

**“PENAL ENFORCEMENT SYSTEM: PRESENT
SITUATION AND FUTURE PERSPECTIVES”**

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Reducing Drug Related Crime in European Prisons

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Part I.

Background Information

Background data: Europe

- approx. 1 Mio prisoners per year in Europe
- approx. one third opioid users
- 10–42 % report regular drug use in prison
- 1–15 % have injected drugs while in prison
- 3-26% first used drugs while they were incarcerated
- up to 21% of injectors initiated injecting in prison
- Consistently 90% relapse to heroin use after release

Drug-related infectious diseases in prisons:

The example of Germany

	IDUs	HCV	HIV
Prisons	21,9 - 29,6 %	14,3 - 17 %	0,8 % - 1,2 %
General population	0,3%	0,4% - 0,7%	0,05%
Factor	73 – 98	26 – 32	16 – 24

Key problem: drug use inside and outside prisons

- Purchasing and use of drugs dominates life in many penal institutions
- drug-related deaths, drug-induced cases of emergency, increase in the number of drug users, dealer hierarchies, debts, mixed drugs, drugs of poor quality, incalculable purity of drugs, and risks of infection (HIV and hepatitis), pressure for prisoners and families...
- drug use poses major threat to security and the task of prisons: resocialisation

Staff searching for hidden needles & syringes



Prison as high risk environment

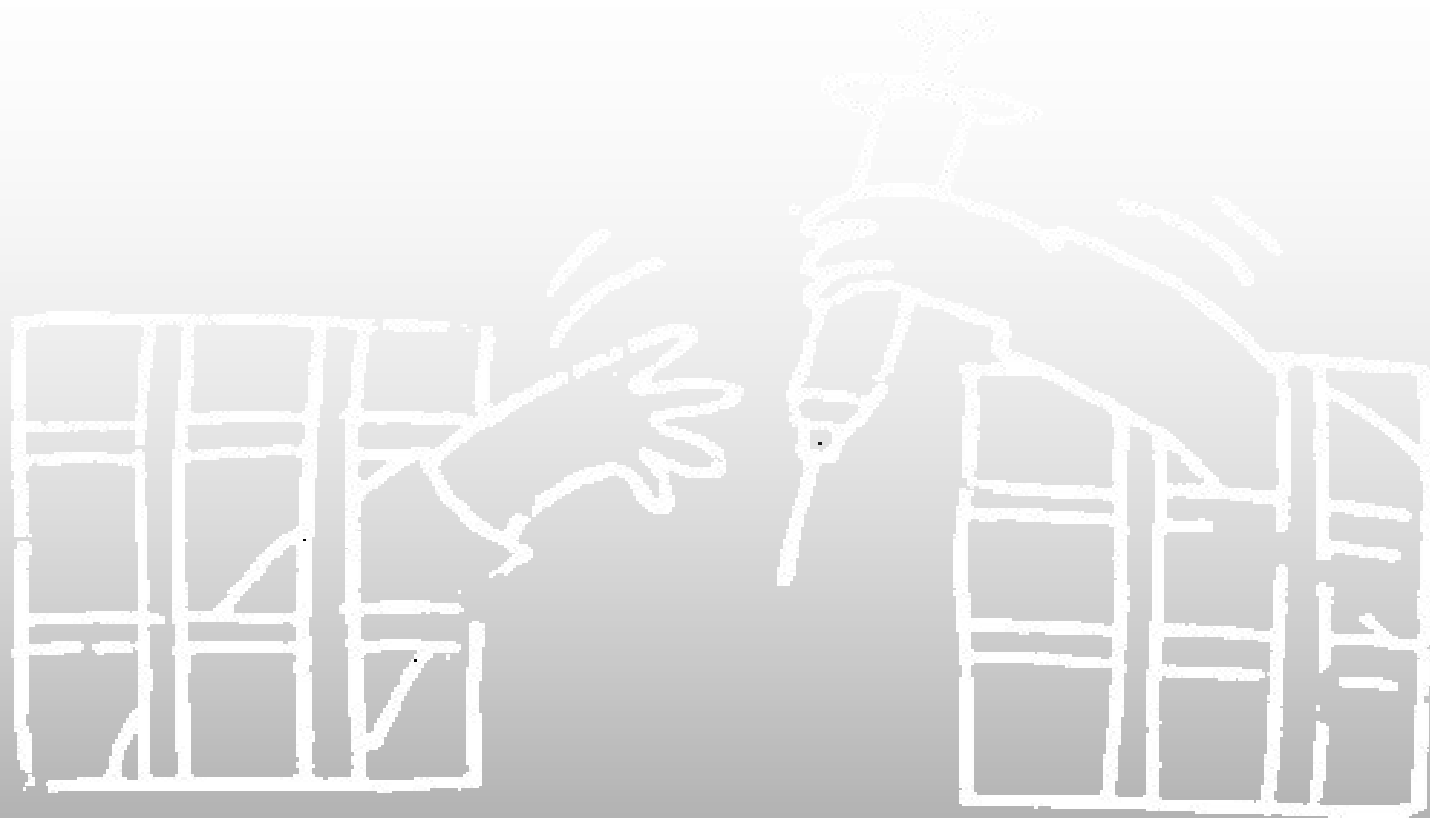
- Loss of health protective means
- High risk of overdose after release
- Self harm over-represented
- Discontinuation of treatment
- (Sexual) violence (rape),
- Prostitution



key problem: Coping with drug use by management & policy makers

■ Denial

- supply reduction basic orientation
- Abstinence oriented measures,
- Organisational strategies (Drug Free Units)
- Ignorance of evidence-based knowledge
 - few academic staff
 - hierarchical system
 - political interests
 - dominance of moral attitudes
- Absence of holistic view towards health and crime risks



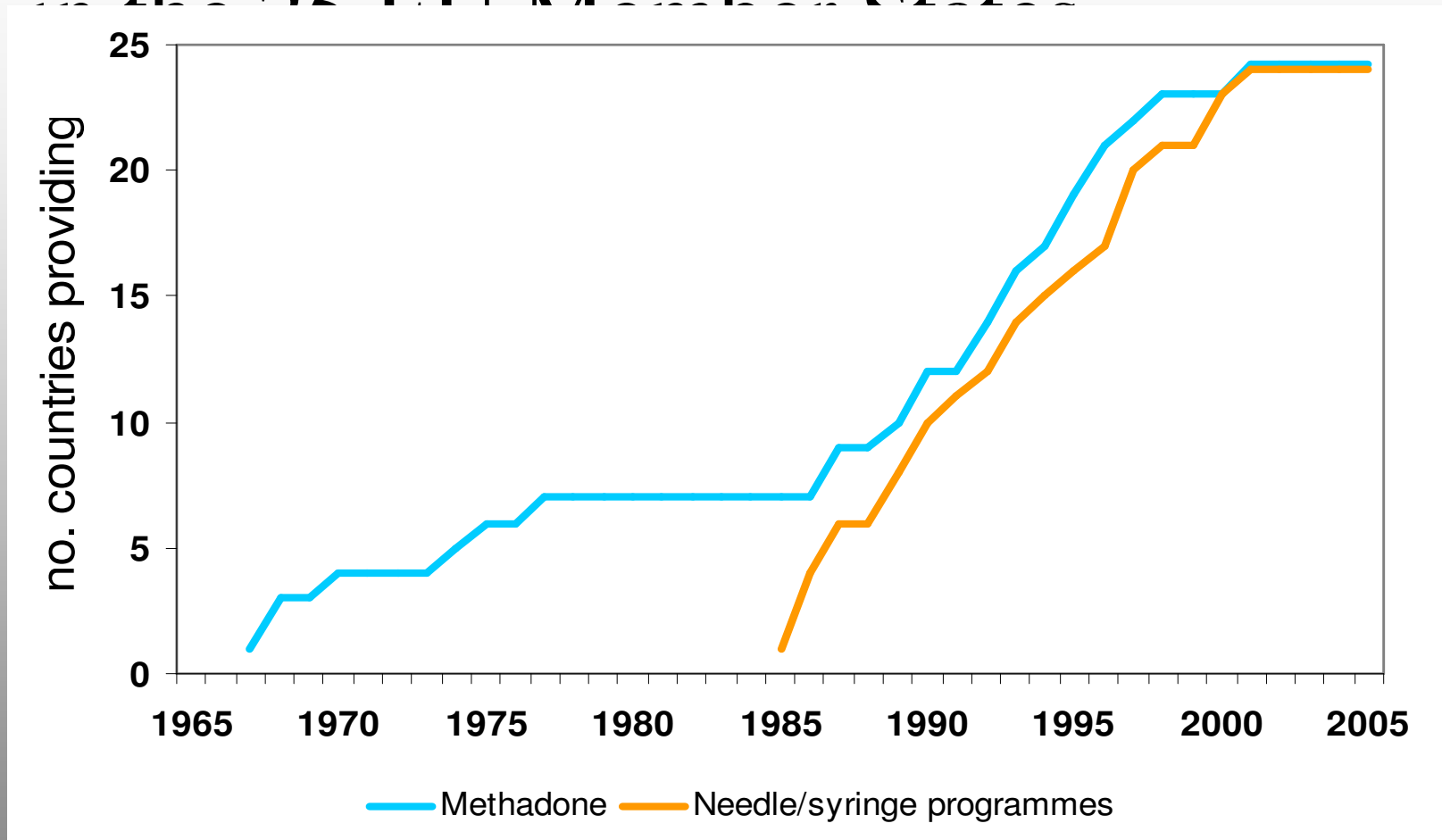
Part II. Responses:

Opioid Substitution Treatment

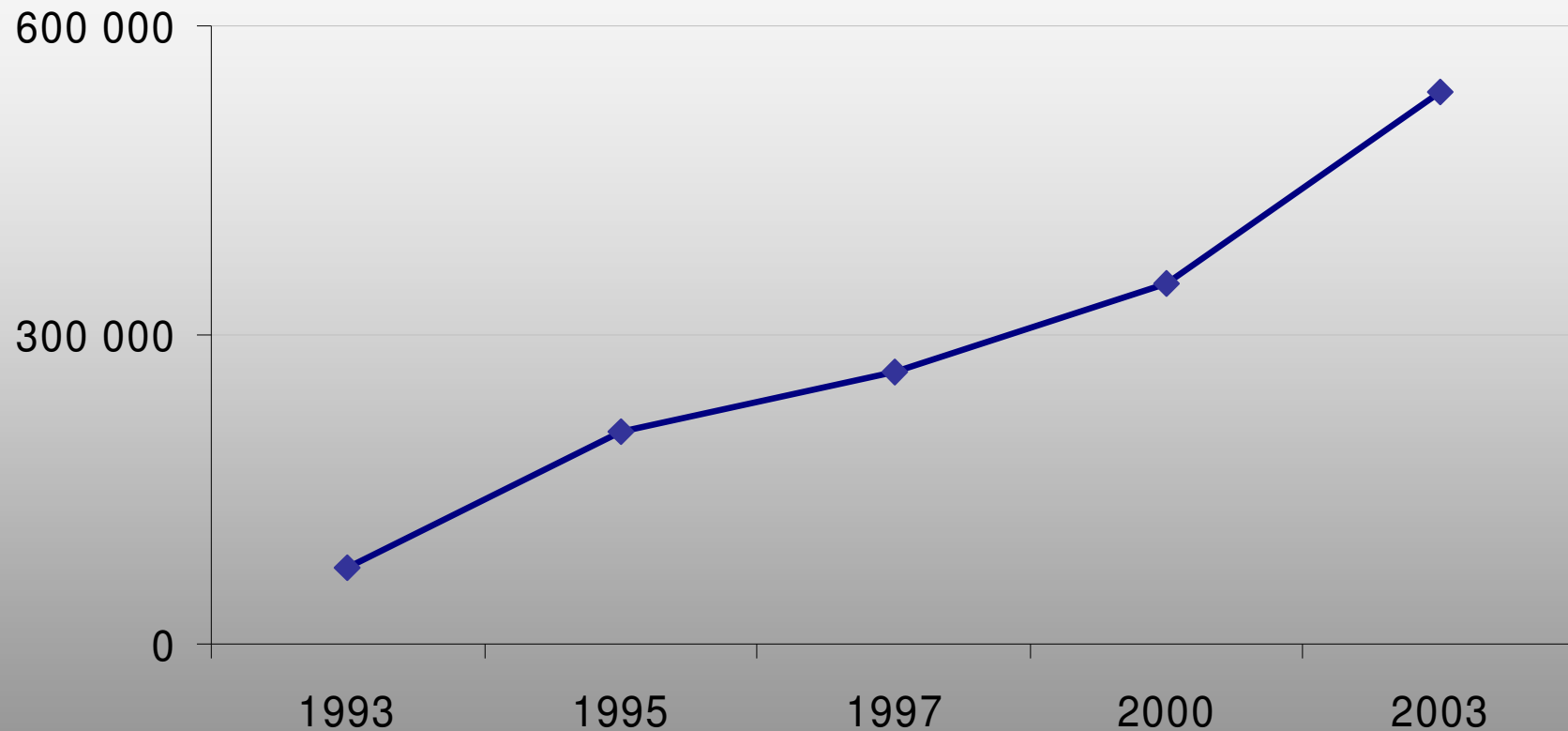
Key problem: lack of understanding of drug dependence

- opioid dependence as chronically relapsing phenomenon necessarily associated with committing crimes
- OST is a means of stabilizing patients and to offer treatment on top

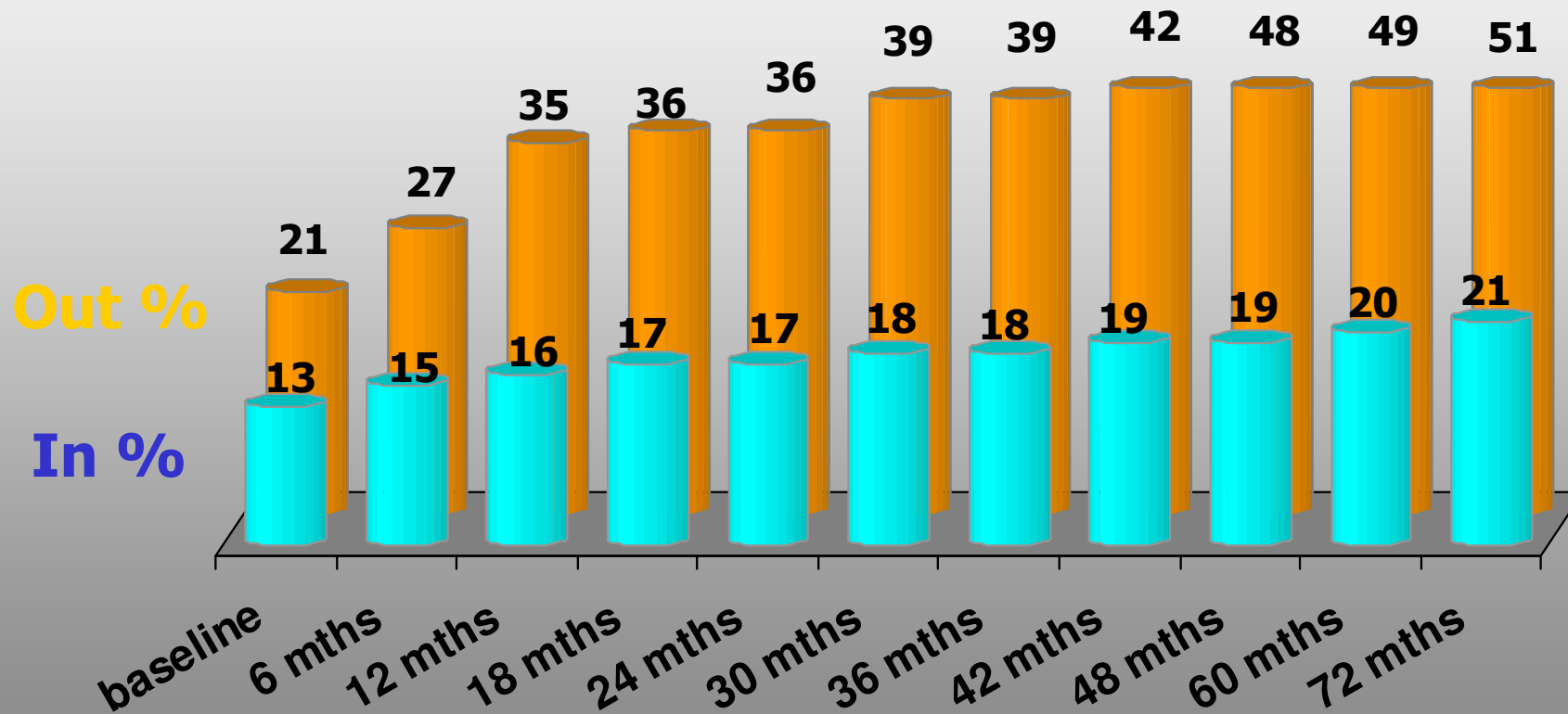
Introduction of methadone treatment and needle and syringe programmes, in 45-25 EU Member States



10-year trend in the number of substitution treatment clients in Europe (EU-15)



HIV Infection Rates in and out of Substitution Treatment (Metzger et al. 1993)



Opioid Substitution Treatment

- ... works also in prisons!
- OST most effective treatment for opioid dependence
- Reduces:
 - level of injecting
 - blood borne viruses transmission
 - drug related prison violence and crime following release
 - recidivism

Emerging issues of OST in prisons (1/2)

- Time lag of 10-15 years of the integration of OST into the prison medicine
- Imprisonment is very likely to result in discontinuation of OST provided in the community
- In many countries OST is provided mostly as a means of detoxification
- 'Treatment gap' to be found

Emerging issues of ST in prisons (2/2)

- ‚Re-toxification‘ in some countries
- Switch of medication (e.g. buprenorphine to methadone)
- Often no adequate dosages
- Coverage poor and patchy: on the average 30% in the community , but in prisons?

Substitution coverage rate in prisons

- **3 countries provided no substitution treatment in prisons (Czech Republic, Greece and Sweden)**
- **< 10%** Poland (0,3%), Finland (1,5%), Germany (3,5%),,
- **< 15%** Italy (12%), Portugal (10-17%), France, Scotland (14%)
- **< 55%** Slovenia (32%), Austria (33%), Ireland (46%), Belgium (50%), Denmark (55%),
- **> 55%** Spain 82% (21,600 from 26,400)
- **Approx. 120,000 problematic drug users in prisons approx. 30,000 receive ST (25%)**

Opioid Substitution Treatment

■ OST in prisons

- facilitates post-release treatment
- decreases re-incarceration
- has positive effects on institutional behaviour
- helps reduce risk of overdose upon release

Treatment for Prisoner AND

Prisons

- Control related issues (e.g. manageability of inmates)
- Calming effects on drug users' institutional behaviour
- The prison system benefits through
 - a reduction of withdrawal symptoms upon admission,
 - a restricted drug trade and
 - increased productivity among prisoners.
- Evidence that continued MMT in prison has a beneficial impact on transferring prisoners into drug treatment after release.

Recent study: “Reduction of Drug-related Crime in Prison...”

- **After the introduction of OST in prisons:**
- The majority of staff noted a decline in physical violence among prisoners and between prisoners and guards, while around one third see psychological violence among prisoners and between prisoners and guards to have declined.
- Suicide and suicide attempts: about one third of respondents indicated a positive change, i.e. a decline in these incidents.
- The majority view that drug use, trafficking and risk behaviour had also changed for the better: 42% of the staff indicate less illicit drug use in prison, about half of the staff sees a decline in intravenous drug use.

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Opioid Substitution Treatment in Custodial Settings

A Practical Guide



world health organisation



UNITED NATIONS
Office on Drugs and Crime

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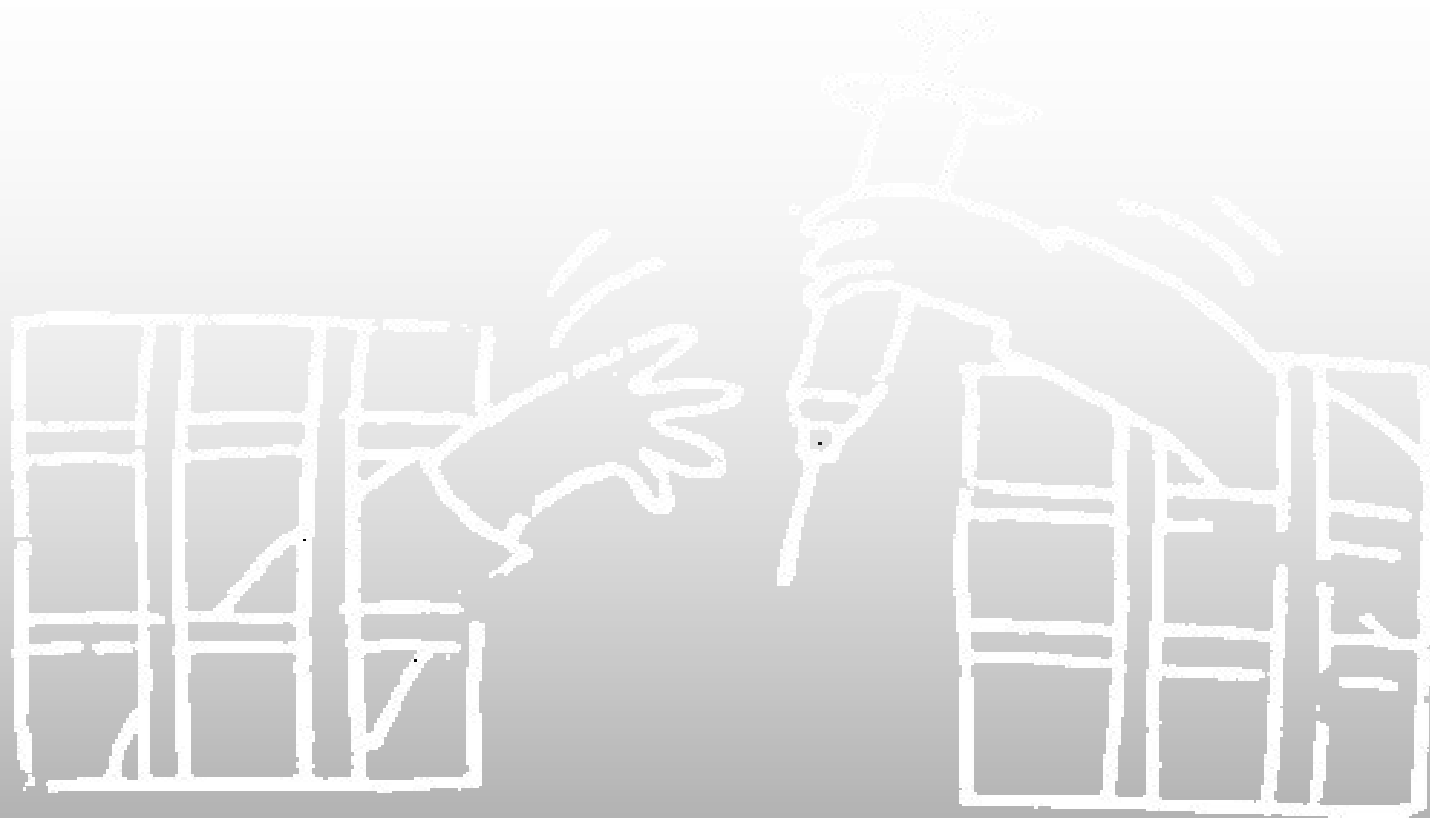
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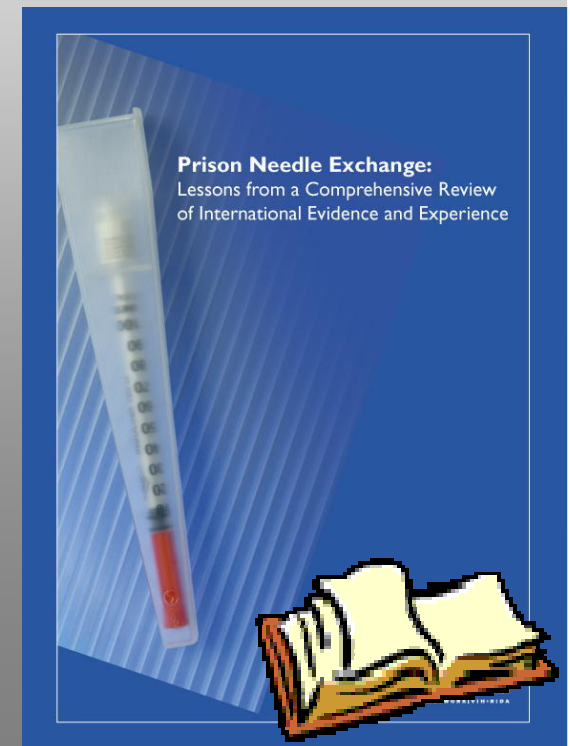
Part III.
Dublin Declaration

Partnership to Fight HIV/AIDS in Europe and Central Asia”

1. Signed in Dublin, 2004
2. Key document
3. 33 actions for governments:
 - leadership
 - prevention
 - living with HIV (incl. treatment & care)
 - partnership in 53 WHO countries
4. see www.euro.who.int/aids

Monitoring harm reduction in European prisons via the Dublin Declaration

- To assess progress on commitments
- Chapter 15 dedicated to situation in European prisons:
 - harm reduction
 - iv drug users
 - HIV in prisons

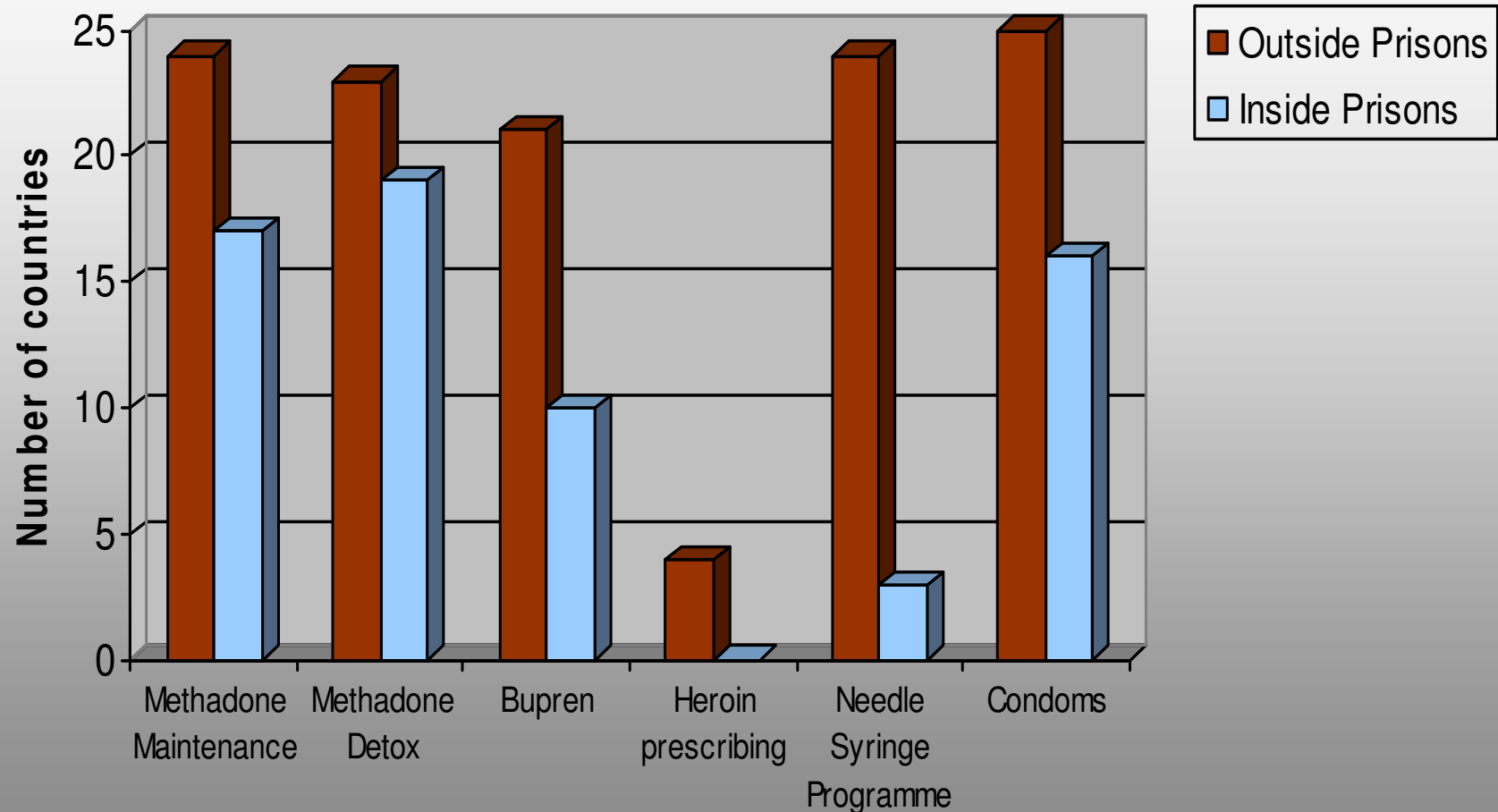


Dublin Action 9: By 2010, ensure through the scaling up of programmes that 80% of the persons at the highest risk of and most vulnerable to HIV/AIDS are covered by **a wide range of prevention programmes providing access to information, services and prevention commodities** and identifying and addressing factors that make these groups and communities particularly vulnerable to HIV infection

Providing prevention and treatment standards: 53 countries of Europ. region

- Condoms = 18
- Syringe exchange = 6
- Substitution treatment = 17
- Bleach programmes = 9
- Voluntary HIV testing and counselling = 9
- Sexual health services = no data
- Antiretroviral treatment = 14

HIV prevention measures in prisons in the EU, outside and inside of prisons



European Commission, April 2007

Conclusions (1/2)

- **Principle of equivalence:**

Consensus on the role and efficacy of substitution treatment and other evidence-measured interventions has to be acknowledged in prisons

Conclusions (2/2)

- Close connection between prison and community health care services
- Health care standards and clear guidelines on the basis of evidence-based knowledge
- **prison health can substantially contribute to crime reduction**

**„... Prisoners are the community.
They come from the community,
they return to it. Protection of
prisoners is protection of our
communities“**

*(Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement
on HIV/AIDS in Prisons)*

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www.archido.de

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