

COMPREHENSIVE HARM REDUCTION TO REDUCE VIRAL HEPATITIS AND HIV TRANSMISSION IN PRISON

WHY DID WE ESTABLISH THIS MODEL?



During the 1980s and 1990s, eight out of ten people being admitted to prison in the region reported using drugs.



At that time, prevalence of HIV, HBV and HCV was also high in the prison population, with 40% HCV prevalence and 20% HIV (90% coinfected with HCV).



Subsequently, great efforts were made to enhance prevention and harm reduction programmes.

WHO ACCESSES OUR SERVICE?



- The programme is offered to all individuals with substance use disorders admitted to prison.
- All individuals admitted to prison are tested for infectious diseases, including HIV and viral hepatitis. Patients with HIV infection or with HCV chronic infection are offered treatment. It is important to conduct monitoring to track testing and treatment rates.

HOW IS IT FUNDED?



The programme is 100% publicly funded by the Ministry of Interior. No costs are incurred by individuals who use the services.

The harm reduction package is offered to all people in prison with a substance use disorder, with the goal of reducing the transmission of HIV and viral hepatitis.

WHAT IS THE MODEL?



ADMISSION

Individuals who are admitted to prison are assessed for substance use disorders as part of their initial health visit.



HARM REDUCTION PACKAGE

If someone is identified as having a substance use disorder, they are offered a harm reduction package to suit their needs.



NSP AND OAT

People who wish to continue drug use are offered harm reduction measures depending on the substance, such as access to the needle and syringe programme (NSP) or opioid agonist treatment (OAT). Methadone, buprenorphine and naloxone are available.

DETOXIFICATION

For those who are interested in discontinuing drug use, a detoxification programme is offered. It includes counselling, periodic urine tests, optional group meetings and individualised consultations.



MULTIDISCIPLINARY CARE TEAM

The programme includes a psychological and social treatment pathway coordinated by a multidisciplinary team (educators, psychologists, social workers, and staff of NGOs). The NGO staff provide a bridge between the prison and the community.



CONTINUITY OF CARE ON RELEASE

At the time of release, prisoners are referred via direct communication with the health centre in closest proximity to where they will live. Referral letters are also provided to the patient to promote continuity of OAT and any other treatments. Continuity of care and support for individuals who have discontinued drug use is also facilitated, through the NGO staff.

WHO DELIVERS OUR SERVICES?

Prison Health Services



1
MEDICAL
DOCTOR



5
NURSES



5
HEALTH
ASSISTANTS

Harm Reduction Services*



1
MEDICAL
DOCTOR



1
NURSE



1
ADMINISTRATIVE
WORKER

**With the support of one psychologist and one educator. A lawyer offers support where required.*

MONITORING THROUGH INDICATORS



There are a set of key performance indicators to evaluate the efficacy of the harm reduction programme.



We monitor the rate of new HCV and HIV infections/reinfections occurring in prison.



No recent seroconversions have been observed in prison, with the exception of a few individuals returning from periods of short leave or having been reincarcerated.

ADDITIONAL SERVICES



Throughout the duration of their stay, individuals are also offered:

- Health education programmes led by the nursing team
- Annual BBV testing
- Psychological and social support developed by the NGO staff
- Treatment of other infectious diseases
- Treatment and care for other health issues.

“Prison health is very important to the public health of the wider community in relation to the prevention, control and treatment of viral hepatitis and other infectious diseases.”

WHAT ARE THE OUTCOMES?



20.7%
CONSIDER THAT
THEIR HEALTH IS
BETTER WHEN THEY
ARE IN PRISON*



75.1%
REPORTED CONSUMING
AN ILLEGAL DRUG AT
LEAST ONCE IN THEIR
LIFE - 16.8% IN THE
LAST 30 DAYS

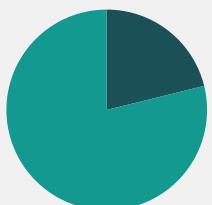


15.3%
REPORTED INJECTING
DRUG USE AT SOME
TIME IN THEIR LIVES+

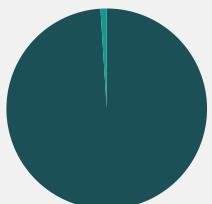
* higher than 15.1% in 2016

+ figure has remained stable over the last 10 years

Needle and Syringe Programme

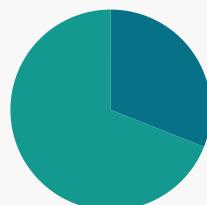


21.2%
of prison population are
aware of the NSP[^]

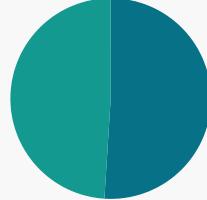


1.1%
of prison population
had used the NSP in
the past month

Drug treatment



31.2%
of prison population report ever
receiving treatment in prison to control
or stop their drug use



50.6%
of prison population who were treated
in the community report continuing
treatment upon entering prison

[^]figure rises to 52.8% amongst the prison population of
people who have injected at some point in their lives

Non-fatal drug overdoses



4.1%
IN PRISON - LOWER
RATE THAN THAT
OUTSIDE OF
PRISON (18.9%)



9.7%[#]
INDIVIDUALS WITH
POSITIVE HCV SEROLOGY
AMONG THE PRISON
POPULATION (OF THOSE
WHO REMEMBER BEING
TESTED AND THEIR
RESULTS)

[#]0.92% with active viral load

IMPLEMENTATION BARRIERS AND SOLUTIONS

BARRIERS



The lack of healthcare staff, in particular of medical doctors and physicians, is the most crucial challenge to the continuity and success of the programme.



Prison health is under the remit of Ministry of the Interior. This is a challenge for transmitting patients' healthcare data to services in the community, hampering continuity of care upon admission and after release.



Follow-up after release for individuals who discontinued drug use was sometimes suboptimal, increasing the likelihood of recommencing drug use.



SOLUTIONS

Improve the working and economic conditions of doctors working in prison to make this type of treatment easier and the jobs more attractive.

A law was passed which transferred the health services that were dependent on the penitentiary institutions to the community, for integration into the corresponding regional health services.

Engaging NGO staff helped to support this process.

TOP TIPS FOR IMPLEMENTATION

1.

Tailor the service to individual needs

The comprehensive package of harm reduction services has been successful in the context of drug availability and drug use in prison, offering tailored services for individual needs.

2.

Employ a multidisciplinary approach

Treatment and prevention measures should target the characteristics of the population, which can be aided by having a multidisciplinary approach and coordination of different agencies.

3.

Keep up to date information

Having data available, in a regular and updated manner, is very useful for budgeting, developing and evaluating interventions, which will benefit the prison population, their families and the population in general.