HARM REDUCTION IN PRISONS: ACCESS AND BARRIERS

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DRUG POLICY FUELING GLOBAL HEALTH CRISIS

- **+11.5 million** people were in prison global in 2024

- Drug offences are a major driver of incarceration globally with nearly 20% of people imprisoned for drug offences.
  - Situation is even worse in some regions, including Latin America and Asia.
  - Women are disproportionately impacted, in Latin America alone between **35% and 70% of women** in prison are there for drug-related convictions.
- Majority of prisons are overcrowded with only 30% of prison system in the world working within capacity.

DRUG POLICY FUELING GLOBAL HEALTH CRISIS

- An estimated **one third to half** of all people entering prison have a history of drug use.
- While the likelihood of injecting drug use decreases with incarceration, **some people continue or start injecting drugs while in prison.**
- Global median of HIV prevalence reported among people in prison in 2023 was almost double that of the general population. Over 15% of people in prisons globally are living with hepatitis C (HCV) and 5% have chronic hepatitis B. (UNIADS).
- People in prison are more vulnerable to overdose during sentence and after release.

HARM REDUCTION IN PRISON IS PUBLIC HEALTH AND HUMAN RIGHTS

Harm reduction is a central element of the right to health for people who use drugs, including people deprived of liberty.

- Arts.1 and 25 UDHR, Art. 6,7,9-10, and 26 ICCPR, 12 ICESCR, 5 CERD, 2,4,12 and 14 CEDDAW, 2 and11 CAT, among others;
- Nelson Mandela and Bangkok Rules ;
- CESR General Comment N. 14;
- UN Common Position on incarceration;
- UN Common Position on drug policy;
- Special Rapporteur on Health (2024), A/HRC/56/52, para. 8-17, 21, 85 d;
- UN Office of the High Commissioner on Human Rights, (2023), Human Rights Challenges in addressing and countering all aspects of the world drug problem, A/HRC/54/53, para. 9-12.

YET PEOPLE IN PRISON REMAIN SEVERELY UNDERSERVED BY HARM REDUCTION INTERVENTIONS

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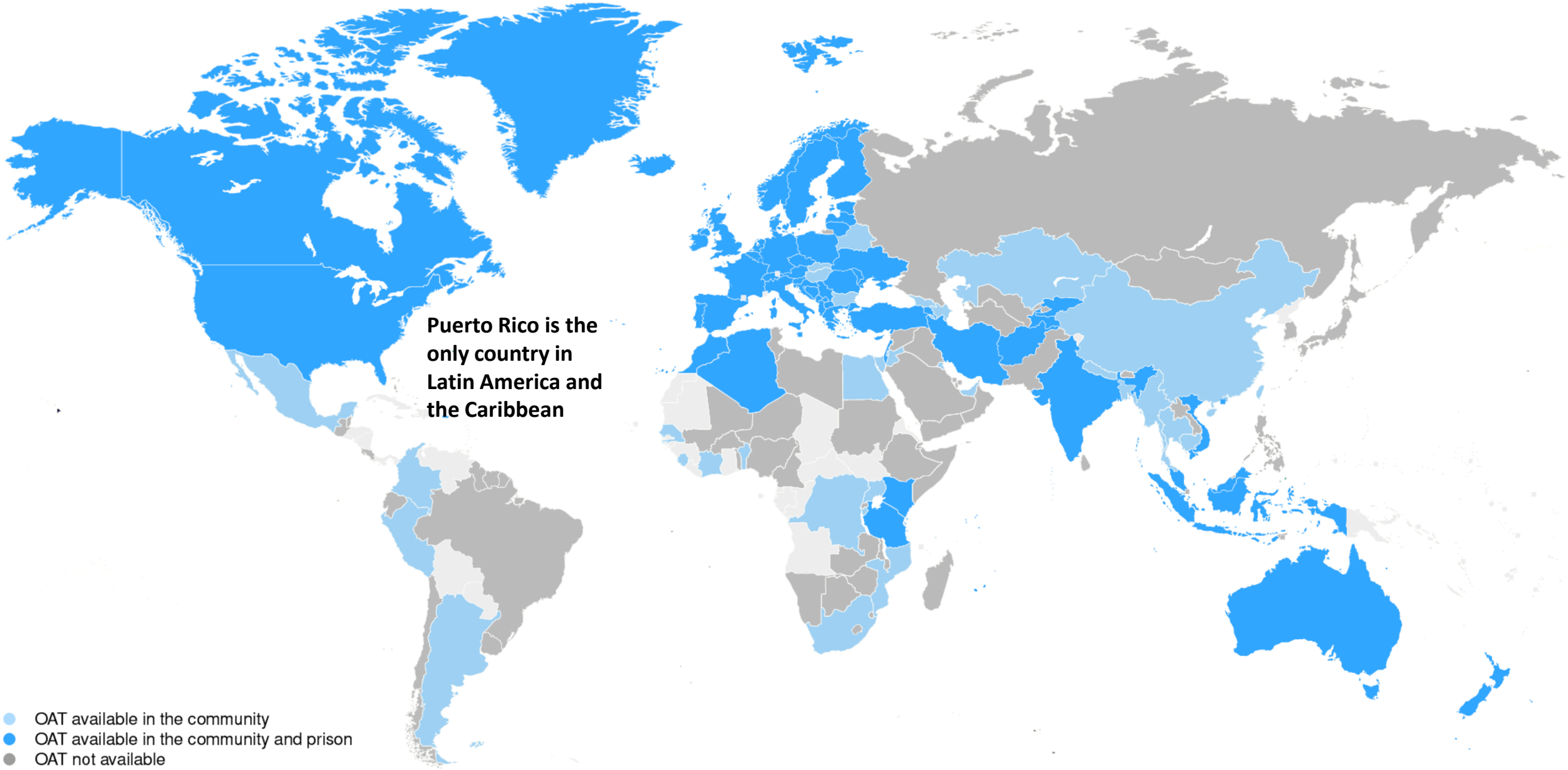
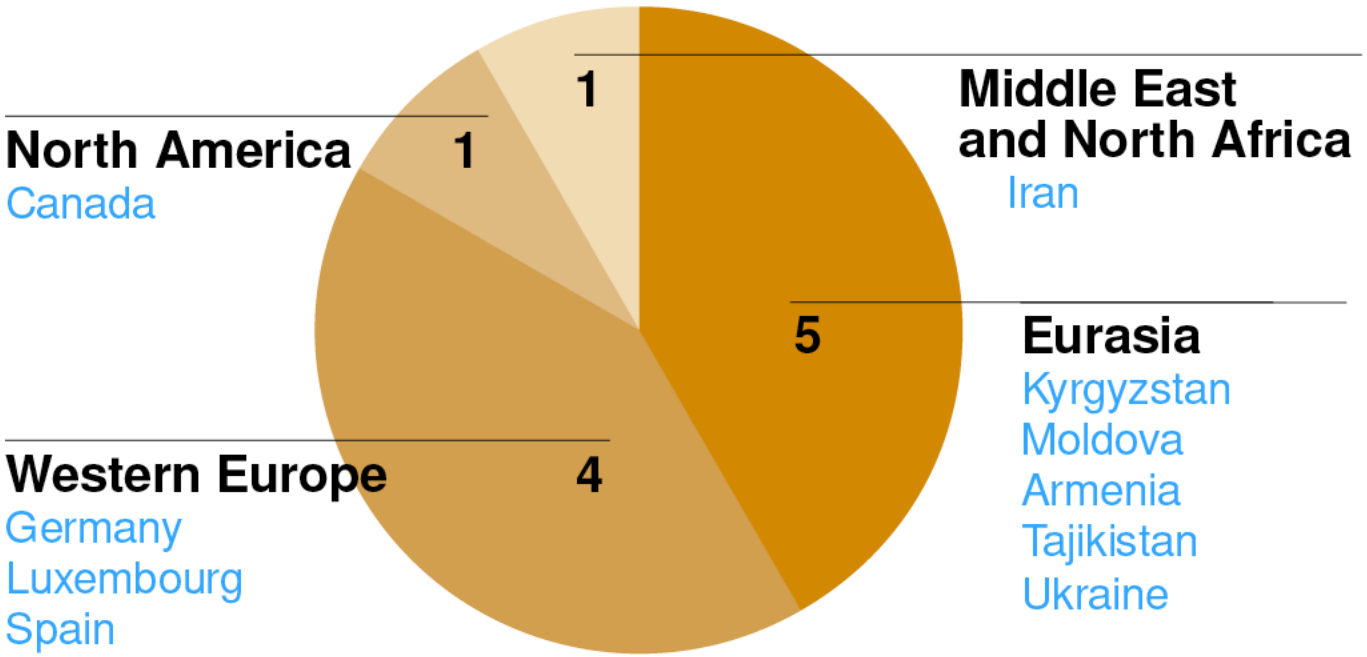
THE GLOBAL STATE OF HARM REDUCTION 2024

GLOBAL AVAILABILITY OF OPIOID AGONIST THERAPY (OAT) IN THE COMMUNITY AND IN PRISONS



THE GLOBAL STATE OF HARM REDUCTION 2024

AN NSP IS AVAILABLE IN AT LEAST ONE PRISON IN 11 COUNTRIES IN 2024



TAKE-HOME NALOXONE AVAILABLE ON RELEASE IN AT LEAST ONE PRISON

AVALIABLE IN 11 COUNTRIES

France
Germany
Italy
Ireland
Norway
Estonia
Lithuania
Ukraine
Canada
USA
Australia

DRUG CONSUMPTION ROOMS (DCRs)

- **Canada** opened its first prison-based DCR in Drumheller Institution in Alberta in 2019.
- People in prison can access needle exchange, consume drugs in private rooms, and medical staff (not correctional officers) are on hand in case of overdose.
- 2 more DCRs opened in 2023 at the Springhill Institution in Nova Scotia and Collins Bay Institution in Ontario.
- The Drumheller OPS received its first visit from a client after three weeks of opening, but it has now logged nearly 2,000 visits.
- In federal prisons in Canada, 46 people died from suspected drug overdoses and another 728 people non fatally overdosed between 2011 to 2022.
- To date, there have been no overdose deaths at any facility with an DCR since the service has been active.

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AVAILABILITY DOES NOT MEAN ACCESSIBILITY FOR ALL

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BARRIERS TO STARTING SERVICES IN PRISON

- In some **Eurasian countries** (Albania, Bulgaria, Latvia, Montenegro and Serbia) OAT is limited to people who were prescribed OAT before incarceration.

- Administrative barriers to accessing harm reduction services while incarcerated. (waiting list)

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RISK OR PERCEIVED RISK OF SANCTIONS OR LOSS OF RIGHTS AND PRIVILEGES

States must protect, respect and fulfil the right to health with dignity and in a non-discriminatory manner. (Art, 12 ICERC, CESCR GC. No14)

- In **Romania**, once someone enters a drug treatment programme, they are reportedly declared unfit to work while in prison, which means they will lose their income and cannot participate in a meaningful activity.
- In **England and Scotland**, service users have reported that while people who disclose use of heroin on admission to prison are offered help, those who disclose later are met primarily with punitive responses and are often suspected of selling drugs or other activities which violate prison rules. This leads people in prison to fear that disclosing opioid use will damage their prospects of accessing home detention, curfew, release on temporary licence or parole.

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LACK OF CONDIFENTIALITY AND ANONYMITY

States should ensure that all health services are provided under the basis of voluntary, informed and free consent and complete confidentiality of any medical condition, treatment, and healthcare accessed by people in prison, including access to harm reduction interventions, HIV treatment and services for infectious diseases.

- In **Moldova,** uptake of OAT is believed to be limited by confidentiality breaches as well as stigma and a prison subculture that informally regulates access. Those who accept methadone treatment are frequently subject to bullying and isolation, directed by leaders among the prison population.

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SPECIFIC BARRIERS TO WOMEN

Ensure that women in prison, including those who are pregnant, have access to comprehensive gender-sensitive healthcare services, including for sexual and reproductive health, HIV, harm reduction and mental health

- Yet, harm reduction is particularly limited for women in prison.
- The prison-based harm reduction services that exist are concentrated in men's facilities.
  - **Moldova**
  - **Ireland**

- Where harm reduction services are available in prisons, they are rarely tailored to women's specific needs and, as in the community, women who use drugs face particular stigma and discrimination when accessing services in many countries.
  - **Georgia**

SCALE UP AND **SUSTAINABILITY** OF SERVICES

- Most harm reduction services rely on donor funding and support.
- National scale up and linkage to national HIV and public health programmes is key to ensure equity across prisons and between prisons and the community.
- **Incorporation into State budgets ensures sustainability**
  - **Romania** NSP, OAT and prevention programmes for groups at increased risk of HIV were dramatically reduced once funding from the Global Fund ended, and the government was not able to take over and sustain the financing of services.
  - **Moldova** started offering harm reduction services in 2000 through international funding and technical assistance. Over the years, the country developed a supportive regulatory environment and started funding services from the state budget and also expanded services.

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OTHER BARRIERS

- Continuity of care upon release
- Management of harm reduction in prisons
- Delivery of harm reduction in prisons
- Quality of services

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CONCLUDING REMARK

- Stop criminalisation of drug use,
- Drug policy reform that is health and human rights-centred and evidence-based,
- Harm reduction is an essential element to the right to health, including for people deprived of liberty,
- It should be available and accessible to all people in prison in at least same standards than in the community,
- Yet, little development have been observed and people in prison remain severely underserved by harm reduction interventions,
- Urgent need to maintain and scale up harm reduction services for all, addressing barriers and challenges, including stigma and discrimination.

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THE GLOBAL STATE OF HARM REDUCTION 2024
9TH EDITION
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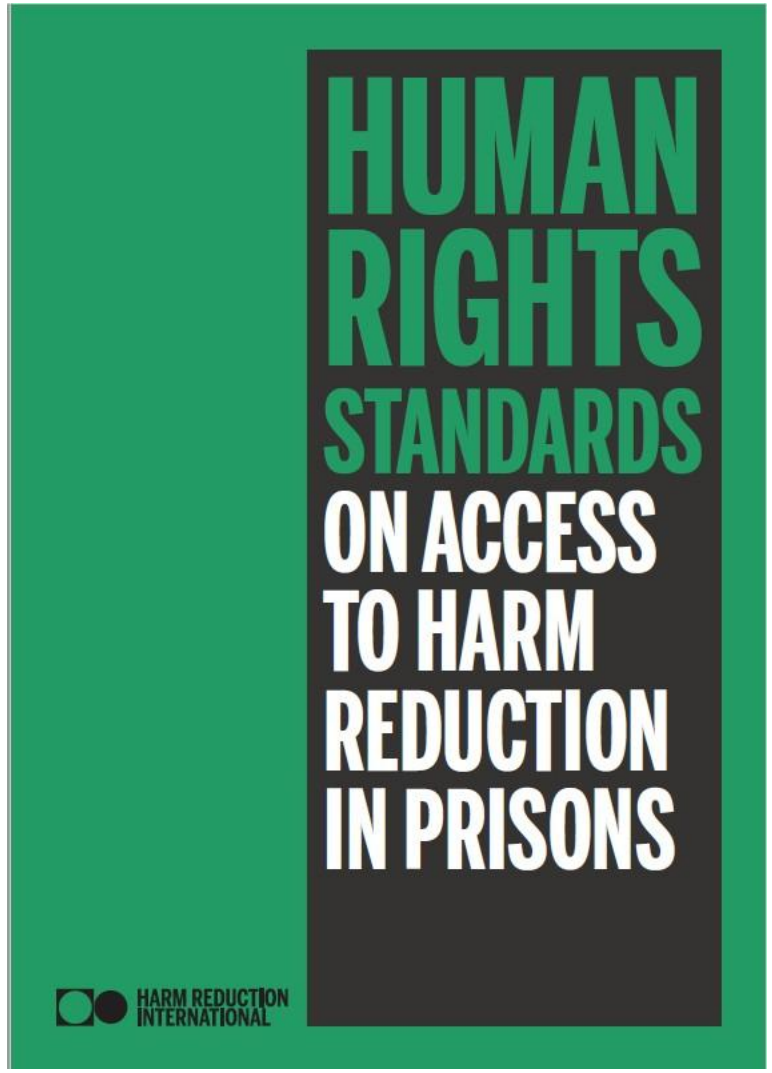
HUMAN RIGHTS STANDARDS ON ACCESS TO HARM REDUCTION IN PRISONS
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Thank you!

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