



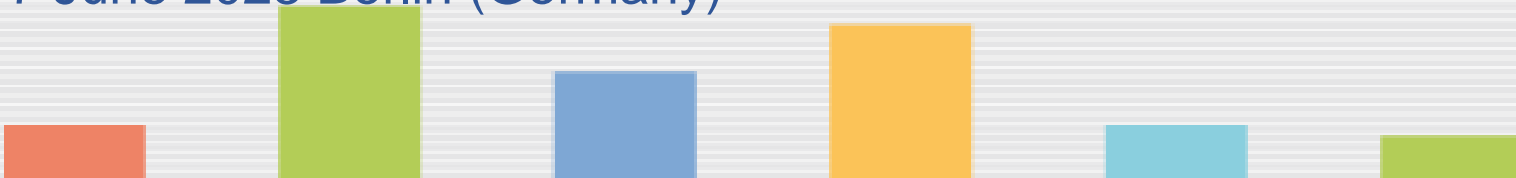
European Monitoring Centre  
for Drugs and Drug Addiction

# Drug related interventions in European prisons. Models of care for the elimination of hepatitis in European prisons and barriers to the implementation

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# European Monitoring Centre for Drugs and Drug Addiction

- Provide EU/Member States with *factual, objective, reliable, comparable information* on drugs/drug addiction and consequences (trends, threat assessments, responses, policies and laws)
- Prison and drugs:



AIM: to better respond to the needs of prison professionals and decision makers in prison settings

## OBJECTIVES:

1. Improve evidence on problems and responses (monitoring EU situation)
2. Disseminate evidence: information and *training*

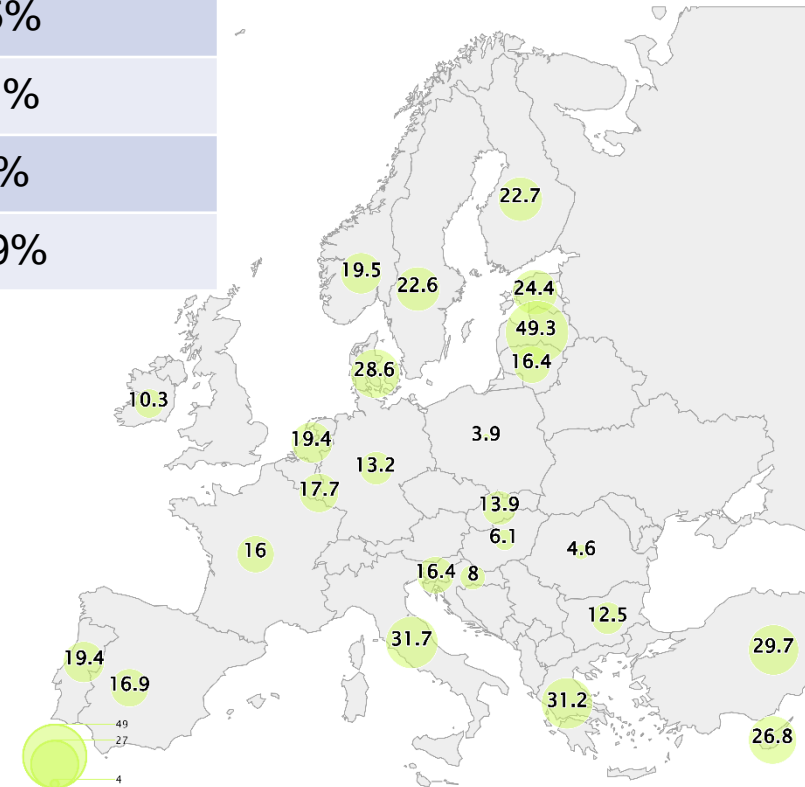


# Drug and Prison in Europe

## Lifetime prevalence of drug use

Drug	Max. % Prison population	Max% General population
Cannabis	87%	45%
Cocaine	75%	11%
Amphetamines	47%	8%
Heroin	29%	0.9%

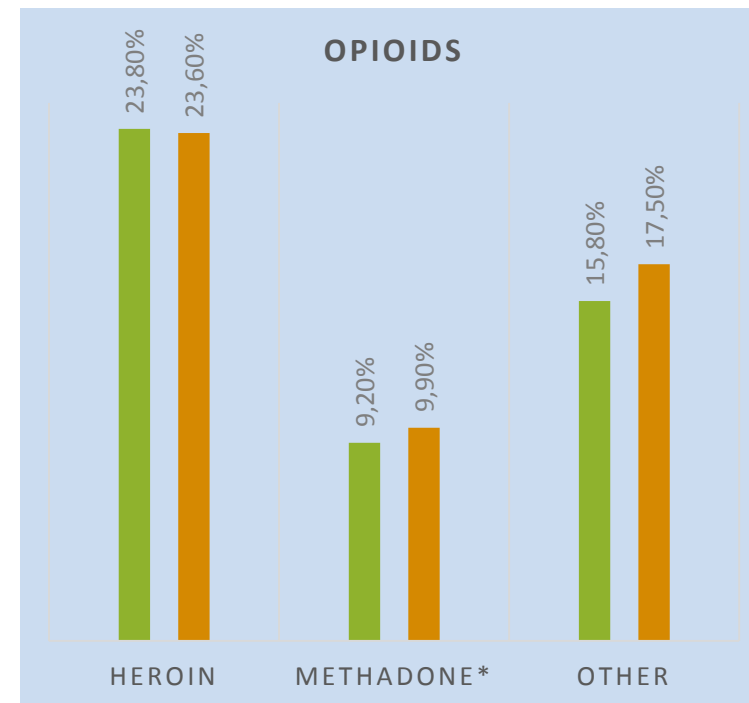
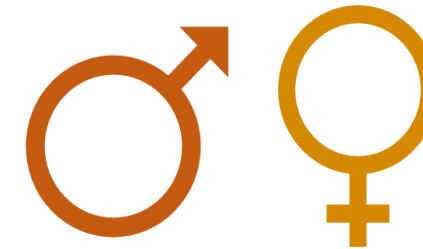
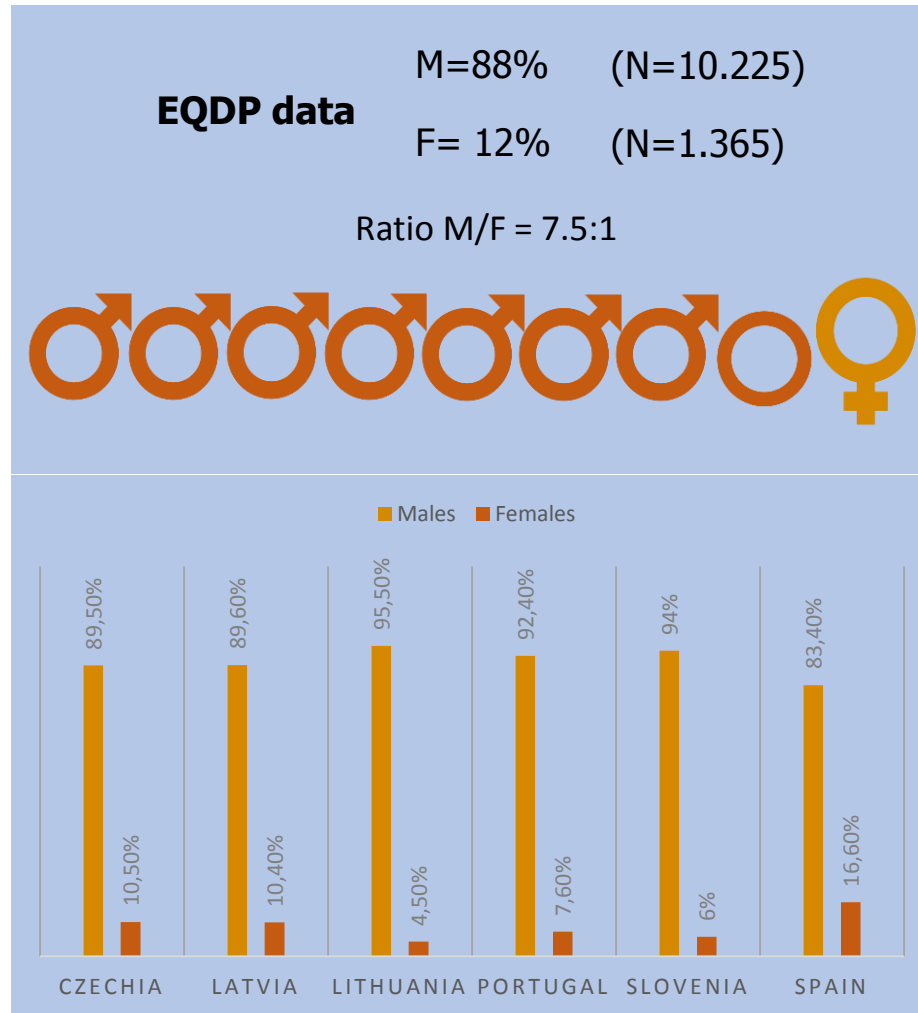
Proportion of people in prison  
for drug law offence



EMCDDA (data) | Highcharts (chart tool) © Natural Earth

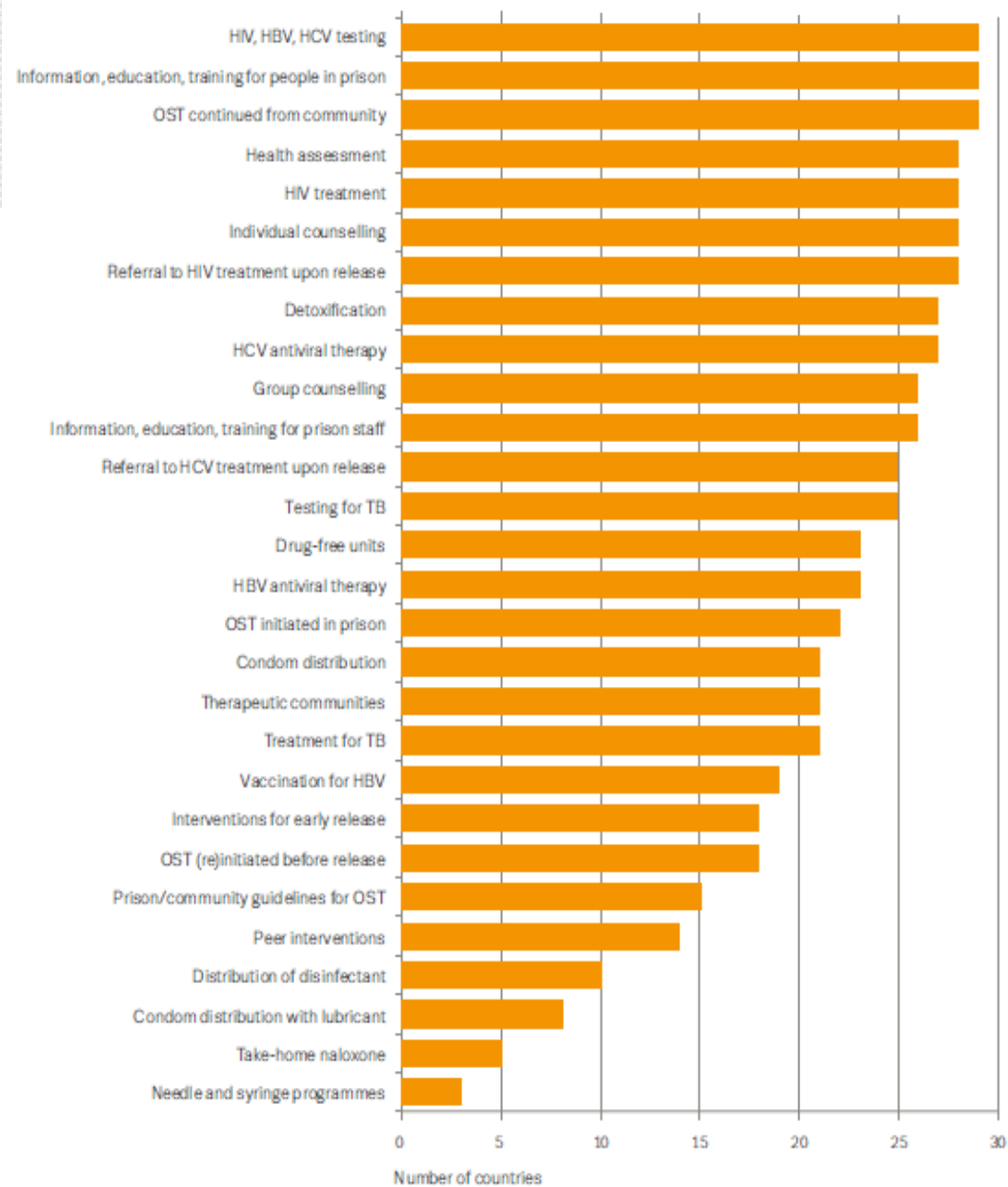


# Males and female distribution of lifetime drug use among people in prison before imprisonment in six European countries



Source: contract HEA.0160.1.0 - Support the EMCDDA with the further development of work in the gender and drug use fields”  
 - Contractors: Cristiana Vale Pires & Linda Lombi; EQDP data



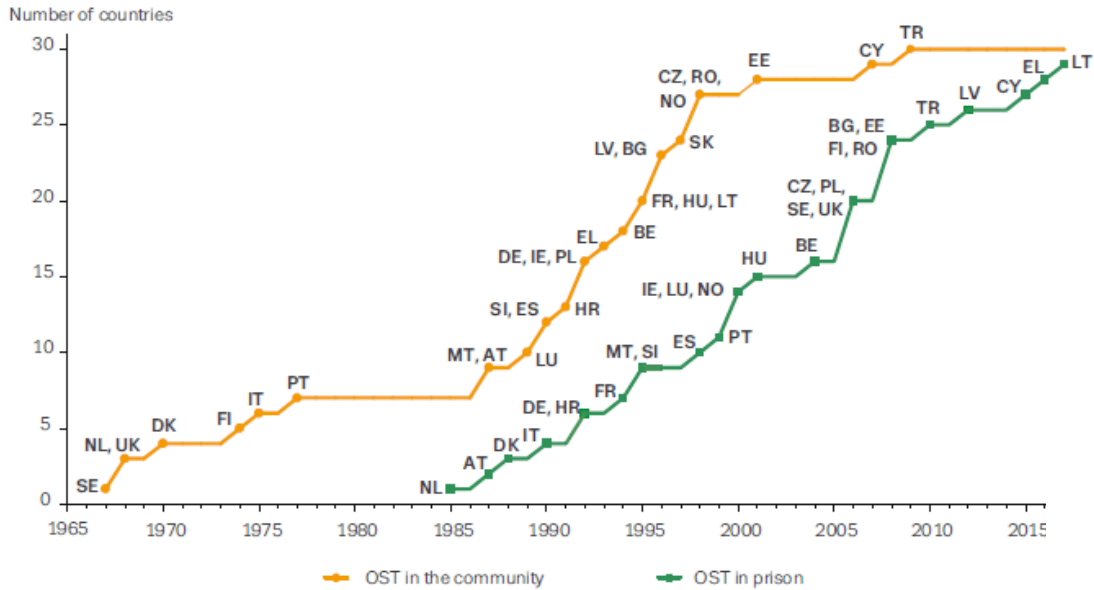


Source: EMCDDA ReMix monitoring data.

# Availability of drug related interventions in prison setting (n. countries) (2019 or most recent year)

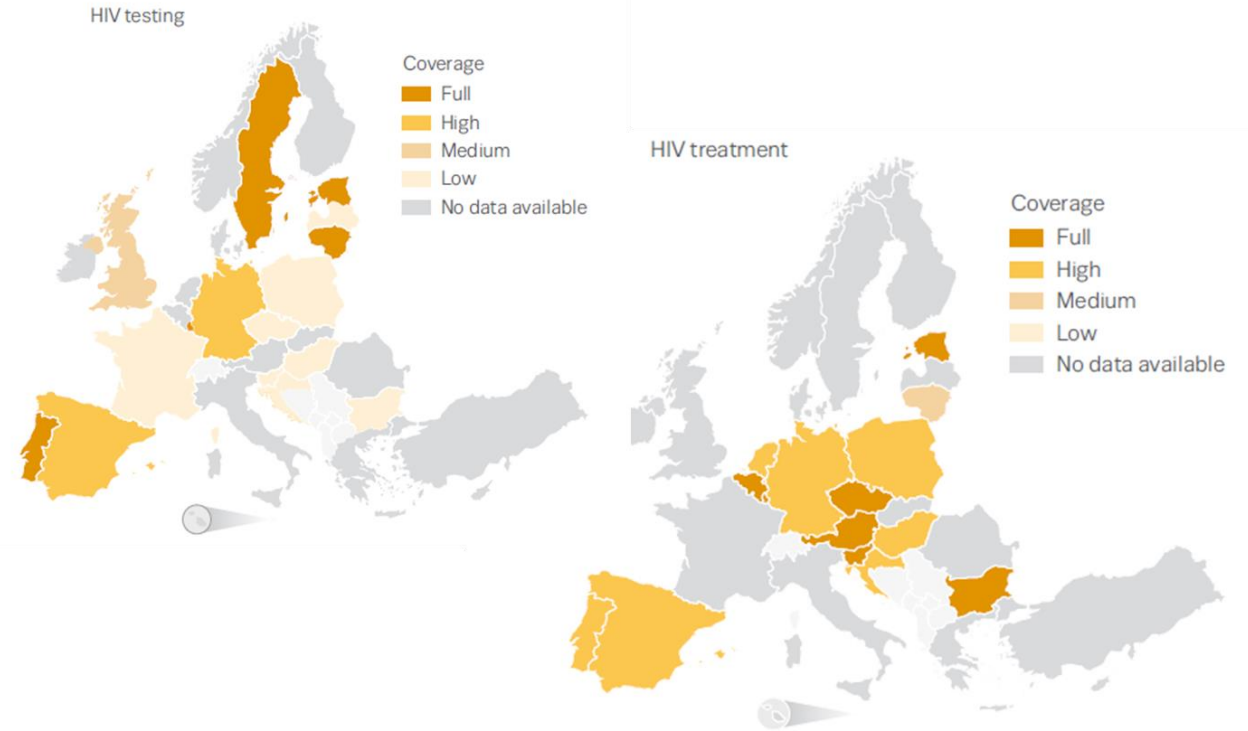


# Time of introduction of OAT and coverage of HIV testing and treatment

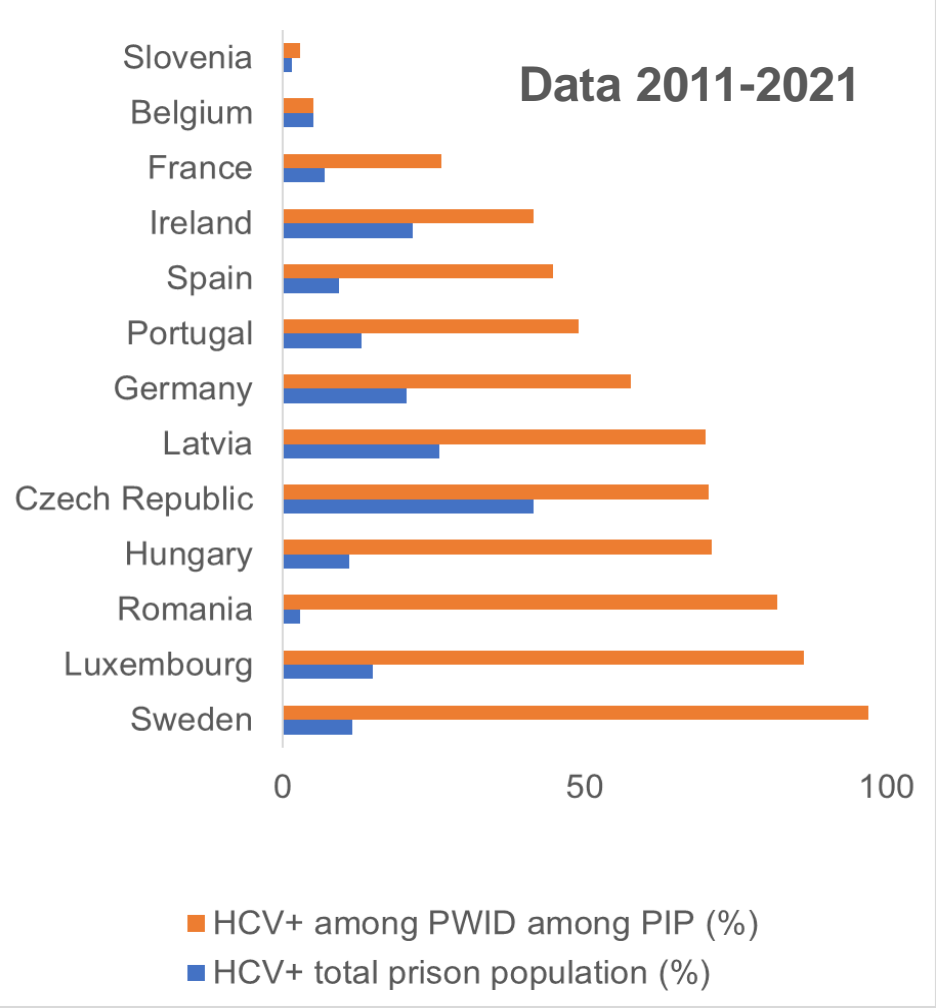
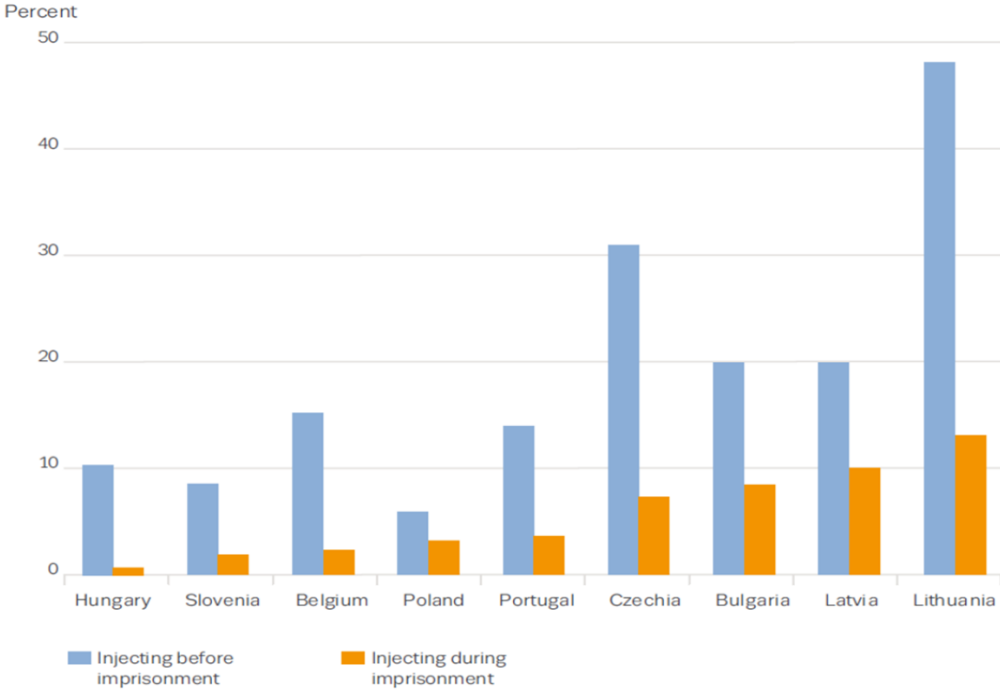


Opioid Agonist Treatment: year of introduction in prison and in the community

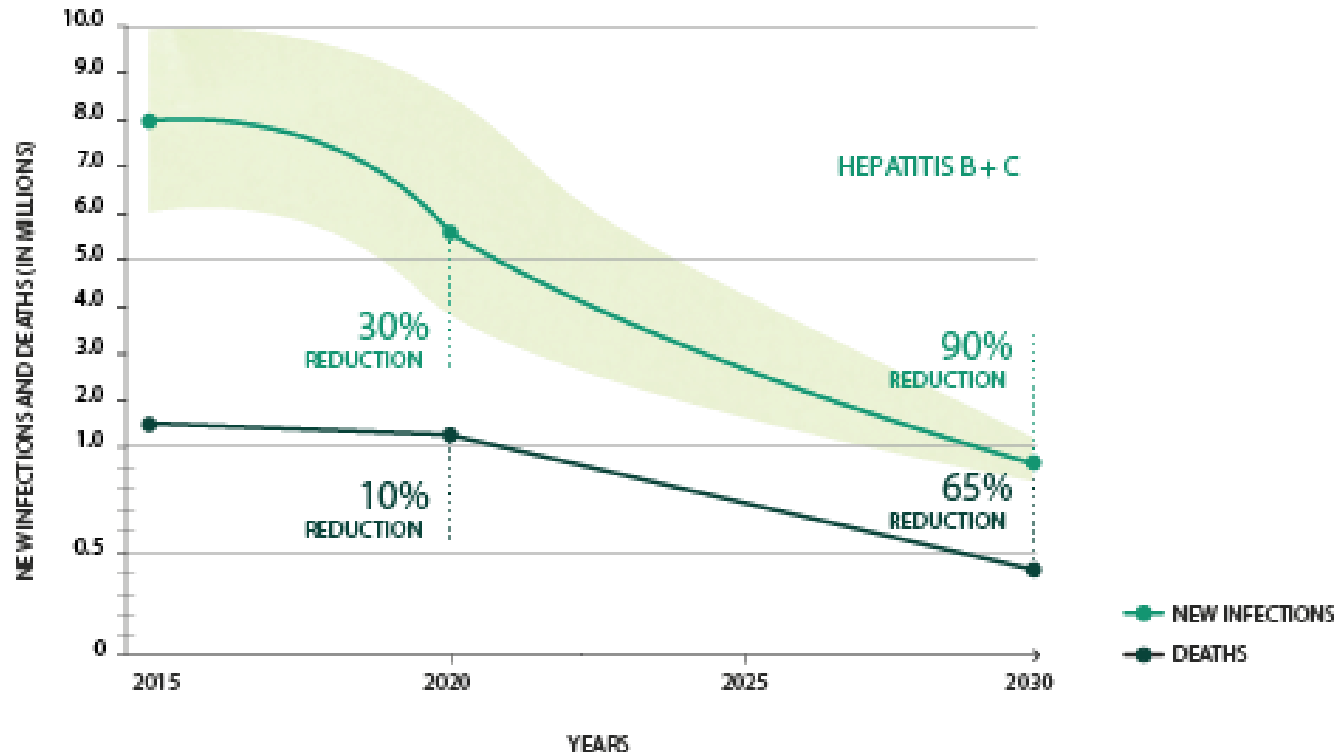
Coverage of HIV testing and treatment in prison on reporting countries



# Prevalence of drug injecting and prevalence of HCV in people in prison



# Elimination of HBV and HCV as a public health threat by 2030



## Regional action plans 2022–2030 for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections

**Why are new plans needed?** REPRESENTS 1 MILLION PEOPLE

**Major public health burden**

- 2.6 million people live with HIV
- 14 million people infected with the hepatitis B virus
- 13 million people chronically infected with the hepatitis C virus
- 23 million cases of gonorrhoea, syphilis, chlamydia and trichomoniasis a year

**Insufficient progress**

- HIV 90-90-90 targets not met
- Numbers of new HIV infections and the HIV-associated mortality rate rose in 2020
- 50% of people have a late diagnosis; many people remain undiagnosed and untreated
- Persisting barriers for key populations: legal, stigma and discrimination

**Strategic directions**

- A shared response to HIV, viral hepatitis and STIs within UHC and a health systems approach
- Ending AIDS
- Ending the epidemics of viral hepatitis
- Ending the epidemics of STIs

**What are the Regional action plans?**

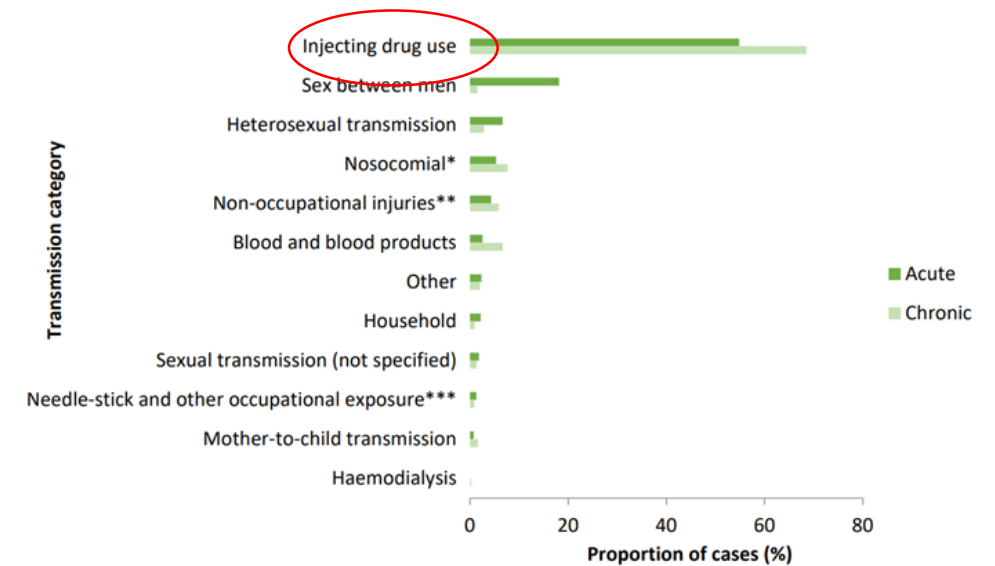
The plans set ambitious targets for 2030 and interim targets for 2025. These align with the European Programme of Work 2020-2025 which includes specific milestones for 2025 for treatment coverage for HIV and viral hepatitis.

**Key impact targets**

	In 2020	By 2025	By 2030
New HIV infections	170 000	32 000	13 000
HIV-related deaths	40 000	16 000	8 000
New hepatitis C infections	300 000	65 000	25 000
Hepatitis C-related deaths	64 000	53 000	31 000
New hepatitis B infections	19 000	10 500	2 200
Hepatitis B-related deaths	43 000	28 000	16 000
New cases of syphilis, gonorrhoea, chlamydia and trichomoniasis	23 million	18.4 million	9.9 million

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Figure 4. Transmission category of hepatitis C cases by acute and chronic disease status, EU/EEA, 2020<sup>1</sup>



Sources: WHO, EMCDDA, ECDC



# Guiding principles and key interventions

## ➤ Equivalence of care

- People in prison have the same right to care as those in the community

## ➤ Key evidenced-based interventions

1. Prevention (OAT, condom, clean injecting equipment possible)
2. HBV vaccination with rapid schedule
3. Testing for viral hepatitis and HIV (pro-active/opt-out)
4. Viral hepatitis treatment (in line with community)
5. Continuity of care (prison release critical, collaboration/partnership, active referral)

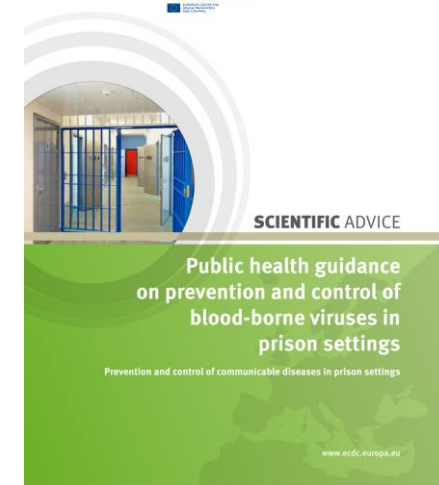
## ➤ Approaches

- Person-centred approach: personalised, involving the person in health decisions
- Micro-elimination: focusing on discrete populations and defining models of care

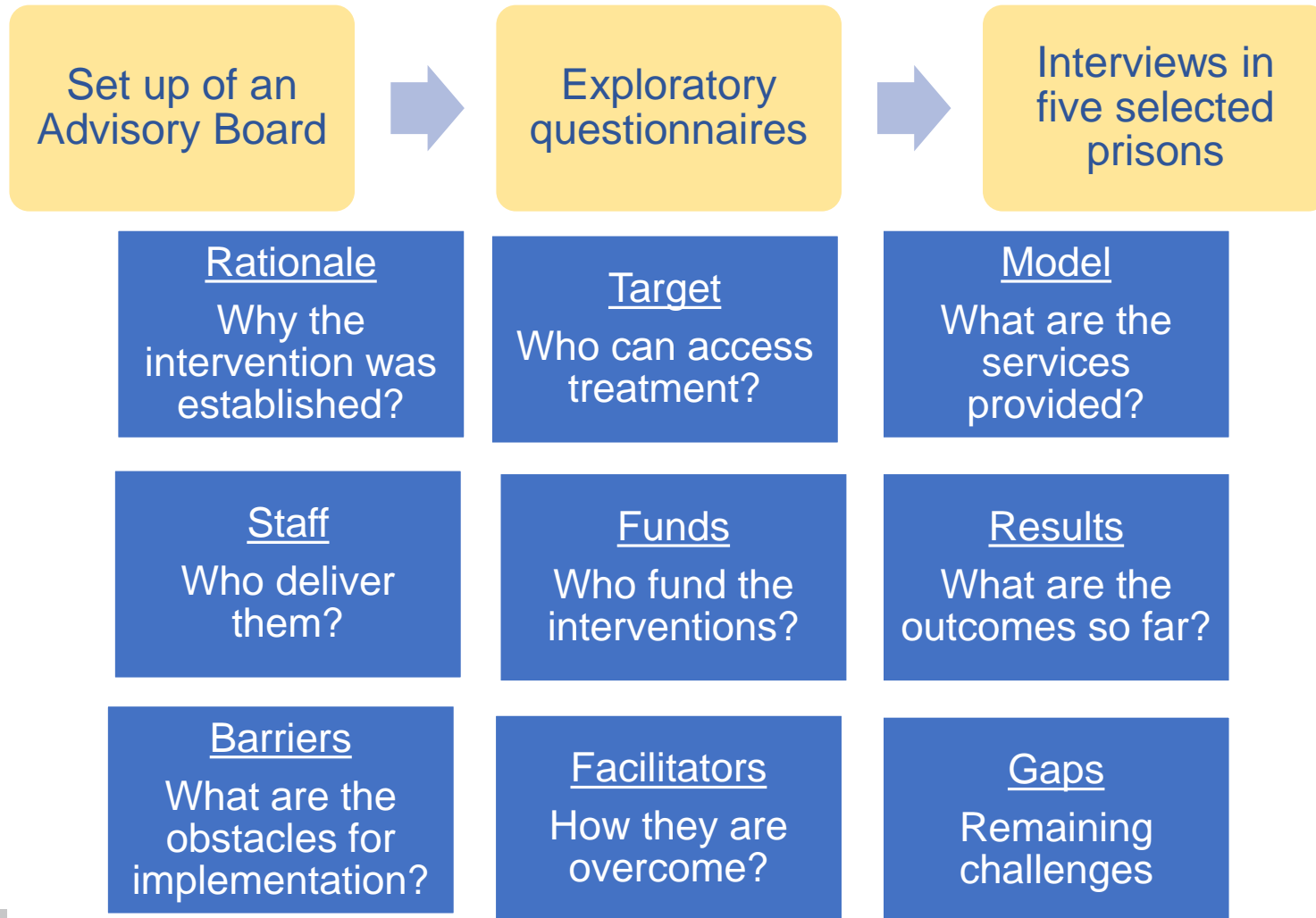
Review

Interventions to prevent HIV and Hepatitis C among people who inject drugs: Latest evidence of effectiveness from a systematic review (2011 to 2020)

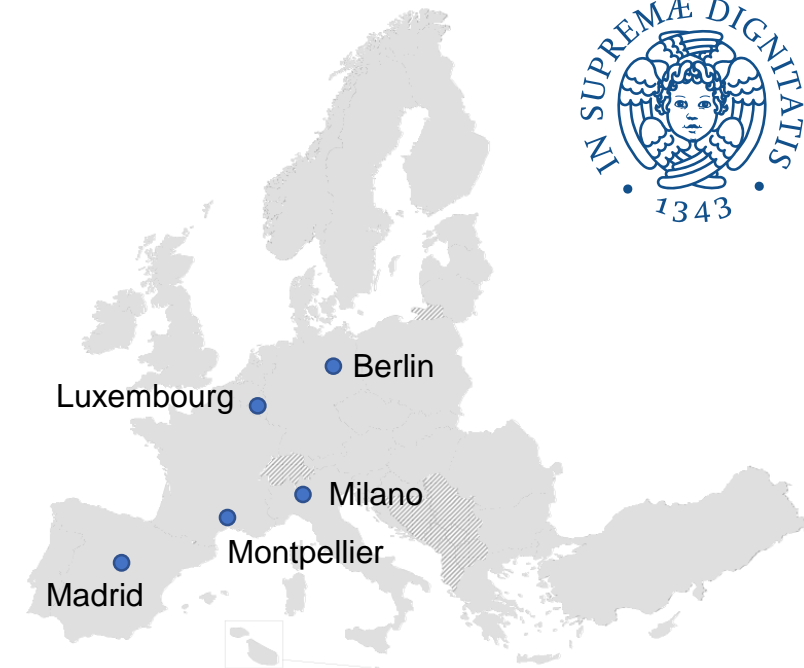
Norah Palmateer<sup>a,b,\*</sup>, Victoria Hamill<sup>a,b</sup>, Anne Bergenstrom<sup>c</sup>, Harriet Bloomfield<sup>a</sup>, Lara Gordon<sup>d</sup>, Jack Stone<sup>d</sup>, Hannah Fraser<sup>d</sup>, Thomas Seyler<sup>e</sup>, Yuejiao Duan<sup>a</sup>, Richard Tran<sup>a</sup>, Kirsten Trayner<sup>a,b</sup>, Christopher Biggam<sup>a,b</sup>, Shanley Smith<sup>a,b</sup>, Peter Vickerman<sup>d</sup>, Matt Hickman<sup>d</sup>, Sharon Hutchinson<sup>a,b</sup>



# Towards documentation of models of care for the elimination of hepatitis in prisons



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# Milano – San Vittore

## HAV and HBV vaccination for people in prison and prison staff

### Rationale

- HBV vaccination 1991
- PWUD target group, prison people and staff

### Target

- Universal: people and staff
- Free and voluntary

### Services

- Test and vaccine if necessary
- Rapid schedule for people living in 6 m.
- Dedicated space for vaccin.
- flexibility

### Staff

- Multidisciplinary (psychologist, nurse, cultural mediators)
- Custodial staff know how to read results

### Funds

- Ministry of health Regional health care

### Results

- Large vaccination
- Systematic recording of immunization data
- Longitudinal data

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# Luxembourg

## Comprehensive harm reduction interventions

### Rationale

- 2003 collaboration MoH with prison
- 2009 programme of the MoH National programme for ID in prison

### Target

Universal: all people entering prison  
Offered and voluntary

### Services

Comprehensive screening on HAV, HBV, HCV, TB, syphilis  
Diagnostic and treatment pathways  
Harm reduction interventions: OAT, NSP, safe tattoo, condoms

### Staff

Multidisciplinary (psychologist, nurse, cultural mediators)  
Custodial staff know how to read results

### Funds

Ministry of Justice and support of Ministry of Health

### Results

95% adherence to test and treatment  
Complete HBV vaccination 75-90%  
No refusal for HCV test  
<5% drop out when treatment completed in prison



# Berlin

## Interventions addressing viral hepatitis for females in prison

### Rationale

Female prison  
Complicated pathway for vulnerable population  
Difficult access

### Target

All women in prison for more than 6 months

### Services

Testing and diagnosis (protocol for pathway)  
Treatment DAA in prison  
Female Infectious Diseases specialist regular meetings  
Additional services: NSP, OST, gynaecologic visit and breast cancer screening

### Staff

ID specialist  
Psychologist and Social worker  
Nurse  
Gynaecologist  
NGO

### Funds

Ministry of Justice  
No dedicated fund to hepatitis programme

### Outcome

1 drop out because of early release

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# Montpellier – Villeneuve les Maguelon

## Ensuring continuity of HCV care and treatment after prison release

### Rationale

Problem of continuity of care  
Migrants  
DAAs allow for 8 weeks treatment

### Target

All people have access to test and treatment  
HCV treatment irrespective of stage of liver fibrosis

### Services

Medical check up and RNA test  
Treatment starts and discussed with person (all pack given, medicine taken at the nursery)  
Medical examinations  
Preparation for release: linkage to services and digital information system, including migrants and early release

### Staff

doctors, nurse, psychologist, pharmacist, social worker.

### Funds

Collaboration with MoH  
Funds from MoH  
10-15% funds for prison

### Results

99% patients treated inside complete  
20-25% drop for those leaving  
Social worker following inside and outside

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# Madrid - Ocana

## Comprehensive person centred approach in interventions addressing people who use drugs

### Rationale

High prevalence of HIV, HCV and both

### Target

All people  
Person centred approach

### Services

3 axes: OAT (not naloxone), counselling, drug supply control

### Staff

Doctor + nurse + social worker

### Funds

Ministry of Interior

### Results

No overdoses since long time  
Reinfections monitored

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# Barriers to implementation

- Online focus group with prison experts- EURORPIS network
- Countries: Austria, Belgium, Bulgaria, Cyprus, France, Germany, Ireland, Lithuania, Spain, Spain-Catalonia



## socio-ecological model

LEVEL	BARRIERS
Individual	<ul style="list-style-type: none"> <li>• <b>Adverse attitude of health and prison staff</b> toward provision of care for People in Prison</li> <li>• <b>People reluctance</b> of being tested or treated</li> </ul>
Organisational	<ul style="list-style-type: none"> <li>• <b>Responsibility for healthcare provision in prison</b></li> <li>• <b>Lack of human resources</b></li> <li>• <b>Fragmented management</b></li> <li>• HCV treatment eligibility linked to the <b>length of stay</b></li> <li>• <b>Interoperability between prison and community</b> health information systems</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• <b>Linkage to care</b> post-release</li> <li>• <b>Lack of timely and effective sharing of information</b> between stakeholders</li> </ul>
Societal	<ul style="list-style-type: none"> <li>• <b>Lack of insurance coverage</b></li> <li>• <b>Lack of strategy plan/guidelines</b> for the elimination of hepatitis in prison</li> </ul>





# Facilitators to implementation

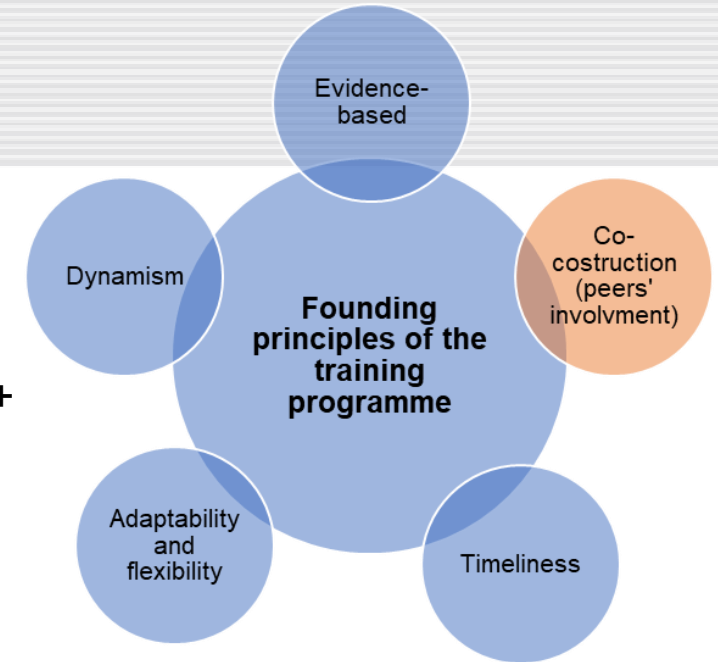
LEVEL	FACILITATORS
Organisational	<ul style="list-style-type: none"><li>• <b>Opt-out testing strategies</b></li><li>• <b>Interoperable healthcare information systems</b></li></ul>
Communication	<ul style="list-style-type: none"><li>• <b>Sharing of information</b> for linkage to care between healthcare providers</li><li>• <b>Active referral between prison and community</b> healthcare services</li></ul>
Societal	<ul style="list-style-type: none"><li>• Specific <b>strategic plan or guidelines and monitoring processes</b> for the elimination of hepatitis in prison</li></ul>
Individual	<ul style="list-style-type: none"><li>• <b>Tailored training</b>, education and information activities for healthcare staff working in prison, PLP and prison staff</li></ul>



# Training on Prison and Drugs in Europe

## TRAINING OBJECTIVES

- ❑ establish a basic common knowledge on prison and drugs in Europe;
- ❑ increase evidence-based knowledge on national/international contexts on problems+ interventions;
- ❑ identify opportunities for improvement in the prison context;
- ❑ Share/disseminate best/good practices to address drug problems among prison population who use/have used drugs.



## Founding principles

## Target audience/Ultimate beneficiaries

Health staff

Security staff

Social staff and other staff

People Living in Prison

# Available resources

## Trainer manual for stakeholders in the field of prison and drugs



### Available material

- Preparation checklist
- Goals and objectives
- Content and duration
- Agenda
- Annotated slides
- Exercises
- Satisfaction survey
- Evaluation survey

## Modules

*(following Insight + project on hepatitis elimination):*

- Module 1 – Patterns and behaviours of drug use among prison population in Europe\***
- Module 2 – Drug-related health problems of people in prison
- Module 3 – Health and social responses to drug problems in prison
- Module 4 – Harm reduction interventions in prison
  - Module 4.1 - Models of care for the elimination of hepatitis in prison\*\***
- Module 5 – Available evidence and good practice addressing drug use and related harms in prison settings
- Module 6 – Supply of drugs in prison
- Module 7 – Concluding module: current insights and future challenges

\* Full material available for first module- \*\* In preparation according to project's process

# Options for implementation

Possible formats	Details
Self-paced training online	<ul style="list-style-type: none"> <li>Available on website (selected audience or anyone interested)</li> <li>No forum supervision or face-to-face interactions</li> </ul>
Online training with supervision	<ul style="list-style-type: none"> <li>Forum and trainer's supervision and exchanging</li> <li>Require use of forums, group dynamics (small groups)</li> </ul>
Face-to-face training	<ul style="list-style-type: none"> <li>Carried out in small groups with face to face lessons, exercises and group dynamics (training of trainers)</li> </ul>

Current available resource: **CEPOL platform**



## Training of trainers- cascade



# Questions...



# Next steps

- ECDC-EMCDDA project aiming at supporting EU/EEA Member States to scale up services for people in prison to achieve so-called 'micro-elimination' of viral hepatitis and reduce the hepatitis burden in the prison setting.
- Checklist for the implementation of data collection in prison – Training for prison experts and prison staff 14-16/6 Cyprus.
- Implementation of prison training, starting with modules on drug use behaviours (1) and models of care (2).



European Questionnaire on Drug Use among People living in Prison (EQDP)  
Short version



# THANK YOU!



Coming soon: European Drug Report 2023  
to be released on 16 June

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