Harm Reduction in Penal Practice and Prisons

“Drugs and Crime Conference: Drugs, Crime and Punishment – where to draw the line?”

7-8 March 2016, Tallinn University

Prof. Dr. Heino Stöver
Frankfurt University of Applied Sciences
1. Background
Prison health is public health

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

1 WHO (2014): Health in prisons. Copenhagen/Denmark
Custodial institutions as high risk environment

- Loss of health-protective means: e.g. condoms, sterile injection equipment, opioid substitution treatment, naloxone
- Denial of risk conditions and risk behaviour from all involved – also from prisoners!
- Self-harm and suicide over-represented
- (Sexual) violence (rape)
- Homophobia barrier for effective prevention strategies
- Poor funding of prison sector remains a major concern

Key barriers for healthcare and harm reduction in custodial institutions

- Absence of holistic views towards health and crime risks
- Health in prisons not the primary task of prisons
- Ignorance of evidence-based knowledge
- Political interests, dominance of moral attitudes
- Integration of civil society remains low
- Prisons as fragmented systems

¹Price Waterhouse Cooper (PwC) report (2007), Review of Prison-Based Drug Treatment Funding (2007)
Previously EU-funded projects...

focusing on harm reduction in prisons and throughcare in order to utilize their results and existing networks¹: e.g.

• “Throughcare”
• “Connections” (Stöver/Thane et al. 2011)
• “Access” (Zurhold/Stöver 2015)
• “Care” (Michel et al. 2015)
• “HA REACT” (> 2015)

“...on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries” (Gesundheit Österreich 2013)

Conclusions and suggestions

A. Reduction of drug-induced deaths

• “...facilitate the use of emergency services, peer naloxone programmes, integration of services (especially prison and treatment release management),

B: Improvement of harm reduction in prison“

• “Proposed measures: Opioid substitution treatment (OST), syringe provision through specialised programmes (introduction in all prisons), release management, throughcare into and out of prison (regarding OST continuity), housing for released prisoners, health assessments including infection prevention”.

1 Gesundheit Österreich 2013
• Situation analysis / mapping of needed support in the participating countries implemented
• Medical, social and other prison professionals trained to work with PWID and to provide harm reduction services (incl. OST, PNSP, condom provision and psychological support)
• Elaborated E-learning modules¹
• IEC materials developed for PWID and staff in prisons

See: www.isff.info
• Practical toolkit for prison staff on harm reduction in prisons (as part of the JA training toolkit)
• Condom provision and other harm reduction measures piloted in one prison
• Policy brief based on experiences from the component
UNODC/ILO/UNDP/WHO /UNAIDS¹
Comprehensive Package...

- consists of 15 interventions that are essential for effective HIV prevention and treatment in closed settings.
- While each of these interventions alone is useful in addressing HIV in prisons, together they form a package and have the greatest impact when delivered as a whole.
- However, some interventions are insufficient alone (IEC) =>

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

1. Information, education and communication
2. HIV testing and counselling
3. HIV/AIDS 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, Naloxone
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
United Nations Office on Drugs and Crime

HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings

A Framework for an Effective National Response

prevention
care
support
treatment

profylaktika
ухуд
поддержка
условиях тюрем

Основа для принятия эффективных мер на национальном уровне

prevención
atención
apoyo
en el Medio Carcelario

Marco de acción para una respuesta nacional eficaz

预防
护理
治疗

监狱环境
护理、治疗和支持

国家有效应对措施框架

Arabic, Chinese, English, French, Portuguese, Russian, Spanish
2. Transferring Harm Reduction into Custodial Settings
Prison-based Needle Syringe Programs

- 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

Needle and Syringe Programmes worldwide

1 HRI (2015): The Global State of harm reduction
Prison-based needle and syringe programs – UNODC Handbook

In 60 prisons worldwide – in 10 countries

1 UNODC (2015): A handbook for starting and managing needle and syringe programmes in prisons and other closed settings. UNODC
Prison-based Needle and Syringe Programmes in— too little, too late?

Needle/Syringe Exchange programmes in prison

March 2009, NSP available in prisons in at least 10 countries:

- Switzerland
- Armenia
- Kyrgyzstan
- Moldova
- Romania
- Germany
- Luxembourg
- Spain
- Iran
- Portugal

Anonymous Syringe Dispensing Machines

Lichtenberg Prison
Berlin

Saxerriet Prison
Switzerland

Photographs by Rick Lines
Safer use - Material in spanischen Gefängnissen
Safer use - Material in Spanish Prisons
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 key driver
3. Drug Treatment: Opioid Substitution Treatment
Time gaps in the official introduction of OST in prisons: ~7-8y (Source: EMCDDA; D. Hedrich et al. 2012,)
OST in Community and Prisons

1 HRI (2015): The Global State of harm reduction
OST in European prisons

- 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 Hedrich et al. 2012; Stöver/Casselman et al. 2006
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)
4. Sexual Risks and Condom Programmes
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.
Sexual risks in prisons: Contextual MSM

- 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%.

<table>
<thead>
<tr>
<th>Type of sex*</th>
<th>Inmates % (n=468)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sexual activity</td>
<td>86</td>
</tr>
<tr>
<td>Oral sex</td>
<td>12</td>
</tr>
<tr>
<td>Anal sex</td>
<td>9</td>
</tr>
<tr>
<td>Massaging/rubbing</td>
<td>7</td>
</tr>
<tr>
<td>Masturbation with another</td>
<td>8</td>
</tr>
</tbody>
</table>

*Multiple responses for sexual activity permitted.

<table>
<thead>
<tr>
<th>Frequency of condom use among inmates having anal intercourse or oral sex</th>
<th>Condom use in anal intercourse % n=44</th>
<th>Condom use in oral sex % n=54</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every time</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>Often</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Never</td>
<td>21</td>
<td>44</td>
</tr>
<tr>
<td>No sex since condoms available</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

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
Consistent and correct use of male condoms reduces sexual transmission of HIV and other STIs by up to 94%.

Lubricants (as opposed to petroleum-based) helps to prevent condoms from breaking and slipping.

While fewer data are available on female condoms, evidence suggests that use of female condoms also prevents HIV and STIs.

Effective condom programming is particularly important for key populations.

1 WHO (2014): Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.
Condoms: from Maputo to Munich to Maseru

- **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 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
- **Maseru/Lesotho**: making condoms „available...“

¹Bayerische Staatszeitung 29.08.2014
Further reading on condom/lubricant provision

Conclusions: from harm production to harm reduction

• Integration of staff
• Integration of drug using prisoners: „Nothing about us without us“- empowerment!
• Help people to make informed decisions
• PNSP: issues around safety in the working place-use UNODC manual as restarting discourse
• Comprehensive approach is needed =>
Support by stakeholders

Utilization of infrastructure:
- Doctors, clinics, pharmacies
- Networks
- Partnerships

Services involved

Prisons: staff, prisoners,

Improve effectivity and efficiency on prison health
• UNODC/UNAIDS/WHO publications

• WHO Harm reduction package
  http://www.who.int/hiv/topics/idu/harm_reduct ion/en/#

• Needles, syringes, and paraphernalia for harm reduction
  http://www.exchangesupplies.org/
“... 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