

# The situation of drugs users in prisons - Problems and Perspectives

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Institut für Suchtforschung  
Frankfurt am Main

**Prof. Dr. Heino Stöver**

**Institut für Suchtforschung**

**Frankfurt University of Applied Sciences**

# 1. Epidemiology

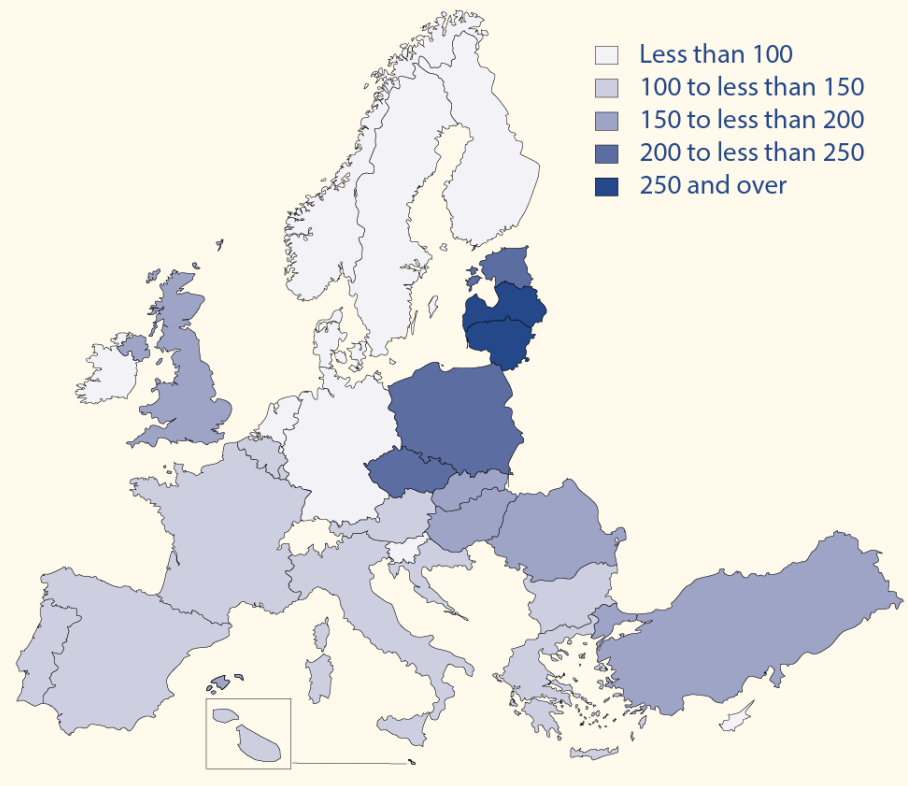
# Global Prison Population

- 10.35 million prisoners (cross cutting )
- annually higher due to turnover
- 1/3 in pre-trial detention
- global incarceration rate has risen by 6% over the past 15 years
- 113 countries noted as having a prison occupancy of more than 100%, including 22 with an occupancy above 200%

# Prison Population in Europe<sup>1</sup>

~ 770.000<sup>2</sup>

- ~2000 prisons in EU-30
- Prison Population Rate\*100000:
- EU: 130; Russia: 475; US: 698
- 4 % women (~ 32 000)
- 17 countries with overcrowding
- 16 % average foreigners
- 1 / 4 prisoners no final sentence
- DU mainly short sentences
- High recidivism
- Vulnerable and marginalised



1 Sources: SPACE 2014 – Council of Europe

- Europe: 28 EU countries, Norway and Turkey;
- International Centre for Prison Studies

2 1<sup>st</sup> September 2013 – data collection Linda Montenari et al. EMCDDA

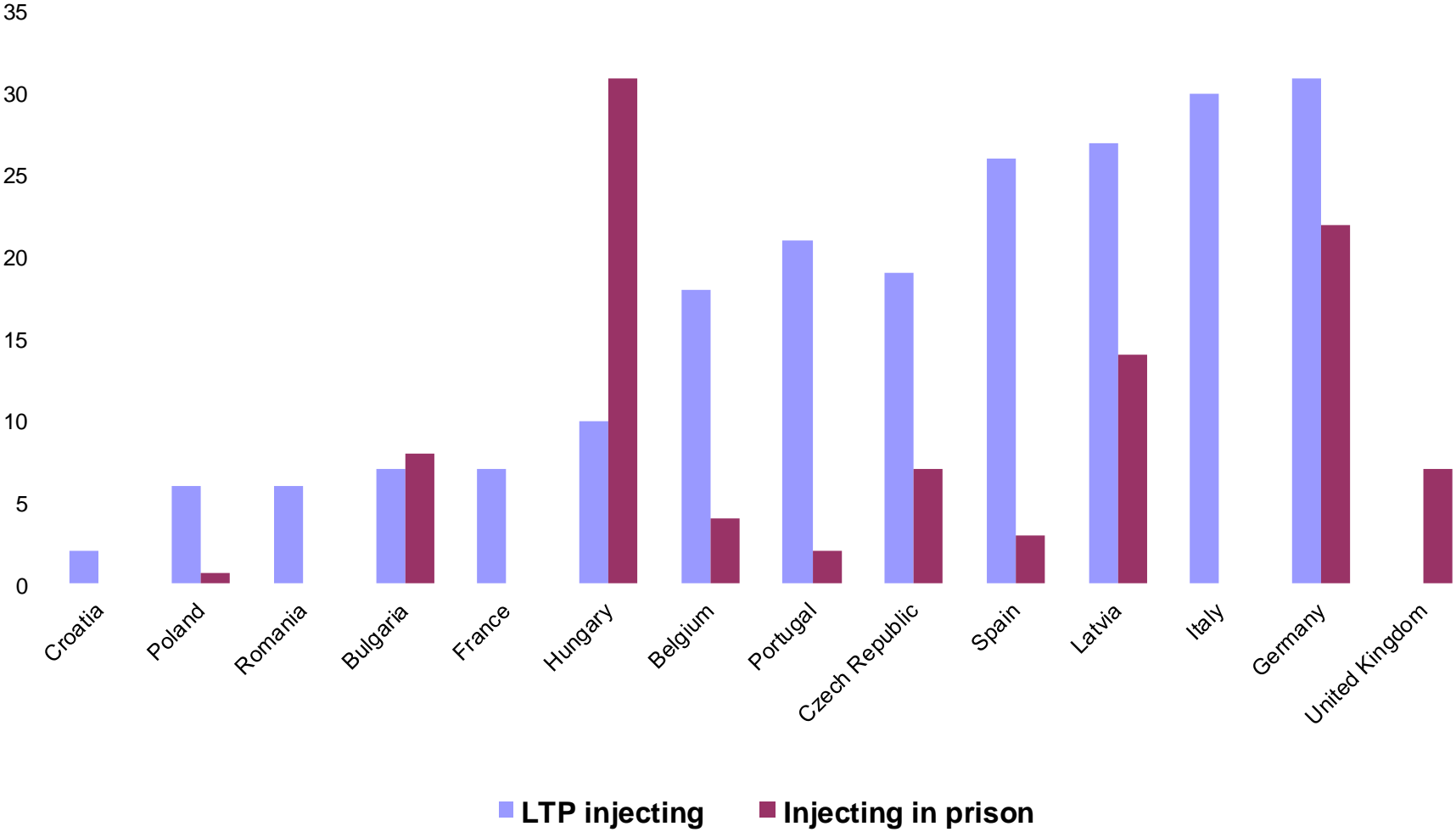
# Problem Drug Users in European Prisons<sup>1</sup>

- ~ One million prisoners per year in Europe
- 15-25% sentenced for drug related offences<sup>2</sup>
- US: 25-50% drug dependent on admission<sup>3</sup>
- Europe: ~ 1 in 6 prisoners problem drug users<sup>4</sup>
- 10–42% report regular drug use in prison
- 1–15% have injected drugs while in prison
- 3–26% first used drugs while incarcerated
- Up to 21% of injectors initiated injecting in prison<sup>4</sup>
- 90% relapse to heroin after release<sup>5</sup>

<sup>1</sup> Stöver & Michels (2010): Drug use and opioid substitution treatment for prisoners. In: Harm Reduction Journal 2010, 7:17; <sup>2</sup> Source: Council of Europe-SPACE I, Table

<sup>3</sup> Fazel et al. (2006); <sup>4</sup> Hedrich et al. (2012); <sup>4</sup> Stöver & Kastelic 2014, <sup>5</sup>Stöver 2016

# Drug injecting among prisoners (before and



Source: Statistical bulletin 2013  
 BG: heroin; LV: amphetamines; UK: females  
 Different years ; data: Lisa Montenari, EMCDDA

# Drug Related Death after release

- Excess mortality risk in the first weeks after release
- European studies on excess mortality risks:
  - England/Wales (first week): X 29 (M) X 69 (F)
  - Denmark (first two weeks): X 62 (M/F).
  - France (first year): X 24 (M 15-34); X 274 (M 35-54)
  - Ireland: comp. Drug Related Deaths prison/no prison:
    - 28% of DRD had left prison since one week
    - 18 % of DRD had left prison since one month

# People Who Inject Drugs and Infectious Diseases in prisons<sup>1</sup>

- HIV, STI, hepatitis B&C and TB prevalence **2 - 10 times higher**
- TB incidence rates **23 times higher**





# People Who Inject Drugs and Infectious Diseases in prisons<sup>1</sup>

- Unprotected sex,
  - multiple sexual partners,
  - low and inconsistent condom use,
  - intravenous drug use incorporating the
  - sharing of syringes, needles and drug use paraphernalia,
  - tattooing and body piercing
- are among the principal drivers of the global HIV epidemic<sup>4</sup>.

<sup>1</sup> Jürgens R, Ball A, Verster A. Interventions to reduce HIV transmission related to injecting drug use in prison. *Lancet Infectious Diseases*. 2009;9(1):57–66.

# Prison risk environment in Eastern Europe/Central Asian Prisons<sup>1</sup>

	Micro	Macro	Mechanisms leading to HIV/hep. B&C vulnerability
<b>Physical</b>	-availability of HIV testing and ART	-location of drug trade routes	-increases substance use
	-drug injecting locations	-distance from HIV concentration	
	-spatial inequalities	-prison population mixing	
<b>Social</b>	-stigmatization of drug users	-lack of social support	-increases vulnerability to violence
	-negative attitudes toward substance users from staff and inmates	-gender inequalities and gendered risks	-decreases ability to negotiate protective practices (condom use, etc.)
	-social norms	-ethnic inequalities	
		→	
<b>Economic</b>	-economic vulnerability within prison	-economically and socially disempowered populations concentrated within prison	-leads to recidivism
	-scarcity of employment	-funding for HIV prevention and harm reduction services	-increases social vulnerability
<b>Policy</b>	-availability and quality of harm reduction services	-policy on within-prison substance use	-increases WP-DI
	-cost of addiction treatment, ART	-health and human rights policies	-increases risky injection practices
		-laws governing prison-based harm reduction services	

# Special focus on PWID in EE/CA<sup>1</sup>

- Incarceration rates in Eastern Europe and Central Asia are among the highest in the world
- Due to policies within this region, the prevalence of HIV, hepatitis C virus, and tuberculosis infection is several times higher than in the community
- Data from Ukraine suggest that incarceration could be contributing to up to half of all new HIV infections among people who inject drugs
- OST would markedly reduce HIV transmission

<sup>1</sup> Altice, R.; Stöver et al. 2016, The Lancet, July 14, 2016









استعمال





## 2. Background

# Background<sup>1</sup>

- Safety is the priority task - not health
- The ethos of punishment and how to treat prisoners
- Hierarchical systems
- The lack of evidence-based/evidence-informed decision making in management of prisons
- The necessity of equivalence of health care
- Threat to professional ethics (medical doctors)
- Harm Reduction difficult part of Public Health

<sup>1</sup> WHO (2014): Prisons and Health. 2nd edition, <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/who-health-in-prisons-programme-hipp>

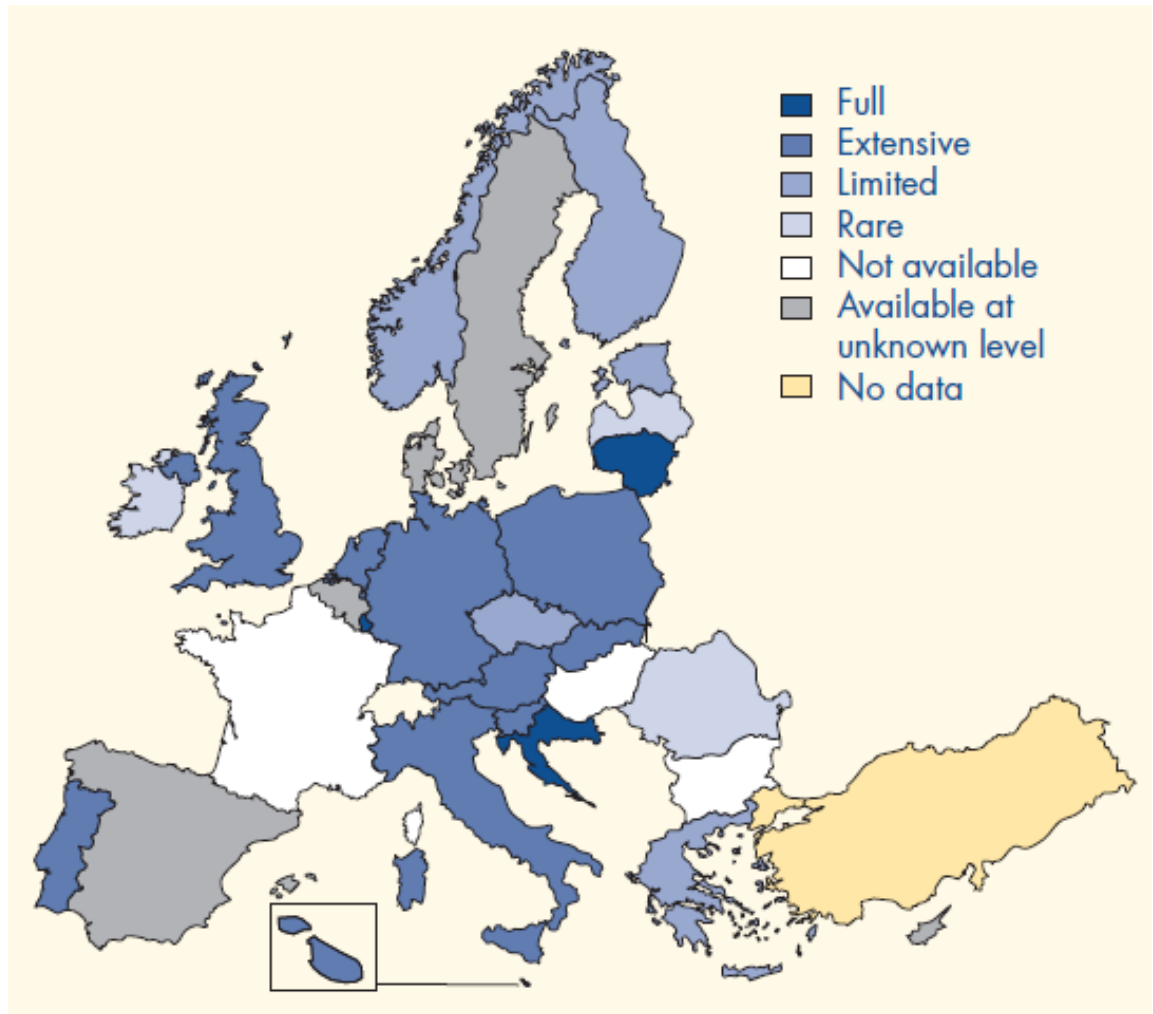
# Prison health is public health<sup>1</sup>

- Prisoners vulnerable group from vulnerable sectors of society and so often is staff!
- If left unattended, prisons could easily become incubators for communicable diseases (HIV, TB, STIs, hepatitis). The prison environment of overcrowding and poor ventilation is excellent breeding and transmission grounds for communicable diseases.
- Overcrowding in prisons is a very serious threat to any efforts to control diseases in prison settings.
- Prisoners are mainly sexually active males aged between 19 and 35 which put them at a high risk for HIV infection

# 3. Responses

- A) Drug Free treatment:
- B) Opioid Substitution Treatment (OST)
- C) Harm Reduction
- D) Condom Programs

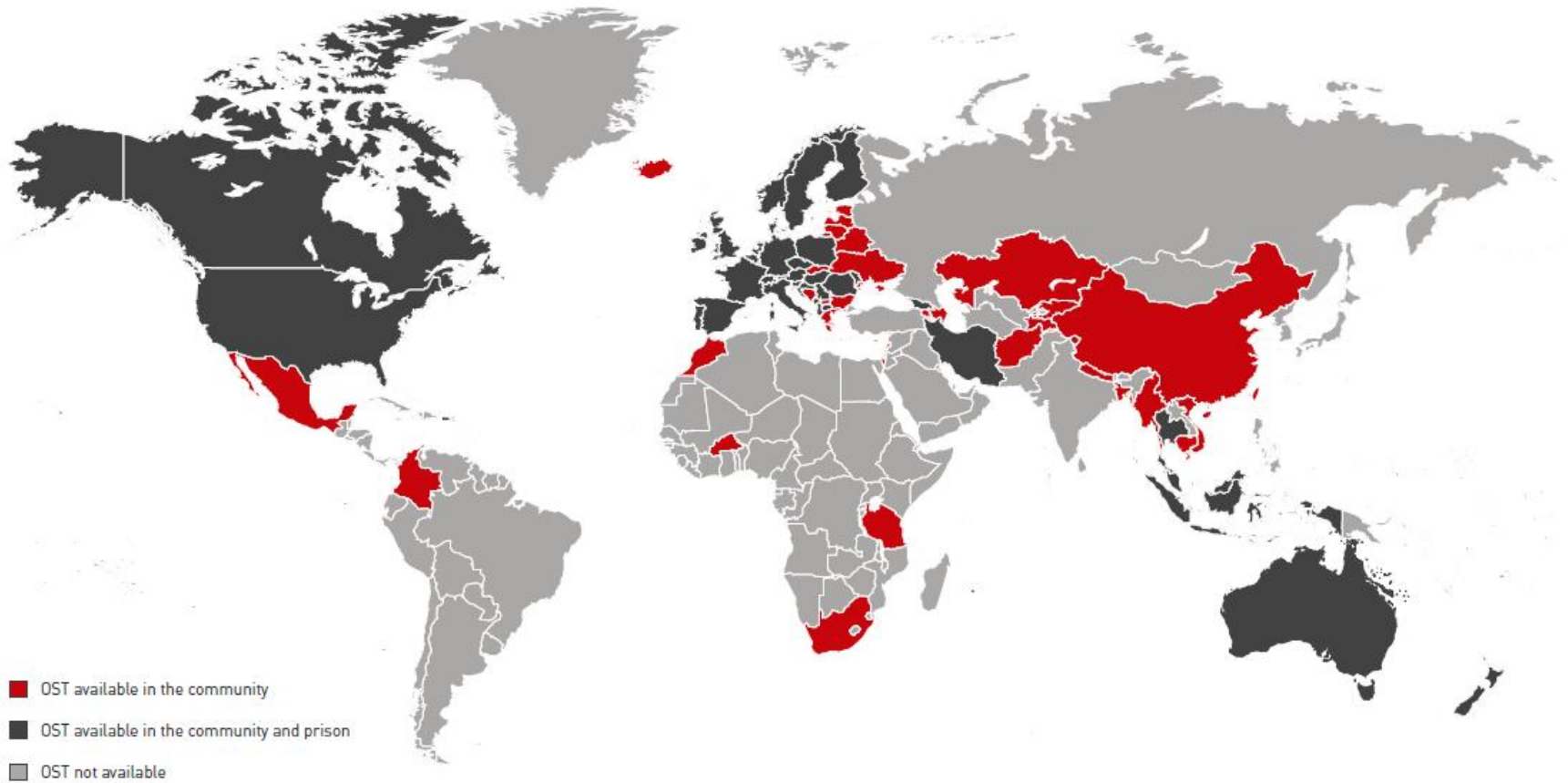
# A) Residential drug-free treatment in European prisons health<sup>1</sup>



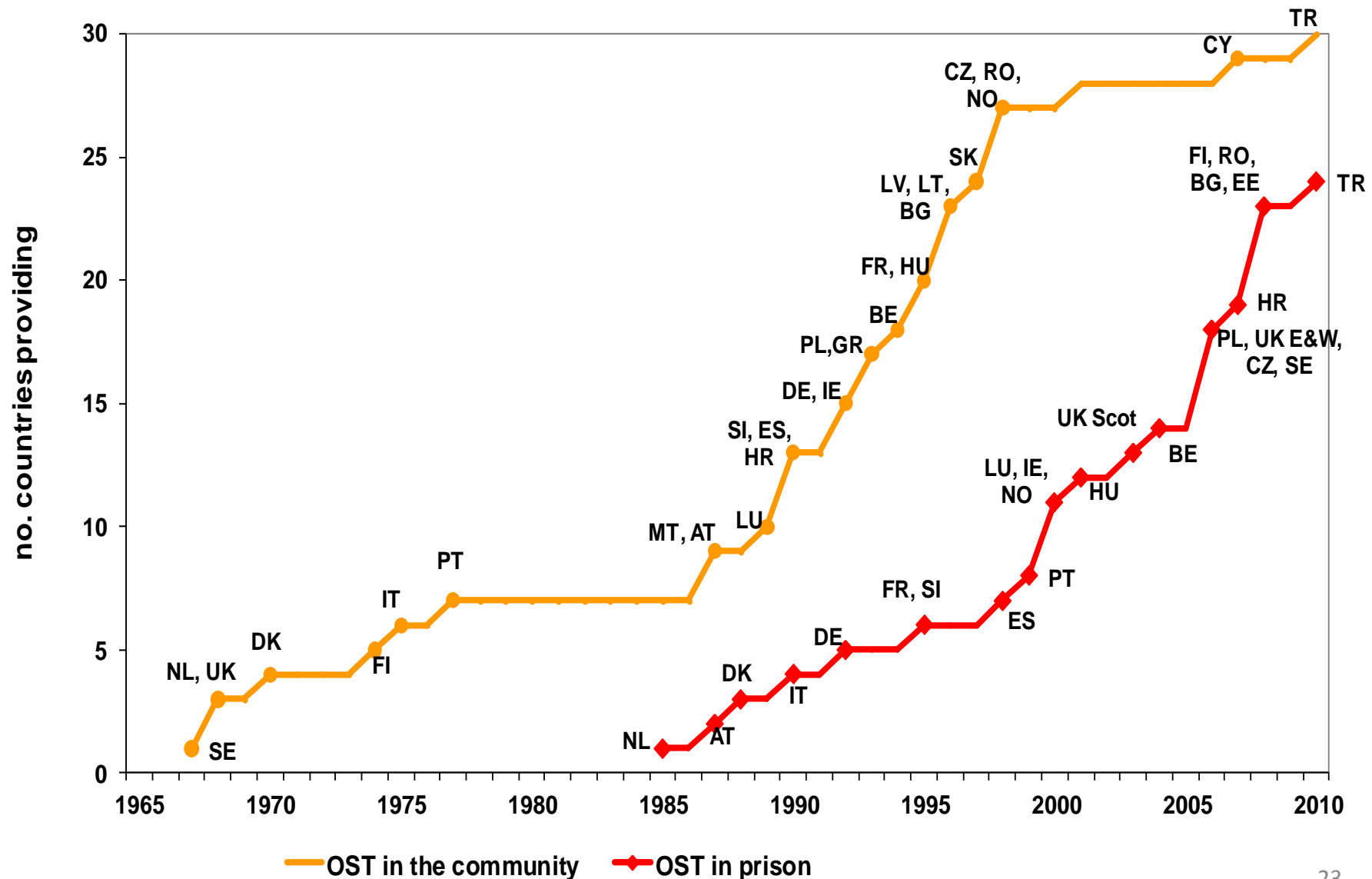
**1** Source:

- EMCDDA Selected issue
- *Prisons and drugs in*
- *Europe, 2012*

# B) OST in Community & Prison worldwide<sup>1</sup>



# Time gaps in the official introduction of OST in prisons: ~7-8y (Source: EMCDDA; D. Hedrich et al. 2012,)



# Systematic OST review of prison<sup>1</sup>

- Review of 21 studies (incl. 6 RCTs) shows that OST is effective among the prison population:
    - ++ reduced heroin use, injecting and syringe-sharing in prison, if doses adequate;
    - ++ increases in treatment entry and retention after release;
    - ++ post-release reductions in heroin use;
    - + pre-release OST reduces post-release deaths;
    - +/- evidence regarding crime and re-incarceration equivocal;
    - ? lack of studies addressing effects on incidence HIV/HCV;
- Disruption of continuity of treatment, especially due to brief periods of imprisonment, associated with very significant increases in HCV incidence.**



# OST in European prisons<sup>1</sup>

- Coverage low
- Detoxification models heterogenous
- Maintenance varies
- OST as relapse prevention only in few countries
- OST provision in prisons varies
  - from country to country,
  - from region to region,
  - from prison to prison,
  - from doctor to doctor within the same prison

Andrej Kastelic, Jörg Pont, Heino Stöver

# Opioid Substitution Treatment in Custodial Settings

## A Practical Guide



### Editorial Group

Fabienne Hariga (UNODC HQ Vienna/Austria)

Karlheinz Keppler (Women's Prison, Vechta/Germany)

Rick Lines (IHRA, London/United Kingdom)

Morag MacDonald UCE, Birmingham/United Kingdom)

David Marteau (Offender Health, London/United Kingdom)

Lars Møller (WHO Regional Office for Europe, Copenhagen/DK)

Jan Palmer (Clinical Substance Misuse Lead,  
Offender Health London/United Kingdom)

Ambros Uchtenhagen (Zürich/Switzerland)

Caren Weilandt (WIAD, Bonn/Germany)

Nat Wright (HMP Leeds/United Kingdom)



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# European Court of Human Rights in the case of Wenner v. Germany

- manifest and long term dependence to opioids
- denial of opioid substitution treatment (OST) in prison
- The Court found that the physical and mental strain that Mr Wenner suffered as a result of his untreated or inadequately treated health condition could, in principle, amount to inhuman or degrading treatment.
- the failure to adequately assess Mr. Wenner's treatment needs involved a violation of the prohibition of inhuman or degrading treatment

## C) Harm Reduction in Prisons



# HIV-Prevention – The Comprehensive Package: 15 Key Interventions (UNODC/ILO 2012)

1. Information, education and communication
2. HIV testing and counselling
3. Treatment, care and support
4. Prevention, diagnosis and treatment of tuberculosis
5. Prevention of mother-to-child transmission of HIV
- 6. Condom programmes**
7. Prevention and treatment of sexually transmitted infections
8. Prevention of sexual violence
- 9. Drug dependence treatment => Opioid Substitution Treatment**
- 10. Needle and syringe programmes**
- 11. Vaccination, diagnosis and treatment of viral hepatitis**
12. Post-exposure prophylaxis
13. Prevention of transmission through medical or dental services
- 14. Prevention of transmission through tattooing, piercing and other forms of skin penetration**
15. Protecting staff from occupational hazards



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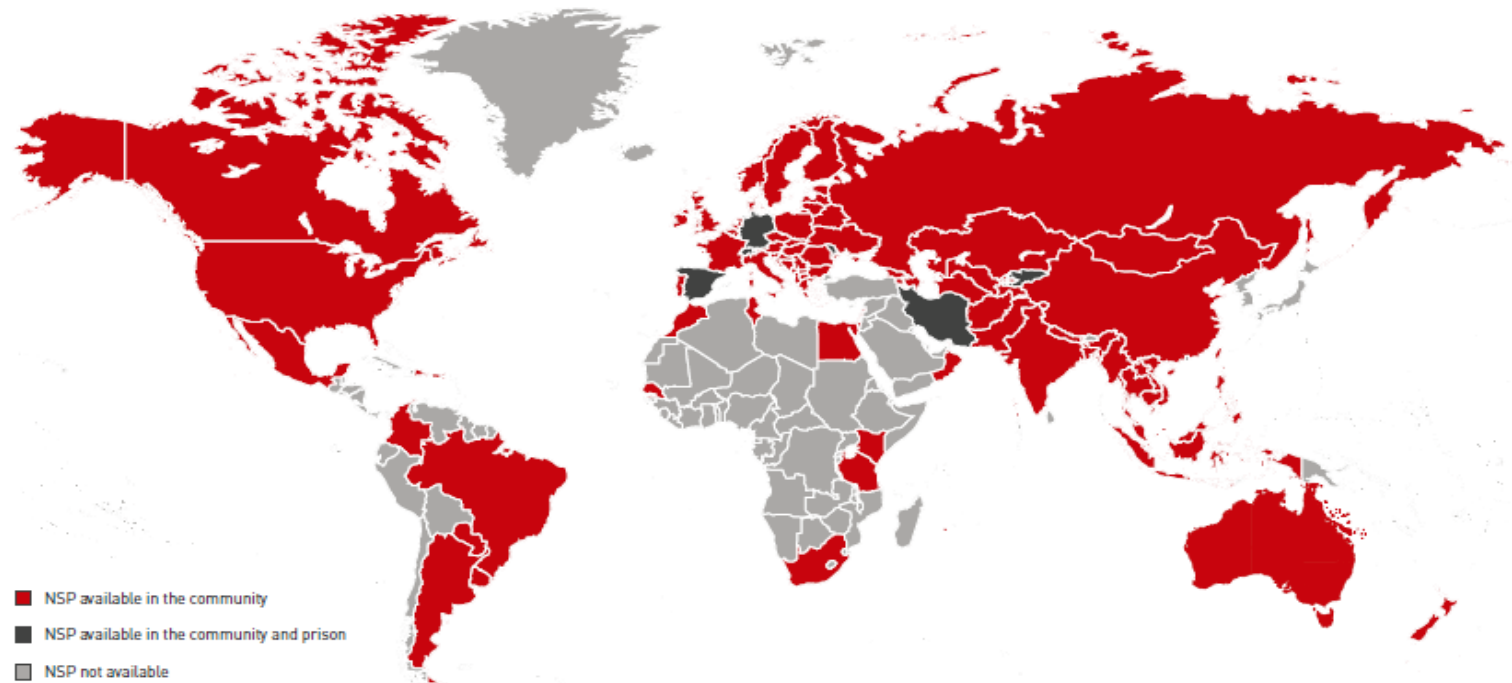


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# NSP in Community & Prison worldwide<sup>1</sup>



# PNSP worldwide (1/2)

- Switzerland: First program 1992
  - Today – PNSP in 11 out of 113 prisons
- Germany: Pilots in 1996
  - Today – PNSP in 1 prison out of 185
- Spain: Pilot in 1997
  - Today – PNSP approved for all 82 prisons, and programs operating in over 30 prisons out of 82
- Moldova: Pilot in 1999
  - Today – PNSP in 9 prisons out of 17
- Kyrgyzstan: Pilot in 2002
  - Today – PNSP in 9 colonies and 1 detention centre (out of 16 colonies and detention centres)



# PNSP worldwide (2/2)

- Luxembourg, since 2005
  - Today – PNSP in 1 prison out of 1 prison
- Islamic Republic of Iran: Pilot in 2006 -2011
  - Today – PNSP has been stopped in 2011
- Tajikistan, pilot in 1 prison
  - Today – PNSP in 1 prison out of 13
- Portugal, pilot foreseen in 2 prisons in 2008-9
  - stopped 2009



# Evaluations of PNSPs<sup>1</sup>

- 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

<sup>1</sup> Stöver, H. & Nelles, J.: Ten years of experience with needle and syringe exchange programmes in European Prisons. In: *International Journal of Drug Policy* Dec./2003, volume 14, Issues 5-6), pp 437-444

# Prison-based Needle and Syringe Programs - Dispensing machines



**Lichtenberg Prison  
Berlin**

## Anonymous Syringe Dispensing Machines



**Saxerriet Prison  
Switzerland**



# Prison-based Needle and Syringe Programs - Model of distribution: hand-to-hand



**Harm Reduction Kit  
Soto de Real Prison, Madrid**

Photographs by Rick Lines

# Prison-based Needle and Syringe Programs - Distribution by peer-workers



**Prison Colony 18 Branesti, Moldova**



Photographs by Elena Vovc

# Prison-based Needle and Syringe Programs - Distributed safer-use material (Spain 1/2)



# Prison-based Needle and Syringe Programs - Distributed safer-use material (Spain 2/2)



# Prison-based needle and syringe programs – UNODC Handbook

**In 60 prisons worldwide – in 10 countries**





# 20y of Prison-Needle Exchange – Where have we got from here?

- **Quantity**
  - Only little increase in the Number of PNSP
  - Numbers of clients decreasing
  - Coverage poor and patchy
  - Independent from responsibility of prison health care
- **Quality**
  - Confidentiality the key problem
  - Access often arbitrary
  - Perception of drug use important
  - Continuous work on the programme needed
  - HIV/AIDS no longer the driver

# PNSP Manual (1/3)

- THE BACKGROUND
- WHAT DO WE KNOW ABOUT PNSPs?
- Lessons learned
- Guiding principles for implementing and managing PNSPs successfully
- ADVOCACY OF PNSPs
- PLANNING AND IMPLEMENTING of PNSPs

# PNSP Manual (2/3)

- Before initiation of the program
- Needs assessment
- Legal regulations, policies and procedures
- Selecting the most suitable prisons for pilot
- Coordination and Communication: Implementing a steady working group
- Information, education and communication (IEC) for prison staff and prisoners
- Addressing health and safety concerns of prison staff

# PNSP Manual (3/3)

- Difficulties and problems in starting and operating PNSP
- Budget
- From pilot to regular services and scaling up of PNSP services
- MONITORING, EVALUATION, QUALITY ASSURANCE

# **D) Sexual Risks and Condom Programs**

# Sexual risks in prisons: Contextual MSM<sup>1</sup>

- Sexual activity takes place in prisons and other closed settings, but general access to condoms there is limited.
- It is important to introduce, and expand to scale, condom and lubricant distribution programmes in prisons and other closed settings, without quantity restriction, with anonymity and in an easily accessible manner (e.g. condom vending machines).
- Condom use in Australian Prisons >general population: 20-30%<sup>2</sup>:

**Table 1. Types of sexual activity engaged in while in prison**

Type of sex*	Inmates % (n=468)
No sexual activity	86
Oral sex	12
Anal sex	9
Massaging/ rubbing	7
Masturbation with another	8

\*Multiple responses for sexual activity permitted.

**Table 2. Frequency of condom use among inmates having anal intercourse or oral sex**

	Condom use in anal intercourse % n=44	Condom use in oral sex % n=54
Every time	52	28
Often	7	2
Sometimes	16	22
Never	21	44
No sex since condoms available	4	4

1 WHO (2014): Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations

2 Dolan, Kate;Lowe, David;Shearer (2004): James Evaluation of the Condom Distribution Program in New South Wales Prisons, Australia The Journal of Law, Medicine & Ethics; Spring 2004; 32, 1; ProQuest Central pg. 124

# Condoms: from Maputo (Mozambique) to Munich (Germany) to Maseru (Lesotho)

- **Maputo/Mozambique:** ca. 24% of prisoners HIV+ - no condoms: „...might increase sexual activity ...“
- **Munich/Germany:** HIV-prevalence among prisoners 1,5% of men, that is 30-times higher than in the general population
- condoms available only via application – medical service
- 2005-2007 provision of 43 condoms to 13,000 prisoners
- Official legitimation: „prisoners are informed to behave responsibly right in the beginning“<sup>1</sup>
- Lesotho prison service has installed „condotainer“

<sup>1</sup>Bayerische Staatszeitung vom 29.08.2014

# Condotainer Maseru Prison





# Condotainer San Francisco/US Prison



## CONDOTAINER RULES

- 1. You may only have one condom in your possession at any time.
- 2. Immediately upon condom package and discard the external paper box and wrapper.
- 3. Condoms provided in the clear sealed plastic wrapper are NOT reusable.
- 4. Condoms remaining in the box or removed from the clear sealed plastic wrapper are contraband and will be confiscated.
- 5. Having lots in jail is illegal under California Penal Code § 26300.
- 6. Failure to obey these rules will result in discontinuation of this condom access program.

## Reglas Sobre La Máquina De Condones

- 1. Solo se permite tener un condón en su posesión a la vez.
- 2. Inmediatamente luego de recibir el condón y tira la caja y el plástico que cubre el condón a la basura.
- 3. El paquete que contiene el condón no es reutilizable.
- 4. Un condón fuera de su paquete o un condón dentro de la caja es considerado contrabando y será confiscado.
- 5. Tener más de un condón es un delito bajo el Código Penal del Estado de California § 26300.
- 6. Si las reglas de este sitio no cumplen con las reglas de este programa, el programa de distribución y acceso a condones será suspendido.

## 避孕套使用規則

- 1. 每位囚犯只能持有1個避孕套。
- 2. 收到避孕套後，應立即將外紙盒和包裝紙丟棄。
- 3. 避孕套包裝紙不能重複使用。
- 4. 取出避孕套後，若其仍在包裝紙內，則該避孕套將被視為違禁品並被沒收。
- 5. 持有超過一個避孕套是違法行為，違反加州刑法第26300條。
- 6. 如果本規則與本項計劃的規則不一致，則本項計劃將被暫停。

# Conclusions



# Conclusions: from harm production to harm reduction

- Global attention on the particular situation of drug users in prisons is needed
- Differentiated services from abstinence-oriented, OST to harm reduction
- Integration of drug using prisoners: „Nothing about us without us“- empowerment!
- Integration of prison staff, but not decision making!
- Prison is a breeding ground for infectious diseases

# Conclusions: from harm production to harm reduction

- Funds need to be allocated in order to meet the UNAIDS goals by 2030
- Urgent initiation and expansion of harm reduction services, especially PNSP
- Urgent initiation and scaling up of OST
- Improve cooperation and communication between prison and community services

# Improve effectivity and efficiency of prison health care



„... Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities “

*(Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons)*

[hstoever@fb4.fh-frankfurt.de](mailto:hstoever@fb4.fh-frankfurt.de)



# Contact & References

- Heino Stöver: [hstoever@fb4.fra-uas.de](mailto:hstoever@fb4.fra-uas.de)
- UNODC/UNAIDS/WHO publications: <http://www.unodc.org/unodc/en/hiv-aids/publications.html>
- WHO Harm reduction package: [http://www.who.int/hiv/topics/idu/harm\\_reduction/en/#](http://www.who.int/hiv/topics/idu/harm_reduction/en/#)
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