INTRODUCTION

In the framework of the EU funded project “Quality and Continuity of Care for Drug Users in Prisons” (CARE), the Eurasian Harm Reduction Network (EHRN) focused on continuity of care and OD prevention for prisoners upon release from prison. This report is a mapping exercise on existing OD prevention and management programmes for released prisoners, and is a broad search of good practice models in selected countries.

OVERDOSE PREVENTION SERVICES UPON RELEASE FROM PRISON

1. Identification of existing OD prevention and management programmes, & services available upon release from prison
2. Availability of naloxone
3. Opportunities for introduction of overdose prevention and/or naloxone programmes

ESTONIA

- Highest rate of OD deaths in Europe – In 2011: 123 deaths in 260,000 in-mates
- Opiates, mainly morphine, present in 30.9% of deaths where benzodiazepine results known
- Prior to 2011 no out-of-community THN programmes
- Specific reference to Community OD Prevention and Management Programmes based on Swedish model
- OD risk reduction info available through low-funded centres
- No naloxone in treatment centres
- EC materials available on prevention of acute DRDs & drug-related emergencies for family & friends
- Stocked naloxone was narrow programme
- DTT & EC in prisons requires significant scaling-up
- Robust evaluation & monitoring necessary
- Distribution of naloxone among opioid users leaving prison
- Unaware of any OD educational programmes or specific training for prison employees involved with PUD

LITHUANIA

- 2011: 45 direct DRDs recorded = 20.9 per million
- OD deaths considered to be very low
- Comprehensive OST programmes exist, but prisoners do not always receive prescriptive long-term OST
- Suggested low OD rate due to suppressed consumption of OD
- Likely to reflect under-reporting & misreporting as well
- 3 mobile naloxone & iPODs in Lithuania distributing EC materials
- OD programme for community care
- Training in FIRST AID & OD management have been recommended to improve continuity of treatment
- Distribution of naloxone among opioid users leaving prison should continue to be promoted

DENMARK

- Register applies European definition of DRDs – Include deaths caused by deliberate use of drugs, unintentional & unintentional poisoning...
- “Deaths caused by injurious use of drugs, addiction & drug psychoses, as well as deaths by poisoning, namely intentional & unintentional poisoning...”
- 2011: 86 DRDs recorded in prison population
- OD deaths considered to be very low
- Comprehensive OST programmes exist, but prisoners do not always receive prescriptive long-term OST
- Low OD rate due to suppression of OD
- Likely to reflect under-reporting & misreporting as well
- Engaged community-based services for prison staff,透过 prison employees involved with PUD
- Any necessary training implemented nationwide using same tools

GOOD PRACTICE MODELS

ESTONIA

- May 2011: All prisons taking part in programme
- 20 prisoners have completed 1st aid & training & are regularly trained in first aid & OD management

DENMARK

- Register applies European definition of DRDs – Include deaths caused by deliberate use of drugs, unintentional & unintentional poisoning...
- “Deaths caused by injurious use of drugs, addiction & drug psychoses, as well as deaths by poisoning, namely intentional & unintentional poisoning...”
- 2011: 86 DRDs recorded in prison population
- OD deaths considered to be very low
- Comprehensive OST programmes exist, but prisoners do not always receive prescriptive long-term OST
- Low OD rate due to suppression of OD
- Likely to reflect under-reporting & misreporting as well
- Engaged community-based services for prison staff,透过 prison employees involved with PUD
- Any necessary training implemented nationwide using same tools

POLAND

- 2010: 261 deaths = 6.4 deaths per million
- OD prevention offered via harm reduction projects & specialised drug treatment / detox services, etc. in community
- Common response strategy is risk education & response training – delivered in some cities
- Provision of EC materials reported to be extensive & peer-involvement approach common
- Varying help lines, websites & a broad range of leaflets available nationwide, as well as quarterly magazine for POZ
- EC materials on prevention of acute DRDs & drug-related emergencies available for prison staff, drug help staff & care workers who use drugs, holidays available for family & friends
- Consideration being given to pilot programme within community & prisons harm reduction services for THNs
- Low community believes THNs – Legislative barriers need to be overcome
- 2011: 33 direct DRDs recorded (called OD Therapists) to respond to OD
- Such differences make it very difficult to draw conclusions between countries & to a limited extent
- “Deaths caused by injurious use of drugs, addiction & drug psychoses, as well as deaths by poisoning...
- “Deaths caused by injurious use of drugs, addiction & drug psychoses, as well as deaths by poisoning, namely intentional & unintentional poisoning...”
- 2011: 86 DRDs recorded in prison population
- OD deaths considered to be very low
- Comprehensive OST programmes exist, but prisoners do not always receive prescriptive long-term OST
- Low OD rate due to suppression of OD
- Likely to reflect under-reporting & misreporting as well
- Engaged community-based services for prison staff,透过 prison employees involved with PUD
- Any necessary training implemented nationwide using same tools

REPORTS

- Overdose Prevention Services upon Release from Prison
- Overdose Prevention Services upon Release from Prison
- Overdose Prevention Services upon Release from Prison
- Overdose Prevention Services upon Release from Prison
- Overdose Prevention Services upon Release from Prison

METHODOLOGY

- Literature review of previous publications, documents and other materials
- Interviews with key individuals & organisations in target countries, to gather information about existing programmes & best practices
- Establishing long-term strategies of drug treatment
- Challenges for Estonia: Much more required of limited setting

CONTEXT

- EU policymakers acknowledge demand to improve range & quality of health & social care services for prisoners, in particular at-risk groups vulnerable to drug-related harms - including reducing the high rates of OD among those who inject opioids
- People who inject opioids are at particular risk of OD following release from prison
- Overdose-related deaths are preventable - Continued efforts needed to improve continuity of care for prisoners, while systematically implementing recommended approaches shown to reduce DRDs - Should comprise OST & OD prevention programmes which incorporate naloxone distribution as a routine intervention at point of release
- Progress made in some European countries, although significant gaps between prison & community-based services
- Successful approach to improving prison health must include harm reduction & drug treatment initiatives, integrated with mental health-related & other relevant services - Requires scale-up of services within prisons, a functioning therapeutic & efforts to improve continuity of treatment
- Pre-release counselling on OD risks & prevention and training in first aid & OD management have been recommended to reduce risk of total overdose in period shortly after release
- Distribution of naloxone among opioid users leaving prison should continue to be promoted & lifelong for until there is more widespread access to such life-saving measures

FINDINGS

- OD prevention efforts are at particular risk of OD following release from prison
- Overdose-related deaths are preventable - Continued efforts needed to improve continuity of care for prisoners, while systematically implementing recommended approaches shown to reduce DRDs - Should comprise OST & OD prevention programmes which incorporate naloxone distribution as a routine intervention at point of release
- Progress made in some European countries, although significant gaps between prison & community-based services
- Successful approach to improving prison health must include harm reduction & drug treatment initiatives, integrated with mental health-related & other relevant services - Requires scale-up of services within prisons, a functioning therapeutic & efforts to improve continuity of treatment
- Pre-release counselling on OD risks & prevention and training in first aid & OD management have been recommended to reduce risk of total overdose in period shortly after release
- Distribution of naloxone among opioid users leaving prison should continue to be promoted & lifelong for until there is more widespread access to such life-saving measures

GOOD PRACTICE MODELS

- Denmark
- Poland
- Lithuania
- Estonia
- Hungary