



**HARM REDUCTION  
INTERNATIONAL**

# Harm reduction and prisons

*Global State of Harm Reduction 2018 briefing*

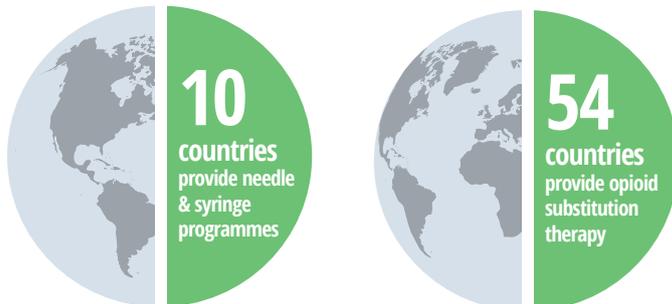
Punitive drug policies and laws continue to drive over-incarceration of people who use drugs around the world. This is despite the shared commitment of 31 United Nations agencies to:

*"...Promote alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use ..."*

Drug use is prevalent in many prisons around the world. UNAIDS estimates that between 56% and 90% of people who inject drugs globally will be incarcerated at some point in their lives.

Article 12 of the International Covenant on Economic, Social and Cultural Rights requires states to ensure that all prisoners have access to harm reduction services.

**However, harm reduction services in prisons are severely lacking across the world.**



## OPIOID SUBSTITUTION THERAPY (OST)

Ensuring that people in prison can access OST is vital to reducing opioid overdose deaths, in part by ensuring continuity of care between the community and prison. OST is also associated with reducing high-risk injecting behaviour and blood-borne disease transmission.

Despite this, OST is available in at least one prison in only 54 countries around the world. Even in these countries, it is often available only in a limited number of detention facilities.

In prisons where OST is available, further barriers to access can be found. In many cases prisoners must be transferred to external medical facilities in order to receive OST. In others, OST is only available if it was initiated outside prison.

**RECOMMENDATION:** Prisons must ensure that prisoners have practical and unrestricted access to OST while incarcerated.



**THE GLOBAL STATE  
OF HARM REDUCTION 2018**

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## NEEDLE AND SYRINGE PROGRAMMES (NSPs)

Access to sterile needles and syringes is severely limited in prisons across the world, meaning prisoners who inject drugs are at risk of acquiring a blood-borne disease. Only 10 countries provide needle and syringe programmes in prisons. These are: Armenia, Canada, Germany, Kyrgyzstan, Luxembourg, Macedonia, Moldova, Spain, Switzerland and Tajikistan. In most of these cases, NSPs are only available in a small number of prisons. For example, NSPs operate in just one prison in Germany and Tajikistan.

**RECOMMENDATION:** Prisons must ensure that prisoners have access to sterile injecting equipment through prison-based needle and syringe programmes.

## HIV AND VIRAL HEPATITIS TREATMENT

Globally, prevalence of HIV is almost five-times higher among prisoners than the general population. For hepatitis C, prevalence is more than 15-times higher in prisons.

Despite this, in many countries access to HIV and hepatitis testing and treatment is completely absent from prisons, while in others it is available on a more limited basis than in the community. This can be caused by: stock-outs of medication; the compounded stigma of being prisoners, people who use drugs and people living with HIV and/or viral hepatitis; or, delays in linkage to treatment where prison and health authorities are not integrated.

In Australia and Canada, viral hepatitis screening is available to all prisoners, and all those diagnosed with hepatitis C are eligible for free treatment regardless of the stage of the disease. This contributed to the elimination of hepatitis C from the Lotus Glen prison in Queensland, Australia, in 2017.

**RECOMMENDATION:** Prisons must ensure that prisoners have adequate access to testing and treatment for viral hepatitis, HIV and other blood-borne diseases.

## NALOXONE

Naloxone is an opioid antagonist capable of reversing the effects of overdose. World Health Organization guidelines state that anyone likely to witness an overdose should have access to naloxone.

The period after release from prison is a particularly high-risk time for opioid overdose. Despite this, naloxone is only routinely distributed on release from prison in six countries: Canada, Denmark, France, Norway, the United Kingdom and the United States. Even in these cases, the distribution of naloxone is dependent on prison authorities and is generally not uniform throughout each country.

Where naloxone is available inside prisons, it can commonly only be used by medical personnel. Pilot programmes in Italy and Norway have made naloxone directly available to incarcerated people, with evidence showing that this approach increases prisoners' awareness of overdose prevention measures.

**RECOMMENDATION:** Prisons must ensure that prisoners have direct access to naloxone while incarcerated.

**RECOMMENDATION:** Prisons must ensure that prisoners at risk of overdose are given naloxone on release.

## NEW PSYCHOACTIVE SUBSTANCES

New psychoactive substances represent an emerging challenge in prisons, most notably in Western Europe. For example, at least 58 deaths in British prisons have been attributed in part to the use of new psychoactive substances, through psychotic episodes, suicide and drug poisoning. Non-fatal overdoses related to new psychoactive substances have also been reported in Germany and Italy.

Responses to these issues in Western European prisons remain focused on supply reduction, drug testing and smoking bans. A harm reduction approach to these substances is virtually non-existent.

**RECOMMENDATION:** Prisons must work with civil society and experts to develop harm reduction interventions to address new psychoactive substance use.