

MID-TERM PROJECT PROGRESS REPORT

Supporting Drug Treatment Services in Prisons

November 2014

MIDTERM PROJECT PROGRESS REPORT

Supporting Drug Treatment Services in Prisons

Prepared for the
« Fonds de lutte contre certaines formes de criminalité »
Luxembourg

14 November 2014



In my country we go to prison first and then become President.

Nelson Mandela

Prepared by the Council of Europe Pompidou Group's Secretariat:

Patrick Penninckx, Executive Secretary, patrick.penninckx@coe.int

Robert Teltzrow, Project Manager, robert.teltzrow@coe.int

Elena Hedoux, Financial Officer, elena.hedoux@coe.int

Audrey Tumulty, Administrative Assistant, audrey.tumulty@coe.int

Contents

- I. EXECUTIVE SUMMARY 7**
- II. ABBREVIATIONS 8**
- III. INTRODUCTION 9**
- 1. SUPPORTING THERAPEUTIC COMMUNITIES 10**
 - 1.1 BACKGROUND MOLDOVA 10
 - 1.2 BACKGROUND ROMANIA 11
 - 1.3 BACKGROUND SERBIA 12
 - 1.4 EXTENDING GOOD PRACTICES 13
 - 1.5 ACTIONS 15
 - 1.5.1 Feasibility study in the Republic of Moldova 15*
 - 1.5.2 Study Visit to Romania 17*
 - 1.6 OUTLOOK 18
- 2. DEVELOPING PRISON POLICIES IN UKRAINE 18**
 - 2.1 BACKGROUND 18
 - 2.2 PRISON POLICY DEVELOPMENT 19
 - 2.3 ACTIONS 19
 - 2.4 OUTLOOK 21
- 3. STUDY ON DRUG TREATMENT SYSTEMS IN PRISONS 21**
 - 3.1 INTRODUCTION 21
 - 3.2 ACTIONS 22
 - 3.2.1 Feasibility Study 22*
 - 3.2.2 Establishing a research team 23*
 - 3.2.3 Workshops 23*
 - 3.2.4 Summary meetings and communication with researchers 24*
 - 3.3 OUTLOOK 26
- 4. EXPERT MEETING PRISON HEALTH IN EUROPE 26**
 - 4.1 BACKGROUND 26
 - 4.2 EXPERT MEETING 27
 - 4.3 STRASBOURG CONCLUSIONS 28
- IV. THE WAY AHEAD 32**
- V. FINANCIAL STATEMENT 32**

I. EXECUTIVE SUMMARY

With the support of the 'Fonds de lutte contre certaines formes de criminalité' of Luxembourg, the Pompidou Group has implemented project activities in Ukraine, prepared targeted interventions in Moldova and Serbia and streamlined international cooperation on prison health. This mid-term report informs on the progress and preliminary results of the project. The project was designed to further improve health in penitentiaries with respect for human rights. More specifically, it aims to develop strategies of drug treatment and social reinsertion of drug-using detainees in order to reduce recidivism. The promotion of through-care will sustain drug treatment efforts and guarantee continuing care for people entering and leaving prison. The project is comprised of a strong element of cooperation between the Republic of Moldova and Romania, and aims to extend best practice to Ukraine and the Balkan region.

The first phase of the project focused on:

- Strengthening prison policy development in Ukraine
- Training for prison staff in Ukraine with a special focus on juveniles in prisons
- Preparing the implementation of Therapeutic Communities in Moldovan prisons
- Exchanging best practices between the Republic of Moldova, Romania and Serbia
- Creating a prison health roadmap together with other international organisations with the aim of producing project synergies
- Creating a baseline for prison interventions and identifying good practices in 10 eastern European countries

Based on desk reviews, site visit reports and seminar evaluations, the Pompidou Group assesses that the project has been progressing efficiently and effectively.

II. ABBREVIATIONS

COE	Council of Europe
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
DPI	Moldovan Department of Penitentiary Institutions
ECHR	European Court of Human Rights
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IDU	Injecting Drug User
NAA	Romanian National Anti-Drug Agency
NGO	Non-Governmental Organisations
NPA	Romanian National Prison Administration
OST	Opiate Substitution Treatment
PG	Pompidou Group
PWID	People who inject drugs
SPS	Ukrainian State Penitentiary Service
SDCS	Ukrainian State Drug Control Service
TB	Tuberculosis
ToT	Training of Trainers
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

III. INTRODUCTION

The health status of prisoners is regularly lower than the health status of people in liberty. Prisoners mostly come from poor and deprived segments of the population such as (illegal) migrants, ethnic minorities, people without employment, people with drug use disorders or sex workers. Many diseases concentrate in these groups. Since prisons are often overcrowded and do not offer healthy living conditions – e.g. lack of fresh air, hygiene or light – the risks of disease in prisons are often much higher than outside. However, prisons are closely linked to communities. Prisoners go on leave, receive visitors and sometimes attend outside work placements or health care facilities. The vast majority of prisoners will eventually leave prison and reintegrate into society. Furthermore, prison staff constantly oscillates between prisons and their communities. Therefore, prison health risks contribute to the burden of disease in wider society. This calls for especially efficient measures of prevention and health care in prisons. In reality however, prisons often do not adequately meet the health needs of prisoners and do not sufficiently contribute to the protection of public health.

Drugs users, including injecting drug users (IDUs), are often overrepresented in prison populations and the incidence of drug use is increasing in many prisons throughout Eastern Europe and the Balkans. Prisons are risky environments both for the prisoners and the staff. In particular, injecting drug users are exposed to various health risks; namely, overdosing, abscessed infections of injection sites, and the transmission of blood-borne diseases such as Hepatitis C or HIV. HIV prevalence in Eastern Europe, and Central Asia and Russia has roughly doubled since the 1990s, making the region home to the world's most rapidly expanding epidemic. The HIV epidemic that is also IDU-driven poses one of the greatest challenges to the development, progress and stability of the countries of the region. Research has consistently shown that not only is HIV prevalence very high in IDU populations, but that Hepatitis C (HCV) also occurs frequently.

In addition to the high risks of the transmission of communicable diseases, detainees are often subject to stigmatisation due to their drug addiction. The fear of being caught for drug possession, as well as backlash from the side of other inmates often prevents drug dependent detainees from seeking help or complying with their drug treatment. Mental illness and drug addiction are mutually reinforcing, and both diseases are particularly prevalent in prison populations. Prison conditions can have negative effects on mental health. For instance: overcrowding, various forms of violence, enforced solitude or conversely a lack of privacy, a lack of meaningful activity, isolation from social networks, insecurity about the future and a lack of services providing psychosocial support accounts for prisons being a priority area for preventing problematic drug use.

Human rights and the right to health are indivisible and interrelated. The right to health contains both entitlements and freedoms. Entitlements include the right to prevention, treatment and control of diseases, and freedoms are the right to be free from non-consensual

medical treatment, torture and other cruel, inhuman or degrading treatment or punishment¹. Limiting the spread of communicable diseases in prison benefits both prisoners as well as society as a whole and reduces the burdens on a country's health system. The Pompidou Group's Drugs in Prison Programme in Eastern Europe recognises the need to promote health and tackle health inequalities in prison settings.

The main objectives of the 'Supporting Drug Treatment Services in Prisons' project are to further improve health in penitentiaries with respect for human rights. The project aims to develop strategies of drug treatment and social reinsertion of drug-using detainees in order to reduce recidivism. The promotion of through-care will sustain drug treatment efforts and guarantee continuing care for people entering and leaving the prison. The project comprises a strong element of cooperation between Moldova and Romania, and aims to extend good practices to Ukraine and the Balkan region.

The project includes the following key components:

- Building prison administration capacities for supporting drug treatment in prisons.
- Raising awareness about drug risks and the stigmatisation of drug users in prisons through participatory activities.
- Supporting rehabilitation services in prisons and improving through-care.
- Improving relationship management of prison directors, prison psychologists, and community workers.
- Developing training and information materials in local languages.
- Supporting interventions for female prisoners and juveniles.
- Facilitating regional collaboration and extending best practices.

All proposed activities are based on requests made by the governments concerned and aim at strengthening human rights. The project, while taking into account country-specific needs, will emphasise regional interaction and facilitate experience exchanges among national prison administrations and community services.

1. Supporting Therapeutic Communities

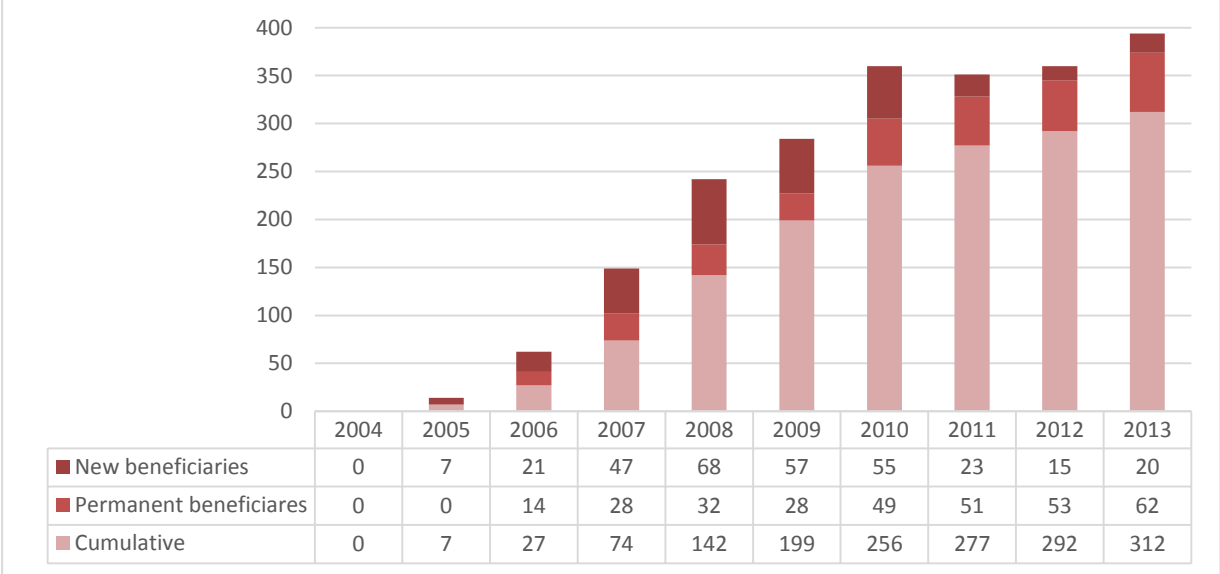
1.1 Background Moldova

Moldova has a significant HIV epidemic which is particularly concentrated among certain sub-populations, such as injecting drug users. HIV prevalence among the general population is currently 0.37%. As of May 1, 2013, a cumulative number of 7,928 HIV cases were registered, including 2,268 in the Transnistrian region. In the Republic of Moldova there are more drug users in prisons than in the community and drug use in prison settings poses a major problem.

¹ The Right to Health (Fact Sheet No. 31). Geneva, Office of the United Nations High Commissioner for Human Rights/World Health Organisation, 2008 www.ohchr.org/Documents/Publications/Factsheet31.pdf, accessed 20 September 2011

Moldova sets a positive example in the field of harm reduction and the treatment of addiction. The government has launched a programme which includes the detection of HIV infection, monitoring of HIV cases, needle and syringe exchange programmes and opiate substitution treatment (OST) for prisoners. Medically assisted addiction treatment, such as substitution treatment with methadone (OST) is part of the National Action Plan for 2011-2015 and has been implemented in the Republic of Moldova since 2004 in the civil sector and since 2005 in in three different prison sites (National Narcology Dispensary, Department of Penitentiary Institutions and Clinical Hospital in Balti city).

Figure 1 Number of methadone substitution treatment beneficiaries in the penitentiary sector, Republic of Moldova



Source: Soros Foundation Moldova, Department of Penitentiary Institutions

The representatives of the Department of Penitentiaries (DPI) stressed their commitment to the plan of establishing Therapeutic Communities (TCs) in prison in order to complement existing harm reduction intervention through psycho-social support. Developing psycho-social assistance services for drug-dependent inmates is part of the Action Plan of the DPI. The Moldovan legislation allows TCs in prisons. In preparation of the TC project, some representatives of the DPI have already visited prison TCs in Poland, Romania and Slovakia.

1.2 Background Romania

According to the data provided by the National Administration of Penitentiaries (NAP), drug use and drug trafficking in prisons is a problem that is becoming increasingly serious in Romanian prisons. Since 2006, Romania has experienced an increase of drug use in prisons and an increase in HIV/AIDS and Hepatitis C incidence. The number of detainees who self-reported their drug use doubled from 2001 to 2010 (from 1,065 to 2,043 registered drug users). Drug use is particularly high in the prison of Bucharest and other urban areas of Romania.

Among those who self-report their drug use, heroin is the first drug of choice, followed by cannabis and cocaine. Also worrisome is the almost 5-fold increase of reported poly-drug use between 2009 (2.5%) and 2010 (12.2%). The use of prescription drugs and drug combinations of tranquilisers, sedatives, anti-depressants and other drugs is increasing. A study conducted by the National Administration of Penitentiaries in 2010 states that it is quite easy for inmates to acquire different psychoactive substances in the prison setting, often by buying the drugs from relatives outside penitentiaries.

With widespread poly-drug use, drug treatment approaches focusing mainly on treating the addiction to one type of drug (such as opiate substitution treatment) may be insufficient. Thus, a suitable mix of different treatment and psycho-social support services are needed in order to effectively address the problem of poly-drug use in prisons.

The Romanian government acknowledges the importance of tackling the drug problem in prisons, and is developing a number of different programmes in order to reduce the spread of HIV, Hepatitis B and C among IDU and also to further improve drug treatment and rehabilitation services for those in need. The treatment and harm reduction programmes include psychological-social care, medical tests such as voluntary HIV and Hepatitis tests, individual counselling, therapeutic communities (drug free communities in three prisons), and since 2008, methadone substitution treatment in two prison hospitals.

Three Therapeutic Communities in prisons are the result of the project "Creation of three therapeutic communities in penitentiaries in Jilava, Rahova and Târgsor" (2009-2012) which was implemented by the National Administration of Penitentiaries, the Probation Directorate of the Ministry of Justice, National Anti-Drug Agency in collaboration with the Phoenix Haga Foundation and the Ministry of Justice of Norway. Therapists working in the three Romanian therapeutic communities are also beneficiaries of the PG project.

1.3 Background Serbia

Serbia is a country which belongs to the so-called 'Balkan route', a part of south-east Europe which is considered one of the main transit routes for illicit heroin trafficking from western Asia, where it is produced, to Europe and Russia, where it is sold on drug markets. In addition to its prominent geographical position in drug distribution networks, the country's adverse socio-economic conditions and demanding changes within transition have also played an important role in intensive drug use during the last two decades.

The prison system in Serbia includes 30 prison institutions: 17 prisons, 8 penalty institutions, 1 penalty institution for women, 1 penalty institution for juveniles, 1 correction facility, 1 special prison hospital and 1 centre for training.

According to official records of the Serbian Ministry of Justice's Prison Administration, around 1/3 of the entire prison population are drug users. The Prison Administration estimates that 60% of these prisoners had used heroin before detention. 40% were injecting drug users.

Figure 2: Number and percentage of inmates entering Serbian prisons from 2009 to 2012

year	Number of inmates entering prison	Number of drug users	%
2012	8132	2472	30.39
2011	7925	2811	35.47
2010	7660	2528	33.00
2009	9023	3286	36.42

Source: Serbian prison administration

According to the CPT in 2007, it is recommended “that the Serbian authorities develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems.” In light of these remarks, the Serbian government made steps towards improving drug services in prisons. Since 2009 voluntary and confidential counselling sessions on risk behaviours have been available and prisoners have been using these services. Methadone substitution therapy in penal institutions is available to those who were on methadone treatment before admission to any correctional institutions. In addition, drug-free units were opened at Nis and at the Special Prison Hospital in Belgrade. According to local experts, psychosocial support for drug users as well as aftercare programmes are lacking in Serbian prisons. Presently, most psychological treatment services are practiced nearly exclusively in the Central Special Prison Hospital in Belgrade. The new strategy of the Serbian Prison Administration for the period 2013-2020 aims to improve the treatment of drug users in prisons. Harm reduction interventions such as needle exchange programmes and psychosocial support are also part of the strategy.

1.4 Extending good practices

In 2011, the Romanian National Anti-Drug Agency (NAA) and the National Penitentiary Administration (NPA) requested support from the Pompidou Group in the field of training for therapists working with the social reinsertion of former drug users after prison release. From 2011 to 2013 the Pompidou Group provided training to Romanian prison psychologists and social workers in Counselling, Motivational Interviewing and Art Therapy. Most of the beneficiaries of the training were working in the three Therapeutic Communities (TCs) in Jilava, Rahova and Târgsor Prisons. Moreover, a participatory drug prevention campaign was organised for prisoners and members of the TCs. At an international conference in Bucharest on 27-28 February 2013, which was organised by the Pompidou Group and the Romanian Anti-Drug Agency experts, decision-makers and frontline workers expressed the pressing need for immediate and far-reaching actions to ensure effective drug treatment in European prisons. The participants at the conference who visited the Therapeutic Community (TC) in Jilava Prison in Bucharest were impressed by the mindset of the TC members who were ready to change their behaviour and live a drug-free life. The participants of this study visit agreed that this good practice could be replicated in other countries.

The Republic of Moldova issued a formal request in June 2013 asking the Pompidou Group for assistance in establishing two or more Therapeutic Communities in their prisons. They were interested in extending their tool kit in the fight against drug dependence in their prisons and in the community by adding more psycho-social support programmes to their drug treatment system. It was agreed to organise a mission to Moldova jointly with the Department of Penitentiary Institutions and the Norwegian NGO Phoenix Haga in order to assess the feasibility and costs of establishing Therapeutic Communities in two or more prisons.

During an official visit to Serbia in January 2014 a Pompidou Group delegation met, in Belgrade, representatives of the Ministry of Health, Ministry of Justice and the Serbian Prison Administration. The Serbian prison authorities were interested in extending and improving their therapeutic approach to drug-dependent prisoners. The Pompidou Group informed them about the success of Therapeutic Communities in Romanian prisons. The idea was born to organise a study visit to Romania in order to learn more about the theory and praxis of this promising drug treatment intervention.

What are Therapeutic Communities?

Therapeutic Communities for addiction treatment are a potent and well-developed methodology for treating drug addiction. It is a methodology that has been introduced worldwide and modified to suit local cultures and traditions. It has also been modified to fit different target groups. Although there are differences regarding to this, the basic elements of treatment are the same and the model is based on the same elements. The methodology contains a large set of interventions to help the client change from an addictive lifestyle to a lifestyle without drugs. The Therapeutic Community is a micro-society where clients are living 24/7 and experience all aspects of life challenges in a safe environment. The client has an opportunity to investigate the challenges and to change his or her perception and behaviour in response to this challenge. Therapeutic Communities have been proved to be the most potent methodology for treating addiction and can show up to 70% success rate in treatment outcome.

Some basics in a Therapeutic Community:

- Mutual self-help
- Common philosophy
- Common values
- A daily schedule
- Clear responsibilities
- Hierarchic structure
- Role modelling
- Clear expectations

Further reading: *The Therapeutic Community. Theory, Model, and Method.* George de Leon

1.5 Actions

1.5.1 Feasibility study in the Republic of Moldova

A team consisting of two Norwegian NGO leaders working at Phoenix Haga, a successful Therapeutic Community in Norway, and a project manager from the Pompidou Group visited Moldova on 26-28 November 2013 in order to assess the feasibility of establishing two TCs: one in a male prison (Prison No.18, Brănești) and one in a female prison (Prison No.7, Rusca). The assessment team visited the two prisons and discussed implementation criteria with the Moldovan prison authorities of the Department of Penitentiary Institutions (DPI), health staff and NGOs.



Following a SWOT analysis the team concluded that establishing TCs in Moldovan prisons is possible but would require additional external funds.

Figure 3: SWOT analysis TCs in Moldovan prisons

<p>Strengths</p> <ul style="list-style-type: none"> • A strong intention from the DPI to implement treatment services in prisons • Willingness of prison governors to implement TCs • A Therapeutic Community already exists in Moldova (in the community run by New Life) and could be used for training and community support • Seed money for the project exists (Pompidou Group, 'Fonds de lutte contre certaines formes de criminalité', Luxembourg) • Theoretical knowledge available both from Phoenix Haga and New Life • Possibilities to cooperate with Romanian prisons • Experienced trainers available from Phoenix Haga • Strong commitment from the Pompidou Group to implement TCs in prisons in Moldova • Facilities for training available (Goian training centre) • Knowledge among inmates about the project and willingness among the inmates to participate • Good understanding on all levels about what resources are needed • Space for TCs available in the assessed prisons 	<p>Weaknesses</p> <ul style="list-style-type: none"> • No secure financial platform (November 2013) • Little experience regarding TC as a treatment model in Moldovan prisons • Need for investments for refurbishing TC areas in prisons • Difficulties in using staff full time when there is already lack of staff in prisons • Limited external support for the staff due to long distance and little time • NGO staff are already overloaded with work
<p>Opportunities</p> <ul style="list-style-type: none"> • Creating two professional multidisciplinary teams who can cooperate and further develop TC knowledge • Cooperation with Romanian experts working in Romanian prison TCs • Further development of TCs in Moldova outside prisons • Improving cooperation between NGOs and the Moldovan prison administration • Improving professional standards in prisons and community • Increase the interest for and the knowledge of drug-free treatment in Moldova 	<p>Threats</p> <ul style="list-style-type: none"> • Conflicting interest between the TC and other activities necessary in the prisons • Conflict between the TC approach and other health services is possible • Political changes and new leadership in prison administration might not support project

1.5.2 Study Visit to Romania

A Serbian delegation consisting of high-level representatives of the Ministry of Health and Ministry of Justice visited Bucharest in order to study Therapeutic Communities in Romanian prisons. A project manager of the Pompidou Group accompanied the delegation. During the three-day study visit (4-6 November 2014) they met the Head of the Romanian Prison Administration as well as prison doctors, heads of security and therapists. At the introductory workshop on the first day of the visit, the Romanian hosts gave an overview of their health services in prisons and presented the theory and praxis of drug treatment services in prisons. The Romanian and Serbian counterparts also talked about the different national practices and specificities of their prison systems. On the second and third day the delegation visited Rahova and Jilava Prisons where they interviewed members of the TCs and prison staff involved in the day-to-day work with the recovering inmates. After the visit, the Serbian delegation confirmed their interest in replicating the Romanian experience in their prisons. Moreover, the Romanian Prison Administration agreed to support TC implementation in Serbia and in the Republic of Moldova. The study visit was organised on an initiative of the Pompidou Group and financed through the TAIEX instrument of the European Union. The Pompidou Group will wait for the decision of the Serbian Ministries on whether they want to adopt the Romanian model.



Photo: Serbian delegation meeting with prison staff

1.6 Outlook

After a strategy meeting in Oslo on 24 April 2014, it was discussed whether or not Norway could provide additional funding for the project in the Republic of Moldova. It was clear that further fundraising initiatives would be necessary. In October 2014 the European Commission agreed to finance the refurbishing of two prison wards and four training sessions for Moldovan prison staff in the framework of a joint Council of Europe programme on justice reform. The joint CoE–EU project will start in 2015 and will be implemented by the Pampidou Group.

2. Developing prison policies in Ukraine

2.1 Background

In Ukraine, HIV, injection drug use, and incarceration are syndemic: being affected by one increases the risk for and/or compounds the effects of the other two. Thus, effective HIV prevention and treatment must address all three problems.² Ukraine is a country with a rather high prison population rate per 100,000 inhabitants (332.4 per 100,000 in 2012; 276.0 per 100,000 in 2014).^{3 4} Drug-related crimes are highly prevalent in Ukraine, and many people are incarcerated for drug-related offences. A significant proportion of people going through criminal systems worldwide are drug dependent or use drugs, as a considerable proportion of PWID are imprisoned during their lifetimes.⁵ Ukraine, similar to other countries grappling with a transitional epidemic, houses a large percentage of prisoners incarcerated for crimes associated with substance use. Thus, in Ukraine, 15% of all inmates have been incarcerated for drug-related offences, excluding crimes committed to finance their drug use.⁶ These data are confirmed by the statistics of the State Penitentiary Service of Ukraine (2011): the number of prisoners incarcerated because of violation of drug laws constituted 10,300 persons (14% of all sentenced prisoners) on 1 September 2014.⁷ A more recent nation-wide study suggested that 47% of prisoners transitioning to the community were PWID.⁸ Prevalence of problematic drug use among prisoners is usually considerably higher than in the general population. In particular, injecting drug users are exposed to various health risks, namely overdosing, abscesses and the transmission of blood-borne viruses such as hepatitis B/C or HIV. Conversely, prisons provide rare opportunities for many persons with risky behaviour to get access to health care, including timely diagnosis and treatment of drug abuse. Though incarceration itself is problematic for HIV prevention and control, prisons are

² Altice FL, Kamarulzaman A, Soriano VV, Schechter M, Friedland GH. Treatment of medical, psychiatric, and substance-use comorbidities in people infected with HIV who use drugs. *Lancet*. 2010; 376(9738): 367-87.

³ Aebi MF, Delgrande N. SPACE I – Council of Europe Annual Penal Statistics: Prison Populations. Survey 2012. Strasbourg: Council of Europe.

⁴ <http://www.prisonstudies.org/country/ukraine>

⁵ Jürgens R, Csete J, Amon JJ, Baral S, Beyrer C. People who use drugs, HIV, and human rights. *Lancet*. 2010; 376(9739): 475-85.

⁶ Bewley-Taylor D, Hallam C, Allen R. The incarceration of drug offenders: An overview. International Centre for Prison Studies. Report 16, March 2009.

⁷ SPSU official site: <http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

⁸ Azbel L, Wickersham JA, Grishaev Y, Dvoryak S, Altice FL. Burden of infectious diseases, substance use disorders, and mental illness among Ukrainian prisoners transitioning to the community. *PLoS One*. 2013; 8(3): e59643.

sentinel places for detection, treatment and the initiation of continuous care for medically and socially marginalised persons, including for HIV/AIDS infected persons.

According to representatives of the State Penitentiary Service, the most pressing challenges in the Ukrainian penitentiary system are: social education of detainees, development of individual rehabilitation programmes and treatment of drug dependence in prison.

According to Pompidou Group experts, the Ukrainian approach to the care and treatment of inmates with drug related problems showed a number of inconsistencies. Despite the HIV epidemic, mostly fuelled by intravenous drug use, which swept through Ukraine's prison system in the past decade, harm reduction programmes such as syringe exchange and opiate substitution treatment have not yet been introduced in prisons. Furthermore, drug dependence treatment is very limited in prisons and in pre-trial detention.

2.2 Prison Policy development

The Pompidou Group made an essential contribution to the drafting and implementation of the new Ukrainian Drug Strategy that was adopted by the Ukrainian parliament in September 2013. The Drug Strategy covers the period up to 2020 and proclaims a human-centred approach of the state and society to tackle the problems associated with drugs in Ukraine, including those in its prisons. Moreover, the policy paper declares a balanced and integrated approach and identifies treatment and preventive measures as priorities based on evidence and international standards. Although due to budgetary constraints Ukraine is not yet a member of the Pompidou Group, its drugs strategy is now in line with Council of Europe standards and Pompidou Group recommendations. The following actions contributed to this result.⁹

2.3 Actions

Actions before the reporting period:

1. Representatives of relevant Ministries and high-level stakeholders participated at a round table organised by the Pompidou Group on the preparation of the new drug strategy of Ukraine, 27-28 September 2011 in Kiev.
2. The Pompidou Group organised jointly with the United Nations Office on Drugs and Crime (UNODC) an International High-Level Conference on a Comprehensive and Integrated Approach to Prevention & Treatment of Drug Dependence and related HIV/AIDS, Kiev, 21-23 May 2012.

⁹ Some of these activities belong to the time before the start of the project "Supporting Drug Treatment Services in Prisons" but are listed here for the sake of drawing a comprehensive picture of the drug policy development progress. The 'Fonds de lutte contre certaines formes de criminalité' has been supporting the PG prisons projects since 2012, thus contributing during the whole period to this outcome.

3.



Photo: International Conference on Reducing the Demand for Drugs, 11-12 September 2014

Actions within the reporting period:

4. Regular meetings at Ministerial Conferences and Permanent Correspondents' meetings of the Pompidou Group and training sessions for representatives of the Ukrainian State Service for Drug Control which took place twice each year (May and September) from 2011 to 2014 in the framework of Executive Training for Drug Policy Managers prepared Ukrainian policy makers for the drafting of the Drug Strategy.
5. Representatives of Ministries, high-level stakeholders and practitioners participated at the International Conference on Reducing the Demand for Drugs, Improving Human Life – Support for the Implementation of the Ukrainian Drug Strategy, 11-12 September 2014. At the conference one workshop was dedicated solely to prison policies.
6. Regular meetings and joint actions in conjunction with international stakeholders such as UNODC, UNICEF, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and local organisations such as HIV Alliance, Aids-Foundation East-West (AFEW) and Foundation Vita Valens sustained advocacy activities and guaranteed coordinated efforts of all organisations involved aimed at improving drug policies in Ukraine and its penitentiaries.

7. Specialised training for prison staff: Since November 2012 the Pompidou Group has supported the training of prison staff working at the Melitopol correctional institution for female juvenile delinquents in Ukraine. Most of the inmates grew up in orphanages or came from families with serious social and health problems. These girls started smoking, drinking and using psychoactive substances very early, namely during adolescence or even before. Domestic violence has had a detrimental impact on their lives. Programmes, approaches and methods aimed at preventing drug and alcohol abuse as well as psychological, social and physical harm – including improvement of sexual health and the prevention of HIV/AIDS – will help these teenagers in the re-socialisation process and will support their reintegration into society after their release from the institution. The goal of the project is to prevent recidivism and to help girls to return to a law-abiding and healthy lifestyle. On 13-15 November 2013 the sixth workshop was organised in conjunction with the Dutch Foundation Friends of Prylucky, a non-profit organisation, and Dutch experts specialising in juveniles.

2.4 Outlook

The enduring crisis in Ukraine, elections and staff changes in Ukraine administrations decelerated the project progress in 2014. A major conference on Effective HIV Intervention in Prisons to be organised jointly with UNODC and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has been postponed by the Ukrainian Prison Administration several times. The organisations now envisage organising the conference in April 2015. The workshops for prison staff working with juveniles are also to be continued. A product of the previous workshops is a work methodology on how to organise family conference aimed at facilitating the release and reintegration of female juvenile inmates. It has been agreed with Ukrainian prison managers to introduce this methodology in a male juvenile prison as well.

3. Study on Drug Treatment Systems in Prisons

3.1 Introduction

Drug treatment and drug services in the community as well as in custodial settings vary considerably throughout Europe. The country overviews of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) draw a differentiated picture of the situation in Europe. However, prison issues are touched only when describing the situation in the community.¹⁰ Moreover, in the Selected Issue on 'Prisons and Drugs in Europe – The problem and responses' of the EMCDDA,¹¹ released in November 2012, the situation of the candidate and potential candidate countries in wider Europe is not described.

The general objective of the Pompidou Group 'Prison Drug Treatment Systems Overview' research project is to improve health (HIV/AIDS/Hepatitis) and to reduce drug dependence in prisons in line with human rights standards through the dissemination of best practice and improvement of the cooperation of drug treatment providers and prison administrations.

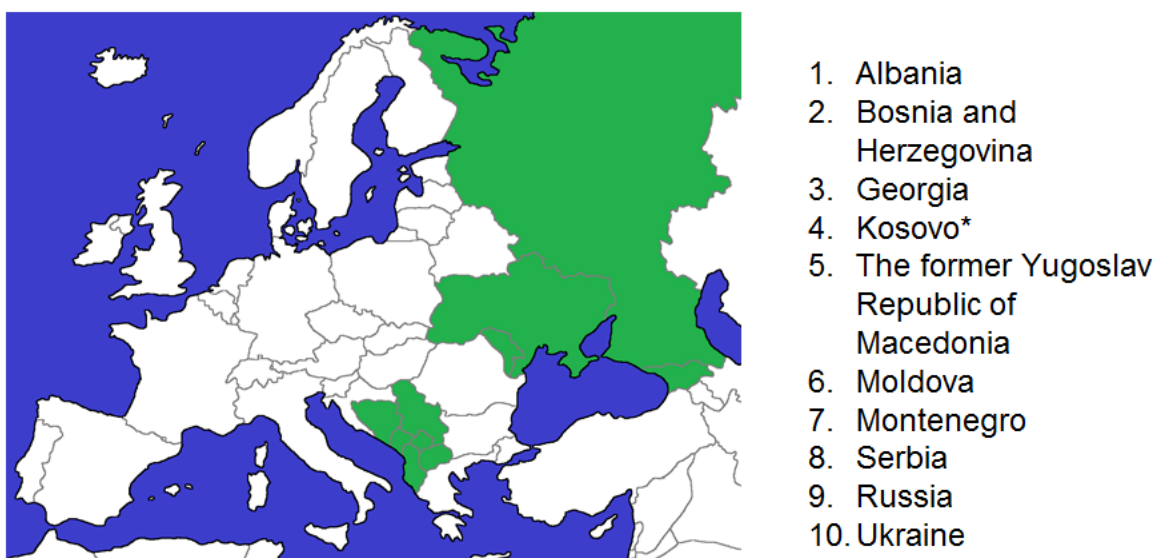
¹⁰ <http://www.emcdda.europa.eu/countries>

¹¹ <http://www.emcdda.europa.eu/publications/selected-issues/prison>

More specifically, the project aims to research quantitative and qualitative data on:

- *Prison information (Number of prisons, populations, number of drug users, epidemiology of drug use, HIV, Hep B/C, other STIs, TB)*
- *Description of existing drug services, both drug-free oriented as well as harm reduction services and drug treatment philosophies*
- *Description of drug treatment service provider*
- *Cooperation of intramural and extramural drug services*
- *Organisation, legal background (e.g. ‘therapy instead of punishment’), and structure of drug treatment systems*
- *Specialities in countries and best practice examples*
- *Critical analysis of drug treatment systems in prisons (strength and weaknesses).*

Figure 4: Countries participating in the research project¹²



3.2 Actions

3.2.1 Feasibility Study

In 2013 the Pompidou Group commissioned Professor Heino Stöver to conduct a feasibility study to assess whether there were enough data to draw up a detailed inventory of the drug situation in the aforementioned countries, and if not, to suggest experts to (i) help with such an inventory and (ii) elaborate on recommendations how to overcome existing barriers in implementing European standards of health care for drug-using prisoners. The feasibility study assessed existing information in the 10 countries and outlined obstacles and risks that could possibly occur. Professor Stöver concluded that the foreseen methodology and project framework would be effective in painting a clear picture of the respective country situation in

¹² *All references to Kosovo, whether the territory, institutions or population, in this text shall be understood in full compliance with United Nation's Security Council Resolution 1244 and without prejudice to the status of Kosovo.

order to improve drug treatment systems in the region. Some literature on country-specific situation in prisons did exist. Hence, the study would not start from scratch.

3.2.2 Establishing a research team

Professor Stöver identified 10 researchers, one expert per country, based on their expertise, ability and willingness to be involved in the research process. Several experts were known to the author from previous studies and collaborations. The working relationships were reliable and productive and the experts had excellent linguistic skills. The authorities in the member states of the Pompidou Group were informed about the choice of experts and invited to comment on their respective country report. The researchers were instructed to present scientific findings that were objective, impartial and unbiased.



Photo: First meeting with the 10 researchers in Budapest, 19 February 2014

3.2.3 Workshops

Two workshops were held in the European Youth Centre of the Council of Europe in Budapest, on 19 February and 15 September. All 10 researchers from the 10 countries attended both workshops. During the first workshop they defined the research objective, produced a methodology and agreed on a timeframe. Moreover, definitions of specific drugs and prison-related terms were discussed. All participants were very motivated and appreciated the participatory team approach. At the second workshop the 10 researchers presented their preliminary results, talked about obstacles they encountered during the research and developed a set of comparable data for the summary chapter of the publication. They submitted final drafts of their country reports on 15 October 2014.



Photo: Researcher discussing his report in Budapest, 15 September 2014

3.2.4 Summary meetings and communication with researchers

Subsequently, Robert Teltrow, the project manager for the Drugs in Prisons Programme, and Professor Heino Stöver met in Frankfurt (Main) in Germany on 23 and 30 October in order to discuss the country reports and provide detailed comments and suggestions to the researchers. Furthermore, they aggregated the main results of the study. In their analysis of the country reports a number of cutting issues came to light:

- **Gender-specific responses** for drug-using women at both policy and practical levels are not developed or implemented with particular attention to their specific health care needs. Women who use drugs require specialised treatment services that take into account their specific needs. Without treatment, imprisonment often becomes a 'revolving door' for drug-using women (see Eurasian Harm Reduction Network et al., 2012).
- Often **rigid drug laws** are responsible for the high number of prisoners or the high number of drug users among the prisoners. Hence, changes and amendments to drug legislation (criminal and administrative) might contribute to a reduction of overcrowding and drug use in prisons through clearer definitions in drug laws on the quantity of drugs for personal use, possession and trafficking as well as the concept of 'therapy instead of punishment'.

- Many of the countries' prison systems are in **transition from a punitive to a rehabilitative approach** to the treatment of prisoners. This transformation often lacks financial resources and political support. Moreover, the wars on the territory of the former Yugoslavia contributed to the financial and economic burden of some of the countries in the focus of this study. Furthermore, both the Eastern Europe economic crisis and territorial conflicts hinder the straightforward implementation of these reforms.

Figure 5: Opiate Substitution Treatment – availability in prisons



Figure 6: Overview of relevant prison data:

Country	Prison population total (including pre-trial detainees / remand prisoners)	Prison population rate / per 100,000 of national population	Pre-trial detainees / remand prisoners (percentage of prison population)	Female prisoners (percentage of prison population)	Juveniles / minors / young prisoners incl. definition (percentage of prison population)	Foreign prisoners (percentage of prison population)	Number of establishments / institutions	Official capacity of prison system	Occupancy level (based on official capacity)
Albania	5 454 at 1.1.2014 ⁱ	188 ⁱⁱ	40.2% (October 2013)	1.7% (October 2013)	2.0% (October 2013 - under 18)	1.5% (31.12.2012)	21 (2010)	4 537 (1.1.2014)	120.2% (1.1.2014)
Bosnia and Herzegovina: Federation	1883 at 1.1.2013 ⁱⁱⁱ	80 ^{iv}	15.2% (1.9.2012)	2.9% (1.9.2012)	0.2% (1.9.2012 - under 18 at date of sentence)	2.6% (1.9.2012)	8 (2008)	1 844 (1.1.2013)	102.1% (1.1.2013)
Bosnia and Herzegovina:Republika Srpska	1 003 at 31.12.2013 ^v	75 ^{vi}	9.6% (31.12.2013)	1.4% (31.12.2013)	1.2% (31.12.2013 - under 18 at date of sentence)	2.9% (31.12.2013)	6 ^{vii}	1 386 (31.12.2013)	72.4% (31.12.2013)
Georgia	9 888 at 31.3.2014 ^{viii}	219 ^{ix}	18.0% (31.3.2014)	2.5% (31.3.2014)	0.8% (31.3.2014 - under 18)	1.9% (31.3.2014)	13 (2014 - prisons currently occupied)	23 878 (31.3.2014)	41.4% (31.3.2014)
Kosovo	1 695 at 15.11.2013 ^x	93 ^{xi}	35.5% (15.11.2013)	3.2% (15.11.2013)	2.2% (15.11.2013 - juveniles)	5.4% (15.11.2013)	11 ^{xii}	c. 2000 (15.11.2013)	c. 84.8% (15.11.2013)
Macedonia	c. 3021 ^{xiii}	c. 147 ^{xiv}	c. 16.6% (December 2013)	2.4% (1.9.2012)	0.8% (December 2013 - under 18)	2.7% (1.9.2012)	13 ^{xv}	2290 (December 2013)	c. 131.9% (December 2013)
Moldau	6 666 at 1.10.2013 ^{xvi}	187 ^{xvii}	18.9% (1.10.2013)	6.2% (1.9.2011)	0.1% (of sentenced prisoners, 1.10.2013 - under 18)	1.6% (1.9.2011)	17 (2013)	7 844 (1.10.2013)	85.0% (1.10.2013)
Montenegro	1 064 at 1.1.2014 ^{xviii}	170 ^{xix}	32.6% (September 2013)	2.4% (September 2013)	0.3% (September 2013 - juveniles)	11.4% (1.9.2011)	3 (2013)	1 100 (1.1.2014)	96.7% (1.1.2014)
Russia	674 500 at 1.9.2014 ^{xx}	469 ^{xxi}	17.0% (1.9.2014) ^{xxii}	8.2% (1.9.2014)	0.3% (of convicted prisoners, 1.1.2014 - under 18)	4.2% (31.12.2009)	996 (1.9.2014) ^{xxiii}	903 493 (1.1.2012)	83.6% (1.1.2012)
Serbia	10 226 ^{xxiv} at 31.12.2012	142 ^{xxv}	24.8% (31.12.2012)	3.8% (31.12.2012)	0.7% (1.9.2011 - under 18)	2.2% (1.9.2011)	28 (2011)	7 000 (31.12.2011)	158.5% (31.12.2011)
Ukraine	96 064 at 1.8.2014 ^{xxvi}	213 ^{xxvii}	19.3% (1.8.2014) ^{xxviii}	4.5% ^{xxix}	0.6% (1.8.2014 - prisoners in young prisoner colonies)	1.7% (1.9.2011)	177 (2014) ^{xxx}	122 184 (1.1.2013)	120.4% (1.1.2013)

Source: World Prison Brief

3.3 Outlook

After receipt of the final country reports the different data will be further aggregated and presented in an introductory chapter. A chapter with recommendations resulting from the regional comparison will be added for policy makers in the relevant ministries. Moreover, a list of good practices will be provided for prison managers. The publication will be finalised in the first half of 2015 and published with an ISBN.

4. Expert meeting Prison Health in Europe

4.1 Background

As a steering group member of the WHO Health in Prison Project (HIPP), the Pompidou Group of the Council of Europe supports international efforts to improve drug treatment systems in prisons. Project coordination with other international partners is important in order to improve target intervention and create synergies in the beneficiary countries. In the framework of the project 'Supporting Drug Treatment Services in Prisons' the Pompidou Group cooperated in particular with the following international organisations:

- WHO/Europe
- UNODC
- EMCDDA
- Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- Aids Foundation East-West (AFEW)

The Health in Prisons Programme of WHO/Europe

In 1995, the WHO Regional Office for Europe launched its Health in Prisons Programme (HIPP). Its aim to improve of health in prisons through policy changes initiated by recommendations based on international standards and good practices. From the start, other key organisations have partnered HIPP, such as the Pompidou Group of the Council of Europe CoE, the International Council of the Red Cross ICRC, the United Nations Office on Drugs and Crime UNODC and others.

In the beginning HIPP devoted a lot of resources to the problem of drugs in prisons, which had become a major issue for many prisons, and a concern for public health. On the basis of fundamental international standards delegates present at a joint World Health Organisation/Russian Federation International Meeting on Prison Health and Public Health, held in Moscow on 23 and 24 October 2003, declared the need for a close link between public health and the provision of health care to those in prison.

Ten years later, at an international meeting on prison health, held in London on 15-16 October 2013, WHO and UNODC jointly launched the document *Good governance for prison health in the 21st century. A policy brief on the organisation of prison health*. The document drew two main conclusions about institutional arrangements for prison health that would lead to better health and well-being for prisoners as part of better public health:

1. Managing and coordinating all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility.
2. Health ministries should provide and be accountable for health care services and advocate healthy conditions in prisons.

The Health in Prisons Programme of WHO/Europe and the Pompidou Group decided to organise a joint expert meeting with the purpose of outlining the current institutional landscape of prison health in Europe, and to explore ways of achieving a stronger commitment from health authorities to the health of prisoners. WHO/Europe and the PG agreed that in spite of an impressive body of international law, regulations, recommendations and standards to protect the health of prisoners according to assessed needs and professional and ethical standards equivalent to those in wider society, practices are often at odds with these norms and only weak mechanisms are available to hold states accountable to their human rights obligations. Hence it would need joint efforts to counteract unnecessary and avoidable health inequities in societies.

4.2 Expert meeting

The meeting that took place in Strasbourg on 27 May brought together high-level representatives of international organisations as well as representatives from the European Court of Human Rights, the European Committee for the Prevention of Torture and the Criminal Law Cooperation Unit of the Council of Europe in order to explore ways of achieving a stronger commitment from health authorities to the health of prisoners. It was agreed that the existing body of international rules and standards for the protection and promotion of the health and well-being of prisoners must be subject to continuous evaluation and development and must take into account the latest developments and scientific evidence in the fields of human rights protection, medical ethics, prevention of torture and ill-treatment and public health. The meeting was also an opportunity to launch together with WHO the new version of the prison health handbook Prisons and Health. Moreover, the participants endorsed the meeting's conclusion (Strasbourg Conclusions).

4.3 Strasbourg Conclusions

The participants of the conference, representing international organisations (governmental and nongovernmental) and states, wished to draw the attention of all countries in Europe to the need for better health care in prisons for the benefit of both the health of prisoners and the public health of communities at large.

High risks of disease in prisons

Prisons are not healthy places. Rates of communicable diseases such as HIV/AIDS, hepatitis and tuberculosis are much higher in prisons than in outside communities, and prisoners are at a much greater risk of contracting these diseases than members of the general population. Mental health disorders and alcohol and drug dependence are also more widespread among people in prisons than in the wider community. The increased health risks are frequently aggravated by unhealthy conditions such as overcrowding, poor material conditions and hygiene, restricted contact with the outside world and lack of purposeful activities.

Prison populations have greater needs for health services

There is vast evidence that prisoners carry a greater burden of disease compared to people living in the community. This is true for both somatic and mental disorders. In addition, the proportion of older people in prisons has increased over the last years, resulting in an even stronger need for comprehensive health services within prisons.

Prison health is public health

Prisons are closely linked to communities. Prisoners receive visitors, meet with lawyers and are in daily contact with prison staff living in the community. Most prisoners will return to their communities upon release. Prisoners often belong to vulnerable and deprived social groups. They are considered “hard to reach” and do not receive proper treatment outside prison, partly due to life-style and financial hardships. In prison, they have access to health and social care services. Delivering health interventions in prisons that limit the spread and severity of diseases not only benefits prisoners but also provides a “community dividend” by addressing health issues in underserved communities and improving the public health of the whole population.

Prison health is a key to rehabilitation

Health is a key to successful rehabilitation and integration. Healthy prisoners have a greater chance of leading independent and crime-free lives upon release. Addressing health determinants of criminal behaviour, such as substance misuse, will both improve health and reduce re-offending.

States have a special duty of care

States have a special duty of care for prisoners. When a state deprives people of their liberty, it takes on a special responsibility to look after their health in terms of both the conditions under which it detains them and of the individual treatment that may be necessary.

Prisoners have the same rights to health as any other people

Prisoners have the right to timely and accurate assessment and treatment of their health needs and, where necessitated by the nature of a medical condition, to regular and systematic supervision of their health. They shall receive all evidence- and needs-based medical care aimed at curing the health problems or preventing their aggravation, including surgical and psychiatric care, drug dependence treatment and preventive health care. Prisoners must have access to suicide prevention and protection from violence. Free informed consent and medical confidentiality must be guaranteed.

Prison health staff must be professionally independent

Prison health staff have a duty to care for their patients. To guarantee their professional independence from prison authorities, prison health staff should be aligned as closely as possible with the mainstream of health care provision in the community at large, including appropriate professional development, education and training programmes, supervision and appraisal systems.

Supportive developments for better prison health

Participants noted the following supportive elements for better prison health.

- A body of international rules and standards to protect and promote the health and well-being of prisoners has been developed and endorsed by many states over the last decades.*
- An increasing number of peer-reviewed publications, research findings, conferences, meetings and media products relate to prison health and facilitate the exchange of good prison health practices.*
- An increasing number of international organisations (international governmental organisations and international nongovernmental organisations) are devoting considerable resources to protecting and promoting the health and well-being of people in detention; their respective mandates, missions, roles and activities sum up to a comprehensive approach to prison health.*
- In many states, prison health reform has gained momentum in recent years as the responsibility for prison health services is transferred to health ministries.*
- A “targeted revision” to update and improve the United Nations Standard Minimum Rules for the Treatment of Prisoners (SMR) is ongoing and includes the area of health care provision in prisons.²*
- These developments should be promoted in order to sustainably improve the quality of medical care and assistance provided to prisoners and the quality of conditions of imprisonment.*

Persistent shortcomings of prison health

Participants pointed out some persistent shortcomings of prison health in many states.

- Too many people who inject drugs and are vulnerable to HIV and tuberculosis are imprisoned. This is detrimental to the health of people in prisons and to the public health of communities.*

- *Inadequate financial, human and technical resources often impede prison systems from assessing and meeting the health needs of prisoners adequately.*
- *Insufficient data regarding the health of prisoners and the performance of prison health systems, as well as some national legal frameworks, preclude many prisons from implementing evidence-based and effective public health policies, including policies to reduce the adverse health consequences of drug use (harm reduction).*
- *Inadequate prevention and treatment of infectious diseases and inadequate drug dependence treatment and harm reduction measures often expose prisoners to avoidable health risks.*
- *Poor material conditions such as overcrowding, inadequate nutrition and hygiene, lack of air-conditioning and inadequate heating, inadequate aeration, and lack of natural light are frequently found in prisons and are detrimental to health.*
- *Prison regime related issues such as lack of purposeful activities, restricted contact with the outside world, seclusion and solitary confinement often worsen the health status of prisoners.*
- *Poor infrastructure (such as lack of modern medical equipment, treatment options, including options for drug dependence treatment, other harm reduction measures, and therapeutic communities), as well as lack of adequate pharmacological supply and limited access to specialist care and hospitals, often impedes adequate care for prisoners.*
- *Prison systems frequently fail to adequately meet the specific health and protection needs of people in especially vulnerable situations such as people detained in police stations, remand prisoners, women prisoners (especially pregnant and breast-feeding women), prisoners living with HIV, foreign national prisoners, prisoners belonging to ethnic minorities, indigenous peoples, juvenile prisoners, prisoners with disabilities, prisoners with mental health care needs, prisoners who inject drugs or are dependent on drugs, older inmates, inmates with terminal illness or in another condition unsuited for continued detention, and gay, bisexual and transgender inmates.*
- *The lack of professional independence and inadequate education, professional skills and role awareness often impede prison health staff from providing health care to prisoners in accordance with international human rights law and provisions of medical ethics. Many prison health staff members are involved in tasks concerning the punishment of prisoners, such as solitary confinement. Decisions of health care staff are often overruled by prison administrations on managerial or security grounds. Medical information and files are often not handled confidentially. Such practices jeopardize a trusting relationship between caregivers and their patients and may have negative health consequences for prisoners.*
- *Insufficient coordination between prison health services, prison administrations, the wider judicial systems, and public health services often impede the continuity of adequate prevention, treatment and care for patients between prisons and communities.*

Prison health reform

- *Participants identified increasing evidence of improvements not only in the health of prisoners but in the wider community in countries where health ministries have assumed responsibility for health care in prisons, such as in the United Kingdom.*
- *To overcome the listed shortcomings and to raise existing standards, participants invite governments, other state authorities, policy-makers, and all other actors sharing in the responsibility for the health of prisoners to consider prison health reform along the following lines.*
- *Deprivation of liberty must always be a measure of last resort. Crime policies and practices should be assessed with this in mind, especially with regard to the problems of overcrowding and people in especially vulnerable situations.*
- *Adequate non-custodial alternatives to imprisonment should be considered and offered whenever possible.*
- *The performance of prison health systems should be assessed against the provisions of international human rights law and medical ethics, as well as with regard to the protection of individual and public health, especially the prevention and treatment of diseases.*
- *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. Some country examples offer strong indications that such an institutional arrangement also has great potential to improve the health of prisoners and to contribute to better public health.*
- *Integrating prison health services under the jurisdiction of health ministries is a process that requires the highest political commitment. It must involve all ministries and governmental agencies that may impact on prison health, especially the Prime Minister's Office and the foreign affairs, health, justice, social affairs and interior ministries. Governments should communicate fully across all levels of prison management and personnel, and they should carefully plan and execute the practical steps, including all necessary financial and budgetary implications and transfers of funding.*
- *The process of integrating prison health services under the jurisdiction of health ministries and its effects should always be evaluated. Good practices at the process, structural, legal, financial, technical and human resources levels should be identified and promoted by research and interdisciplinary, intergovernmental and intersectoral dialogue and exchange.*
- *The outlined reform should extend to other settings in the criminal justice system, including police stations, remand prisons and detention centres for asylum seekers and irregular migrants.*
- *To support prison health reform, international organisations (international governmental organisations and international nongovernmental organisations) are determined to strengthen and coordinate their efforts and to support national governments whenever desired.*

IV. The way ahead

The Pompidou Group assesses the project as being on the right path towards achieving its goals. The second part of the project will further develop the activities of the first term of the project through follow-up workshops and training in the Republic of Moldova, Romania, Ukraine, and in the Balkan region. A positive spinoff of the project financed by Luxembourg was that the EU decided to support a three-year project on 'Criminal Justice Responses to Drug Dependent Prisoners' to be implemented by the Pompidou Group in Armenia, Georgia, Ukraine and the Republic of Moldova. The project that is part of the CoE/EU Eastern Partnership Programmatic Co-operation Framework (PCF) 2015–2017 is expected to create further synergies with the 'Supporting Drug Treatment Services in Prisons' project .

V. Financial Statement

A detailed financial statement will be produced at the end of the project. Up to this point approximately 100,000 Euros have been spent; this equals 40% of the voluntary contribution provided by the 'Fonds de Lutte contre certaines formes de criminalité' of Luxembourg.

The Pompidou Group believes that the project is efficient in terms of using local expertise and logistical support. Local Prison Administrations also provided expertise, conference facilities, transportation and logistic support. Member States of the Pompidou Group partly financed fees for experts. Partner organisations and departments of the Council of Europe also provided substantial support to the project. In the financial report, the contribution from the different sources will be clearly distinguished.