LISBON ADDICTIONS 2019

Evidence and practice: what are the challenges that drug professionals working in prison have to face

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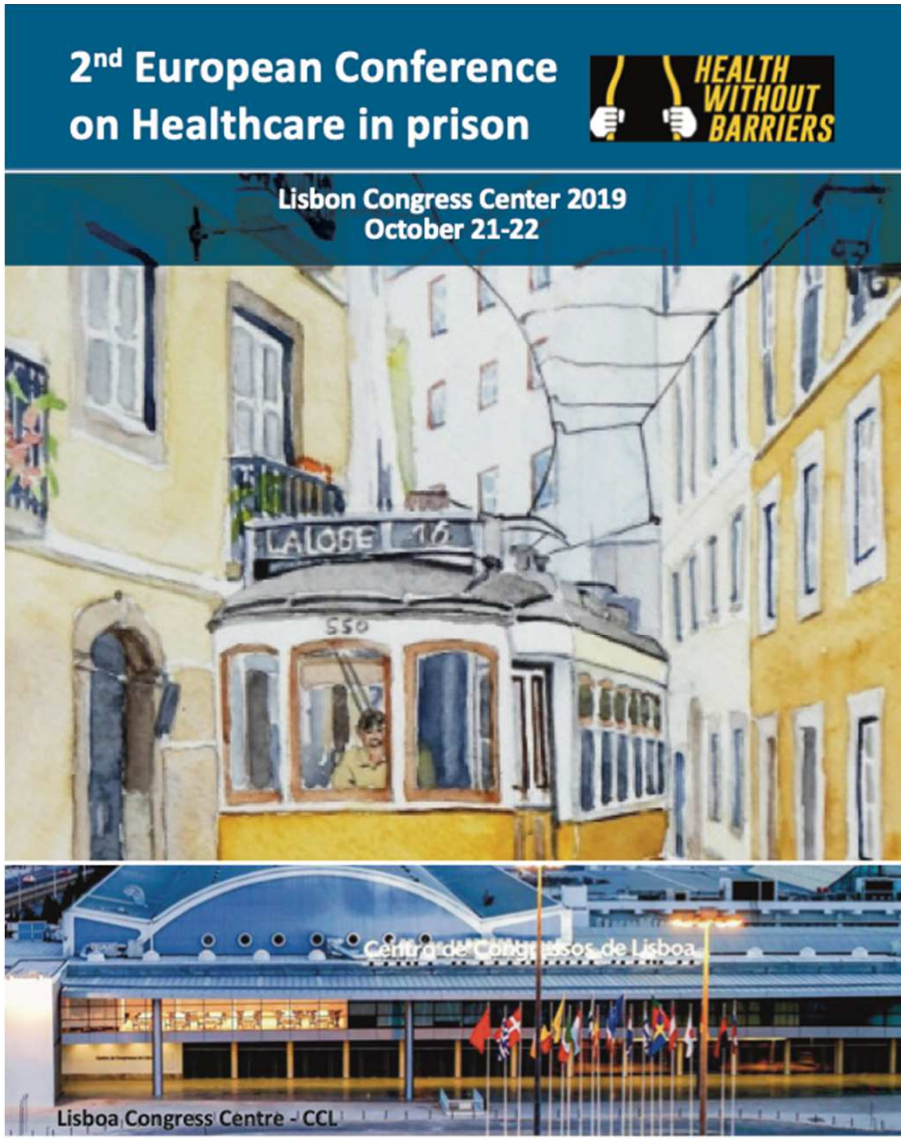
Health Without Barriers www.healthwithoutbarriers.org

- **“Health Without Barriers”, the European Federation for Health of Person in detention,**
- **Represent the professionals dealing with Health of Person in detention and aims to provide education, recommendations and interdisciplinary collaborations in the field, with a collective voice in research policy**
- The European Federation envisions a global community of internationally networked Health of Person in detention experts and stakeholders. Their challenge will positively inspire the international policies on prison issues in order to enhance effective prison evidence-based persons in prison care, to ensure Health of Person in Prison research assistance and finally to improve the overall quality of life for both prison staff and persons in prison at European level.

Health Without Barriers www.healthwithoutbarriers.org

- **Promotion of scientific knowledge exchanges in the field of Health for Person in Prison;**
- **Research and development in the field of Health Care in Prison and related publications;**
- **Setting-up of shared and common ethical principles and paths on Health of Person in detention;**
- **Promotion of good practices and positive experiences data-collection in the field;**
- **Organization of conferences, workshops and meetings at European level, including a three yearly European Conference on Health Care in Prison;**
- **Support on public awareness about Health of Person in detention.**


2nd European Conference
on Healthcare in prison
HEALTH WITHOUT BARRIERS
Lisbon Congress Center 2019
October 21-22
LAPA 16
550
Centro de Congressos de Lisboa
Lisboa Congress Centre - CCL

• **New trends in drug use, and interventions in Europe. What is the role of prison ?**
Linda MONTANARI, EMCDDA, Lisbon

• **Decriminalization of Drug Use in Portugal: a Health and Political Perspective**
Ricardo Baptista LEITE, UNITE's President and Founder, Lisbon

• **What's new in addictology? And in the prison setting?**
Fadi MEROUEH, HWB, CHU de Montpellier

• **Retrospective study of results of GHB detoxification using pharmaceutical GHB**
Rick DOLJE Justitieel Centrum voor Somatische Zorg, Netherlands) A. VAN HET VELD; M KAMPHORST
AND
The detoxification treatment of GHB dependent prisoners in a Dutch prison (hospital)
Den Paul BRAVE (Justitieel Centrum voor Somatische Zorg, Nethelands), Rick DOLJE

• **Overdose upon release - Challenges and strategies form an (ex-) prisoners point of view**
Daniela JAMIN University of Applied Sciences, Frankfurt - Germany

• **Substance use in pregnancy-What happens on the inside?**
Jillian ROBERTS (Drug & Alcohol|Justice Health & Forensic Mental Health Network, Australia), Finbarr O'NEILL, Wilson LAI

• **Women, Drugs, and Imprisonmemt**
Manuela Ivone CUNHA University of Minho, Portugal

• **Quetiapine misuse and dependency in forensic settings**
M.A.A BINNEWIJZEND (Netherlands Institute for Forensic Psychiatry and Psychology, Amsterdam)
T. RINNE, S. ROZA

• **Prevalence of opioid dependence and opioid substitution treatment in the Berlin custodial setting : a cross-sectional study**
Kira VON BERNUTH (Charité-Universitätsmedizin, Berlin), Peter SEIDEL, Julia KREBS, Marc LEHMANN, Annette OPITZ-WELKE

• **How to "deal" with Bodypackers**
Brigitte EIJS, (Dienst Justitiële Inrichtingen, Netherlands), Pim PRINS

• **The implementation of the EQDP: European Questionnaire on Drug use among People living in prison**
Luis ROYUELA EMCDDA, Lisbon

• **Integrating in-prison Therapeutic Communities in a Comprehenisive Drug Treatment Syster**
Robert TELTZROW Pompidou Group, Council of Europe, Strasbourg, France

• **Community Transition Teams: Responding to Post-release Overdose Deaths in British Columb**
Andrew Mac Farlane, Provincial Executive Director, Correctional Health Services and Forensic Regional Clinics

Lisbon Declaration on HumanRights: The HWB Charter

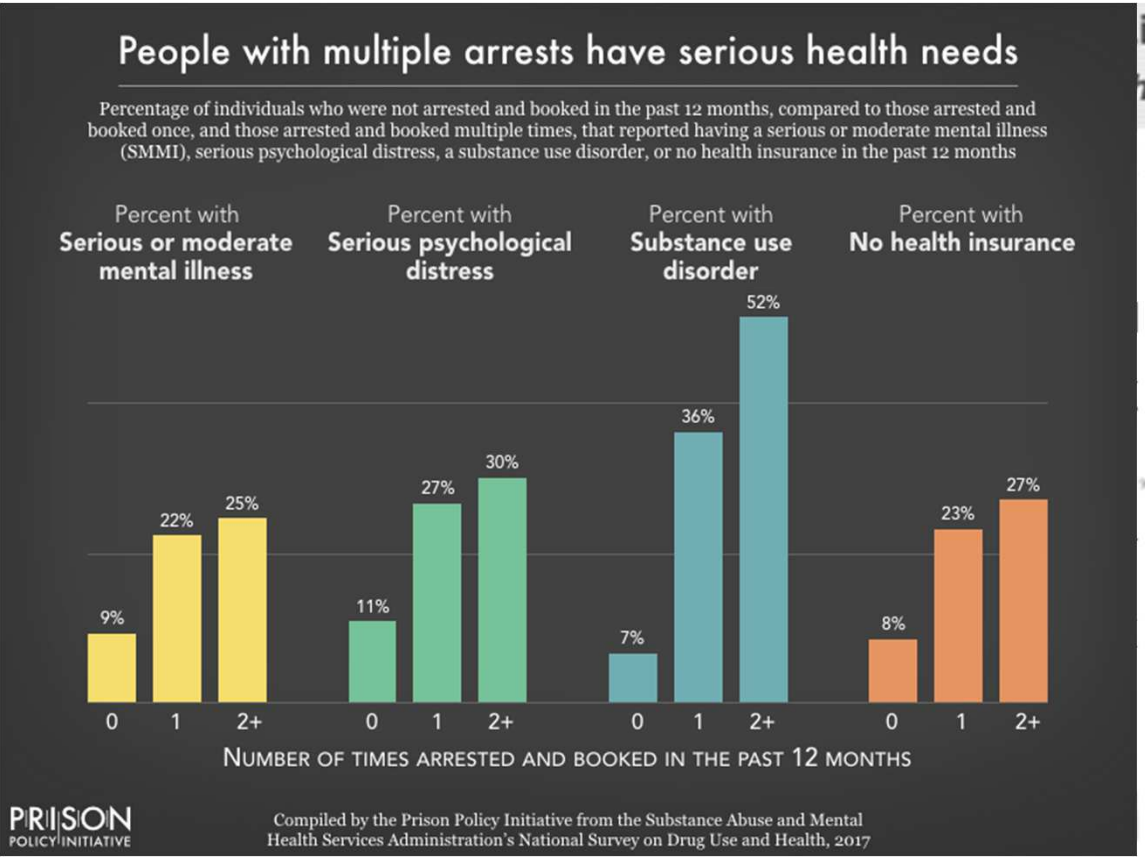
Introduction

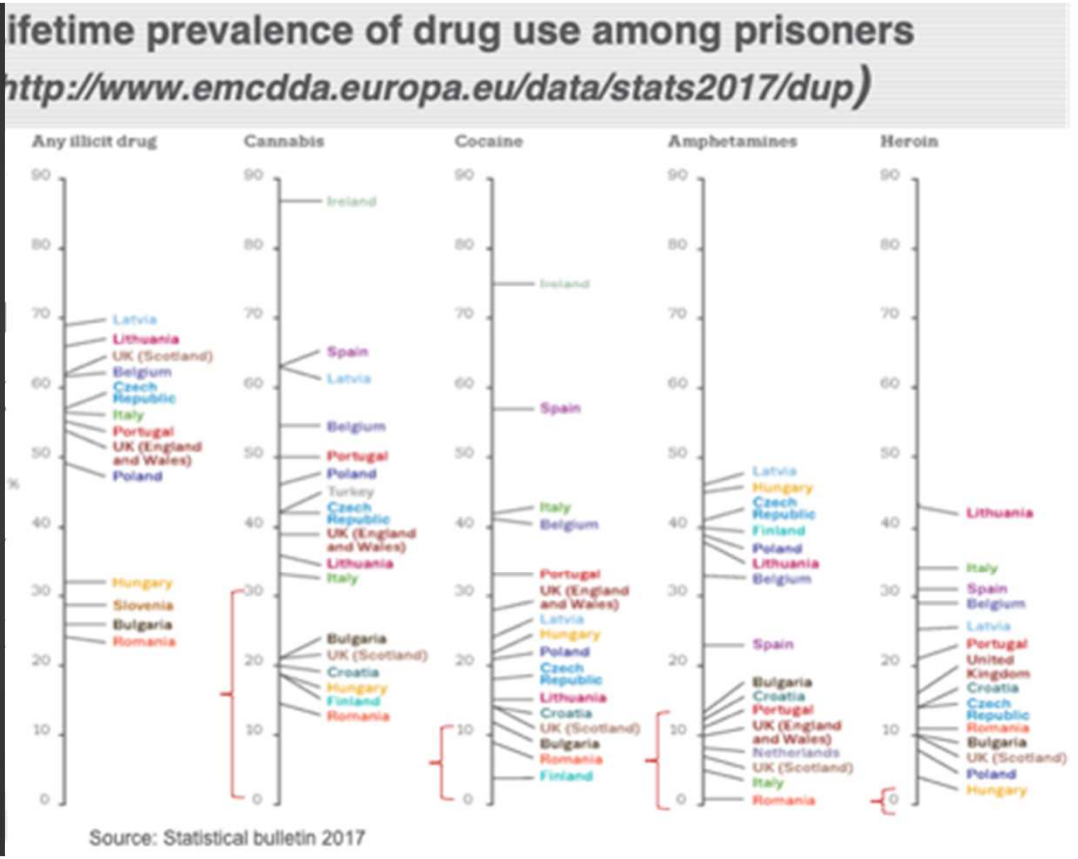
- Being a prisoner is not a status, the patient is “a person in detention” (in France we say: person “sous main de justice”), to use PWUD
- Prison is a part of the community, not a different world
- Equality and Equity are a mission for all healthcare professionals; care and harm reduction are a public health issue
- Addictology ~~in~~ (but) and prison
- Multiple scenarios : People may enter with their addictive or practice problem, can start using in prison, may get worse in prison and will continue after prison.
- Prison is not a place of care, but a place who care in its place, and can be opportunity pour some persons.

Addictology

- Prison: overcrowding, high risks of airborne and bloodborne diseases, *precariousness*, illicit drug use, unsafe injecting practices, tattooing with contaminated equipment, violence, rape and unprotected sex,
- Response to the patients' needs : they differ for men and women, the elderly and the youth, with disabilities or with mental health problems, migrants, minority ethnic….
- Healthcare is not limited to medication, but also encompasses prevention, harm reduction, psychological support, social services and social rights protection.
- Stigma: It's the same person, with the same rights, before, during and after its detention

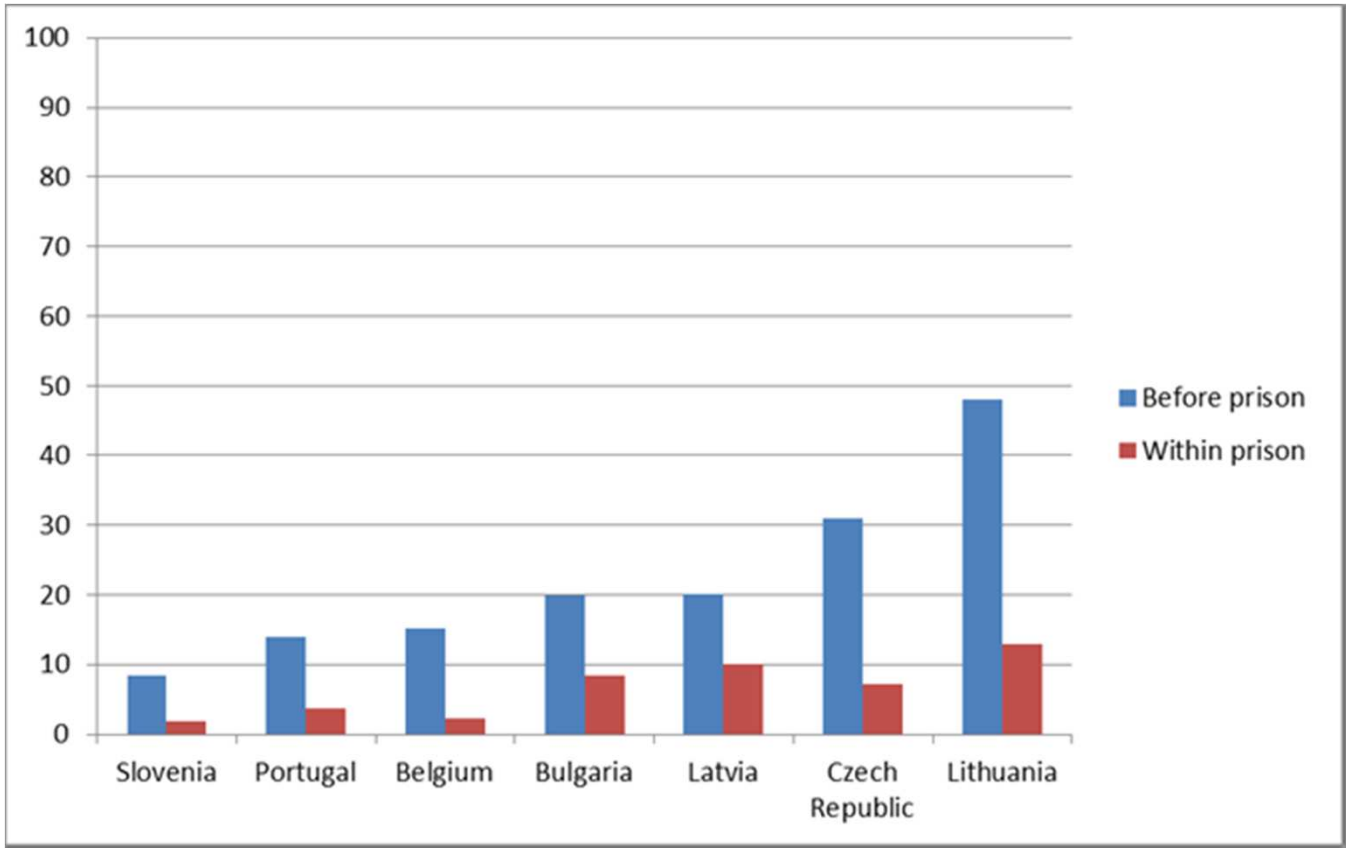
Drug Use in European Prison





1Stöver & Michels (2010): Drug use and opioid substitution treatment for prisonersIn: Harm Reduction Journal 2010, 7:17; **2**Source: Council of Europe-SPACE I, Table 7;**3** Fazel et al. (2006); **4** Hedrich et al. (2012); **4** Stöver & Kastelic 2014, 5.Stöver 2016

Drug injecting before and within prison in 7 countries (2006-2015)

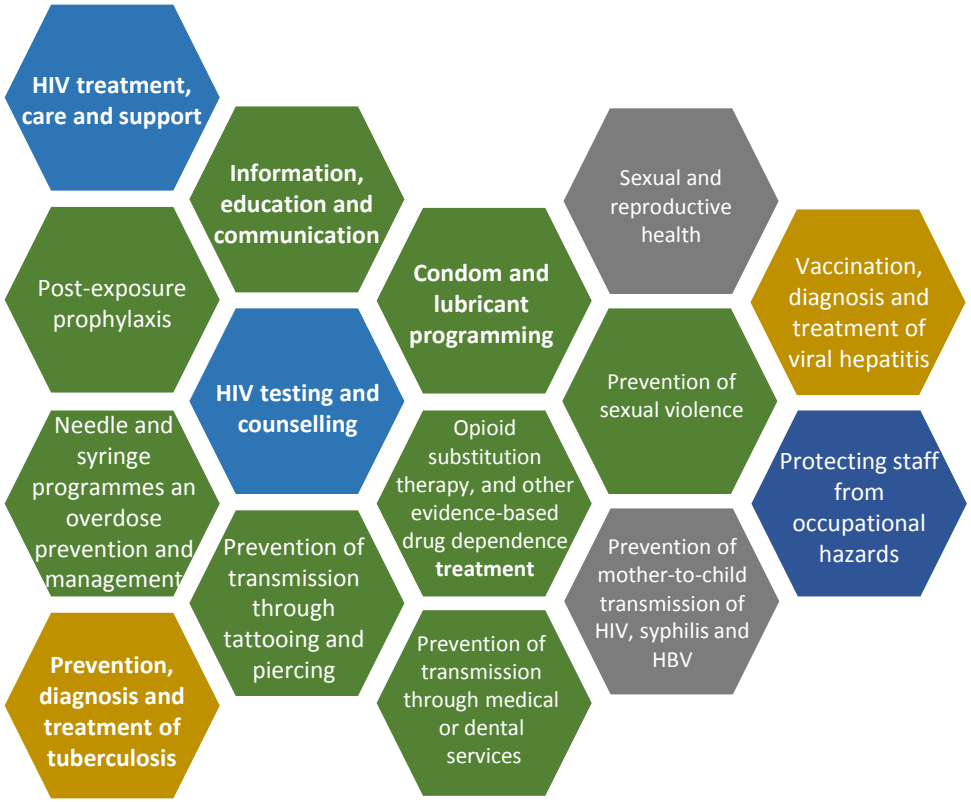


Source: EMCDDA 2019 - ST.12

High rates HIV and hepatitis among persons in detention

	General Population EU	Prevalence EU Prison With wide variation between countries	France Prison
Hepatitis C	0,3 to 3% Hepatoweb	4,3 to 86,3% Ecdc	7 %
Hepatitis B	0,2 to 5% Hepatoweb	0,3 to 25,2% Ecdc	
HIV	5,9 per 100000 Ecdc	0,2 to 15,8% Ecdc	2 % Prevacar
Active Tuberculosis	13 to 90/100,000 Elsevier/EM	163/1OO.OOO p Ecdc	107/100.000p BEH

Comprehensive Package of Interventions: HIV prevention, testing, treatment, care and support in prisons and other closed settings



Prevention of HIV and HCV

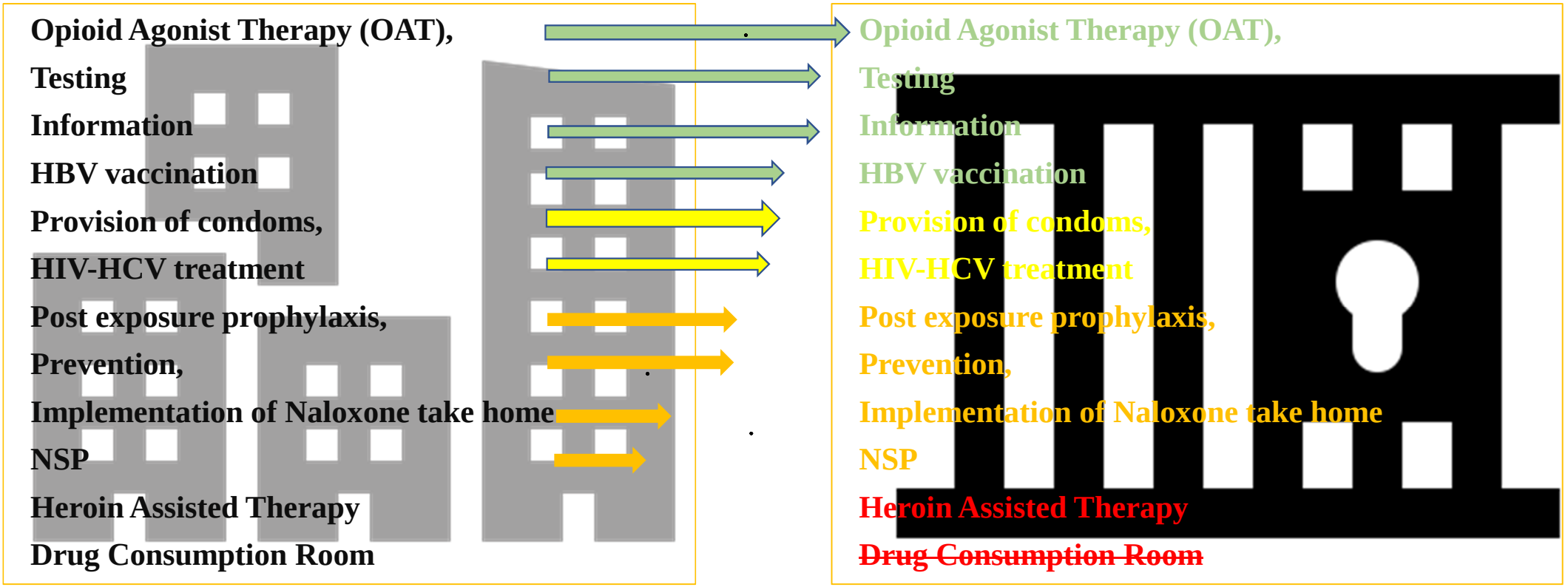
HIV diagnosis and treatment

Prevention, diagnosis and treatment of hepatitis and TB

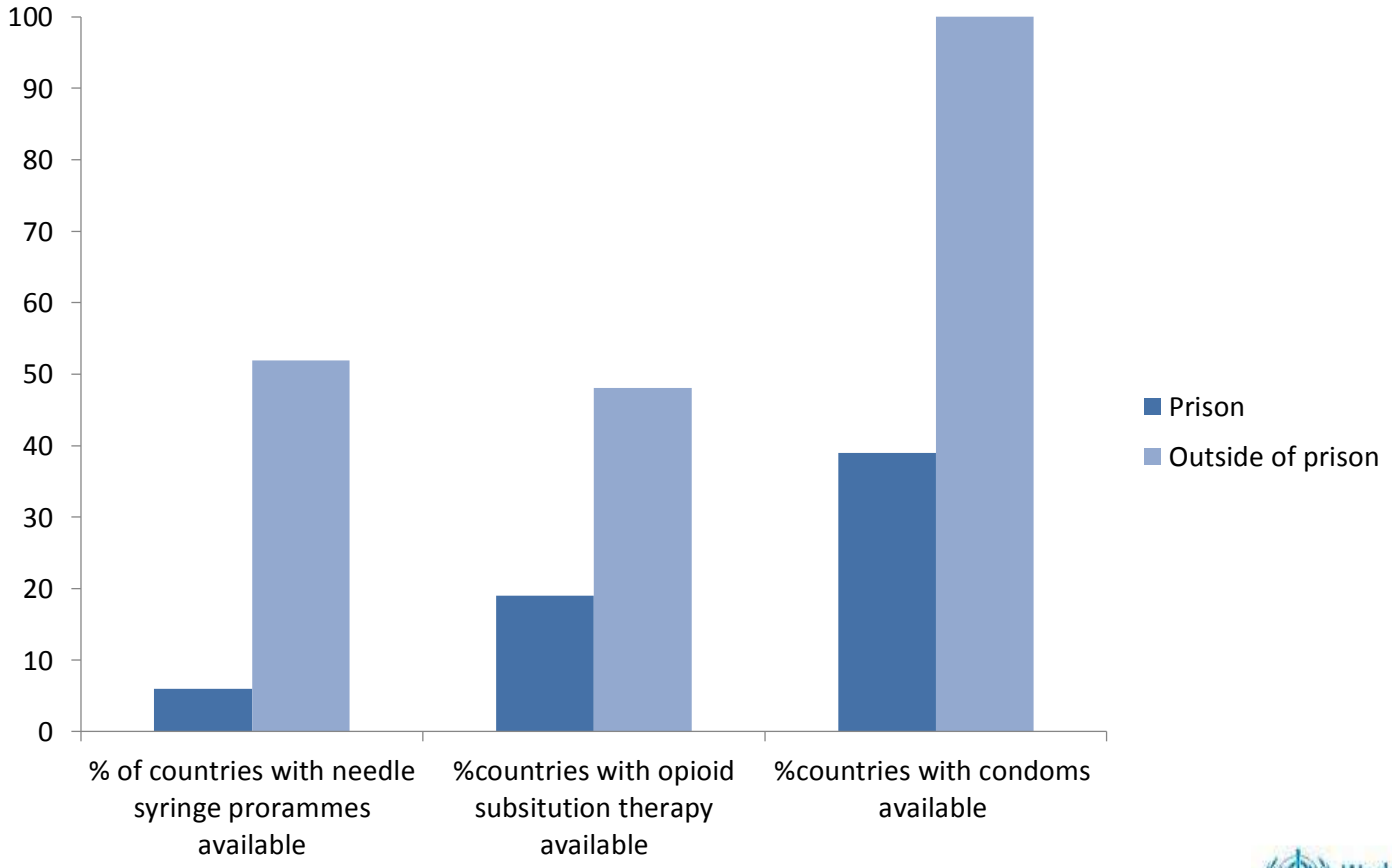
Gender responsive services

Occupational safety and health

Harm Reduction



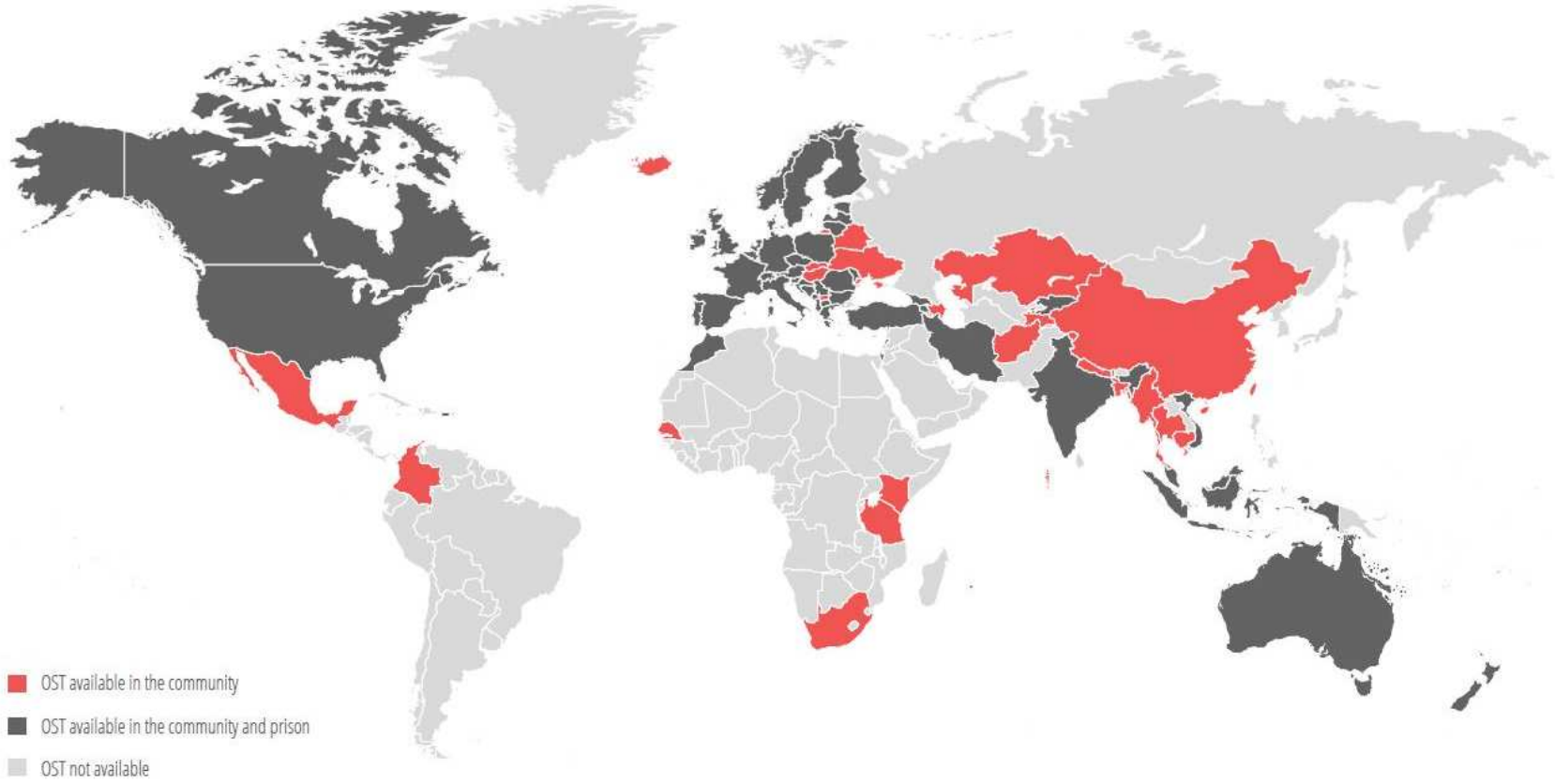
Lack of availability of prevention in prisons



*Country reported GAM data 2017; Larney et al Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review Lancet Glob Health 2017; 5: e1208–20

World Health Organization

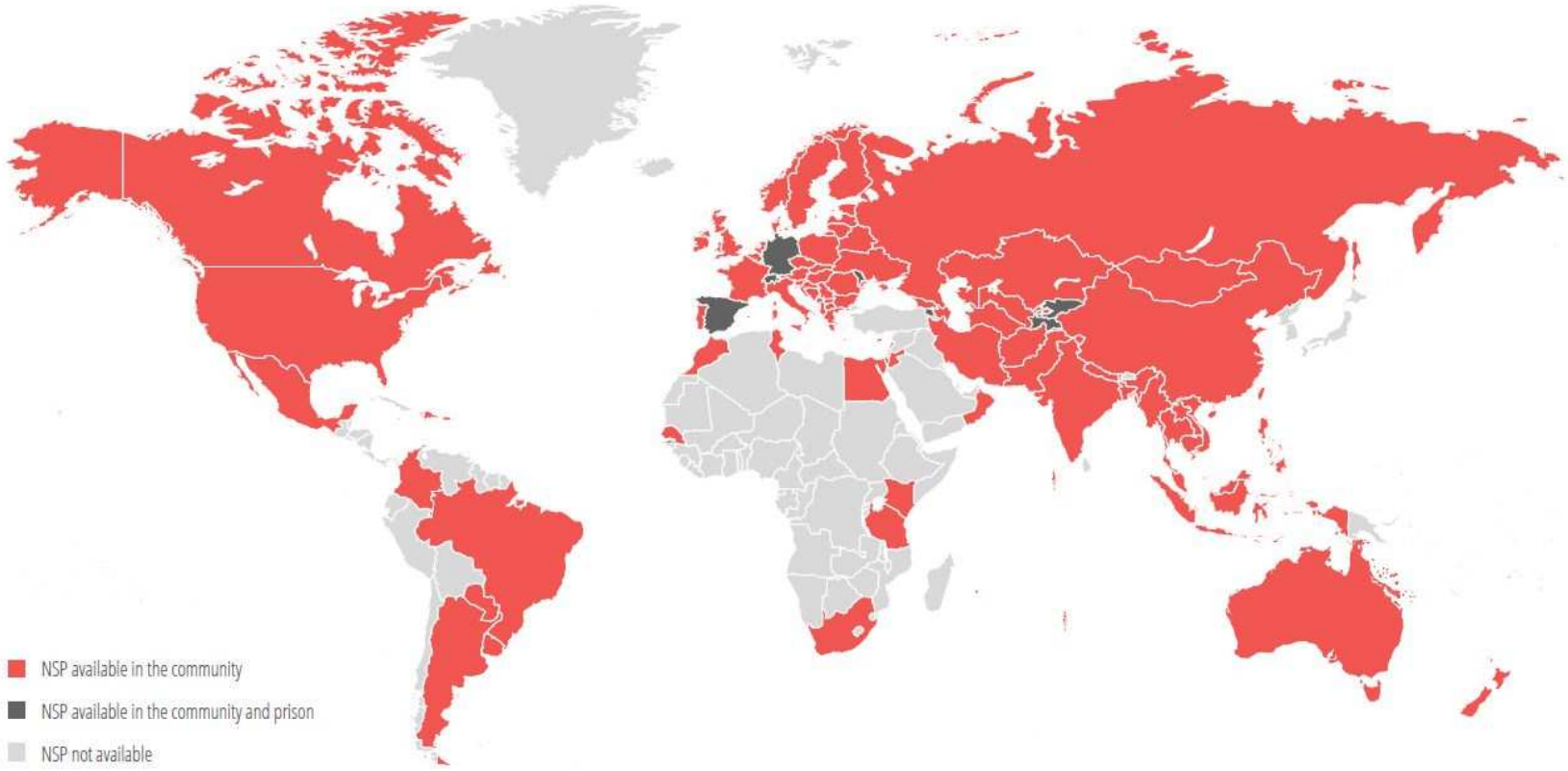
Access to OAT in the community and in prison



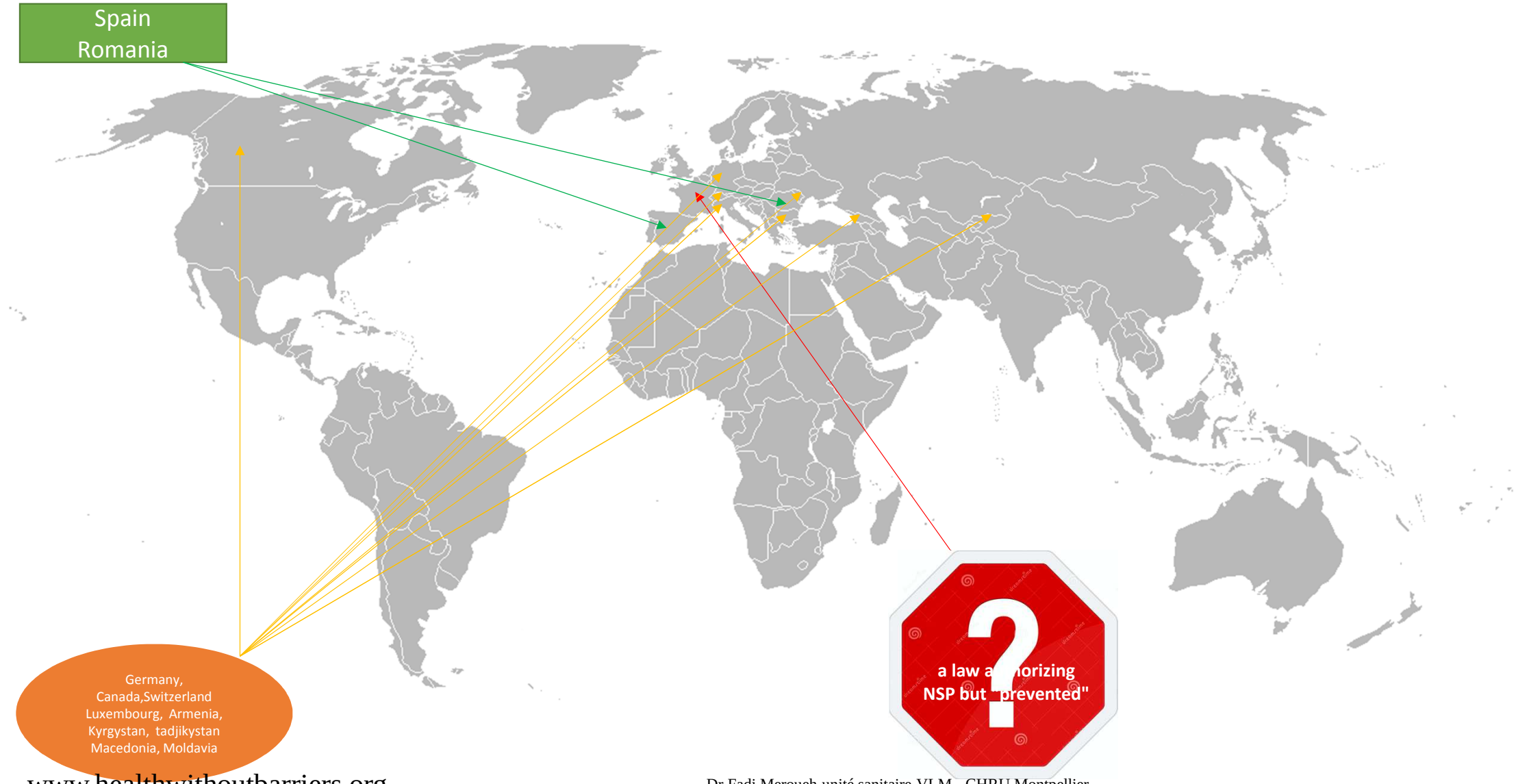
Harm Reduction International, The global state of harm reduction 2016

www.healthwithoutbarriers.org

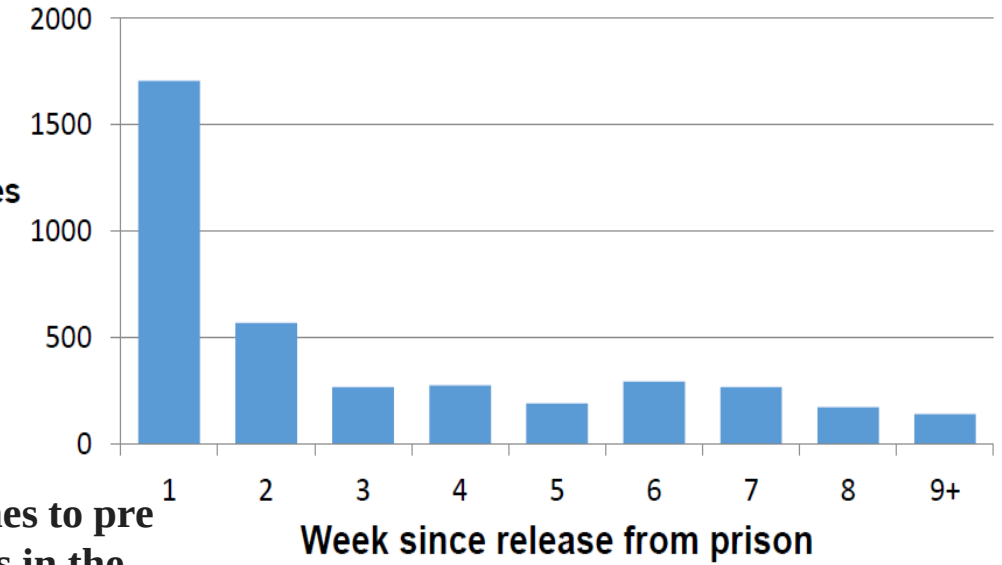
Global availability of NSP's in the community and in prisons



Harm Reduction International, The global state of harm reduction 2016


Spain
Romania
Germany,
Canada,Switzerland
Luxembourg, Armenia,
Kyrgystan, tadjikystan
Macedonia, Moldavia
a law a horizing
NSP but "prevented"

Mortality after prison release for drug users

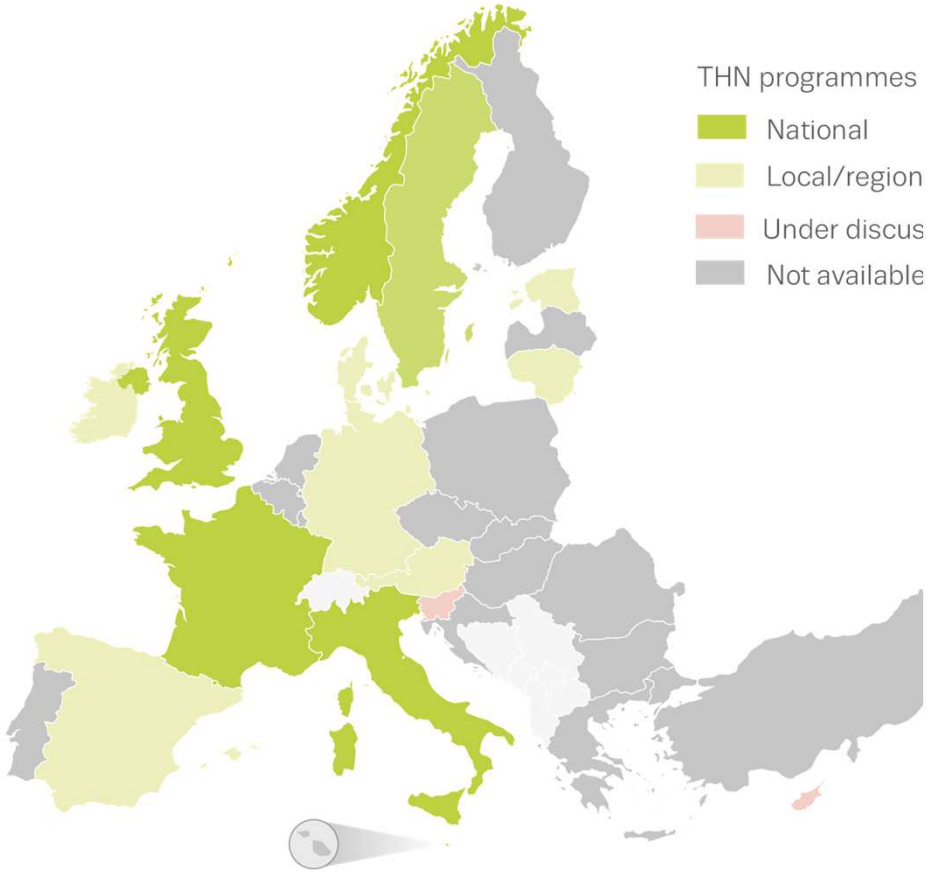


“My first 48 hours out” – comprehensive approaches to pre and post prison release interventions for drug users in the criminal justice system”

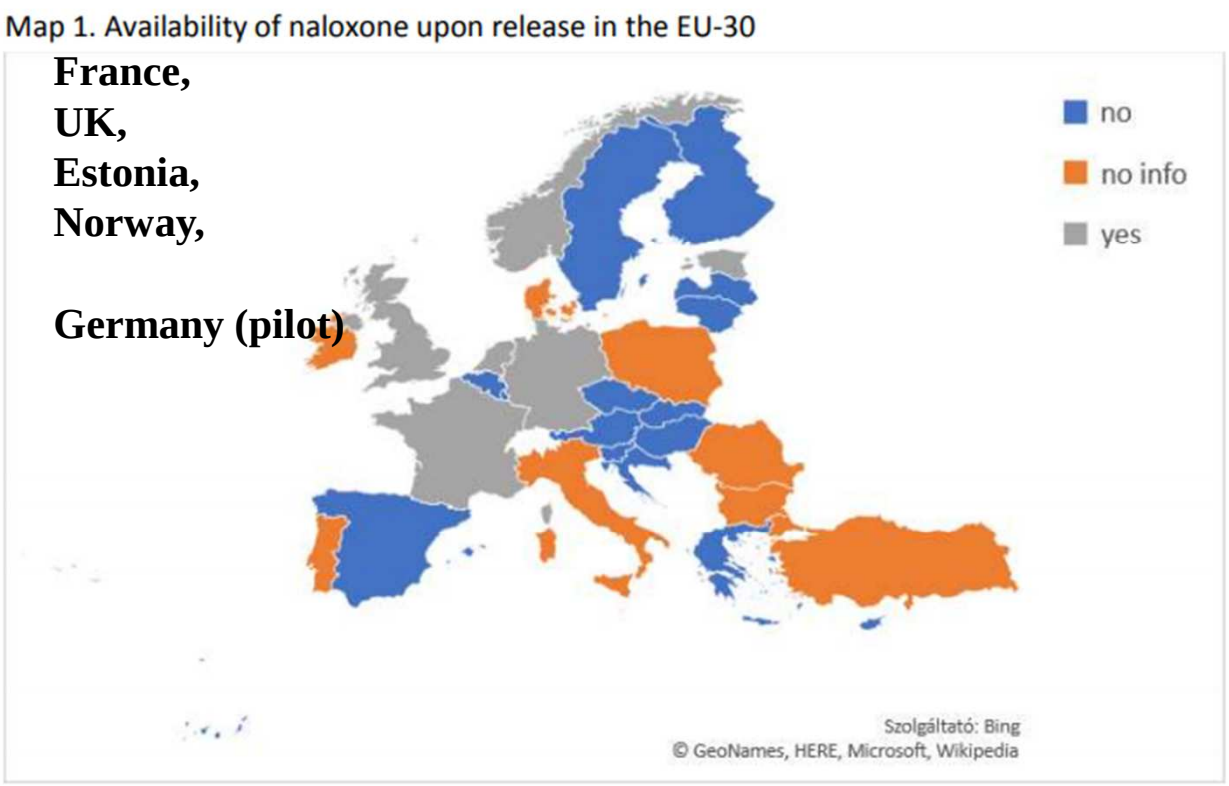
Binswanger, et al. Annals Internal Medicine 2013

Source: Farrell and Marsden, 2008; Merrall et al., 2010; Bukten et al., 2017

Take Home Naloxone



THNaloxone on release



At VLM

Provision of condoms

Information

Opioid Agonist Therapy (OAT)

Continuity and initiation

Post exposure prophylaxis

HIV-HCV treatment

Testing

HBV vaccination

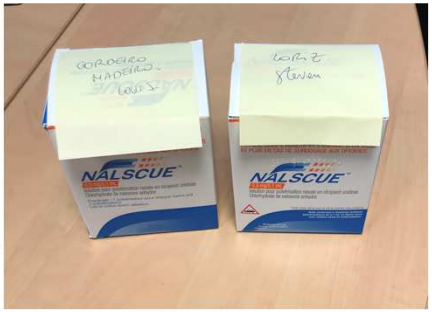
Prevention:

Support group

Corporal expression workshop

Other « Safe use devices »

NSP



Implementation
of Naloxone take home

Follow up after release: Linkage to care

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Stoptober

THIS TIME IT'S PERSONAL!

Human Rights Charter of Health without Barriers, the European Federation for Prison Health

June 2019

Prisons can be detrimental to health and wellbeing. There is a higher prevalence of complex chronic health conditions, behavioral health risk factors (such as substance use disorders and insufficient social supports) among prisoners, than in the non-incarcerated population. The nature of incarceration makes prisoners fully depend on the correctional authorities for timely access to health-care services.[1] Any administrative error, omission or act of the authorities can have a critical impact on prisoners' health. Therefore, prisoners are a vulnerable group whose protected right to health care must fall under the core obligations of States[2].

Health-care staff who work in prisons play a crucial role in the optimization of the health and wellbeing of prisoners. They have the duty to provide prisoners with preventive and curative physical and mental health services of the same quality and standard to those afforded to patients who are not imprisoned or detained.[3] Correctional authorities should always follow the medical advice and recommendations of health-care staff working in prisons regarding timely access to an appropriate level of health care services.[4]

However, health-care personnel in prisons are at risk of facing dual loyalties and other ethical dilemmas. Their duty to care for their patients may enter into conflict with the correctional authority's duty to ensure security and prison management.

We, the members of *Health Without Barriers (HWB). European Federation for Prison Health*, hereby reaffirm *The Oath of Athens* of the *International Council of Prison Medical Services* (1979)[5]. We refer to the core ethical obligations of health-care staff working in prisons:

1. To abstain from authorizing or approving any form of punishment.
2. To abstain from participating in any form of torture and inhuman or degrading treatment or punishment.
3. Not to engage in any form of human experimentation, clinical trials or other health research amongst people in prisons without their free and informed consent.
4. To respect the confidentiality of any information obtained in the course of their professional relationships with incarcerated patients.
5. Not to let any non-medical matters take priority over their medical judgement, but to base the latter on the needs of their patients only.

As an organization, *Health Without Barriers* is committed to contributing all of our available means to ensure that the health-related human rights of prisoners are duly respected, protected and fulfilled.

[1] WHO/Europe (2013). Good governance of prison health in the 21st century. A policy brief on the organization of prison health (http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf?ua=1).
[2] CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000 (Contained in Document E/C.12/2000/4). See para. 43 (a) (http://www.ohchr.org/Documents/Issues/Women/WRGS/Health/GC14.pdf , or http://www.un.org/documents/ecosoc/docs/2001/e2001-22.pdf).
[3] Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture, and other cruel, inhuman or degrading treatment or punishment. United Nations General Assembly Resolution 37/194. New York, United Nations, 1982 (http://www.un.org/documents/ga/res/37/a37r194.htm).
[4] European Court of Human Rights (2015). Thematic Report Health-related issues in the case-law of the European Court of Human Rights. Chapter IV. Health of Detainees. A. Introduction (pp. 13). (http://www.echr.coe.int/Documents/Research_report_health.pdf).
[5] The Oath of Athens. International Council of Prison Medical Services, 1979 (http://www.medekspert.az/en/chapter1/resources/The Oath of Athens.pdf); see also:
The Oath of Athens. International Council of Prison Medical Services, 1979. In: Revision of the United Nations Standard Minimum Rules for the Treatment of Prisoners. Open Ended Intergovernmental Expert Group on the Standard Minimum Rules for the Treatment of Prisoners. UNODC/CCPCJ/EG.6/2014/INF/2. See: Footnote 26, p. 11 (http://www.unodc.org/documents/justice-and-prison-reform/EGM-Nov2014/V1404_Brazil_Note_2014/V1404813_English.pdf)

In particular and in line with the *European Prison Rules (EPR)*[6], *the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment of Punishment (CPT)*[7] *and the UN Nelson Mandela Rules (NMR)*[8], *Health Without Barriers* promotes the following basic principles of quality prison healthcare:

1. *State responsibility:* Health care for people deprived of liberty is State responsibility.
2. *Access to care*: All detained people shall have timely access to medical care at all times and free of charge.
3. *Equivalence of care*: Prison health care services should provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation or any other necessary services, in conditions and with standards comparable to those experienced by non-incarcerated patients, based solely on the medical needs. Medical, nursing and technical staffing, as well as premises, installations and equipment, should be geared and updated accordingly. States must ensure that all prisoners, irrespective of their legal status, background of migration, nationality, religion, and socio-cultural background can access such health care on an equal basis, by providing all necessary resources such as interpretation services or training for health care staff in appropriate methods of interaction in a setting marked by diversity.[9]
4. *Patient's consent and confidentiality*: Informed consent and respect of confidentiality are fundamental rights. They are essential to an atmosphere of trust, which is an inherent part of the doctor/patient relationship, especially in prisons, where a prisoner cannot freely choose his or her own doctor.
5. *Prevention of disease and violence*: The task of prison health care services should not be limited to treating sick patients. It should also be entrusted with the responsibility of optimizing social and preventive medicine and contributing to the prevention of violence against people in prisons through the systematic recording of any signs of ill-treatment and, without exposing any persons concerned to any foreseeable risk of harm and, preferably, with the consent of the prisoners concerned, the provision of a report to the competent medical, administrative or judicial authority. [10]
6. *Humanitarian assistance*: Prison health care services should pay special attention to particularly vulnerable categories of prisoners with special needs such as women, children, adolescents, the aged, those with seriously life-limiting illness, those with mental or physical disabilities or prisoners with complex health conditions that hamper their rehabilitation or challenge their dignity during incarceration.
7. *Professional independence*: In order to ensure that their single duty – providing quality care for their patients – is not challenged by external competing considerations or loyalties, health care staff working in prisons should always be professionally independent of law enforcement or judicial authorities and should be professionally aligned as closely as possible to national or federal health authorities.
8. *Professional competence*: Prison doctors and nurses should possess specialised knowledge enabling them to deal with the particular forms of prison pathology and they should adapt their treatment methods to meet the standards expected outside of prison to the best of their ability despite the constraints imposed by detention. They should have access to (and compensated time to participate in) continuing medical education to ensure that they are practicing the most up-to-date medical care. Prison health-care staff should also be properly trained in human rights and medical ethics.

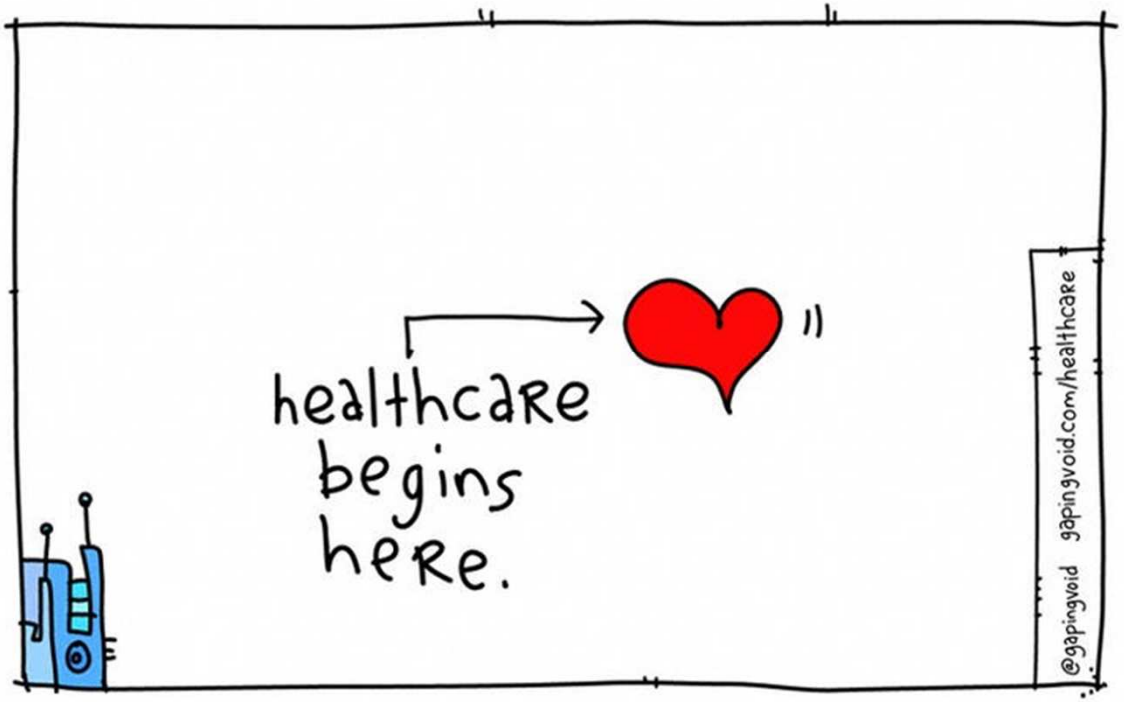
Health Without Barriers HWB. Human rights working group: Co-Chairs: Prof. Hans Wolff, Switzerland, Stefan Enggist, Switzerland. Members: Prof Robert Greifinger, USA, Dr Fadi Meroueh, France, Dr Roberto Monarca, Italy, Prof Jörg Pont, Austria, Dr Fabio Sternberg, Spain, Prof Heino Stöver, Germany, Prof Brie Williams, USA

[6] Recommendation Rec(2006)2 of the Committee of Ministers to member states on the European Prison Rules. Strasbourg, Council of Europe, Committee of Ministers, 2006 (https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805d8d25)
[7] CPT Standards. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment of Punishment (CPT). Strasbourg, Council of Europe, 2015 (CPT/Inf/E (2002) 1 - Rev. 2015.) (http://www.cpt.coe.int/en/documents/eng-standards.pdf)
[8] United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). United Nations General Assembly Resolution A/RES/70/175, New York, 17. December 2015 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/175)
[9] Recommendation CM/Rec(2012)12 of the Committee of Ministers to member States concerning foreign prisoners. Strasbourg, Council of Europe, Committee of Ministers, 2012
(https://wcd.coe.int/ViewDoc.jsp?p=&Ref=CM/Rec(2012)12&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383&direct=true)
[10] Cf. footnote 7; Cf. footnote 8 (NMR 34)

Conclusion

- In medicine, public health has introduced the notion of risk reduction in cardiology, pneumology, oncology, hepatology...Why not for Drug users?
- Our Ethic: Save Lives
- For the equity and aquality, let’s build bridges between prison and community and not walls

OBRIGADO FOR YOUR PATIENCE



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