

Training on Opioid Agonist Treatment (OAT) in prisons in Ukraine

EU and Council of Europe working together to support the Prison Reform in
Ukraine Plus

3-4 October 2024, Lviv/Ukraine



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No conflict of interest to declare

“...the role of prisons as important settings to address health inequalities and to recognize the status of people in prison as a disadvantaged group in terms of health and well-being.”

Lisbon conclusions from the World Health Organization (WHO) international meeting on prisons and health (2017)

http://www.euro.who.int/__data/assets/pdf_file/0004/365971/Lisbonconclusions.pdf?ua=1

Availability, accessibility, acceptability, and quality of health care services in prisons

1. Internationale key Recommendations of Prison Healthcare

Prison Health Care Governance – Clinical Independence is Key

“Unrestricted clinical independence for health care providers constitutes the bedrock of ethically sound health care for individuals in detention, and is based on the assertion that the sole task of health care professionals is to evaluate, protect, or improve their patients’ physical and mental health.”

Essentials for effective commissioning of prison healthcare:

- increased accessibility,
- improved continuity of care,
- improved quality of data and intelligence,
- understanding needs,
- collaborative working,
- clear evidence base on what works and is cost effective
- the inclusion of the views of people living in prison, their families and the whole prison workforce.



CPT

(Extract from the 3rd General Report,
1993)

71. In order to guarantee their independence in health care matters, the CPT considers it important that health care personnel in prison should be aligned as closely as possible with the mainstream of health care provision in the community at large.

72. Whatever the formal position under which a prison doctor carries on his activity, his clinical decisions should be governed only by medical criteria.



Council of Europe R (98)7

12. The role of the ministry responsible for health should be strengthened in the domain of quality assessment of hygiene, health care and organisation of health services in custody, in accordance with national legislation. A clear division of responsibilities and authority should be established between the ministry responsible for health or other competent ministries, which should co-operate in implementing an integrated health policy in prison.



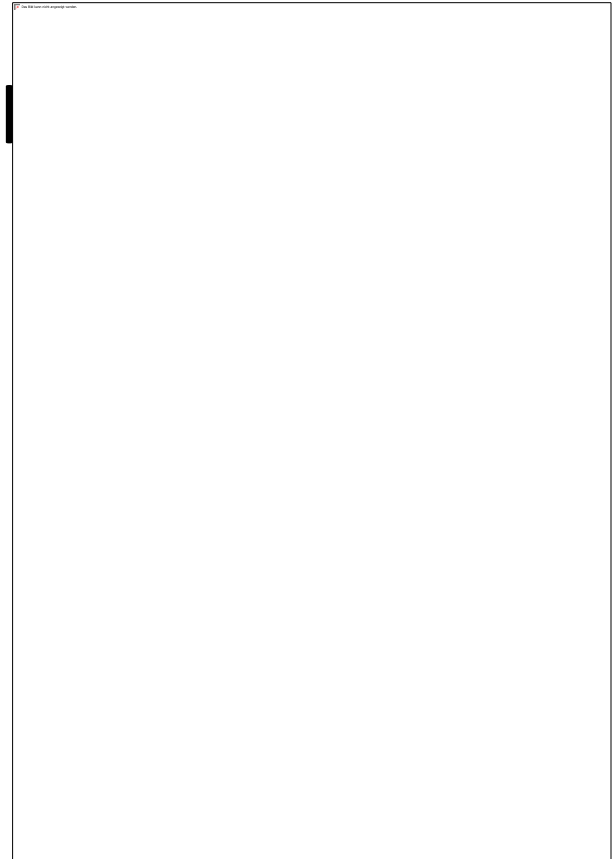
Council of Europe R(2006)2 European Prison Rules

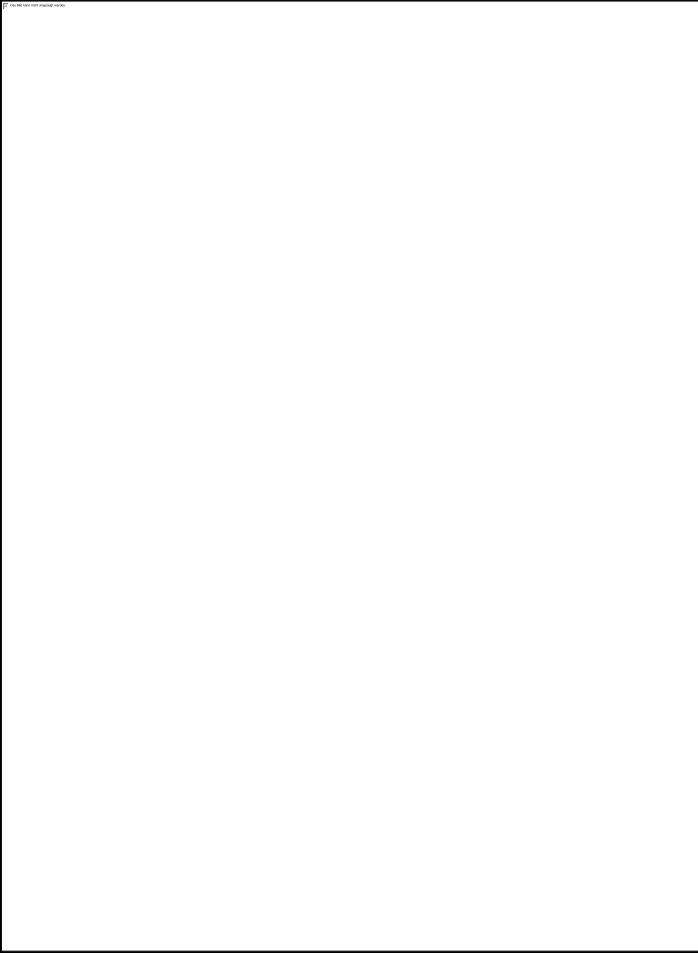
40.1 Medical services in prison shall be organised in close relation with the general health administration of the community or nation

40.2 Health policy in prisons shall be integrated into, and compatible with, national health policy.

Moscow Declaration on Prison Health (2003)

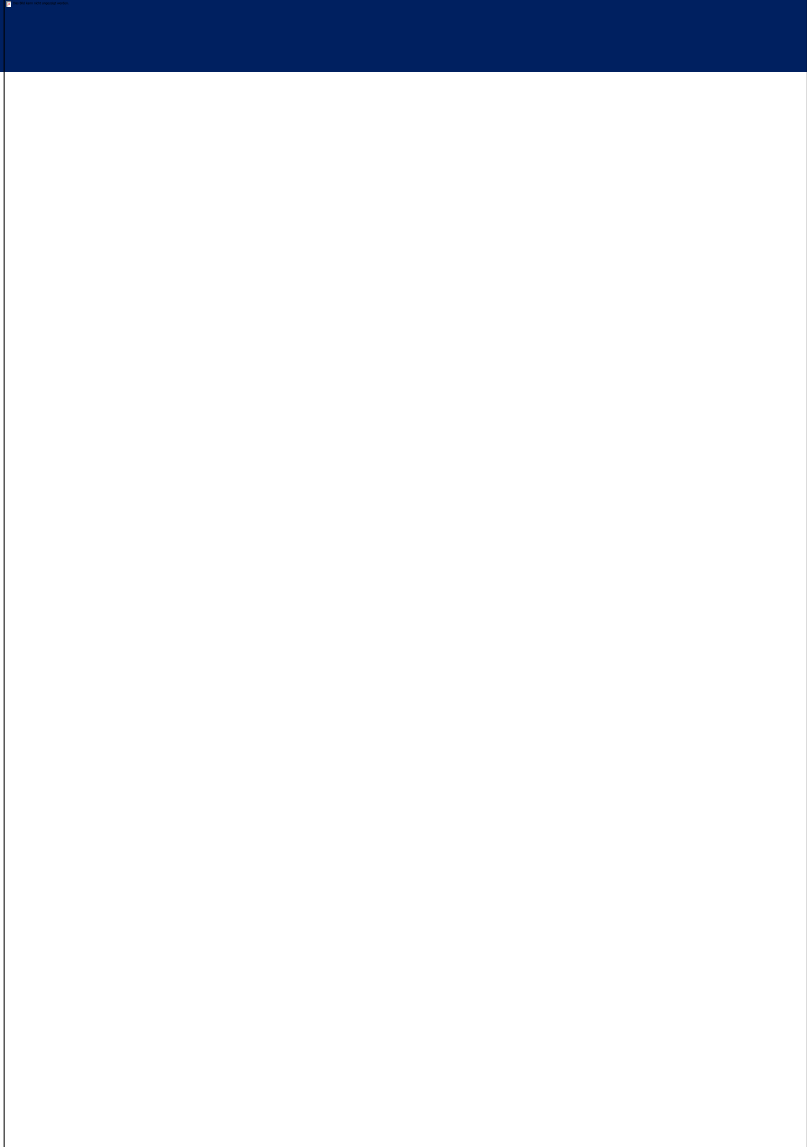
The WHO established in its 2003 Moscow Declaration the essential need to establish close links between —or to integrate— public health care services and those in prison





24/2: Health care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, TB and other infectious diseases, as well as for drug dependence.

The Nelson Mandela Rules:

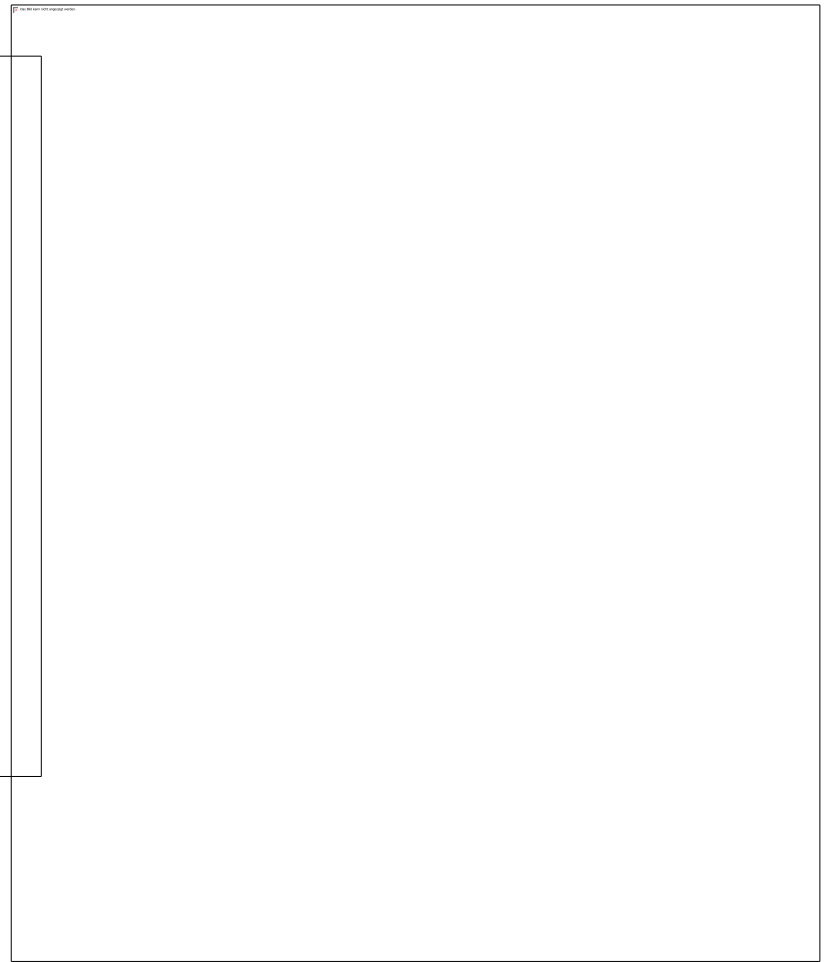
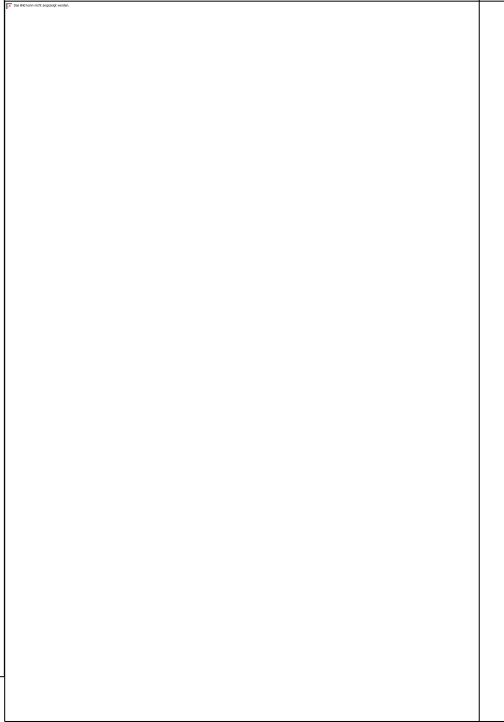
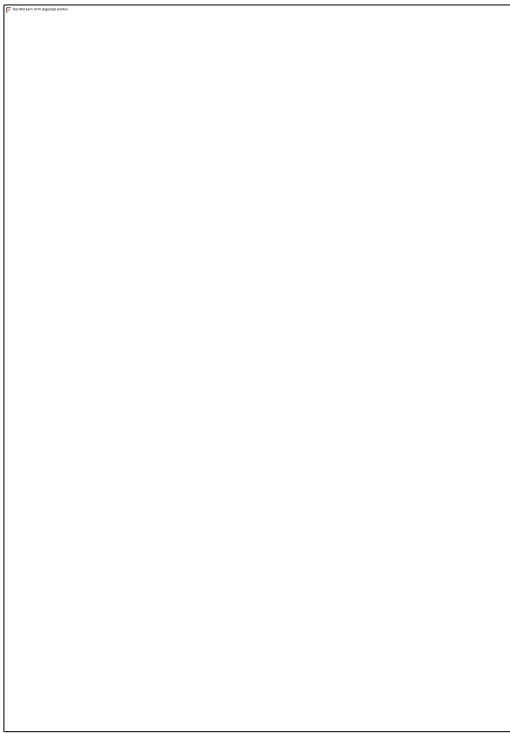


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Strasbourg Conclusions on Prison and Health

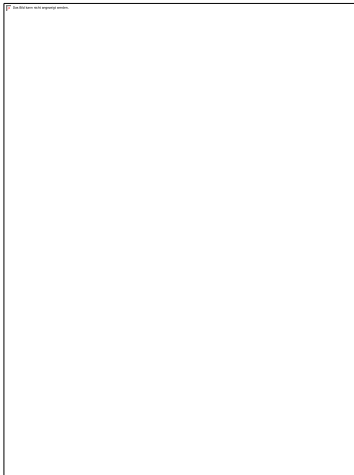
“The subordination of prison health services under the jurisdiction of health ministries is the most effective way to guarantee the professional independence and ethical conduct of prison health staff.”



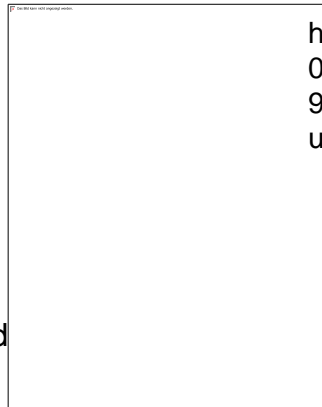


https://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf

https://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf?ua=1



<https://data2.unhcr.org/en/documents/download/47830>



<https://apps.who.int/iris/bitstream/handle/10665/128603/Prisons%20;jsessionid=51B99E3F03E3E345237E5184553A0700?sequence=1>

https://static1.squarespace.com/static/56944ef9a976af291c6b9145/t/57155738859fd05621022523/1461016379426/women_and_impri

COVID-19 as a key exercise in the organization of prison health

- COVID-19 as an opportunity for developing systems further and gave a concrete example about health information systems and how the pandemic created an interoperable system in many countries.

Tavoschi, S Mazzilli, D Petri, V Busmachiu, I Stylianou, F Meroueh, H Stöver, A Rosello, R Ranieri, L Baglietto (2022): COVID-19 vaccination in prison settings: a model to design tailored vaccine delivery strategies, October 2022. In: [The European Journal of Public Health](#) 32(Supplement_3) DOI: [10.1093/eurpub/ckac129.388](#)

Pont et al. (2022): Jörg Pont, Stefan Enggist, Heino Stöver, Hans Wolff (2022): [Covid-19 Lessons for Health and Human Rights in Prison](#) , Pages 205-220

Experience of health professionals, police staff and prisoners in Italy informs WHO COVID-19 guidelines for prisons', World Health Organization Regional Office for Europe, 28 May 2020, [www.euro.who.int/en/countries/italy/news/news/2020/5/experience-of-health-professionals,-police-staff-and-prisoners-in-italy-informs-who-covid-19-guidelines-for-prisons.](#)

'COVID-19 info video encourages vaccination among prison population', *Irish Red Cross*, [www.redcross.ie/covid-19-response/covid-19-info-video-encourages-vaccination-among-prison-population](#), [accessed on 21 January 2022].

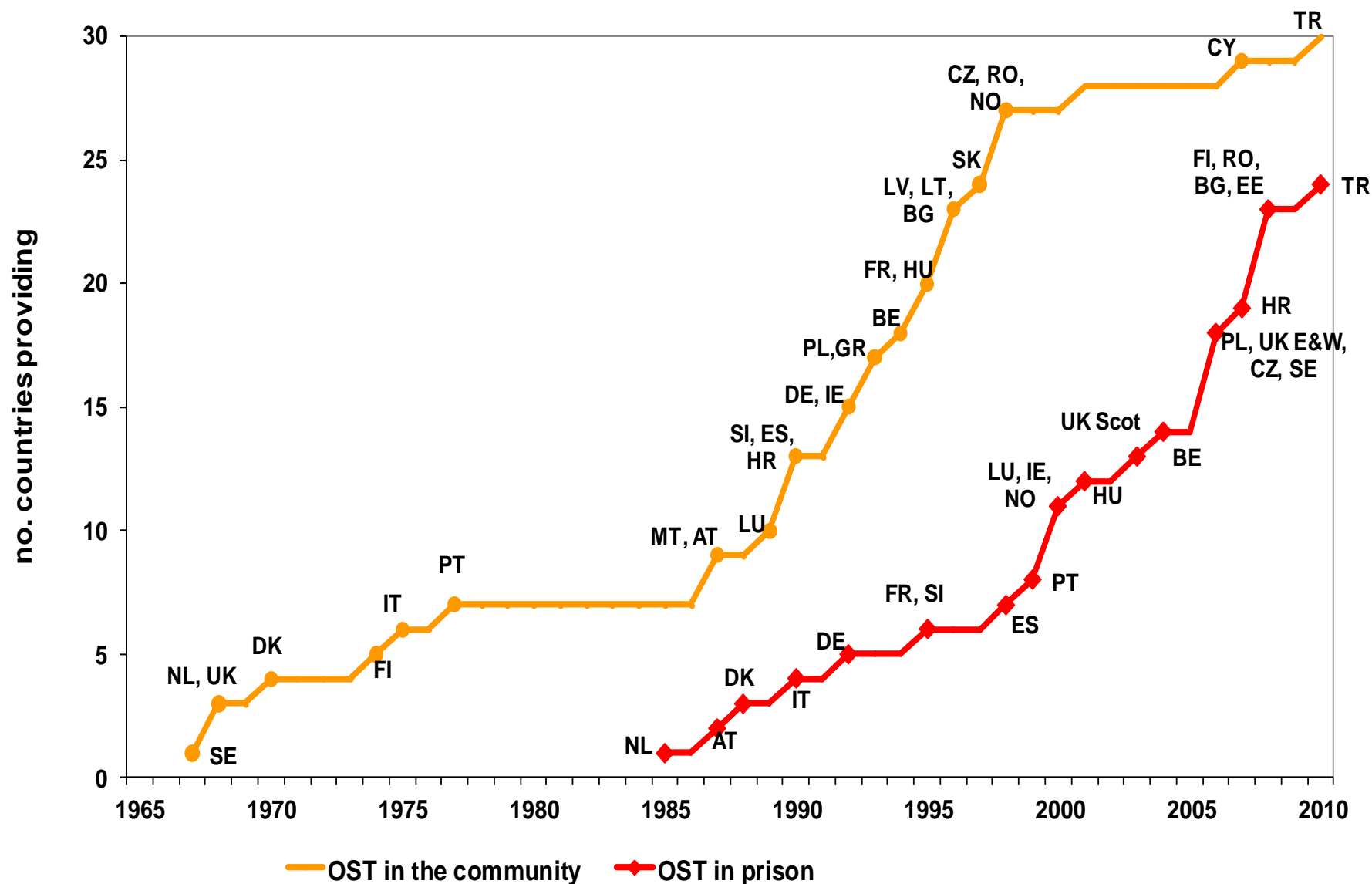
Harm Reduction International and Penal Reform International, *COVID-19 vaccinations for prison populations and staff: Report on global scan*, December 2021, p.30.

HIV-Prevention – The Comprehensive Package: 15 Key Interventions (UNODC/ILO 2012)

1. Information, education and communication
2. HIV testing and counselling
3. Treatment, care and support
4. Prevention, diagnosis and treatment of tuberculosis
5. Prevention of mother-to-child transmission of HIV
- 6. Condom programmes**
7. Prevention and treatment of sexually transmitted infections
8. Prevention of sexual violence
- 9. Drug dependence treatment => Opioid Substitution Treatment**
- 10. Needle and syringe programmes**
- 11. Vaccination, diagnosis and treatment of viral hepatitis**
12. Post-exposure prophylaxis
13. Prevention of transmission through medical or dental services
- 14. Prevention of transmission through tattooing, piercing and other forms of skin penetration**
15. Protecting staff from occupational hazards

OST in Community & Prison worldwide¹

Time gaps in the official introduction of OST in prisons: ~7-8y (Source: EMCDDA; D. Hedrich et al. 2012,)



2. OAT: evidence, obstacles, and progress

Systematic OAT review of prison¹

- Review of 21 studies (incl. 6 RCTs) shows that OST is effective among the prison population:
 - ++ reduced heroin use, injecting and syringe-sharing in prison, if doses adequate;
 - ++ increases in treatment entry and retention after release;
 - ++ post-release reductions in heroin use;
 - + pre-release OST reduces post-release deaths;
 - +/- evidence regarding crime and re-incarceration equivocal;
 - ? lack of studies addressing effects on incidence HIV/HCV;
- Disruption of continuity of treatment, especially due to brief periods of imprisonment, associated with very significant increases in HCV incidence.**



Health & Wellbeing Journal Club - 03/03/2017

Maciej Czachorowski

Epi-scientist

PHE National Health & Justice Team

Study participants

- 15,141 prison releases (12,260 people opiate dependent 'OUD')
 - 82.1% entered the study once; remainder re-entered 2 to 7 times due to re-incarceration
- *OST exposed*: 8,645 releases (57.1%)
 - 7,614 (88.1%) methadone (40 mg / day)
 - 1,031 (11.9%) buprenorphine (8 mg / day)
- *OST unexposed*: 6,496 releases (42.9%)
 - 2,369 people (36.5%) lower daily dose medication
 - 2,110 (32.5%) withdrawn from OST in prison
 - 2,017 (31.0%) diagnosed with current OUD but with no record of OST.

Conclusions

- Prison-based OST (with oral methadone or oral buprenorphine) is a highly effective means of **reducing the risk of death** (75% reduction) among people in the first 4 weeks after release from prison.
- The protective effect observed for OST in this study was independent of behavioural confounders or admission to community treatment.

Further evidence of OAT in prisons¹

One cohort study (Larney et al., 2014) enrolling N=16 715 opioid dependent people who were in prison between 2000 and 2012 showed that:

- being in OST was associated with a 74% lower hazard of dying in prison (adjusted HR (AHR) 0.26; 95% CI 0.13 to 0.50), compared to time not in OST
- being in OST was associated with a 87% lower hazard of unnatural death (adjusted HR (AHR) 0.13; 95% CI 0.05 to 0.35), compared to time not in OST
- being in OST was associated with a 94% lower all-cause mortality hazard during the first 4 weeks of incarceration (adjusted HR (AHR) 0.06; 95% CI 0.01 to 0.48), compared to time not in OST
- being in OST was associated with a 93% lower hazard of unnatural death during the first 4 weeks of incarceration (adjusted HR (AHR) 0.07; 95% CI 0.01 to 0.59), compared to time not in OST

Editorial Group

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Also available as E-Learning course;
see: www.harmreduction.eu

**Adopted to the national situation and
translated into several languages (e.g.
Russian, Czech, Lithuanian, Latvian,**

Ostacles: Why is the introduction of OAT going so slow¹?

- Abstinence predominant concept
- Juridical concerns
- Lack of knowledge
- Lack of infrastructure
- Mixing up OST medications with street drugs by staff and medical doctors
- Political reasons

Conclusions

- Prison-based OAT is a highly effective means of treating opioid use disorder
- OST is a starting point and stable therapy for treating other disorders and infectious diseases
- Highly effective of **reducing the risk of death** (75% reduction) among people in the first 4 weeks after release from prison.
- Use slow-release – depot – solutions!

3. Roles and responsibilities of prison staff and health care workers

Roles and responsibilities of medical staff¹

- OAT a treatment like any other
- State-of-the-art treatment – highly effective and efficient
- Daily supervised intake of methadone
- Urine controls
- Documentation
- Doctor-patient-relationship
- Ongoing communication

Roles and responsibilities of security staff¹

- No discrimination or stigmatization!
- Daily guidance to the medical unit
- Understanding the philosophy of OST

Roles and responsibilities of health care staff and social worker¹

- OAT and psycho-social care
- OAT as a basis for further planning
- OAT and throughcare
- OAT and rehabilitation

4. Risks (overdose, diversion etc.)
and how to mitigate them

Risks: overdose and diversion

- Risk of overdose can be minimized by proper anamnesis (including information by treating doctor outside)
- Start low and go slow: dosing needs to be done individually
- Confirmation of identity
- Supervision of intake
- “Sing a little song...” in order to prevent diversion

5. Reduction of post-release mortality and OAT

Factors contributing to increased risk of acute death upon release in people with opioid use disorder (OUD)

- Physiological: desensitisation to opiates
 - Fatal OD if pre-incarceration dose is consumed at liberty
- Behavioural:
 - Acute injection (increases drug bioavailability and respiratory effects)
 - Concurrent with alcohol and benzodiazepine (tranquilliser) (exacerbates suppression of respiratory drive)
 - Concurrent with cocaine (induction of cardiovascular arhythmias)

Drug Related Death after Release

- Excess mortality risk in the first weeks after release
- European studies on excess mortality risks:
 - England/Wales (first week): **X 29 (M) X 69 (F)**
 - Denmark (first two weeks): **X 62 (M/F).**
 - France (first year): X 24 (M 15-34); X 274 (M 35-54)
 - Ireland: comp. Drug Related Deaths prison/no prison:
 - 28% of DRD had left prison since one week
 - 18 % of DRD had left prison since one month



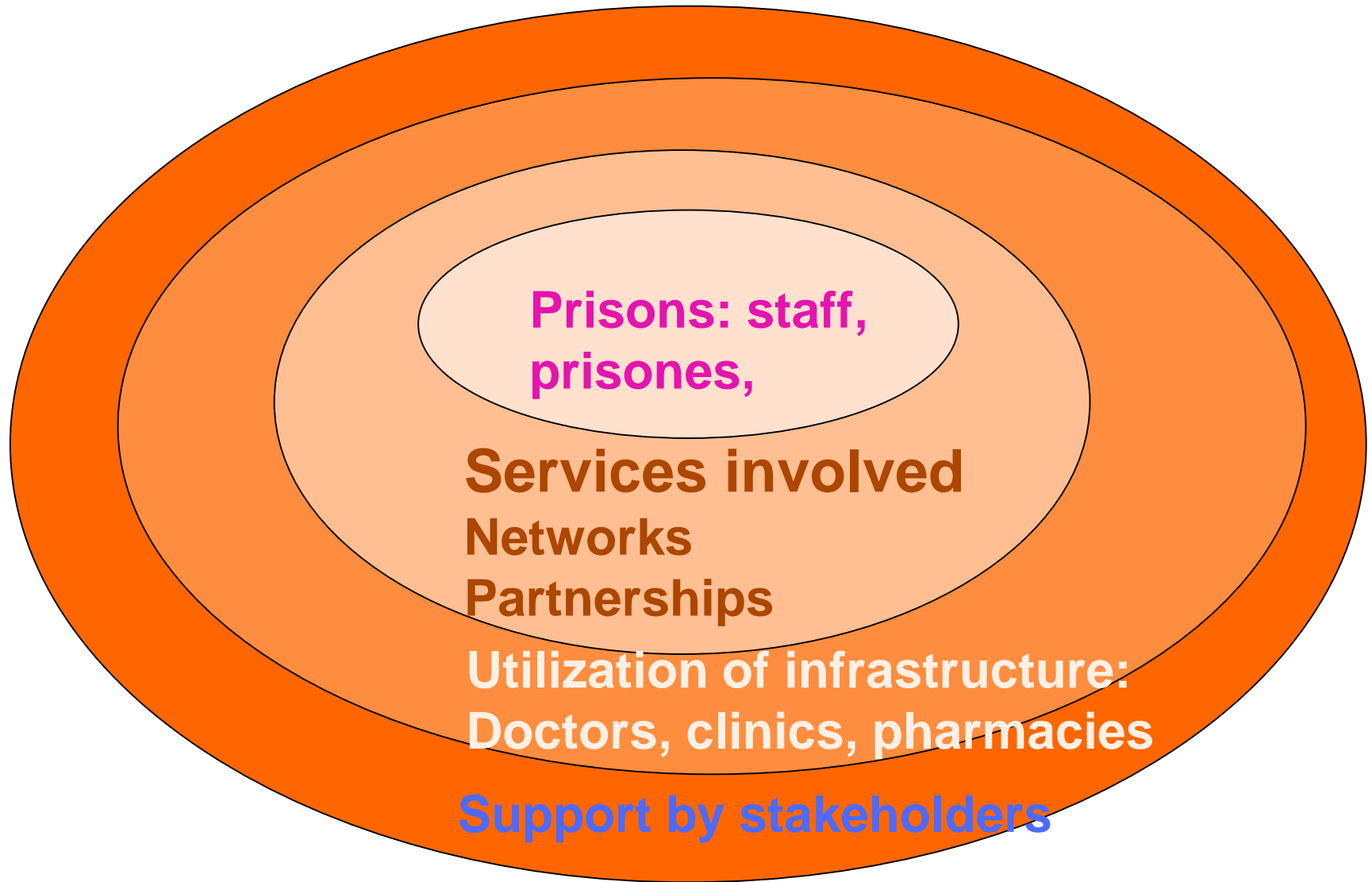
6. Conclusions



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Improve effectivity and efficiency on prison health



„... Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities “

(Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons)

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- EU Drugs Strategy 2013-2020. Available online: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A52012XG1229%2801%29>
- EU Action Plan on Drugs. Available online: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52017XG0705%2801%29>



Websites

- [Harm Reduction Coalition](#)

In the Overdose Prevention section of their website they have a great selection of documents covering: News and Updates, Overview of Overdose, Tools and Best Practice Information, and Policy and Advocacy documents.

- [COPE Australia](#)

Community Overdose Prevention and Education (COPE) is a community-based opioid overdose prevention initiative funded by the Victorian Government. COPE provides training and support to primary health and community organisation staff. These trained staff will provide education to individuals who may be opioid users or potential overdose witnesses, such as a family member or friend.

- [Understanding the risks of mixing medications & street drugs](#)

- [AMA Webinars](#)

The American Medical Association has resources available about Prescription Opioid Overdose and Public Health Responses.

- [Ontario Harm Reduction Distribution Program: Naloxone Program](#)

This website contains information relative to the Ontario Provincial Naloxone Program: naloxone order forms, staff training resources, and client educational resources. It also has a comprehensive Community-Based Naloxone Distribution Guidance Document.

- [Overdose Prevention Alliance](#)

This website offers different manuals and tools for the implementation of a community-based overdose prevention program. It offers links to existing programs and legal resources. It can help you locate the program nearest you.

- [Breathe \(the overdose game\)](#)

This website presents the "Breathe" game which is an instructional and entertaining way to learn, understand and try to respond to an overdose before it happens.

- [EHRN: Training on Overdose Prevention & Response](#)

The Eurasian Harm Reduction Network (EHRN) is a regional network with a mission to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal level.

- [Naloxone.Org.UK](#)

Here is a comprehensive website about naloxone. It includes updates about the National Naloxone Program in Scotland and N-ALIVE, a large prison-based research trial providing overdose and naloxone education to individuals being released. Links at the bottom of the page include a naloxone finder, external resources, and law/policy information.

- [Project Lazarus](#)

Community-based Overdose Prevention from North Carolina and the Community Care Chronic Pain Initiative.

- [SPHERE](#)

Useful downloadable resources including posters to engage with different audiences about overdose. Includes tools for drug and alcohol treatment providers to incorporate overdose into relapse prevention and discharge planning, conversation starters and an Opioid Overdose Prevention Card Game.