Prevention of viral hepatitis in prison settings through harm reduction

Overview

Opioid agonist therapy (OAT) and other harm reduction measures, including needle and syringe programmes (NSP) and naloxone, play a central role in preventing viral hepatitis and injecting-related harm within prison settings. OAT helps manage opioid substance use disorders, reducing injecting drug use and the risk of hepatitis transmission. NSPs provide sterile needles and syringes, minimising the spread of hepatitis C virus and other blood-borne infections among people in prison who inject drugs. Naloxone can save lives by swiftly reversing opioid related overdoses. Together, these interventions significantly contribute to public health efforts to tackle viral hepatitis and drug-related harms within prison populations.

Opioid Agonist Therapy (OAT)

Opioid agonist therapy (OAT) can also be known as opioid agonist maintenance therapy (OAMT), opioid substitution therapy (OST) and medication-assisted treatment (MAT). OAT is an intervention that is known to be effective in the treatment of opioid use in community settings and the benefits in prison have also been found to be similar to those in the community. Moreover, evidence indicates that uptake of OAT in prison, and continuation after release protects against drug-related deaths and is also effective in targeting infectious diseases.

How it works

With OAT, the person takes medication that reduces cravings for opioid drugs and prevents withdrawal. The most common forms of OAT used in the community across Europe are methadone and buprenorphine – these are long-acting opioid drugs that are used to replace the shorter-acting opioids the person is taking. 'Long-acting' means that the drug acts more slowly in the body, for a longer period of time. By acting slowly, it prevents withdrawal for 24 to 36 hours and reduces opioid cravings.

OAT in prisons

OAT can be used in prisons as part of drug treatment for individuals who are assessed as having an opioid dependence problem. Individuals already on OAT before entering prison should be able to continue with treatment. OAT may also be initiated in prison, and should then be continued upon release, through the establishment of links with outside community services. There is evidence to suggest that providing OAT during incarceration reduces injecting risks and increases engagement with community treatment after release from prison (ECDC/EMCDDA, 2023).

Data collected by the European Union Drugs Agency (EUDA) indicate that among the EU Member States (plus Norway and Turkey), 28 of the total 29 countries offered OAT continuation from the community upon entry into prison (only Slovakia does not have OAT); 24 countries could initiate OAT in prison; 23 could offer the possibility of continuing OAT after transitioning from prison to the community and 14 had prison/community guidelines for OAT (EMCDDA, 2021).

Continuity of care when entering and leaving prison is a key issue for those undergoing OAT as even short gaps in treatment may trigger relapse into illicit opioid use and this increases the risk of overdose and/or transmission of hepatitis C virus (HCV) infection. Current evidence supports the provision of OAT in prison, particularly if continued in the community through appropriate referral to community services, in order to reduce mortality after release. However, access to OAT in European prisons and the continuity of OAT when transitioning into the community is still lacking in some European countries.

Needle and Syringe Programmes (NSPs)

Needle and syringe programmes (NSPs) are also known as syringe service programmes, needle exchange programmes, and syringe exchange programmes. These are services that allow people to access sterile equipment for injecting drugs (e.g. needles, syringes, and drug preparation equipment) to prevent the risk of infection. There is good evidence that NSPs are effective in reducing injecting risk behaviour. The provision of sterile injecting equipment, including a sufficient supply of sterile needles and syringes, should be provided as part of a combined approach through the implementation of harm reduction, counselling and treatment programmes. NSPs should also provide safe disposal for used injecting equipment and education on safer drug use and injecting practices.

NSPs in prisons

Only three European countries (Germany, Luxembourg and Spain) have NSPs in prisons. While there is only tentative evidence suggesting that NSPs are effective in reducing HCV transmission in prisons, it is recognised that the evidence base may be hampered by structural barriers, such as access of researchers to prisons and acceptability among prison staff (ECDC/EMCDDA, 2023). There is broad consensus that despite the lack of evidence base, principles of equivalence of care should apply, and implementation of prison NSPs is recommended (ECDC/EMCDDA, 2023).

Naloxone

Naloxone, an opioid overdose reversal medication, is widely used in European hospital emergency departments and by ambulance staff. Its accessibility saves lives by swiftly reversing opioid overdoses, which prevents fatalities.

Naloxone in prisons

Naloxone is reported to be available for take home after release from prison in seven EU countries as part of comprehensive harm reduction strategies. There is evidence that take-home naloxone is effective in preventing overdose deaths Minozzie et al, 2015) and the EU Justice Programme has developed an implementation guide to support its use at the time of release from prison (Horsburgh, 2018).

Naloxone is important in safeguarding the health and well-being of individuals in prison settings, contributing significantly to the overall management of viral hepatitis in European prisons.

Combined harm reduction interventions

Whenever possible, interventions should be combined to achieve synergistic effects. Evidence from various modelling studies indicates that the biggest reduction of HCV and injection risk behaviour can be achieved by providing both high coverage of NSP and OAT (ECDC/EMCDDA,

2023). It is likely that additional services, such as disease treatment and vaccination, offered in combination with NSP and drug dependence treatment, would further prevent disease transmission among people who inject drugs.

References

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