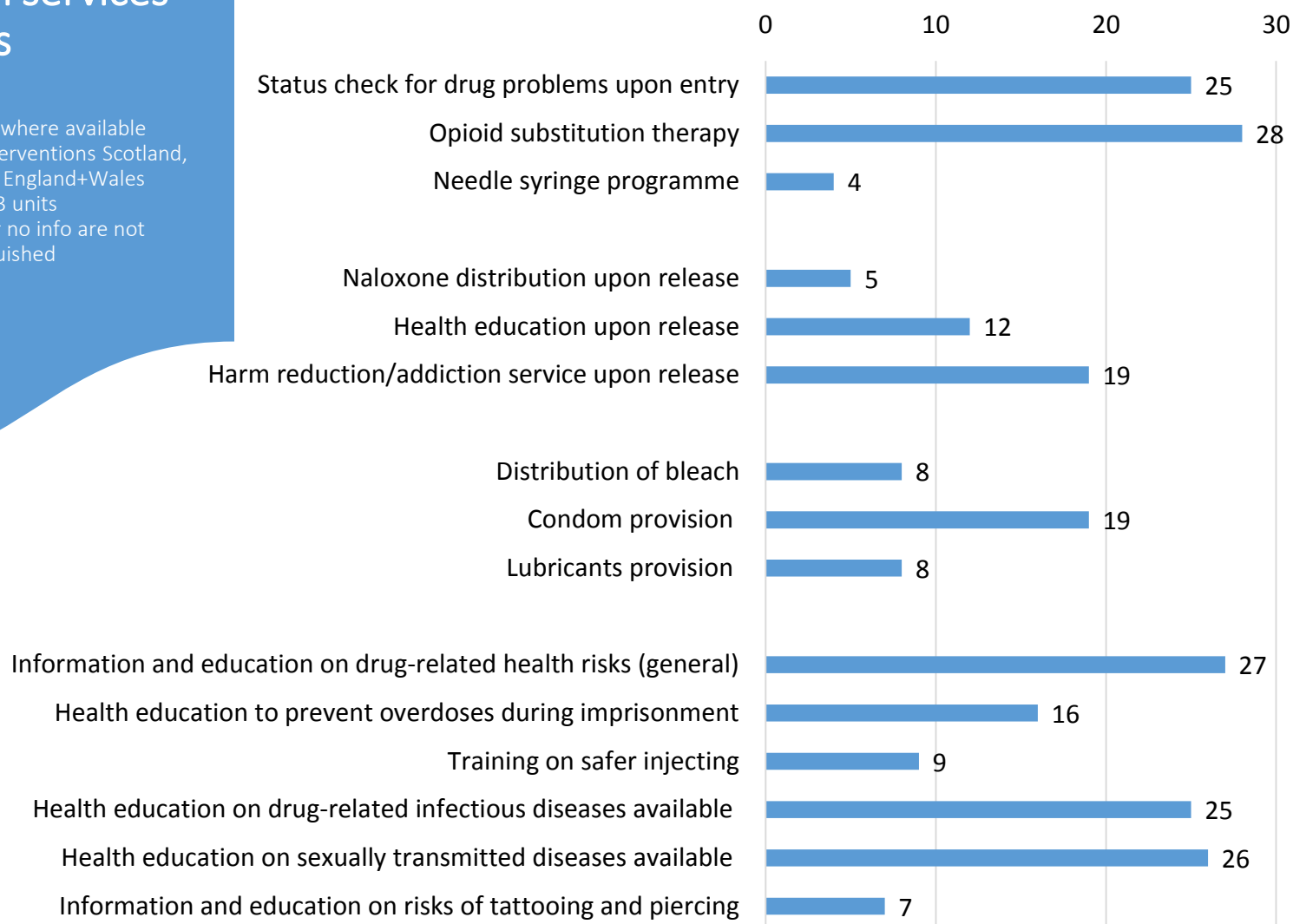
At most of the interventions Scotland, Northern Ireland, England+Wales were counted as 3 units

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Summary of available harm reduction services in prisons

N= n of countries where available
 At most of the interventions Scotland, Northern Ireland, England+Wales were counted as 3 units
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