Towards equivalence:
Harm reduction services in European criminal justice settings

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The principle of equivalence

- “Prisoners should be treated in a manner similar to other members of the community, with the same right of access to” education, HIV testing, treatment and informed consent.

- “Respect for the fundamental rights of prisoners, in particular the right to health care, entails the provision to prisoners of preventive treatment and health care equivalent to those provided to the community in general”
Slow progress?

- “Harm reduction interventions in prisons within the European Union are adopted by UN General Assembly, still not in accordance with the principle of equivalence UNAIDS/WHO and UNODC, which calls for equivalence between health services and care (including harm reduction) inside prison and those available to society outside prison. Therefore, it is important for the countries to adapt prison-based harm reduction activities to meet the needs of drug users and staff in prisons and improve access to services.”
  - European Commission, 2007
Exploring the lack of progress

• Two tensions inherent in providing harm reduction services in criminal justice settings:

• 1. Criminal justice systems (CJS) produce harms:
  ▪ Punishment inflicts harm, with little direct link to reducing crime.

• 2. Criminal justice agencies prioritise abstinent compliance with the law.

• So, the best way to reduce both the harms produced by the CJS and by drug use within the CJS is...

• … to reduce the number of drug users in the CJS.
The Portuguese example

Number of prisoners under sentences for drug and other offences in Portugal, 1997-2005

- Non-drug offences
- Drug offences
Harm reduction in prisons

- Opiate substitution treatment
Availability of OST in prison versus in community, 2007

Findings of research on OST in prison

- Reduces frequency of in-prison illicit drug use.
- Reduces injecting and sharing of injecting equipment.
- Improves continuity of treatment
- Improves treatment outcome (less prison readmission).
- Sufficiently high dose is necessary for good outcomes.
- I.e. – the same results as outside prison.
Harm reduction in prisons

- Opiate substitution treatment
- Needle exchange programmes
  - Available in at least six European countries, with varying levels of coverage.
  - Where evaluated, results have been positive.
- Bleach
  - More widespread than OST and NEP
  - But limited efficacy
    - Especially against HCV
    - In situations where injecting is ‘quick, quick, quick’.
- Heroin assisted treatment
  - Only in Switzerland.
- Condom distribution
- Hepatitis vaccination
- Pre-release preparation
  - Reducing risk of post-release overdose
Continuity and aftercare

- Arrest and imprisonment may interrupt treatment for drug dependence, HIV and/or HCV.
  - Movements between CJS stages and prisons further interrupts treatment.

- Effective and rapid access to aftercare for drug-using prisoners is essential to maintain gains made in prison-based treatment.

- Some good practice:
  - Linking OST in and out of prison.
  - Meeting prisoners at the gates.
Police custody – the missing link

- A time of high vulnerability for drug-related harm.
  - Arrest can be traumatic in itself.
  - Confiscation of injecting equipment.
  - Desperation to use as withdrawal sets in.

- But an almost complete absence of evaluated examples of good practice.

- Existing and emerging practices:
  - Arrest referral (but often with compulsion of drug offenders who have little need for treatment, e.g. English required assessments).
  - Placement of specialist nurses in custody suites (as in Dundee).
  - (Clandestine) provision of injecting equipment.
Conclusions

• Progress has been slow in implementing the principle of equivalence.
  ▪ But European countries have come a long way since the mid-1990s.

• Studies have supported the effectiveness of mainstream harm reduction approaches in criminal justice settings.
  ▪ But politics has stood in the way of their widespread implementation.

• Harm reduction services in the CJS, as outside, have been shown to be ethical, effective and cost-effective.

• The most ethical and cost-effective approach is to reduce the use of the CJS (especially imprisonment) against drug users.
More information

- The CONNECTIONS conference

- The CONNECTIONS research digest
  - [http://connectionsproject.eu/digest-of-research](http://connectionsproject.eu/digest-of-research)

- The EMCDDA ‘bible’ on harm reduction
  - In your conference bag, and:

- Thank you
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