



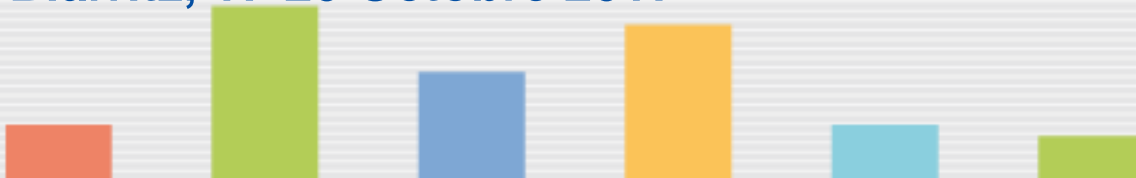
European Monitoring Centre
for Drugs and Drug Addiction

Substances psychoactives et prison en Europe: usage, problemes et interventions

Addictions, Toxicomanie, Hepatites, SIDA

Linda Montanari, Isabelle Giraudon, Luis Royuela, Lucas Wiessing,
Eleni Kalamara, D'Jamila Garcia, Dagmar Hedrich

Biarritz, 17-20 Octobre 2017



Structure of the presentation

- **Background information**
- **Drug use among prisoners**
- **Health problems**
- **Responses to drug problems in prison**
- **Conclusions**

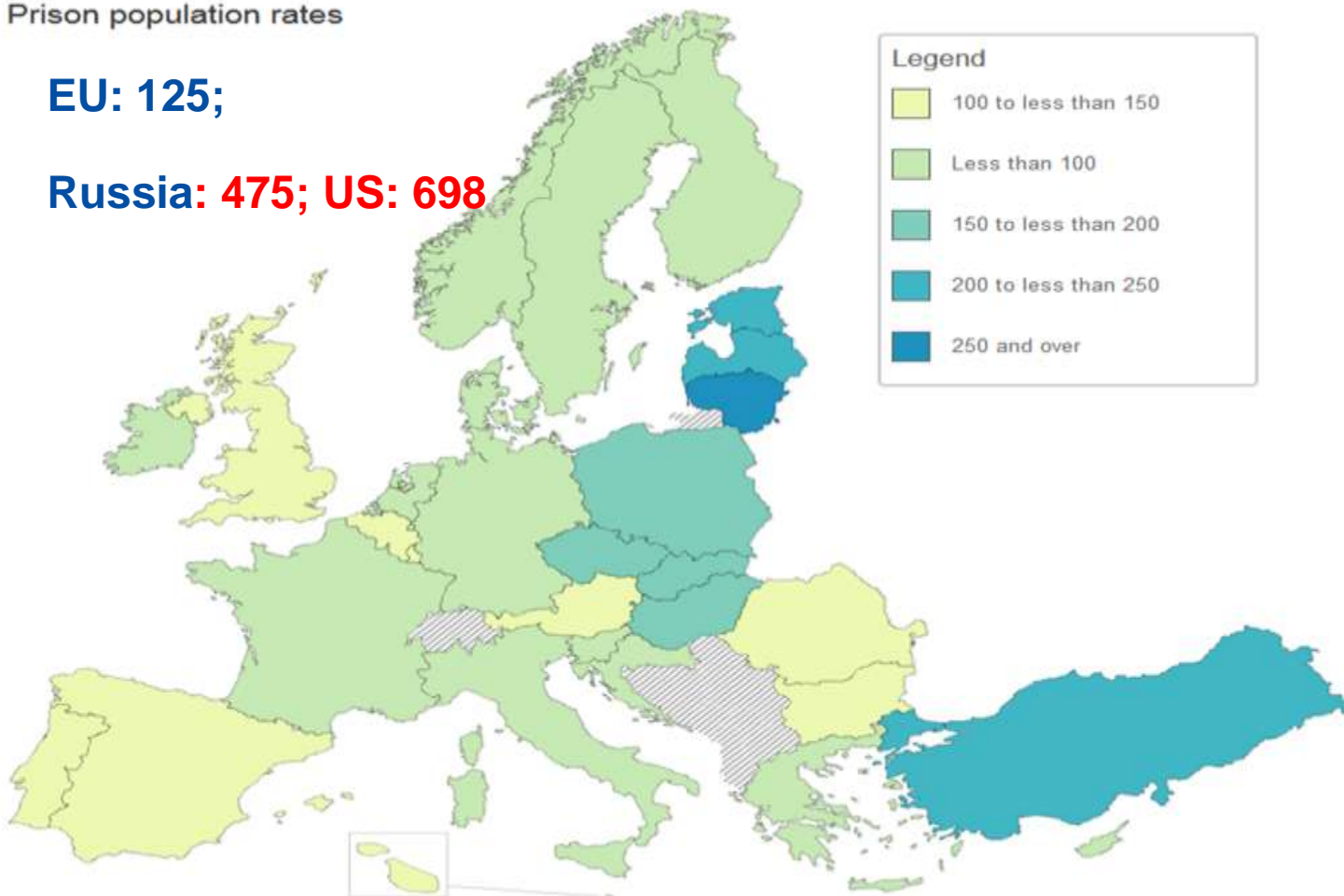


Prison population in Europe (770 000 at 1st September 2015)

Prison population rates

EU: 125;

Russia: 475; US: 698



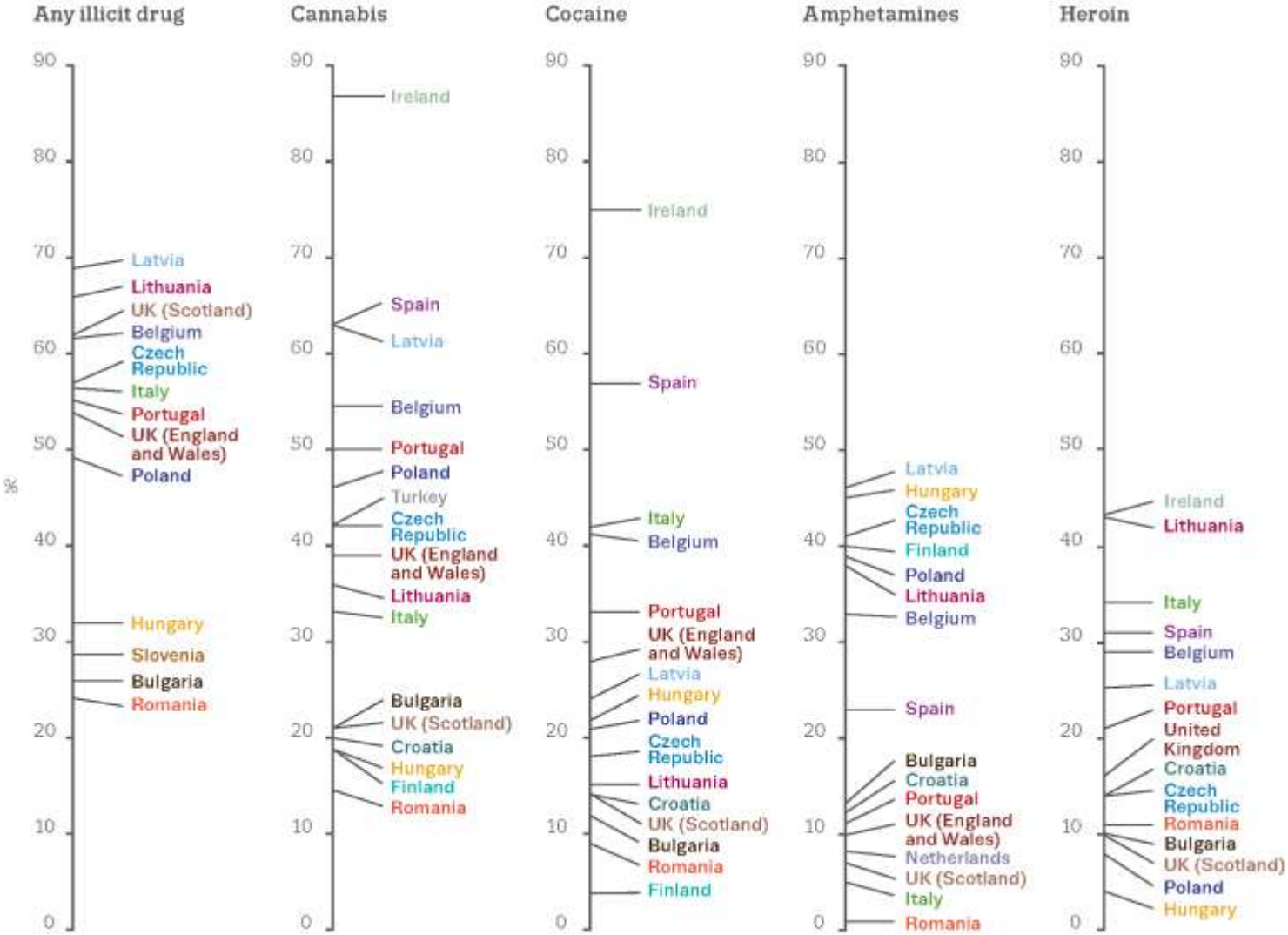
Source: SPACE 2016 – Council of Europe

* Europe: 28 EU countries, Norway and Turkey



Lifetime prevalence (%) of drug use among prisoners

(<http://www.emcdda.europa.eu/data/stats2017/dup>)

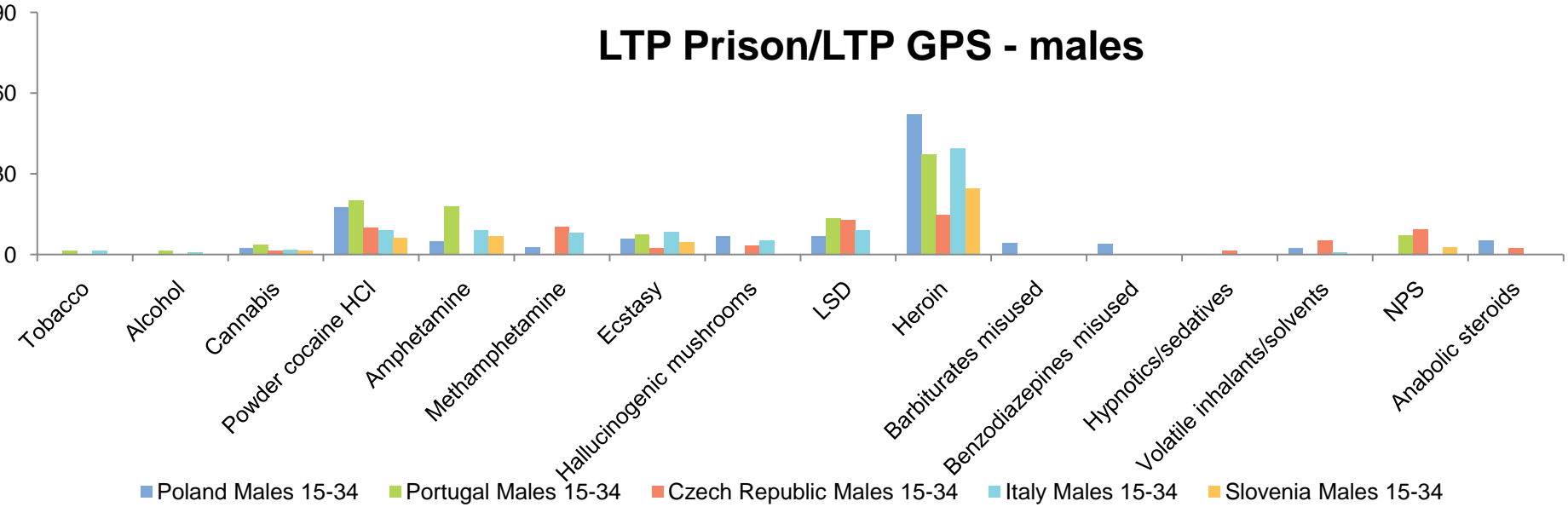


Source: EMCDDA Statistical Bulletin DUP

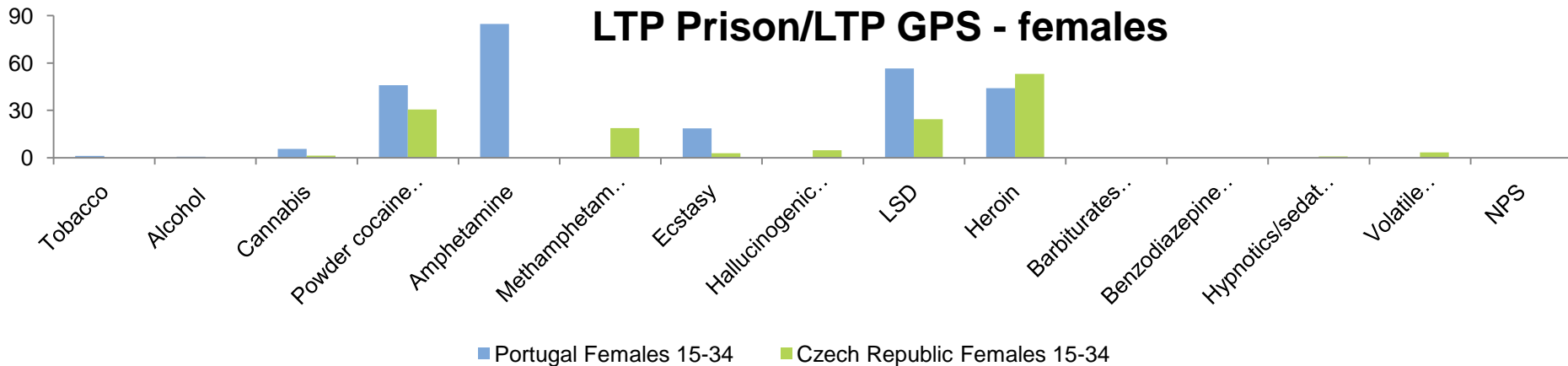


Excess of drug use in the prison population compared to the general population

LTP Prison/LTP GPS - males



LTP Prison/LTP GPS - females



Drug use within prison

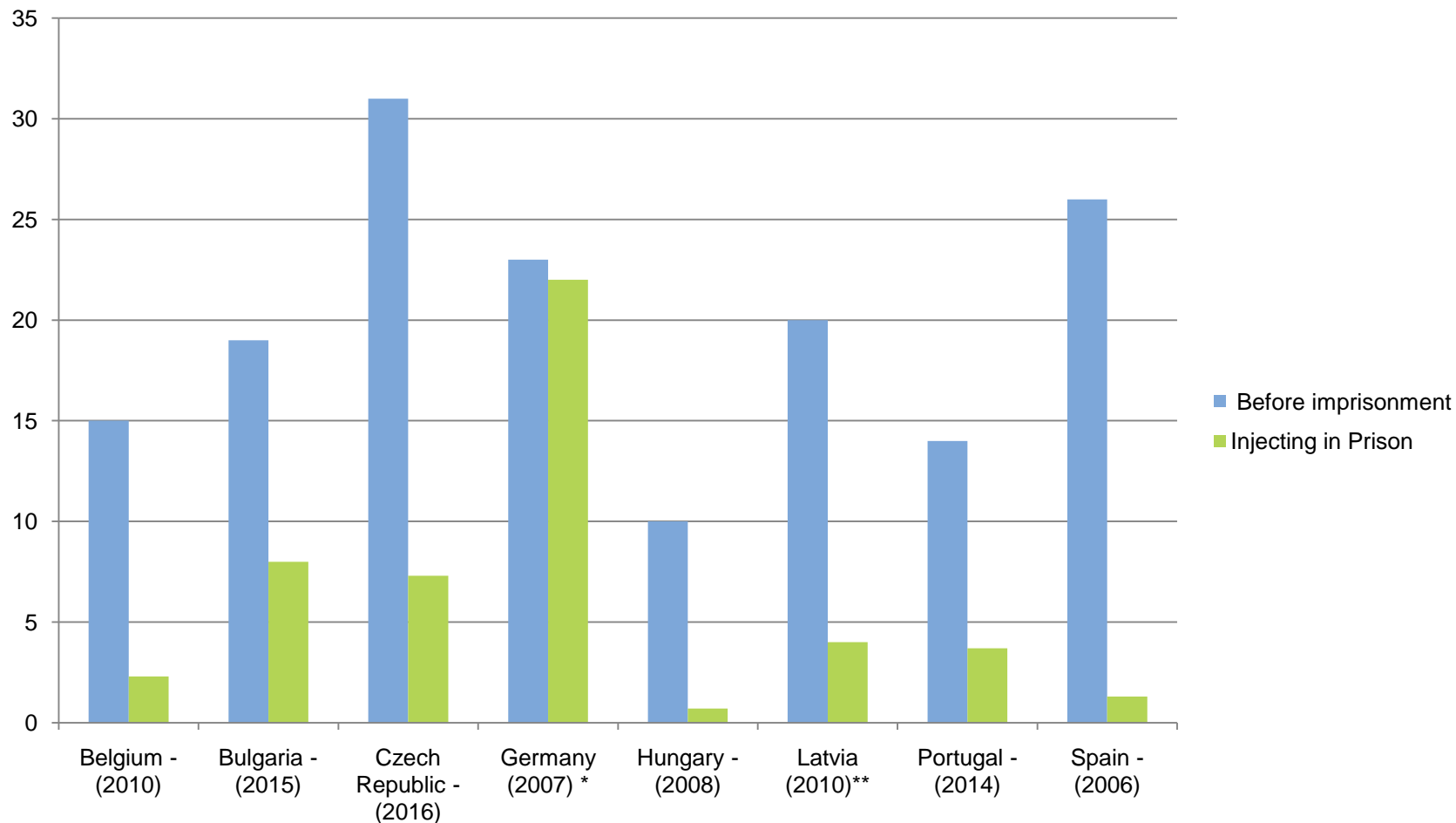
- **Little information available (10 countries reporting since 2007, 59 studies found worldwide)**
- **Reduction when drug users enter prison: reduction is the highest for heroin and cocaine and lowest for cannabis and tobacco**
- **Up to 63% cannabis, 57% cocaine, 31% heroin, 23% amphetamines**
- **NPS use in prison, in particular spice identified in 15 EU countries**

Source:

1. EMCDDA/Statistica Bulletin 2017
2. Carpentier C., Royuela L., Montanari L. (EMCDDA), "The global epidemiology of drug use in prison", Kinner S., Rich J., Drug Abuse in prison, Oxford University press (in press).
3. EMCDDA, 2017, High-risk drug use and new psychoactive substances



Lifetime prevalence of drug injecting among prisoners (before and within prison) since 2006 for any illicit drugs



Source: FONTE data 2017 – ST12

*GE: 6 prisons ** LV injecting within prison refer to amphetamines

National Cross Sectional Surveys



High burden of diseases in prison compared to general population

HIV and related infections in prisoners 1

Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees

Kate Dolan, Andrea L Wirtz, Babak Moazen, Martial Ndeffo-mbah, Alison Galvani, Stuart A Kinner, Ryan Courtney, Martin McKee, Joseph J Amon, Lisa Maher, Margaret Hellard, Chris Beyrer, Fredrick L Altice



Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women

Seena Fazel, Isabel A. Yoon, Adrian J. Hayes

Prisons and Health

Insufficient access to harm reduction measures in prisons in 5 countries (PRIDE Europe): a shared European public health concern

Laurent Michel^{1,2,3*}, Caroline Lions^{4,5,6}, Sara Van Malderen⁷, Julie Schiltz⁸, Wouter Vanderplasschen⁸, Karina Holm⁹, Torsten Kolind⁹, Felice Nava¹⁰, Nadja Weltzien¹¹, Andrea Moser¹¹, Marie Jauffret-Roustide¹², Olivier Maguet¹³, Patrizia M Carrieri^{4,5,6}, Cinzia Brentari¹⁴ and Heino Stöver¹⁴

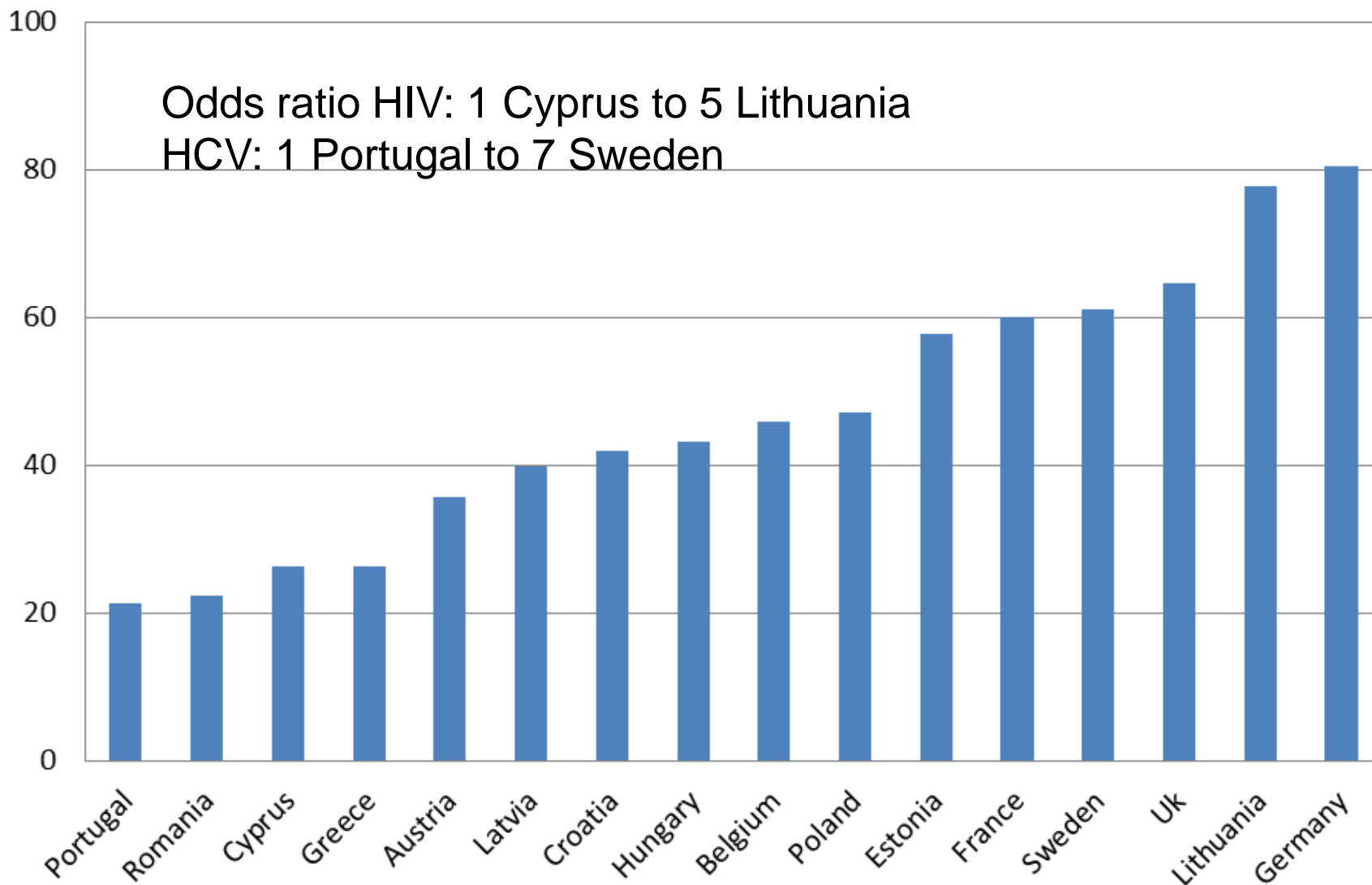


Prevalence of infectious diseases among prisoners

- HIV: 0.2% (Hungary) to 18% (Latvia) (6 countries)
- HCV: 12% (Hungary) to 97% (Sweden) (5 countries)
- HBV: 0% (Hungary) and 0.5% Ireland E (2 countries 2009 - 2010)
- High rates of HIV/hepatitis C co-infection (e.g. Spain 90% HIV+ also HCV+ and n30% HCV+ also HIV)
- In general: lack of national studies, sometimes small samples



Proportion (%) of PWID reporting a prison history



Mortality after prison release for drug users

- European studies on excess mortality risk (SMR) after prison release
 - England/Wales (first week): X 29 (M) X 69 (F)
 - Denmark (first two weeks): X 62 for males and females
 - Ireland: comparison Drug Related Deaths with prison/with no prison:
 - 28% of DRD had left prison since one week
 - 18 % of DRD had left prison since one month

Treatment for drug users in prison

Two basic principles in international prison health:

- Equivalence of care between community and prison
- Continuity of care
- **Specific Objectives and actions included in EU Drug Strategy 2013-2020 and correspondent Action Plans**
- **National Policies**
- Governance of prison health: 44% of EU -28 prisoner population covered by health authorities
- 9 EU countries: Croatia, Cyprus, Finland, France, Italy, Romania, Slovenia, Sweden, United Kingdom, plus Norway and Spain: under preparation
- 9 countries cover drugs in their prison health strategies and 3 with specific prison-drugs strategies (Luxembourg, Portugal, Norway)

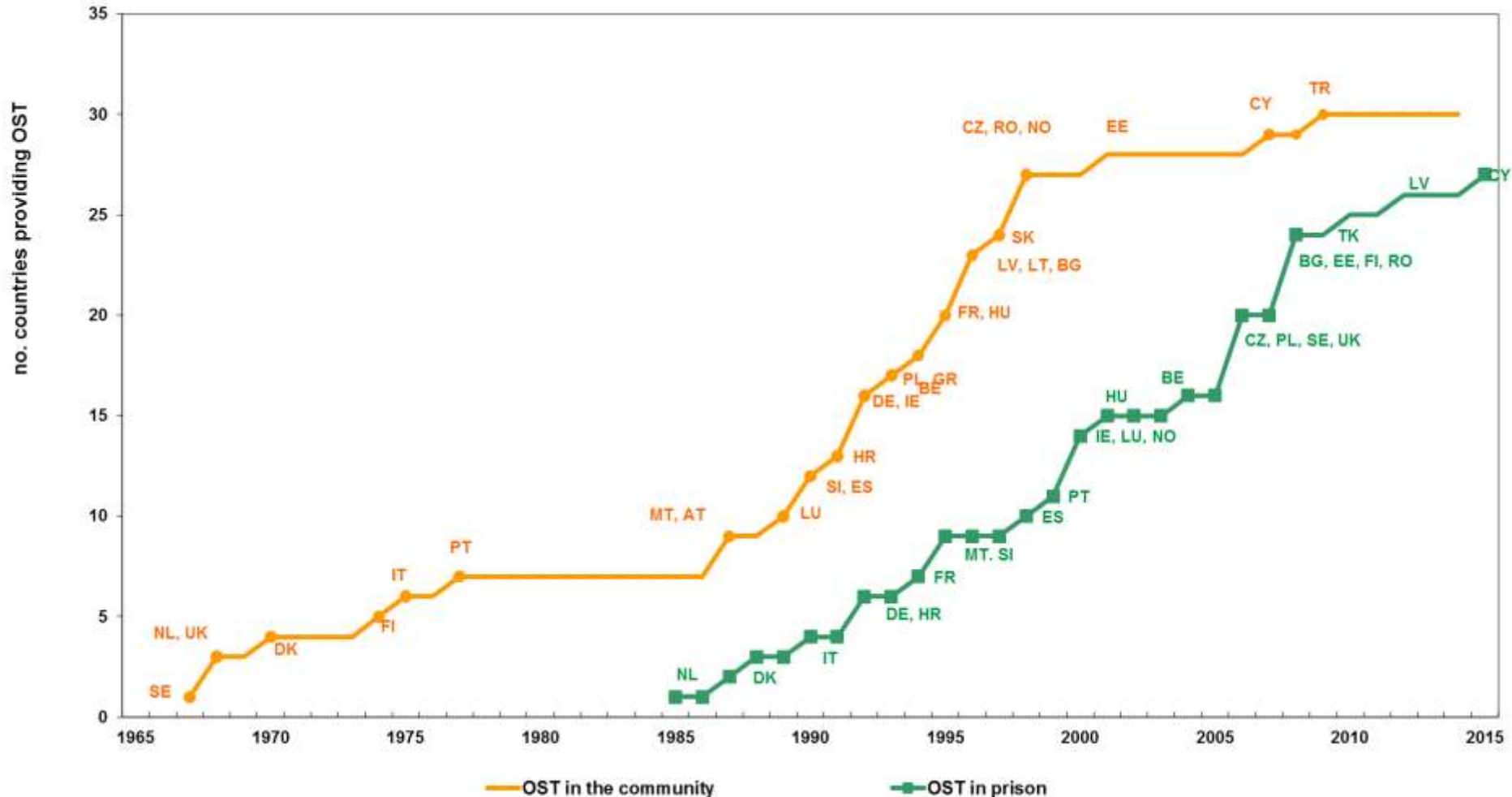


Treatment of drug dependence

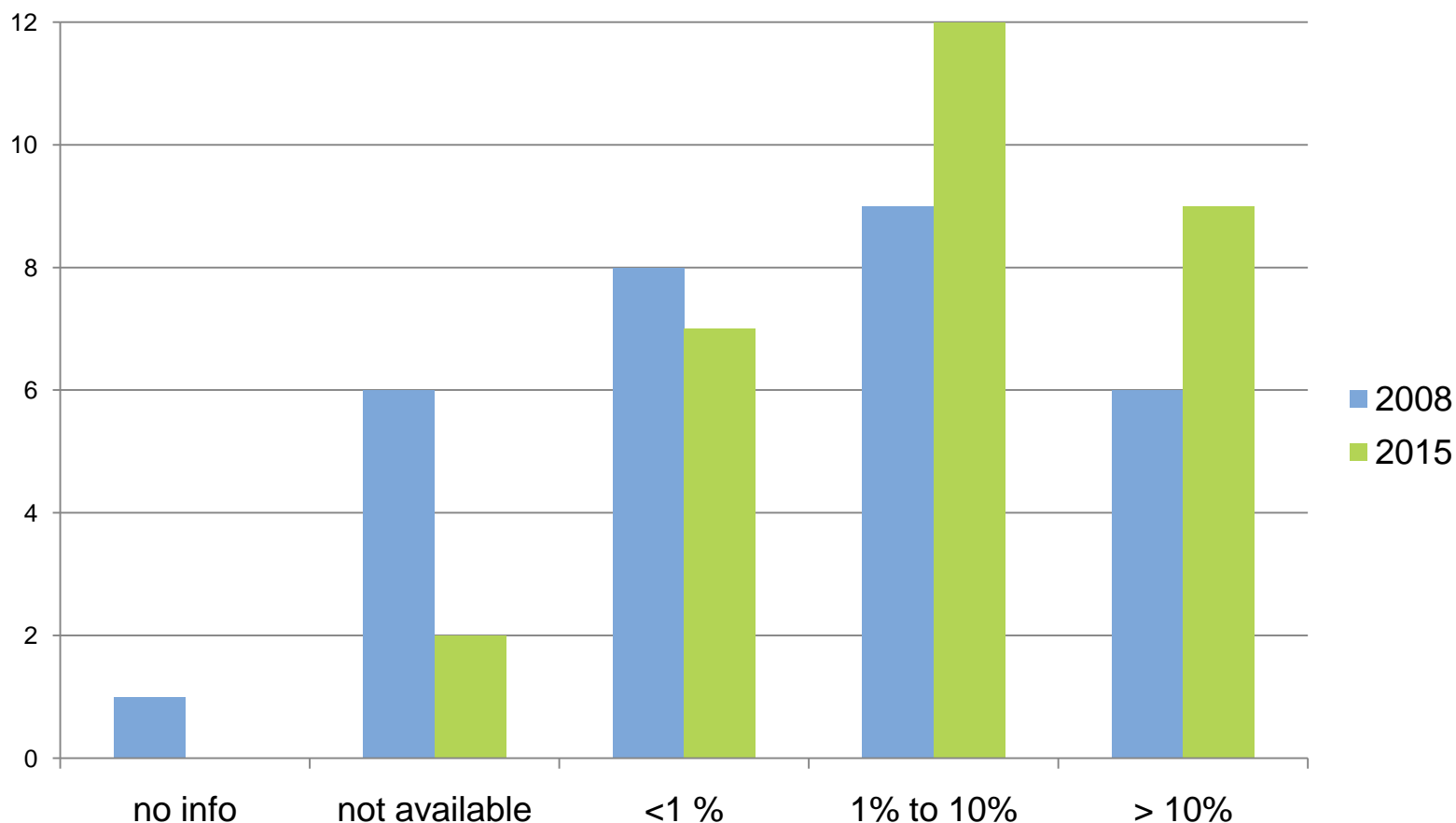
- Partnerships with civil organisations (19 countries)
- Intake examination:
 - Medical check up and infectious diseases testing (min standard)
 - First weeks: in depth assessment and health record
 - Assessment of drug problems based on clinical assessment, self-reporting or drug testing
- Detoxification as 'default' treatment for opioid users in prison (17 countries)
- Outpatient treatment with counselling and support by specialised providers from community (23 countries)
- Inpatient treatment
 - Drug-free zones in 9 countries
 - Therapeutic Communities in 9 countries



Opioid Substitution Treatment : cumulative number of 28 EU MS + NO, TK with OST in community and prison settings

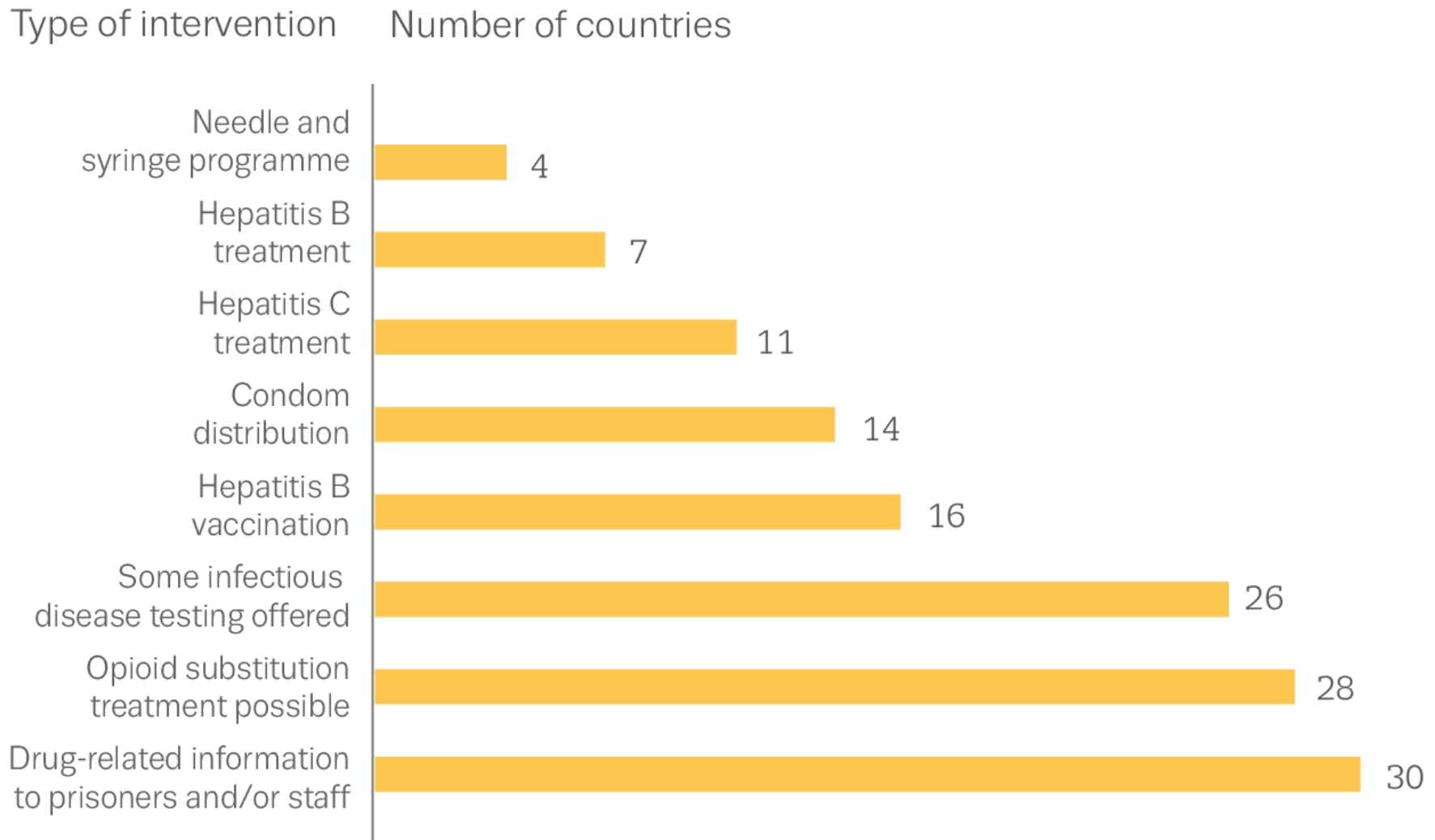


Increasing trends in OST in prison



Source: EMCDDA 2017: EDR 2017 - Workbooks Prison 2015-2016;
2017 Statistical Bulletin HSR 9; SPACE Statistics 2015

Interventions to prevent infectious diseases: Availability as reported by Reitox network EU-28, NO & TK, 2016



Source: EMCDDA 2017 Health and Social Responses to drug problems. A European Guide



Reduction of post-release mortality

- **Recommended interventions:**
 - pre-release counselling on overdose risk;
 - training in first aid and OD management to assist peers;
- **Procedures to optimise referral to community**
(through-care, prison gate pick up)
- **Distribution of naloxone kits to those leaving prison**
 - Scotland: decrease in DRD in the first 4 weeks after release from 8.4% in 2011 to 4.7% in 2013.



To sum up:

- **Prisoners as vulnerable population from public health perspective**
 - drug users overrepresented in prisons; complex health needs
 - Imprisonment increase risk of drug-related infection transmission, lack of access to prevention; high overdose mortality in the first weeks after release
- **Diverse responses in place, but availability scarce:**
 - gap in availability of evidence based services for drug users btw community and prison
- **Lack of information and comparable data**
- **Link with community**
 - Poor prison health affects community in general: improving drug-related health service provision in prison likely be cost effective for society
 - Continuity of care prior/after release necessary
- **Basic human rights principles to be followed**
(WHO Prison Health Guide, Mandela's rules, European Prison Rules)



Health and social responses to drug problems

A EUROPEAN GUIDE

Types or patterns of substance use



Needs of particular groups



Responding in particular settings



<http://www.emcdda.europa.eu/responses-guide>

Home

Welcome to The Worldwide Prison Health Research & Engagement Network (WEPH) collaborative forum for everyone interested in prison health, aiming to build capacity and professional development

<https://wephren.tghn.org/>

World Mental Health Day

See our themed collection of resources and guidance to mark World Mental Health Day on the 10th October.

[LEARN MORE](#)





European Monitoring Centre
for Drugs and Drug Addiction

Thank you for your attention

Linda.Montanari@emcdda.europa.eu

| emcdda.europa.eu

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