



## **European Mapping of harm reduction interventions in prisons**

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# **1. Aims of the Mapping Report**

## **1.1. Aims of the HA-REACT Joint Action in general**

The Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis (TB) and viral hepatitis, among people who inject drugs (PWID). The three-year project was launched in late 2015 with core funding by the Health Programme 2014-2020 from European Union (EU). Twenty-two partners representing 18 EU Member States were implementing the project. Additional expertise was provided by 14 collaborating partners, including the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The HA-REACT project has been carried out in three focus countries: Latvia, Lithuania and Hungary. However, materials developed as part of the Joint Action will be of benefit to the entire European Union.

The project's main objectives are:

- to prevent HIV, viral hepatitis and tuberculosis among people who use drugs in Europe:
- to improve countries' capacity to respond to HIV and co-infection risks, and provide harm reduction measures, focusing specifically on PWID.
- to focus on European Union member states where there are obvious barriers to effective and evidence-based interventions, or where such interventions are not sufficiently implemented.
- to encourage the implementation of comprehensive harm reduction in all EU Member States, as an essential strategy to improve the prevention and treatment of HIV, TB and viral hepatitis.

The overall aim of HA-REACT is to significantly contribute to the elimination of HIV and to reduce the number of cases of TB and viral hepatitis among PWID in the European Union by 2020. This objective aligns with strategic action plans issued by the European Union, World Health Organization, UNAIDS and the United Nations Office on Drugs and Crime (UNODC).

## **1.2. Aims of WP6 and prison –related activities of the HA-REACT Joint Action**

Drug use, Infectious diseases – in particular the human immunodeficiency virus (HIV), tuberculosis (TB) and hepatitis C (HCV) – are a major health concern in prisons, evidenced by the fact that prevalence rates tend to be substantially higher among prison populations than in the general population. The TB notification rate in prisons, for example, ranges from 11 to 81 times higher than in the general population, and in some countries is as much as one hundred times more likely in prisons. Rates of HIV and HCV among prisoners in many countries are also considerably higher –

global HIV prevalence has been estimated to be two to 50 times higher among the prison population than in the general public, while HCV rates are discernibly higher. Prisons and other places of detention are high-risk environments for the transmission of infectious diseases for a number of reasons, including the over incarceration of vulnerable and disadvantaged groups who carry a disproportionately high burden of disease and ill-health; the criminalization of drug users and high levels of injecting drug use; overcrowded and substandard prison conditions; inadequate health care; and the denial of harm reduction services. Considering that all people deprived of their liberty come into contact with prison staff and visitors on a daily basis, and eventually return to their communities, this also has clear public health implications. The same accounts for the (often injectable) use of psychotropic substances. Infectious diseases in prisons are more than just a public health concern, however; they are also a serious human rights issue.

WP 6 contributes to the Joint Action with new knowledge and insight on the most important barriers to accessing harm reduction and HIV, hepatitis and TB services in prisons in the focus countries and draws on European Union and other relevant examples of how they can be overcome. Thus, within the work package there will be an exchange of experiences and good practices which might stimulate other countries to follow by learning the strategies to implement harm reduction measures. The objectives correspond with existing priorities in the field as described in the EU Health Strategy, the Action Plan on HIV/AIDS in the EU and neighbouring countries 2014–2016 and the Public Health Programme - Work Programme for 2014.

Outputs (expected results) 6.1. Situation analysis / mapping of needed support in the participating countries implemented 6.2. Medical, social and other prison professionals trained to work with PWID and to provide harm reduction services (incl. OST, NSP, condom provision and psychological support) 6.3. IEC materials developed for PWID and staff in prisons 6.4. Practical toolkit for prison staff on harm reduction in prisons (as part of the JA training toolkit) 6.5. Condom provision and other harm reduction measures piloted in one prison 6.6. Policy brief based on experiences from the component

For activities covered by the present European Mapping Report (action 6.1 of the above) see: 1.3.

### **1.3. Aims of the European Mapping activity within WP 6 of HA-REACT**

Scientific literature about the situation of drug use and infectious diseases as well as institutional responses to them is limited, sporadic and heterogeneous in the European Countries. The research activity therefore covers the compilation of the existing bits and pieces of information of the different data collections and research efforts.

The activity covers the compilation of all the relevant information available from different reliable sources in order to build up country profiles and a European map regarding Harm Reduction in the prison setting.

Activities covered by the present European Mapping Report:

- Compilation of the available general information about the prison population in the EU 28+ Norway and Turkey.
- Analysis of the available information about infectious diseases and drug use among prisoners in the 28+2 countries.
- Compilation of the available data about the available responses and interventions aiming prisoners who used drugs, especially of those who injected drugs in the 28+2 countries.
- Analysis of the available information about harm reduction related policy documents and principles in the 28+2 countries.

## **2. Methodology**

The mapping exercise applied the following steps in order to present the data about the contextual information of the present situation of prisons and drug use as well as the policy documents and services available tackling the harmful consequences of drug use and infectious diseases.

- 1) Desk research to identify available information and data sources on harm reduction services in prisons among the covered countries.
- 2) Desk research to identify set of common core variables for analysis on the basis of the available sources about harm reduction in prisons that are relevant for HA-REACT project.
- 3) Compilation of 'National profiles of harm reduction in prisons' for each country involved.
- 4) Bilateral consultation (written and oral) process about the 'National profiles' among the Reitox National Focal Points and their prison experts.
- 5) Compilation of the HA-REACT deliverable: 'Mapping Report'.

The steps in details are described below.

### **2.1. Desk research to identify available information and data sources on harm reduction services in prisons among the covered countries**

During the kick-off desk research and brainstorming we reviewed the following literature and data sources in order to set up a framework for the mapping exercise in terms of core variables to assess harm reduction in prisons in the European Union and to be able to select a list of sources that give the basis of data collection to compile national profiles:

- EMCDDA material with a focus on indicators/ variables used in its TDI, ST10, ST12, SQ23/24 and Prison SI/workbook guidelines
- ACCESS study (focus on variables)
- ECDC Dublin Declaration Questionnaire and prison related publications
- UNODC Annual reporting Questionnaire and prison related publications
- SPACE statistics
- Public health guidance on prevention and control of blood-borne viruses in prison settings (ECDC-EMCDDA joint publication)
- other relevant peer-reviewed scientific literature

### **2.2. Desk research to identify set of common core variables for analysis on harm reduction in prisons that are relevant for HA REACT**

A common core set of variables were selected, that are:

- relevant for the aims of the HA REACT project,
- available for the majority of the countries covered by the mapping exercise,



- realistic and feasible regarding completeness and validity.

As a result of the assessment of the available data sources the following set of items were identified and applied for the data collection activity.

Main fields of interest and categorizing units during the data collection phase:

1. General Prison Data (retrieved from SPACE/King's College just for information)
2. Drug use in prisoners
3. Infectious diseases in prisoners
4. Harm reduction responses in prison
5. Testing + Vaccination + Treatment in prison
6. Framework and Strategies for harm reduction in prison

**Core variables enlisted by the main fields identified:**

1. General Prison Data

- Inmates (prisoners including pre-trial detainees)
- Prison population rate per 100 000 population
- Prison density per 100 places
- Female prisoners
- Proportion of female prisoners
- Foreigners
- Proportion of Foreigners
- Number of establishments (total of all types eg. mental health asylums, juvenile units etc., of all level of security)
- Proportion of pre-trial detainees /remand
- Proportion of prisoners sentenced for drug offences\*

2. Drug use in prisoners

- Data on Drug use among prisoners (coverage, year of data, source, comments)
- Drug use before imprisonment (%)
- Drug use during imprisonment (%)
- Cocaine use before imprisonment (%)
- Heroin use before imprisonment (%)
- Amphetamine use before imprisonment (%)
- Cocaine use during imprisonment (%)
- Heroin use during imprisonment (%)
- Amphetamine use during imprisonment (%)
- Injecting drug use before imprisonment (%)

- Injecting drug use during imprisonment (%)
- Injecting drug use before and during imprisonment (%)
- Estimated level of NPS use in prison (to be estimated by NFP)
- NPS use/ NPS injecting in prison (reference to sources)
- Syringe sharing data among prisoners if any (reference to sources)

### 3. Infectious diseases in prisoners

- HIV/HCV/HBV/TB among prisoners (source/year of data)
- HIV prevalence among prisoners (%)
- HCV prevalence among prisoners (%)
- HBV prevalence among prisoners (%)
- TB prevalence among prisoners (%)
- HIV/HCV/HBV/TB among IDU prisoners (source/ year of data) if testing was carried out inside prisons
- HIV prevalence in IDU prisoners (%)
- HCV prevalence in IDU prisoners (%)
- HBV prevalence in IDU prisoners (%)
- TB prevalence in IDU prisoners (%)
- DATA on overdose in prison (source/year of data/comments)
- Non-fatal overdose in prison (N of cases)
- Fatal overdose in prison (N of cases)
- HIV/HCV among PWID reporting a prison history (reference to sources)

### 4. Harm reduction responses in prison

- Screening of prisoners for drug-related problems upon entry (Source: WB)
- OST available (Source: EMCDDA/ SB)
- OST year of introduction in prison (Source: SB)
- OST coverage 1. - % of prisons where available (Main Source: SQ27 part1 2016 data reported in 2017, indicated if other)
- OST coverage 2. % of prisoners in need receive OST (estimate to be made by NFP)
- Number of inmates receiving OST (Source: ST 24 reporting year 2017 - data 2016 or earlier; WB; SI)
- Dominant type of OST medication provided in prisons (Source WB)
- OST Detoxification available (Source WB)
- OST continued for prisoners already in OST before entering prison available (Source WB)
- OST initiated after entering prison available (Source WB)
- OST initiated before release available (Source WB)
- NSP available (Source: ST10; SB; ECDC)
- NSP year of introduction (Source: SB)
- NSP coverage 1. - % of prisons where available (Source: ECDC)

- NSP coverage 2. - % of prisoners in need receive NSP (estimate to be made by NFP)
- N of prisons where NSP available /N of distributed syringes/ year of data (Source: ST10 + WB)
- Distribution of bleach available (Source: WB)
- Estimated coverage of bleach distribution: % of prisons where available (Source if any: WB or to be estimated by NFP)
- Condom provision available (Source: WB, ECDC, SI)
- Estimated coverage of condom promotion and distribution programmes in prisons, % of prisons where it is provided (Source: ECDC)
- Lubricants provision available (Source: WB, SI)
- Information and education on drug-related health risks (in general) available (Source: WB)
- Health education to prevent overdoses during imprisonment available (Source: WB)
- Health education (as prevention) on drug-related infectious diseases available (Source: WB)
- Health education on drug-related infectious diseases coverage: % of prisoners receive it (Source: WB or estimate to be made by NFP)
- Health education (as prevention) on sexually transmitted diseases available (Source: WB, ECDC)
- HIV-related health promotion or behaviour change programmes in prisons coverage (Source: ECDC)
- Information and education on risks of tattooing and piercing available (Source: WB)
- Training on safer injecting available (Source: WB)
- Harm reduction/ addiction service provided to prisoners with drug problem upon release available (Source: WB)
- Health education to prevent overdoses upon release available (Source: WB)     "Distribution of naloxone upon release available (Source: WB)

#### 5. Testing + Vaccination + Treatment in prison

- HIV testing available (Source WB, SI)
- HIV testing rate (%) among prisoners last year (Source, year of data)
- HIV testing coverage (last year) estimated if rate cannot be calculated (Source or estimate by NFP)
- HCV testing available (Source WB)
- HCV testing rate (%) among prisoners last year (Source, year of data)
- HCV testing coverage (last year) estimated if rate cannot be calculated (Source or estimate by NFP)
- HBV testing available (Source WB)
- HBV testing rate (%) among prisoners last year (Source, year of data)
- HBV testing coverage (last year) estimated if rate cannot be calculated (Source or estimate by NFP)
- TB testing available (Source WB)
- TB testing estimated coverage last year (Source WB or estimate by NFP)
- Vaccination for HBV available (Source WB)

- post-exposure prophylaxis available (Source WB)
- Antiretroviral therapy for HIV available (Source ECDC)
- Antiretroviral therapy for HIV estimated coverage (Source WB, SI or estimate to be made by NFP)
- Antiviral therapy for HCV available (Source WB)
- Antiviral therapy for HCV estimated coverage (Source WB, SI or estimate to be made by NFP)
- Antiviral therapy for HBV available (Source WB)
- Antiviral therapy for HBV estimated coverage (Source WB, SI or estimate to be made by NFP)
- TB treatment available (Source WB)
- TB treatment coverage (Source WB, SI or estimate to be made by NFP)
- Linkage to HIV care upon release (Source: ECDC or estimate to be made by NFP)
- Linkage to HCV care upon release (Source: ECDC 2018: prevention and control of blood-borne viruses in prison settings or estimate to be made by NFP)

## 6. Framework and Strategies for harm reduction in prison

(Source of pre-filled information: Prison Workbook 2017)

- Responsible institution for prison health/prison structure
- Harm reduction service provision structure:
- Prison services vs. external agencies (incl. NGOs)
- Strategy document for drug-related responses in prison available
- Guidelines/strategy for drug-related responses in prison where
- Guidelines/strategy for harm reduction in prison available
- Guidelines/strategy for harm reduction in prison where
- Guidelines/strategy for testing/treatment of infectious diseases in prison available
- Guidelines/strategy for testing/treatment of infectious diseases in prison where
- Guidelines/strategy for harm reduction measures upon release available
- Guidelines/strategy for harm reduction measures upon release where
- Equivalence of care
- Continuity of care

## **2.3. Compilation of ‘National profiles of harm reduction in prisons’ for each country involved**

Materials that were selected to build national profiles were already through either scientific revision or, in the case of EMCDDA sources, process of administrative acceptance of the public administration, as part of Reitox reporting. These sources are the best available, of scientific excellence, product of systematic, standardized data collection on constant guidance and comparable across the target countries.

We selected and used the following specific sources to compile Harm Reduction in prison country profiles:

Source	Online availability	Abbreviation used in the data sheet as reference
1. EMCDDA Prison Workbook 2017 (2016 data)	restricted (Reitox intranet)	WB
2. EMCDDA Special Issue on Prison in 2011	restricted (Reitox intranet)	SI
3. EMCDDA Statistical Bulletin	public	SB
4. EMCDDA concluded Fonte tables ST9; ST10; ST12; ST24; SQ27 P1 (reporting year: 2017 or before; data on 2016 or before)	restricted (Fonte/History)	number of the Fonte table
5. UNODC ARQ data on HIV/HCV/HBV in prison (latest data from 2014) reported in 2015	public	UNODC
6. ECDC Dublin Declaration Questionnaire 2018 (2017 data)	restricted (ECDC internal database)	ECDC
7. Council of Europe Space Project 2018 (2016 data)	public	SPACE
8. King's College prisonstudies.org – last accessed October 2018	public	King's College

The available information were compiled in table format (excel sheets) in the six domains described above (at 2.2) based on the available sources. The information were compiled for all the 28 EU countries and for Norway and Turkey.

The National Profiles contained data pre-filled based on the EMCDDA Prison Workbooks, Selected Issue if referred to, STs and SQs and complementary information from ECDC and UNODC where available and relevant. Countries were offered to review, complete and assess the data included by a convenient way, using Yes/No questions, drop-down answer options and categorized values in the case of coverage related questions.

## 2.4. Bilateral consultation process about the 'National profiles' among the Reitox National Focal Points and their prison experts

Compilation of the available information was followed by a bilateral consultation process that had three steps. The consultation process aimed the Heads of the Focal Points of the EMCDDA (called as the Reitox Network) as they have a role of the drug-related information hub in their countries.

Firstly, all the 30 countries were sent their National Profiles in table format. They were given 14 days to assess, complete, comment and review the data in the tables. They were also asked if they are aware of further relevant study results or reports that might have been missing from the National Profiles to ensure the inclusion of all possible sources. The Heads of Focal Points of the EMCDDA also could contact the prison experts in their national network to further increase the completeness and validity of the data.

Secondly, the data sheets returned by the Heads of Focal Points were scrutinized and checked for internal consistency by the researchers. Wherever it was necessary, further questions were posed for clarification about the data included.

Thirdly, the Heads of Focal Points had the opportunity to consult one of the researchers at the so-called Reitox Heads of Focal Point Meeting organized by the EMCDDA, taking place in Lisbon, Portugal early November 2018 to discuss open issues or clarify answers, where needed.

After the three-step process the data included in the National Profiles were considered final for the present Mapping Report. However, some countries indicated that they may further contribute to the data collection after the closure of the Report and delivery to HA-REACT. Researchers decided to accept these data later and update the raw information tables for possible later utilization and after-life of the study result eg. for scientific publication.

#### Coverage of data validation by countries

Country	Full revision of national profile received from NFP	Only oral consultation on missing core harm reduction items <sup>1</sup> at HFP meeting
Austria		X
Belgium		
Bulgaria		X
Croatia	x	
Cyprus	x	
Czech Republic	x	
Denmark	x	
Estonia	x	
Finland	x	x
France	x	
Germany		
Greece		
Hungary	x	
Ireland		x
Italy		
Latvia	x	
Lithuania	x	
Luxembourg	x	
Malta		
Netherlands		
Norway	x	
Poland	x	
Portugal		
Romania	x	
Slovakia		x
Slovenia	x	
Spain	x	
Sweden		
Turkey		x
UK: England+Wales		
UK: Northern Ireland		
UK: Scotland		

<sup>1</sup> NSP available ; Distribution of bleach available ; Condom provision available ; Health education (as prevention) on drug-related infectious diseases available ; Distribution of naloxone upon release available; HIV testing available; HCV testing available; HBV testing available; TB testing available; Vaccination for HBV available; Antiviral therapy for HCV available ; Antiviral therapy for HBV available ; TB treatment available; Linkage to HCV care upon release; Equivalence of care; Continuity of care

In the bilateral consultation process the countries were also offered to check the data regarding open publication and public access. No country indicated conflict of interest or restriction about making their data openly available for the wider public when presenting them in the HA-REACT project deliverables (in Final Reports or on the project website).

In details, the Heads of Focal Points and/or the national prison experts in the National Focal Points' expert were asked to:

- to check the pre-filled data we included and approve where appropriate,
- correct the data where necessary,
- if there was no pre-filled data at the given question/ or "no info" was written, we asked them to fill in the indicated line using drop-down answer options
- open comment lines were also used to make it possible to include further information that the National Focal Points considered valuable (eg. reference to study results or add some notes or clarification to the data.)

Example of country profile sheet sent to national experts:

	A	B	C	D	E	F	G
			Screening of prisoners for drug-related problems upon entry (Source: WB)	OST available (Source: EMCDDA/SB)	OST year of introduction in prison (Source: SB)	OST coverage 1. - % of prisons where available (Main Source: SQ27 part1 2016 data reported in 2017, indicated if other)	OST coverage 2. - % of prisoners in need receive OST (estimate to be made by NFP)
1		Country					
2	Pre-filled data by us, please do not change	Austria	yes	yes	1987	>75%	
3	Correction/new data from NFP		-- Please select --	-- Please select --		-- Please select --	-- Please select --
4	Comments of the NFP						
5							
6							
7							
8							
9							
10							
11							
12							

◀ ▶ ...
Drug use in prisoners
Infectious diseases
**Harm reduction responses**
Testing+Vaccination+Treatment
Framework and Strategies
⊕

## 2.5. Compilation of the HA-REACT deliverable: 'Mapping Report'

After finishing the bilateral consultation process the National Profiles were considered final for the purposes of the present Mapping Report. The latter includes detailed presentation of the findings relating to the present situation of general prison data and drug use in prisoners as well as the available services and harm reduction measures to tackle harmful consequences of drug use, especially injecting route of administration.



### 2.5.1. Method of referencing data sources

In the current mapping report we only refer to the documents (listed at 2.3) from where we retrieved the data. Data originating from the later bilateral National Expert Consultation referred to as NEC. Original sources can be traced back at referred documents or if NEC is indicated than through our background database or via the given Reitox National Focal Point.

The following abbreviations were used in the report:

Abbreviation	
ECDC	ECDC Dublin Declaration Questionnaire 2018 (2017 data)
HBV	hepatitis B virus
HCV	hepatitis C virus
HFP	Head of Focal Points
HIV	human immunodeficiency virus
IP	imprisonment
King's College	King's College prisonstudies.org
NEC	National Expert consultation
NFP	Reitox National Focal Point
NPS	new psychoactive substances
NS	Not specified when
NSP	needle/syringe programme
OST	opioid substitution therapy
PEP	Post-exposure prophylaxis
PWID	People who inject drugs
SB	EMCDDA Statistical Bulletin
SI	EMCDDA Special Issue on Prison in 2011
SQ	Standard Questionnaire ( EMCDDA)
ST	Standard table (EMCDDA)
SPACE	Council of Europe Space Project
TB	Tuberculosis
UNODC	UNODC ARQ data on HIV/HCV/HBV in prison (latest data from 2014) reported in 2015
WB	EMCDDA Prison Workbook 2017 (2016 data)

## 3. Coverage

The mapping activity covered the 28 Member States of the European Union + Norway and Turkey. At some variables (tables, charts) – where the total is 32 - Scotland, England +Wales, and Northern Ireland were counted separately (3 units) due data availability, and difference in information across them.

It is recognized that the quality and extent regarding data collection in Europe is neither equal nor consistent and there could be certain discrepancies and gaps among the countries. The mapping exercise clearly stated the efforts made to identify the pieces of information in question and clearly stated where information was not available.

In the process of the compilation of the available information data available for national level were preferred over regional or partial data even if the latter were newer.

Although newer data may be available at present, the reference time period for data we are asking for was 2016 or the latest available before 2016 to avoid inconsistency over the nations and discrepancies of the sources used. However, information later than 2016 were accepted at certain variables (mainly at assessed availability and coverage of services).

#### Country abbreviations applied in the Mapping Report

Austria	AU
Belgium	BE
Bulgaria	BG
Croatia	HR
Cyprus	CY
Czech Republic	CZ
Denmark	DK
Estonia	EE
Finland	FI
France	FR
Germany	DE
Greece	EL
Hungary	HU
Ireland	IE
Italy	IT
Latvia	LV

Lithuania	LT
Luxembourg	LU
Malta	MT
Netherlands	NL
Norway	NO
Poland	PL
Portugal	PT
Romania	RO
Slovakia	SK
Slovenia	SI
Spain	ES
Sweden	SE
Turkey	TR
UK, England and Wales	UK E+W
UK, Scotland	UK S
UK, Northern Ireland	UK NI

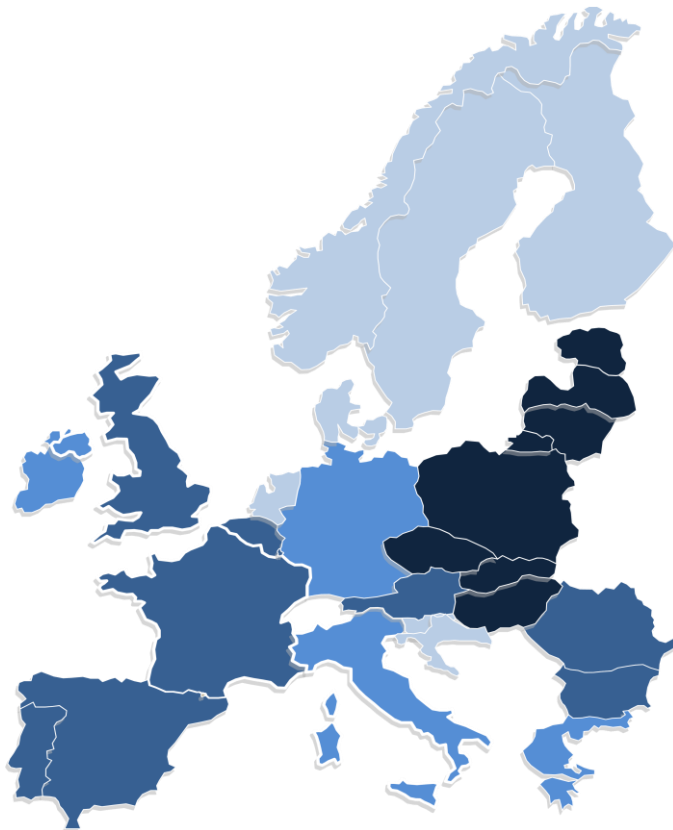
## 4. Results

### 4.1. Characteristics of the target population

#### 4.1.1. General Prison Population data

In the 30 countries covered by the study the total number of prisoners was more than 785,000 including pre-trial detainees in Europe.<sup>2</sup> Prison population rate, however, showed great variety over Europe with a minimum of 51,4 prisoners per 100,000 inhabitants (NE) to the maximum of 244,6 prisoners per 100,000 inhabitants (TK).

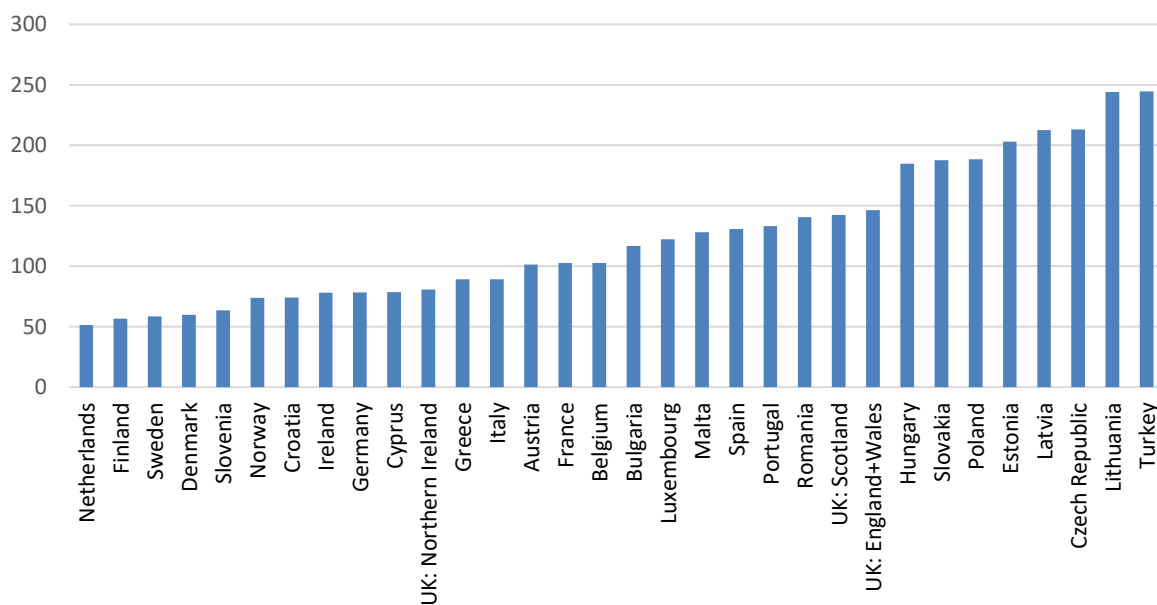
Prison population per 100,000 inhabitants in selected countries in 2016



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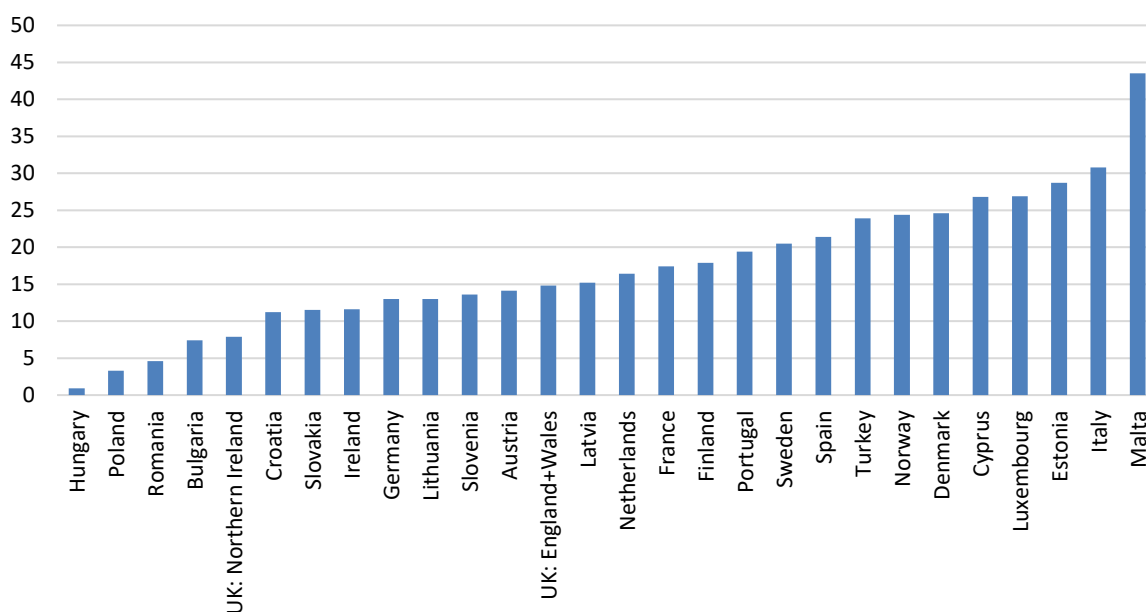
<sup>2</sup> Stock-type, non-adjusted data. Number of prisoners on 1 September 2016 including pre-trial detainees.

### Prison population rate per 100 000 population<sup>3</sup> in 2016



The Space project run by the Council of Europe regularly provides statistics about the proportion of prisoners sentenced for drug offences. In its latest report data were not available in three countries (CZ, BE, GR) and Scotland. In the further 27 countries the total number of prisoners sentenced for drug related offences reached 127,000 in 2016.

### Proportion of prisoners sentenced for drug offences (%)<sup>4</sup> in 2016



<sup>3</sup> Reference: Council of Europe, SPACE I 2016.1.3

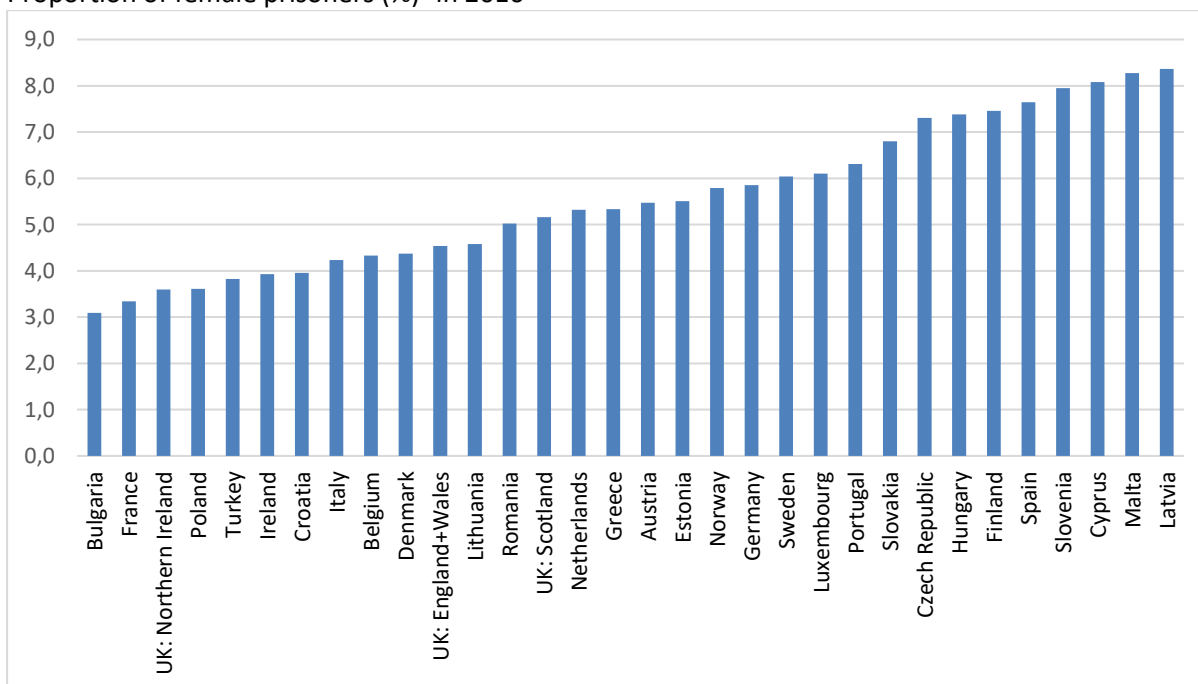
<sup>4</sup> Reference: Council of Europe, SPACE I 2016.6.1

### Proportion of drug-related offences among prisoners (%)<sup>5</sup> in 2016



Proportion of female prisoners remained low in the countries covered, ranging from 3.1% (BG) to 8.4% (LT), with around 38,000 prisoners in total.

### Proportion of female prisoners (%)<sup>6</sup> in 2016

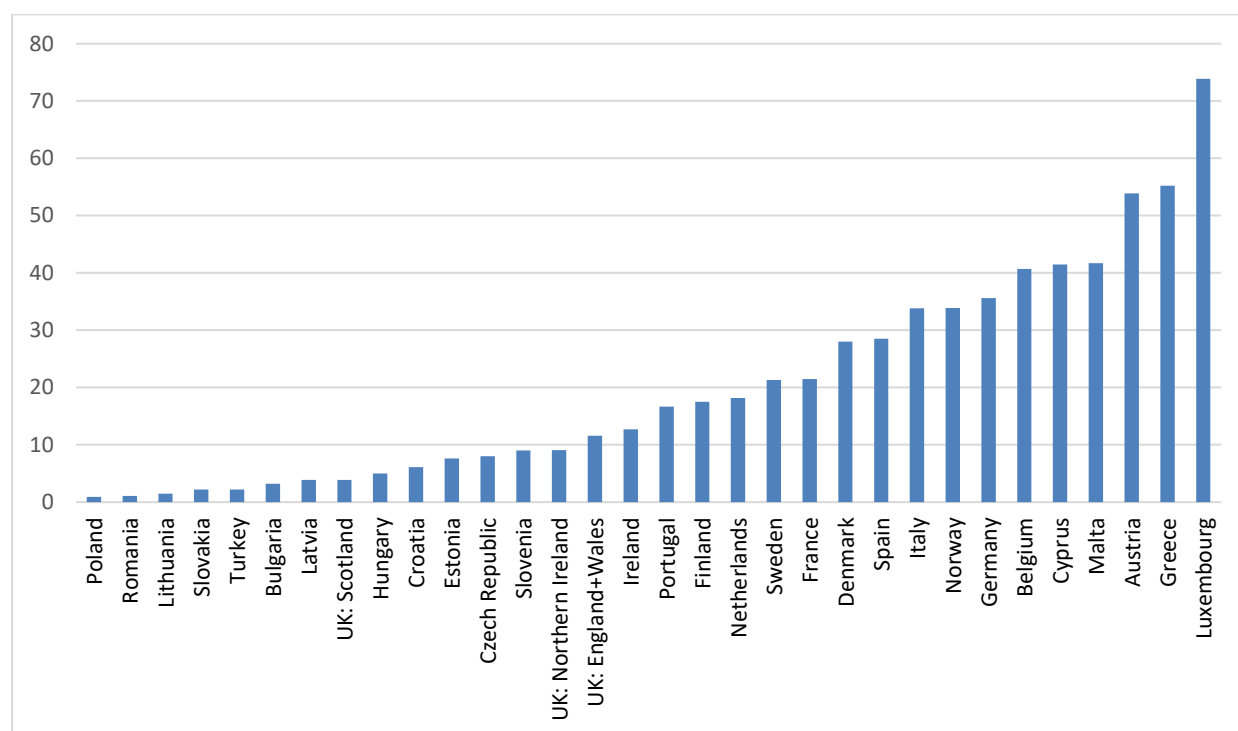


<sup>5</sup> Reference: Council of Europe, SPACE I 2016.6.1. Data not available for Scotland, Belgium, Czech Republic, Greece. United Kingdom data refers to England+Wales only.

<sup>6</sup> Reference: Council of Europe, SPACE I 2016.2.2

According to the data published by the Space project, foreign citizenship showed a much larger diversity among the countries: The lowest proportion was found around 1% (PO, RO, LV), in half of the countries their proportion was under 10%, whereas the maximum was over 50% (AT, GR, LX). Considering the countries with the largest population every fifth prisoner was a foreigner in France, and every third was a citizen of another country in Germany, Spain and Italy. The total number of prisoners with foreign nationality is over 200,000 prisoners.

Proportion of prisoners of foreign nationality among prisoners (%)<sup>7</sup>



<sup>7</sup> Reference: Council of Europe, SPACE I 2016.4

#### 4.1.2. Prevalence of drug use (of injectable substances) and injecting drug use among prisoners and PWID with a prison history

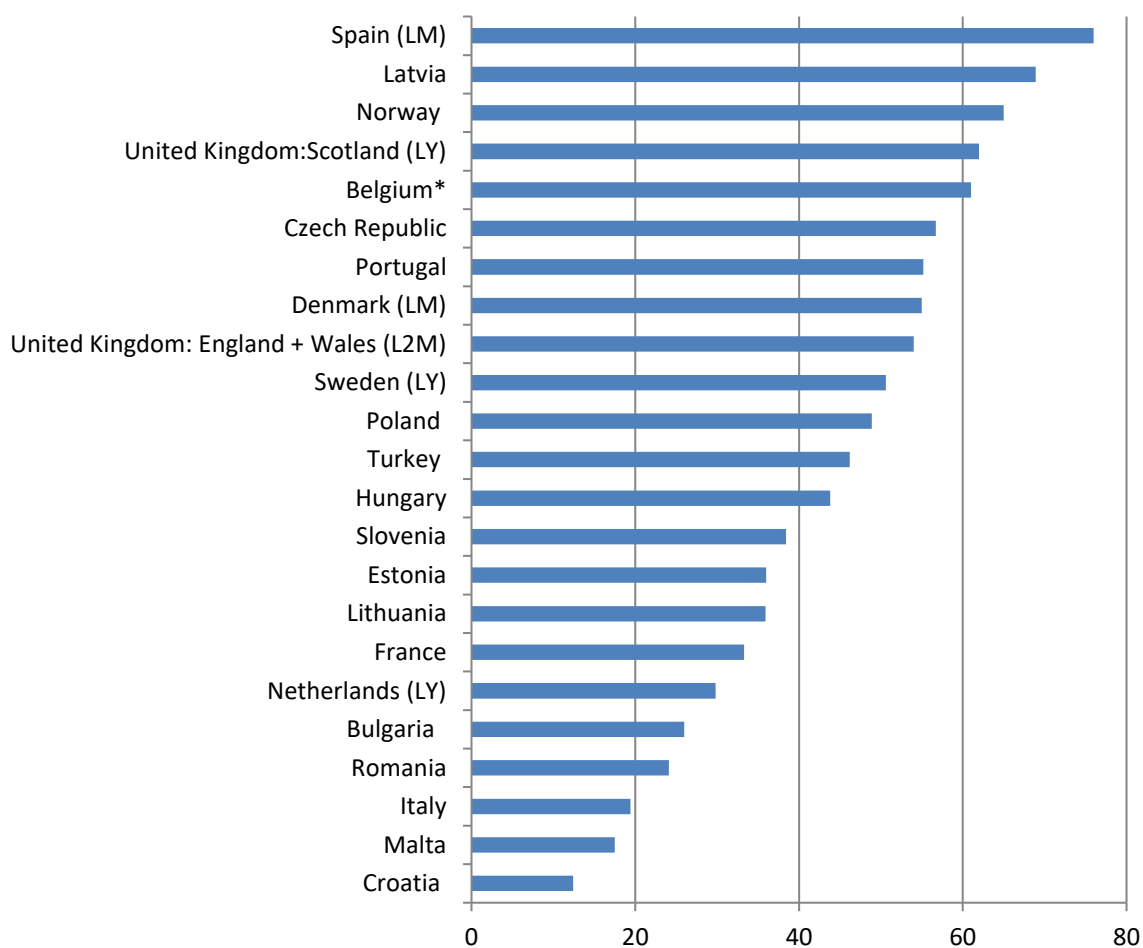
##### 4.1.2.1. Detailed data sources and methodological comments per country

Country	Data on Drug use among prisoners (coverage, year of data, source, comments)
<b>Austria</b>	no data (WB; ST12)
<b>Belgium*</b>	national, 2010, ST12, cross sectional survey (*before = before+during)
<b>Bulgaria</b>	national, 2015, ST12; cross-sectional survey
<b>Croatia</b>	national, 2016, ST12; routine upon entry; except for: DU before IP: WB (2016); addicted to drugs
<b>Cyprus</b>	no data in ST12
<b>Czech Republic</b>	national; 2016; ST12, cross-sectional survey (during imprisonment: all imprisonments included)
<b>Denmark</b>	national, 2015, ST12; routine upon entry
<b>Estonia</b>	no data in ST12/ WB: prisoners with addiction diagnosis - data on 2017 (updated by NEC) for methodology see revised country profile
<b>Finland</b>	national, (2006) , WB + NEC, only males
<b>France</b>	regional, 2003, survey, ST12
<b>Germany</b>	super-regional (representative at national level); 2007; ST12, cross-sectional survey
<b>Greece</b>	no data (ST12)
<b>Hungary</b>	national, 2008; ST12, cross-sectional survey
<b>Ireland</b>	national, 2011; ST12; cross-sectional survey(*before = before+during)
<b>Italy</b>	national, R, 2014, ST12 (regular use)
<b>Latvia</b>	national, 2014, ST12, cross-sectional survey, (during imprisonment: all imprisonments included)
<b>Lithuania</b>	local (1 prison); 2011, ST12; cross-sectional survey, (*before = before+during)
<b>Luxembourg</b>	no data in ST12 nor in WB
<b>Malta</b>	national, 2014, ST12, routine data, drug users who receive treatment
<b>Netherlands</b>	local, 2007, ST12, cross-sectional survey
<b>Norway</b>	SERAF 2016, national, WB, cross-sectional survey
<b>Poland</b>	national, 2007, ST12, cross-sectional survey
<b>Portugal</b>	national, 2014, ST12, cross-sectional survey, (*during imprisonment: all imprisonments included)
<b>Romania</b>	national, 2011; ST12, cross-sectional survey, (*during imprisonment: all imprisonments included)
<b>Slovakia</b>	national; 2015; ST12; routine data (body fluid)
<b>Slovenia</b>	national, 2015; ST12, cross-sectional survey, NEC revised
<b>Spain (LM)</b>	national, 2016, ST12, cross-sectional survey, source: NEC correction
<b>Sweden (LY)</b>	national, 2016; ST12, routine data
<b>Turkey</b>	regional, 2011, ST12, cross-sectional survey
<b>United Kingdom: England + Wales</b>	E+W 2014; ST12, cross-sectional survey
<b>United Kingdom:Scotland</b>	Scotland, 2015; ST12; cross-sectional survey for DU in prison/ Scotland, 2013; ST12; cross-sectional survey for DU prior to prison;
<b>United Kingdom: Northern Ireland</b>	NI, 2016/2017 WB, routine data, body fluid

#### 4.1.2.2. Prevalence of drug use prior to imprisonment 2003-2017<sup>8</sup>

##### Prevalence of drug use (any) prior to imprisonment

Prevalence (%) of drug use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart)



\*Drug use prior to during imprisonment

LY: last year prevalence rate

LM: last month prevalence rate

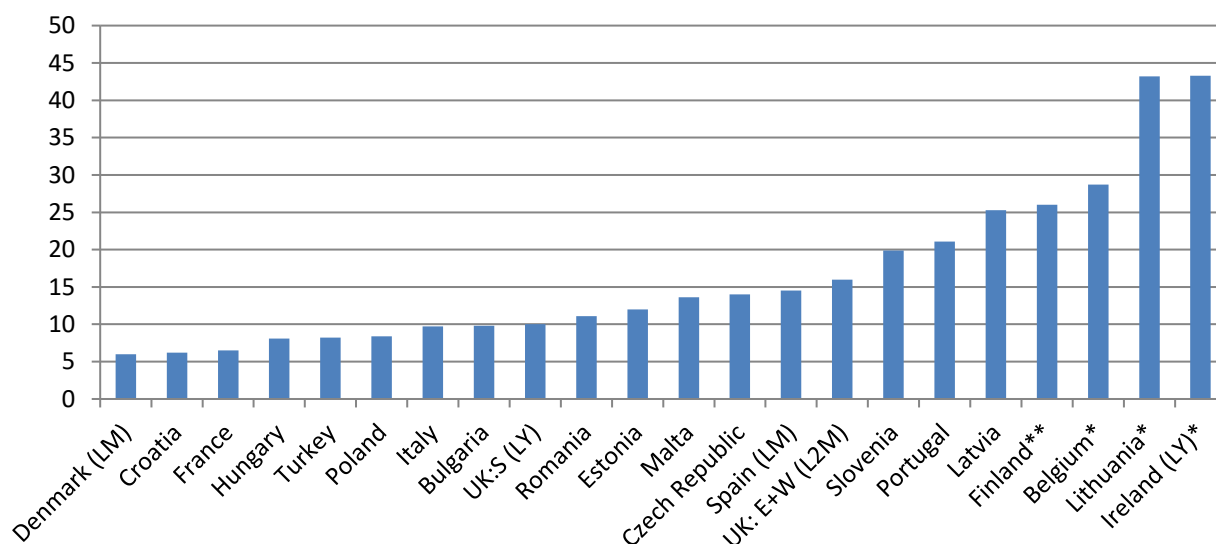
L2M: last 2 months prevalence rate

<sup>8</sup> for year of data per country see: 4.1.2.1



## Prevalence of drug use prior to imprisonment by(injectable) drug type

Prevalence of heroin use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart) 2003-2017



\*Drug use prior to and during imprisonment

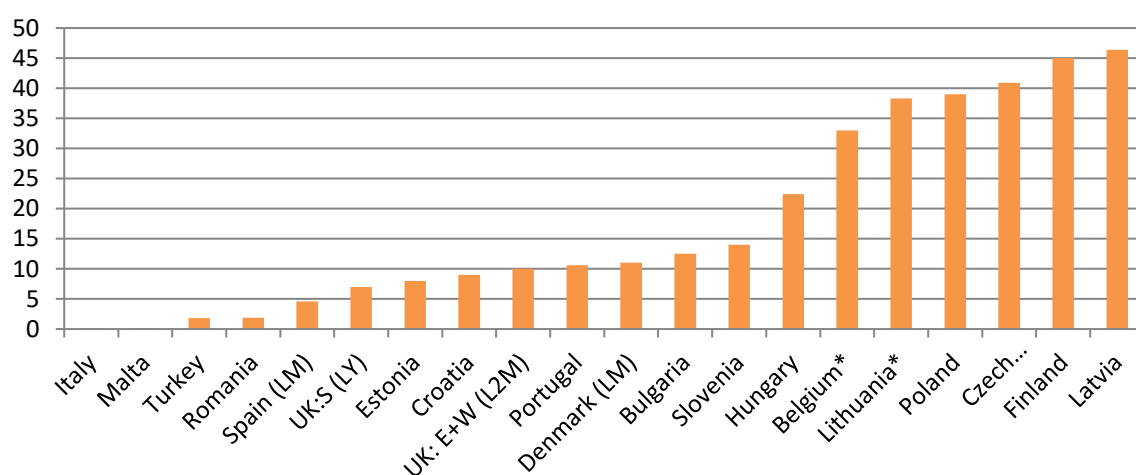
\*\* data refers to all opioids

LY: last year prevalence rate

LM: last month prevalence rate

L2M: last 2 months prevalence rate

Prevalence of amphetamine use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart) 2003-2017



\*Drug use prior to and during imprisonment

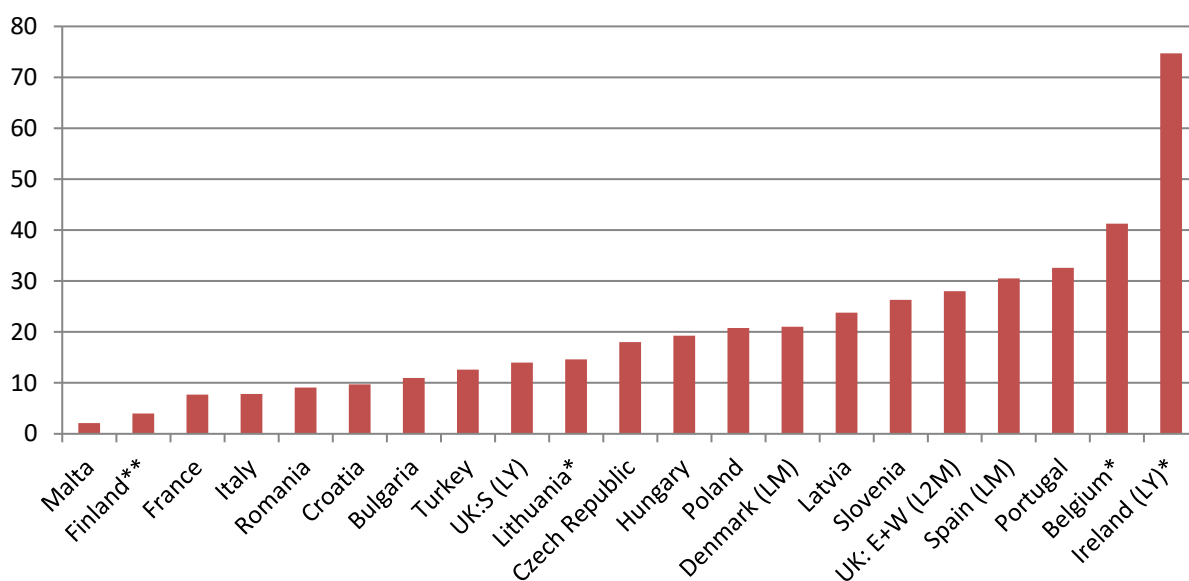
\*\* data refers to methamphetamine mainly

LY: last year prevalence rate

LM: last month prevalence rate

L2M: last 2 months prevalence rate

Prevalence of cocaine use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart) 2003-2017



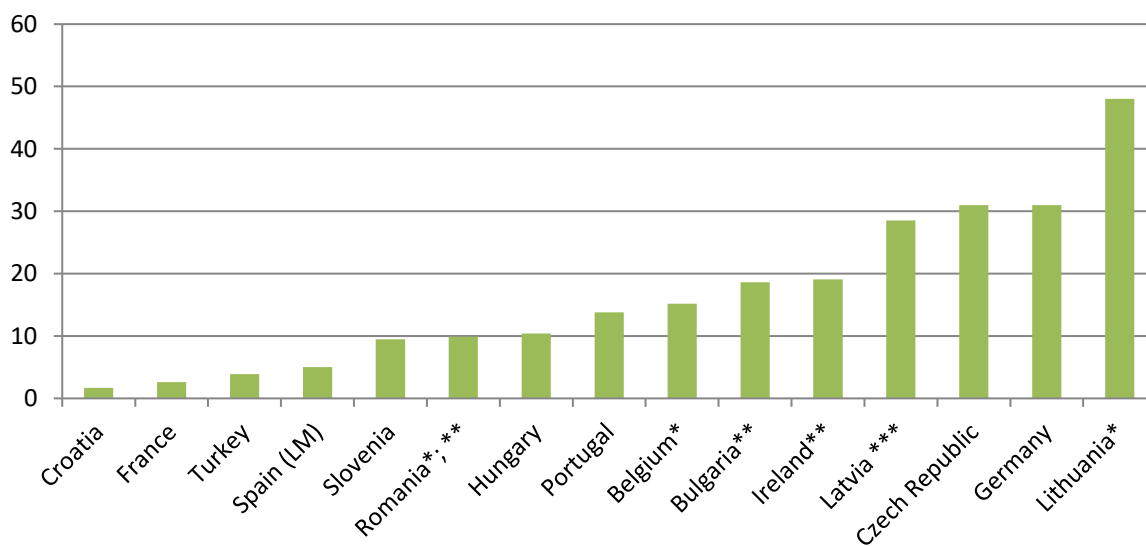
\*Drug use prior to and during imprisonment

LY: last year prevalence rate

LM: last month prevalence rate

L2M: last 2 months prevalence rate

Prevalence of injecting drug use prior to imprisonment 2003-2017



\* Drug use prior to and during imprisonment

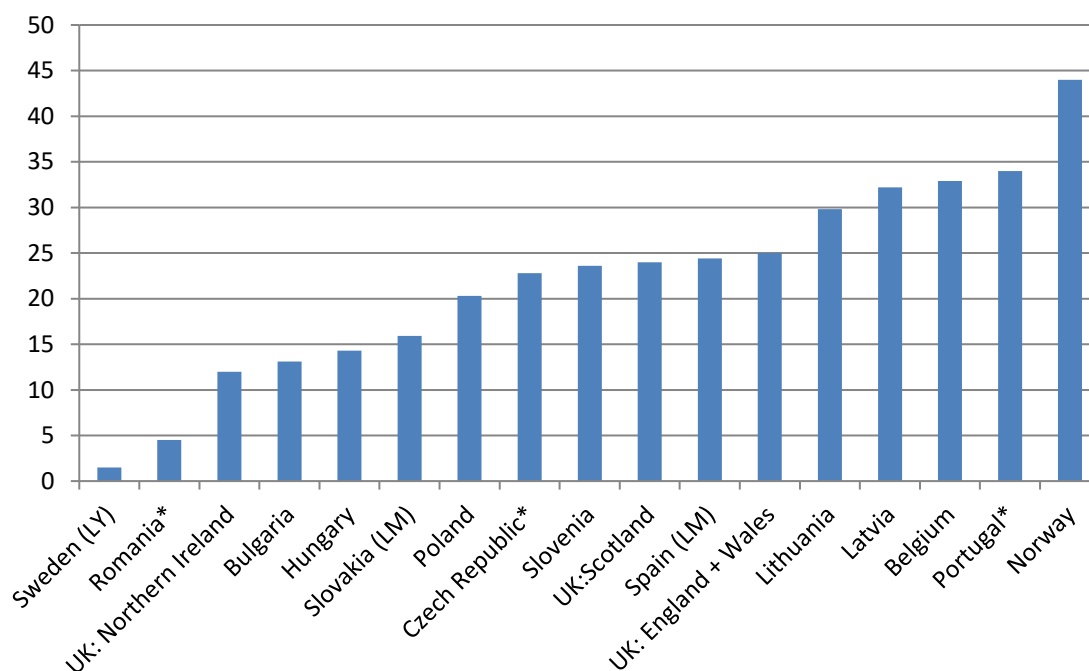
\*\*only refers to heroin injecting

\*\*\*only refers to amphetamine injecting

#### 4.1.2.3. Prevalence of drug use among prisoners during imprisonment

##### Prevalence of drug use (any) among prisoners during imprisonment

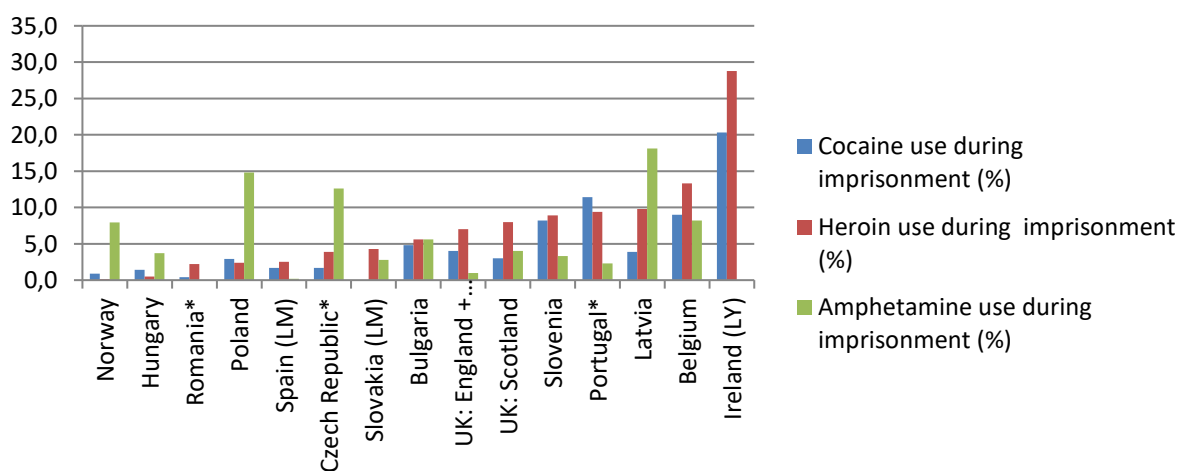
Prevalence of drug use (any) among prisoners during imprisonment (LM= last month; LY= last year), 2008-2016



\* all previous imprisonments included

##### Prevalence of drug use among prisoners during imprisonment by (injectable) drug type

Prevalence of drug use among prisoners during imprisonment (LM= last month; LY= last year) by (injectable) drug type, 2003 - 2016



\*all previous imprisonments included

Data on NPS use is not widely available in recent drug use prevalence surveys among prisoners at European level. Around half of the national experts (6/13) responding through the bilateral consultation process assessed NPS use in prison as not a significant problem in their countries. 5 countries considered NPS use a significant problem in prison while 2 responding countries did not know the answer to this question.

<b>NPS use in prisoners is not a significant problem</b>	<b>NPS use in prisoners is a significant problem</b>	<b>Don't know</b>
Croatia	Slovenia	Finland
Czech Republic	Spain	Lithuania
France	United Kingdom: England + Wales*	
Latvia	United Kingdom:Scotland*	
Luxembourg	Hungary	
Norway		

\*assessed by authors based on WB data

On the basis of data retrieved from WBs and feedback through the NEC in the Czech Republic synthetic cannabinoid use among prisoners during imprisonment was: 1,7 while prevalence of designer stimulant use was 1,2 in 2016 (WB). In Norway according to a 2016 study (referred through NEC) synthetic cannabinoid use among prisoners was 6%.

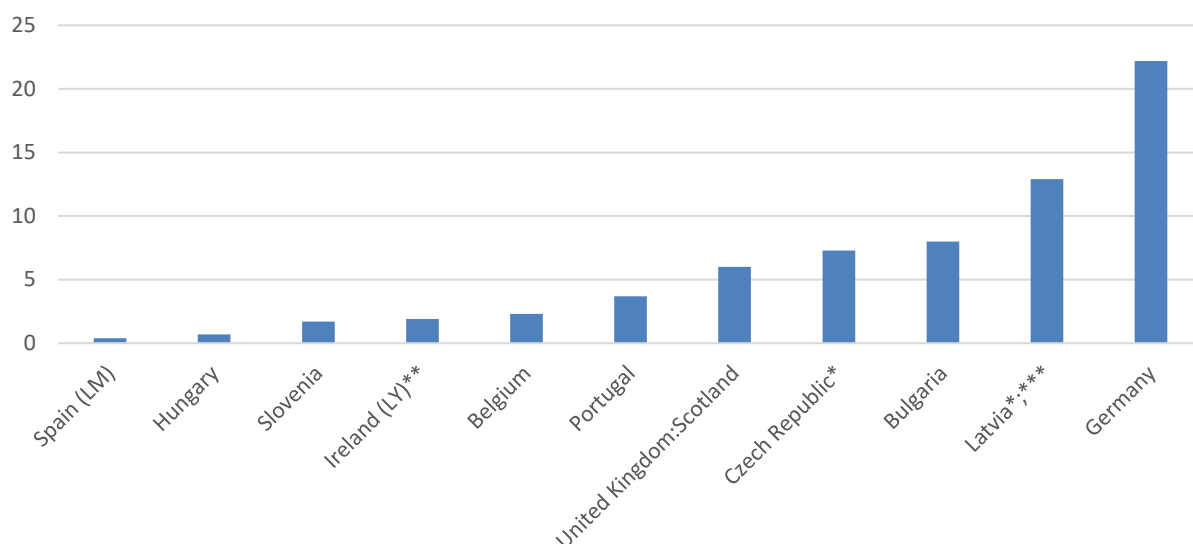
In England prevalence of legal highs' use was 5% prior to imprisonment and remained at the same level while in prison. However, synthetic cannabinoid use prior to imprisonment was 6% and rose to 10% during incarceration (2015 data, WB). In Wales synthetic cannabinoid use during imprisonment was 17% (2013-2016, WB).

IN 2017 EMCDDA conducted a trendspotter study on NPS use in prisons (Source: EMCDDA 2018<sup>9</sup>). According to the results the 'study identified reports of NPS use among prisoners in 22 European countries. In addition to the United Kingdom, where the phenomenon is already well-documented (HMIP, 2015a; Ralphs et al., 2017), findings suggest that NPS use in prison settings is an issue of concern in Germany, Hungary, Latvia, Lithuania, Poland, Slovenia and Sweden (8 countries). Furthermore, anecdotal reports document NPS use in prisons in Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Finland, France, Greece, Ireland, Italy, Malta, Portugal, Romania and Norway (14 countries).' However, it should be mentioned that this mainly covers use of synthetic cannabinoids (16 out of 16 countries participating in the EMCDDA survey have reported on this) in case of which the route of administration is most typically not injecting. Only 10 and 6 countries out of 16 reported on occurrence of synthetic cathinones and new synthetic opioids among prisoners respectively – substances that can be injected as well.

<sup>9</sup> EMCDDA. New psychoactive substances in prison. 2018. [http://www.emcdda.europa.eu/publications/rapid-communications/nps-in-prison\\_en](http://www.emcdda.europa.eu/publications/rapid-communications/nps-in-prison_en)

## Prevalence (%) of injecting drug use among prisoners during imprisonment

Prevalence (%) of injecting drug use among prisoners during imprisonment (LM= last month; LY= last year), 2008-2016



\*all previous imprisonments included

\*\*data refers to only heroin injecting

\*\*\*data refers to only amphetamine injecting

In Croatia although no data available regarding injecting during imprisonment, it is reported that in the course of 2016 injecting equipment was seized 2 times inside the prison.

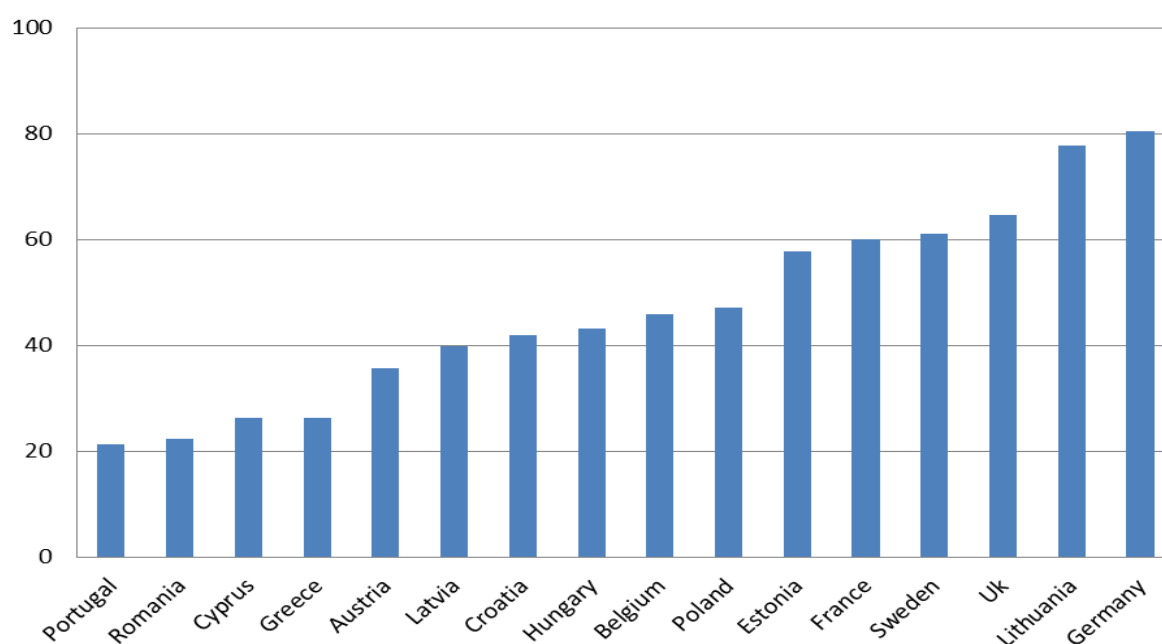
### 4.1.2.4. Prevalence of ever imprisonment among people who inject drugs

Wiessing et al.<sup>10</sup> re-analysed PWID samples originating from HIV/HCV/HBV diagnostic testing programmes or bio-behavioural prevalence surveys recruited at DTC, NSP, LTS or recruited via street outreach/respondent driven sampling to analyse association between prevalence of infectious diseases and prison history among PWID. Preliminary data shows on the basis of data from 17 countries referring to the period 2006-2015 that a significant proportion of PWID have already been imprisoned prevalence of ever imprisonment ranging between 20% and 80%. This group of people belonging to more than one risk groups represent a serious transmission route for the spread of blood-borne virus infections among prisoners and later in the community where they return to.

Data presented above highlights that high proportion of (in the community hard to reach) PWID go through the prison system thus prisons should be a core setting for reaching them and providing them adequate harm reduction, education, testing and treatment services.

<sup>10</sup> Wiessing et al: ASSOCIATIONS OF HIV AND HCV WITH PRISON HISTORY AMONG PEOPLE WHO INJECT DRUGS IN EUROPE AND BEYOND. Lisbon Addictions Conference — 24 October 2017

Proportion of PWID reporting prison history, 2006-2015



Source: Wiessing et al. 2017.

#### 4.1.2.5. Syringe sharing among prisoners ever and during imprisonment

Syringe sharing data among prisoners especially regarding the period while in prison is limitedly available.

In the Czech Republic 38% of prisoners who reported a history of injecting drug use (N=566) had shared a needle or a syringe at least once during lifetime (12% of the total). 65% of those who reported injecting drug use in prison (N=132) had shared a needle or a syringe in prison. (6% of the total) (WB, 2016 data)

In Hungary A study was performed between 2008-2009 (WB, 2008/2009 data) among those prisoners who ever injected drugs (209 out of 1553) 31,5% have ever shared syringes and needles, while 42% ever shared any injecting equipment.

In Luxembourg from the total study sample (N=246), 56.1% of the respondents who had prison experience during the past ten years reported illicit drug use in prison. 30.5% of drug users with prison history reported injecting in prison. 26.7% of lifetime IDUs inmates reported needle sharing in prison. (WB 2007 data)

In Scotland 8 per cent (404/5076) of prisoners taking part in the study in 2009 reported having ever injected drugs in prison, and 2.5% (127/5076) reported having injected during their current period of imprisonment. Of these 127 prisoners, 74 (58%) reported injecting with needles and syringes previously used by someone else in prison. (WB, 2009 data)

### 4.1.3. Prevalence of HIV, HBV, HCV and TB among prisoners, prisoners with injecting drug use history, and PWID with a prison history

#### 4.1.3.1. Prevalence of HIV, HBV and HCV among prisoners

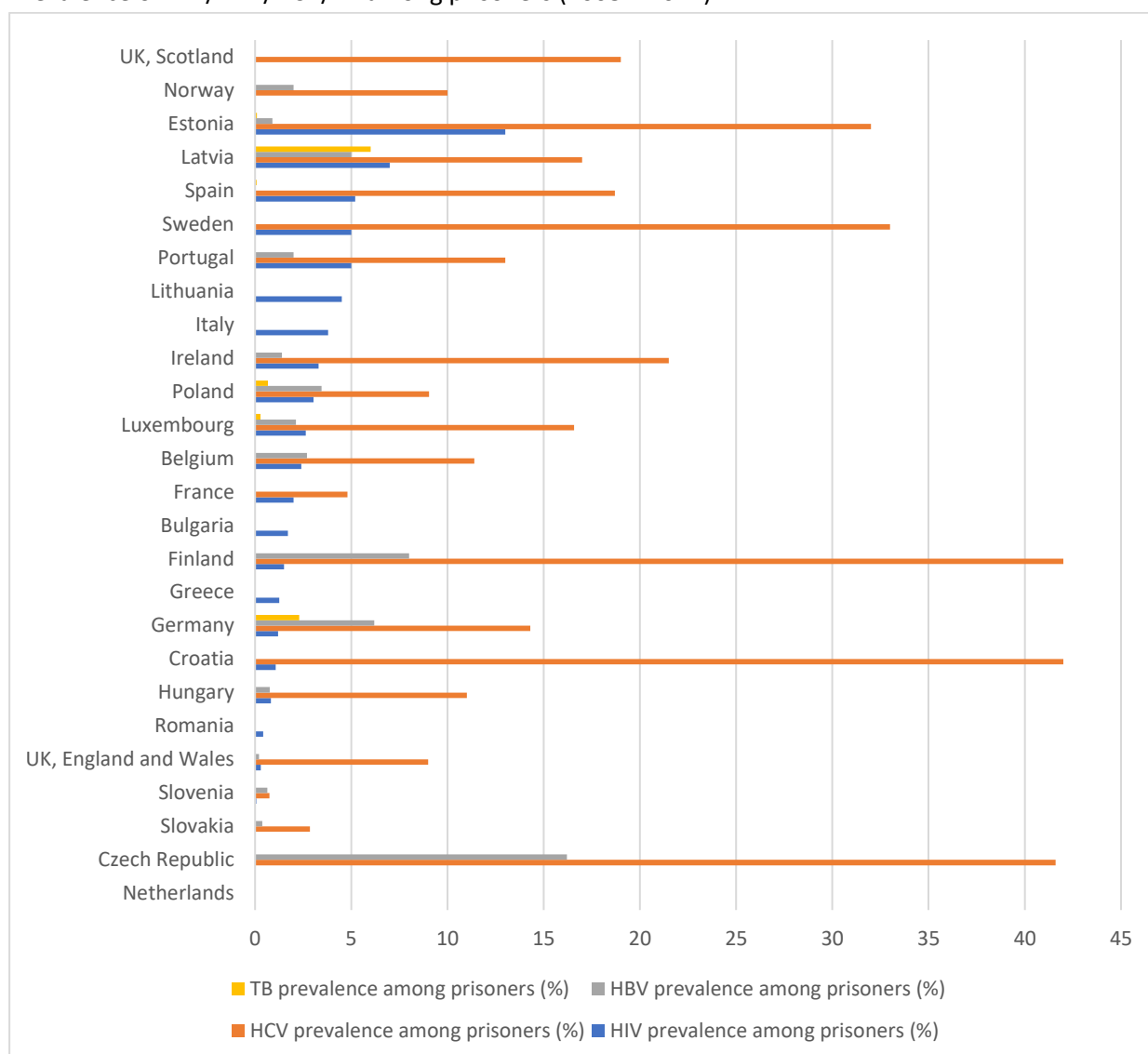
Data sources per country for prevalence of HIV, HBV, HCV, TBC among prisoners

Country	HIV/HCV/HBV/TB among prisoners (source/ year of data)
Austria	study started in 2016 no data in 2017 WB; ECDC, UNODC, NEC
Belgium	UNODC (2010)
Bulgaria	ECDC (2016)
Croatia	WB (2017)
Cyprus	no data in WB, ECDC, UNODC
Czech Republic	HIV: NEC (2016 as year of data); HCV, HBV: UNODC 2009
Denmark	no data in WB, ECDC, UNODC
Estonia	HIV: ECDC (2017) HBV, HCV:WB (2016) HBV, HCV, TB corrected by NEC
Finland	UNODC (2010)
France	UNODC (2010)
Germany	HIV; HCV: UNODC (2009); HBV: SI, self report (2008); TB: SI, self-report (2008)
Greece	ECDC (2016)
Hungary	UNODC (2014)
Ireland	UNODC (2013)
Italy	UNODC (2011-2012)
Latvia	WB, self-report, (2014)
Lithuania	ECDC (2017)
Luxembourg	HIV: ECDC (2017); HBV/HCV: NEC 2017 data
Malta	no data in WB, ECDC, UNODC
Netherlands	UNODC (2010)
Norway	HCV; HBV: WB (2016, self-report)
Poland	NEC -Health Office of the Prison Service. (2016)
Portugal	WB (2016)
Romania	UNODC (2011)
Slovakia	UNODC (2013)
Slovenia	2016 NEC
Spain	WB (2016)
Sweden	WB (2016)
Turkey	no data in WB, ECDC, UNODC
UK, England and Wales	WB (2014)
UK, Scotland	HCV: WB (2009)
UK,Northern Ireland	no data in WB, ECDC, UNODC

## Prevalence of HIV/HBV/HCV/TB among prisoners (2008 – 2017)

Comparison between countries is limited due to the different methodology and recruitment through which prevalence rates were obtained and also due to the year of data that can vary between 2008 – 2017. However, it should be highlighted that in most of the countries where data was available the prison population was the most affected by the hepatitis C virus (prevalence rates varying 0.75 % to 42%). HIV is also a significant problem in a number of countries, overall ranging between 0% -13%. HBV prevalence rates are between 0.2% and 16.2%, relatively lower rates as compared to HCV – probably due the general national vaccination schemes or vaccination programmes available in prisons. (see: **Hiba! A hivatkozási forrás nem található.**). Data on TB prevalence (active+latent) was limitedly available in the analysed documents and via NEC, it varied between 0.08 and 6% in 7 countries reporting on this.

## Prevalence of HIV/HBV/HCV/TB among prisoners (2008 – 2017)





#### 4.1.3.2. Prevalence of HIV, HBV and HCV among drug user/ injecting drug user prisoners

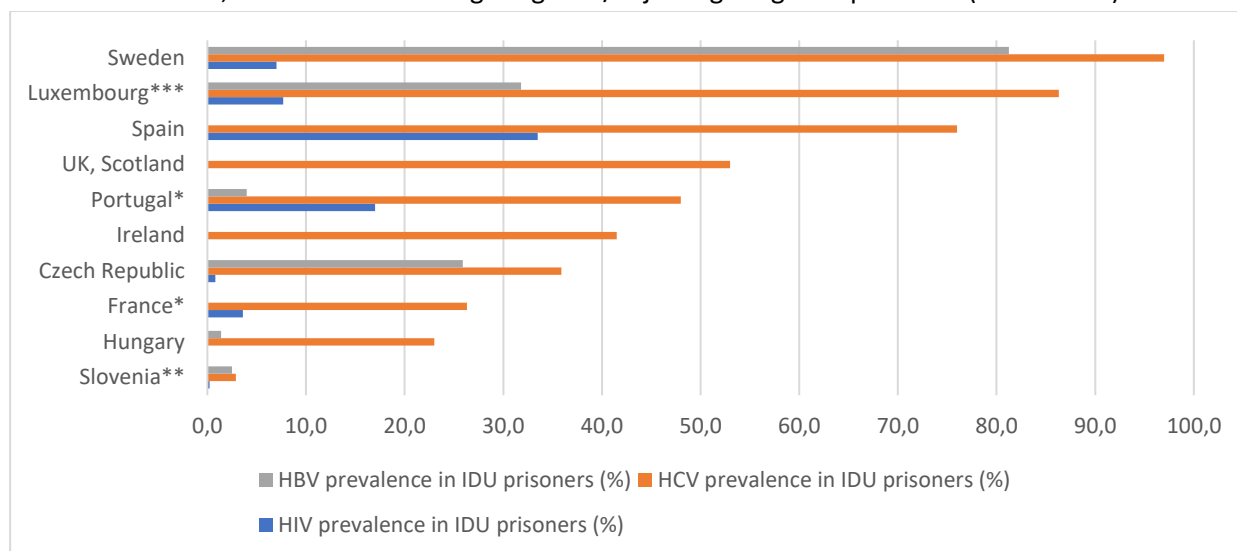
Data sources per country for prevalence of HIV, HBV, HCV, TBC among prisoners

Country	HIV/HCV/HBV/TB among IDU prisoners (source/ year of data) if testing was carried out inside prisons
Czech Republic	WB (2016) (anti-hBc)
France	WB, among prisoners on OST (2016)
Hungary	WB (2008/2009)
Ireland	WB, ST9 (2010)
Luxembourg	WB, in PDU recruited in prisons, (2007)
Portugal	WB, among prisoners in DT, (2016)
Slovenia	2016 (among drug users)
Spain	WB (2016)
Sweden	WB, low sample size (2013)
UK, Scotland	WB (2009)

data was not available at analysed sources in countries not listed here

Comparing countries<sup>11</sup> where HIV, HBV and HCV among drug user/ injecting drug user prisoners is also available – beside prevalence among all prisoners, it can be seen that prevalence rates are much higher among prisoners with drug use or injecting drug use history. In case of HIV it ranges between 0-34%, in case of HCV 3%-97%, while in case of HBV 0%-81%<sup>12</sup>.

Prevalence of HIV, HBV and HCV among drug user/ injecting drug user prisoners (2007 -2016)



\*among prisoners in DT/OST

\*\*among drug user prisoners

\*\*\* among problem drug user prisoners

<sup>11</sup> except Czech Republic where HCV and HBV in prisoners data is from 2009 while data among injecting drug user prisoners is from 2016.

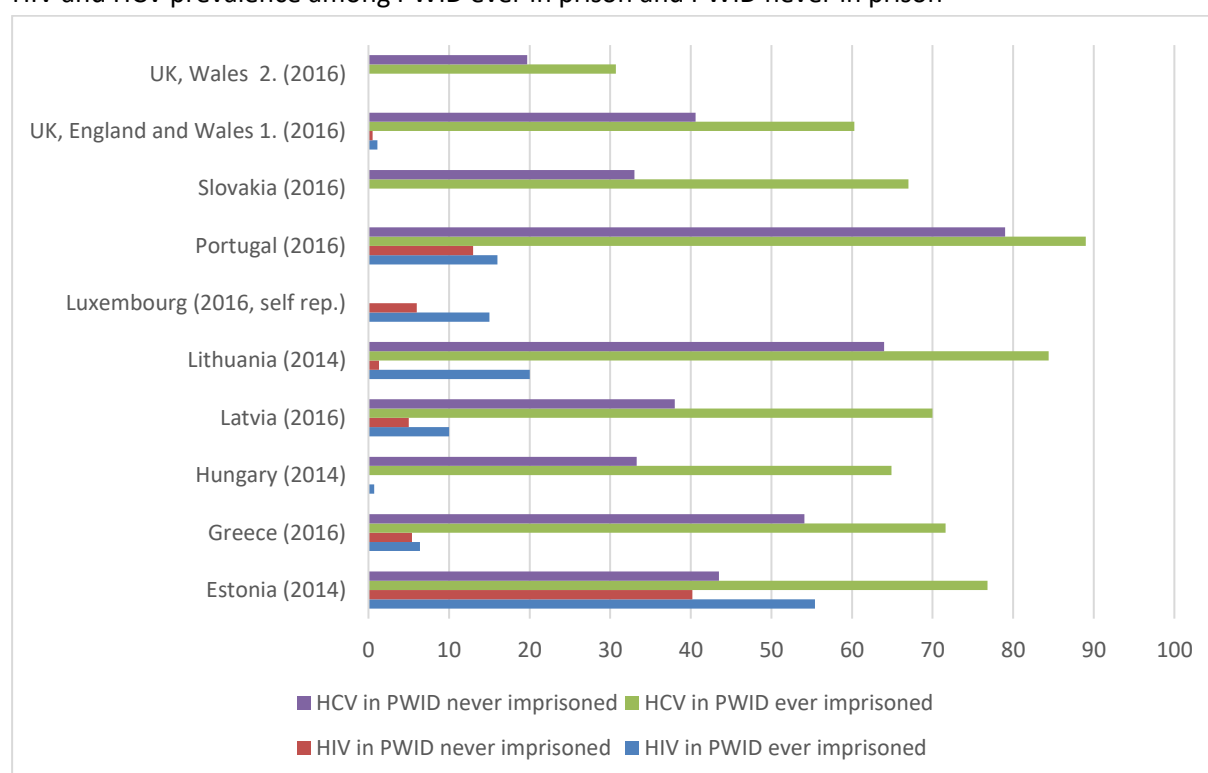
<sup>12</sup> In case of Sweden sample sizes were very low, thus interpretation of prevalence data is limited.

#### 4.1.3.3. Prevalence of HIV, HBV and HCV among PWID with prison history

According to 2018 European Drug Report of the EMCDDA<sup>13</sup> ‘analysis of data on HIV and HCV prevalence among people who inject drugs from 17 European countries, covering 2006 to 2017, showed that the prevalence of these infections was significantly higher among individuals with a history of incarceration in most countries: 10 out of 17 countries in the case of HIV and 14 out of 17 in the case of HCV. ‘

In the case of selected countries (where data was available for 2016 or if a specific reporting year was indicated by the national expert through the NEC) related data was retrieved from EMCDDA ST9 tables in order to visualize difference in HIV/HCV prevalence rates between PWID with prison history and PWID never have been imprisoned.

HIV and HCV prevalence among PWID ever in prison and PWID never in prison



Source: ST9 table EMCDDA

#### 4.1.4. Fatal and non-fatal overdose among prisoners

<sup>13</sup> available at:

[http://www.emcdda.europa.eu/system/files/publications/8585/20181816\\_TDAT18001ENN\\_PDF.pdf](http://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001ENN_PDF.pdf)

Release from prison is a particularly high-risk period for those with a history of opioid use. To address this, a number of countries have developed innovative programmes that provide naloxone and training for those being released from prison.<sup>14</sup>

Little is known, however, about the prevalence of overdose episodes within the prisons, especially about non-fatal overdoses. Based on the Prison Workbooks and the National Expert Consultation only four references were identified, including only one about non-fatal overdoses. A study in Portugal () reported 2.1% of all inmates having had a non-fatal overdose during imprisonment. Fatal overdose in prisoners were assessed sporadically, some data available for England and Spain only. A Norwegian study found that the calculated risk is higher among those, who serve a relatively shorter (3-12 months) sentence<sup>15</sup>.

Data on distribution of naloxone upon release are included in 4.3.2 and data on health education to prevent overdose in prisons are available in 4.3.8.1.4.3.8.1

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<sup>14</sup> EMCDDA: European Drug Report 2018. p.14.

<sup>15</sup> Bukten, Anne; Stavseth, Marianne Riksheim; Skurtveit, Svetlana; Tverdal, Aage; Strang, John & Clausen, Thomas (2017). High risk of overdose death following release from prison: variations in mortality during a 15-year observation period. *Addiction*. ISSN 0965-2140. 112(8), s 1432- 1439 . doi: 10.1111/add.13803

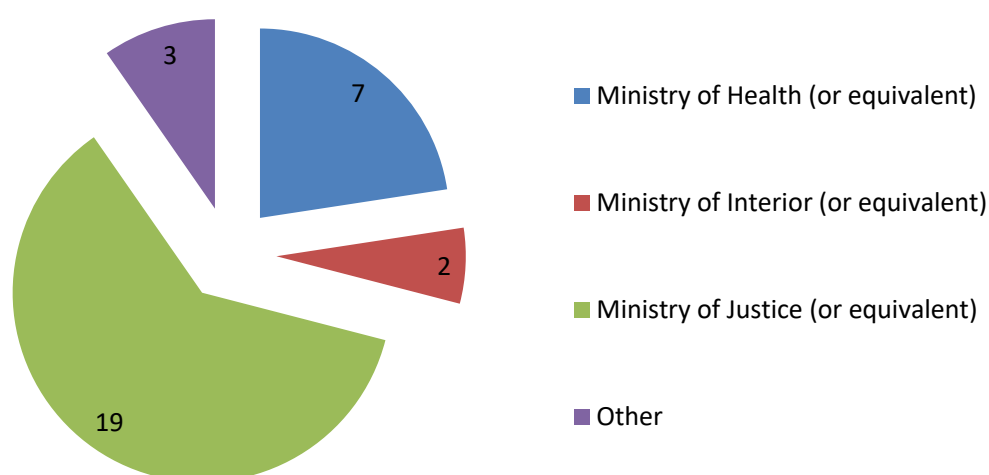
## 4.2. Strategy and Framework of harm reduction responses for prisoners

### 4.2.1. Institutional Framework

#### Responsible institution for prison health issues

Health issues and health-related treatment provision is mostly the responsibility of the Ministry of Justice in the majority of the European countries. 19 countries named the Ministry of Justice, 7 countries named Ministry of Health, two countries referred to the Ministry of Interior, further three stated that another public bodies are in charge of prison health. Although this is a rather theoretical approach and it may be stated that the cooperation is for sure there between the Health and the Justice sector, the owner of prison health counts in certain areas eg. financing, policy-making, supervising authority and attitude to service provision in general.

Distribution of the body (Ministry) responsible for prison health issues<sup>16</sup> (n=30<sup>17</sup>)

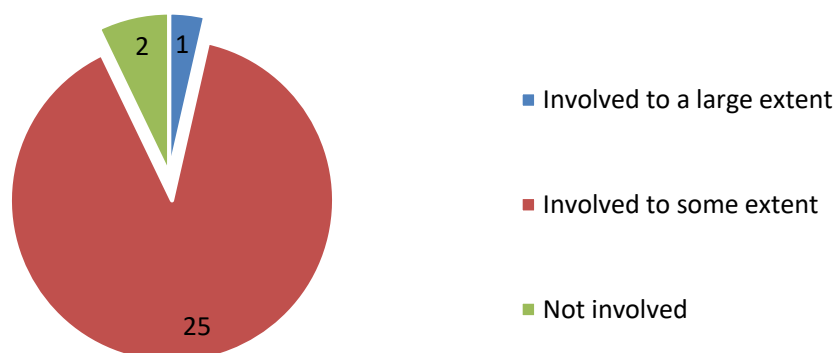


<sup>16</sup> Information was missing about two countries (GR, TY) and one country reported equal share of responsibility between Ministry of Justice and Health, that was counted to both categories.

<sup>17</sup> United Kingdom was represented with three units: England+Wales, Scotland, Northern Ireland.

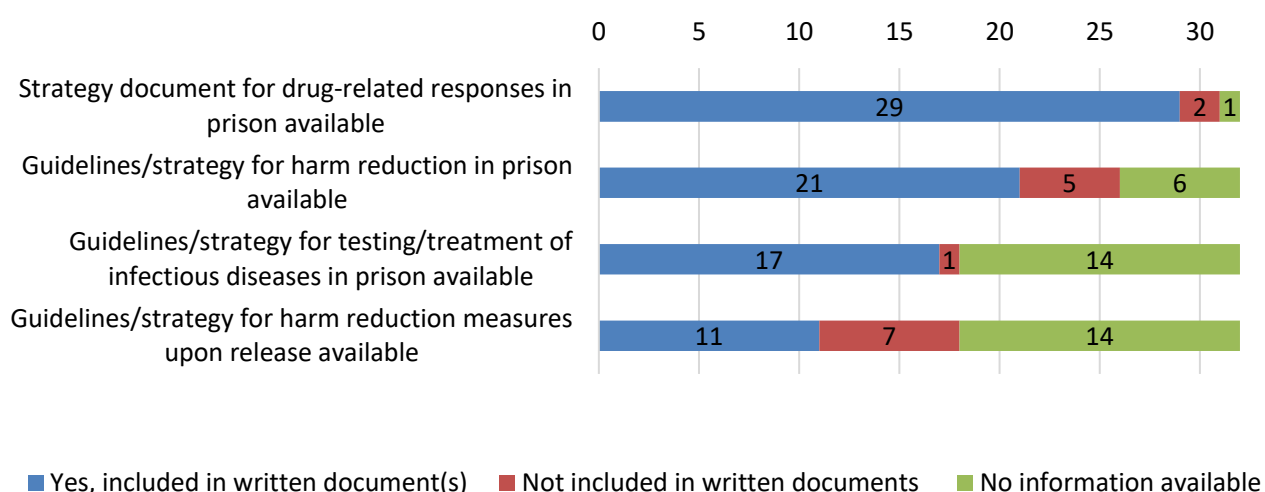
## Harm reduction service provision structure

Harm reduction service provision: involvement of community service providers (incl. NGOs) are reported as follows by 28 countries:



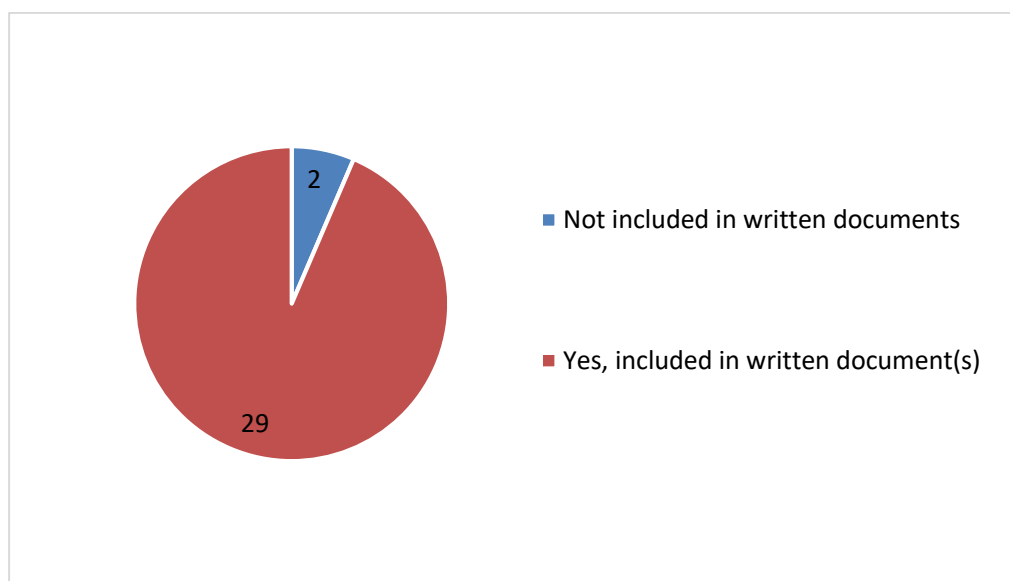
### 4.2.2. Strategies, guidelines

Inclusion of several topics relevant for the Joint Action in written policy documents (N=number of countries<sup>18</sup>)

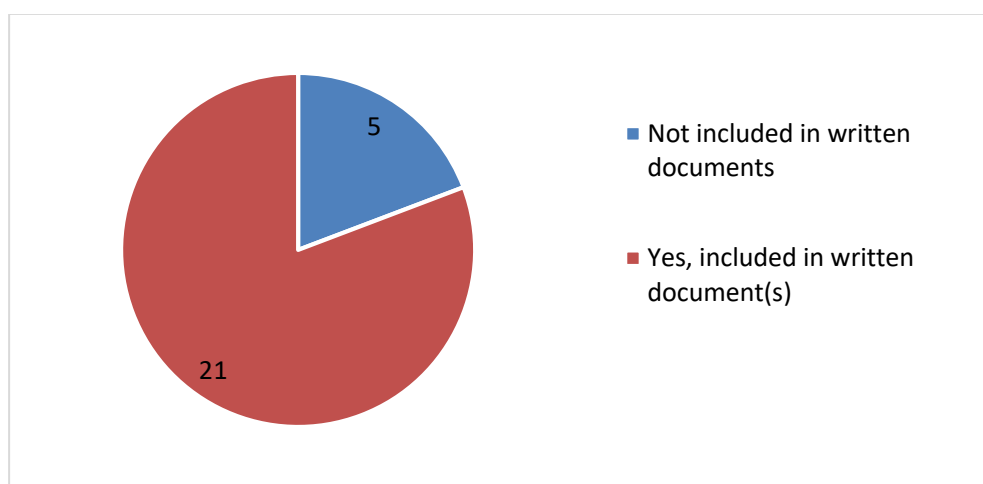


<sup>18</sup> United Kingdom was represented with three units: England+Wales, Scotland, Northern Ireland, thus the total is 32.

Inclusion of drug-related responses in prison in a strategy document (n=31<sup>19</sup>)



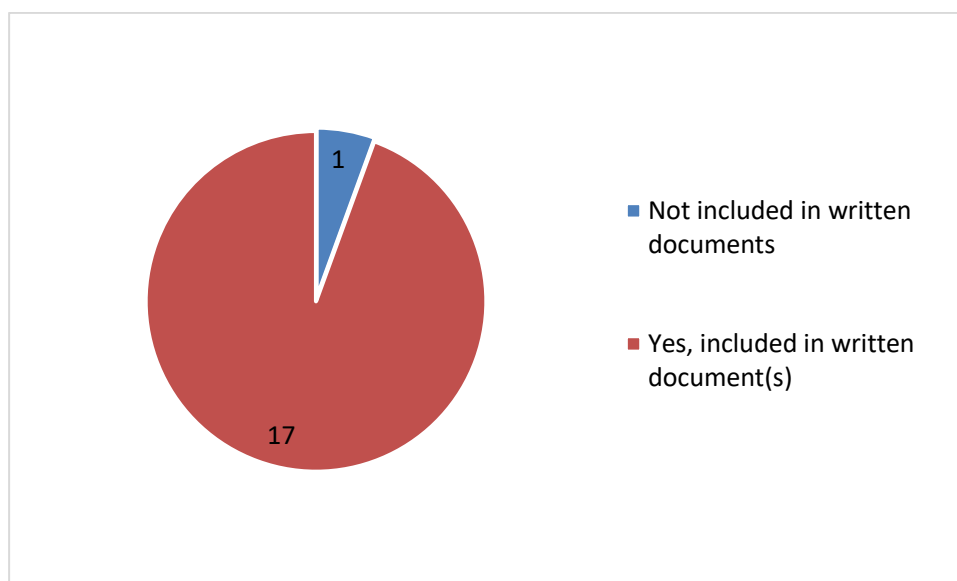
Inclusion of harm reduction in prison in a strategy document (n=26<sup>20</sup>)



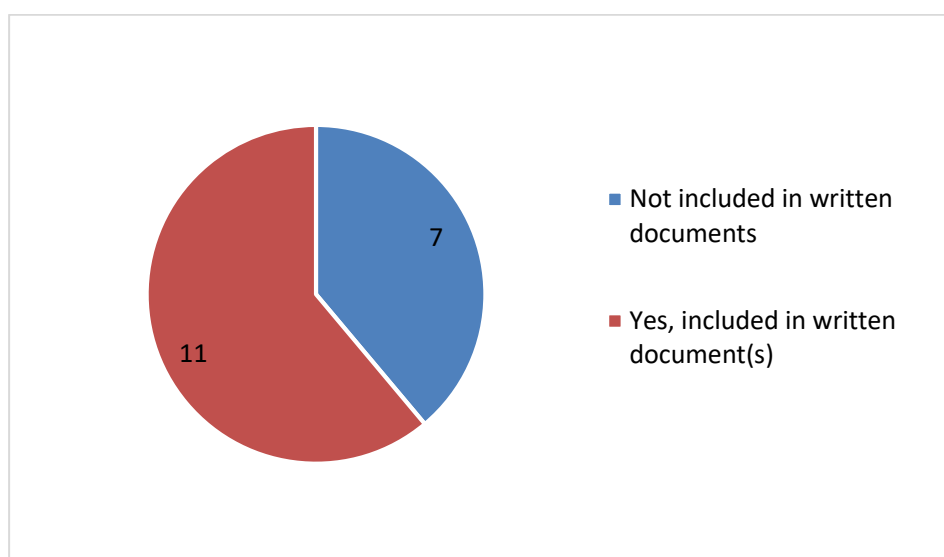
<sup>19</sup> United Kingdom was represented with three units: England+Wales, Scotland, Northern Ireland.

<sup>20</sup> United Kingdom was represented with three units: England+Wales, Scotland, Northern Ireland.

Inclusion of testing/treatment of infectious diseases in prison in a strategy document (n=18<sup>21</sup>)



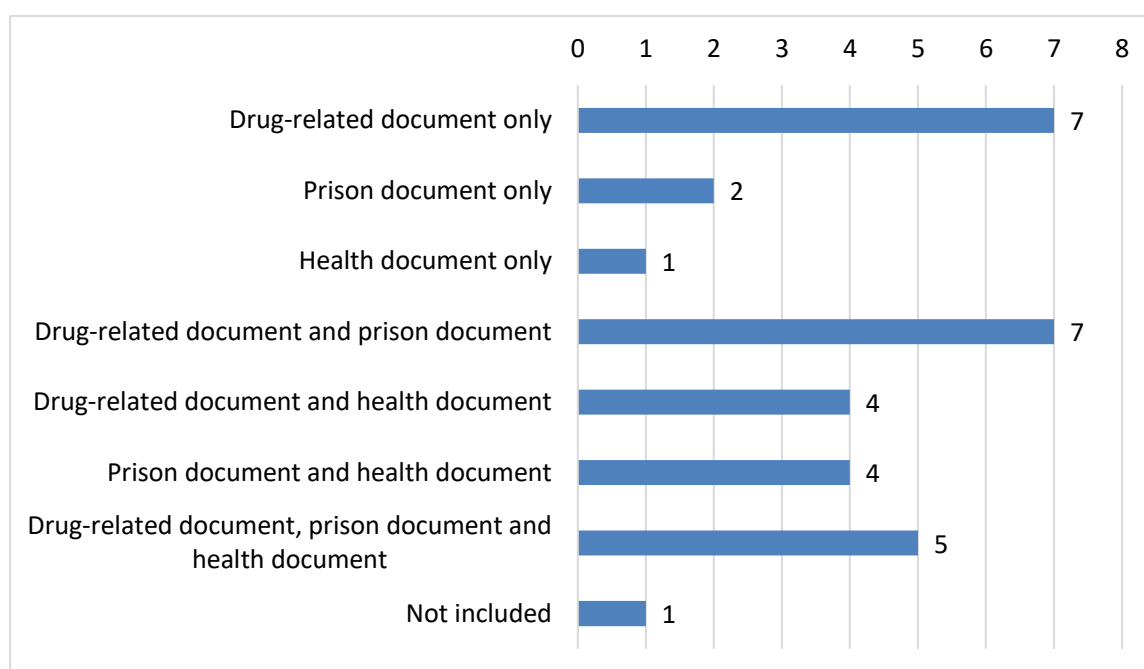
Inclusion of harm reduction measures upon release in prison setting in a strategy document (n=18<sup>22</sup>)



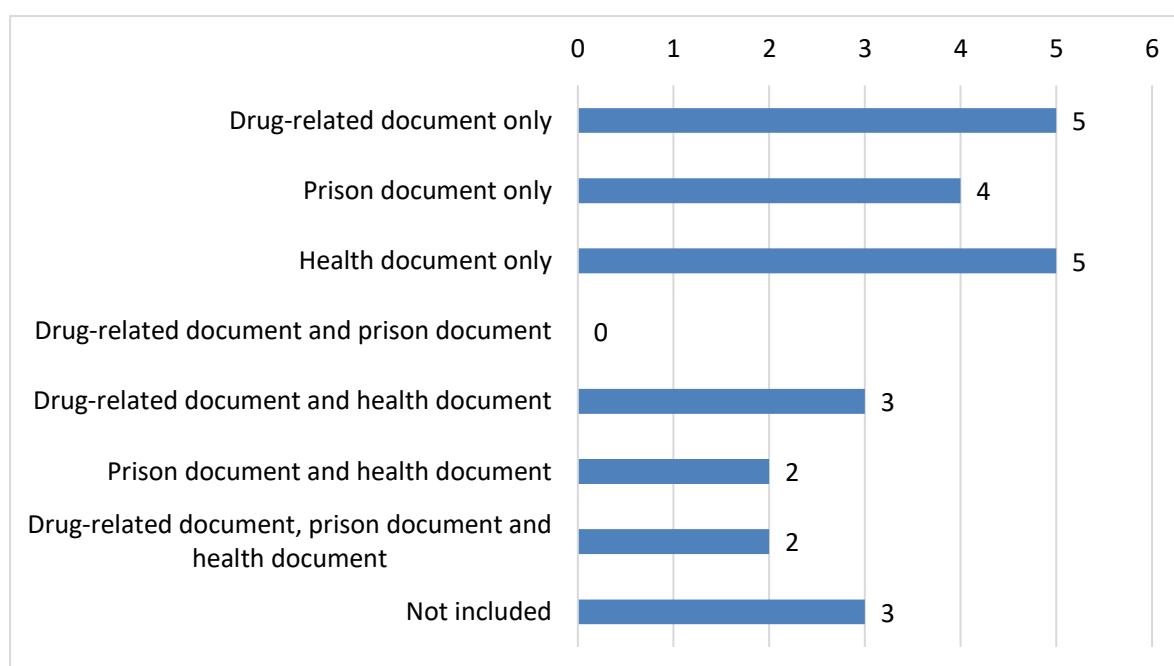
<sup>21</sup> United Kingdom was represented with three units: England+Wales, Scotland, Northern Ireland.

<sup>22</sup> United Kingdom was represented with three units: England+Wales, Scotland, Northern Ireland.

Document types where drug-related responses in prison were mentioned ( N=number of countries):

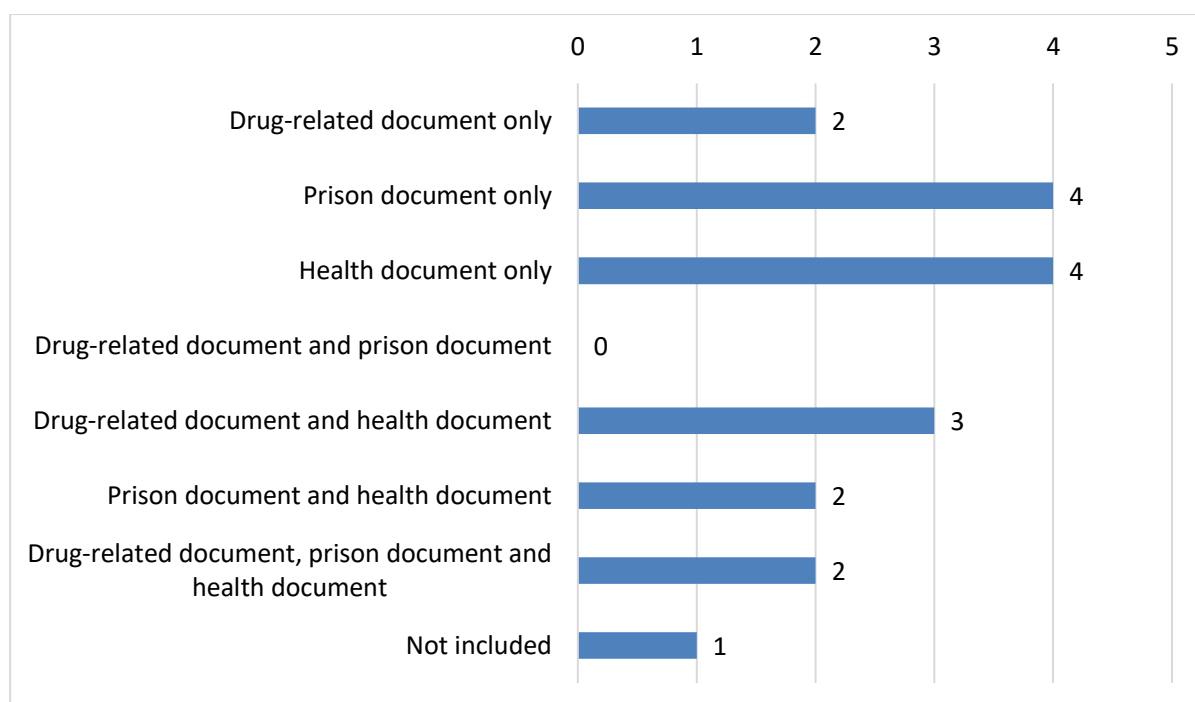


Document types where harm reduction in prison were mentioned ( N=number of countries):

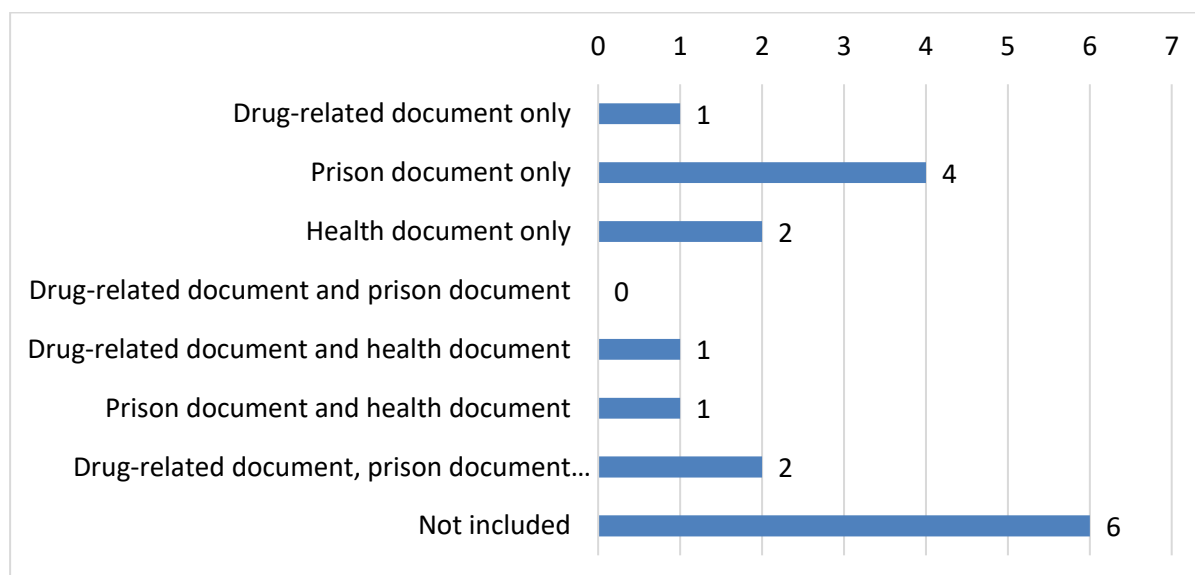




Document types where testing/treatment of infectious diseases in prison were mentioned (N=number of countries)



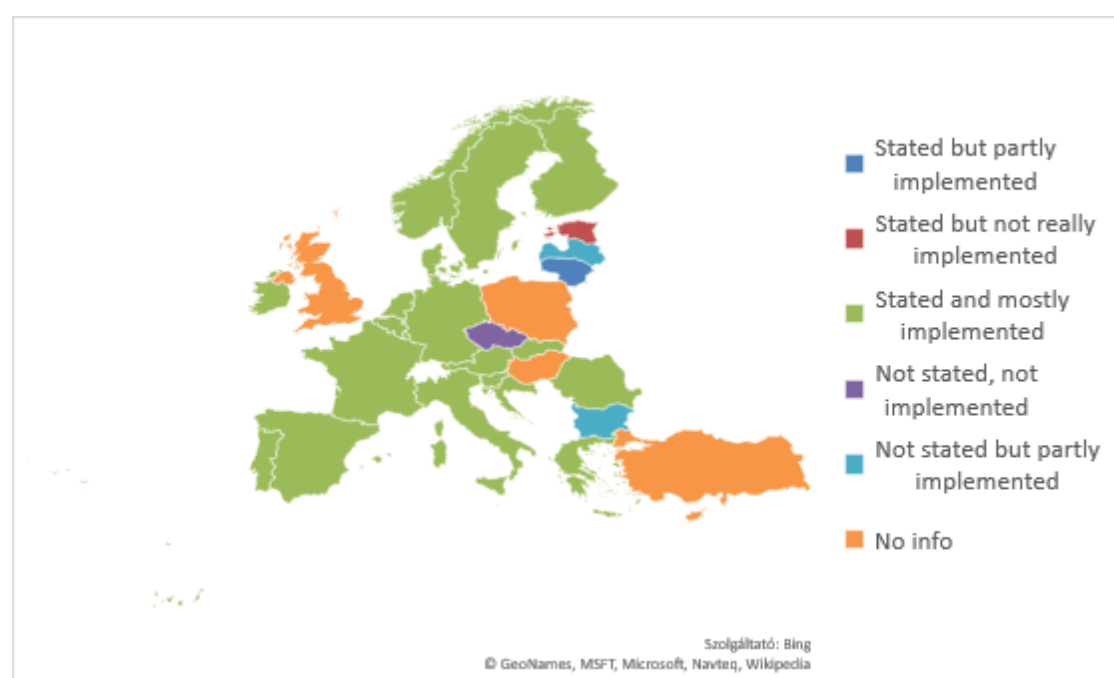
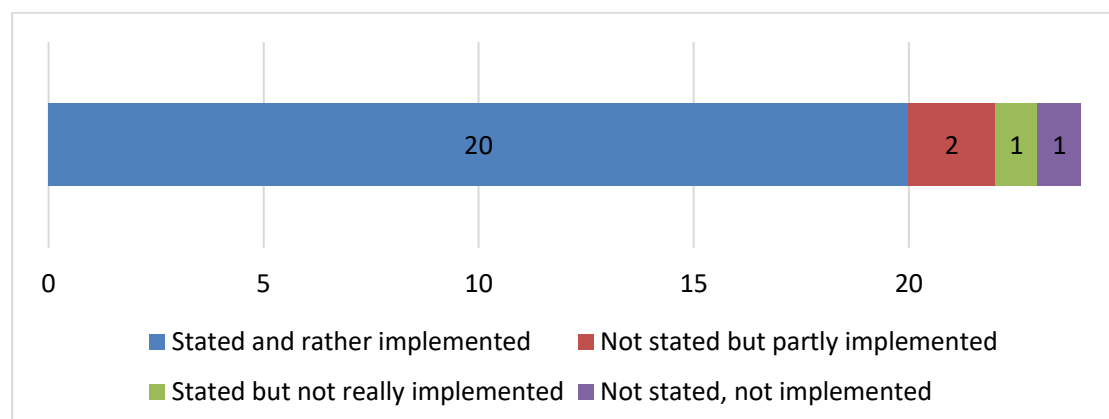
Document types where harm reduction measures upon release in prison were mentioned (N=number of countries)



### 4.2.3. Continuity of care and equivalence of care

Two important principles for the implementation of health interventions in prison are equivalence with provision in community settings and continuity of care after prison release. (EMCDDA European Drug Report 2018, p.74)<sup>23</sup>. Data included in the report rather stand for the perception of the fulfilment of those principles by the experts participating in the consultation process or description of principles retrieved from the national prison workbooks.

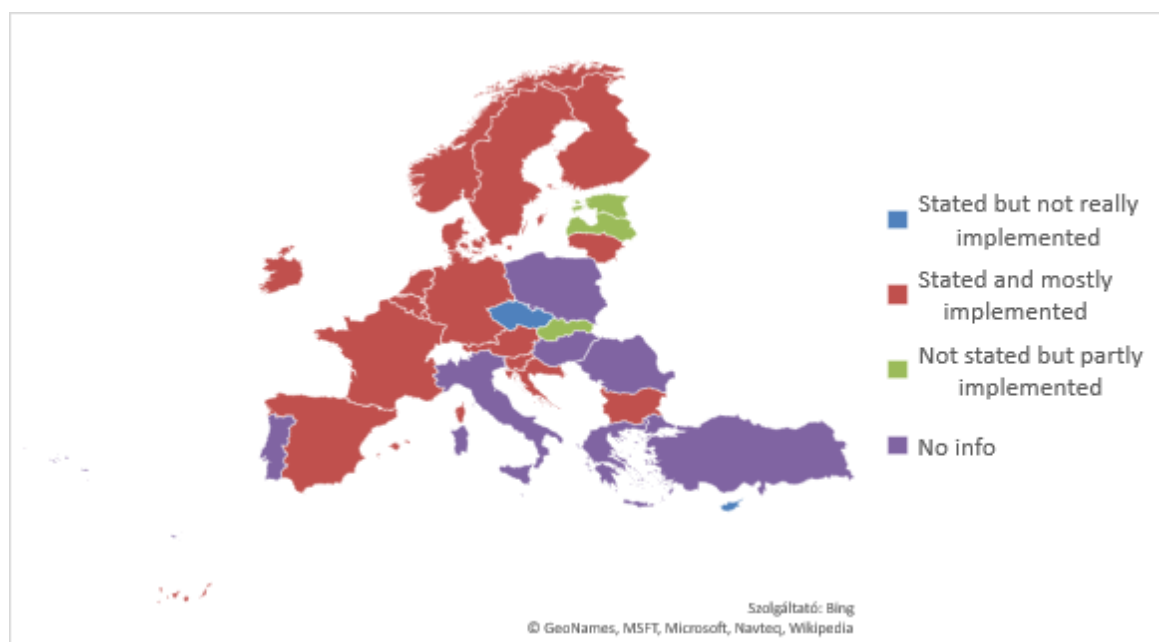
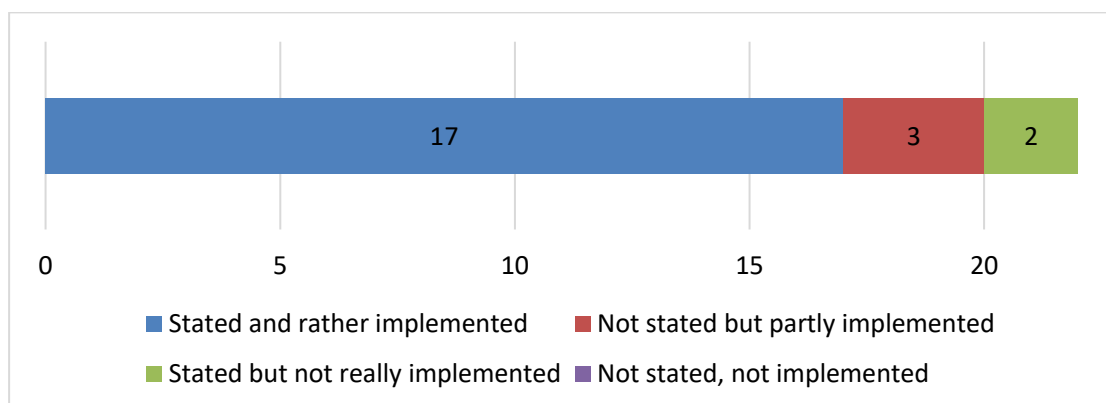
Equivalence of care (n=24)



<sup>23</sup> available at:

[http://www.emcdda.europa.eu/system/files/publications/8585/20181816\\_TDAT18001ENN\\_PDF.pdf](http://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001ENN_PDF.pdf)

## Continuity of care (n=22)



### 4.3. Availability and coverage of harm reduction responses

#### 4.3.1. Status upon entry

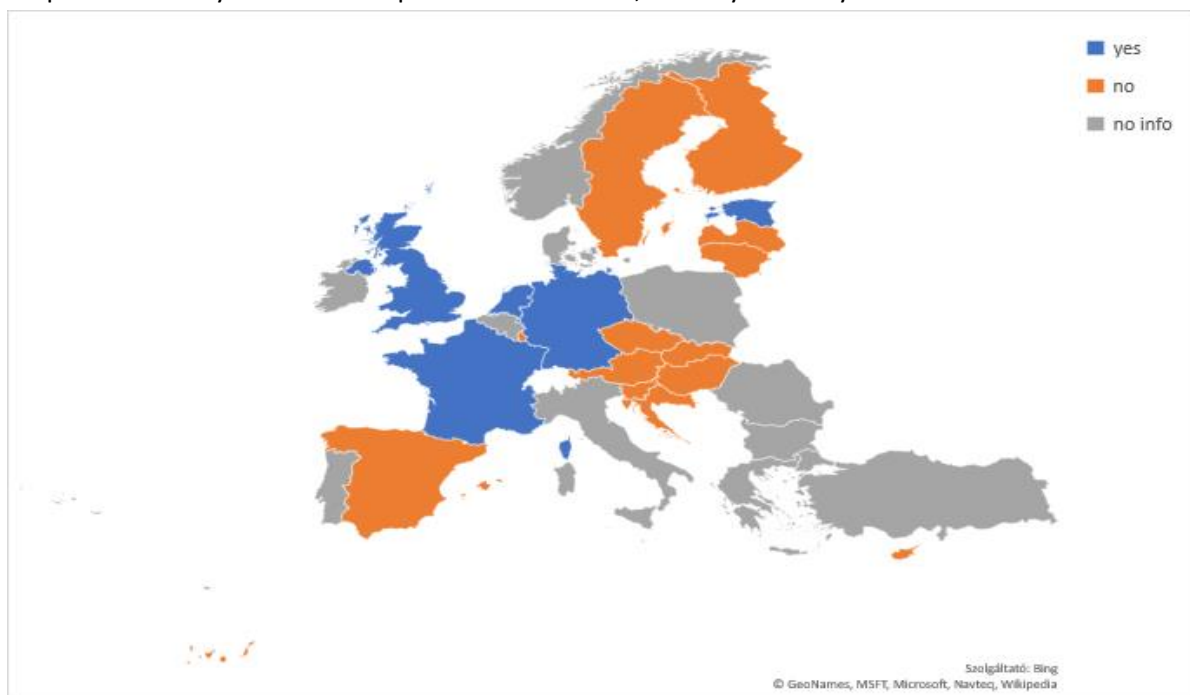
Out of 30 countries at 5 there where no information on whether there is a screening of prisoners for drug-related problems upon entry. In the rest of the countries it is available, however it is usually part of a general health/ mental health screening upon entry. In Spain evaluation for injecting related risk behaviours is part of the upon entry screening. (Source WB, NEC).

#### 4.3.2. Naloxone distribution upon release

Naloxone distribution is available in 5 countries, 13 countries reported that it is not available, while information could not be retrieved in case of 12 countries (source: WB, NEC).

Naloxone distribution upon release in England and Germany have been available in the framework of projects, while it is routinely available in Wales, Scotland, Northern Ireland, Estonia and France. In the Netherlands naloxone is available in general not explicitly upon release.

Map 1. Availability of naloxone upon release in EU28, Norway + Turkey



‘Sondhi et al (2016) conducted a study across ten prisons in England to analyse the perceptions of staff and prisoners regarding THN, and to assess the barriers preventing the training of prisoners and the effective and timely distribution of kits. They found confusion among staff and prisoners regarding the conflicting message that THN gave; concern regarding potential side effects and the consequences of being found in possession of THN; difficulties with the identification of prisoners that would benefit from THN, and encouraging these prisoners to take part in training; and logistical issues surrounding the training of prisoners and the distribution of kits at discharge. ‘(Source UK WB – 2017)

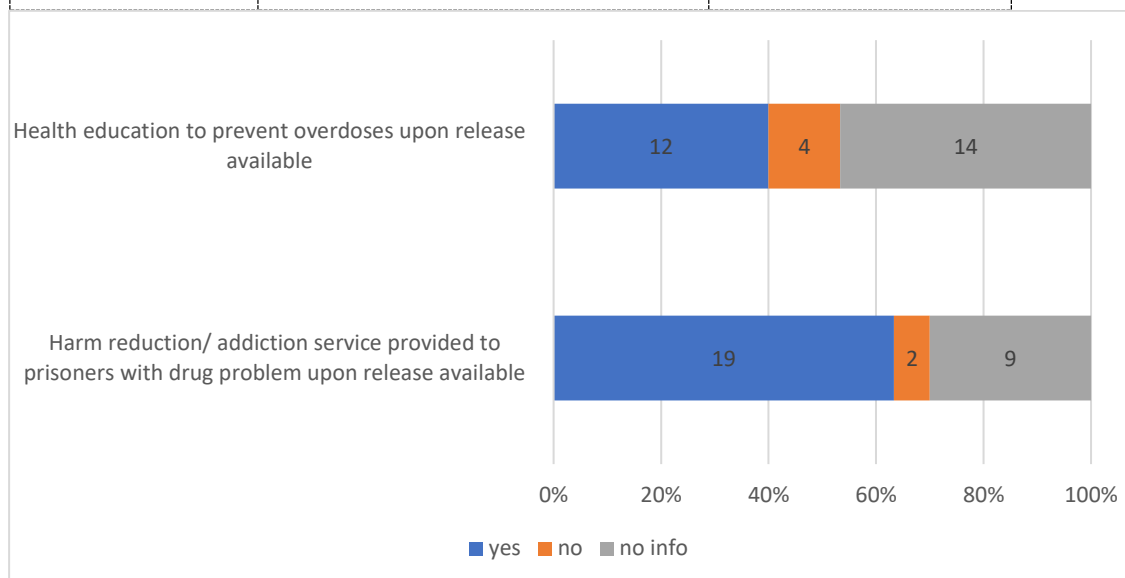
### 4.3.3. Other interventions upon release

Harm reduction or addiction service is provided to prisoners with drug problems in 19 countries, it is not available in 2 countries, while no information could be gained in case of 9 countries. In France for example a designated person coordinates continuity of care in the case of OST. In Spain also OST or other type of addiction treatment is organized before the release of prisoners with drug problems. In Germany in some prisons a higher dose of opioid substitution medication is provided before release and counselling takes place on risks before release. Croatia provides this support for prisoners in collaboration with external public health agencies and NGOs. In Lithuania this service is not available however some information is provided to prisoners.

Explicitly health education to prevent overdoses upon release available is in 12 countries, not available in 4 countries, while no information was available on this topic in 14 countries. (Source WB, SI, NEC).

Country	Harm reduction/ addiction service provided to prisoners with drug problem upon release available	Health education to prevent overdoses upon release available
Austria	yes	no
Croatia	yes	no
Belgium	yes	no info
Bulgaria	yes	no info
Denmark	yes	no info
Netherlands	yes	no info
Slovakia	yes	no info
Czech Republic	yes	yes
Estonia	yes	yes
Finland	yes	yes
France	yes	yes
Germany	yes	yes
Ireland	yes	yes
Latvia	yes	yes
Luxembourg	yes	yes
Slovenia	yes	yes
Spain	yes	yes
Sweden	yes	yes
UK: England + Wales	yes	yes
UK: Scotland	yes	yes
UK: Northern I.	yes	yes
Lithuania	no	no
Hungary	no	no
Cyprus	no info	no info

<b>Greece</b>	no info	no info
<b>Malta</b>	no info	no info
<b>Norway</b>	no info	no info
<b>Poland</b>	no info	no info
<b>Portugal</b>	no info	no info
<b>Romania</b>	no info	no info
<b>Turkey</b>	no info	no info
<b>Italy</b>	no info	no info

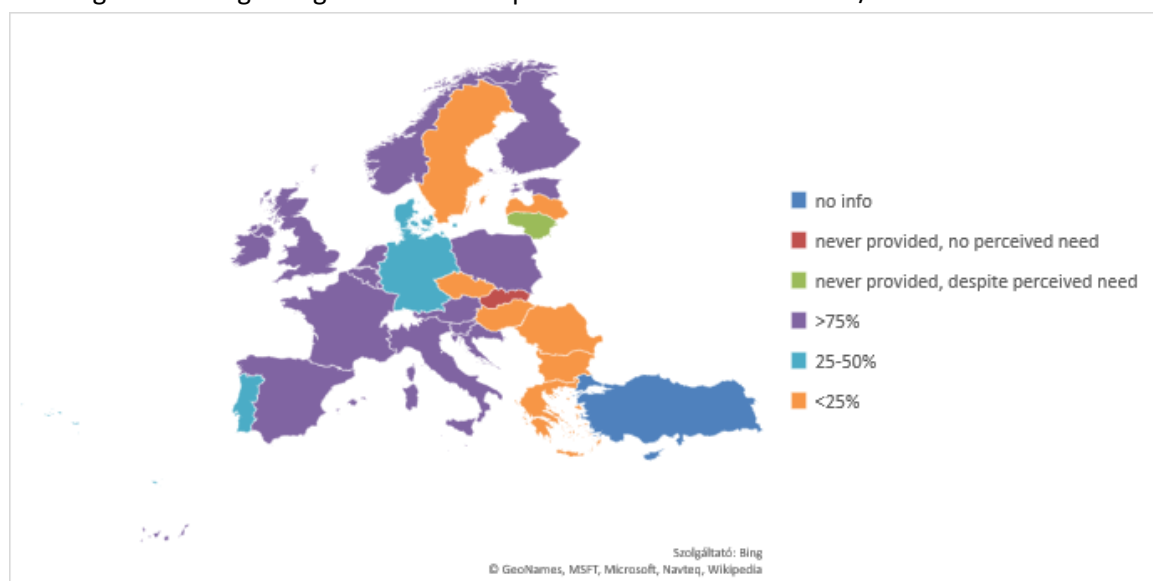


#### 4.3.4. Opioid substitution therapy in prisons – availability and coverage

Opioid substitution therapy (OST) is available in all but 2 countries (Lithuania, Slovakia) in prisons. Coverage of OST regarding the number of prisons where available in a given country varies greatly between monitored countries. (EMCDDA SB, NEC)

In 16 countries more than 75% of prisons per country provide OST for prisoners<sup>24</sup>. In 3 countries 25-50% of prisons, while in 7 countries less than 25% of prisons provide such service. No info was available at 2 countries. In Lithuania it is not provided despite perceived need while in Slovakia it is not provided and there is no perceived need. (Source: SQ27 part1 2016 or latest data reported in 2017 or before, ECDC, WB, NEC)

Coverage of OST regarding the number of prisons where available 2016/2017



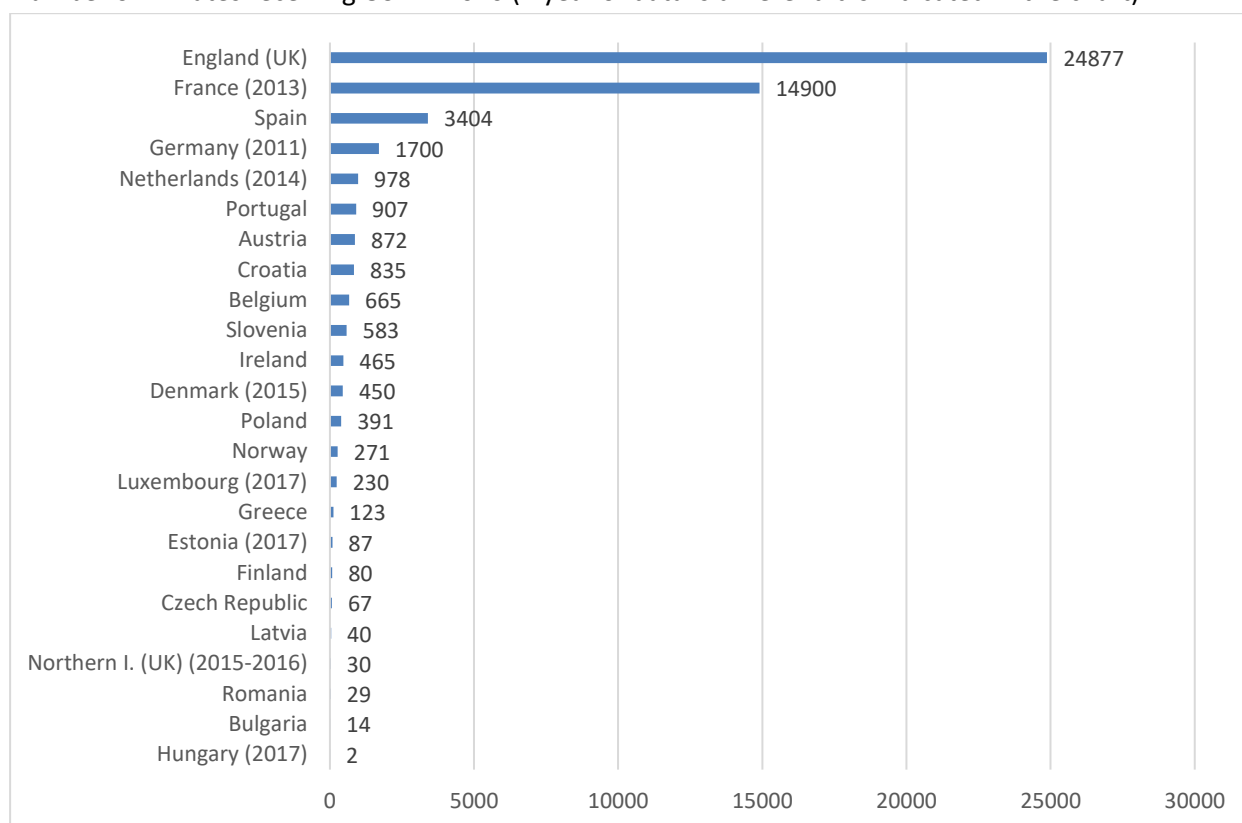
Regarding actual coverage of OST on the basis of what percent of prisoners in need can obtain such service is much lower. Estimates were only available from a few countries through the national expert consultation process.

Country	OST coverage 2. % of prisoners in need receive OST
Croatia	Don't know
Luxembourg	Full coverage: 95-100% of prisoners in need are in OST
Slovenia	Full coverage: 95-100% of prisoners in need are in OST
Spain	Full coverage: 95-100% of prisoners in need are in OST
Finland	Medium coverage: 30-60% of prisoners in need are in OST
Czech Republic	Low coverage: < 30% of prisoners in need are in OST
Estonia	Low coverage: < 30% of prisoners in need are in OST

countries not listed did not provide information at this variable.

<sup>24</sup> In Scotland there was no info on coverage of OST.

Number of inmates receiving OST in 2016 (if year of data is different it is indicated in the chart)



Cyprus	no info
Italy	no info
Malta	no info
Sweden	no info
Turkey	no info
UK: Scotland	no info
Lithuania	no OST
Slovakia	no OST

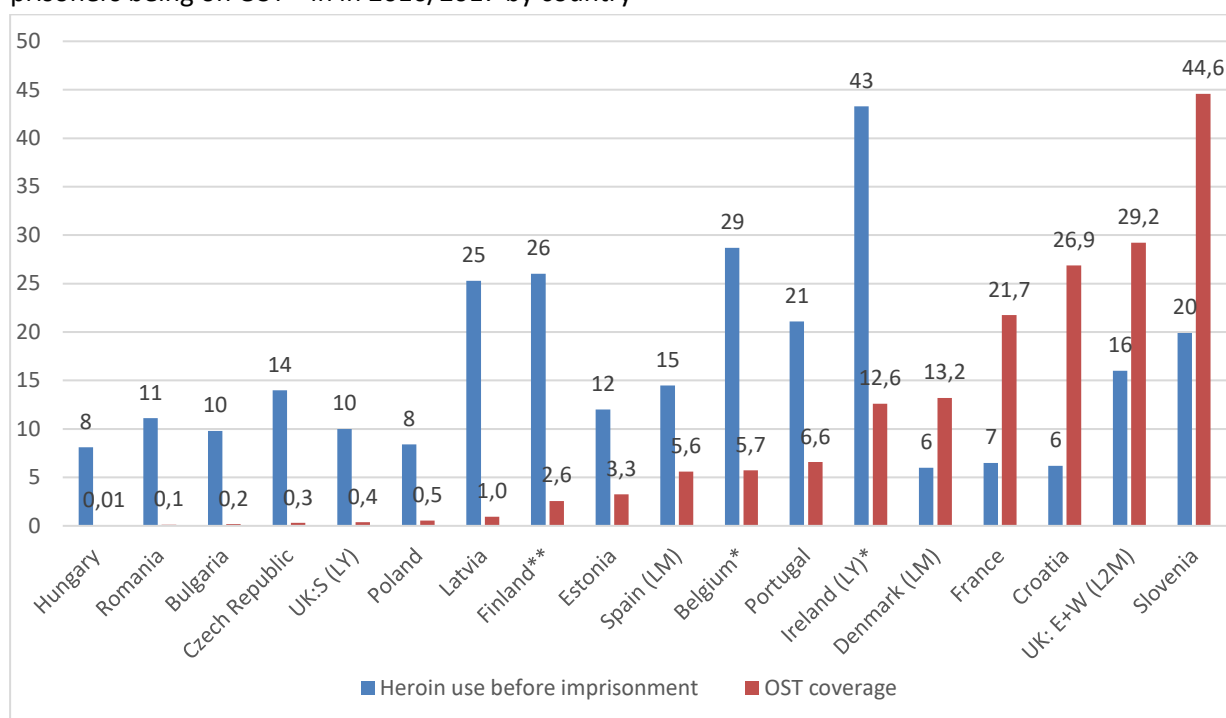
(Source: ST 24 reporting year 2017 - data 2016 or earlier; WB; SI, NEC)

Although coverage data (regarding prisoners in need being on OST) was available in only a few countries, comparing prevalence of heroin use before imprisonment and percentage of OST clients among all prisoners show that probably in the majority of the countries OST provision in prison should be scaled up. Out of 18 countries<sup>25</sup> where both information was available only in 5 countries was percentage of OST clients among prisoners higher than prevalence of heroin use before imprisonment.

<sup>25</sup> During this analysis UK Scotland and UK – England and Wales counted as 2 due to separate data on this topic.



Prevalence (%) of heroin use before imprisonment among prisoners<sup>26</sup> and percentage (%) of prisoners being on OST<sup>27</sup> in in 2016/2017 by country <sup>28</sup>



\*Drug use prior to and during imprisonment

\*\* data refers to all opioids

LM: refers to last month instead of lifetime prevalence

L2M: refers to last 2 months instead of lifetime prevalence

LY: refers to last year instead of lifetime prevalence

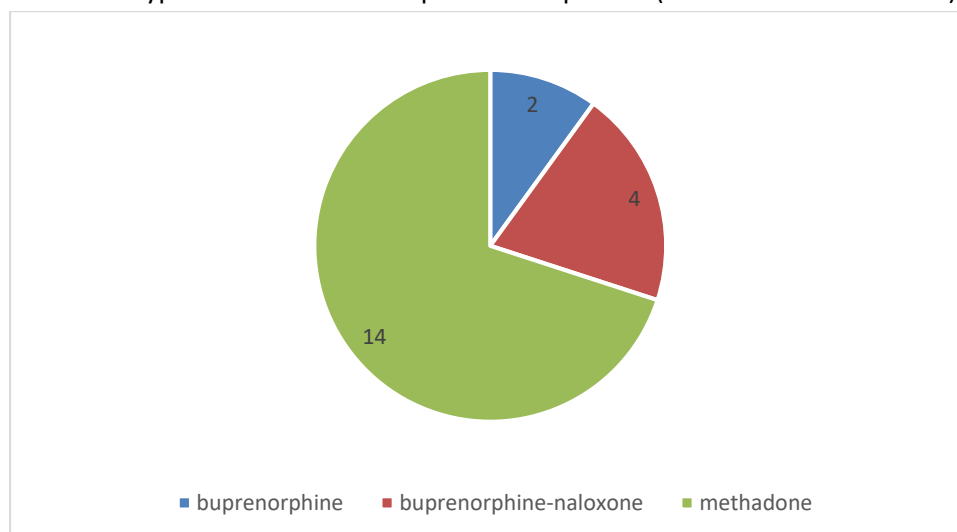
Out of the 28 countries where OST is available in prison, in 20 countries data was available on which type of OST medication is applied in most of the cases. The dominant medication in the majority of countries is methadone (14), followed by buprenorphine-naloxone (4), and then buprenorphine (2).

<sup>26</sup> for data source and methodology see: 0

<sup>27</sup> The numerator was: latest available number of OST client data in prison, the denominator was N of prisoners (stock data) on 1 September 2016. As stock data was used in the calculation percentage of OST clients among all prisoners is probably overestimated.

<sup>28</sup> Year of data for OST clients: France (2013); Germany (2011); Netherlands (2014).

Dominant type of OST medication provided in prisons (N= number of countries)



Source: WB+NEC

Out of the 28 countries that provide OST in prison OST detoxification is available in 20 while 8 did not provide information on this. OST can be continued for prisoners already in OST upon entry in 21 countries, while in the remaining 7 no information was provided on this. OST can be initiated after entering prison in 13 countries, 3 EU Member states reported that it was not possible, while no information is available in the case of 12 countries. In the case of 8 countries OST can also be initiated before release (no: 5, no info: 15).

Country	OST Detoxification available	OST continued for prisoners already in OST before entering prison available	OST initiated after entering prison available	OST initiated before release available
<b>Austria</b>	yes	yes	yes	no info
<b>Belgium</b>	yes	yes	yes	no info
<b>Bulgaria</b>	no info	no info	no info	no info
<b>Croatia</b>	yes	yes	yes	yes
<b>Cyprus</b>	yes	yes	yes	no info
<b>Czech Republic</b>	yes	yes	no	no
<b>Denmark</b>	yes	no info	no info	no info
<b>Estonia</b>	yes	yes	no	no
<b>Finland</b>	yes	yes	yes	Yes
<b>France</b>	yes	yes	yes	yes
<b>Germany</b>	yes	yes	yes	yes
<b>Greece</b>	no info	no info	no info	no info
<b>Hungary</b>	yes	yes	yes	no
<b>Ireland</b>	yes	yes	no info	no info
<b>Italy</b>	no info	no info	no info	no info

<b>Latvia</b>	yes	yes	no	no
<b>Luxembourg</b>	yes	yes	yes	yes
<b>Malta</b>	no info	no info	no info	no info
<b>Netherlands</b>	no info	yes	no info	no info
<b>Norway</b>	no info	yes	no info	no info
<b>Poland</b>	no info	yes	no info	no info
<b>Portugal</b>	yes	yes	yes	no info
<b>Romania</b>	yes	no info	no info	no
<b>Slovenia</b>	yes	yes	yes	yes
<b>Spain</b>	yes	yes	yes	yes
<b>Sweden</b>	yes	yes	no info	no info
<b>Turkey</b>	no info	no info	no info	no info
<b>UK</b>	yes	yes	yes	yes
<b>Total for yes</b>	<b>20</b>	<b>21</b>	<b>13</b>	<b>8</b>
<b>Total for no</b>			<b>3</b>	<b>5</b>
<b>Total for no info</b>	<b>8</b>	<b>7</b>	<b>12</b>	<b>15</b>

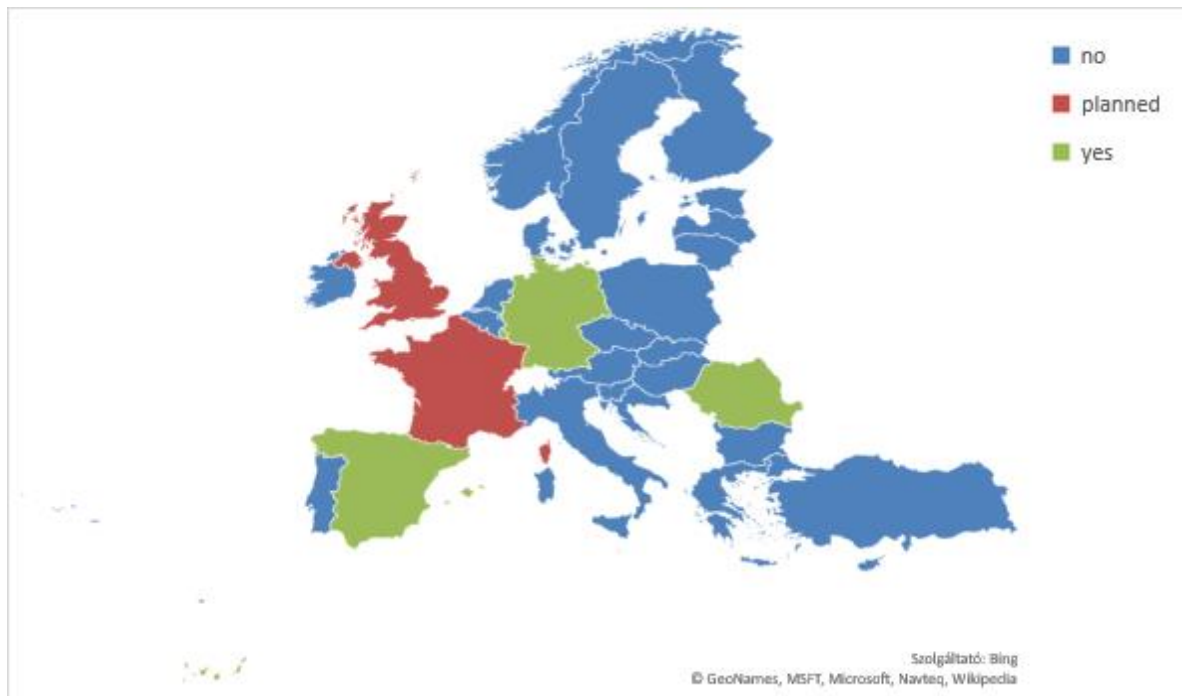
Source: WB+NEC

#### 4.3.5. Needle and Syringe Programmes in Prisons – availability and coverage

One of the main pillars of infectious diseases prevention – provision of sterile injecting equipment – is only available for prisoners in a limited number of countries. According to reports the reasons for not providing such services are: the prohibition on drugs in prison but also the safety of the prison staff. Nevertheless, such coverage levels highly question results regarding questions on continuity and equivalence of care. (See: **Hiba! A hivatkozási forrás nem található.**)

Only 4 countries (Spain, Germany, Luxembourg, Romania) reported to have NSP services in prison settings, in Spain and Luxembourg other sterile equipment is also provided (See box below on Spain). France and England are planning and preparing to implement NSP in prisons. In France other sterile injecting paraphernalia is already distributed. (Source: ST10; EMCDDA - SB; ECDC, NEC)

Availability of NPS in prisons, 2016/2017



\* planning in case of UK only reported by England.

Although available in 4 countries, recent data on the number of syringes distributed were only available from Luxembourg and Spain. (Source: ST10; NEC; ECDC). In Germany and Romania coverage was assessed low or not existing in the course of the ECDC 2018 Dublin Declaration Consultation (referring to the 2017 or recent situation). In Luxembourg and Spain the intervention is available in nearly all prisons. However, coverage in terms of reaching prisoners in need was assessed medium level by Spain and full by Luxembourg.

#### Coverage data of NSP in prisons, 2016/2017

Country	NSP year of introduction (Source: SB)	NSP coverage 1. - % of prisons where available (Source: ECDC)	NSP coverage 2. - % of prisoners in need receive NSP (Source: NEC)	N of prisons where NSP available /N of distributed syringes/ year of data (Source: ST10 + WB)
<b>Germany</b>	1996	Low coverage: available in < 30% of prisons	No info	1 prison/ no info on N of syringes/ 2013
<b>Luxembourg</b>	2005	Full coverage: available in 95-100% of prisons	Full coverage: 95-100% of prisoners in need have access to NSP	2 prisons / 1612 syringes / 2016
<b>Romania</b>	2008	No coverage	No info	9 sites/ 6300 syringes/ 2011; 0 syringes/ 2016
<b>Spain</b>	1997	Full coverage: available in 95-100% of prisons	Medium coverage: 30-60% of prisoners in need have access to NSP	26 sites/ 5018 syringes/ 2016 see box below

In Spain 'All prisons give out condoms and bleach in the form of hygienic kits. Condoms can also be obtained freely from the prison health services. With respect to the distribution and exchange of sterile needles and syringes, all the prisons under the General Secretariat of Penitentiary Institutions have the technical and legal conditions required for exchanging needles and syringes in the event that injected-route drug users are detected and there is a demand for sterile needles and syringes. The programme involves an exchange kit comprising a plastic bag containing a needle and syringe inside a transparent box, a disinfecting towel, distilled water and a condom.' (2017 Prison Workbook Spain)

#### 4.3.6. Bleach distribution

Distribution of disinfectants to clean drug use equipment is available in 8 countries (in UK – information is only available from England and Wales). 12 countries did not provide data on this, while 10 countries reported that it is not available in their prisons. Coverage data (regarding the % of prisons where the service is available) was only reported by 3 countries (Finland; UK- England; Spain) and were estimated to be full in 2 of them and high in one of them.

Country	Distribution of bleach available	Estimated coverage of bleach distribution: % of prisons where available
<b>Belgium</b>	yes	no info
<b>Denmark</b>	yes	no info

<b>Finland</b>	yes	Full coverage: in 95-100% of prisons the service is provided
<b>France</b>	yes	no info
<b>Lithuania</b>	yes	no info
<b>Norway</b>	yes	no info
<b>Spain</b>	yes	Full coverage: in 95-100% of prisons the service is provided
<b>UK: England + Wales</b>	yes	High coverage: in 61-95% of prisons the service is provided
<b>Croatia</b>	no info	no info
<b>Cyprus</b>	no info	no info
<b>Germany</b>	no info	no info
<b>Greece</b>	no info	no info
<b>Italy</b>	no info	no info
<b>Malta</b>	no info	no info
<b>Netherlands</b>	no info	no info
<b>Poland</b>	no info	no info
<b>Portugal</b>	no info	no info
<b>Romania</b>	no info	no info
<b>Sweden</b>	no info	no info
<b>Turkey</b>	no info	no info
<b>UK: Scotland</b>	no info	no info
<b>UK: Northern Ireland</b>	no info	no info
<b>Hungary</b>	no	no info
<b>Austria</b>	no	NR
<b>Bulgaria</b>	no	NR
<b>Czech Republic</b>	no	NR
<b>Estonia</b>	no	NR
<b>Ireland</b>	no	NR
<b>Latvia</b>	No	NR
<b>Luxembourg</b>	no	NR
<b>Slovakia</b>	no	NR
<b>Slovenia</b>	no	NR
<b>Total for yes</b>	8	-
<b>Total for no</b>	10	-
<b>Total for no info</b>	12	-

Source: WB+NEC

#### 4.3.7. Condom and lubricant distribution – availability and coverage

##### 4.3.7.1. Condom and lubricant distribution – availability

Condom distribution programmes for prisoners are available in 19 countries, in 5 countries it is not provided while 6 countries had no information on this in the related source or not fed back through NEC (see: **Hiba! A hivatkozási forrás nem található.**). Lubricants are provided in 8 countries, while at 4 there is no such intervention, in case of 18 countries information was not available on this topic.

Availability of condom/ lubricant distribution programmes for prisoners, 2016/2017

Country	Condom provision available	Lubricants provision available
Austria	yes	yes
Belgium	yes	yes
Bulgaria	yes	no info
Croatia	yes	no info
Cyprus	no	no info
Czech Republic	yes	no
Denmark	yes	no info
Estonia	no	no
Finland	yes	yes
France	yes	yes
Germany (2011, SI)	yes	yes
Greece	yes	no info
Hungary	no info	no info
Ireland	yes	no info
Italy	no info	no info
Latvia	no	no
Lithuania	yes	no
Luxembourg	yes	yes
Malta	no	no info
Netherlands	no info	no info
Norway	yes	no info
Poland	no	no info
Portugal	yes	no info
Romania	yes	no info
Slovakia	yes	no info
Slovenia	yes	yes
Spain	yes	yes
Sweden	no info	no info

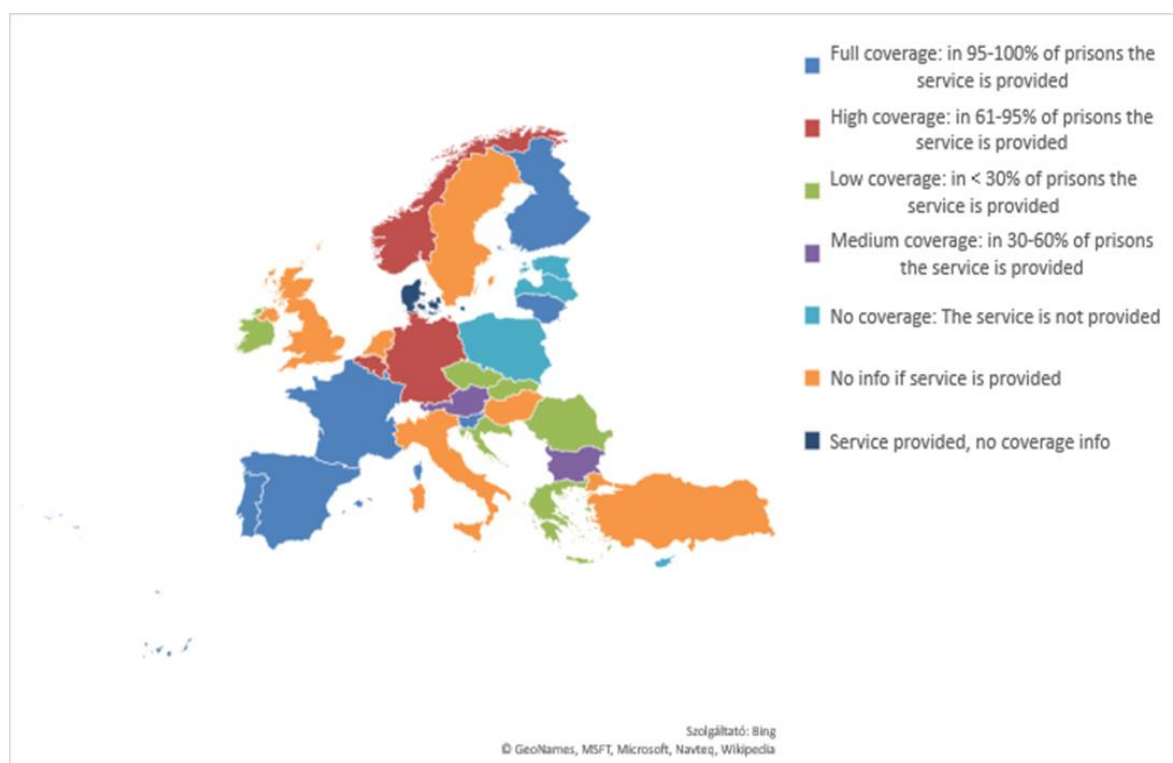
Turkey	no info	no info
UK: England + Wales	no info	no info
UK: Northern Ireland	no info	no info
UK: Scotland	no info	no info
<b>Total for yes</b>	<b>19</b>	<b>8</b>
<b>Total for no</b>	<b>5</b>	<b>4</b>
<b>Total for no info</b>	<b>6</b>	<b>18</b>

Source: WB, ECDC, SI, NEC

#### 4.3.7.2. Condom promotion and distribution programmes – coverage

In terms of condom promotion and distribution programmes coverage data was only gathered (to have a higher percent of reporting) on % of prisons where the service is provided in a given country which just partly reflects real coverage ( % of people in need who receive this service.) Full coverage is available in 7 countries, high coverage in 3, medium coverage in 2, while 6 countries reported low coverage of such intervention. In 5 countries these programmes do not exist, while in one, such service is provided however no information was available on coverage. Information was not available in case of 6 countries.

Estimated coverage of condom promotion and distribution programmes in prisons, % of prisons where it is provided, 2017<sup>29</sup> (Source: main source: ECDC – 2017 data; further sources WB, SI, NEC)



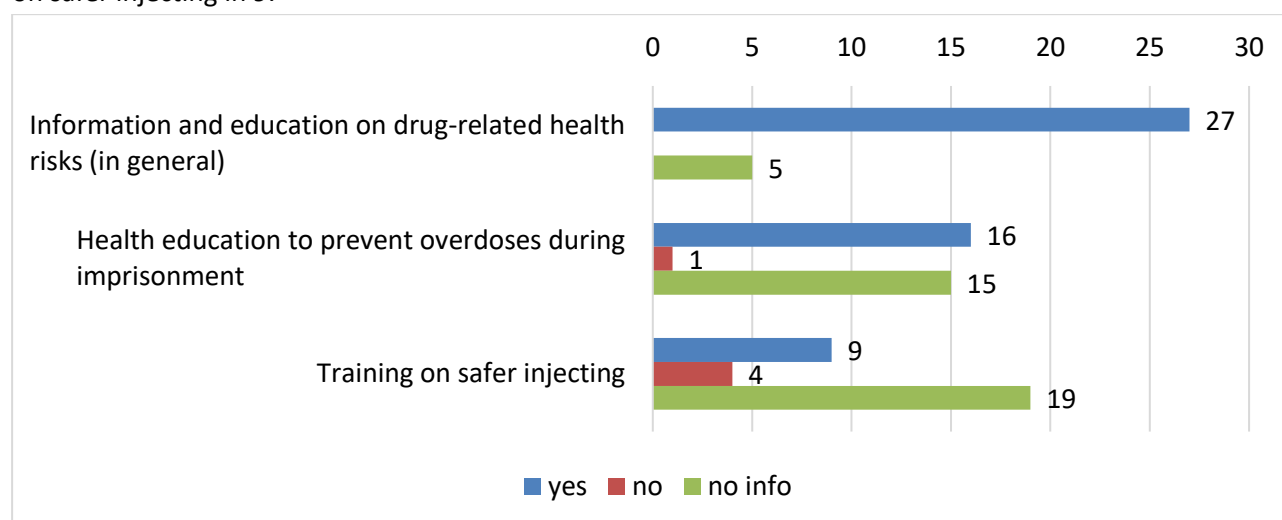
<sup>29</sup> In Germany data was retrieved from EMCDDA – Selected Issue published in 2011, data refers to 2010/2011.



### 4.3.8. Education/Counselling

#### 4.3.8.1. Availability of counselling on drug-related health problems (in general), overdose and training on safer injecting<sup>30</sup>

All countries where information was available reported to provide information and education on drug related health risks (27). More specific counselling and training was available to a lesser extent. Counselling to prevent overdose during imprisonment was available at 16 countries , while training on safer injecting in 9.



Detailed information about education and counselling activities on drug-related health problems (in general), overdose and training on safer injecting in the 30 countries (Total is 32– due to UK represented with 3 parts):

Country	Information and education on drug-related health risks (in general) available	Health education to prevent overdoses during imprisonment available	Training on safer injecting available
<b>Austria</b>	yes	no info	no info
<b>Belgium</b>	yes	yes	no info
<b>Bulgaria</b>	yes	no info	yes
<b>Croatia</b>	yes	yes	yes (but on drug use)
<b>Cyprus</b>	yes	no info	no info
<b>Czech Republic</b>	yes	no info	no
<b>Denmark</b>	no info	no info	no info

<sup>30</sup> Due to availability of information Scotland, Northern Ireland, England+Wales were counted separately except on the map/coverage.

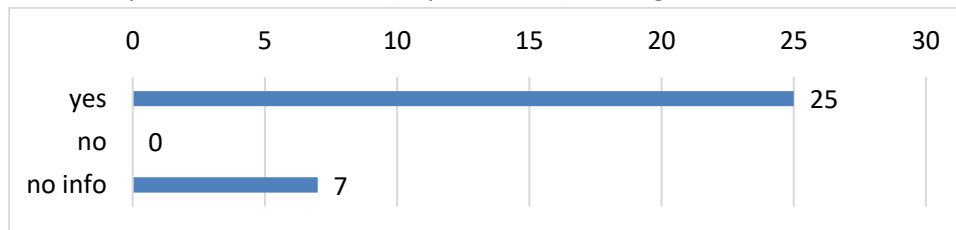
<b>Estonia</b>	yes	yes	no
<b>Finland</b>	yes	yes	yes
<b>France</b>	yes	no info	yes
<b>Germany</b>	yes	yes	yes
<b>Greece</b>	yes	yes	yes
<b>Hungary</b>	yes	yes	no
<b>Ireland</b>	yes	yes	no info
<b>Italy</b>	no info	no info	no info
<b>Latvia</b>	yes (for the staff)	yes (for the staff)	no info
<b>Lithuania</b>	yes	yes	no info
<b>Luxembourg</b>	yes	no	yes (during needle exchange)
<b>Malta</b>	no info	no info	no info
<b>Netherlands</b>	no info	no info	no info
<b>Norway</b>	yes	no info	no info
<b>Poland</b>	yes	no info	yes
<b>Portugal</b>	yes	no info	no info
<b>Romania</b>	yes	no info	no info
<b>Slovakia</b>	no info	no info	no info
<b>Slovenia</b>	yes	yes	no
<b>Spain</b>	yes	yes	yes (with training of health mediators see box below)
<b>Sweden</b>	yes	yes (upon release)	no info
<b>Turkey</b>	yes	no info	no info
<b>UK: England + Wales</b>	yes	yes	no info
<b>UK: Northern Ireland</b>	yes	yes	no info
<b>UK: Scotland</b>	yes	yes	no info
<b>Total 'yes'</b>	<b>27</b>	<b>16</b>	<b>9</b>
<b>Total 'no'</b>	<b>0</b>	<b>1</b>	<b>4</b>
<b>Total 'no info'</b>	<b>5</b>	<b>15</b>	<b>19</b>

In Spain 'training of health mediators as an education method among equals has been one of the most effective and efficient means of communication in prisons. The aim sought is to enable groups of inmates to act as health mediators and promote healthy lifestyles, by efficiently and effectively carrying out the role of agents for health. The contents worked by these sanitary agents with the rest of the inmates, to promote healthy life habits and style include: personal hygiene, safe sex and sexually transmitted diseases, lower risk consumption, sleeping habits, feeding and physical exercise, adherence to treatment, etc.' (2017 Prison Workbook, Spain)

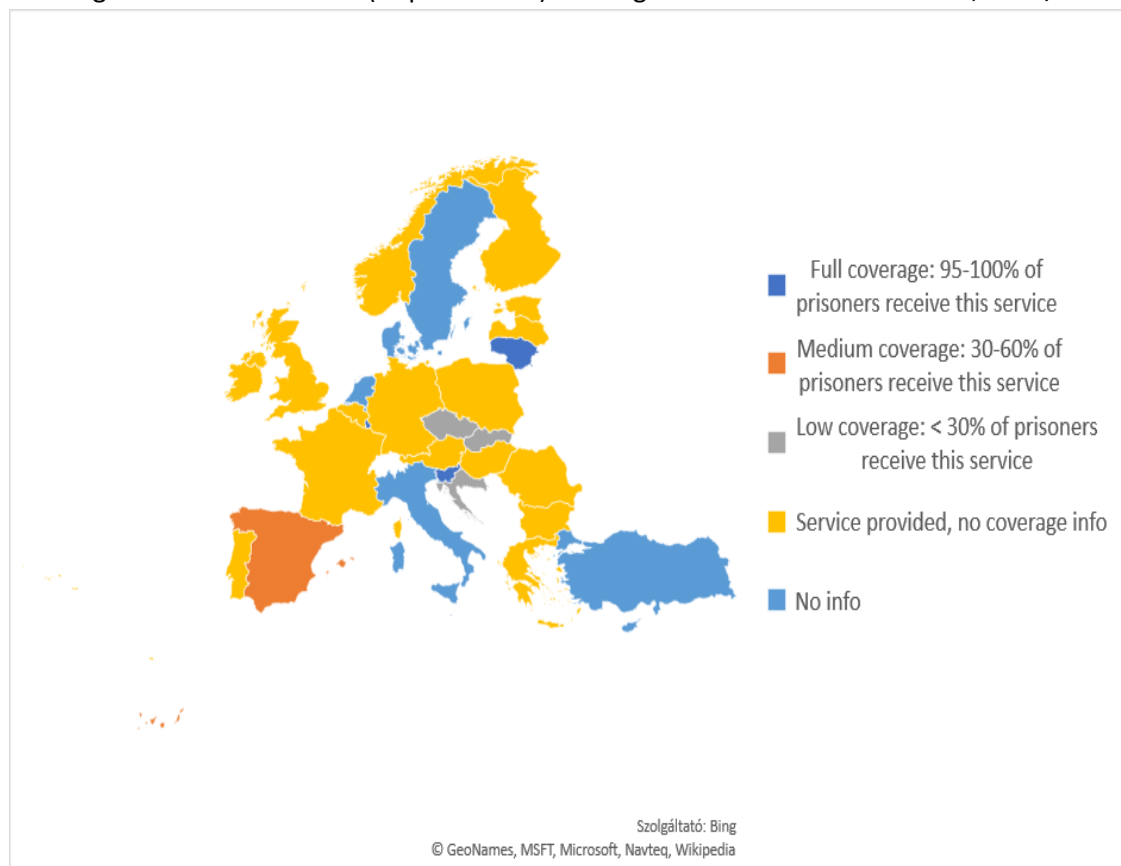
#### 4.3.8.2. Health education on drug-related infectious diseases – Availability and coverage<sup>31</sup>

All reporting countries stated that health education (as prevention) on drug-related infectious diseases is available for prisoners (25). However, coverage data varied and reporting coverage was quite low. 3 countries reported full coverage of such intervention, 1 reported medium coverage, while 3 reported low coverage. 16 countries where service is provided did not report on coverage, while 7 countries did not provide information if the intervention is available.

Availability of health education (as prevention) on drug-related infectious diseases, 2016/2017



Coverage of health education (as prevention) on drug-related infectious diseases, 2016/2017



<sup>31</sup> Due to availability of information Scotland, Northern Ireland, England+Wales were counted separately except on the map/coverage data.

Detailed information about infectious diseases related education activities by the 30 countries:

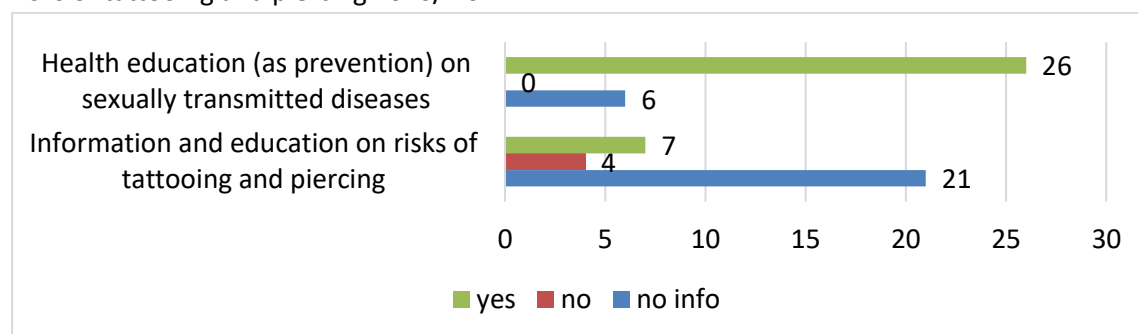
Country	Health education on drug-related infectious diseases available	Health education on drug-related infectious diseases coverage: % of prisoners receive it
<b>Austria</b>	yes	no info
<b>Belgium</b>	yes	no info
<b>Bulgaria</b>	yes	no info
<b>Croatia</b>	yes	low coverage: < 30% of prisoners receive this service
<b>Cyprus</b>	no info	no info
<b>Czech Republic</b>	yes	low coverage: < 30% of prisoners receive this service
<b>Denmark</b>	no info	no info
<b>Estonia</b>	yes	no info
<b>Finland</b>	yes	no info
<b>France</b>	yes	no info
<b>Germany</b>	yes	no info
<b>Greece</b>	yes	no info
<b>Hungary</b>	yes	no info
<b>Ireland</b>	yes	no info
<b>Italy</b>	no info	no info
<b>Latvia</b>	yes(for the staff)	no info
<b>Lithuania</b>	yes	full coverage: 95-100% of prisoners receive this service
<b>Luxembourg</b>	yes	full coverage: 95-100% of prisoners receive this service
<b>Malta</b>	no info	no info
<b>Netherlands</b>	no info	no info
<b>Norway</b>	yes	no info
<b>Poland</b>	yes	no info
<b>Portugal</b>	yes	no info
<b>Romania</b>	yes	no info
<b>Slovakia</b>	yes	low coverage: < 30% of prisoners receive this service
<b>Slovenia</b>	yes	full coverage: 95-100% of prisoners receive this service
<b>Spain</b>	yes	medium coverage: 30-60% of prisoners receive this service
<b>Sweden</b>	no info	no info
<b>Turkey</b>	no info	no info
<b>UK: England + Wales</b>	yes	no info
<b>UK: Northern Ireland</b>	yes	no info
<b>UK: Scotland</b>	yes	no info
<b>Total 'yes'</b>	<b>25</b>	<b>see map</b>
<b>Total 'no'</b>	<b>0</b>	<b>see map</b>
<b>Total 'no info'</b>	<b>7</b>	<b>see map</b>

Source: WB and NEC

#### 4.3.8.3. Health education on sexually transmitted diseases; HIV-related health promotion, safer tattooing/piercing – availability and coverage

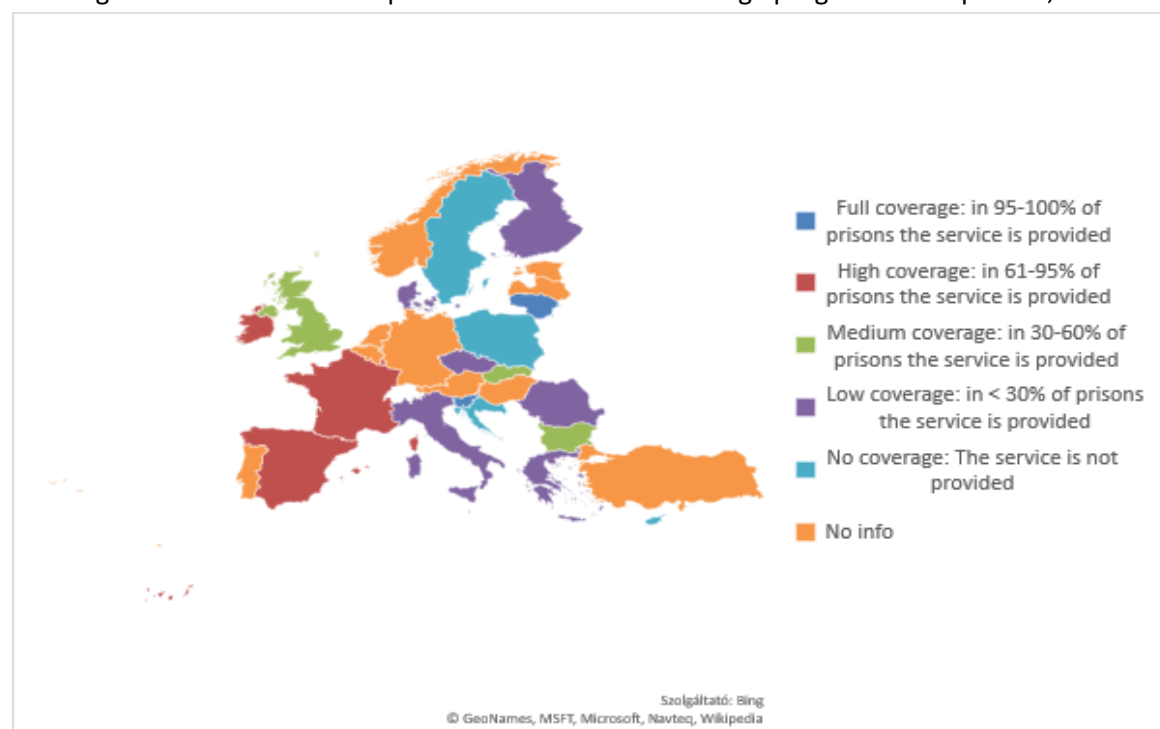
All reporting countries (26) stated that health education is also available on sexually transmitted diseases. Data on information and education on risks of tattooing and piercing were only available from 11 countries among which 7 reported that such intervention is available for prisoners.

Availability of health education (as prevention) on sexually transmitted diseases and information on risks of tattooing and piercing 2016/ 2017



Data was available at ECDC (gaps were filled by NEC) on coverage of HIV-related health promotion or behaviour change programmes in prisons – regarding the percentage of prisons per country where such intervention is available: 2 countries reported full, 4 high, 3 medium, while 7 countries low level of service provision. 4 countries stated that such programmes are not available in prisons, while 10 countries did not have information on this.

Coverage of HIV-related health promotion or behaviour change programmes in prisons, 2017



Detailed information about sexually transmitted diseases, safer piercing and tattooing related education activities, HIV-related health promotion and behavioural change programme by the 30 countries

Country	Information and education on risks of tattooing and piercing available	Health education (as prevention) on sexually transmitted diseases available	HIV-related health promotion or behaviour change programmes in prisons coverage (ECDC)
<b>Austria</b>	no	yes	no info
<b>Belgium</b>	no info	yes	no info
<b>Bulgaria</b>	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
<b>Croatia</b>	no info	yes	No coverage: The service is not provided
<b>Cyprus</b>	no info	no info	No coverage: The service is not provided
<b>Czech Republic</b>	no info	yes	Low coverage: in < 30% of prisons the service is provided
<b>Denmark</b>	no info	yes	Low coverage: in < 30% of prisons the service is provided
<b>Estonia</b>	no	yes	no info
<b>Finland</b>	no	yes	Low coverage: in < 30% of prisons the service is provided
<b>France</b>	yes	yes	High coverage: in 61-95% of prisons the service is provided
<b>Germany</b>	no	yes	no info
<b>Greece</b>	no info	yes	Low coverage: in < 30% of prisons the service is provided
<b>Hungary</b>	yes	yes	no info
<b>Ireland</b>	no info	yes	High coverage: in 61-95% of prisons the service is provided
<b>Italy</b>	no info	yes	Low coverage: in < 30% of prisons the service is provided
<b>Latvia</b>	no info	yes (for the staff)	no info
<b>Lithuania</b>	yes	yes	Full coverage: in 95-100% of prisons the service is provided
<b>Luxembourg</b>	yes (project based)	yes	High coverage: in 61-95% of prisons the service is provided
<b>Malta</b>	no info	yes	Low coverage: in < 30% of prisons the service is provided
<b>Netherlands</b>	no info	no info	no info
<b>Norway</b>	no info	yes	no info
<b>Poland</b>	no info	yes	No coverage: The service is not provided
<b>Portugal</b>	yes	yes	no info
<b>Romania</b>	no info	yes	Low coverage: in < 30% of prisons the service

			is provided
<b>Slovakia</b>	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
<b>Slovenia</b>	yes	yes	Full coverage: in 95-100% of prisons the service is provided
<b>Spain</b>	yes	yes	High coverage: in 61-95% of prisons the service is provided
<b>Sweden</b>	no info	no info	No coverage: The service is not provided
<b>Turkey</b>	no info	no info	no info
<b>UK: England + Wales</b>	no info	yes (total UK)	Medium coverage: in 30-60% of prisons the service is provided
<b>UK: Northern Ireland</b>	no info	no info	Medium coverage: in 30-60% of prisons the service is provided
<b>UK: Scotland</b>	no info	no info	Medium coverage: in 30-60% of prisons the service is provided
<b>Total 'yes'</b>	<b>7</b>	<b>26</b>	<b>see map</b>
<b>Total 'no'</b>	<b>4</b>	<b>0</b>	<b>see map</b>
<b>Total 'no info'</b>	<b>21</b>	<b>6</b>	<b>see map</b>

Source: WB, ECDC, NEC

### 4.3.9. Infectious diseases testing

#### 4.3.9.1. Availability of HIV/HCV/HBV/TB testing

Among those countries where data was available regarding testing for HIV/HCV/HBV/TB all of them reported that such intervention is available ( data available for HIV testing/HCV testing at 26 countries; for HBV testing at 25 countries; for TB at 17 countries)

Country (by alphabetical order)	HIV testing available	HCV testing available	HBV testing available	TB testing available
Denmark	no info	no info	no info	no info
Italy	no info	no info	no info	no info
Malta	no info	no info	no info	no info
Turkey	no info	no info	no info	no info
Belgium	yes	yes	no info	no info
UK: England + Wales	yes	yes	yes	no info
UK: Scotland	yes	yes	yes	no info
UK: Northern Ireland	yes	yes	yes	no info
Greece	yes	yes	yes	no info
Croatia	yes	yes	yes	no info
Sweden	yes	yes	yes	no info
Norway	yes	yes	yes	no info
Netherlands	yes	yes	yes	no info
Germany	yes	yes	yes	no info
Austria	yes	yes	yes	no info
Portugal	yes	yes	yes	no info
Ireland	yes	yes	yes	yes
Poland	yes	yes	yes	yes
Finland	yes	yes	yes	yes
Bulgaria	yes	yes	yes	yes
Hungary	yes	yes	yes	yes
Lithuania	yes	yes	yes	yes
Romania	yes	yes	yes	yes
Latvia	yes	yes	yes	yes
Czech Republic	yes	yes	yes	yes
Slovakia	yes	yes	yes	yes
Luxembourg	yes	yes	yes	yes
France	yes	yes	yes	yes
Spain	yes	yes	yes	yes
Cyprus	yes	yes	yes	yes
Estonia	yes	yes	yes	yes
Slovenia	yes	yes	yes	yes
<b>Total for yes</b>	<b>26</b>	<b>26</b>	<b>25</b>	<b>16</b>

Source: WB, SI, NEC



More detailed information is available in the table below regarding at which point of the incarceration HIV/HBV/HCV/TB testing is offered to prisoners.

Country	HIV testing	HCV testing	HBV testing	TB testing
<b>Austria</b>	yes, NS	yes, upon entry	yes, NS	no info
<b>Belgium</b>	yes, NS	yes, NS	no info	no info
<b>Bulgaria</b>	yes, upon entry + during IP	yes, project based	yes, project based	yes project based
<b>Croatia</b>	yes, NS	yes, NS	yes, NS	no info
<b>Cyprus</b>	yes, upon entry	yes, upon entry	yes, upon entry	yes, upon entry
<b>Czech Republic</b>	Yes, upon entry + during IP	yes, NS	yes, NS	yes, NS
<b>Denmark</b>	no info	no info	no info	no info
<b>Estonia</b>	yes, NS	yes, upon entry	yes, upon entry	Yes, upon entry + during IP
<b>Finland</b>	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP	Yes, upon entry + during IP	yes, NS
<b>France</b>	yes, upon entry	yes, upon entry	yes, upon entry	yes, upon entry
<b>Germany (SI)</b>	yes, upon entry + during IP	Yes, upon entry + during IP	Yes, upon entry + during IP	no info
<b>Greece</b>	yes, NS	yes, NS	yes, NS	no info
<b>Hungary</b>	yes, NS	yes, project based	yes, project based	yes, upon entry+yearly
<b>Ireland</b>	yes , NS	yes, NS	yes, NS	yes, NS
<b>Italy</b>	no info	no info	no info	no info
<b>Latvia</b>	yes, NS	yes, NS	yes, NS	yes, NS
<b>Lithuania</b>	yes, upon entry + yearly (see box below)	yes, NS	yes, NS	yes, NS
<b>Luxembourg</b>	yes, upon entry	yes, upon entry	yes, upon entry	Yes, upon entry
<b>Malta</b>	no info	no info	no info	no info
<b>Netherlands</b>	yes, upon entry	yes, upon entry	yes, upon entry	no info
<b>Norway</b>	yes, upon entry	yes, upon entry	yes, upon entry	no info
<b>Poland</b>	Yes, upon entry	yes, NS	yes, NS	yes, NS
<b>Portugal</b>	yes, upon entry + yearly	yes, upon entry + yearly	yes, upon entry + yearly	no info
<b>Romania</b>	yes , NS	yes, NS	yes, NS	yes, NS
<b>Slovakia</b>	yes, other (in drug treatment in prisons)	yes, other (in drug treatment in prisons)	yes, other (in drug treatment in prisons)	yes, other (in drug treatment)

<b>Slovenia</b>	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP + upon release
<b>Spain</b>	yes, upon entry	yes, upon entry	yes, upon entry	yes, upon entry
<b>Sweden</b>	yes, NS	yes, NS	yes, NS	no info
<b>Turkey</b>	no info	no info	no info	no info
<b>UK: England + Wales</b>	yes, upon entry	yes, upon entry	yes, upon entry	no info
<b>UK: Northern Ireland</b>	yes, NS	yes, NS	yes, NS	no info
<b>UK: Scotland</b>	yes, upon entry	yes, upon entry	yes, upon entry	no info
<b>Total for YES, NS (not specified when)</b>	10	10	10	7
<b>Total for yes, upon entry</b>	8	9	8	4
<b>Total for yes, upon entry + during IP</b>	3	2	2	1
<b>Total for Yes, upon entry + during IP + upon release</b>	2	1	1	1
<b>Total for yes, project based</b>	0	2	2	1
<b>Total for yes, other</b>	1	1	1	1
<b>Total for yes, upon entry + yearly</b>	2	1	1	1
<b>Total for no info</b>	4	4	5	14

Source: WB, SI, NEC

In Lithuania the following HIV testing scheme is applied based on the national legislation (source: NEC):

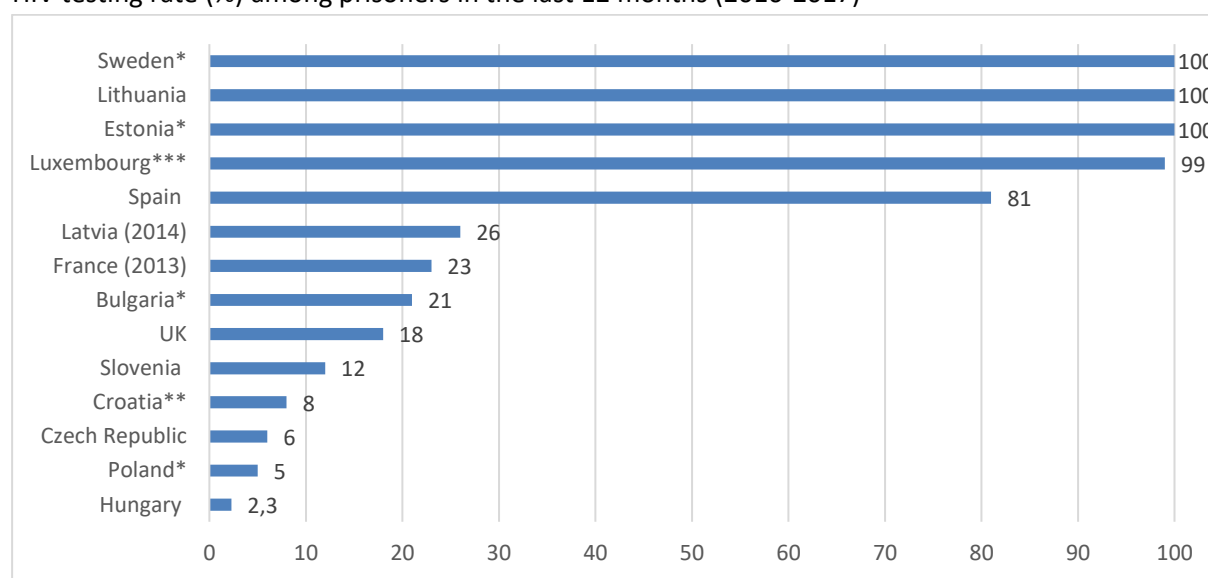
- Once a year (if test was not performed for other reasons);
  - 4 weeks after the last testing;
  - When first time arriving to the imprisonment institution or when moving from one imprisonment institution or territorial police custody to another imprisonment place (when more than 4 weeks have passed after the last testing);
- According to the epidemiological and clinical recommendations.

#### 4.3.9.2. Coverage

##### 4.3.9.2.1. HIV

HIV testing rate among prisoners in the last year was available in 14 countries, which ranged between 100% and 2.3%. Testing rates were above 80% in 5 countries and below 26% in the rest of the countries where data was available.

HIV testing rate (%) among prisoners in the last 12 months (2016-2017)



Source: ECDC, WB, NEC

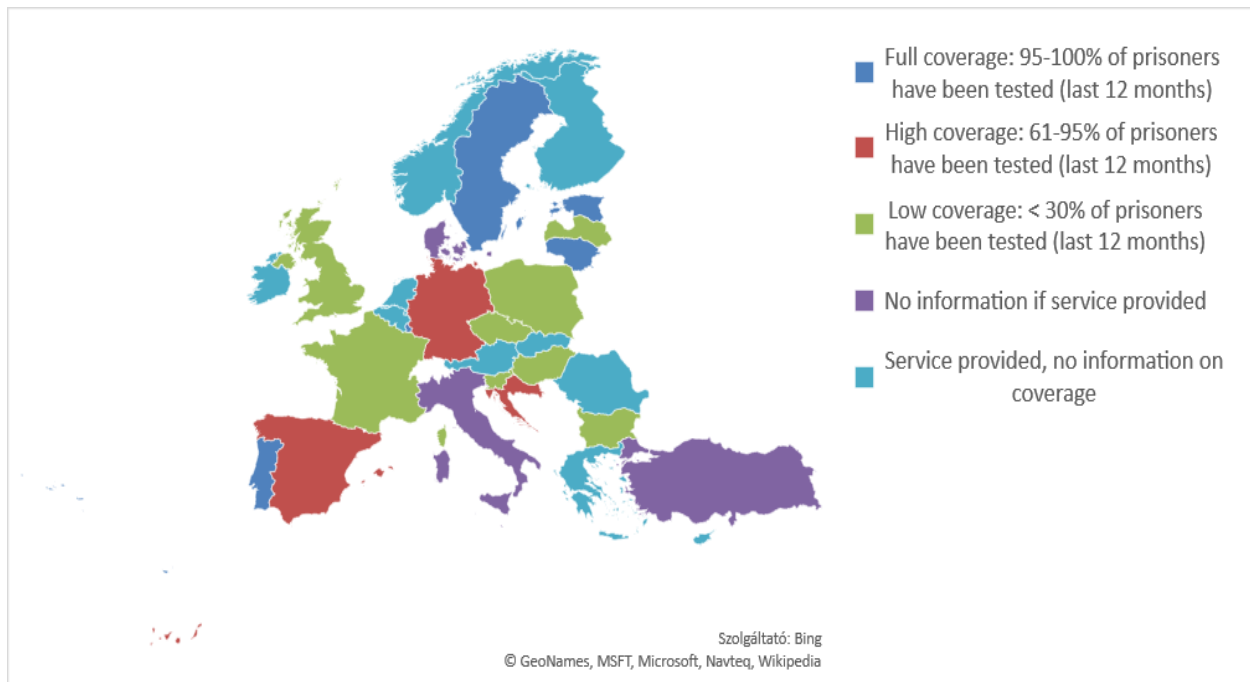
\*testing rate was calculated by authors on the basis of number of tested people reported in WB and total prison population data available at SPACE statistics for 2016 ( stock data, See: **Hiba! A hivatkozási forrás nem található.**) if testing rate for the last 12 months was not available at sources (WB, ECDC, NEC)

\*\* there was a discrepancy between testing rate calculated by authors and expert estimate on coverage ( visualized on the map below)

\*\*\*referring to last 2 years.

Estimates on coverage range of HIV testing in the last 12 months were available in 16 countries. Full coverage was estimated in 5, high coverage in 3, while low coverage in 8 countries. 4 countries did not provide information on whether testing was available while in case of 10 countries no estimate on coverage was available.

Coverage of HIV testing among prisoners, % of prisoners who have been tested in the last 12 months (2016/2017)<sup>32</sup>



Source: ECDC, WB, NEC

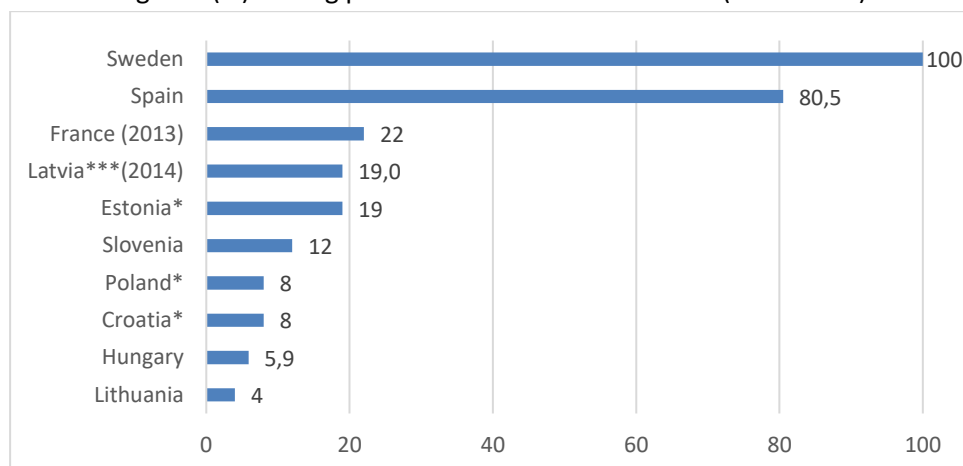
If coverage estimate was not available but testing rate could be obtained authors estimated coverage range on the basis of testing rates.

#### 4.3.9.2.2. HBV

HBV testing rate among prisoners in the last year was available in 10 countries, which ranged between 100% and 4%. Testing rates were above 80% in 2 countries, while below 25% in the rest of the countries (8).

<sup>32</sup> Coverage data refers to 2010/2011 in Germany; 2013 in France; 2014 in Latvia

### HBV testing rate (%) among prisoners in the last 12 months (2016-2017)

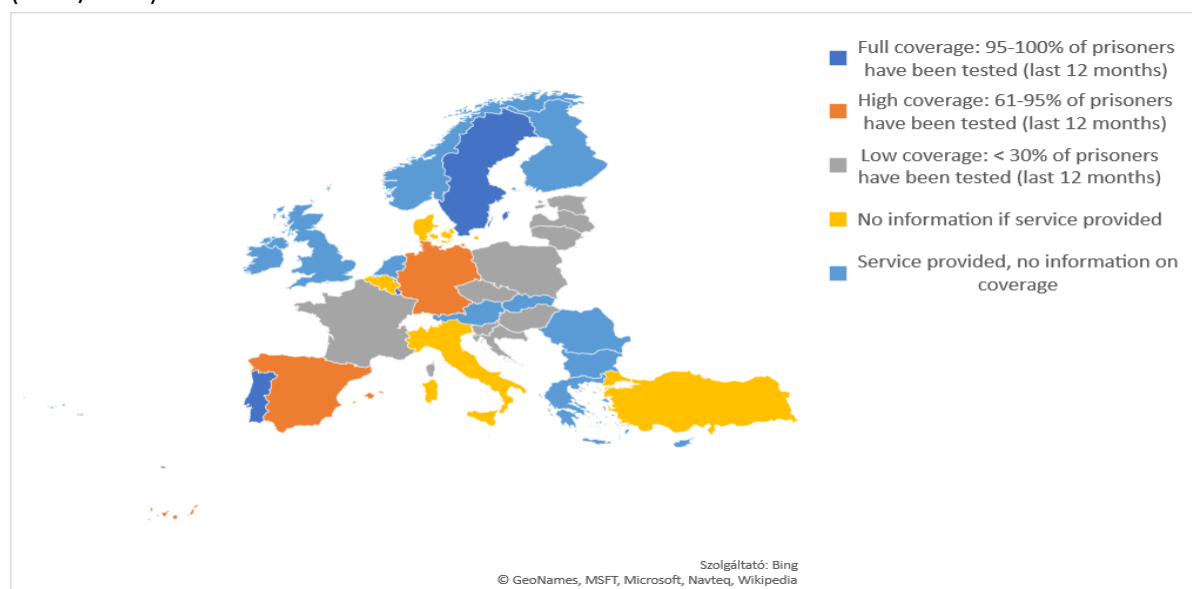


\*testing rate was calculated by authors on the basis of number of tested people reported in WB and total prison population data available at SPACE statistics for 2016 ( stock data, See: **Hiba! A hivatkozási forrás nem található.**) if testing rate for the last 12 months was not available at sources (WB, NEC).

\*\*\*data refers to HBV+HCV testing rate.

Estimates on coverage range of HBV testing in the last 12 months were available in 14 countries. Full coverage was estimated in 3, high coverage in 2, while low coverage in 9 countries. 5 countries did not provide information on whether testing was available while in case of 11 countries no estimate on coverage was available.

Coverage of HBV testing among prisoners, % of prisoners who have been tested in the last 12 months (2016/2017)<sup>33</sup>



Source: WB, NEC

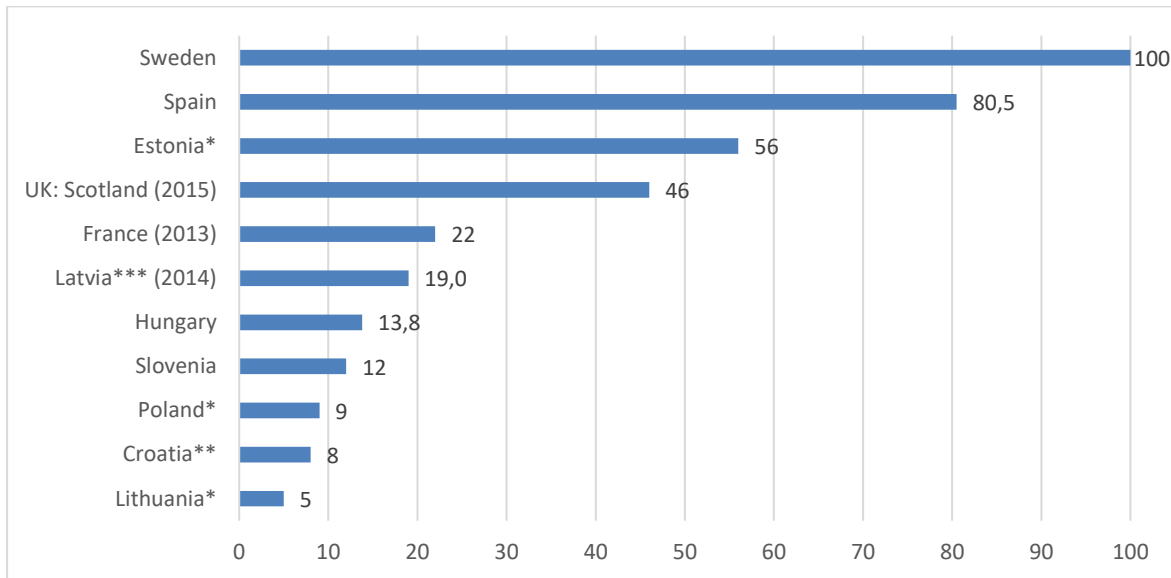
If coverage estimate was not available but testing rate could be obtained authors estimated coverage range on the basis of testing rates.

<sup>33</sup> Coverage data refers to 2010/2011 in Germany; 2013 in France; 2014 in Latvia

#### 4.3.9.2.3. HCV

HCV testing rate among prisoners in the last year was available in 11 countries, which ranged between 100% and 5%. Testing rates were above 80% in 2 countries, between 80%-25% in case of another 2 countries, while below 25% in the rest of the countries (7).

HCV testing rate (%) among prisoners in the last 12 months (2016-2017)



Source: ECDC, WB, NEC

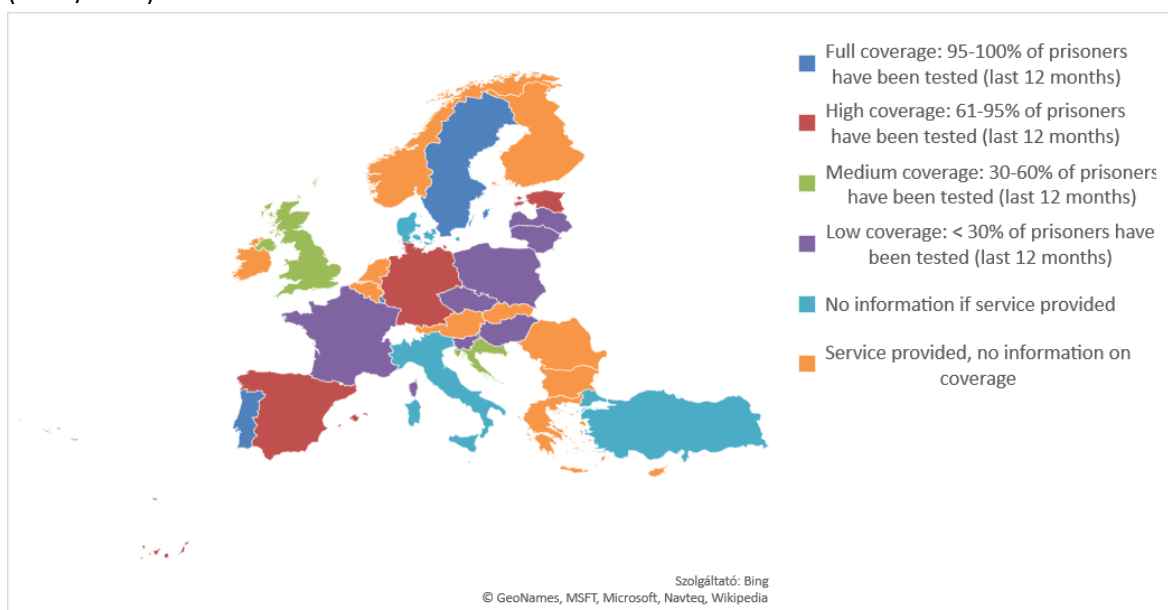
\*testing rate was calculated by authors on the basis of number of tested people reported in WB and total prison population data available at SPACE statistics for 2016 ( stock data, See: **Hiba! A hivatkozási forrás nem található.**) if testing rate for the last 12 months was not available at sources (WB, NEC)

\*\* there was a discrepancy between testing rate calculated by authors and expert estimate on coverage ( visualized on the map below)

\*\*\*data refers to HBV+HCV testing rate.

Estimates on coverage range of HCV testing in the last 12 months were available in 15 countries. Full coverage was estimated in 3, high coverage in 3, medium coverage in 2, while low coverage in 7 countries. 4 countries did not provide information on whether testing was available while in case of 11 countries no estimate on coverage was available.

Coverage of HCV testing among prisoners, % of prisoners who have been tested in the last 12 months (2016/2017) <sup>34</sup>



Source: WB, NEC

If coverage estimate was not available but testing rate could be obtained authors estimated coverage range on the basis of testing rates.

#### 4.3.9.2.4. TB

Estimation on coverage of TB testing was available only in the following 5 countries among the 16 that reported TB testing in prisons (in the remaining 14 countries no information could be obtained on this).

Estimated TB testing coverage among prisoners last year, % of prisoners who have been tested in the last 12 months (2016)

Country	TB testing estimated <b>coverage</b> last year
<b>Estonia</b>	Full coverage: 95-100% of prisoners have been tested (last 12 months)
<b>Hungary</b>	Full coverage: 95-100% of prisoners have been tested (last 12 months)
<b>Luxembourg</b>	Full coverage: 95-100% of prisoners have been tested (last 12 months)
<b>Spain</b>	High coverage: 61-95% of prisoners have been tested (last 12 months)
<b>France</b>	Medium coverage: 30-60% of prisoners have been tested (last 12 months)

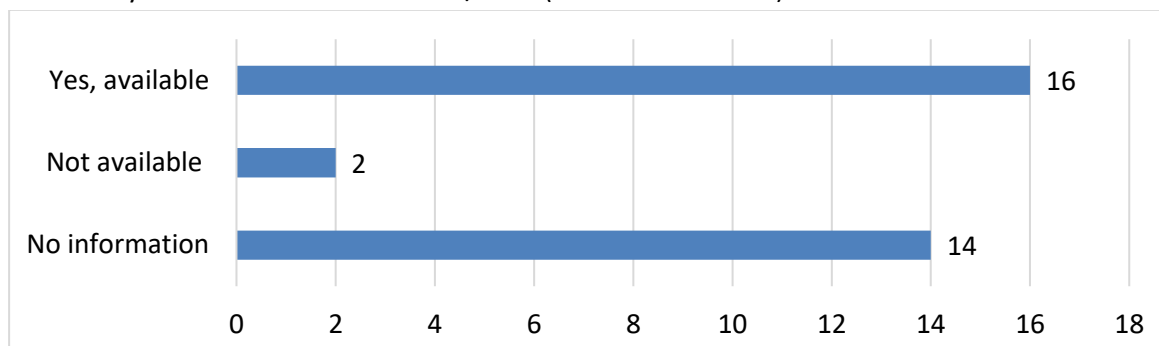
Source: WB, NEC

<sup>34</sup> Coverage data refers to 2015 in Scotland and in case of England, Wales and Northern Ireland no coverage data is available; 2010/2011 in Germany; 2013 in France; 2014 in Latvia

#### 4.3.10. Availability of HBV Vaccination and PEP

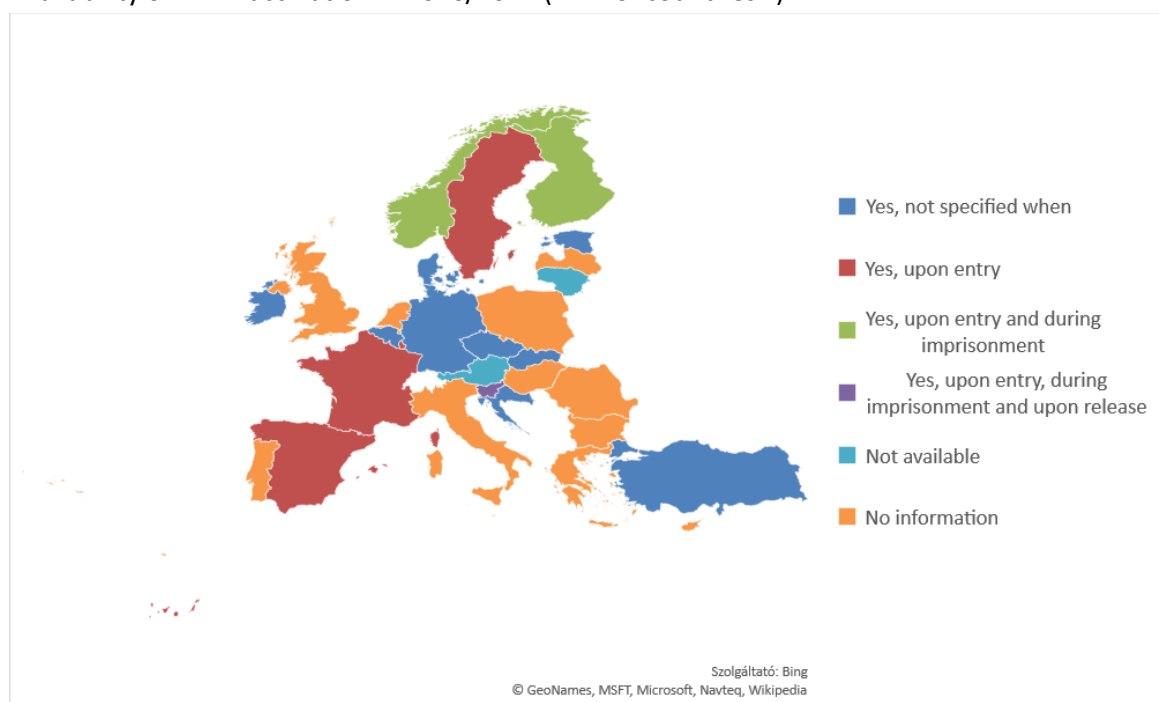
HB vaccination is available in the majority of the countries, 16 countries confirmed that.

Availability of HBV vaccination in 2016/2017 (N= n of countries<sup>35</sup>)



Data was also collected on that at which phase of imprisonment HBV vaccination is offered. 9 countries reported that intervention is available but there is no specific information on when it is offered. 4 countries reported that it is offered upon entry. 2 countries reported that it is available upon entry and during imprisonment, while one country stated that it is also available upon release. In 2 countries such intervention is not provided, while 12 did not provide information.

Availability of HBV vaccination in 2016/2017 (N= n of countries<sup>36</sup>)



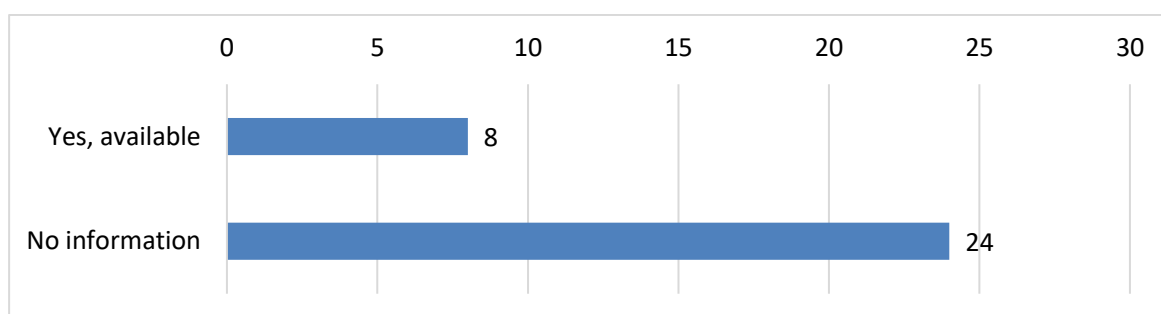
<sup>35</sup> Scotland, England+Wales and Northern Ireland was counted separately.

<sup>36</sup> Scotland, England+Wales and Northern Ireland was counted separately.

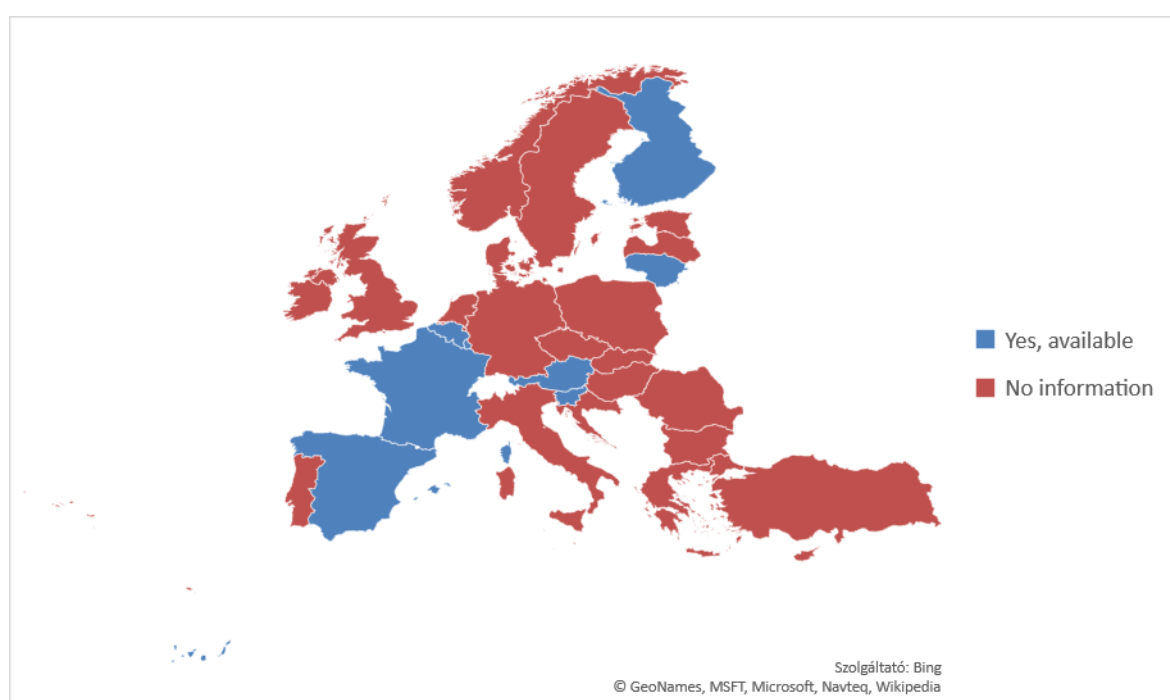


### Availability of post-exposure prophylaxis

Eight countries reported that PEP is available in prisons, 24 countries did not provide information on this.



### Availability of post-exposure prophylaxis in 2016/2017 (N= n of countries<sup>37</sup>)



<sup>37</sup> Scotland, England+Wales and Northern Ireland was counted separately.

Detailed information about HBV vaccination and PEP in the 30 countries

Country (by alphabetical order)	Vaccination for HBV available	Post-exposure prophylaxis available
Austria	no	yes
Belgium	yes, not specified	yes
Bulgaria	no info	no info
Croatia	yes, not specified	no info
Cyprus	no info	no info
Czech Republic	yes, not specified	no info
Denmark	yes, not specified	no info
Estonia	yes, not specified	no info
Finland	Yes, upon entry + during imprisonment	yes
France	yes, upon entry	yes
Germany	yes, not specified	no info
Greece	no info	no info
Hungary	no info	no info
Ireland	yes	no info
Italy	no info	no info
Latvia	no info	no info
Lithuania	no	yes
Luxembourg	yes, upon entry	yes
Malta	no info	no info
Netherlands	no info	no info
Norway	yes, during imprisonment	no info
Poland	no info	no info
Portugal	no info	no info
Romania	no info	no info
Slovakia	yes	no info
Slovenia	Yes, upon entry + during imprisonment + upon release	yes
Spain	yes, upon entry	yes
Sweden	yes, upon entry	no info
Turkey	yes, not specified	no info
UK: England + Wales	no info	no info
UK: Northern Ireland	no info	no info
UK: Scotland	no info	no info
<b>Total 'yes'</b>	<b>16</b>	<b>8</b>
<b>Total 'no'</b>	<b>2</b>	<b>0</b>
<b>Total 'no info'</b>	<b>14</b>	<b>24</b>

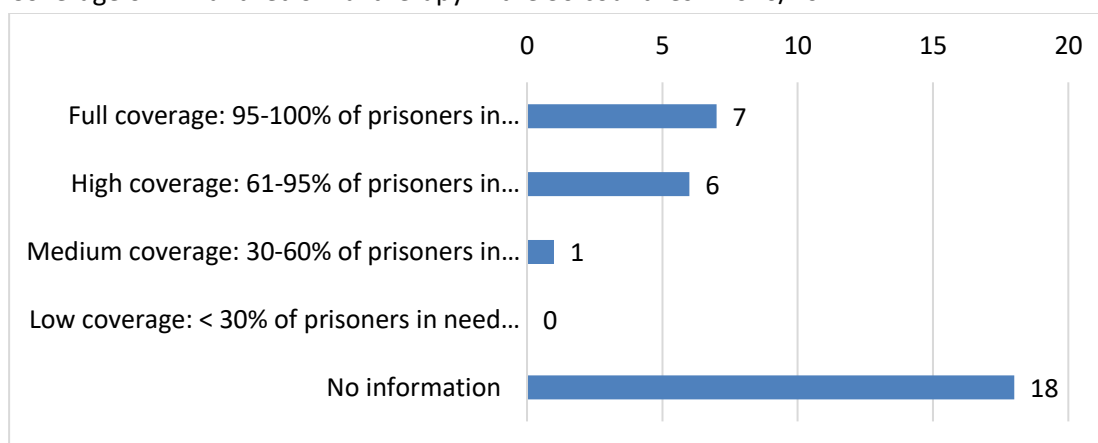
Source: WB, NEC

### 4.3.11. Infectious disease treatment

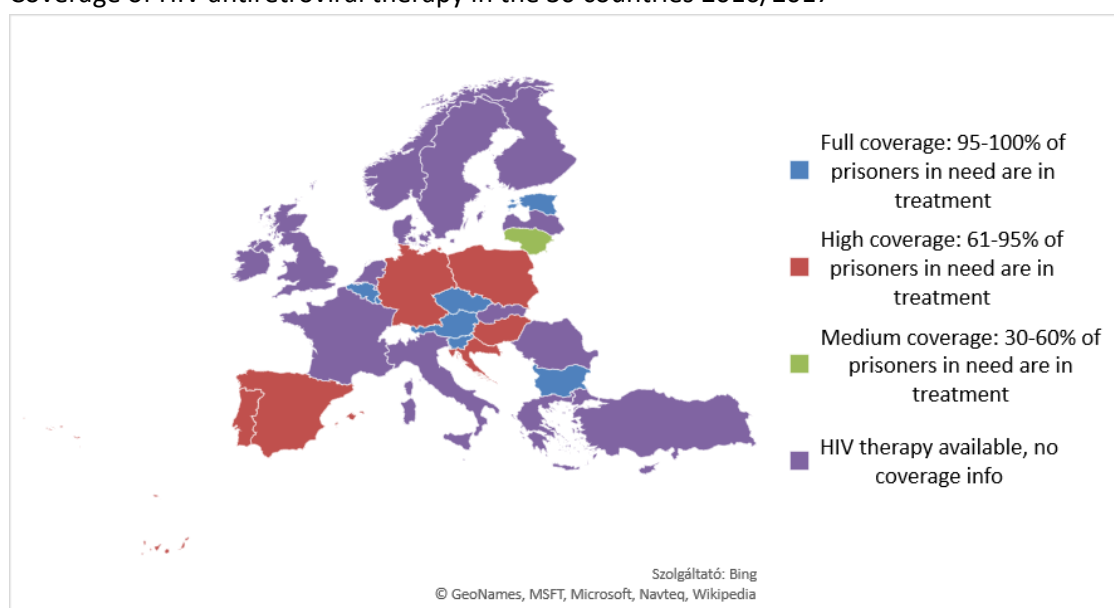
#### 4.3.11.1. HIV

HIV antiretroviral therapy was reported to be available in all the 30 countries covered.

Coverage of HIV antiretroviral therapy in the 30 countries<sup>38</sup> 2016/2017



Coverage of HIV antiretroviral therapy in the 30 countries 2016/2017

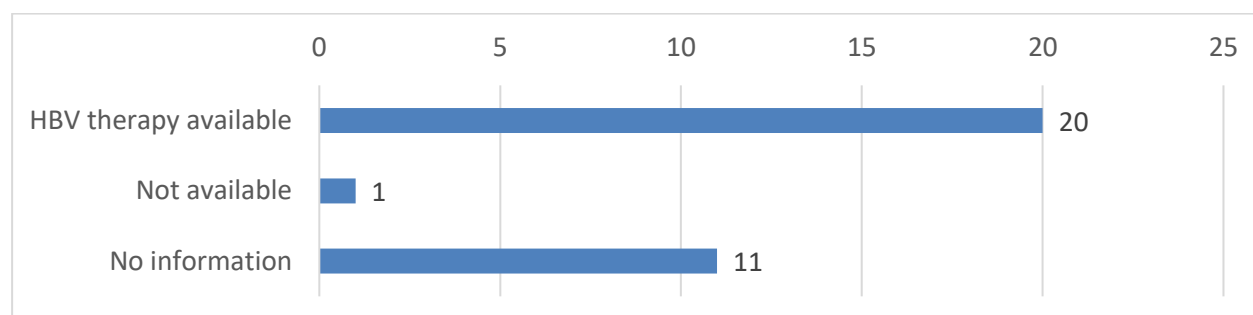


<sup>38</sup> Scotland, England+Wales and Ireland are counted separately

#### 4.3.11.2. HBV

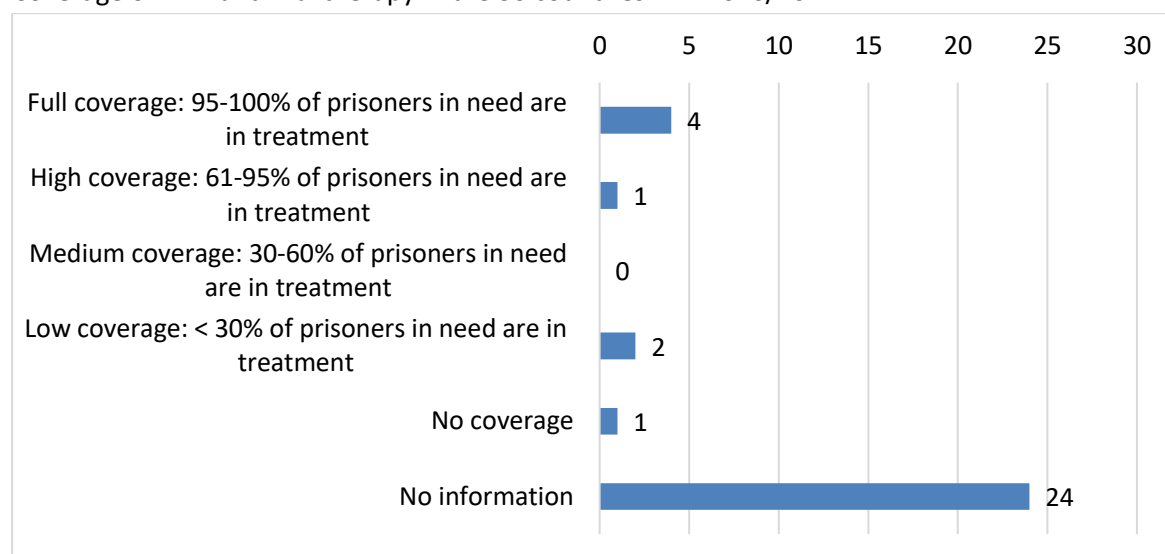
Based on the countries' Prison Workbooks and NEC Hepatitis B antiviral therapy was reported to be available in 20 countries. Only one country reported that HBV treatment was not available, although this information was missing for 11 countries.

Availability of HBV antiviral therapy in the 30 countries <sup>39</sup>



Coverage information on HBV treatment was scarce in the data sources. 24 countries had no information about the proportion of prisoners in need receiving antiviral therapy. Six countries reported full or high coverage that stand for only one fifth of the 31 countries included.

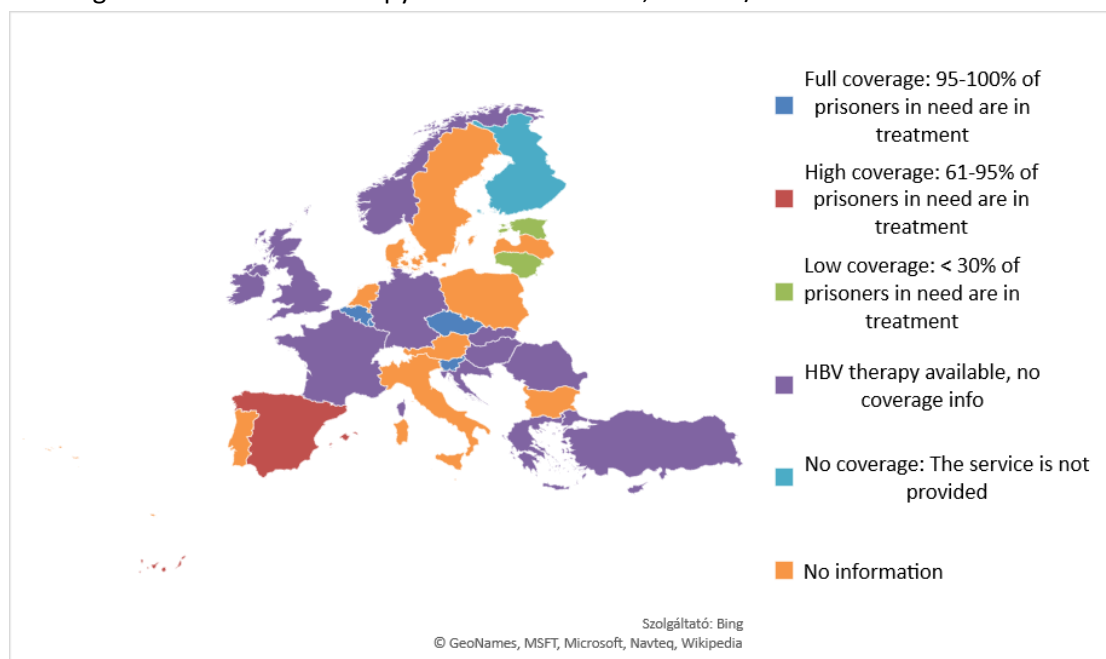
Coverage of HBV antiviral therapy in the 30 countries <sup>40</sup> in 2016/2017



<sup>39</sup> Scotland, England+Wales and Ireland are counted separately

<sup>40</sup> Scotland, England+Wales and Ireland are counted separately

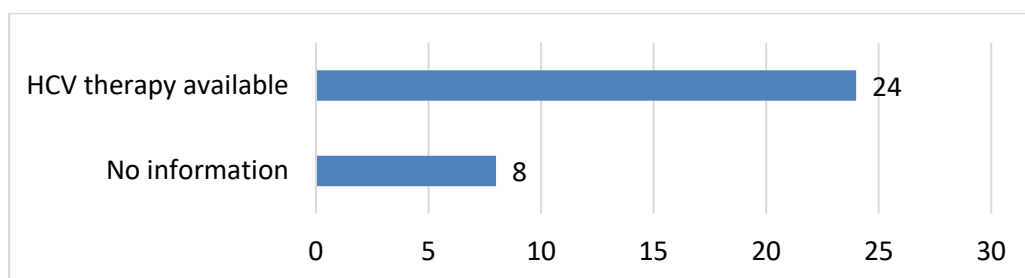
#### Coverage of HBV antiviral therapy in the 30 countries, in 2016/2017



#### 4.3.11.3. HCV

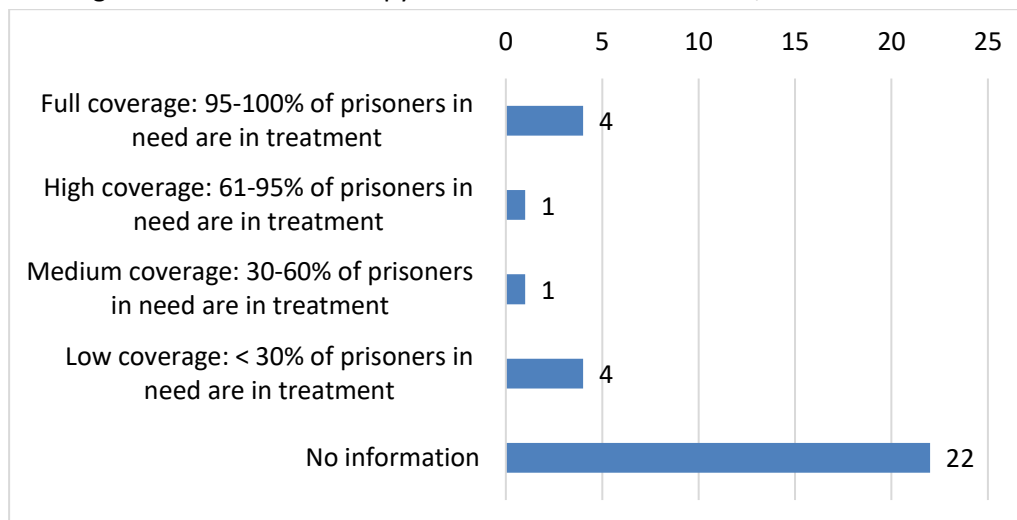
According to the countries' Prison Workbooks and the national expert consultation HCV antiviral therapy was available in the majority of the countries: 24 countries confirmed availability of this treatment, information could not be assessed in 8 countries though.

Availability of HCV antiviral therapy in the 30 countries<sup>41</sup> in 2016/2017

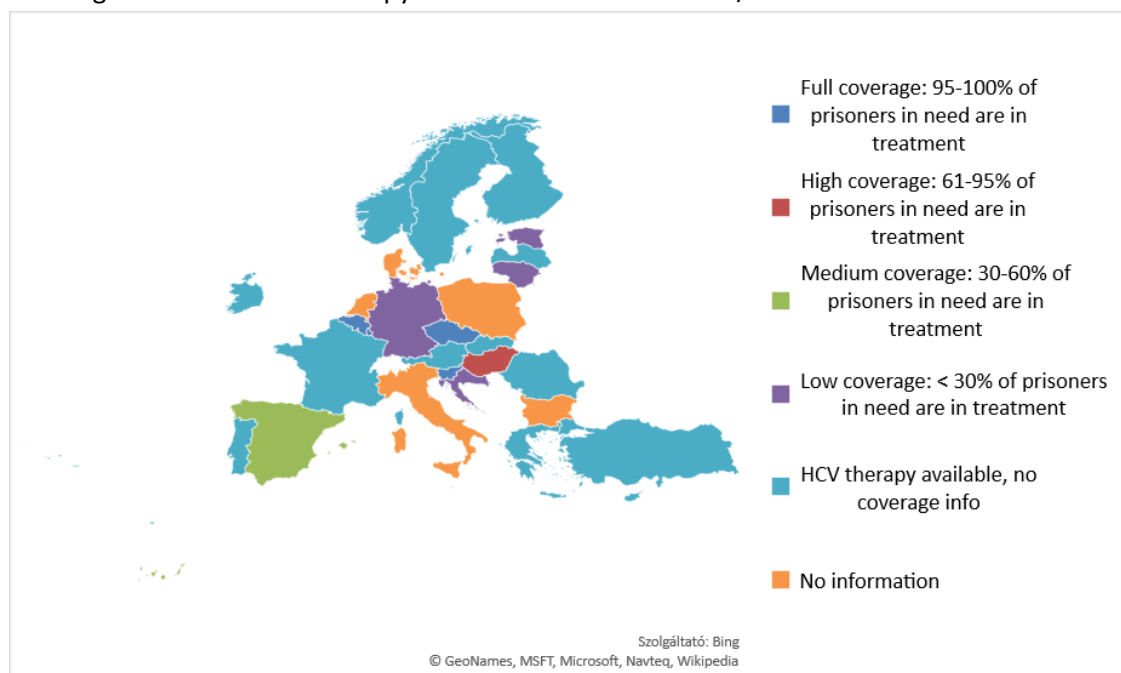


<sup>41</sup> Scotland, England+Wales and Ireland are collected separately

### Coverage of HCV antiviral therapy in the 30 countries<sup>42</sup> in 2016/2017



### Coverage of HCV antiviral therapy in the 30 countries in 2016/2017

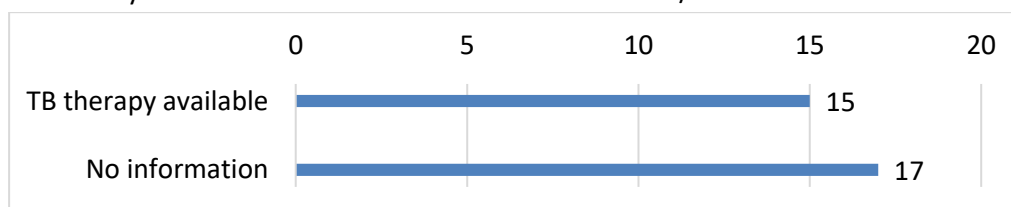


<sup>42</sup> Scotland, England+Wales and Ireland are collected separately

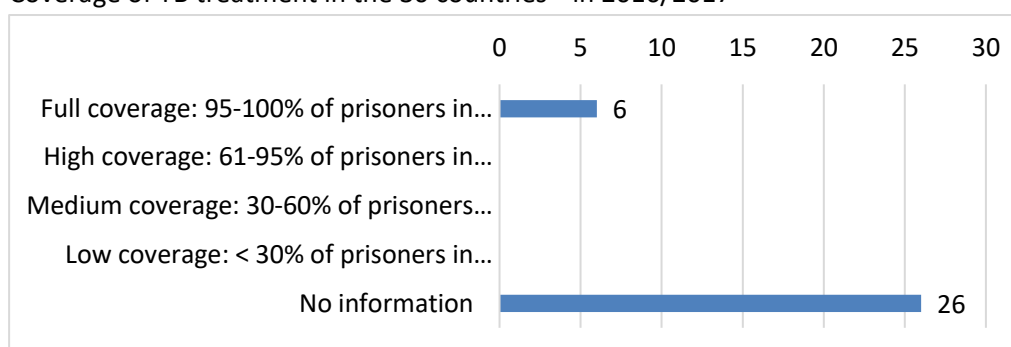
#### 4.3.11.4. TB

Data was very scarce on availability of TB treatment and its coverage. However, those reporting on coverage, reported full coverage without exception (6 countries).

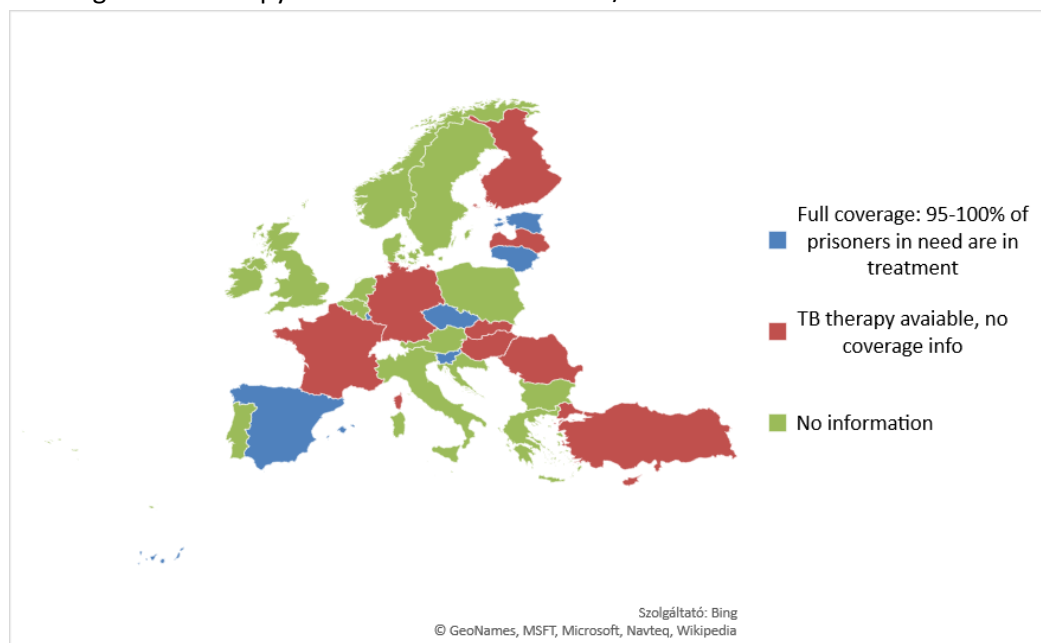
Availability of TB treatment in the 30 countries<sup>43</sup> in 2016/2017



Coverage of TB treatment in the 30 countries<sup>44</sup> in 2016/2017



Coverage of TB therapy in the 30 countries in 2016/2017



<sup>43</sup> Scotland, England+Wales and Ireland are collected separately

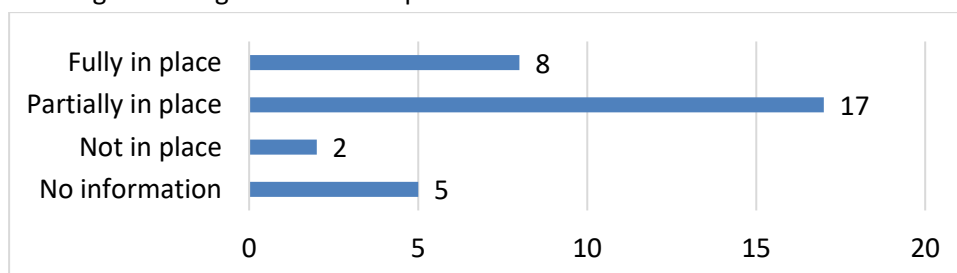
<sup>44</sup> Scotland, England+Wales and Ireland are collected separately

#### 4.3.11.5. Linkage to HIV/HCV care upon release

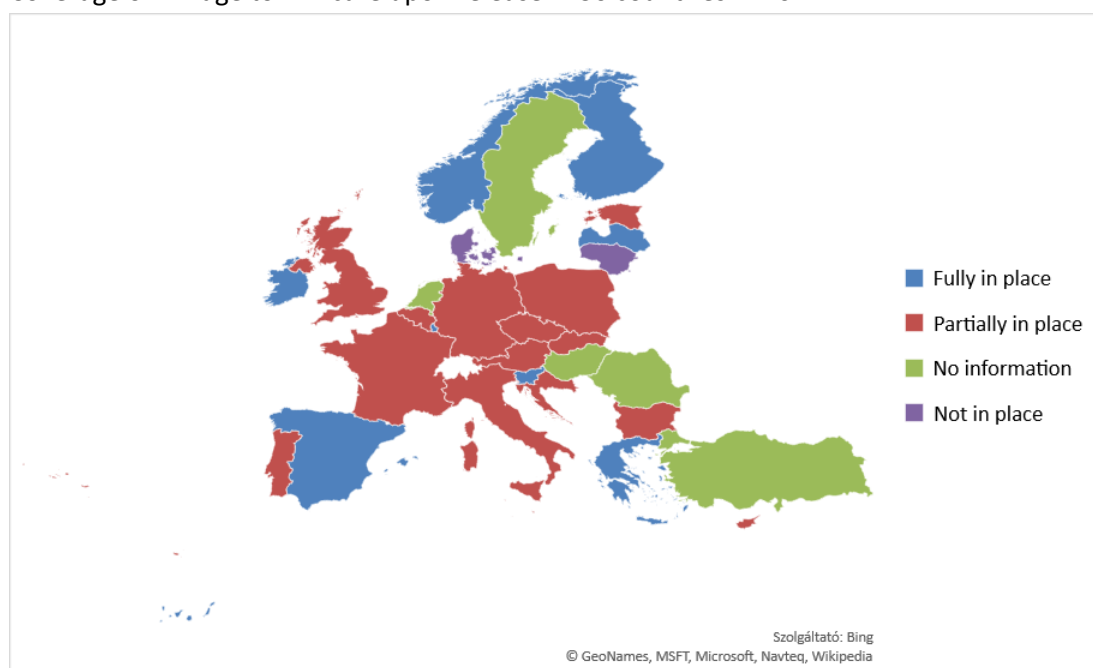
##### Linkage to HIV care upon release<sup>45</sup>

The majority of the countries (25 out of 32<sup>46</sup>) stated that HIV antiretroviral treatment was available for the prisoners after the release by referral. This service was partially available in 17 and fully available in 8 countries. Only two countries stated that a referral system was not in place, five countries could not tell about the opportunity. Little is known however about the success rate of the referral as the possible drop-out rate could be high. (Source ECDC, gaps filled with NEC)

##### Coverage of linkage to HIV care upon release in the 30 countries<sup>47</sup> in 2017



##### Coverage of linkage to HIV care upon release in 30 countries in 2017



<sup>45</sup> Scotland, England+Wales and Ireland are collected separately

<sup>46</sup> Scotland, England+Wales and Ireland are collected separately

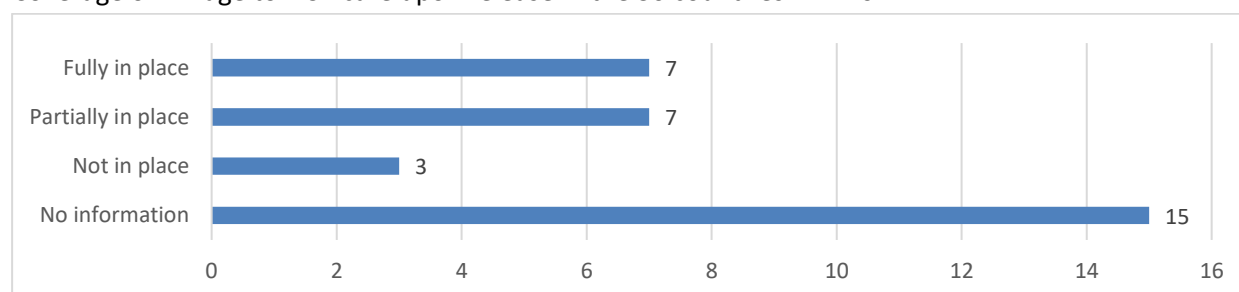
<sup>47</sup> Scotland, England+Wales and Ireland are collected separately



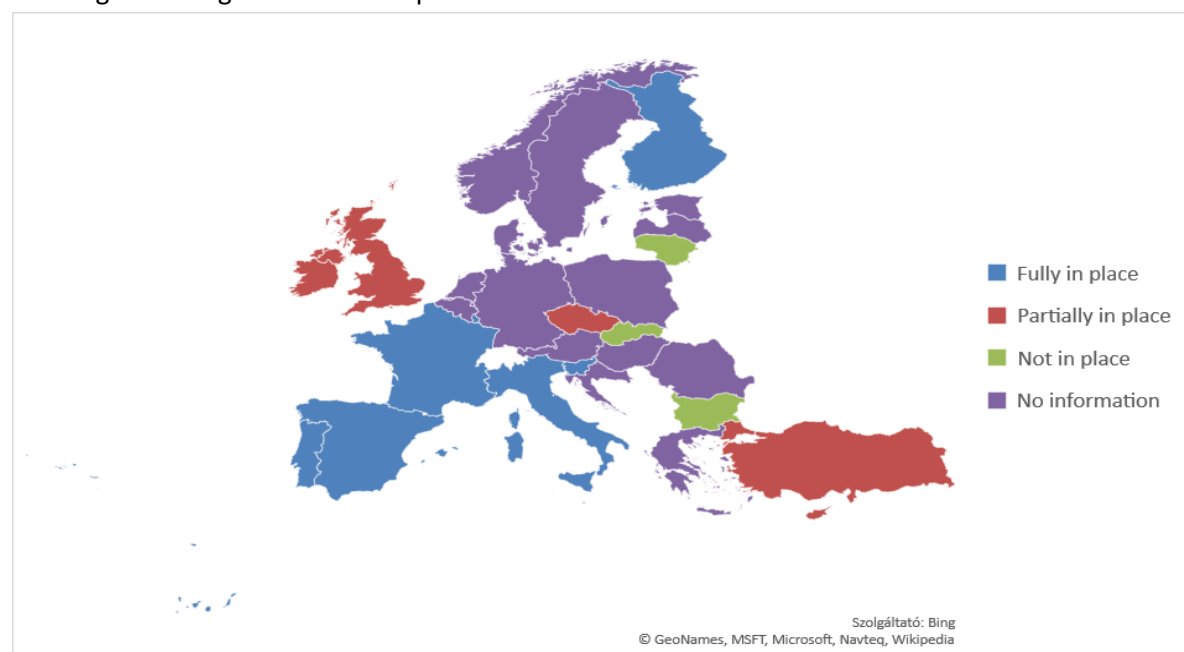
## Linkage to HCV care upon release

Little is known of prisoners' opportunity to get or continue HCV antiviral treatment when they leave the prisons. 15 countries could not share this kind of information. Only 3 countries were sure that the option was not there, 14 countries stated that referral to HCV treatment existed to at least some extent upon release. According to the new EMCDDA/ECDC prison-related guidelines<sup>48</sup> 'Provision of an adequate supply of medicines to individuals on their release is implemented in countries such as France, Italy and Portugal, in order to cover the transition period until effective linkage with community services is established, or for the entire duration of the treatment, as is currently done in some countries for HCV treatment with interferon-free regimens. Provision of prescription is preferred in countries such as the United Kingdom, with active referral to a suitable service provider in the community.'

### Coverage of linkage to HCV care upon release in the 30 countries<sup>49</sup> in 2017



### Coverage of linkage to HCV care upon release in 30 countries in 2017

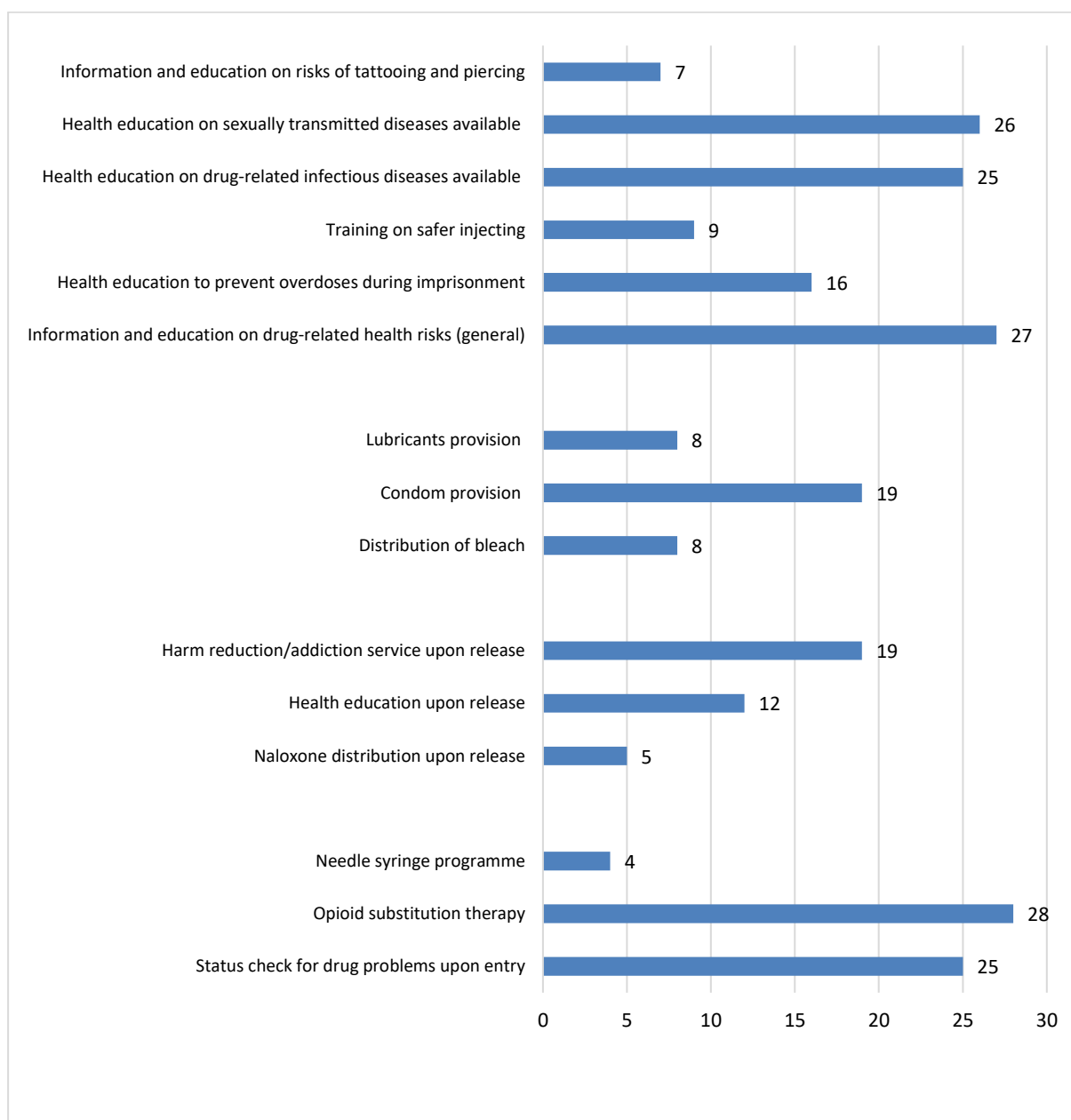


<sup>48</sup> EMCDDA/ECDC Guidance in brief: Prevention and control of blood-borne viruses in prison settings, 2018. [http://www.emcdda.europa.eu/system/files/publications/9104/TD0318053ENN\\_final.pdf](http://www.emcdda.europa.eu/system/files/publications/9104/TD0318053ENN_final.pdf)

<sup>49</sup> Scotland, England+Wales and Ireland are collected separately

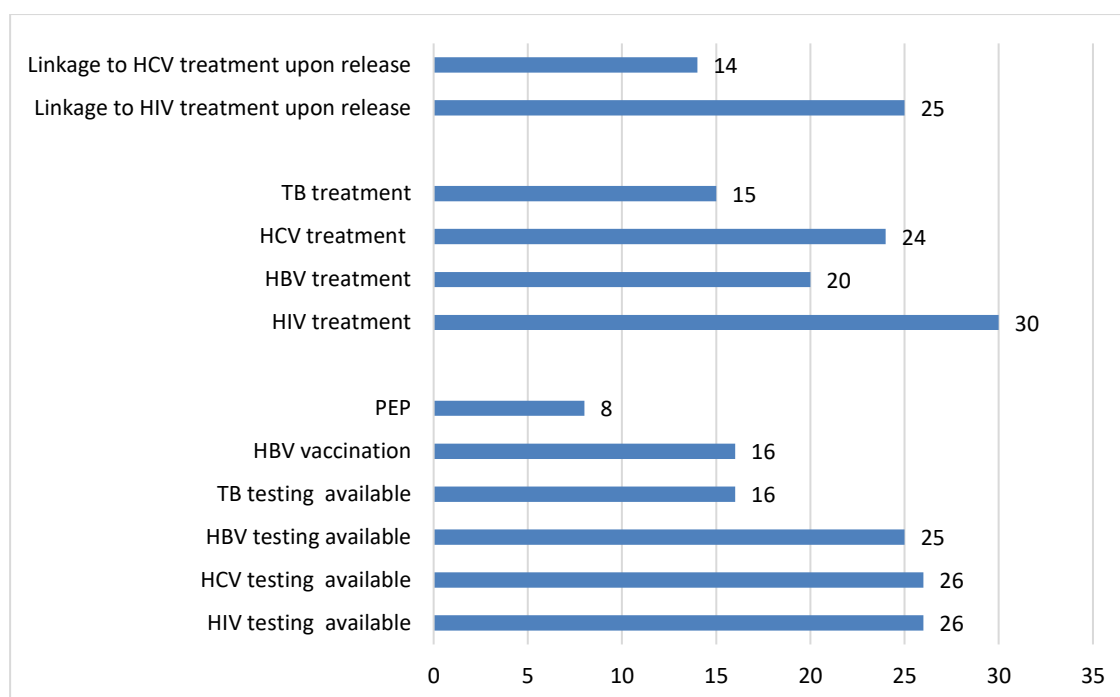
## 5. Summary on the availability of core interventions in prison

Availability of harm reduction interventions (N=number of countries where it is provided<sup>50</sup>)



<sup>50</sup> At most of the interventions Scotland, Northern Ireland, England+Wales were counted as 3 units

Availability of infectious diseases related interventions (N=number of countries where it is provided<sup>51</sup>)



<sup>51</sup> At most of the interventions Scotland, Northern Ireland, England+Wales were counted as 3 units.

## **6. Acknowledgements**

We are grateful for the support experienced during the compilation of the available data and drafting of the European Mapping Report from the different collaborating institutions and experts, namely from the HA-REACT Joint Action management, EMCDDA, ECDC and UNODC, among others. A special note shall be given to the 30 Heads and staff of the Reitox National Focal Points of the EMCDDA and their national networks of prison experts as they not only contributed by offering their Prison Workbooks and related data to the project but actively cooperated in the consultation process as well.