The Lisbon Agenda for Prisons

This Agenda is a policy declaration. It envisages an evidence-based policy regarding drug related problems in the prison milieu.

The aim of the policy is to establish good practices in minimising drug related problems in prisons by appropriate preventive and therapeutic measures. The basis for this is research evidence from epidemiological studies, from needs assessment, from evaluation of interventions and policy documents from WHO and UNODC. The policy strikes a balance between Public Health interests, security aspects of prisons and the human rights of inmates.

Drug related problems in prisons are well documented. Drug use and drug dependence in prisons mirror what can be observed outside of prison walls. However, inmates have higher risks for negative consequences; especially overdose mortality and acquisition of blood born diseases through unsafe injections and sexual practices. The opportunities for treating drug abuse and dependence and the related diseases are limited in comparison to what is available in the community.

There is enough evidence to show that this situation can be changed. Such changes will be an important investment, because they contribute to a safer prison environment, health promotion and crime reduction objectives.

The risk of new cases (starting drug use while being in prison) is reduced if the number of active drug users is reduced. Creating a positive atmosphere for health protection by introducing prevention and treatment increases the awareness of inmates and lessens the likeliness to be introduced to drug use by user inmates.

The components of the policy are: measures to reduce the prevalence and incidence of drug problems in prisons, measures to reduce drug-related morbidity and mortality, measures to improve the perspectives for life after being released from prison, measures to overcome barriers and to optimise policy implementation.

Measures to reduce the prevalence and incidence of drug problems in prison through demand reduction

- Diversified treatment approaches for drug users:

The prevalence of active users of illicit or non-prescribed drugs is reduced by available treatment. Treatment which is available as an option in prisons is proven to be effective. This is the case for treatment which started before or during imprisonment. The evidence covers drug-free treatment (e.g. adapted therapeutic community type) as well as substitution maintenance treatment for heroin dependence (mainly methadone or

buprenorphine treatment). Motivational interventions help to increase motivation for change and compliance with treatment regime are a useful additional tool. Positive experience from in-prison treatment help inmates to continue treatment after release, reduce relapse rates and related health risks, and also reduce delinquency recidivism.

Other and upcoming treatment options, pharmacological and psychosocial, effectively implemented outside of prisons, should be tested for applicability in the prison milieu and made available if applicability is evidenced.

Compulsory treatment (aiming at abstinence without or against the person's consent) is less effective than treatment provided as an option. High relapse rates indicate a low cost-effectiveness ratio and include an increased risk for overdose mortality (due to a loss of opiate tolerance). Compulsory treatment therefore should not be applied.

- Alternatives to imprisonment:

Prevalence of drug problems in prison is also reduced by offering drug users to go to regular treatment instead of being imprisoned, the sentence being suspended and enforced only if treatment fails. Such alternatives are provided by regular courts, and in some countries by special drug courts or re-entry drug courts. Regulations, eligibility criteria and treatment availability differ considerably from country to country, but even so the effectivity of "treatment on court order" is evident from many studies, if offered as an option and if provided in adequate quality.

Measures to reduce drug-related morbidity and mortality

- Prevention of blood born infectious disease (HIV/Aids, hepatitis)

Blood born infections are transmitted among drugs users by unsafe injection practices (using contaminated syringes/needles/filters, using contaminated drug solutions), or – including non-user inmates -by unprotected penetrating sex. Also tattooing and piercing by using contaminated instruments provide a risk for infection.

Safer use is facilitated by information, safer use kits (containing sterile injection material, disinfectants, instructions how to use it), syringe/needle exchange programmes, syringe/needle slot machines. Safe consumption rooms minimise the risks of circulating contaminated syringes and of fatal overdose. Evaluation studies of these approaches to infection prophylaxis show good acceptance, a reduction of seroconversions and no negative consequences for the safety of staff and for the utilisation of treatment offers. Effectiveness is enhanced by professional counselling, opportunities for voluntary blood testing and eventual vaccinations. Protecting the anonymity of inmates using such services increases their utilisation.

Safer sex is facilitated by information, condom availability including lubricants, meeting rooms for inmates with spouses/partners. Homosexual intercourse, frequent among inmates but taboo, is best protected if condoms are available anonymously.

Prevention of infectious disease includes opportunities for serotesting (HIV/Aids, hepatitis), testing for sexually transmitted diseases and for tuberculosis. Such testing is

performed in accordance with generally accepted personality rights and data protection rules. Also included are optional vaccinations of inmates seronegative for hepatitis B. Testing should not be mandatory.

Identified infectious disease is treated by specialists or by the responsible medical service under specialist guidance. The state-of-the-art rules for indication criteria, treatment regime and treatment documentation are respected.

The reduction of drug-related mortality includes the implementation of measures to reduce morbidity, and also measures to reduce the risk of overdose death. These measures are the provision of treatment opportunities which minimise use or uncontrolled use, relapse prevention interventions after detoxification, staff competence to apply resuscitation in case of acute overdosing, supervised consumption rooms for injectors and inhalers. Drug user releases from prisons should be referred to community treatment facilities.

Measures to improve the perspectives for life after being released from prison

- Rehabilitation services

A policy how to deal with drug problems in prison looks beyond the prison term. Recidivism is high after being released from detention, regarding drug use and regarding drug related delinquency. Recidivism is reduced by providing positive perspectives for a satisfactory life.
During imprisonment, the expected living conditions, working conditions, financial burdens, social contacts and their deficits are assessed, as a starting point for improvements. Contact with external services and facilities are best established during imprisonment.

- Specialist drug services

All inmates starting (or continuing) treatments during imprisonment are directed to community based services for a continuation of treatment. Best results are achieved if such services are allowed to get into contact with inmates before release. Close cooperation with external specialist services facilitates updated knowledge and competence of prison staff to work with drug users and optimal preparation of the passage to external services.

- Specialist infection services

Diagnostic and therapeutic techniques in the management of infectious disease have become a highly specialised task. Systematic cooperation of prison doctors and prison medical services with external infectologists guarantee adherence to state-of-the-art procedures. It also supports doctors in the integration of up to date procedures into the prison regime.

Measures to overcome barriers to implementation

The above mentioned measures can be implemented in the prison milieu without endangering the primary mandate of prisons to enact sentences and to guarantee safety.

However, research has identified a number of barriers to implementation. Among those are negative attitudes of institutions and staff, fear of inmates to be disclosed as drug users or infected persons, safety concerns.

- Overcoming negative attitudes of institutions and staff

Prisons and prison staff tend to understand illicit and non-prescribed drug use as a delinquent act to be punished. Any attempt to reduce the risks of continued use are viewed as supporting a prohibited behaviour and therefore unwelcome. Strict prohibition and rigid controls are regarded as the only acceptable prevention, and abstinence as an enforceable behaviour.

These attitudes can be minimised by providing information about the negative consequences on prisoner's health and on the level of drug problems in prison, by providing information about the feasibility of the measures described, by a clear declaration from the prison management assuming the responsibility for the intended changes, and by continued guidance of staff how to cope with difficult situations.

- Overcoming fear of inmates to be disclosed as drug users or infected persons

Inmates tend to hide their drug use and their sexual activities, for fear of being discriminated or even for fear of open aggressions. If the described measures are implemented in a way protecting inmates from disclosure (confidentiality of medical findings, anonymity of syringe and condom availability, no reporting of serostatus to third parties etc.), the measures will be all the more effective.

- Overcoming safety concerns

The main barrier to syringe and needle availability in prisons is the fear that they could be used as weapons against staff. Prisons with evaluated needle exchange programmes have not found that this has occurred. Appropriate information about this practical experience is best apt to encourage piloting and implementing syringe/needle availability.

Measures to optimise policy implementation

The policy implementation profits from a number of steps and elements, as experience has demonstrated. They concern needs assessment, awareness raising, action plan, working groups and a clear definition of roles and responsibilities.

Needs assessment: the gaps between policy aims and present reality must be identified as starting points for focused improvements.

Awareness rising: the need for action must be evident for all parties concerned, based on the needs assessment and on the available evidence for feasibility and effectiveness of the intended policy.

Action plan: a step by step procedure includes an agreement on priorities, on a master plan, on a central task force, on task assignments, on pilot projects, on monitoring and evaluation, on intermediate feedback mechanisms and on plan revisions.

Working groups: for each task an appropriately composed working group prepares and guides the implementation process and reports to the central task force.

Roles and responsibilities: the policy implementation follows the national rules and mechanisms. The roles of the various partners and bodies, the respective responsibilities, the funding mechanisms and the control mechanisms are well defined. The supreme role is at the ministerial level providing the political support for implementation.

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(coordinator of the International Think Tank of experts in the field, meeting in Lisbon 9 and 10 May 2006, during the International Conference promoted by SOMA «All on Drugs and Public Health in Prisons», subscribers list to be send soon)