Co-operation Group to Combat Drug Abuse and illicit trafficking in Drugs

TRAINING WORKSHOPS

"Drug Treatment and HIV Prevention"

Kiev Oblast, 5-9 November 2018

RECOMMENDATIONS

Introduction

At two workshops on Drug Treatment and HIV Prevention held in Kiev from 5 to 9 November 2018, a multidisciplinary group of professionals working in six different Ukrainian prisons and the probation service, as well as senior managers of the State Criminal Executive Service of Ukraine, the Prosecutors Office and the Medical Centre of the Ministry of Justice developed recommendations based on international rules and standards relating to the safeguarding of human rights and public health of people who are incarcerated. The guiding principles for these recommendations are laid down in international law, recommendations by international organisations and prison health standards (see **Reference documents**).

Recommendation 1: Pilot nationwide Opioid Substitution Treatment

a) Opioid Substitution Treatment (OST) should be piloted in several correctional institutions in different regions of Ukraine. The correctional institutions should be selected based on an objective set of criteria and with the goal of testing OST under different conditions. It would also be advisable to pilot OST in a prison for women. The implementation phase should be monitored in order to better understand and react to specific challenges of the Ukrainian prison system.

b) OST implementation should follow a multidisciplinary approach involving staff of relevant institutions, such as the State Criminal Executive Service of Ukraine, psycho-social and probation services, community doctors ('narcologists') as well as NGOs, who will distribute the workload in an efficient and proportional manner.

c) Eligible patients who are incarcerated should not only have the possibility to continue treatment that had been started in the community or detention, but also be able to start treatment in the prison even if they had not previously been enrolled in OST or other drug treatment programmes.

d) Staff responsible for the delivery of OST services should be properly trained and financially rewarded for additional working hours or in cases where they have achieved a higher professional qualification that adds value to their services.

e) Considering that OST is more effective when combined with psycho-social interventions, psychologists who are responsible for OST patients should be trained in how to use evidence-based therapeutic methods, such as cognitive behavioural therapy and motivational interviewing.

f) Based on international standards and guidelines on OST implementation, standard operating procedures should be developed that determine the roles and responsibilities of all staff involved, and provide guidance on how to implement OST in an efficient and effective manner while focusing on the health and security of both the people who are incarcerated and the staff.

g) There should be a continuation of OST services for patients from the community, throughout police arrest, pre-trial detention ("SIZO"), detention ("colonies"), and once back in the community. If patients in OST in the community are arrested and sentenced, OST should be provided at each stage of the criminal justice system.

Recommendation 2: Prevent Drug Overdose

a) The State Criminal Executive Service of Ukraine should recognise that there is a risk of drug overdose in prisons, even when high security standards are maintained.

b) The drug overdose reporting system of Ukraine should be improved and should follow principles of objectivity, trust and confidentiality. Fear of punitive sanctions or administrative complications should not prevent prison staff, doctors or inmates from calling for help or administering first aid in the case of an overdose.

c) Consequently, naloxone should be available in all prisons as a life-saving medication in the event of an overdose.

d) Prison staff and people who are incarcerated should be informed and educated about the risks of overdosing in prison and shortly after release from prison, when relapses into opioid use might occur. They should be trained to recognise the symptoms of overdosing and administer naloxone.

Recommendation 3: Strengthen the right to treatment

a) People who are incarcerated should have the right to enrol in drug treatment programmes that are integrated into a coherent drug treatment system that combines drug-free treatment and medication-assisted, psycho-social interventions that are at least of the same scope and quality as comparable health care interventions provided for the general public.

b) Prison-specific drug treatment interventions such as drug-free wards, in-prison Therapeutic Communities and pre- and post-release programmes should be developed and/or improved.

c) People who are incarcerated should be given the opportunity to carry out meaningful activities in prison to prevent boredom and emotional distress that can trigger drug use.

d) Drug treatment programmes should be run by well-informed and trained staff and should be designed with special attention to vulnerable groups, in particular women, juvenile prisoners and people serving long-term sentences.

e) Health care workers and staff of psycho-social services should not be involved in security procedures, in order to guarantee the confidentiality of their work with patients who are incarcerated and to increase their motivation to participate in treatment and rehabilitation programmes. Medical tasks required by the prosecution, court, or security system should be carried out by medical professionals who are not involved in the care of inmates.

Reference documents:

UNODC Policy brief HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions:
https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf

Report to the Ukrainian Government on the visit to Ukraine carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 8 to 21 December 2017: https://rm.coe.int/16808d2c2a

Stöver, H.; Teltzrow, R. (ed.; 2017): Drug-Treatment Systems in Prisons in Eastern and Southeastern Europe. Pompidou Group, Council of Europe: https://rm.coe.int/drug-treatment-systems-in-prisons-in-eastern-and-south-east-europe/168075b999

Stöver, H.; Kastelic, A. (2014): Drug treatment and harm reduction in prisons. In: Enggist, S.; Møller, L.; Galea, G. and Udesen, C. (Hrsg.) Prisons and Health. WHO, 2nd edition, S. 113-133:
http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

UNODC; WHO Europe "Good governance for prison health in the 21st century. A policy brief on the organization of prison health." World Health Organization, Copenhagen; 2013

Kastelic, A.; Pont, J.; Stöver, H. (ed.; 2008): Opioid Substitution Treatment in Custodial Settings: A Practical Guide:
https://www.unodc.org/documents/hiv-aids/OST_in_Custodial_Settings.pdf