HARM REDUCTION INTERNATIONAL | Briefing | March 2016

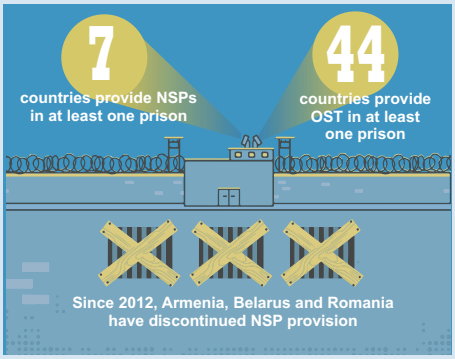
Scaling up Harm Reduction in Prisons:

A Public Health Emergency and Human Rights Imperative

Punitive approaches to drugs have resulted in people who use drugs being disproportionately represented in prisons around the world. According to global figures, 33-50% of the world's prison population is made up of people who use drugs.[1]

A public health emergency

HIV and hepatitis C (HCV) epidemics are a severe problem in prison systems worldwide. Global HIV prevalence is up to 50 times higher among the prison population than in the general public,[2] while one in four prisoners worldwide is living with HCV. [3]



The evidence is clear. Harm reduction services, such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST), are the most effective way to prevent transmission of HIV and HCV.[4] They are also proven to be highly cost-effective,[5] and can be safely and successfully delivered in prison settings.[6] The World Health Organization, United Nations Office on Drugs and Crime and UNAIDS urgently recommend their implementation in prison settings.[7] Yet despite significant global progress in harm reduction scale up in the broader community in the last decade,[8] advances in harm reduction coverage within prison settings have been far too slow. In fact, the number of countries providing NSPs in at least one prison is actually declining. While 90 countries have at least one NSP in the broader community, only seven currently provide this service in at least one prison. And while 80 countries now provide OST in the broader community, only 44 currently implement this service in at least one prison.[9]

A human rights imperative

People in prison retain all their human rights other than those that are necessarily limited by the fact of being detained. This includes retaining their right to health. Fulfilling the right to health includes ensuring access to preventive health services[10] and harm reduction services[11] - such as opioid substitution therapy, needle and syringe programmes, and naloxone - for all who require it, including in prison settings. The denial of harm reduction services and the inadequate prevention of HIV and HCV in prisons have on several occasions been found to contribute to, or even constitute, conditions that amount to ill treatment.[12] Many within the UN system have now confirmed that providing harm reduction services and evidence-based treatment – for drug dependence, HIV and/or HCV – to the general public, but not to prisoners, is a flagrant violation of international human rights law.[13] The Special Rapporteur on the right to health recently reminded States that the provision of harm reduction is not merely a policy option; it is a legally binding human rights obligation.[14] This obligation is particularly important to fulfil in prison settings where heightened vulnerability, marginalisation, ill health, poor conditions and risky behaviour converge.

Harm reduction in prisons: the time to scale up is now

Harm reduction works: it saves lives, money, improves health, respects dignity, supports human rights, and can be safely and successfully implemented in prison settings. The widespread and systematic denial of harm reduction in prisons is illegal under international law, undermines broader public heath objectives, and is completely unjustifiable. This situation can no longer be ignored. The world missed the UN target of halving HIV among people who inject drugs by 2015. In fact we missed it by a shocking 80%, placing it among the worst performing targets set at the 2011 High Level Meeting on HIV. Unless harm reduction is immediately scaled up in prison settings globally, the world will continue to miss critical and highly achievable global targets on HIV and HCV, while important opportunities for public health gains will continue to be squandered and precious resources that could be put towards health and wellbeing will be spent fighting a back log of human rights cases in national and regional courts, and treating health conditions that could have easily been prevented. Harm reduction works, and the time to scale it up in prisons is now.

KEY PUBLIC HEALTH GAINS

Evidence shows that implementing harm reduction services in prisons:

- Reduces risk behaviour and the transmission of diseases, including HIV and HCV;
- Can drastically reduce overdose rates;
- Reduces withdrawal symptoms on admission, which are often accompanied by self-harm or even suicide attempts;
- Increases adherence to antiretroviral treatment;
- Reduces the incidence of abscesses;
- Increases referral to evidence-based drug treatment programmes;
- Makes places of detention safer to live and work for prisoners and staff.

Recommendations

Member States	• Work to ensure there is an enabling legal and policy environment for the provision of harm reduction services in prison settings; • Develop a time-bound work plan on how to introduce or scale up harm reduction in prison settings in consultation with relevant experts, civil society and representatives from the prison population; • Implement the time bound work plan to introduce or scale up harm reduction services in prisons in a timely manner; • Collect regular, transparent and disaggregated data on harm reduction, HIV and HCV in prison settings to monitor effectiveness and track progress.
UN agencies	• Advocate for increased harm reduction provision in prison settings; • Provide technical assistance to member states and relevant stakeholders, including civil society, in the implementation of harm reduction measures in prison; • Collect and make publicly available regular, transparent and disaggregated data on harm reduction, HIV and HCV in prison settings in collaboration with experts, academic institutions and civil society.
Civil Society	• Continue to advocate for increased harm reduction provision in prison settings;
All	• Work closely with formerly incarcerated and incarcerated people who use drugs to ensure meaningful engagement in he design, implementation and monitoring and evaluation of programmes and policies which affect them.

For any monitoring and evaluation or data collection, HRI recommends using the following tool:
Monitoring HIV, HCV, TB and Harm Reduction in Prisons: A Human Rights-Based Tool to Prevent Ill Treatment, available at:
http://www.ihra.net/files/2016/02/10/HRI_MonitoringTool.pdf

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1. Dolan K, et al 'People who inject drugs in prison: HIV prevalence, transmission and prevention' (2015) International Journal of Drug Policy vol 26:S12-S15.
2. Mariner J and Schleifer R (2013) "The Right to Health in Prisons", Advancing the Human Right to Health. Zuniga J et al (Eds), Oxford: Oxford University Press.
3. Lamey S et al 'Incidence and prevalence of hepatitis C in prisons and other closed settings: results of a systematic review and meta-analysis' (October 2013) Hepatology vol 58 no 4:1215-1224.
4. See, for example, Cook C, Bridge J & Stimson GV The diffusion of harm reduction in Europe and beyond. In European Monitoring Centre on Drugs and Drug Addiction (2010) Harm reduction: evidence, impacts and challenges.
5. See, for example, Wilson, D. et al. 'The cost-effectiveness of needle-syringe exchange programs (NSEPs) in Eastern Europe and Central Asia: Costing, data synthesis, modelling and economics for eight case study countries', (2012) paper presented at the XIX International AIDS Conference in Washington, DC (22–27 July 2012).
6. See, for example, UNODC, A Handbook for starting and managing needle and syringe programmes in prisons and other closed settings. 2014.
7. WHO, UNODC, UNAIDS (2012) WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision.
8. Cook C et al 'The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts' (March 2016) Harm Reduction International.
9. The Global State of Harm Reduction 2014 identifies 43 countries or territories that implement OST in at least one prison. Since its publication, however, Vietnam has started providing OST in one prison, bringing the current total to 44. See Stone, K. (2014) Global State of Harm Reduction. London: HRI; and UNODC (2 October 2015) Viet Nam opens the first Methadone Maintenance Therapy Service Unit for Prisoners.
10. General Comment 14: The right to the highest attainable standard of physical and mental health, Committee on Economic, Social and Cultural Rights (2000) UN Doc No. E/C.12/2000/4, (2000), para 34
11. See, for example, Open Letter by the Special Rapporteur on the right to health, in the context of the preparations for the UNGASS, 7 December 2015.
12. See Sander, G. HIV, HCV, and TB in Prisons: Human Rights, Minimum Standards and Monitoring at the European and International Levels (February 2016) Harm Reduction International.
13. See, for example, Report of the Special Rapporteur on the Right to the highest attainable standard of physical and mental health, Anand Grover, General Assembly (6 August 2010) UN Doc No. A/65/255, para 60.
14. Open Letter by the Special Rapporteur on the right to health, in the context of the preparations for the UNGASS, 7 December 2015.