Training on Opioid Agonist Treatment (OAT) in prisons in Ukraine

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No conflict of interest to declare

1. Key Recommendations of Prison Healthcare

"…the role of prisons as important settings to address health inequalities and to recognize the status of people in prison as a disadvantaged group in terms of health and well-being."

Lisbon conclusions from the World Health Organization (WHO) international meeting on prisons and health (2017)
http://www.euro.who.int/__data/ assets/pdf_file/0004/365971/Lisbonconclusions.pdf?ua=1

Availability, accessibility, acceptability, and quality of health care services in prisons

McLeod (2020)

Prison Health Care Governance – Clinical Independence is Key

"Unrestricted clinical independence for health care providers constitutes the bedrock of ethically sound health care for individuals in detention, and is based on the assertion that the sole task of health care professionals is to evaluate, protect, or improve their patients' physical and mental health."

Pont et al. (2018): Prison Health Care Governance: Guaranteeing Clinical Independence . In American Journal of Public Health, 4/18

Essentials for effective commissioning of prison healthcare:

- increased accessibility,
- improved continuity of care,
- improved quality of data and intelligence,
- understanding needs,
- collaborative working,
- clear evidence base on what works and is cost effective
- the inclusion of the views of people living in prison, their families and the whole prison workforce.

Leaman J, Richards AA, Emslie L and O'Moore EJ: Improving health in prisons – from evidence to policy to implementation – experiences from the UK. In: International Journal of Prisoner Health 13; 139-147, 2017;
see also: Zulaika et al. (2012): A new prison health care model: the experience of the Basque Country. In: Rev Esp Sanid Penit 2012; 14: 91-98

CPT
(Extract from the 3rd General Report, 1993)

71. In order to guarantee their independence in health care matters, the CPT considers it important that health care personnel in prison should be aligned as closely as possible with the mainstream of health care provision in the community at large.

72. Whatever the formal position under which a prison doctor carries on his activity, his clinical decisions should be governed only by medical criteria.

Council of Europe R (98)7

12. The role of the ministry responsible for health should be strengthened in the domain of quality assessment of hygiene, health care and organisation of health services in custody, in accordance with national legislation. A clear division of responsibilities and authority should be established between the ministry responsible for health or other competent ministries, which should co-operate in implementing an integrated health policy in prison.

Council of Europe R(2006)2 European Prison Rules

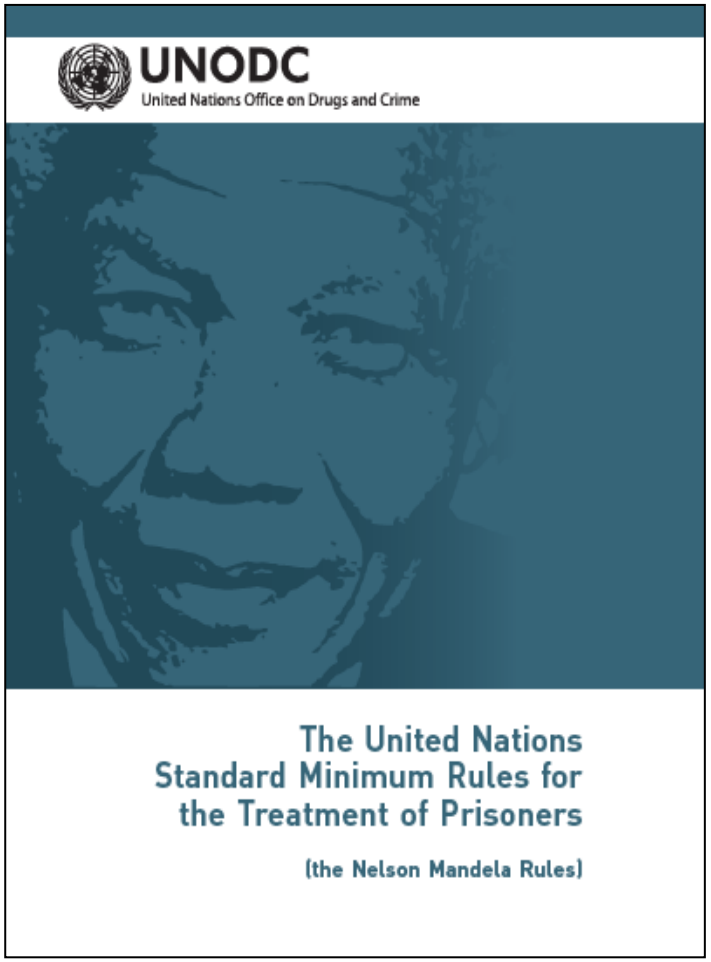
40.1 Medical services in prison shall be organised in close relation with the general health administration of the community or nation

40.2 Health policy in prisons shall be integrated into, and compatible with, national health policy.

Moscow Declaration on Prison Health (2003)

The WHO established in its 2003 Moscow Declaration the essential need to establish close links between —or to integrate— public health care services and those in prison

WHO (2003) Moscow Declaration: http://www.euro.who.int/data/assets/pdf_file/0007/98971/E94242.pdf



24/2: Health care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, TB and other infectious diseases, as well as for drug dependence.

www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf

Strasbourg Conclusions on Prison and Health

"The subordination of prison health services under the jurisdiction of health ministries is the most effective way to guarantee the professional independence and ethical conduct of prison health staff."

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

World Health Organization
REGIONAL OFFICE FOR Europe

COVID-19 as a key excercise in the organization of prison health

- COVID-19 as an opportunity for developing systems further and gave a concrete example about health information systems and how the pandemic created an interoperable system in many countries.

Tavoschi, S Mazzilli, D Petri, V Busmachiu, I Stylianou,F Meroueh, H Stöver, A Rosello, R Ranieri, L Baglietto (2022): COVID-19 vaccination in prison settings: a model to design tailored vaccine delivery strategies, October 2022. In: The European Journal of Public Health 32(Supplement_3) DOI: 10.1093/eurpub/ckac129.388

Pont et al. (2022): Jörg Pont, Stefan Enggist, Heino Stöver, Hans Wolff (2022): Covid-19 Lessons for Health and Human Rights in Prison , Pages 205-220

Experience of health professionals, police staff and prisoners in Italy informs WHO COVID-19 guidelines for prisons', World Health Organization Regional Office for Europe, 28 May 2020, www.euro.who.int/en/countries/italy/news/news/2020/5/experience-of-health-professionals,-police-staff-and-prisoners-in-italy-informs-who-covid-19-guidelines-for-prisons.

'COVID-19 info video encourages vaccination among prison population', *Irish Red Cross*, www.redcross.ie/covid-19-response/covid-19-info-video-encourages-vaccination-among-prison-population, [accessed on 21 January 2022].

Harm Reduction International and Penal Reform International, *COVID-19 vaccinations for prison populations and staff: Report on global scan*, December 2021, p.30.

HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions

UNDP
UNAIDS
UNFPA
World Health Organization
International Labour Organization
UNODC United Nations Office on Drugs and Crime

Prevention of HIV, HBV and HCV

1. Information, education and communication
2. Condom and lubricant programming
3. Prevention of sexual violence
4. Needle and syringe programmes and overdose prevention and management
5. Opioid substitution therapy and other evidence-based drug dependence treatment
6. Prevention of transmission through medical and dental services
7. Hepatitis B vaccination and prevention of transmission through tattooing, piercing and other forms of skin penetration
8. Post-exposure prophylaxis of HIV

HIV, hepatitis diagnosis and treatment

9. HIV testing and counselling services
10. HIV treatment, care and support
11. Diagnosis and treatment of viral hepatitis

Prevention, diagnosis and treatment of TB

12. Prevention, diagnosis and treatment of tuberculosis

Gender responsive services

13. Sexual and reproductive health
14. Prevention of mother-to-child transmission of HIV, syphilis and HBV

Occupational safety and health

15. Protecting staff from occupational hazards

2. OAT: evidence, obstacles, and progress

Systematic OAT review of prison[1]

- 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 sigificant increases in HCV incidence.

1 Hedrich et al. 2012; Addiction

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

RESEARCH REPORT

doi:10.1111/add.13779

Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England

John Marsden[1], Garry Stillwell[1], Hayley Jones[2], Alisha Cooper[3], Brian Eastwood[3], Michael Farrell[4], Tim Lowden[3], Nino Maddalena[3], Chris Metcalfe[2], Jenny Shaw[5] & Matthew Hickman[2]

Addictions Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK,[1] School of Social and Community Medicine, Faculty of Health Sciences, University of Bristol, Bristol, UK,[2] Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, London, UK,[3] National Drug and Alcohol Research Centre, University of New South Wales, New South Wales, Australia[4] and Institute of Brain, Behaviour and Mental Health, University of Manchester, Manchester, UK[5]

Health & Wellbeing Journal Club - 03/03/2017

Maciej Czachorowski

Epi-scientist

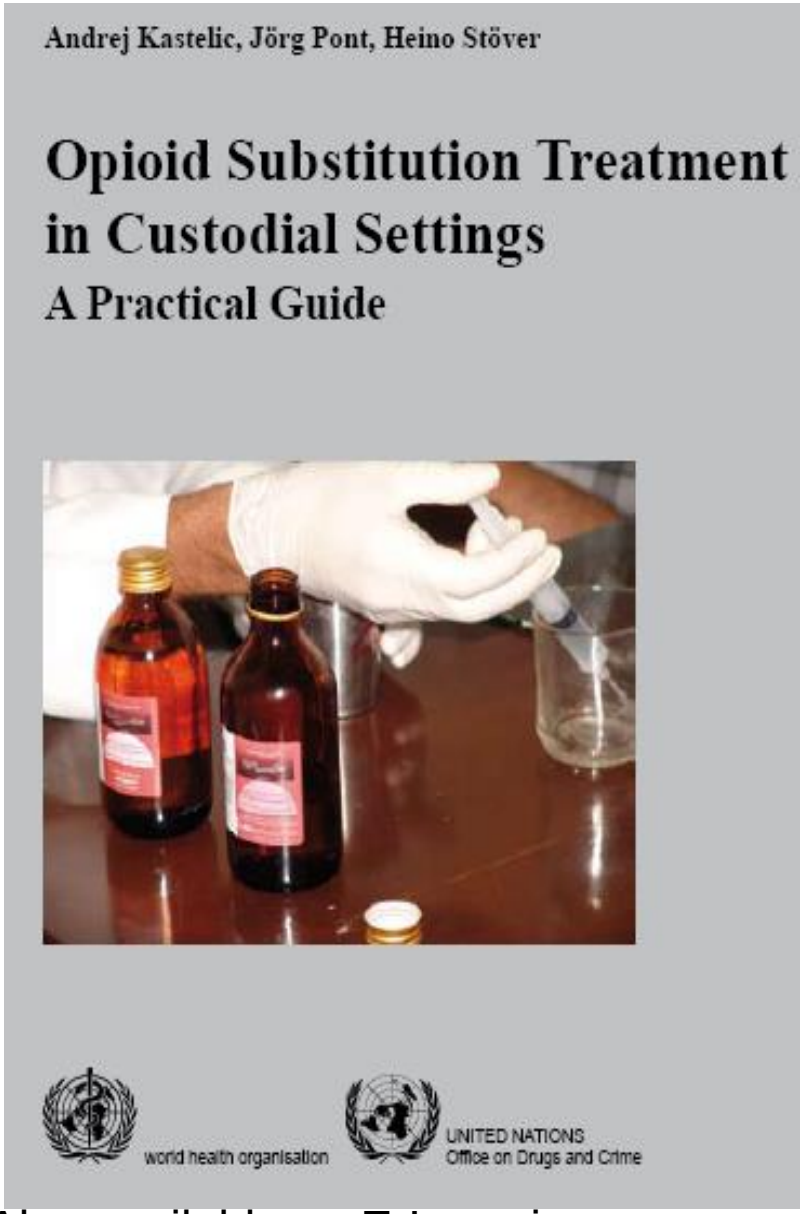
PHE National Health & Justice Team

Further evidence of OAT in prisons[1]

One cohort study (Larney et al., 2014) enrolling N=16 715 opioid dependent people who were in prison between 2000 and 2012 showed that:

- being in OST was associated with a 74% lower hazard of dying in prison (adjusted HR (AHR) 0.26; 95% CI 0.13 to 0.50), compared to time not in OST
- being in OST was associated with a 87% lower hazard of unnatural death (adjusted HR (AHR) 0.13; 95% CI 0.05 to 0.35), compared to time not in OST
- being in OST was associated with a 94% lower all-cause mortality hazard during the first 4 weeks of incarceration (adjusted HR (AHR) 0.06; 95% CI 0.01 to 0.48), compared to time not in OST
- being in OST was associated with a 93% lower hazard of unnatural death during the first 4 weeks of incarceration (adjusted HR (AHR) 0.07; 95% CI 0.01 to 0.59), compared to time not in OST

1 EMCDDA 2021



Also available as E-Learning course; see: www.harmreduction.eu

Adopted to the national situation and translated into several languages (e.g. Russian, Czech, Lithuanian, Latvian,

Ostacles: Why is the introduction of OAT going so slow[1]?

- Abstinence predominant concept
- Juridical concerns
- Lack of knowledge
- Lack of infrastructure
- Mixing up OAT medications with street drugs by staff and medical doctors
- Political reasons

1 Stöver et al. 2020

Conclusions

- Prison-based OAT is a highly effective means of treating opioid use disorder
- OAT is a starting point and stable therapy for treating other disorders and infectious diseases
- Highly effective of **reducing the risk of death** (75% reduction) among people in the first 4 weeks after release from prison.

3. Roles and responsibilities of prison staff and health care workers

Roles and responsibilities of medical staff[1]

- OAT a treatment like any other
- State-of-the-art treatment – highly effective and efficient
- Daily supervised intake of methadone
- Urine controls
- Documentation
- Doctor-patient-relationship
- Ongoing communication

1 Kastelic, Pont, Stöver 2008

Roles and responsibilities of security staff[1]

- No discrimination or stigmatization!
- Daily guidance to the medical unit
- Understanding the philosophy of OST

1 Kastelic, Pont, Stöver 2008

Roles and responsibilities of health care staff and social worker[1]

- OAT and psycho-social care
- OAT as a basis for further planning
- OAT and throughcare
- OAT and rehabilitation

1 Kastelic, Pont, Stöver 2008

4. Risks (overdose, diversion etc.) and how to mitigate them

Risks: overdose and diversion

- Risk of overdose can be minimized by proper anamnesis (including information by treating doctor outside)
- Start low and go slow: dosing needs to be done individually
- Confirmation of identity
- Supervision of intake
- “Sing a little song…” in order to prevent diversion

5. Reduction of post-release mortality and OAT

Factors contributing to increased risk of acute death upon release in people with opioid use disorder (OUD)

- Physiological: desensitisation to opiates
    - Fatal OD if pre-incarceration dose is consumed at liberty
- Behavioural:
    - Acute injection (increases drug bioavailability and respiratory effects)
    - Concurrent with alcohol and benzodiazepine (tranquilliser) (exacerbates suppression of respiratory drive)
    - Concurrent with cocaine (induction of cardiovascular arythmias)

Drug Related Death after Release

- Excess mortality risk in the first weeks after re lease
- 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

Source: 2012 Selected Issue; TBC: Baussano, 2010; Psychiatric disorders: Palijan, 2009

6. Conclusions

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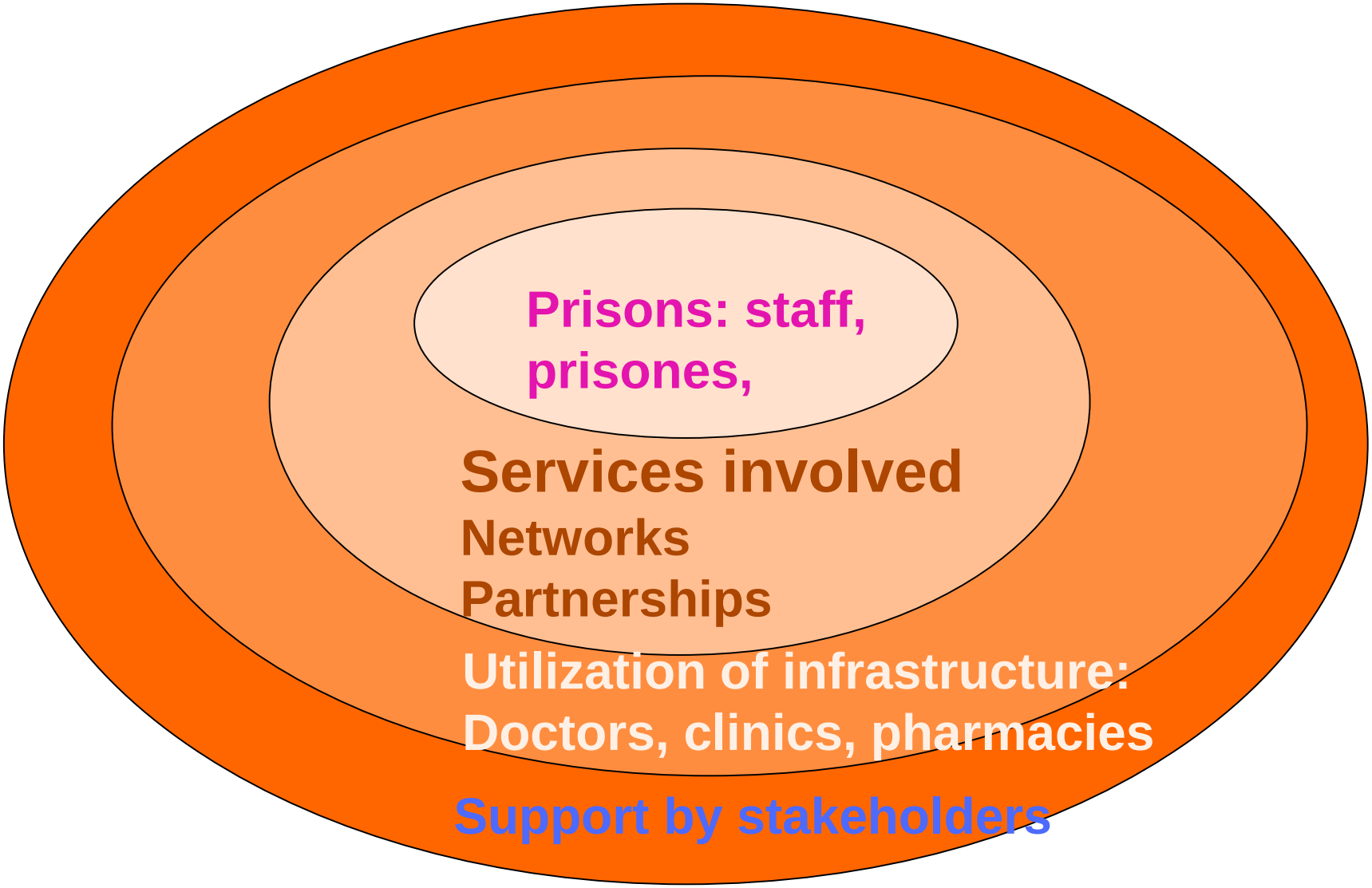
Improve effectivity and efficiency on prison health



„... 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) S*tatement on HIV/AIDS in Prisons)

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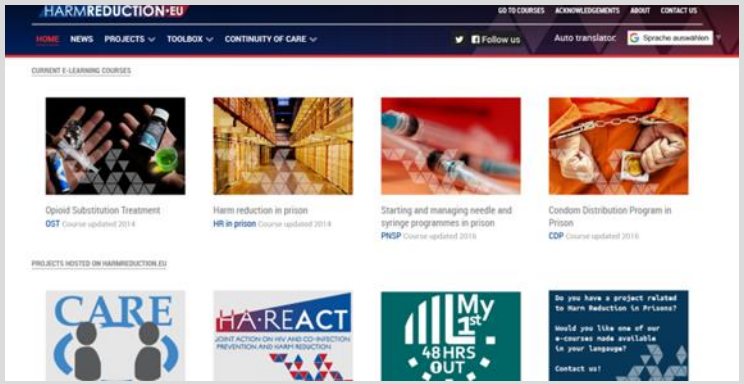
www.harmreduction.eu



References

- *EMCDDA (2017) European Drug Report 2017: Trends and Developments*. Luxembourg: Publications Office of the European Union, June 2017. Available online: http://www.emcdda.europa.eu/publications/edr/trends-developments/2017

- *Statistical Bulletin 2017*. EMCDDA Lisbon, June 2017. Available online: http://www.emcdda.europa.eu/data/stats2017_en

- *EMCDDA (2017) Health and social responses to drug problems: a European guide.* Luxembourg: Publications Office of the European Union, October 2017. Available online : http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide_en

- EMCDDA (2017) Drug consumption rooms: an overview of provision and evidence. EMCDDA Series: *Perspectives on Drugs*, June 2017. Available online : http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms

- EMCDDA (2016) *Preventing opioid overdose deaths with take-home naloxone*. EMCDDA Series: *Insights.* Luxembourg: Publications Office of the European Union, 2016. Available online: http://www.emcdda.europa.eu/publications/insights/take-home-naloxone_en

- EU Drugs Strategy 2013-2020. Available online: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A52012XG1229%2801%29

- EU Action Plan on Drugs. Available online: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52017XG0705%2801%29

Websites

- **Harm Reduction Coalition**
  In the Overdose Prevention section of their website they have a great selection of documents covering: News and Updates, Overview of Overdose, Tools and Best Practice Information, and Policy and Advocacy documents.
- **COPE Australia**
  Community Overdose Prevention and Education (COPE) is a community-based opioid overdose prevention initiative funded by the Victorian Government. COPE provides training and support to primary health and community organisation staff. These trained staff will provide education to individuals who may be opioid users o potential overdose witnesses, such as a family member or friend.
- **Understanding the risks of mixing medications & street drugs**
- **AMA Webinars**
  The American Medical Association has resources available about Prescription Opioid Overdose and Public Health Responses.
- **Ontario Harm Reduction Distribution Program: Naloxone Program**
  This website contains information relative to the Ontario Provincial Naloxone Program: naloxone order forms, staff training resources, and client educational resources. It also has a comprehensive Community-Based Naloxone Distribution Guidance Document.
- **Overdose Prevention Alliance**
  This website offers different manuals and tools for the implementation of a community-based overdose prevention program. It offers links to existing programs and legal resources. It can help you locate the program nearest you.
- **Breathe (the overdose game)**
  This website presents the "Breathe" game which is an instructional and entertaining way to learn, understand and try to respond to an overdose before it happens.
- **EHRN: Training on Overdose Prevention & Response**
  The Eurasian Harm Reduction Network (EHRN) is a regional network with a mission to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal level.
- **Naloxone.Org.UK**
  Here is a comprehensive website about naloxone. It includes updates about the National Naloxone Program in Scotland and N-ALIVE, a large prison-based research trial providing overdose and naloxone education to individuals being released. Links at the bottom of the page include a naloxone finder, external resources, and law/policy information.
- **Project Lazarus**
  Community-based Overdose Prevention from North Carolina and the Community Care Chronic Pain Initiative.
- **SPHERE**
  Useful downloadable resources including posters to engage with different audiences about overdose. Includes tools for drug and alcohol treatment providers to incorporate overdose into relapse prevention and discharge planning, conversation starters and an Opioid Overdose Prevention Card Game.