Harm reduction in prisons in Catalonia
Methadone maintenance programme and syringe exchange programme

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• Prisons are high risk environments for infectious disease transmission because of continued use of illicit drugs, unsafe injecting practices, unprotected sex, and uncontrolled tattooing, among other factors
• Parenteral drug use is the most frequent mode of transmission of infections in the prison setting (on prison admission, 15.1% of prisoners admit parenteral drug use)
• Resurgence of TB, STD, HIV, HBV, and HCV prompts all countries to seek best way to lessen their harmful health, economic and social effects
• Control and prevention of transmissible diseases among those imprisoned is a main public health issue
Implementation of harm reduction in the prison setting is not only feasible and cost-effective, but also it is...

• Mandated by Spanish Constitution
• An ethical obligation based on human rights and public health principles
• A professional commitment
  – This marginal population has limited access to health resources
• A huge public health issue for the general population
  – Health protection strategies go beyond the prison setting into the community
How harm can be reduced or Models of drug dependence care

• “Drug-free” models (based on abstinence) (1989)

• Education and health promotion programmes for drug users

• Harm reduction models
  – Opiate substitution therapies
    • Methadone substitution treatment (1992)
    • Other opiate agonists/antagonists
  – Syringe exchange programmes (2002)
Methadone maintenance programme (MMP) at the men prison in Barcelona - A Pilot Programme

- Started in October 1992
- The first experience in Europe
- 3 inclusion criteria:
  1. Included in a methadone programme before imprisonment.
  2. IVDU with a mental health problem.
  3. IVDU diagnosed of AIDS
- Low threshold
- Evaluation for 6 months
MMP at the men prison in Barcelona

- After positive evaluation of the pilot programme, in April 1993, two more inclusion criteria were added:
  - HIV (-) prisoners
  - HIV (+) prisoners with CD4 count < 500.
- In October 1993, access to the programme became free, upon user request, no inclusion criteria, after medical interview.
- The programme was coordinated with the Health Department.
MMP PROTOCOL

• Prisoners are referred to the MMP by the doctor that examines them on admission or at medical visits. Access is direct for users who previously were on MTD maintenance, after checking MTD dose with the reference center.
• Prisoners sign a contract and get information about their rights and obligations while in the programme.
• Prisoners begin MTD treatment on an everyday basis, after identification with the ID card provided by the prison; this card is their identification document for the programme.
• Prisoners have access at least twice a week to the doctor responsible for the programme, to adjust MTD dosage or to get health counselling and follow-up.
• MTD dispensation and medical visits take place in a specific facility.
External methadone dispensation at men prison in Barcelona

- This programme is aimed to prisoners who started MMP in the prison and do not have yet access to an external MMP when they are released from prison

- Dispensation takes place at the outer part of the building of the prison, and its access is free to everybody.
• Urine tests are mandatory for all prisoners participating in the programme, but a positive test is rarely a reason of expulsion
• The programme is aimed to give support to the users and to try to engage them in other health interventions
Storage and dispensation of methadone
Advantages of MMP

• Illicit opiate use
• Risk behaviours for infection transmission
• Illicit activities
• Risk of overdose
• Health-related quality of life
• Retention rate in health care system of users in MTD programme
Trends of drug use pattern – First evaluation on admission 1996-2007

Percentage


IVDU HEROIN COCAINE
New and total cases included in MMP – 1993-2009
Syringe exchange programme in Catalan prisons. 
Rationale and objectives

• To ensure that drug users who keep on injecting have access to clean injection equipment
• To serve as health education points to establish contact with health system for further interventions
Syringe exchange programme in Catalanian prisons.
Development and implementation

- Implemented in Barcelona in 1988 with street workers; the programme was adopted by all pharmacies in Barcelona
- In 1993 it was consolidated and adopted in all Catalonia and Spain
- In 2003 the programme was started in the prison in Tarragona and in May 2004 in the prison of Ponent (Lleida)
- At present the programme is implemented in all prisons in Catalonia except in the CPHB
Needle exchange programme- Protocol

• The programme is implemented in every prison module, except for the infirmary, the admission module and high security module
• The programme takes place in the health office of each module, in order to guarantee confidentiality
• Only one syringe is provided and it is always kept in the special container
• Prisoners will notify that they have a syringe provided by the programme at every inspection (cell search)
Needle exchange programme Protocol

• Health team consists of a doctor, a nurse, and an educator
• On user request, after medical exam and evaluation of history of drug use, and qualification for the programme, users sign an informed consent form and get information on their rights and obligations
• Clinical record containing initial visit, course, and specific record of delivery and return of syringes.
Needle exchange programme - Facility and material

- Each prison module is equipped with documentation and 10 injection kits containing a needle, a syringe, an alcohol wipe, distilled water vial and a special container.

- Health staff review the kits once a week.
Needle exchange programme - Expulsion Criteria

- To use the syringe in prohibited places
- Failure to notify needle exchange
- Loss of the syringe
- Refusal to urine tests
- To use the syringe for different uses
- To put pressure on health staff to get more than one syringe
Injection kit and health messages

- Distilled water
- Container
- Wipe
- Syringe
Survey among professionals

• RESULTS:
  – Fear of getting injured by the needle during searches
  – Increased use of drugs
  – Increased availability of drugs in the prison
  – Increased conflicts between prisoners and security staff
  – Increased market and sale of syringes.
  – The use of drugs through injection does not justify the programme
  – Frustration of the professionals when drug use continues in the prison.
<table>
<thead>
<tr>
<th>Prison</th>
<th>Implementation date</th>
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<tbody>
<tr>
<td>Tarragona</td>
<td>1 MAY 2003</td>
</tr>
<tr>
<td>Ponent</td>
<td>20 MAY 2004</td>
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<tr>
<td>Dones</td>
<td>15 MAY 2005</td>
</tr>
<tr>
<td>Girona</td>
<td>1 JULY 2005</td>
</tr>
<tr>
<td>Figueres</td>
<td>1 NOVEMBER 2005</td>
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<tr>
<td>Joves</td>
<td>15 JUNE 2005</td>
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<tr>
<td>Brians</td>
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<tr>
<td>Quatre Camins</td>
<td>2006</td>
</tr>
<tr>
<td>Homes Barcelona</td>
<td>Not implemented at present</td>
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<tr>
<td>Prison</td>
<td>Total users</td>
</tr>
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<td>---------------</td>
<td>-------------</td>
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<tr>
<td>CP Dones</td>
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<td>CP Joves</td>
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<td>CPQC</td>
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<td>CP Brians -1</td>
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<td>CP Figueres</td>
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<tr>
<td>CP Girona</td>
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<td>CP Ponent</td>
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<tr>
<td>CP Tarragona</td>
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### HIV infection pattern, according to IDU, sex and nationality

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<tr>
<th>Nationality</th>
<th>IVDU</th>
<th></th>
<th></th>
<th>NON IVDUs</th>
<th></th>
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<tr>
<td></td>
<td>HIV tested</td>
<td>HIV positive</td>
<td>%</td>
<td>VIH tested</td>
<td>VIH positive</td>
<td>%</td>
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<tr>
<td>National</td>
<td>IVDU</td>
<td></td>
<td></td>
<td>NON IVDUs</td>
<td></td>
<td>TOTAL</td>
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<tr>
<td>Men</td>
<td>1295</td>
<td>658</td>
<td>50.8</td>
<td>3322</td>
<td>196</td>
<td>5.9</td>
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<td>Women</td>
<td>61</td>
<td>44</td>
<td>72.1</td>
<td>316</td>
<td>40</td>
<td>12.6</td>
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<tr>
<td>Total</td>
<td>1356</td>
<td>702</td>
<td>51.7</td>
<td>3638</td>
<td>236</td>
<td>6.5</td>
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<tr>
<td>Foreign</td>
<td>IVDU</td>
<td></td>
<td></td>
<td>NON IVDUs</td>
<td></td>
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<tr>
<td>Men</td>
<td>90</td>
<td>27</td>
<td>30</td>
<td>2615</td>
<td>68</td>
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<td>Women</td>
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<td>2</td>
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<tr>
<td>Total</td>
<td>95</td>
<td>29</td>
<td>30.5</td>
<td>2863</td>
<td>74</td>
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<td><strong>TOTAL:</strong></td>
<td>1447</td>
<td>731</td>
<td>50.5</td>
<td>6501</td>
<td>310</td>
<td>4.7</td>
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Penitentiary population: 9658; tested: 7948 (82.3%)
Prevalence of HIV infection HIV: 13%

April 2008
Prison population, IDUs, gender and nationality (28/4/2008)

Penitentiary population
9658
IVDU
1459 (15.1%)

Men
8952 (92.7%)
IVDU
1392 (15.5%)

National
5095 (56.9%)
IVDU
1301 (25.3%)

Foreign
3857 (43.1%)
IVDU
91 (2.3%)

Women
706 (7.3%)
IVDU
67 (9.5%)

National
391 (55.3%)
IVDU
62 (15.8%)

Foreign
315 (44.7%)
IVDU
5 (1.6%)
Evolution of prevalence of HIV infection in catalonian prisons

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tr>
<td>1988</td>
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<tr>
<td>1994</td>
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<td>1999</td>
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<td>30%</td>
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<tr>
<td>2001</td>
<td>20%</td>
</tr>
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<td>15%</td>
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<td>2003</td>
<td>12%</td>
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<td>2004</td>
<td>10%</td>
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<td>2005</td>
<td>8%</td>
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<td>2006</td>
<td>6%</td>
</tr>
<tr>
<td>2007</td>
<td>4%</td>
</tr>
<tr>
<td>2008</td>
<td>11.3%</td>
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</table>

53.4% IDUs
Evolution of new cases of AIDS in prison

Number of cases

Cummulated cases

Year

Inclusion of pulmonary TB (CDC-93)

Inclusion of extrapulmonary TB (CDC-87)

Generalized use of HAART
Evolution of prevalence of HCV infection in catalanian prisons

Year

2001 2002 2003 2004 2005 2006 2007 2008*

PERCENTAGE

47,2 46,2 44,5 42,2 37,5 33,7 31,8 28,1
Prevalence of HIV + HCV coinfection in catalonian prisons

May 2008

- HIV (+): 1041 (13%)
- HCV (+): 2142 (28.1%)
- HCV (+) + HIV (+): 881
THANK YOU