INTRODUCTION

The “Harm reduction in prison” course provided within the CARE project provides a useful introduction to themes related to drug use in the prison setting and risks related to the transmission of infections through drug use and sexual activities, as well as an introduction on risk reduction strategies and services in prison both from the point of view of service description and of specific organisational and methodological aspects related to the provision of these services in a setting such as prisons.

The course in based mostly on the manual **“Risk Reduction for Drug Users in Prison – Encouraging Health Promotion for Drug Users within the Criminal Justice System”** by Heino Stöver and Franz Trautmann, published in the framework of a project co-funded by the European Commission in 2001.

The manual provides a perspective to drug use and related risks which is focused on peers views and experiences.

The authors explain the birth of the project and manual:

Our interest in the issue of the criminal justice system and health promotion for drug users stems from our involvement in prisons in the framework of the European Peer Support Project (EPSP), a project which began in 1993. The focus of this project has been on developing peer support as a means to risk reduction in intravenous drug user (IDU) communities in the different EU Member States.

The objective of this project, which was financially supported by the drug prevention program of the European Commission, was to stimulate professional and voluntary drug services as well as inmates and drug user self-organisations to use peer support as part of a strategy to reduce drug use related harm (Trautmann 1995). In November 1996 the EPSP entered its third phase. In its last phase, the project included the development of peer support among injecting drug users as part of a risk reduction strategy in prisons in Germany, Ireland, Italy and Portugal (Verpalen and Trautmann 1997a and 1997b). This pilot project confirmed our impression that there is a need for risk reduction interventions and health promotion for drug users in prison and that prisons can play a significant role in organising such activities (Stöver and Trautmann 1998, Stichting Mainline 1997).

The activities that were organised in prisons in the course of this project were an eye-opener to us in regard to the potential of the legal system in the field of health promotion for drug users. Hence we developed a new project - ‘Encouraging Health Promotion for Drug Users within the Criminal Justice System’ – which created this manual.

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The course also makes use of recent publications, literature and guidelines from relevant international bodies, such as the World Health Organisation (WHO) and UN bodies, including UNODC and UNAIDS which have extensively published on the issue of drug use and infections prevention in the community and in prison.

There is a range of possible options for health promotion within the prison setting. Different professions can play an important role here: general prisons staff, prison health care workers and probation officers. Furthermore, community services and drug users can also contribute. Staff from drug treatment services can play a role in training prison staff. Drug users themselves may also play an important role, supporting their peers to help them realise safer behaviour.

The course is structured in 6 chapters:

1. **Chapter 1** Drug use – effects and risks
2. **Chapter 2** Risky behaviour, viruses and infections
3. **Chapter 3** Sexually transmitted diseases and safer sex
4. **Chapter 4** Safer drug use
5. **Chapter 5** Risk reduction strategies in prisons – organisational aspects and approaches
6. **Chapter 6** Harm reduction services in prison and supporting measures

The first two chapters, developed within a peer to peer approach, include: a description of the main drugs, their effects and risks; an introduction to infections and links with drug use and sex.

Chapter 3 and 4, also developed within a peer to peer approach, give tips to users on safer sex and safer drug use, with a harm reduction and user oriented perspective. This includes information of prevention, testing and treatment of infections.

The fifth chapter looks at concepts, barriers, organisational and methodological aspects linked with making contact with drug users and introducing harm reduction and counselling services in the prison setting.

Chapter 6 looks into risk reduction interventions in the prison setting including needle exchange and condoms distribution and supporting measures.

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WHO CAN BENEFIT FROM THE COURSE

The manual and course is primarily addressed to professionals in health services working either within the prison or outside. They may be employed as civil servants within state agencies or in Non- Governmental Organisations. These groups have the advantage of confidentiality when working with prisoners. Moreover, social workers, prison officers, peer leaders or inmates can use this book as a source of practical information. It has been written as a curriculum, focusing on the question: what information should be provided at any given time? How and by whom? Answering these questions means that - when working in prisons - not only are the form and content important, but organisational and methodological issues must also be kept in mind. Our central subject matter is risk situations for prisoners and staff members. These vary from country to country, sometimes even from prison to prison within a particular country or even a region or city.

The authors of the "Risk reduction" manual tried to write a manual that can be used for developing health promotion activities and can be adapted to the specific needs and circumstances of prisons in different countries. The major objectives of this manual are:

- To raise awareness of health problems connected to drug use and drug-related infectious diseases
- To initiate and support a discussion about risk reduction as response to these health problems
- To contribute to knowledge, skills and insight into the problems and encourage a positive attitude towards risk reduction activities by both inmates and personnel
- To disseminate information relevant for health promotion by a range of means
- To stimulate and support the realisation of risk reduction activities for inmates as well as for staff members

In order to realise these objectives, the manual also contains information for prison staff about health and safety at work, drugs, addiction, infectious diseases and the services needed. For inmates, it includes information about risk situations and risky conditions within the prison setting. It gives technical and organisational advice on how to raise certain topics and how to initiate risk reduction activities in a prison context. It introduces specific methods showing how to reach and work with the target groups. It also includes sheets listing central topics and questions, which may serve as a basis for group work or for individual counselling.

However, a manual like this cannot cover all issues related to risk reduction. The authors had to limit the scope of the manual to risk reduction as such. This means for instance that they did not cover some important psychosocial issues, such as dealing with the consequences of having been exposed to violence, including sexual violence like abuse and rape.

Part of the manual limitations, are compensated with extra readings and suggested materials, which enlarge the range of topics covered by the course.

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PRISONS, DRUG USE and INFECTIONS

According to the 2013 report from the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), "prisoners report higher overall rates of drug use than the general population and more harmful patterns of use, as indicated by recent studies reporting that between 5% and 31% of prisoners have ever injected drugs. On admission to prison, most users reduce or stop consuming drugs. Illicit drugs do, however, find their way into many prisons, and some prisoners continue or initiate use during incarceration. As prisoners with drug problems often have multiple and complex health needs, which may require multi-disciplinary and specialist input from medical services, needs assessment upon prison entry is an important intervention. Most countries have now established interagency partnerships, between prison health services and providers in the community, to deliver health education and treatment interventions in prison, but also to ensure continuity of care upon prison entry and release. Seven European countries have assigned prison health to fall under the responsibility of the health ministries. Overall, however, the provision of drug services in prisons still often lags behind that available to the wider community, despite a general commitment to the principle of equivalence of care."

Injecting drug use in detention contributes to the risk of spreading communicable diseases like HIV/AIDS, hepatitis, Sexually Transmitted Diseases (STD's) or Tuberculosis (TB). A spread of these diseases from drug users into the wider community poses a serious threat to public health as prisons are not an isolated reality. The high, and in some countries, rapidly rising levels of communicable diseases among prisoners clearly show that the health of prisoners (and prison staff) is becoming a matter of growing concern for the general public health. The high turnover rate of prisoners who often serve short-term sentences plays an important role here. In addition, the following factors serve to enhance the spread of the aforementioned communicable diseases in prisons:

- Overcrowding, malnutrition and poor hygiene conditions.
- The fact that prisoners often belong to poor, deprived and marginalized population groups, which are particularly vulnerable to HIV and TB infection.
- The fact that imprisonment in many countries limits access to the means of prevention and medical care compared to the general standards in the community.
- The fact that risk behaviours such as injecting drug use and sex among prisoners do occur and that injecting drug users in many countries constitute a large proportion of the prisoners.

Prison medical and security staff have to deal with these drug related problems, while the causes of the problems usually remain far beyond their reach. Furthermore an adequate response to the health problems encountered within the prison is often beyond the responsibility (and capacity) of the prison staff and administration - prisons are in no way therapeutic institutions.

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But both inmates and prison staff are exposed to similar health risks and thus have vital common interests in health and security measures in the prison. There are also significant differences between the countries medical care provision in prisons. Moreover, there are substantial differences in the approach towards drug use in prisons. In most of the countries the emphasis is on supply reduction. Demand reduction is generally limited to drug free treatment. This approach fits in with an understanding of the prisons' job as being to prepare prisoners for a life without offending, as in many countries the use of illegal substances remains a criminal offence.

While in the past decades risk reduction measures have been applied successfully in the community, in prisons, drug free orientation still is the predominant perspective. Risk reduction strategies, which are used outside prison, are often regarded as undermining the measures taken inside prison to reduce the supply of drugs. Such measures are also often regarded as a challenge to the policy of drug free orientation in penitentiaries and as a threat to prison security. The health risks connected with drug use are generally seen as of secondary importance. However, it would be more appropriate to view drug use as something that should be avoided, but when it does occur - and that seems to be a fairly frequent occurrence in most European prisons - then damage to the user's health and to that of other inmates and personnel should be avoided. Inmates should not leave prison with health problems in excess of those that they had when entering prison - a point of view that is clearly supported by the World Health Organisation (WHO).

Proceeding from the internationally acknowledged principle of equivalence, namely the idea that the health care measures successfully applied outside prison should also be applied inside prison, it seems necessary here to take an inside/outside perspective. This means that the prison drug services should be perceived in the context of community drug services based on the standards of a regional or national drug policy.

It should, however, be kept in mind that full equivalence to the situation outside prison is not possible. The infrastructure of services in the community is much more differentiated.

PATTERN OF DRUG USE and RISKS in PRISON

The extent of knowledge about drug use in prisons is fragmented. There has been some research about the substances used in prisons about the patterns and frequency of substance use and the routes of administration. **Needle sharing** is evidently the riskiest mode of dividing a quantity of drugs between several users. However, a considerable number of drug-users continue to use this technique with varying degrees of regularity. **Drug sharing**, a process in which one quantity provides the drug for several different syringes is also a source of infection, particularly if one or more of the needles or syringes used is not sterile. If one brings together the available information and research findings about drug use in EU prisons, we are faced with the following picture:

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- The use of illegal drugs in prisons seems to be a longstanding phenomenon **dating back to the mid or late seventies**; needle sharing at that time was extremely widespread.

- Some studies state that **the same substances available outside** are to be found inside prisons, with the same regional variations in patterns of use; some studies state that these drugs are often of a poor quality compared to that in the community.

- The basic question of whether **prison influences the motivation to stop drug use** can be answered as follows: "... prison on the whole does not motivate individuals to stop drug use ... in the ... countries reporting a reduced drug use within prison, this would appear to be unrelated to the motivation of the drug user to stop per se but rather is a consequence of reduced availability, lack of resources to procure drugs or the fear of detection". Whether these factors finally create a sustainable motivation to stop drug use is unclear. Relapse into the drug-using patterns before imprisonment is widespread (and dangerous). Many drug users seem to stop the habit mostly in the fourth decade of life by the processes that have been described in the literature as 'maturing out' (Muscat 2000).

- There might also be further **reasons for inmates to use drugs** while in prison: Some users describe their constant search for drugs as a strategy for fighting boredom and enduring imprisonment, i.e. dealing with the hardships of prison life, to overcome a crisis (bad news, conviction and sentencing, violence, etc.).

- It seems that imprisonment sometimes provides even more reasons for taking drugs or continuing the habit, or may even cause relapse after a period of withdrawal.

- **Lifetime prevalence of the use of illegal drugs (any)** prior to imprisonment is relatively high. In the European Union, it has been estimated that about half of the prison population have used illicit drugs at some time in their lives (Zurhold et al., 2005). A systematic review of international studies — with a predominance of studies conducted in the United States — found that 10–48 % of men and 30–60 % of women were dependent on or used illicit drugs in the month before entering prison (Fazel et al., 2006).

- In Europe, **offences related to the use, possession or supply of illicit drugs** are the main reason for incarceration of between 10 % and 25 % of all sentenced prisoners (Aebi and Del Grande, 2011).

- Drug use in prison may be characterised as follows: - Highly sporadic availability of drugs, resulting in dramatic periods of change between consumption and withdrawal; - Quality, purity and concentration is even harder to calculate than outside; - Widespread poly-drug use used to bridge periods of inability to finance drugs

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- Despite the difficult circumstances some prisoners use prison as an opportunity 'to **take a break**, to recover physically' (Trabut 2000, 26), or to stop using drugs in prison because of the threat of detection via drug testing (especially for those using cannabis). Often this period of abstinence is accompanied by a stabilisation or improvement of the general health status (increases in weight etc.). Furthermore, many drug users in prisons come from the more disadvantaged groups in society with low educational attainment, unemployment, experience of physical and sexual abuse, relationship breakdown or mental disorder. Many of these

- prisoners never have had, or perhaps never have chosen to take up, access to health care and health promotion services prior to their imprisonment. Consequently, the medical services may offer an opportunity to improve their health and personal well-being.

- With respect to **cessation of injecting** several reasons have been identified: - Personal choice (including an assessment of the risks associated with injecting); - Practical (including the problem of acquiring drugs, needles and syringes) w Economic (the cost of drugs) w Decreases in overall drug consumption

- The percentage of those prisoners **continuing their use of injectable drugs** in prison is relevant. In studies carried out in Europe since 2000, estimates of the prevalence of ever injecting illicit drugs while in prison range from 2 % to 31 % (EMCDDA 2012). The findings of qualitative studies suggest that in prison settings the likelihood of injecting in order to maximise the effect of the substance could increase, owing to the scarcity of drugs (EMCDDA, 2010b; Pena-Orellana et al., 2011).

- **Needle sharing and drug sharing** is widespread among prisoners who continue their injecting drug use. Although injecting drug users are less likely to inject whilst in prison, those who do inject in prison are more likely to share injecting equipment, and with a greater number of people. The majority of inmates who continue their injecting drug use do this with used equipment. That means for many drug-using inmates that they experience a relapse in hygienic injecting technique, because they were mostly used to having easy and anonymous access to sterile injection equipment outside prison. These findings conform to prison studies throughout the world describing injecting and the sharing of injecting equipment within prisons.

- There is a high **risk of acquiring communicable diseases** (esp. HIV/AIDS and hepatitis) in prison for those who continue their injecting drug use and obviously those sharing needles and drugs. Several studies conducted outside penal institutions reveal that a strong correlation exists between previous detention and the spread of the aforementioned infectious diseases. Although injecting drug use in prison seems to be less frequent than outside, each episode of injecting drug use is far more dangerous due to the combined factors of a lack of sterile injecting equipment, a high prevalence of sharing and an already widespread of level of infectious disease.

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- Many of the **drug users in prison had had no previous contact with drug services** prior to their imprisonment despite some having severe drug problems.
- **After release, many drug injectors continue with their habit.** Release from prison is a time associated with increased mortality from all causes and, in particular, from drug overdose. This risk does not appear to have decreased in the last 20 years (WHO Regional Office for Europe, 2010).

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