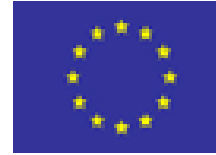


Rehabilitation of Drug Dependent Prisoners – Why Should You Care?

Tbilisi, 18-19 February 2020

Prof. Dr. Heino Stöver

*“Harm Reduction and
Opiate Substitution
Treatment before,
during and after
prison – European
good practices and
challenges”*



Co-funded by
the Health Programme
of the European Union



Institut für Suchtforschung
Frankfurt am Main



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:

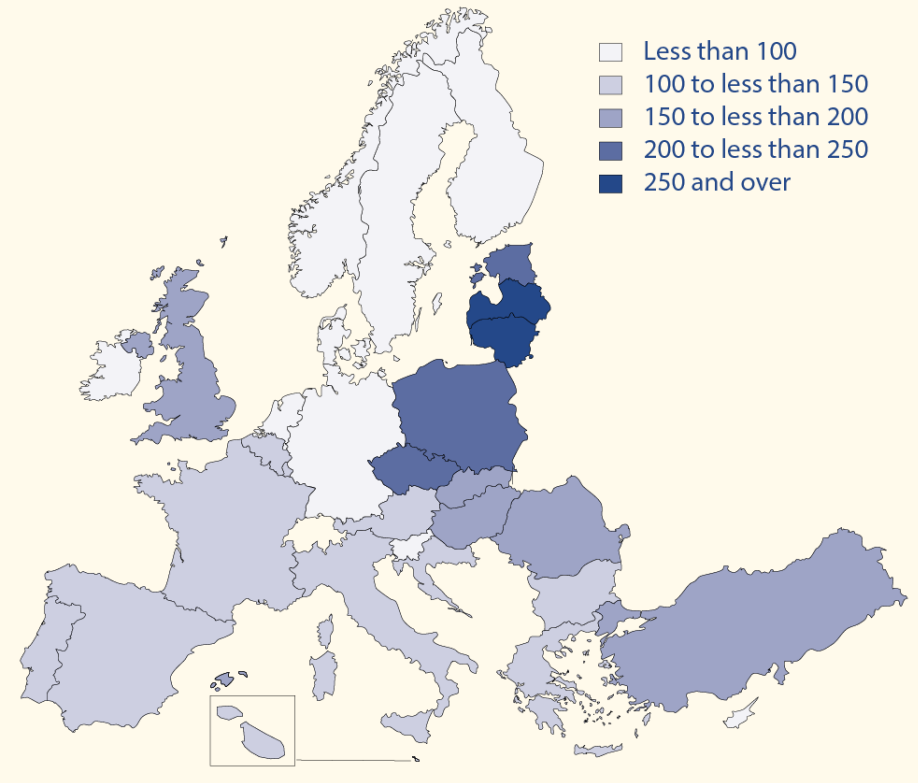
2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

1. Basics

Prison Population in Europe¹

~ 770.000²

- ~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 Prisons¹

- ~ One million prisoners per year in Europe
- 15-25% sentenced for drug related offences²
- US: 25-50% drug dependent on admission³
- Europe: ~ 1 in 6 prisoners problem drug users⁴
- 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 prison⁴
- 90% relapse to heroin after release⁵

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

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

Systematic OST review of prison¹

- 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 significant increases in HCV incidence.

Andrej Kastelic, Jörg Pont, Heino Stöver

Opioid Substitution Treatment in Custodial Settings

A Practical Guide



world health organisation



UNITED NATIONS
Office on Drugs and Crime

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)

**Adopted to the national situation and
translated into several languages**

30y OST in European prisons¹

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

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



Evaluations of PNSPs¹

- 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



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 arrhythmias)

Drug Related Death after Release

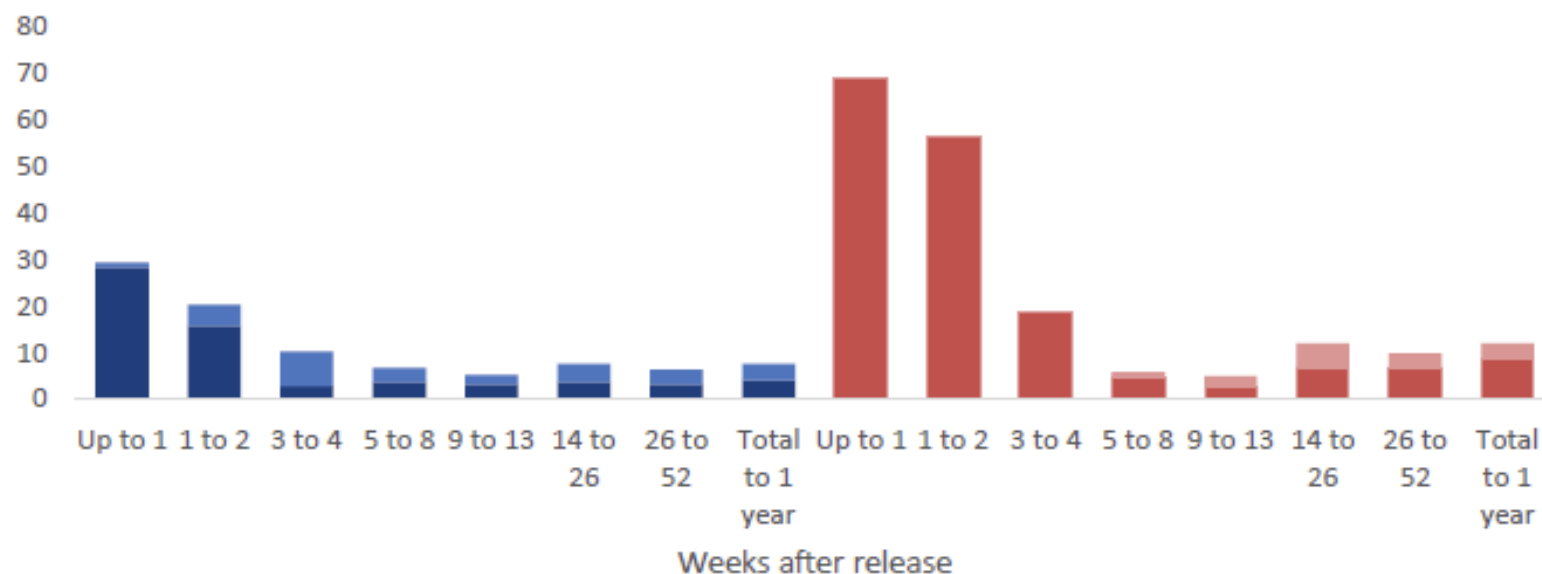
- Excess mortality risk in the first weeks after release
- European studies on excess mortality risks:
 - England/Wales (first week): X 29 (M) X 69 (F)
 - Denmark (first two weeks): X 62 (M/F).
 - France (first year): X 24 (M 15-34); X 274 (M 35-54)
 - Ireland: comp. Drug Related Deaths prison/no prison:
 - 28% of DRD had left prison since one week
 - 18 % of DRD had left prison since one month

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

Excess mortality rates for released prisoners - drug related deaths & other causes



■ Males - drug related ■ Males - other ■ Females - drug related ■ Females - other

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

John Marsden¹ , Garry Stillwell¹, Hayley Jones², Alisha Cooper³, Brian Eastwood³, Michael Farrell⁴, Tim Lowden³, Nino Maddalena³, Chris Metcalfe², Jenny Shaw⁵ & Matthew Hickman²

Addictions Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK,¹ School of Social and Community Medicine, Faculty of Health Sciences, University of Bristol, Bristol, UK,² Alcohol, Drug and Tobacco Division, Health and Wellbeing Directorate, Public Health England, London, UK,³ National Drug and Alcohol Research Centre, University of New South Wales, New South Wales, Australia⁴ and Institute of Brain, Behaviour and Mental Health, University of Manchester, Manchester, UK⁵

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.

Sexual Risks and Condom Programs

Condoms: from Maputo (Mozambique) to Munich (Germany) 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“

¹Bayerische 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
opioid overdose prevention in
people who use drugs on release

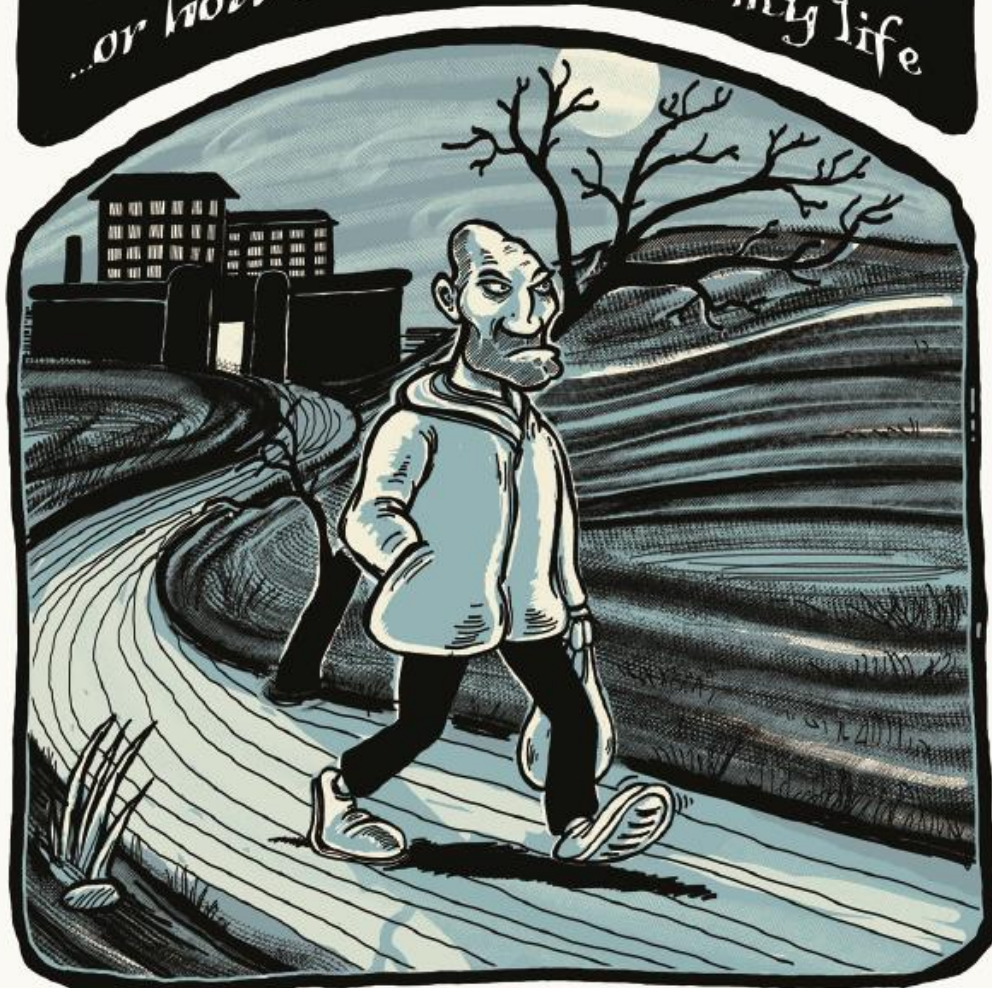
THN: Example of Scotland

- 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 reduced¹

¹Bird, 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



Naloxone is an antidote to an
OPIOID OVERDOSE



2 Hours Later...

Maybe just
ONCE...



If you do use, make
sure you use clean
works to avoid
Hepatitis & 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.

Using alcohol or
depressant drugs
like diazepam
at the same time
increases risk.



To reduce risk.
Use a small test dose
Try smoking instead
of injecting.

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

(available at: <https://harmreduction.eu/>)





Conclusions

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.

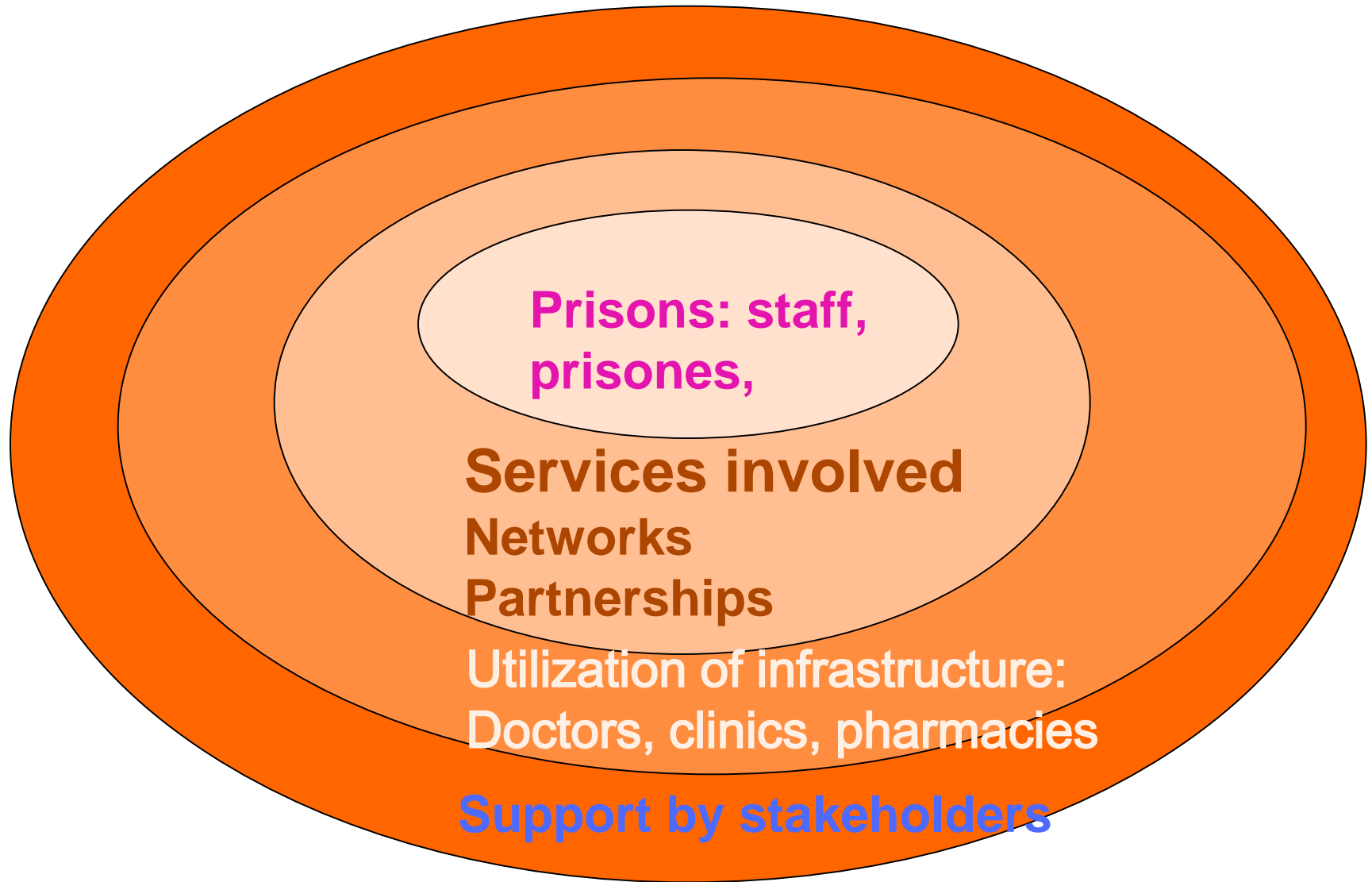
Future developments

- 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 “

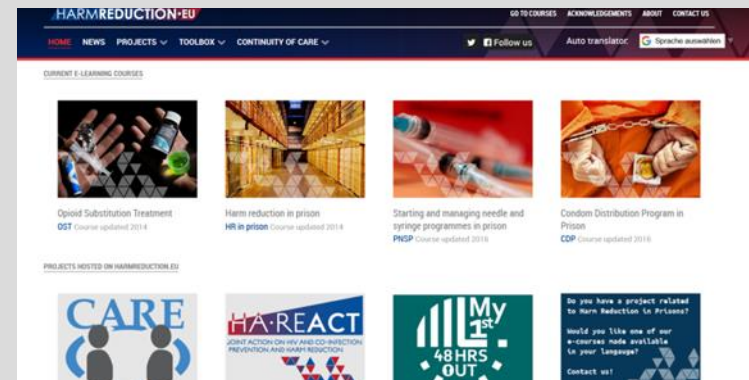
(Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons)

hstoever@fb4.fra-uas.de

:

hstoeve@fb4.fra-uas.de

www.harmreduction.eu



References

- *EMCDDA (2017) European Drug Report 2017: Trends and Developments*. Luxembourg: Publications Office of the European Union, June 2017. Available online: <http://www.emcdda.europa.eu/publications/edr/trends-developments/2017>
- *Statistical Bulletin 2017*. EMCDDA Lisbon, June 2017. Available online: http://www.emcdda.europa.eu/data/stats2017_en
- *EMCDDA (2017) Health and social responses to drug problems: a European guide*. Luxembourg: Publications Office of the European Union, October 2017. Available online : http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide_en
- EMCDDA (2017) Drug consumption rooms: an overview of provision and evidence. EMCDDA Series: *Perspectives on Drugs*, June 2017. Available online : <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>
- EMCDDA (2016) *Preventing opioid overdose deaths with take-home naloxone*. EMCDDA Series: *Insights*. Luxembourg: Publications Office of the European Union, 2016. Available online: http://www.emcdda.europa.eu/publications/insights/take-home-naloxone_en
- EU Drugs Strategy 2013-2020. Available online: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A52012XG1229%2801%29>
- EU Action Plan on Drugs. Available online: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52017XG0705%2801%29>



Websites

- [Harm Reduction Coalition](#)

In the Overdose Prevention section of their website they have a great selection of documents covering: News and Updates, Overview of Overdose, Tools and Best Practices, 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 the aim of improving health and protecting human rights at the individual, community, and societal level.

- [Naloxone.Org.UK](#)

Here is a comprehensive website about naloxone. It includes updates about the National Naloxone Program in Scotland and N-ALIVE, a large prison-based research trial providing overdose and naloxone education to individuals being released. Links at the bottom of the page include a naloxone finder, external resources, and law/policy information.

- [Project Lazarus](#)

Community-based Overdose Prevention from North Carolina and the Community Care Chronic Pain Initiative.

- [SPHERE](#)

Useful downloadable resources including posters to engage with different audiences about overdose. Includes tools for drug and alcohol treatment providers to

...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=Jis6NIZMV2c>
- [BmoreHealthy](#)
 - <https://www.youtube.com/watch?v=YyDdMdLvdBc>
- Naloxone Instructional Video / [Healthy Communities of the Capital Area](#)
 - <https://www.youtube.com/watch?v=NLo25AQNyEM>