Harm reduction services in prison and supporting measure

International commitments to HIV prevention and risk reduction and evidence for action

The global environment for the HIV response has shifted substantially towards a massive scaling up of prevention, treatment and care interventions. In particular, governments made an unprecedented commitment during the United Nations Special Session on HIV/AIDS in 2001 to halting and reversing the epidemic by 2015.

Governments face the challenge of translating these commitments into practical programmes, which includes implementing a comprehensive range of interventions to address HIV transmission related to injecting drug use, including in their prison systems.

In 2007, WHO, UNODC and UNAIDS published a comprehensive paper on Effectiveness of Interventions to Address HIV in Prisons which reviews the evidence regarding HIV prevalence, risk behaviours and transmission in prisons, as well as other interventions that are part of a comprehensive approach to managing HIV in prisons, including HIV education, testing and counselling, provisions of condoms, needle and syringe programmes, bleach and decontamination strategies, safer tattooing initiatives, opioid substitution therapy and other drug dependence treatment, provision of HIV care, treatment and support.

Make reference to the executive summary of this publication to review the effectiveness of these programmes:
WHO, UNODC, UNAIDS. Interventions to address HIV in prisons. Evidence for action technical papers. Geneva, WHO, 2007. These papers provide a comprehensive review of the effectiveness of interventions to address HIV in prison settings Available at
http://www.who.int/hiv/pub/idu/evidence_for_action/en/

Provision of disinfectants for cleaning injecting equipment

Disinfectants are key components in HIV prevention strategies. In prisons they have become a form of risk reduction that copes with the reality that syringes do exist in prison but avoid the problem of not wanting to provide new, sterile injection equipment. The use of bleach for cleaning

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injecting and tattoo equipment is an effective tool for preventing transmission of HIV and other blood-borne diseases (e.g. HCV). The method used for cleaning with full strength household bleach is both simple and effective when it is done properly. The widespread availability of bleach for household purposes gives intravenous drug users the opportunity to take preventive measures in a discrete manner.

One of the first bleach programs in a prison was started by a prison officer in Ireland. He was confronted with a stark political reality, in which pragmatic preventive health or HIV prevention was prohibited. The officer saw to it that each toilet in his institution contained a bottle of bleach and trained the drug dependent inmates on proper cleaning techniques and safer behaviour.

If you choose a person-to-person method of distributing disinfectants, you can consider the following channels:

- Inmate HIV/AIDS peer counsellor
- Institutional stores
- Cleaning personnel
- Inmate clerks working on different units
- Social/health worker
- Doctor/nurse in a prison unit
- Community HIV/AIDS or drug services.

If you choose an anonymous distribution strategy, disinfectants can simply be made available from the following spots:

- In inmate washrooms and shower areas on the ranges
- In laundry rooms on the units (or in the residential houses)
- In recreation areas, such as the gymnasium and TV room
- In the washroom area of the gym
- In the visiting and correspondence area
- On corridors, where major inmate movement occurs
- In the kitchen on each unit
- In the inmate washroom in health care centres (compare also Haslam et al. 1999)

The options you choose will depend on the specific institutional context. The following criteria may help to choose the most suitable method of disinfectant distribution in your situation:

- The degree of anonymity and confidentiality necessary for distribution

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- How easily accessible the distribution point is(opening hours, informal access, sufficient quantity, etc.)
- The reach and extent of distribution is related to
    - The available resources
    - Whether the main focus is on general hygiene needs or solely on disinfecting syringes
    - The need to realise a pragmatic, informal, 'unsensational' distribution
    - The level of acceptance, support and involvement of prison and medical staff
- The need to communicate information about the appropriate application of disinfectants, and the best way of achieving that;
- Whether the inmates use disinfectant properly or whether there are risks involved, e.g. self-injury
- The desire to control the quantities given out;
- The desire to use the distribution as a means of contacting or counselling drug-using inmates on risk reduction;
- The need to monitor the inmate's use of disinfectants and any change in skills, attitudes and behaviour.

Instructions on the proper use of disinfectants is an inevitable prerequisite for distributing or accepting the distribution of disinfectants. This can be done by a leaflet or other written material, or by counselling or training (through prison or community service staff or peer educators).

When you choose an option where inmates can refill their private bottles from a dispenser bottle, you should keep in mind that experience has shown that prisoners sometimes do not refill their private bottles, because they fear being revealed as drug users. The mode of distribution can be improved by providing discreet access in a public space (for examples, see above). However, anonymous access to allow refilling private bottles might also include some risks. If a dispenser bottle is freely accessible (and can simply be opened by anybody) you cannot guarantee the quality of the disinfectant. Bleach exposed to air gradually loses its effectiveness. Additionally, in the worst case inmates could even tamper with the disinfectant. This can include serious risks if certain inmates have a negative attitude towards drug-using inmates.

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If you want to avoid stigmatisation or the involuntary 'coming-out' of drug users or where there is no clear policy on the distribution of disinfectants, you could make them accessible in a wider context (e.g. bleach for simply cleaning and washing purposes or iodine for the treatment of injuries or skin diseases). Distribution of disinfectants for cleaning syringes is then 'hidden' in this broader context. This broader approach could be, for example, 'health promotion' or 'hygiene' (cleaning surfaces, toilets, razors) and can be used to transmit 'hidden messages'. In Scotland, sterilising tablets are handed out to inmates with concrete instructions how to use them for sterilising mugs, cutlery, razors, chamber pots and injecting equipment.

One fear of many prison officials is what to do when inmates drink bleach or misuse it in some other way. There should be a first aid service provided by the prison doctor.

First aid measures and other precautions:

- If bleach has been ingested by a prisoner, that person should drink warm water or milk and seek medical attention immediately. Vomiting must not be induced.
- In the event that bleach has been inhaled by an inmate, that person should be removed to an area with plenty of fresh air and medical attention should be sought.
- In the event that bleach comes into contact with a person's eyes, rinse thoroughly with lukewarm water for at least 10 minutes while holding the eyelids open and seek medical attention to ensure there are no burns to the eyes.
- Where bleach has come into contact with a person's skin, thoroughly wash the affected area as well as any contaminated clothing (adapted from Correctional Service Canada 1986).

Needle exchange programs

On the basis of a study on practice and policy concerning the provision of sterile syringes for drug users in the European Union, the World Health Organisation/Regional Office for Europe elaborated recommendations of HIV/AIDS prevention for drug users in prisons as long ago as 1991. According to these guidelines, the following measures should be taken:

- Measures to reduce the number of i.v. drug users
- Measures to prevent drug use

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- Information about the risks of intravenous routes of administration
- Information about the risks of sharing used needles
- Demonstration of disinfecting techniques, provision of disinfectants and equipment for hygienic drug use (alcohol swabs, plaster)
- Provision of sterile syringes

Two years later, the WHO guidelines on HIV/AIDS in prison (WHO 1993) stressed the principle of equivalence: "...in countries where clean syringes and needles are made available to injecting drug users in the community, considerations should be given to providing clean injecting equipment during detention and on release to prisoners who request this."

In the community, needle and syringe exchange programmes are widely available in many countries and have been proven to be the most effective measure available to reduce the spread of HIV and hepatitis through the sharing of contaminated injecting equipment. In prisons needle and syringe programmes remain rare. However, such programmes have been successfully introduced in a growing number of prisons (approx. 70) in a steadily growing number of countries including, Switzerland, Germany, Spain, Moldova, Kyrgyzstan, Romania, Luxembourg, Tajikistan.

Evaluations of existing programmes have shown that such programmes:

- do not endanger staff or prisoner safety, and in fact, make prisons safer places to live and work;
- do not increase drug consumption or injecting;
- reduce risk behaviour and disease transmission, including HIV and hepatitis C virus;
- have other positive outcomes for the health of prisoners, including a drastic reduction in overdoses reported in some prisons and increased referral to drug treatment programmes;
- have been effective in a wide range of prisons;
- have successfully employed different methods of needle distribution to meet the needs of staff and prisoners in a range of prisons; and
- have successfully cohabited in prisons with other programmes for preventing and treating drug dependence.

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Despite massive overrepresentation of injecting drug users in custodial settings worldwide, the availability of harm-reduction measures in prisons lies far behind the availability of these interventions in the general community. Illustrating this gap most vividly is the provision – or lack-there- of needle and syringe programmes.

The Commission of the European Communities for instance found that although 24 of the 25 EU Member States have needle and syringe programmes in the community, only 3 of those have implemented them in prisons).

Recommendations

The following general recommendations on needle exchange programs have been elaborated at the European Conference on Prison and Drugs, held 1998 in Oldenburg/Germany:

1. Prisons have the responsibility for providing prisoners with access to adequate measures to prevent infection and promote health.
2. Needle exchange is a sensitive area for prison services in many European countries. It is necessary to carry out surveys in prisons that are considering the introduction of needle exchange, to find out how much injecting drug use exists within the prison prior to implementation.
3. Needle exchange programs can be useful and integral parts of a general approach to drug and health services in prisons. They should be provided as part of a range of services that include health promotion measures, counselling, drug-free treatment and substitution treatment.
4. To protect all parties participating in infection prevention and health promoting measures (such as needle exchange), legal ramifications must be clarified in advance of introduction of the measures. Legal issues need to be clarified especially concerning special groups such as juveniles and inmates in substitution treatment. Clarification of these issues is the responsibility of the government department involved. The results of this clarification should be published.
5. The choice of distribution, either through machines or through personal contact, depends on the specific conditions within the respective prison settings.

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Continuity of availability of sterile syringes should be guaranteed, whether distributed by prison or community staff.

6. The successful implementation of needle exchange programmes in prison requires the establishment and the maintenance of acceptance among the prison staff and inmates, among political and legal authorities, professionals and the public at large
7. Participation in needle exchange programs should be strictly confidential, so that the participants need not fear negative consequences during their remaining sentence.
8. The distribution facilities should be located in easily accessible areas.
9. Effective infection prevention can only be achieved if measures of instrumental prevention are supplemented by counselling and information. Mandatory education and voluntary training for inmates and prison staff at all participating levels should also be provided. The following issues are of particular relevance:
    - basic knowledge about drug consumption and infection risks,
    - means of transmission and infection prevention,
    - safer use and safer sex,
    - drug-related first-aid.

Different approaches

The following three modes of distribution have proved to be successful:

1. **Needle exchange slot machines, discreetly located in different wards to allow anonymous access**

Advantages:

- Guarantee of easy access
- High degree of anonymity
- 1:1 exchange

Disadvantages:

- No control over who is using the slot machines(inmates might use the syringe of program participants nd get their own syringe).
- Machines can be damaged by inmates and staff who are not in favour of this program, which can result in technical problems.

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2. Hand-to-hand provision by staff of the medical unit or the prison doctor

Advantages:

- Can serve as an opportunity for counselling and therapy
- Facilitates making contact with formerly unknown drug users
- High control over access

Disadvantages:

- Low degree of anonymity and confidentiality, possibly resulting in a relatively low participation rate
- Probability of 'informal participation' by inmates who send others instead of participating themselves officially, because they mistrust the staff.

3. **Hand-to-hand provision by community HIV/AIDS or drug counselling services**

Advantages:

- Can serve as an opportunity for counselling and therapy
- Facilitates making contact with formerly unknown drug users
- High control over access
- Can offer some degree of anonymity and confidentiality

Disadvantages:

- Syringes are only available at limited times during the week
- Anonymity and confidentiality might be limited as the involved community services might have to provide information on participation rate to prison management
- Mistrust by prison staff of the 'intruding' community services staff providing syringes

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Further reading

WHO, UNODC, UNAIDS Evidence for Action Technical Papers - Interventions to address HIV in prison: Needle and Syringe Programmes and decontamination strategies, WHO 2007 http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20NSP.pdf

WHO, Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Geneva, WHO 2004
http://www.unodc.org/documents/hiv-aids/EFA%20effectiveness%20sterile%20needle.pdf

Provision of condoms

There are substantial differences in the availability and the modes of provision of condoms in European prisons. A wide range of different policies can be found, ranging from free distribution to total prohibition. There are countries where sexual relations in prisons simply are prohibited and consequently, neither condoms nor lubricants are available for prisoners. In some countries, they can be obtained free of charge or are prescribed by the doctor as in England and Wales, while in others prisoners have to pay for them.

The key elements of an appropriate condom provision scheme are again, confidentiality and anonymity of access. Sex, especially men having sex with men and to some degree, women having sex with women, is a taboo that can lead to exclusion and stigmatisation.

In the provision of condoms, issues such as the method of distribution, by whom and where they are distributed are crucial to the reach of this service. Several modes of distribution are already being applied in European prisons.

By the medical doctor (either by prescription or not), or by the medical service/unit through nurses

Each of these modes of condom provision does have advantages and disadvantages. The provision (or even prescription) via medical doctors means that inmates have to apply for a doctor's visit in the morning, simply to get hold of a condom. This may be perceived by inmates as being a high threshold to access. A side effect of this is that the doctor then

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is informed about inmates' (potential) sexual activities. This is also partly true for provision via a medical service or unit or through nurses. However, this is a reliable source of provision which is permanently in service and condoms may be obtained also when an inmate is visiting these services for other reasons. Finally, any condoms obtained through this modality are generally free of charge.

From the prison shop

The latter is not the case at the prison shop. Here, the inmates generally have to buy condoms. Another disadvantage is where there is no prison shop - which, in most cases is open every day except for the weekend - but a visiting merchant. This service is only available perhaps once a week, or even once a fortnight. Inmates might even have to order condoms in advance. However, sexual activities cannot always be planned in that way. Often, they just happen. Moreover, anonymity and confidentiality are hard to maintain with this service. Finally, condoms are quite expensive in relation to the moderate amount of money that most inmates have in prisons.

By prison social and health workers, or by the staff of community AIDS and drugs services

This seems to be quite a suitable way to provide condoms. Social or health workers in prisons are generally easy to contact and often are better trusted than security staff. Condoms can be distributed on a confidential basis. Community social and health workers tend to have even more trust and credibility in the eyes of the inmates. Of course, the latter's success at distributing condoms will depend on how regular they visit a prison and how many condoms they hand out to each inmate. When including community social and health service staff in training seminars on safer sex, they can leave some condoms used for exercises and inform inmates where and how they can get condoms in the future.

Through inmates

Other inmates might be most trusted as they are peers. Nevertheless inmates often also make moral judgements and hold resentments against sexual activities, especially in male prisons when it comes to sex between men. But if peers are regarded as credible and trustworthy persons, this can be an appropriate way of giving out condoms.

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Anonymous access

Apart from having people provide condoms to prisoners, condoms can also be made available anonymously. This can be done by either including condoms in the provision of a package of material or without personal interaction. Approaches tried successfully have included the following measures:

- Include condoms in a release pack for inmates who go on leave or are released. This measure expresses the need to protect oneself in both professional and private sexual relationships immediately after release.
- Dispense condoms at admission with different information material, e.g. including condom instruction and information on safer sex
- Dispense a box of condoms in visiting rooms (conjugal visit rooms)
- Dispense condoms in waiting areas (doctor, social worker, library)
- Dispense condoms in counselling rooms, in an informal way as 'leftovers', when community AIDS or drug services from inside or outside the prison are offering counselling.

Making condoms available without personal interaction offers a good opportunity to allow prisoners to obtain condoms without being seen by other inmates or staff.

Prohibition of condoms may be based on a lack of recognition of the problem but also on cultural and religious reservations. Often, availability is restricted because of single experiences when condoms were used for different purposes (such as hiding drugs in the body). These restrictions can be tackled in a debate, balancing the health interests (prevention of infectious diseases) and the cultural and religious boundaries and these occasional isolated cases of misuse.

For specific strategies on how to address HIV and other infections sexual transmission in prison, make reference to:

WHO, UNODC, UNAIDS Evidence for Action Technical Papers - Interventions to address HIV in prison: Prevention of sexual transmission
http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20sexual_transmission.pdf

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Treatment, care and support for prisoners living with HIV, including antiretroviral therapy

Since the early 1990s, various countries have introduced HIV programmes in prisons. However, many of them are small in scale, restricted to a few prisons, or exclude necessary interventions for which evidence of effectiveness exists. There is an urgent need to introduce comprehensive programmes (including information and education, particularly through peers; needle and syringe programmes; drug dependence treatment, in particular opioid substitution therapy, provision of condoms, voluntary HIV testing and counselling, and diagnosis and treatment of STIs) and to scale them up rapidly. As part of these programmes, prison systems should provide HIV care equivalent to that available in the community, including antiretroviral treatment.

The advent of combination antiretroviral therapy (ART) has significantly decreased mortality due to HIV and AIDS in countries where ART has become accessible. There has been a parallel decrease in the mortality rate among incarcerated individuals in prison systems in those countries. Providing access to ART for those in need in the context of prisons is a challenge, but it is necessary and feasible. Studies have documented that, when provided with care and access to medications, prisoners respond well to ART. Adherence rates in prisons can be as high or higher than among patients in the community, but the gains in health status made during the term of incarceration may be lost unless careful discharge planning and linkage to community care are undertaken.

For more information on HIV/AIDS treatment in prison, make reference to:

WHO, UNODC, UNAIDS Evidence for Action Technical Papers - Interventions to address HIV in prison: HIV Care, Treatment and Support, WHO 2007
http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20hiv_treatment.pdf

Connections to other drug dependence treatments, including opioid substitution therapy

Research has shown that medication assisted treatment for opioid dependence (opioid substitution therapy OST) – MAT is the most effective way to treat opioid dependence, to reduce the risk of HIV and hepatitis C transmission, and to reduce the risk of overdose.

The need for access to treatment for opioid dependence in prison was internationally recognized more than thirty years ago. In 1993 WHO issued guidelines on HIV infection and AIDS in prisons. It was stated that “Drug dependent prisoners should be encouraged

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to enrol in drug treatment programmes while in prison, with adequate protection of their confidentiality. Such programmes should include information on the treatment of drug dependency and on the risks associated with different methods of drug use. Prisoners on methadone maintenance prior to imprisonment should be able to continue this treatment while in prison. In countries in which opioid substitution treatment is available to opiate dependent individuals in the community, this treatment should also be available in prisons".

The position paper from WHO, UNODC and UNAIDS published on substitution maintenance treatment concludes that providing substitution maintenance treatment for opioid dependence is an effective strategy for preventing HIV/AIDS that should be considered for implementation as soon as possible in communities at risk of HIV infection.

A failure to implement effective drug treatment and HIV and hepatitis C prevention measures could result in further spread of HIV and hepatitis C infection among IDUs, the larger prison population, and could potentially lead to generalized epidemics in the local non-IDU population.

IDUs who do not enter OST are up to six times more likely to become infected with HIV than those who enter and remain in treatment.

The death rate of people with opioid dependence in OST is one-third to one quarter the rate of those not in treatment.

The most common form of OST is methadone maintenance treatment. Methadone has been used to treat heroin and other opiate dependence for decades. The more recently developed buprenorphine is also quite common in many countries. Both have been proven to greatly reduce the risk of HIV infection by reducing opioid use, drug injection, needle and syringe sharing and improving the health and quality of life of opiate-dependent people.

Before OST is started, participants must be provided with relevant information, especially on the risk of overdose and the potential risks of multiple drug use and interactions with other medications.

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Fur further information on OST in prison, please refer to the other CARE e-learning course, with specific information on this issue.

Measures to combat sexual violence

Sexual violence is particularly difficult to study and assess in prison because of the stigma associated with being raped or abused and also because of the risk of reprisals from the perpetrator. Sexual violence may be defined as behavior that leads a person to feel that he/she is the target of aggressive intentions. This may also include sexual pressure. Sexual victimization, however, in a recent study was viewed more narrowly as non-consensual sexual acts with oral, vaginal or anal penetration as well as abusive sexual contacts (touching or grabbing in sexually threatening or touching genitals).

For specific strategies on how to address sexual violence in prison, make reference to: WHO, UNODC, UNAIDS Evidence for Action Technical Papers - Interventions to address HIV in prison: Prevention of sexual transmission, WHO 2007

http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20sexual_transmission.pdf

Supporting measures

As stated above making contact and talking about sensitive things like safer use and safer sex is not always easy. However, there are means to facilitate and support this work. By handing out material and other risk reduction measures, the target group feels invited to speak about their problems and to express their views of the drug and infection problems in prison.

Prevention material can be anything used to get the attention of the target group. However, material is more effective when it can also be utilised by the target group. So, when choosing prevention material, consider whether it supports the objectives you are aiming at, e.g. stop injecting drugs, stop sharing injection equipment, disinfect contaminated needles. Prevention materials should also meet the needs of the people you are aiming at. So do not disseminate instructions for boiling syringes when heaters are not allowed.

Risk reduction activities in prison can be facilitated and supported by a number of methods. Useful methods can include:

- Collecting information
- A survey by questionnaire

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- Development of information material (leaflets)
- Newsletters or magazines
- Organising activities
- Distribution of prevention material

When considering using one of these methods, make sure that you don't re-invent the wheel. Many useful materials have been already developed in the community. How can they be adapted? What can be added? Try to connect with community drug and health services for advice and assistance.

Collecting information

A vital prerequisite for people working with drug-using inmates is collecting information for the following purposes:

- Describing the prison drug scene, with special focus on the health risks involved
- Assessing the needs of drug-using inmates
- Raising omissions in medical care and health promotion for drug-using inmates (including general hygienic conditions, oral and written information, availability of bleach, methadone detoxification and maintenance, etc.)

This information can be collected by prison staff, community staff or inmates. Co-operation between these different groups can be very fruitful, helping to secure agreement and commitment from all parties involved in risk reduction activities. The conclusions of the information collected should be communicated to and discussed with prison management, governor and justice authorities in order to improve the health situation of drug-using inmates.

Information can be collected in different ways: through observation and occasional talks with inmates and prison staff, but also via more structured, systematic interviews. We will discuss some examples of collecting information in the following section.

Describing the prison drug scene with a focus on the health risks involved

It is vital for prison staff, especially for staff responsible for health issues, to know what is going on in the prison drug scene. You should consider ways to describe the scene systematically. A filing system should be used to collect data systematically. This system

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- preferably supported by forms for staff to collect information - could be filled in step by step, with information from observations, occasional talks, etc.

Subjects to be included in this system could include:

- What drugs are used?
- How are they used?
- Changes in drug use patterns in prison: routes of administration, frequency of use, quantities
- Are there specific groups using specific drugs (ethnic/religious/gender backgrounds)?
- How do inmates finance their habit?
- Where do they inject drugs?
- Do people take drugs together with other inmates?
- How do they relate to each other?
- Is there a social hierarchy in the drug-using network?
- What are the norms and values relating to high-risk behaviour?
- How are inmates using various in-prison services like drug counselling, medical staff, priest?

It is self-evident that this job has to be done with extreme care, because some of the data obtained may be dangerous or sensitive. Of course, the information recorded should never include personal data about individual inmates! The information should not be used against inmates! The purpose of the exercise is to conduct a risk assessment and to analyse positive factors supporting risk reduction. Trust is a key element of the whole process. One should consider having this work done only by medical staff or by staff from community services.

A clear agreement with and support from prison management and staff is a prerequisite. They have to be convinced that risk reduction is a higher priority than some legal principles and prison rules. If one cannot guarantee that the information collected will not be used against inmates, one should refrain from any systematic data collection.

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Assessing the needs of drug users in prisons

A basic principle in assessing the needs of drug-using inmates is to listen to what they say. Prison and community staff should be open-minded to drug users' stories and complaints. A lot of these needs are easy to assess just by talking to drug users, observing them in their daily life, examining the data from the medical service, etc. The following things are important here:

- Prison or community staff should list the problems they face in the prisons. Listing problems and needs should be done as systematically as possible. What services are needed? Which are available? Which are missing or unsatisfactory?
- Using peer support. Having drug users make an inventory of the needs of their peers can produce information that cannot be obtained by staff.
- Staff and inmates involved in a needs assessment should also put some effort into ordering and prioritising the various needs and problems.
- The needs of drug users can vary. Drug users in methadone treatment have different needs to drug users who inject. Different needs also require different types of action. Some needs require immediate action (medical treatment), other needs require a long-term policy (making substitution treatment available).

Identifying shortfalls in health and drug services in prison (and community)

A needs assessment should preferably result in concrete action, by presenting and discussing the results to the services and organisations responsible for meeting these needs.

Several things can be done here:

- Organise a seminar or workshop on the results of the needs assessment or on specific topics for criminal justice authorities, prison management, prison staff or inmates. Topics can be the situation regarding infectious diseases in prison, the benefits to prison staff from risk reduction measures, presentation of adequate risk reduction measures, etc.
- Organise study visits for prison staff to prisons where certain forms of treatment and risk reduction programs are currently being run, or invite people from these services for a seminar at your prison, to present their experiences and expertise.

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- Organise a seminar or workshop for prison authorities and staff and community services to discuss any needs and possible co-operation.
- Organise an exclusive meeting with the prison governor and management to discuss risk reduction. Support from influential sources (WHO, supportive governor from another prison, etc.) - either in writing or by their actual presence - can be helpful here.
- Publish a report of the results of the needs assessment.
- Raise media attention through press releases and public action.
- A combination of the things mentioned above.

When a needs assessment is carried out systematically it is easier to raise these needs with people in charge (prison doctor, governor) and drug and AIDS agencies inside and outside prison.

Raising omissions is one thing, but changing policy is another and far more difficult. One should be conscious of the fact that accomplishing real changes demands more than just a single action - it requires a long-term strategy. One should set realistic goals and be satisfied with small achievements and steps forward. Through these small achievements, one can contribute to the development of sustainable risk reduction activities in prison.

A survey by questionnaire

An effective way to contact drug-using inmates is to use a questionnaire to conduct a survey. This will require the permission and support of the governor. Anonymity is the keyword here, as he or she will have no access to the data collected. Small-scale research can easily be carried out by using a questionnaire serving a twofold objective:

- Gaining insight into the issues studied,
- Becoming known as a prison drug worker.

Asking for information shows that you take people seriously, that you are dependent on their information. The results of the survey can provide the basis for a change in prison drug policy.

A side effect can be an increased awareness of the subject dealt with. For example, if a study is done on the risk of infectious diseases, people will become more aware of this risk.

Questionnaires should always contain some questions about basic demographic issues. These demographics could include: age, gender, nationality, level of education. Obviously,

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the questionnaires should be completed anonymously. If anonymity is not guaranteed, one can be sure of either getting false data or no co-operation at all.

Inquiries can be done on a range of subjects. Issues of interest can be:

- A systematic needs assessment
- Counselling on drug and AIDS issues
- Risk reduction practices and possibilities
- Hepatitis A+B vaccination
- General hygienic conditions
- Detoxification procedures and written protocols
- Methadone maintenance treatment (in relation to community prescription protocols and regimes)
- Syringe and needle exchange

Obviously, big issues are important and the results can have a political impact. However they also demand very precise preparation and a complex management of data. This requires an experienced organisation. Therefore, the examination of smaller issues should be done first, such as:

- The price and use of filters, needles and syringes
- Cleaning procedures of used equipment
- Knowledge about the transmission of infections
- Access to condoms
- Tattoo procedures and the circumstances of tattooing

The design of the questionnaire should preferably be done in co-operation with a researcher or somebody else with compatible skills.

All people involved in interviewing should be instructed on the structure and contents of the questionnaire, and any possible difficulties which might arise during the interview should be discussed.

Limit the time for collecting data to a reasonable period. Take into consideration that the analysis of the data collected takes at least the same time as collecting it. Here again, the support of experienced people would be of great help.

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Development of information brochures material

Leaflets can be used in risk reduction work to inform drug users about different issues. But they ought to have one thing in common. Leaflets should help you to make contact with drug users and to introduce yourself.

In general, leaflets should be easy to read. Using pictures can make them easier to read. Obviously leaflets should always have the producer's name on them. If the information is useful and credible, leaflets can contribute to the credibility and trust of the person handing them out.

Leaflets can be issued on many occasions:

- Announcing the aims and work of prison the drug worker
- Informing inmates about a program of risk reduction activities
- Informing them of activities or actions for and with drugusing inmates (film, sport, discussion, seminar)

You also can consider developing information leaflets on different aspects of risk reduction, for example, on:

- The effects and risks of drugs
- Infectious diseases
- Safer use
- Safer sex
- Pre and post-test counselling.
- First aid in case of overdose etc.

The admission unit or phase can be of special value for making contact with all of the newly arrested: allowing tips, advice on possible problems etc. Prisoners with longer sentences can receive relevant advice 'from prisoner to prisoner'. The latter can reflect on how they felt, being in prison for the first time and what the specific needs of those in the admission unit are. A leaflet could become a tool to support those prisoners who were arrested for the first time, and can be perceived as a friendly gesture to new prisoners. The leaflet creates a situation where the prisoners can be a source of support for others.

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Issuing a newsletter and collaborating with prison magazines

A magazine can be extra helpful if it becomes known by the target group. Distributing a new issue, having a bag full of new magazines visibly with you, helps you to make contact with people you don't know but who do know the magazine.

Before producing a newsletter, one ought to be clear on the goals. Publishing a newsletter can include various objectives:

- To inform drug-using inmates about health related issues, about risk reduction. Information is the key word
- As a voice of drug-using inmates for drug-using prisoners. Keeping people updated on activities is an important topic
- As a voice of drug-using inmates seeking to inform prison drug workers, policy makers and the public. Expressing drug-using prisoners' points of view is important.

In reality, newsletters will include more than one of the objectives mentioned, but it is worthwhile defining the core objective. This will help people to choose the right angle when writing an article or doing an interview.

A newsletter or magazine can serve harm reduction work in various ways:

- Making and maintaining contact by distributing the newsletter or magazine
- Collecting information for an article
- Raising a subject by referring to an article
- Conducting a readership survey.

However, publishing a magazine on a regular basis is an enormous job. One should adapt the size and frequency of any newsletter or a magazine to the capacity of the (self) organisation. It is better to publish a small newsletter that is issued regularly, than a fancy magazine that is produced infrequently.

In many European prisons, prison magazines are mainly run by inmates themselves and/or supporters from outside do exist. These prison magazines can be used for raising awareness of human rights and for the inmate's needs and views. A prison magazine is an ideal forum to lead a credible dialogue with inmates. Risk reduction issues can be

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embedded in general public health subjects (hygiene etc.). The situation of drug users in prison is looked at by different means: articles, photographs, drawings. One of the most elaborate examples in Italy is 'Ristretti' from the prison in Padva, which has raised the topics of the living and health conditions of drug users in prisons many times. The magazine also connects the different groups among inmates and between prisoners and staff, because the magazine is read by staff as well. 'Ristretti' also is a gate to the outside world and advocates for the support of drug users (equipment, knowledge, advice, etc.). Lastly, 'Ristretti' disseminates questionnaires (placed in a library) and is also engaged in radio broadcasting in prison.

Using and stressing the possibilities of a prison journal for drug and health related problems can result in a credible dialogue.

Organising activities

Organising activities for and with drug-using inmates can be a tool in establishing risk reduction initiatives and can help contact possible inmates and key persons among them. Activities can be divided in two main areas: leisure and interest-related issues.

Interest-related

Without a doubt, interest-related issues need ongoing attention. Organising special meetings to inform inmates about issues related to their everyday life in prison is important. However, the possibilities in prison are limited to certain times and circumstances. Security considerations and the rhythm of the everyday routine often determines life in prison. The ability to organise such meetings may depend on these factors. If possible, the invitation of outside experts should be considered (medical doctor, lawyer, epidemiologist, policy maker etc.). Topics covered in such special meetings can include:

- Medical subjects (hepatitis C)
- Life after prison, e.g. focusing on social rehabilitation, housing, job and educational options
- Presentation of self-help groups from the community
- Legal issues.

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A successful meeting depends largely on the organisation. A meeting will only be well-attended by drug users if it is transparent to them, particularly with regard to exactly who is organising it. A strategy for reaching as many people as possible is important. Consider the use of leaflets in combination with snowballing, asking inmates to inform their peers.

Leisure

In general, less attention is paid to leisure-like activities. Working on risk reduction issues sometimes makes people forget that making/having fun is also important. Think of sports, such as a football match against drug workers, films, music, tournaments: chess, table football, darts etc. Note: before putting energy into the organisation, make a small inquiry into the need for such events.

Cultural activities can also include benefit gigs by bands who are engaged with the subject of AIDS and drug use. Because a lot of money will inevitably be involved in such events, consider cooperation with other organisations.

Drug users have different backgrounds and different preferences. It is possible that some people may want to put energy into the defence of their common interests, but not all will be interested in organising leisure activities. One should consider whether organising leisure activities are a means to an end, or are a goal in itself.

Peer support in prisons

Peer support means mutual support among people who belong to the same group. Peers are people who share some specific characteristics. So, a peer group could be a group of soccer players, a group of politicians, or a group of school children. Here, we are focussing on the peer group of injecting drug users (IDU's).

Since the end of the eighties of the last century there has been a growing acknowledgement that peer support can be effective in reducing risk behaviour in IDU communities. Peer support projects have been developed, in different European countries, both by professionals and drug-user interest organisations (National Committee on AIDS Control, 1993). Efforts have been made, too, to initiate and support drug-user self-organisations and drug-user organisations especially in the field of AIDS prevention in intravenous drug user (IDU) communities. One reason for this has been the finding that HIV prevention by regular drug and health services has not been an overall

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success. There are still drug users who lack information, who simply are not reached by drug aid programs or who are not reached because of - among other things - their feelings of distrust. These feelings are one reason why peer support is considered a worthwhile method of making contact with drug users who are not reached by professional drug services.

Experience confirms that peer education and peer support do contribute to risk reduction among drug users (Friedman et. al., 1987). Inside information, knowledge from personal experience and trust are important items in this respect. Risk reduction, in the sense of discussing personal business such as drug use and sex, requires trust. Experience underlines the fact that social influences on drug users' attitude towards safer behaviour and a growing self-efficacy through role modelling are the most important features of peer education and peer support. This implies that providing social information is more important than offering mere facts. The fact that peers are familiar with the group norms and that they are easier to trust for drug users also helps to collect reliable information about risk behaviour. Those elements of factual knowledge that have proved to be important, generally have to do with specific details (e.g. infection risk by sharing the spoon or the filter).

The growing attention on peer support as a useful method within the framework of risk reduction strategies might suggest that peer support among drug users has been invented recently. However, nothing is less true. The invention of peer support can be com332 pared with Columbus' discovery of America. One has discovered something that has always been there. Peer support is something that has been occurring within drug-users' communities as long as there has been drug use. Mutual support within certain communities is a reality of everyday life. This is especially true in drug user communities which suffer from repression, marginalisation and exclusion, such as drug users in prisons and other closed institutions. Though it has undermining and disruptive effects on the community, tempting or forcing drug users to steal from each other, producing repression and marginalisation, the prison situation as such also creates mutual solidarity, hence the community's cohesion. A shared threat, a common enemy usually has a unifying effect, thus stimulating mutual support.

Peer support as part of the reality of everyday life is generally non-institutionalised. It is often even non-intentional; a way that people act, without any conscious or explicit

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intention to support their peers, even though risk reduction might be the result of their action. After all, peer support as a means of risk reduction entails more than just explicit, verbal interference. It also includes the influence of peer pressure, of serving as a role model, etc. Just as in other communities, influencing and even actively supporting peers is part of an unconscious routine, conducted as if running on an automatic pilot. The findings of a small scale research carried out in the framework of our European Peer Support Project - on what we called non-intentional peer influences in IDU communities - support this view (Barendregt/Trautmann 1996).

The institutionalised forms of peer support communities that are initiated or supported by professional health services are, in fact, nothing more than attempts to use, support and strengthen the potential of this already existing peer support among drug users. Professionals can play an important role in peer support. They can, for example, take care of the collection of relevant and correct information, and in doing so, prevent false information from being disseminated. They can also contribute through training peer supporters, again, not just on knowledge about risk reduction but also on skills, on methods of transferring this knowledge and skills (e.g. by counselling and training seminars as described above) and by showing how to influence attitudes and social norms effectively. In addition, they can stimulate, support and influence the ongoing peer support in IDU communities, as our experiences with peer support show.

This positive experience with peer support in the community has been the background for introducing peer support in prisons. Peer support in prisons can play an important role to avoid risks being 'shared', stopping inmates from copying risk behaviour without being aware of it. To manage so-called 'hidden risks' (e.g. sharing of water, filter and spoons), whether the risks are known or unknown, an exchange of information between peers can be very important. The specific relationships between drug users in prisons (such as economic dependencies, sexual relations etc.) should get special attention, as they can interfere - and not only in a negative way - with peer support.

The advantages of peer support in prisons are:

- Drug users, especially (informal) peer leaders have credibility and trust from their fellow inmates.

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- Drug using inmates will be able to reach - and influence - other drug-using inmates with risk reduction messages
  that are out of reach for prison staff, i.e. able to reach the unreached.
- Peers have relevant first-hand information, e.g. on how to avoid certain substances or mixtures.
- Peers know what they are talking about as they have generally experienced risk situations themselves, e.g. overdose,
  unsafe drug use or unsafe sex.
- although it might not always be obvious from their behaviour, drug users do have a personal interest in risk reduction.
- peer support is a cost-effective snow-balling strategy (see also Engelhardt 2000).

Prison Peer Education (PPE) was found to significantly contribute to changes in prejudices that inmates may have had towards HIV and people affected by it. For example, a study of a PPE program in Australia concluded that a large majority of inmates (71%) felt that HIV positive inmates should not be segregated from the mainstream inmate population. Inmates had a relatively high level of understanding of the principles of HIV transmission, with over 98% of them knowing that they could not get HIV from activities involving everyday contact - sharing an apple or cigarettes, kissing, touching or using the same toilet. Furthermore 99.4% understood that you could get HIV if you undertook the high-risk activities of sharing needles and having sex without condoms (Taylor 1994).

One can work with individual drug users, to train them as peer tutors (group meetings could be seen as threatening for the system) or with a group. When training groups of inmates you should, if possible, aim at achieving a multiplier or snowball effect - i.e. trained inmates pass what they have learnt on to their peers. A good starting point for peer support can be a mixed seminar - including both inmates and staff - to present and discuss options of peer support as part of a risk reduction strategy. However, peer support in general should first be introduced to and accepted by prison staff as part of a wider introduction of risk reduction strategies in prisons, e.g. by seminars on drug use in general.

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Peer support can be a helpful means of making contact with drug-using inmates who cannot be reached successfully by prison or community service staff. It can be both a first step to risk reduction, and a means of facilitating risk reduction activities by prison or community service staff. Peer supporters can play a role in counselling, training seminars, supportive measures and services.

In addition to support by and for inmates, risk reduction activities could be conducted by municipal organisations operating outreach activities among injecting drug users. 'Mainline', a Dutch health and prevention organisation maintains contact with detained drug users by low threshold counselling in prison settings. In individual meetings with inmates, health issues, risk behaviour and risk of drug use are discussed. One important feature is that as an 'outside' organisation, they secure a sense of independence and trust. Evaluation reveals that there is:

- A high level of acceptance among inmates, prison staff and administration.
- The activity enhances ongoing contact after release.
- Their work is perceived as a valuable addition in the social support structure for drug users.
- Evaluations show this is a cost-effective activity.

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References

Barendregt, C., Trautmann, F. (1994): The European Peer Support Project 'Encouragement, development and support of AIDS prevention by peer support in intravenous drug user communities. Utrecht (NIAD).

Engelhardt, J. (2000): Two Models of Harm Reduction Activities within the prison walls: outreach work in the Netherlands vs. Peer support in Russia. Oral presentation at the conference 'Encouraging Health Promotion for Drug Users within the Criminal Justice System' from 22-25 November 2000 in Hamburg.

Friedman, S. R., Don C., Sotheran, J., L., Garber, J., Cohen, H., Smith, D. (1987). AIDS and Self? Organisation among Intravenous Drug Users. *The International Journal of the Addictions 3: 201-219*

Haslam, P. et al. (1999). Evaluation of HIV/AIDS Harm Reduction Measures in the Correctional Service of Canada. Performance Assurance Sector.

Taylor, S. (1994). An Evaluation. NSW Prison. HIV Peer Education Program. NSW Department of Corrective Services. June 1994.

WHO (1993): The WHO guidelines on HIV infection and AIDS in prisons. World Health Organization. Geneva.

WHO (2004). Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Geneva, WHO. http://www.unodc.org/documents/hiv-aids/EFA%20effectiveness%20sterile%20needle.pdf

WHO, UNODC, UNAIDS (2007). Interventions to address HIV in prisons. Evidence for action technical papers. Geneva, WHO. Available at http://www.who.int/hiv/pub/idu/evidence_for_action/en/

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