Mental Health & Persons Deprived of Liberty with special focus on COVID-19

Online Summer School, 28 June 2023
'Human Rights and Persons Deprived of Liberty'

Ghent University/Belgium

Prof. Dr. Heino Johann Stöver

Whom are we speaking about?

- People who are not able to speak about mental problems (language, shock of custody, disease specific…)
- People who do not want to speak about mental problems (protection, shame, guilt, anxiety, cultural understanding…)
- People who have never been in such a situation (lack of knowledge …)

Suicide, trauma, self harm, drug use…

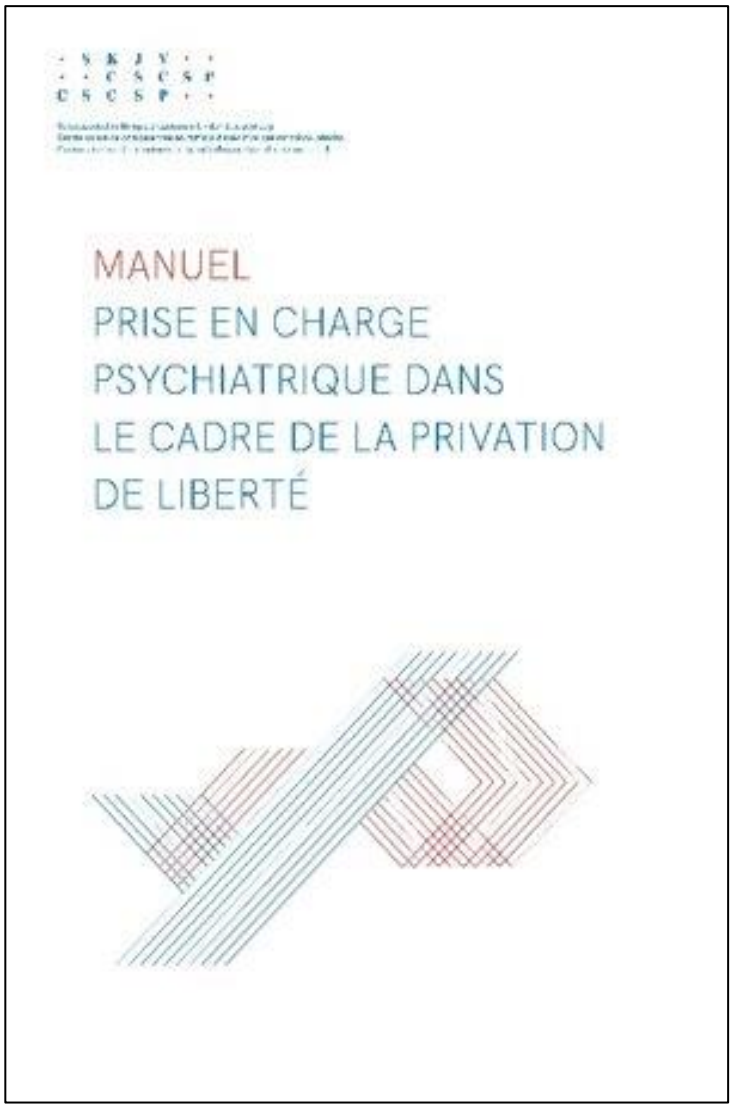
Lack of Mental health poses a huge problem to prison administration: administrative resources, information, prevention, detection, safety, living together, visits etc. :

- Suicide rate 6-7.5 fold higher
- trauma rate very high
- huge number of people living in prisons is drug experienced

(u.a. Krammer, Maercker, Grosse Holtforth, Gamma & Liebrenz, 2018; Stöver 20023).

Consequences for practice

- Cooperation of staff (medical, social security)
  - staff and early detection of psychological crises
  - Field of tension between equal tratment of all people living in prisons keeping order and safety and focusing on the individual case
  It needs: sensitization, interdisciplinary approach,



Manual - 5 thematic areas:

- Organisation of psychiatric services in prison
- Basics of in- and out-patient provision of services
- Prevention of psychological disorders/diseases, self harm suicide
- Different stages of sentence
- Special populations (,youth, women, **substance use disorder**)

SMR/The Nelson Mandela Rules:

- Standard Minimum Rules for the Treatment of Prisoners (SMR) first adopted in 1955 and approved by the United Nations (UN) Economic and Social Council in 1957.
- Key international standard governing the treatment of prisoners and the key framework for monitoring and inspection bodies engaging in assessment activities.
- In many countries, SMR “blueprint” for national prison rules; in others, they are the only document directly regulating the treatment of prisoners.

SMR/The Nelson Mandela Rules: Revision in 8 areas

1. Respect for prisoners' inherent dignity;
2. Medical and health services;
3. Disciplinary measures and sanctions;
4. Investigations of deaths and torture in custody;
5. Protection of vulnerable groups;
6. Access to legal representation;
7. Complaints and independent inspection; and
8. Training of staff.

The Nelson Mandela Rules:

Rule 24

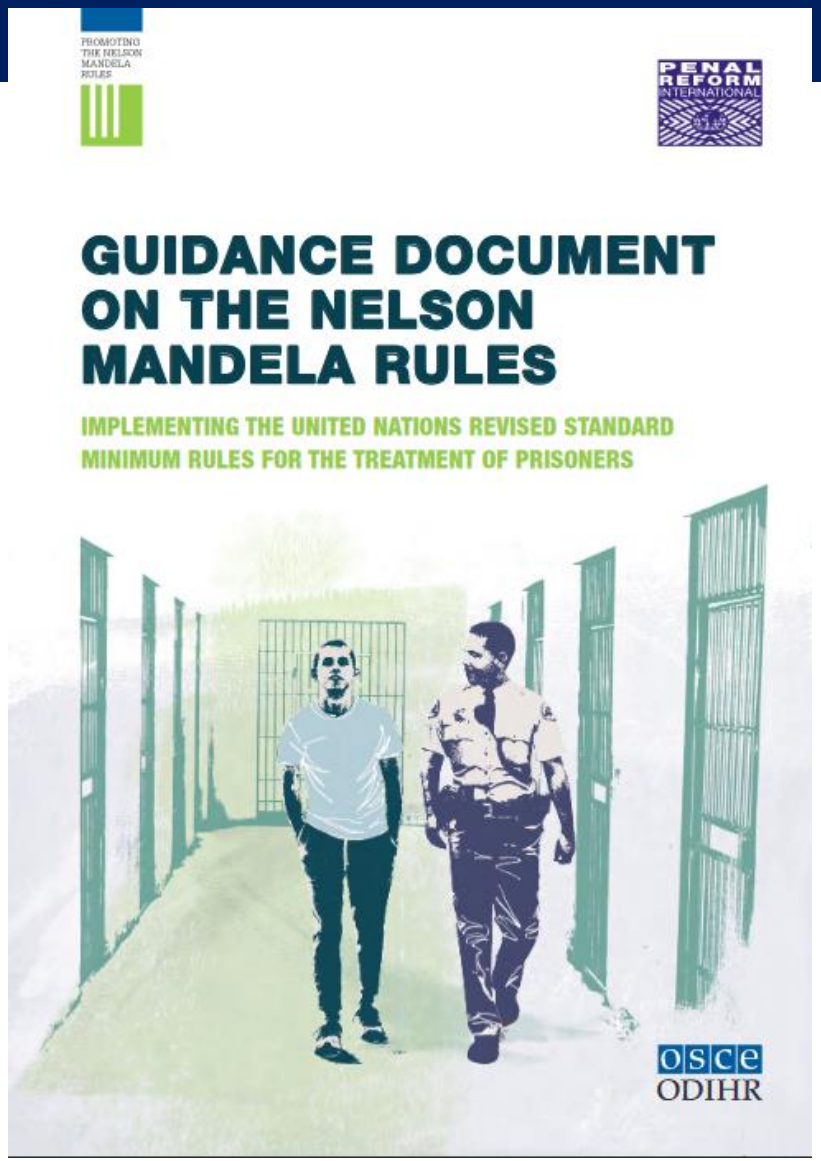
1. The provision of health care for prisoners is a State responsibility.

Prisoners should enjoy the same standards of health care that are available
in the community, and should have access to necessary health-care services
free of charge without discrimination on the grounds of their legal status.

The Nelson Mandela Rules:

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

The Nelson Mandela Rules:



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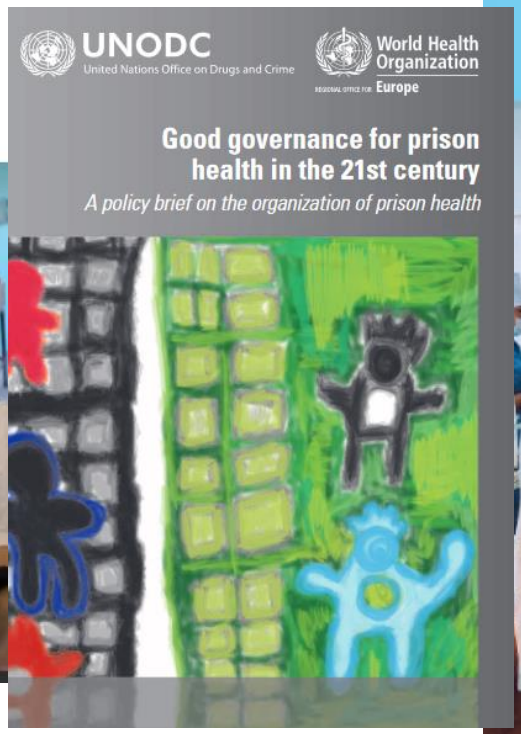
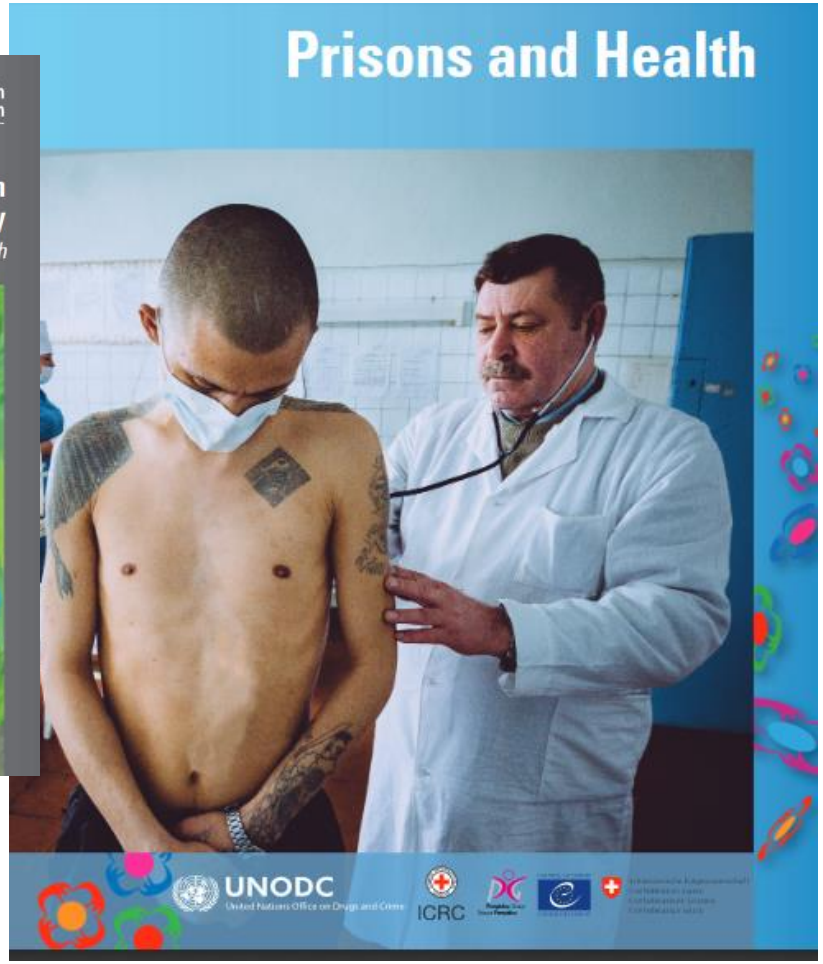
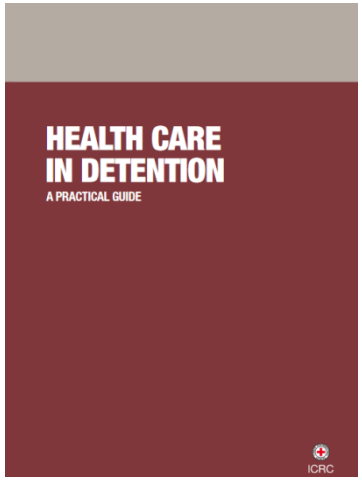
1. Basics

https://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf

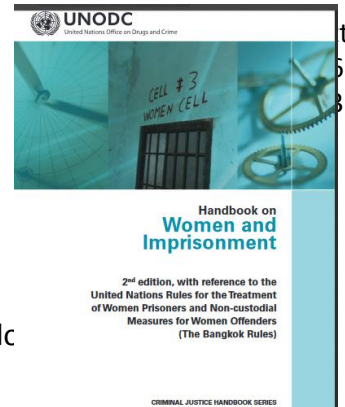


https://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf?ua=1





https://data2.unhcr.org/en/documents/download/47830

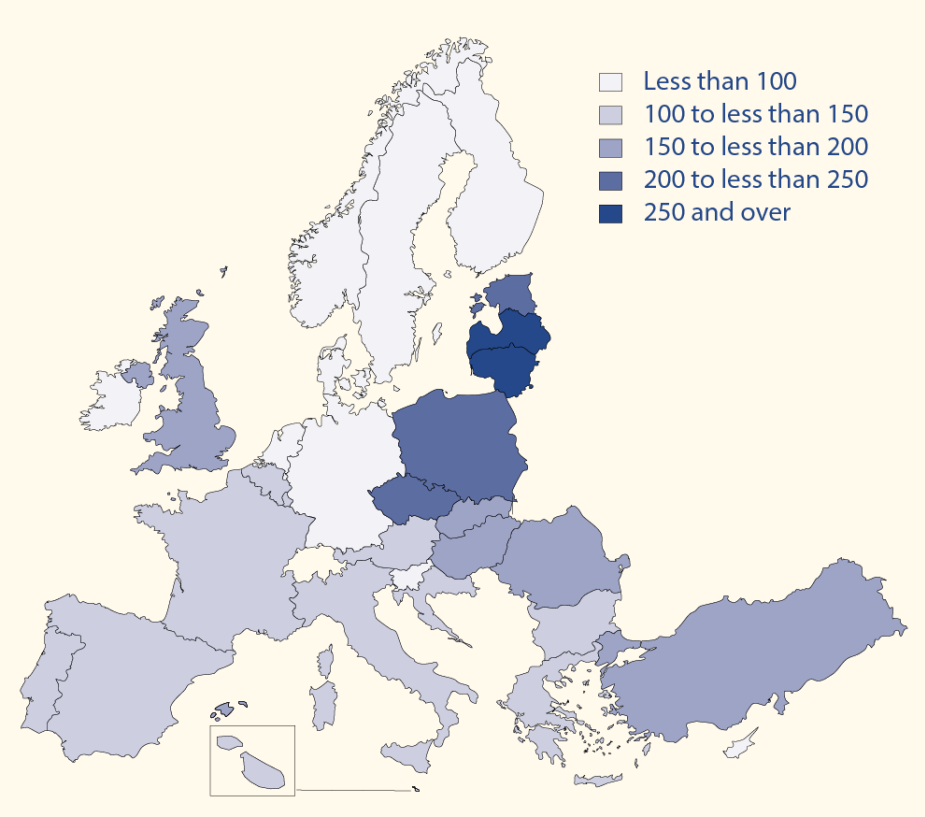


tps://apps.who.int/iris/bitstream/handle/10
55/128603/Prisons%20;jsessionid=51B99E3F
3E3E345237E5184553A0700?sequence=1

https://static1.squarespace.com/static/56944ef9a976af291c6b9145/t/57155738859fd05621022523/1461016379426/women_and_imprisonm

Prison Population in Europe[1] ~ 770.000[2]

- ~2000 prisons in EU-30
- Prison Population Rate*100000: EU
- 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 1st September 2013 – data collection Linda Montenari et al. EMCDDA

Drug Users in European Prisons[1]

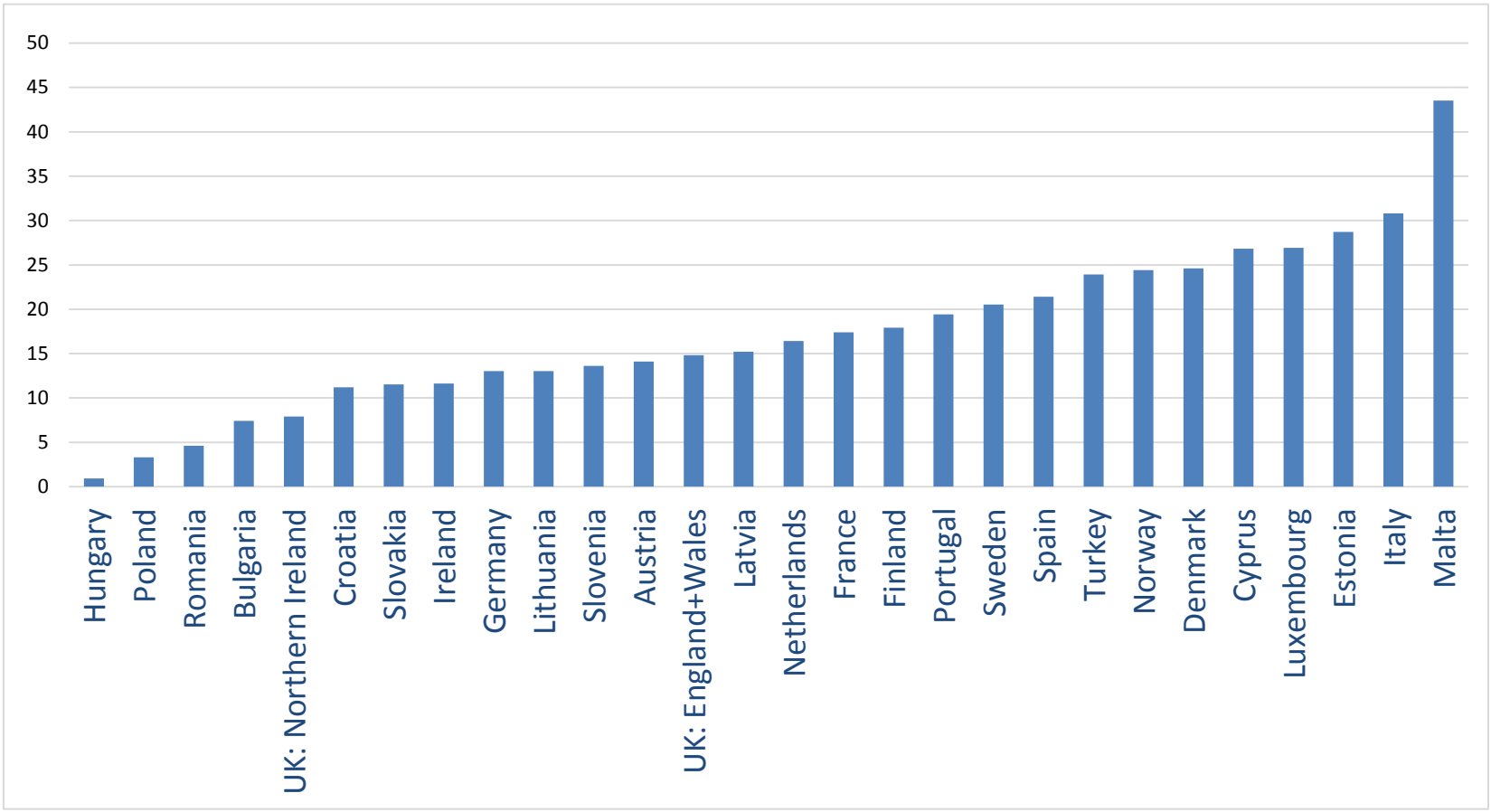
- ~ One million prisoners per year in Europe
- 15-25% sentenced for drug related offences[2]
- US: 25-50% drug dependent on admission[3]
- Europe: ~ 1 in 6 prisoners problem drug users[4]
- 10–42% report regular drug use in prison
- 1–15% have injected drugs while in prison
- 3–26% first used drugs while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

[1] Stöver & Michels (2010): Drug use and opioid substitution treatment for prisoners. In: Harm Reduction Journal 2010, 7:17; [2] Source: Council of Europe-SPACE I, Table 7; [3] Fazel et al. (2006); [4] Hedrich et al. (2012); [4] Stöver & Kastelic 2014, [5]Stöver 2016

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)

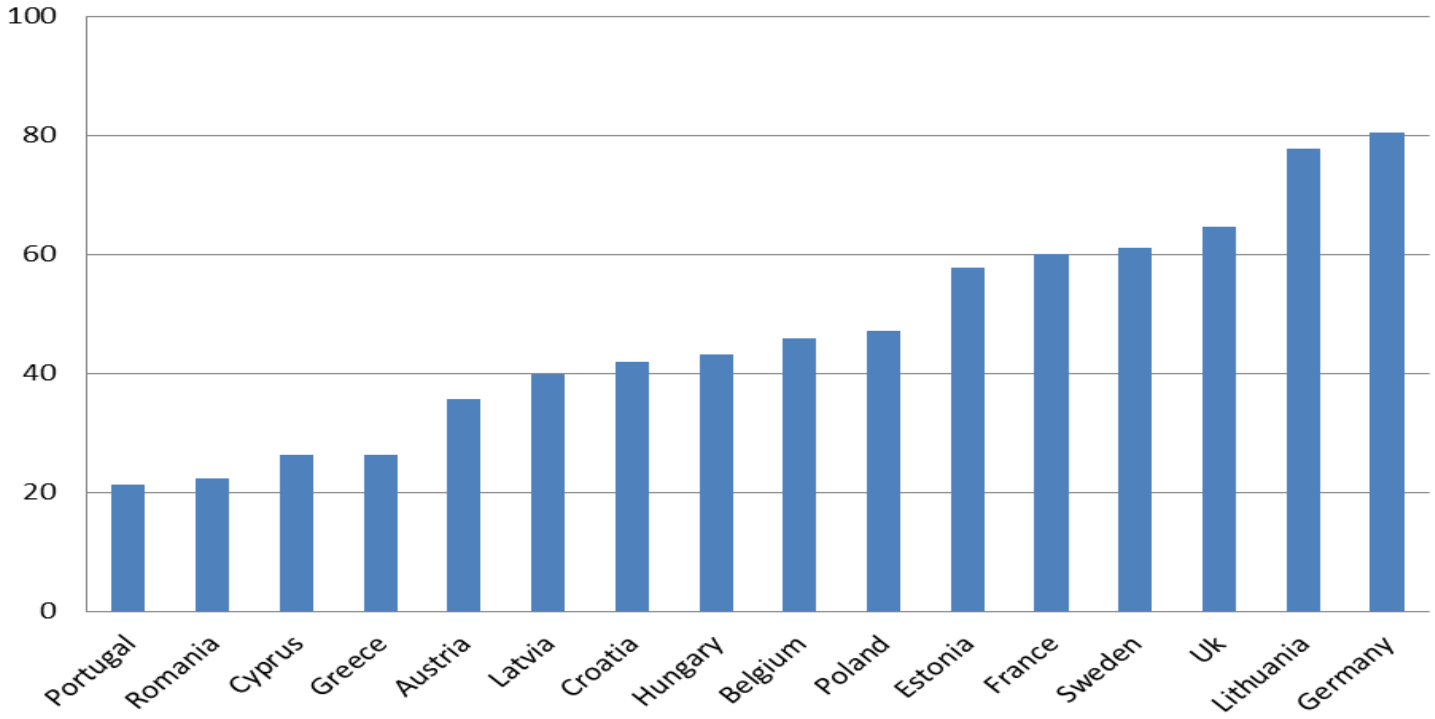
Proportion of prisoners sentenced for drug offences (%) in 2016



1. 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

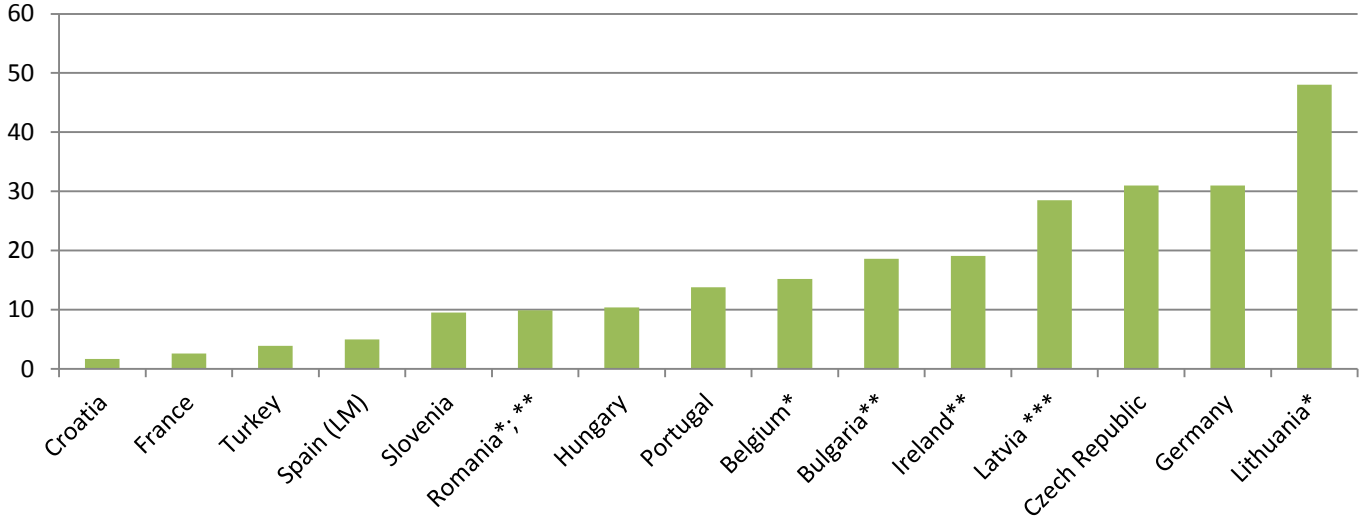


Source: Wiessing et al. 2017

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.

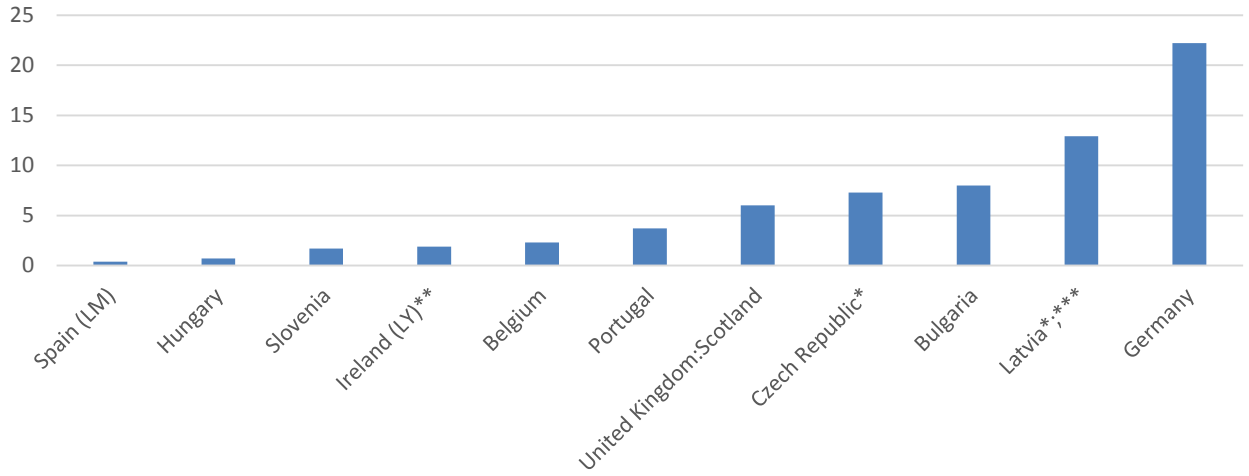
2. Drug use: Injecting drug use among prisoners

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



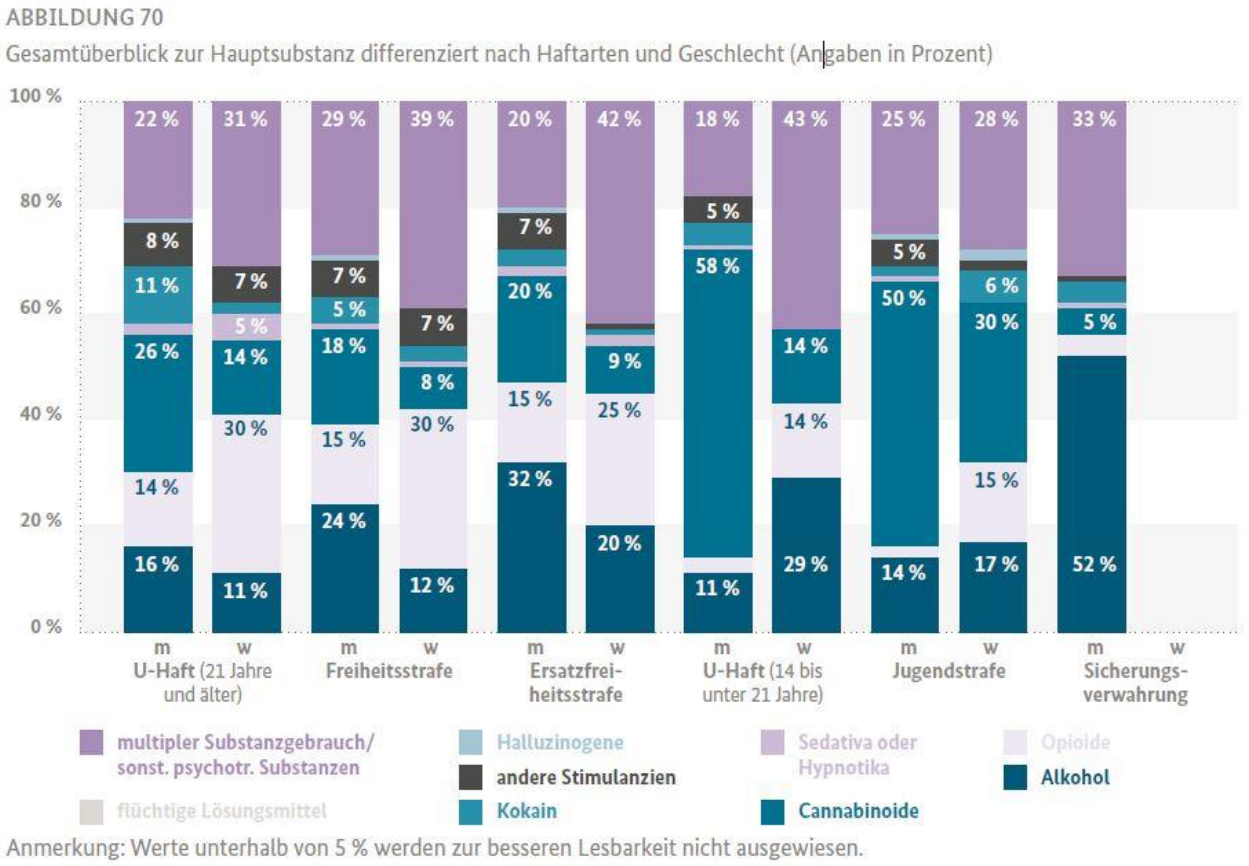
* Drug use prior to and during imprisonment
**only refers to heroin injecting
***only refers to amphetamine injecting

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



*all previous imprisonments included
**data refers to only heroin injecting
***data refers to only amphetamine injecting

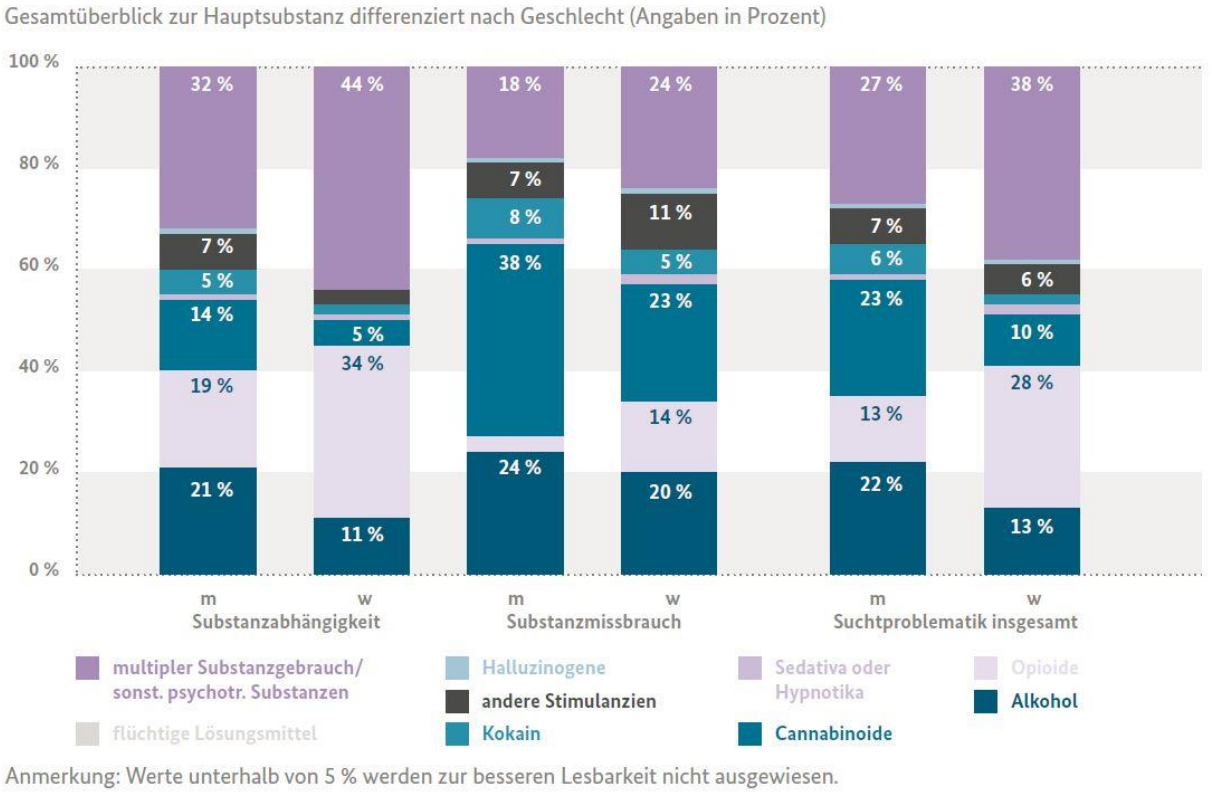
2.1. **Drug use in prisons in Germany**: drugs being used



Anmerkung: Werte unterhalb von 5 % werden zur besseren Lesbarkeit nicht ausgewiesen.

vgl. Die Drogenbeauftragte der Bundesregierung. Drogen- und Suchtbericht 2019. 2019.

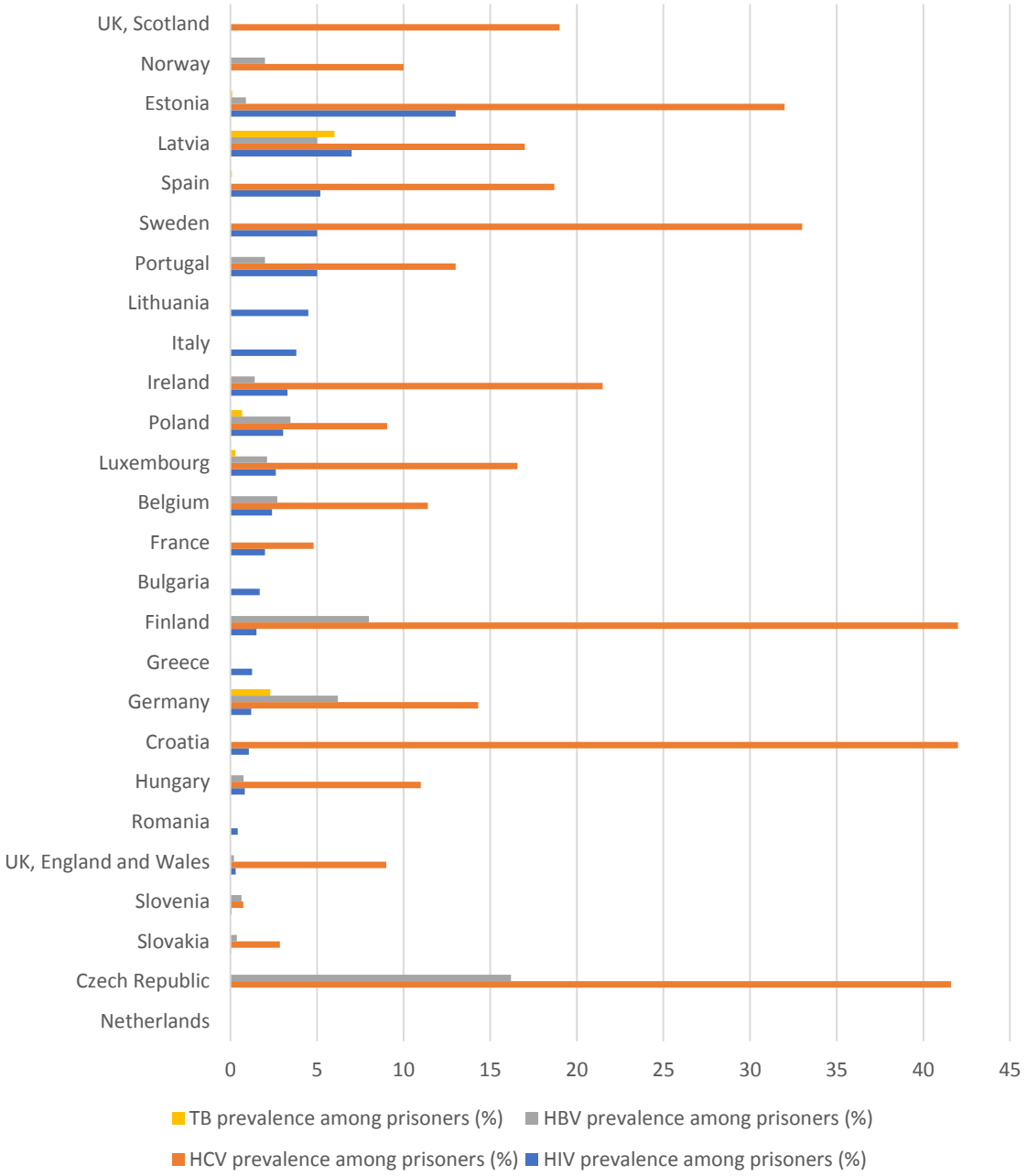
2.2. **Drug use in prisons in Germany**: 44% pf people living in prisons have drug-related problems (addicition/misuse)



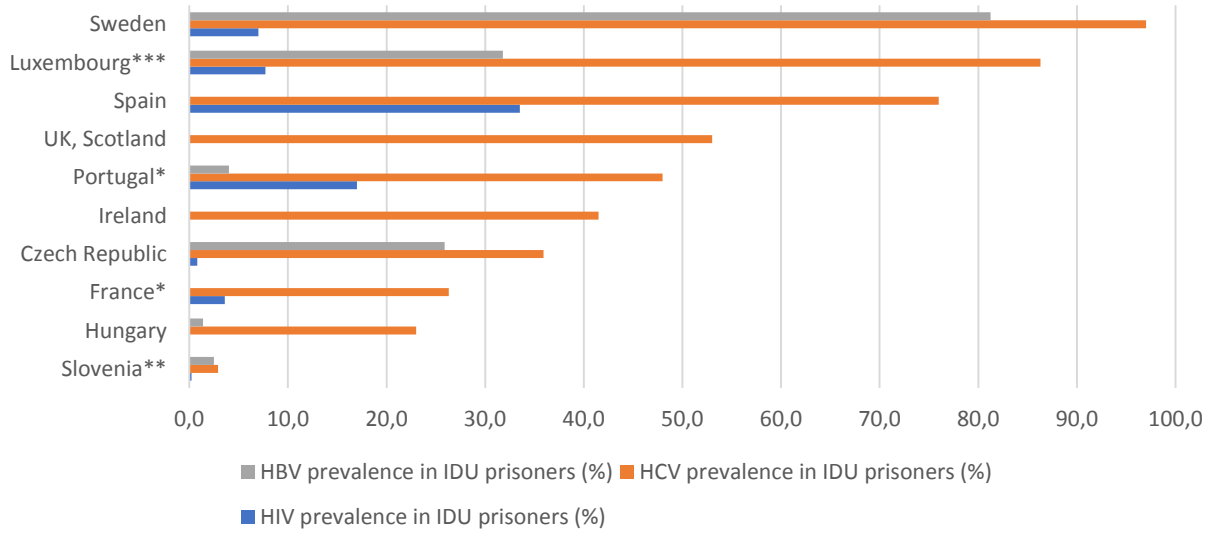
Stichtag: 31.03.2018 unter der Beteiligung von 12 Bundesländern) zeigt auf, dass **44 Prozent der 41.896 erfassten Gefangenen eine stoffgebundene Suchtproblematik** (Abhängigkeit und Missbrauch nach den Kriterien der WHO ICD-10) zum Zeitpunkt des Haftantritts aufweisen: 27 % Abhängigkeit 17 % schädlicher Gebrauch von psychotropen Substanzen (einschließlich Alkohol; vgl. Die Drogenbeauftragte der Bundesregierung. Drogen- und Suchtbericht 2019. 2019.

3.Infectious diseases among prisoners

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

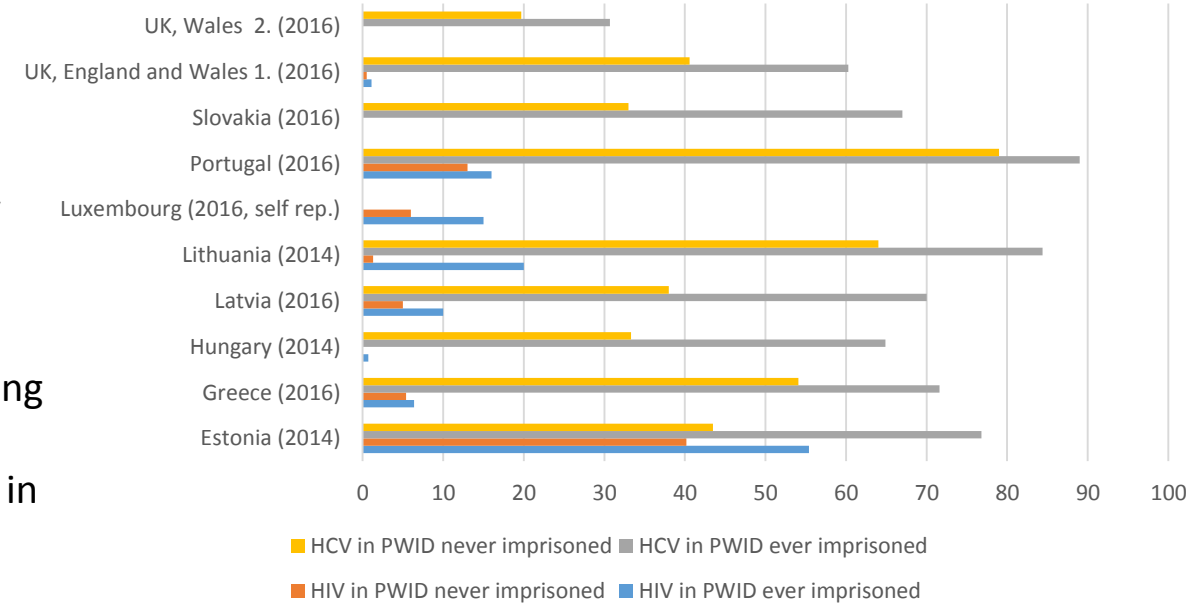


3. Infectious diseases among prisoners with injecting drug use history



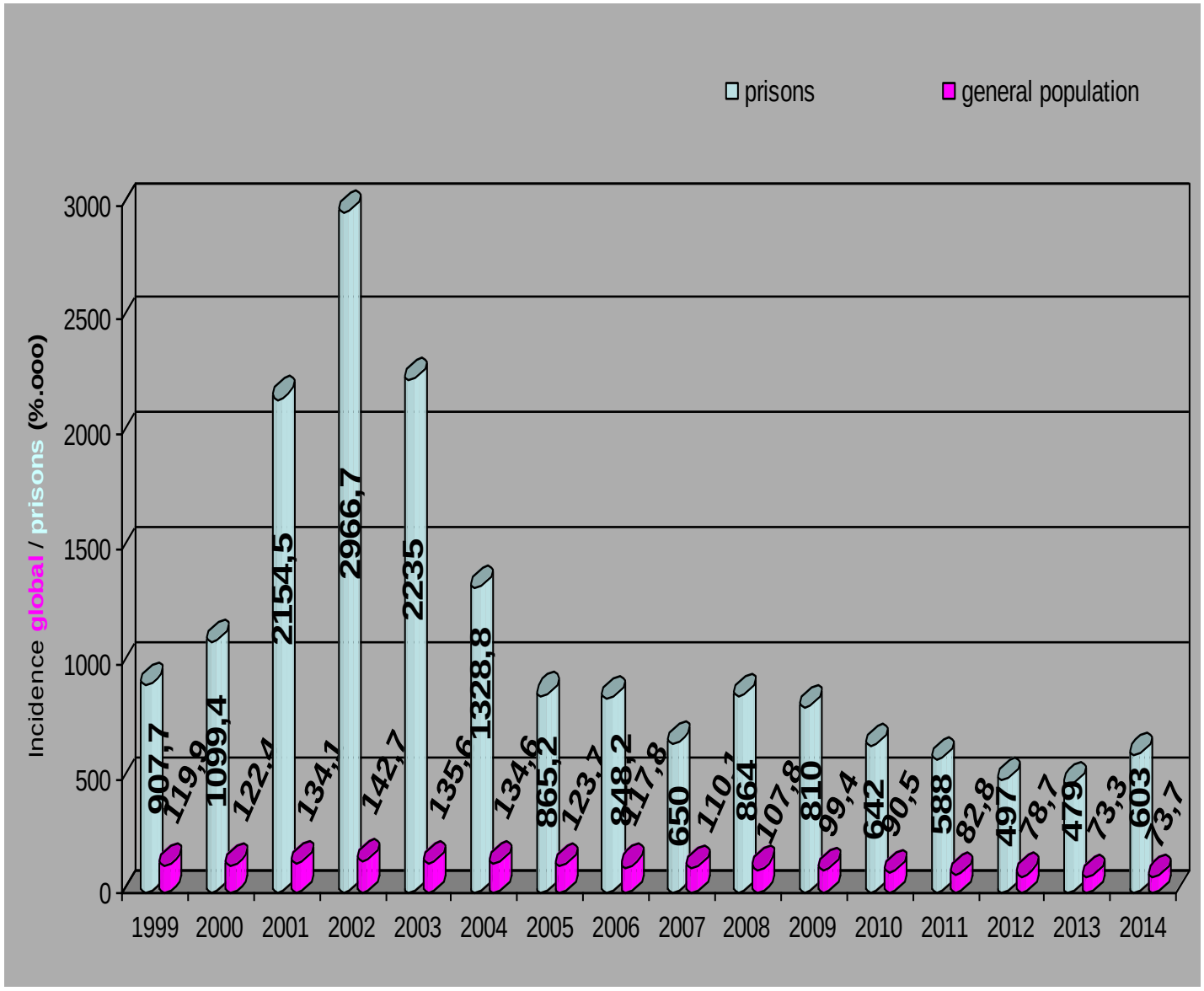
HIV, HBV and HCV prevalence (%) among drug user/ injecting drug user prisoners tested in prisons
2007-2016

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."

TB Incidence in prisoners compared to general population, 1999 – 2014
(Impact Indicator)



HIV-Prevention – The Comprehensive Package: 15 Key Interventions

(UNODC/ILO/UNDP/WHO/UNAIDS 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

[1]UNODC/ILO (2012): HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions

Systematic OST 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;

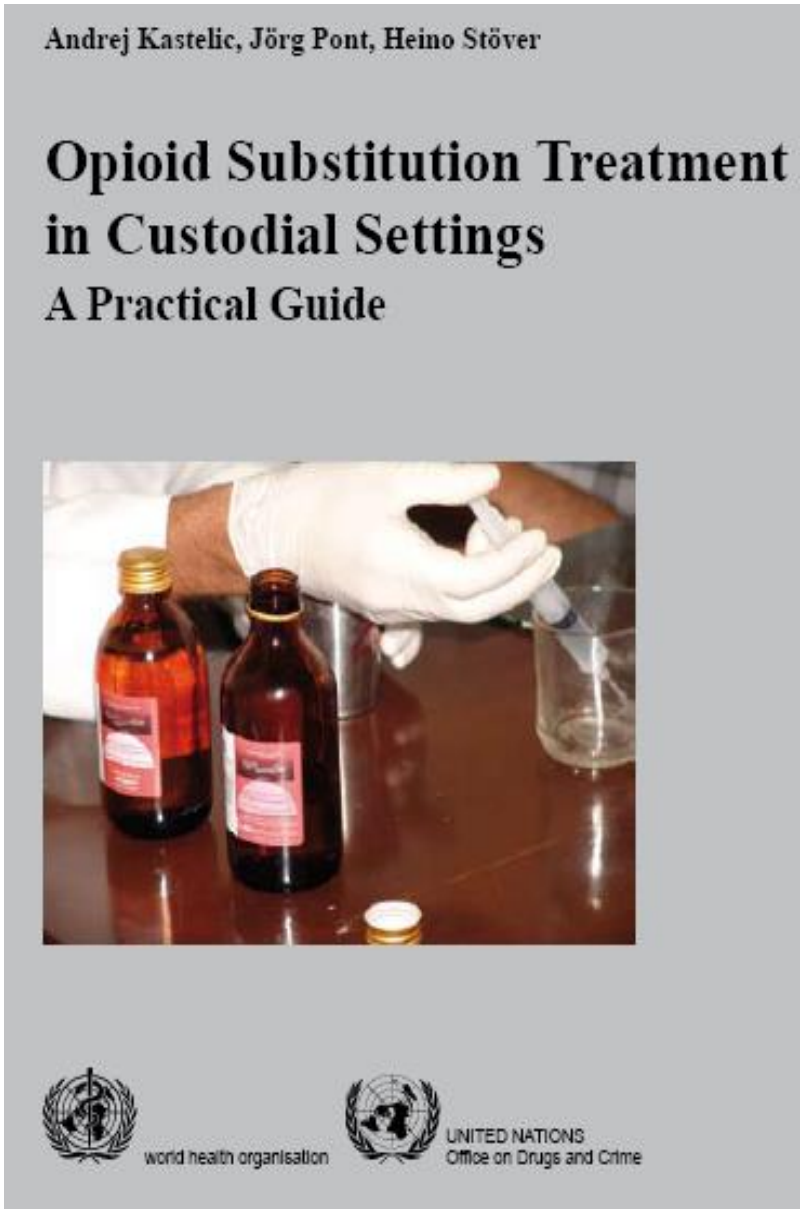
+ pre-release OST reduces post-release deaths;

+/- 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



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Adopted to the national situation and translated into several languages

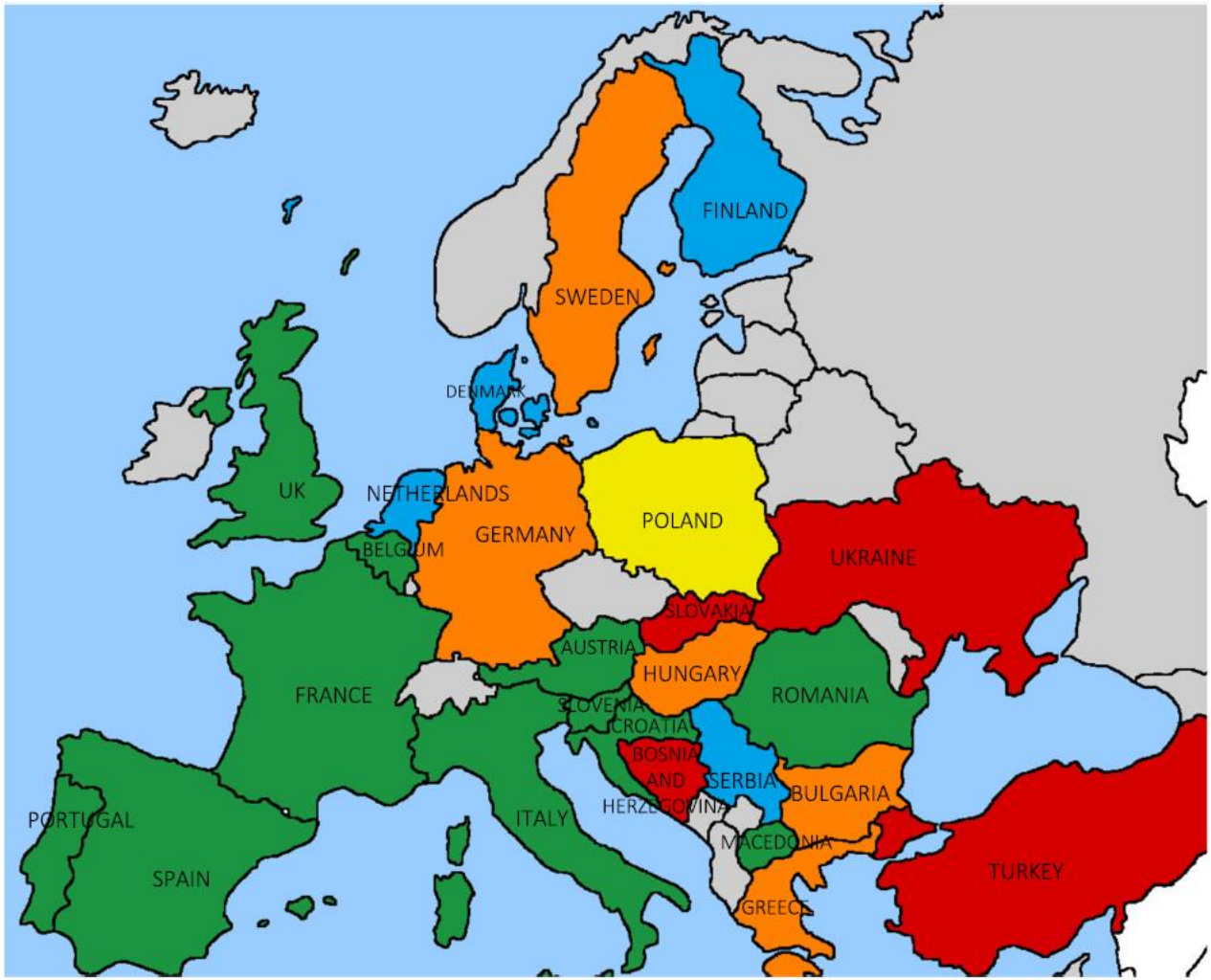


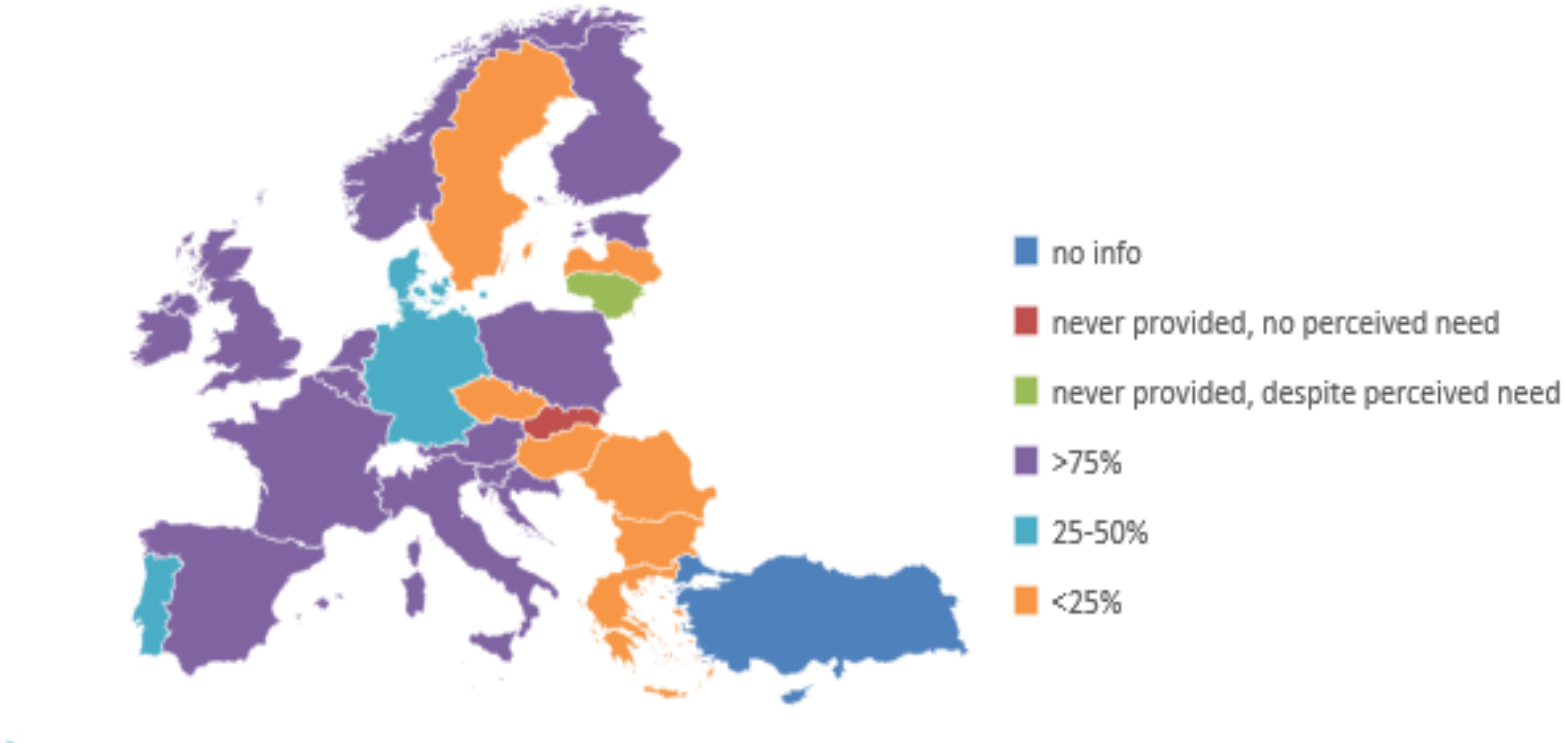
Fig. 4 Availability and coverage of opioid substitution therapy (OST) programs in European prisons. *Green*: OST available in all prisons; *yellow*: OST officially available in all prisons, but low coverage due to additional requirement for abstinence; *blue*: OST available, but continuation only if treatment was started prior to incarceration; *orange*: OST available in some prisons; *red*: OST not available in prisons; *gray*: not part of the Hep-CORE dataset

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

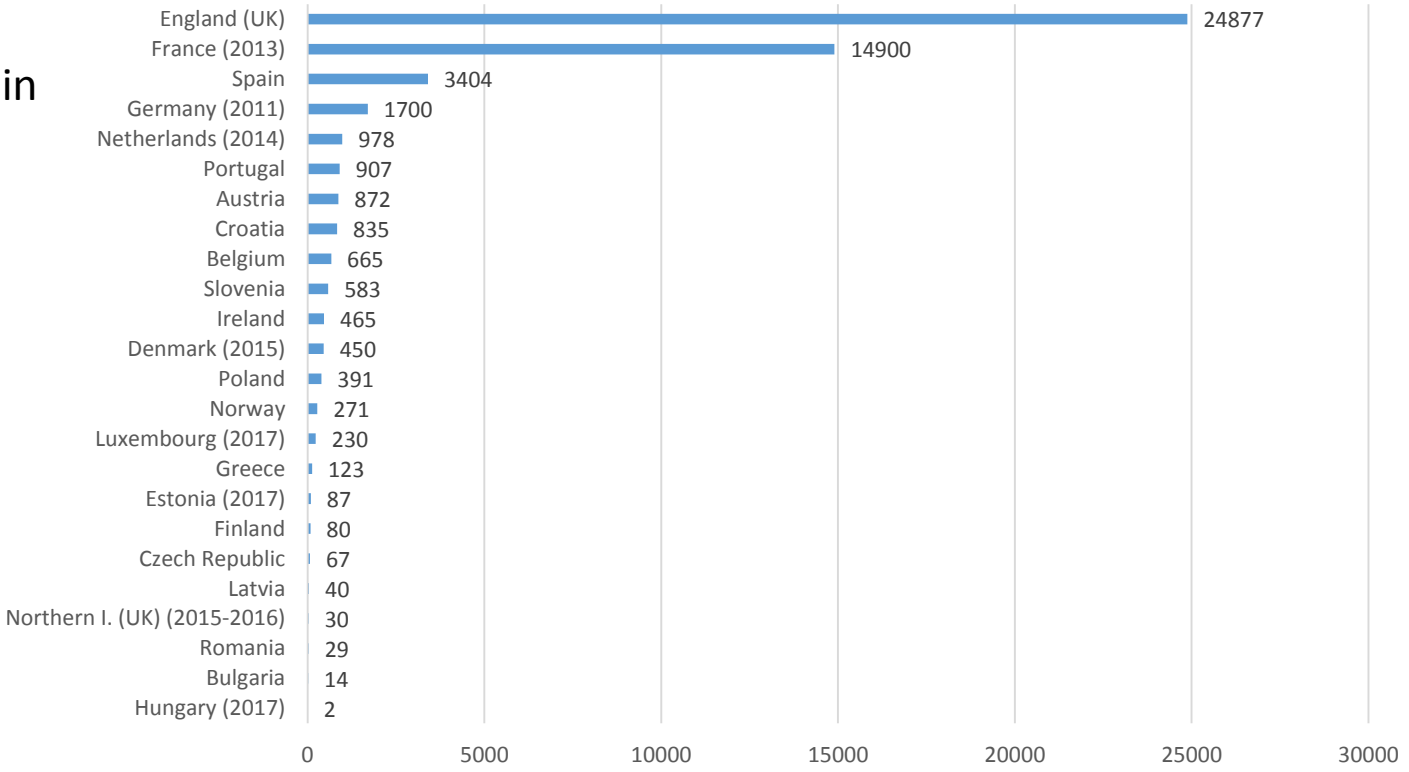


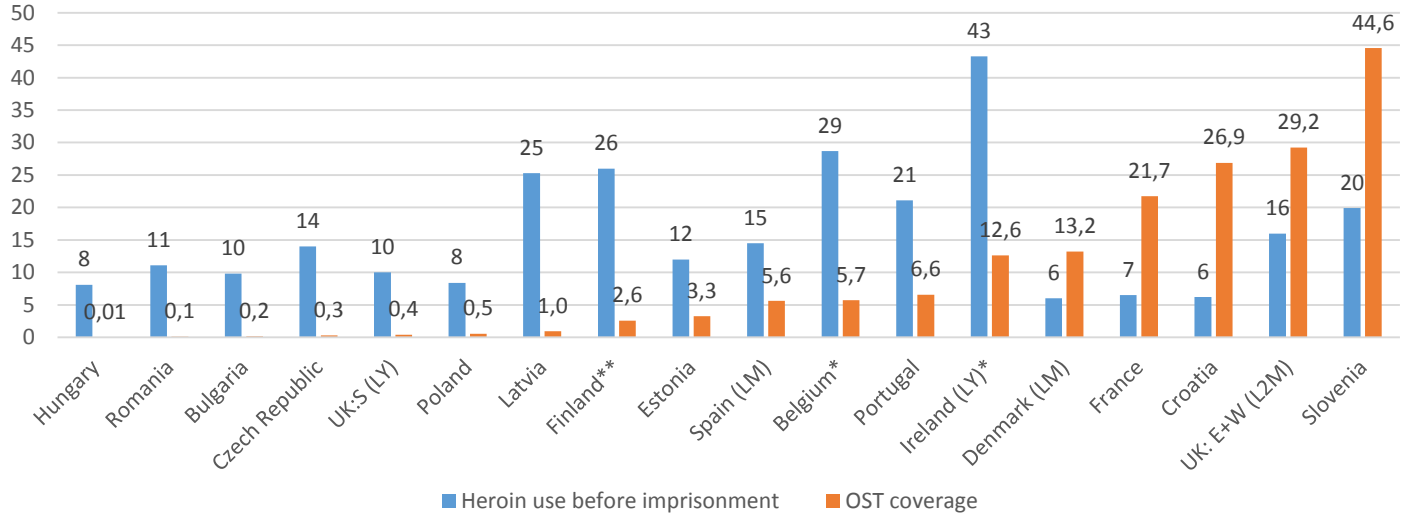
4. Harm Reduction: OST

Number of inmates in OST in 2016

Total= 52 000 prisoners

(data of 24 countries)





Prevalence (%) of heroin use before imprisonment among prisoners 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

30y OST in European prisons[1]

Where have we got from here?

- 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

1 Stöver/Casselman et al. 2006

European Court of Human Rights in the case of Wenner vs. Germany

- manifest and long term dependence to opioids
- denial of opioid substitution treatment (OST) in Bavarian/German 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
- **Law more powerful than science!**

Prison-Based Needle Exchange Programmes

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

Evaluations of PNSPs[1]

- 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

1 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 – UNODC Handbook

In 60 prisons worldwide – in 9 countries

https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/ADV_COPY_NSP_PRISON_AUG_2014.pdf

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

Look at „The Luxembourg Paper on Prison-based Needle and Syringe Programmes“

Reduction of post-release mortality

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

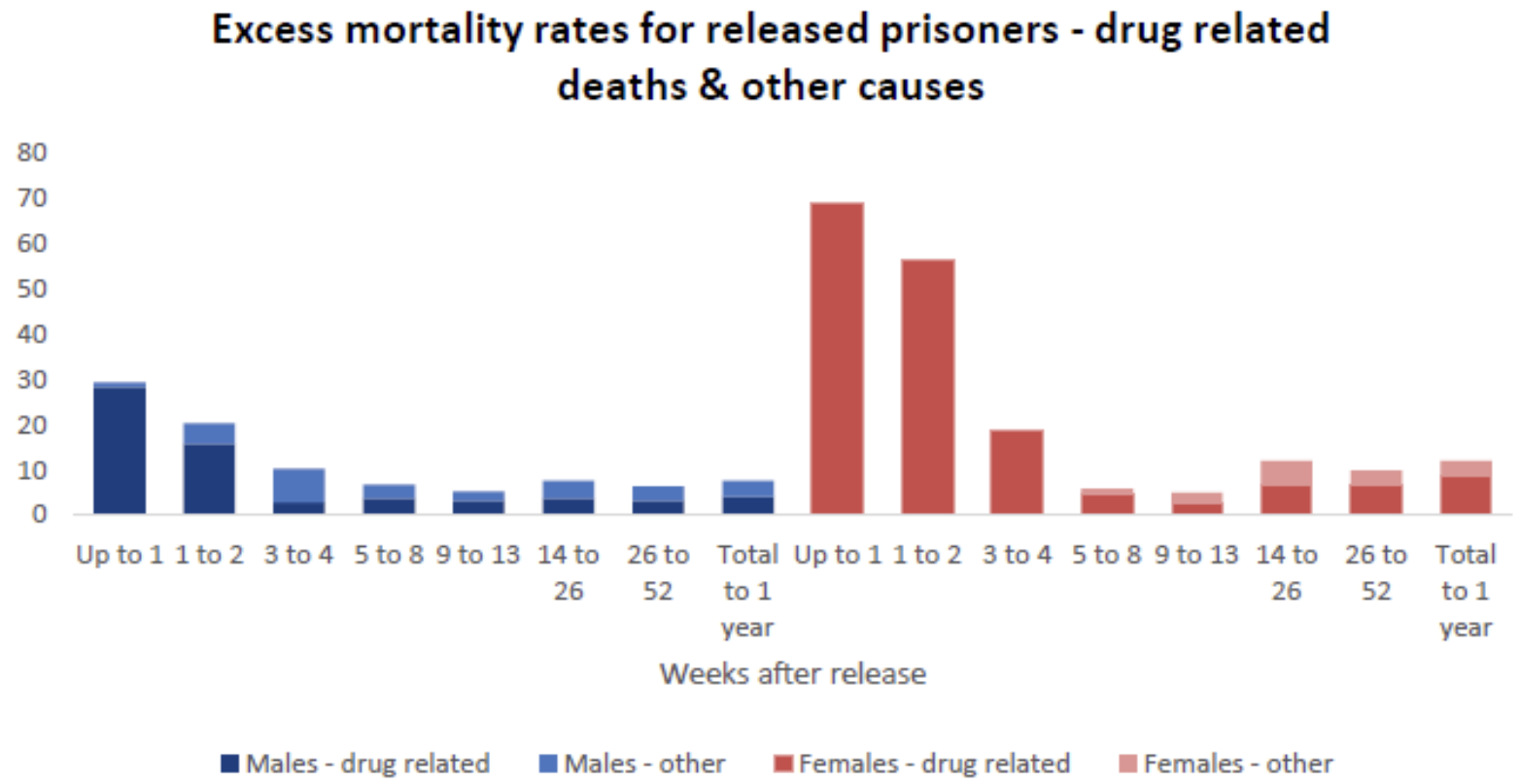
RESEARCH REPORT

doi:10.1111/j.1360-0443.2007.02081.x

Acute risk of drug-related death among newly released prisoners in England and Wales

Michael Farrell & John Marsden *Addiction*, 103, 251–255

National Addiction Centre, Division of Psychological Medicine and Psychiatry, Institute of Psychiatry, King's College London, UK



Histogram from: Rebalancing Act: http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I

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]

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Health & Wellbeing Journal Club - 03/03/2017

Maciej Czachorowski

Epi-scientist

PHE National Health & Justice Team

Study participants

- 15,141 prison releases (12,260 people opiate dependent ‘OUD’)
  - 82.1% entered the study once; remainder re-entered 2 to 7 times due to re-incarceration
- *OST exposed:* 8,645 releases (57.1%)
  - 7,614 (88.1%) methadone (40 mg / day)
  - 1,031 (11.9%) buprenorphine (8 mg / day)
- *OST unexposed:* 6,496 releases (42.9%)
  - 2,369 people (36.5%) lower daily dose medication
  - 2,110 (32.5%) withdrawn from OST in prison
  - 2,017 (31.0%) diagnosed with current OUD but with no record of OST.

Conclusions

- Prison-based OST (with oral methadone or oral buprenorphine) is a highly effective means of **reducing the risk of death** (75% reduction) among people in the first 4 weeks after release from prison.
- The protective effect observed for OST in this study was independent of behavioural confounders or admission to community treatment.

OST in prisons in Germany: often unequal, often insufficient

Federal State	Year of evaluation	Number of people living in prison in the reference year	Approx. number of people with opioid disorder living in prison (reported number, or 30% of total people living in prison)	People with opioid use disorder living in prison, who receive OST, N (approx. %)
Bremen	2018	620	186	90–120 (48–65%)
Northrhine-Westphalia	2018	16,219	3,660	2,048 (56%)
Schleswig-Holstein	2018	1,150	350	130–150 (37–43%)
Hamburg	2018	1,900	570	150–200 (26–35%)
Hesse	2018	4,600	1,380	430 (31%)
Berlin	2018	3,050	915	246 (27%)
Lower Saxony	2018	4750	1425	310 (22%)
Saarland	2018	765	230	27 (12%)
Rhineland-Palatinate	2018	3,050	915	105 (11%)
Baden-Wuerttemberg	2018	7,390	1,832	168 (9%)
Sachsen-Anhalt	2018	1,566	470	36 (8%)
Thuringia	2018	1,500	450	30 (7%)
Bavaria	2018	11,000	3,300	240 (7%)
Brandenburg	2018	1,000	300	9 (3%)
Saxony	2018	3,400	1,020	10 (<1%)
Mecklenburg-Western Pomerania	Not available			

(Stöver, Keppler et al. 2019)

Sexual Risks and Condom Programs

Condoms: from Maputo (Mozambique) to Munich (Gemany) to Maseru (Lesotho)

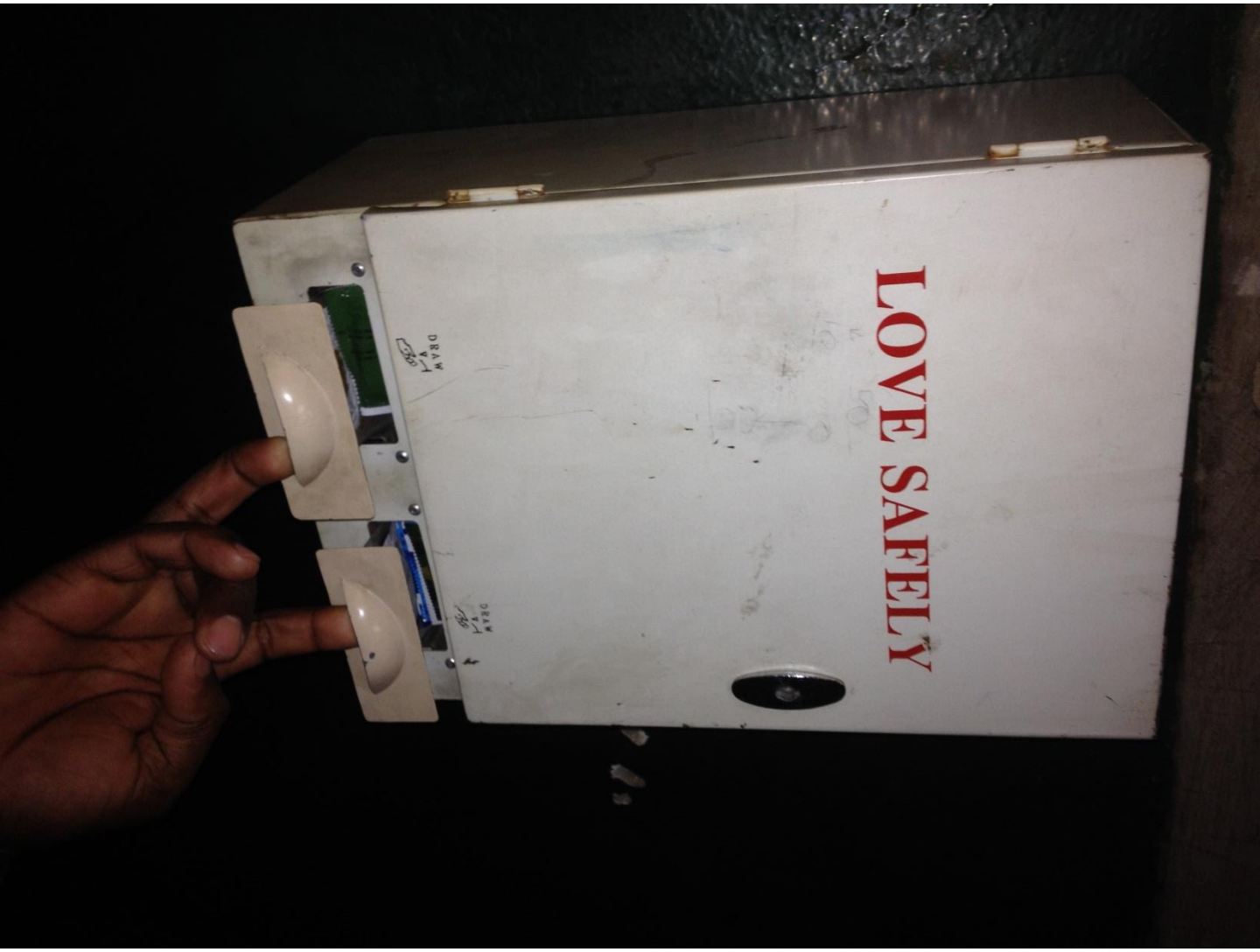
- **Maputo/Mozambique**: ca. 24% of prisoners HIV+ - no condoms: „…might increase sexual activity …“
- **Munich/Germany**: HIV-prevalence among prisoners 1,5% of men, that is 30-times higher than in the general population
- condoms available only via application – medical service
- 2005-2007 provision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

[1]Bayerische Staatszeitung vom 29.08.2014

Vending machines for condom distribution – Prague/Czech Republic

Special bins for dangerous infectious waste

Condotainer Maseru Prison



Condotainer
San Francisco/US Prison

Condom/lubricant provision - How?

- **Condoms** need to be easily and discreetly available, ideally in areas such as toilets, shower areas, waiting rooms, workshops or day rooms where prisoners can pick up a condom without being seen by others.
- Distribution can be carried out by health staff, dispensing machines, trained prisoners (peers) or through a combination of any of these ways. Each prison should determine how best to make condoms available to ensure easy and discreet access

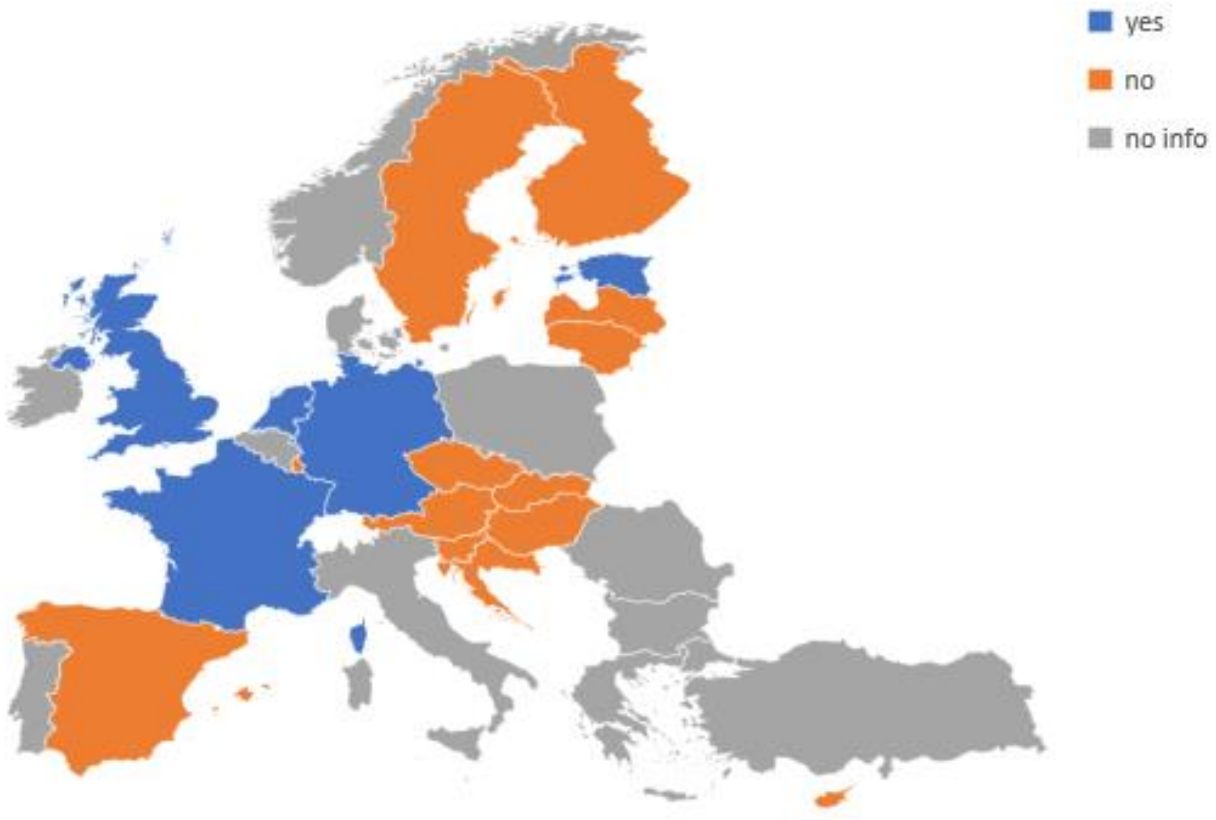
Condom/lubricant provision - How?

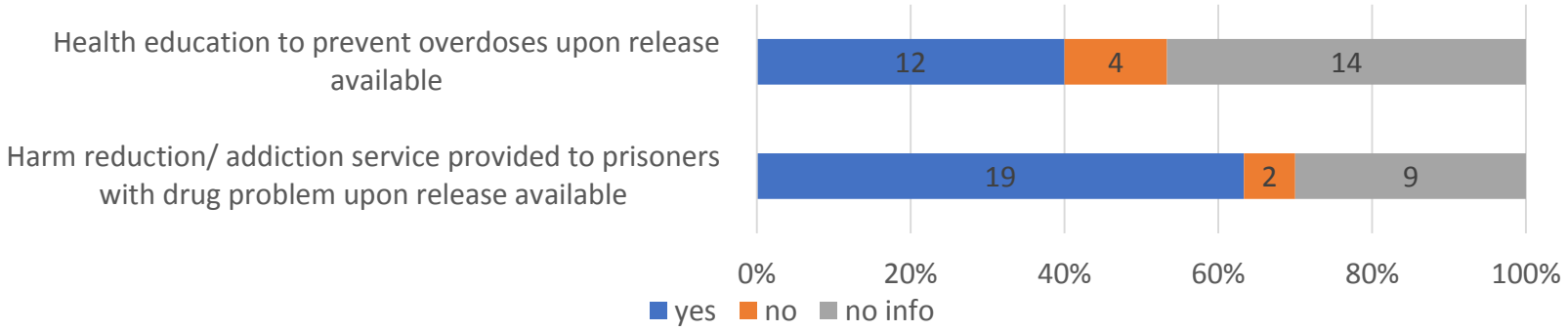
- Prisoners should not have to ask for condoms, since few prisoners will do so because they do not want to disclose that they engage in same-sex sexual activity.
- Condoms should be provided free of charge, and can be made available to all prisoners in a health kit given to them upon entry to the facility.
- The health kit can also contain HIV and other health information, as well as other items such as a shaving kit, toothbrush, soap, etc.
- A water-based lubricant should also be provided since it reduces the probability of condom breakage and/or rectal tearing, both of which contribute to the risk of HIV transmission.

Take Home Naloxone (THN) for oipiod overdose prevention in people who use drugs on release

4. Harm reduction: Naloxone upon release

Naloxone upon release is available in 5 countries

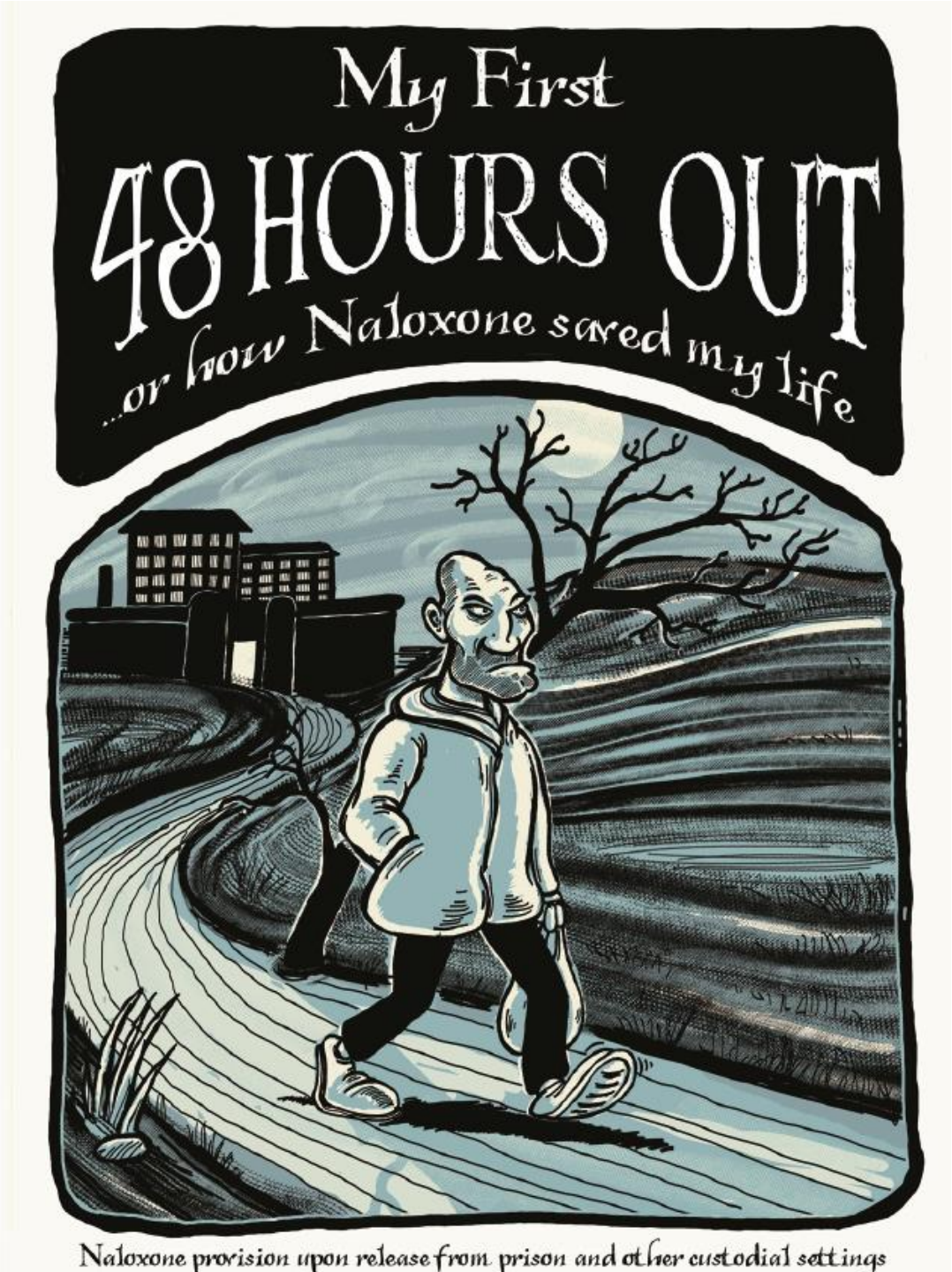




THN: Example of Scotland

- Peer trainers/educators are used with success in Scotland to conduct **training on naloxone**
- **Giving out the kit** right in advance of release
- Several pilots worldwide
- Mortality rate reduced[1]

[1]Bird, S.; McAuley, A.; Perry, S.; Hunter, C. (2016): Effectiveness of Scotland's National Naloxone Programme for reducing opioid-related deaths: a before (2006–10) versus after (2011–13) comparison. In: Addiction, Volume 111, Issue 5 May 2016; pp. 883–891


My First
48 HOURS OUT
...or how Naloxone saved my life
Naloxone provision upon release from prison and other custodial settings


In the first 48 hours after leaving prison, you are at the highest risk of an...
OVERDOSE
That's the last time...
...the last fucking time. I am not going back inside!


Naloxone is an antidote to an OPIOID OVERDOSE
I've been supplied with Naloxne in my kit bag...
But I am never going to use again...
Not EVER...
Not even ONCE!

2 Hours Later...

If you do use, make sure you use clean works to avoid Hepitits & HIV

After a break from using, your tolerance to HEROIN drops. The same dose that used to sort you out could now lead to an overdose.

Signs of an overdose

* Breathing problems
* Making gurgling sound
* Pale skin with blue lips
* No response to noise or touch
* Pin point pupils

If you use alone there is nobody to help you

Don't waste time doing things that don't work!

Don't inflict pain

Don't give them any other drugs e.g. Stimulants

Don't put them in bath or shower.

Don't walk them around

Don't fuck off & leave them on their own

STAY WITH THEM!

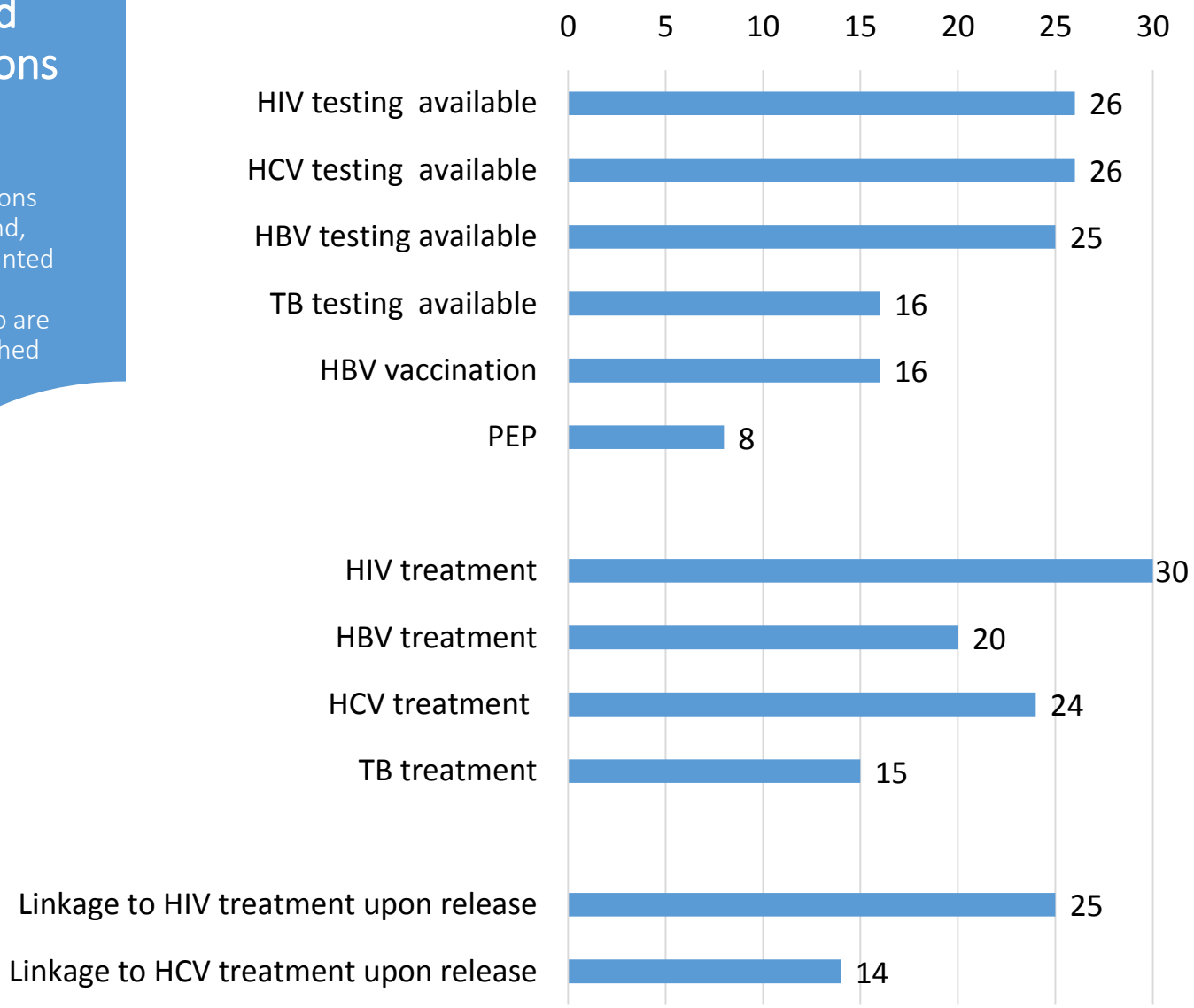
E-Learning Course on THN

(avaliable at: https://harmreduction.eu/)

Summary & Conclusions

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
At this table no or no info are not visualized/ distinguished



Summary of available harm reduction services in prisons

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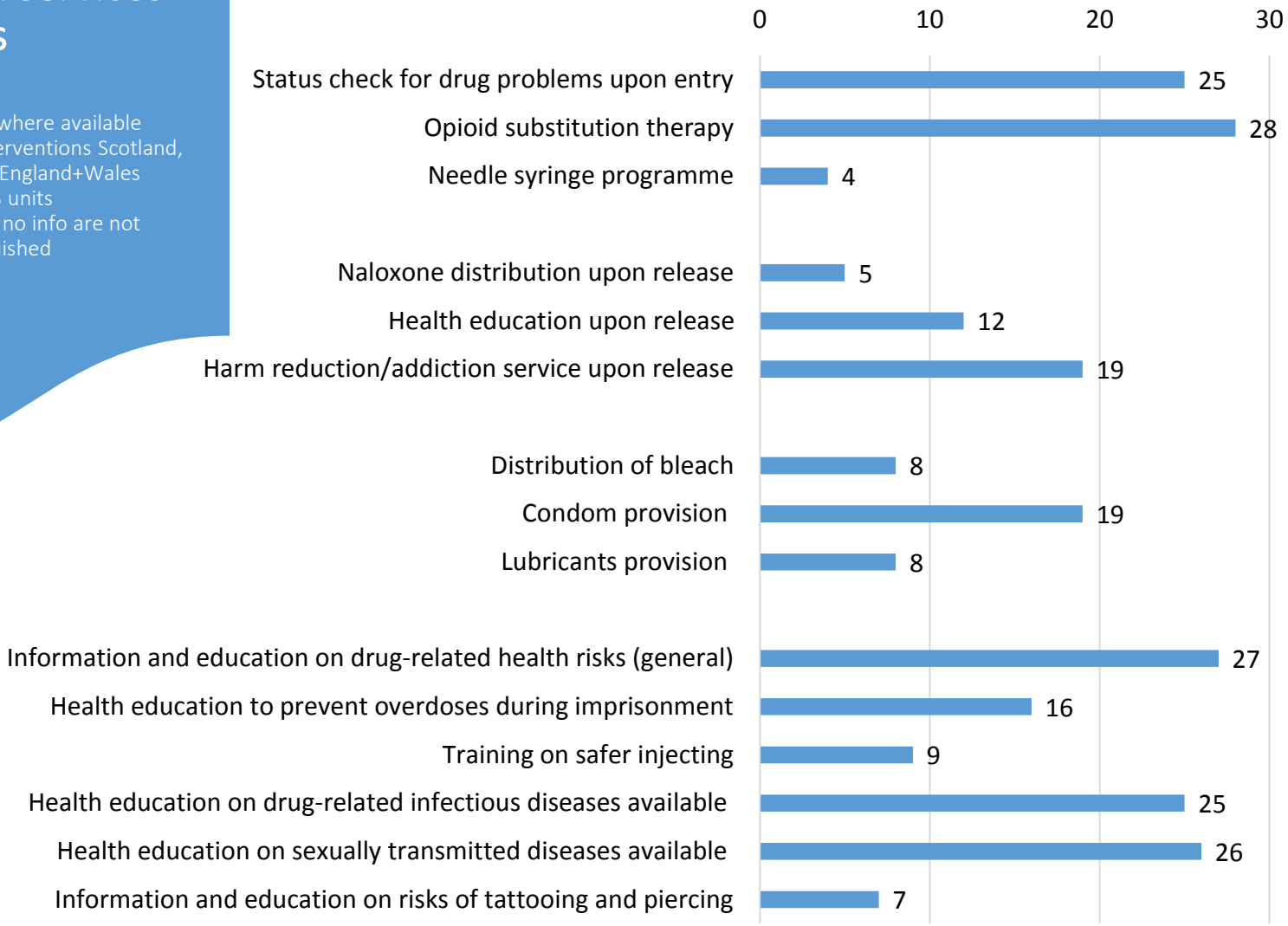


COVID-19 as a key excercise in the organization of prison health

- 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.

Conclusions: from harm production to harm reduction

- Drug using/dependent prisoners are discriminated in a double sense: (i) incarcerated for coping symptoms of their drug dependence and (ii) not benefitting from the progresses in drug treatment/harm reduction, which have been achieved in the community.
- Putting drug users into prisons in high numbers (approx. 30%), means putting them at high risk of relapses, violence, sexual exploitation, debts, risks of infectious diseases.

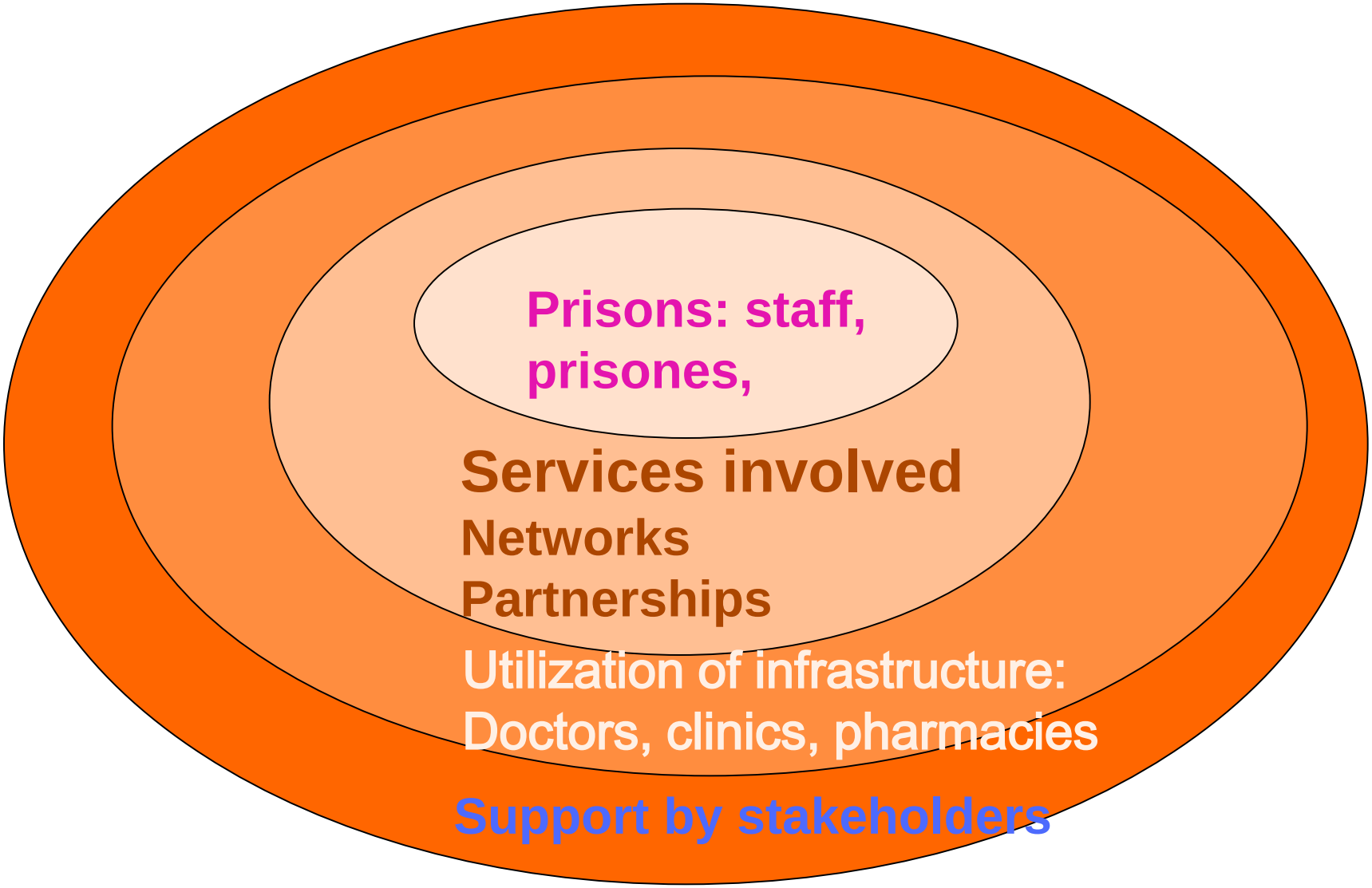
Future developments

- More attention on the particular situation of drug users in prisons is needed
- Abstinence-oriented treatment can only be one element of a comprehensive drug treatment service – it needs to be supplemented by harm reduction measures
- Integration of drug using prisoners: „Nothing about us without us“
- Utilizing international standards for changes in treatment (e.g. **the Nelson Mandela Rules**, CPT)

Conclusions: from harm production to harm reduction

- A shift in the responsibility of healthcare from Justice to the ministry in charge of healthcare generally – like WHO, UNODC and many other international player are recommending – would probably lead to more and efficient healthcare, closely connected to community services.
- Alternatives to imprisonment would be an effective treatment to avoid health risks and health and social inequality.

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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https://www.researchgate.net/profile/

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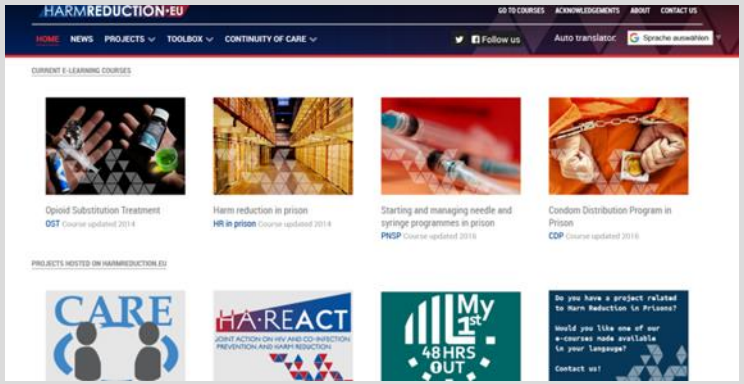
www.harmreduction.eu



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- 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 Practic 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 or 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 th 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

…Videos

- **Videos:**
- The Chicago Recovery Alliance:
- http://www.anypositivechange.org/menu.html
- Training Videos:
- http://www.naloxoneinfo.org/run-program/training-videos
- Ohio Attorney General:
- https://www.youtube.com/watch?v=m9wgPiuCtGI
- Using Injectable Naloxone to Reverse Opiate Overdose / MultcoHealthPresents
- https://www.youtube.com/watch?v=wsN0ijLnK2k
- Michel Geier, PharmD
- https://www.youtube.com/watch?v=mA1-YkKqCzY
- Naloxone nasal spray demonstration
- https://www.youtube.com/watch?v=Jis6NlZMV2c
- BmoreHealthy
- https://www.youtube.com/watch?v=YyDdMdLvdBc
- Naloxone Instructional Video / Healthy Communities of the Capital Area
- https://www.youtube.com/watch?v=NLo25AQNyeM

…further reading – 12 references…

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