SIDE EVENT AT THE 66TH COMMISSION ON NARCOTIC DRUGS

HARM REDUCTION IN EASTERN EUROPEAN PRISONS

ENSURING EQUIVALENCE OF CARE FOR PEOPLE WHO USE DRUGS IN PRISON

Friday
17 MARCH
8.00 AM
in Vienna

INTERNATIONAL VIENNA CENTRE
Room M0E05

The side event aims to bring into dialogue health practitioners, international organisations, and civil society actors engaged in the defence of the fundamental rights of prisoners who use drugs. They will discuss the challenges faced by public authorities in introducing harm reduction in prison settings and will address the structural problems in prison systems that hinder the implementation of the principles of equivalence and continuity of care, specifically the lack of independence of prison doctors. How do we create the conditions for patient-centred care rather than a care system driven by punitive and security rationales? What role do international and European institutions play in setting and integrating human rights and public health standards in prisons and strengthening the obligations of European states in fighting the rising HIV/AIDS epidemic in Eastern European prisons?

SPEAKERS:

Yanina STEMKOVSKAYA
community activist and human rights defender, UnMode – Community Movement for Access to Justice

Dr. Tlaleng MOFOKENG
UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (video-statement)

Dr. Fadi MEROUEH
President of Health without Barriers – the European Federation for Prison Health

Jane BATTE
Civil Society and Networking Adviser UNAIDS

CHAIR:

Vadim VIERU
Director of programs PromoLEX Association

KEYNOTE:

Julia KRIKORIAN
Director of programs European Prison Litigation Network

This side event is co-organised by the Association Promo-LEX and the "Prison Health & Rights Consortium" composed of European Prison Litigation Network (EPLN), Harm Reduction International (HRI), UnMode – Community Movement for Access to Justice, Health without Barriers – the European Federation for Prison Health. The Prison Health & Rights Consortium is a civil society advocacy platform initiated in 2019 to support local CSOs and communities of human rights defenders and drug users in monitoring the efficiency of health protection in places of detention, documenting cases of violations of fundamental rights, and enhancing judicial protection of ill prisoners in domestic and international courts. It also addresses, at the European and international levels, the central issue of integration of prison health in public healthcare system. This initiative is funded by the Robert Carr Fund.

ROBERT CARR FUND For civil society networks
HARM REDUCTION INTERNATIONAL
Promo–LEX
unmode
EUROPEAN PRISON LITIGATION NETWORK
HEALTH WITHOUT BARRIERS

As noted by the UN Special Rapporteur on the right to health, "punitive laws, policies, and practices impede – and sometimes altogether bar – the disadvantaged and marginalized from accessing information, health goods and services that are critical to the prevention and care of HIV… punitive frameworks drive people away from health services, and in particular those people who are most in need."[1] Globally, 11 million people are incarcerated, including 1.5 million in European countries. This population has complex healthcare needs with high rates of morbidity and mortality, linked with increased chronic illnesses, infectious diseases, and mental disorders. HIV prevalence is disproportionately higher among people in prison, with an estimated 4.3% prevalence worldwide, underscoring the urgency of treating HIV in prison as one of the most high-risk environments for transmission. This is particularly urgent in Eastern Europe, a region where HIV incidence continues to rise, primarily concentrated in prisons, and fuelled by injection drug use.

The situation in prison is paradoxical from a public health perspective. On the one hand, incarceration places highly marginalised populations, who generally remain outside the health systems, within reach of medical professionals. On the other hand, the punitive and security rationales at work within the prison institution often constitute a diriment obstacle to care and harm reduction services. Despite evidence that the provision of harm reduction services in prisons decreases HIV transmission, overdose, and death rates, as well as increasing the engagement of prisoners dependent on opioids in HIV care[2], most of the national prison systems are not involved in the public health interventions aimed at providing harm reduction services to key populations. Globally, only 59 countries provide opioid agonist therapy (OAT) in prison, and only 9 countries have needle and syringe programmes (NSP) available in at least one prison[3]. In the post-soviet area, one of the regions where HIV incidence continues to rise, with a high prevalence of injection drug use in prisons[4], only 8 of the 15 countries have OAT and only 4 countries have NSP available in prisons[5]. At the same time, as the Council of Europe Pompidou Groupe stresses, maintenance treatment with opioid agonists in prisons "has been proven to be the most effective treatment option (…) in terms of reduction of mortality, reduction of transmission rates of blood-borne infections (HIV, hepatitis B and C)."[6]

For those states that have taken the step to introduce harm reduction in prison, availability, accessibility, and quality of services may continue to be a problem, particularly in Eastern Europe. When OAT programmes are available in prisons, they are mostly pilot programmes with low coverage of the prison population. Initial studies show that even when OAT is available and accessible, the institutional and social organisation of prison systems leads to low uptake of methadone treatment by prisoners[7].

From a public health perspective, in several Eastern European countries, the problem of the failure of harm reduction is further compounded by the massive failure of HIV care in detention and the lack of appropriate treatment to reduce the viral load of patients. Therefore, the transmission of HIV becomes alarming and necessitates a rapid political response from the relevant stakeholders. This side event intends to be a forum where the perspectives of different international institutions on harm reduction in Eastern European prisons can be synthesised to create an impulse for advocacy campaigns at the domestic and international levels.

Given the importance of this public health challenge, the organisers intend to question the structural factors hindering harm reduction policies in detention, and especially the impact of the lack of independence of prison doctors on the quality of care. How do we create the conditions for patient-centred care rather than a care system driven by punitive and security rationales? What role do international and European institutions play in setting and integrating human rights and public health standards in prisons and strengthening the obligations of European states in fighting the HIV/AIDS epidemic in the area?

[1] *Special Rapporteur on the right to health. HIV/AIDS and the right to health. https://www.ohchr.org/en/special-procedures/sr-health/hivaids-and-right-health*

[2] *Interventions to address HIV in prisons: HIV care, treatment, and support / Ralf Jürgens. WHO, UNODC, UNAIDS, 2007*

[3] *The global state of harm reduction 2022, Harm Reduction International*

[4] *Altice, F.L., Azbel, L., Stone, J., Brooks-Pollock, E., Smyrnov, P., Dvoriak, S., et al. (2016) The Perfect Storm: Incarceration and the High-Risk Environment Perpetuating Transmission of HIV, Hepatitis C Virus, and Tuberculosis in Eastern Europe and Central Asia. Lancet, 388, 1228-1248.*

[5] *The global state of harm reduction 2022, Harm Reduction International*

[6] *Council of Europe International Co-operation Group on Drugs and Addictions, Standards for treatment of people with drug use disorders in custodial settings*

[7] *Slade, G., & Azbel, L. (2022). Managing drugs in the prisoner society: heroin and social order in Kyrgyzstan's prisons. Punishment & Society, 24(1), 26–45. https://doi.org/10.1177/1462474520956280*