

19 February 2020

TBILISI DECLARATION

Towards evidence-based and humane intervention that improve health and well-being of drug dependent people who are released from prison

Delegates at the **International Conference on Rehabilitation of Drug Dependent Prisoners – Why Should You Care?**, held in **Tbilisi on 18-19 February 2020**, representing all relevant Georgian line ministries, Probation and the Special Penitentiary Service, civil society representatives as well as experts from Germany, Poland, the Republic of Moldova, Spain and Ukraine, took as the basis of their conclusions the international rules and standards relating to the safeguarding of human rights and public health of prisoners and other people in conflict with the law, and the results of discussions that took place during the conference.

1. The human rights standards of the European Convention on Human Rights (ECHR) and the Nelson Mandela Rules should guide health care interventions for drug users in the criminal justice system.
2. Through-care should be the guiding prison health care principle. The continuity of adequate prevention, treatment and care for patients between prisons and communities must be guaranteed from the first day of imprisonment until the first day after release from prison. Risks after release (e.g. drug overdose) should be anticipated and actively mitigated by the criminal justice system.
3. Prison authorities, in cooperation with probation and/or civil society organisations shall design and implement comprehensive and individually tailored pre- and post-release reintegration programmes which take into account the psycho-social needs of people who are incarcerated and who face many challenges upon release (e.g. family, work, housing, health insurance, treatment continuity).
4. The needs of juveniles and women in prison should be particularly looked at in order to address their specific needs in prison as well as after release. Family group conferences are considered an effective tool to reunite juveniles with their families.
5. In-prison Therapeutic Communities and self-help groups are important elements of a comprehensive drug treatment system, which comprises both demand and harm reduction strategies.

6. HIV and Hepatitis B&C prevention and treatment should be offered before, during and after incarceration in line with the Comprehensive Package of 15 key interventions recommended by WHO, UNODC and UNAIDS.
7. Coordination, cooperation and networking among prison health services, prison administrations and the wider judicial systems on the one hand and with civil society organisations on the one hand is key in organising health care and rehabilitation of drug using people in prison and guaranteeing a smooth transition after release. Non-governmental organisations should play a central role in pre- and post-release programmes because they bring trust and confidentiality to drug dependent people who are in trouble with the law.
8. Universities and other educational services should prepare students by raising awareness and providing practical knowledge and skills of evidence-based interventions that improve the successful reintegration of drug dependent people in the society.
9. International (e.g. Pompidou Group, UNODC, WHO) and bilateral models of cooperation and communication (e.g. between Georgia, Germany, Poland, Republic of Moldova, Spain, Ukraine) are important instruments for mutual learning and developing effective health care service for people who are imprisoned and those who have been released from prison.
10. Alternatives to punishment for people who are in trouble with the law because of minor crimes that are connected to their drug dependence can reduce prison overcrowding and costs for the criminal justice system. Prison sentences should only be the ultimate measure.
11. With the help of legal professionals (e.g. judges, lawyers, prosecutors) as well as the victim and the offender, restorative justice can complement traditional criminal proceedings or, when proportionate, can be used as an alternative to them in addressing and repairing harm caused by the crime committed.
12. Measures to ensure the continuity of opioid substitution treatment (OST) should be implemented in prisons in order to prevent blood-borne virus infections (HIV, HCV, HBV) as well as to reduce overdoses and non-medical consumption of more dangerous opioids. As a low threshold intervention, OST also facilitates the access to other rehabilitation and health services for people with addiction problems.
13. Psycho-social support is needed for patients undergoing OST in order to assist them in planning a meaningful and healthy life without committing crimes after release.
14. In all interventions (prison health care, rehabilitation, probation, etc.) reduction of stigma (including self-stigmatisation) and discrimination of drug dependent persons in prison and after release must be strengthened and improved.
15. Locking up detainees with addiction problems for most of the time of the day is missing chances for them to work on their drug use disorder, socialise and pursue a meaningful life during and after imprisonment.