

Connections

Integrated responses to drugs and infections across European criminal justice systems

**Collating good practices on drug treatment
and harm reduction in the criminal justice
system in Europe**

– experiences from the CONNECTIONS project

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EMCDDA, Lisbon, 1 March 2011

Connections

Integrated responses to drugs and infections across European criminal justice systems

Background:

This project builds on the work and funding that has been invested over 12 years in networking between European prisons and civil society organisations on issues of drugs and HIV/AIDS, with financial support from the EC and other donors.

Objective:

to contribute to the development of more effective, inclusive, accessible and equivalent HIV/AIDS (and other drug related diseases) prevention and drug treatment policies and services for 'at-risk' populations throughout the criminal justice systems of the EU Member States and candidates countries.

Partners:

University of Kent (beneficiary) with ARAS in Romania, University of Bremen and Frankfurt in Germany, HCLU in Hungary, Probacja in Poland, Rugby House in the UK, and T3E in the UK

International guidelines and good practice within CONNECTIONS

- Review available research on drug treatment and harm reduction in criminal justice systems:
 - Available in CONNECTIONS online digest
- Review available international guidelines and recommendations
- Collect examples of good practice
- Create 'state of the art' recommendations for working on drugs and related infections.
 - Available on the CONNECTIONS website
 - To be included in the EMCDDA's EDDRA best practice portal.

Identifying good practice examples (1)

Definition of good practice and scoring:

- **Level 1 - Promising practice**: the approach has sound theoretical basis and has proved its ability to engage the target group and scores 12 or less on the quality grid
- **Level 2 - Good practice**: scores between 13 – 28 points on the quality grid (corresponds to “Promising interventions” on the EDDRA definition)
- **Level 3 - Top level practice**: scores 29 or more points on the quality grid (corresponds to “Top level interventions” in the EDDRA definition)

Identifying good practice examples (2)

The quality grid is divided into three columns:

- **Logic Model (11 criteria – clearly stated objectives on which to base the follow up - maximum score 13 points)**
- **Evaluation (7 criteria – process and outcome evaluation to see whether the activities have helped to achieve the initial objectives - maximum score 18 points)**
- **Additional Information/Deliveries (5 criteria – coordination with other services, instruments for evaluation and evaluation manual - maximum score 8 points)**
- **Maximum total score 37 points**

Identifying good practice examples (3)

■ Appointment of experts:

- Via focal point contacts and existing network of contacts
- Eleven experts covering twelve countries – four Eastern European and eight Western European countries
- Staff at Kent University also collected examples from the UK

■ Evaluation tools:

- Good Practice Form records detailed information about the project (i.e. who is working with which client group, what is being done, the key features of the project, and how information is collected, analysed and interpreted to assess what outcomes the intervention has achieved)
- Criteria for Good Practice Form (contains the quality grid against which the project is scored to arrive at the level of good practice)
- Glossary of Terms
- Guidance Note for Experts

Identifying good practice examples (4)

- **List is not exhaustive:**
 - **Focuses on new, lesser known examples**
 - **Intended as exemplars to learn from**
 - **Can be added to through EMCDDA's Exchange on European Drug Demand Reduction Action**

General findings

- **'Top level' practice is very rare in Europe:**
 - **Significant lack of rigorously evaluated interventions (very few randomised trials)**
- **Good practice has spread around Europe in the last decade**
- **Good practice is more apparent in prisons and alternative treatments than at either arrest or aftercare stages**

Specific findings

- **Prison projects**
 - **Psycho-social interventions**
 - **Needle exchange**
 - **Opiate substitution**
- **Alternatives to imprisonment**
- **From arrest**
- **Research & development**

Prison projects: Psycho-social interventions

- **'Femmeren' in Denmark (Hjulsøgaardfonden)**
 - A 24 bed unit in Østjylland high security prison
 - Includes detoxification
 - Uses motivational enhancement, Gestalt analysis and cognitive reconstruction
 - Achieves reductions in disciplinary incidents and improvements in physical health

- **Women's Substance Dependency Treatment Programme (RAPt)**
 - A 20 bed unit at HMP Send
 - Abstinence based, 12 step programme
 - Also uses motivational enhancement and cognitive behavioural therapy
 - Currently being evaluated by University of Manchester

Prison projects: Needle exchange

- **Women's Prison in Berlin/Lichtenberg**
 - Established 1998
 - All entrants given a harm reduction kit, including a 'dummy' syringe
 - Syringes dispensed through automatic exchange machines
 - Syringe sharing among IDUs reduced from 71% to 11%
 - No HIV and HBV seroconversions, but four HCV seroconversions occurred
- **Pereiro de Aguiar Prison, Ourense, Spain**
 - NSP introduced in 1999
 - 93% of staff consider that there has been no increase in conflict in the prison.
 - Syringe sharing amongst IDU inmates reduced from 46% to 7%
- **Introduction of NSP in Romanian prisons**
 - Starting in two prisons in 2007, with support from UNODC
 - Exchange at a central office by medical staff or peer educators
 - No increase in drug use
 - Observed decrease in vein injuries and abscesses.

Prison projects: Opiate substitution

■ Slovenia

- Methadone from 1995, Buprenorphine from 2005 and Buprenorphine/Naloxone combination from 2007
- 2008 – OST covers 44% of all recorded drug users in Slovenian prisons.

■ Integrated Drug Treatment System, England & Wales

- Combines assessment, OST (detoxification, reduction, maintenance, re-induction) and psychosocial treatment.
 - Including pilot alcohol interventions in some locations
- Aims to link to services outside prison
- 25,076 inductions to treatment in 2008/9
- Being evaluated by NatCen

■ Realta Prison, Switzerland

- Heroin assisted treatment since 2001, as well as methadone and needle exchange

Research & development

- **Research and Intervention Program for Infectious Diseases Risk Reduction among Inmates, France:**
 - **Step 1. Assessing the prevalence of risk behaviours and the availability of harm reduction measures**
 - **Step 2. Randomised trial of the delivery of a harm reduction package in prisons:**
 - **HBV vaccination, improved condom access, disinfecting solution, needle/syringe exchange program, HR counseling, OST, etc.**
- **Quality programme for health care services in Spanish prisons:**
 - **Following rapid roll-out of OST in Spanish prisons in 1990s**
 - **Quantitative survey and qualitative consultation with prison and healthcare staff**
 - **Leading to the development and implementation of agreed clinical guidelines**

Follow up

- Insertion of the good practices identified into the EDDRA database
- ACCESS project to continue the good practices exercise over the next 2 years

Thanks to

- The researchers who coordinated, carried out the work:

Alex Stevens and Karen Milne-Skillman at the University of Kent

- The national experts:

- Sven Todts, Belgium
- Barbara Janíková, Czech Republic
- Niels Løppenthin, Denmark
- Ulla Knuuti, Finland
- Laurent Michel, France
- Heino Stöver, Germany
- Jadwiga Bernaś-Ude, Poland
- Catalina Iliuta, Romania
- Andrej Kastelic, Slovenia
- María José Bravo Portela, Spain
- Michael Schaub, Switzerland

More information

- The CONNECTIONS website (research digest and final report on good practices, international guidelines and recommendations)
<http://connectionsproject.eu/digest-of-research>
- The EMCDDA Exchange on Drug Demand Reduction Action
<http://www.emcdda.europa.eu/themes/best-practice/examples>
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