

**EMCDDA REITOX Network Academy:
Drug use among prison population: scope and responses.**

1- 2 March 2011. Lisbon (Portugal)

**DATA COLLECTION
IN PRISONS IN SPAIN**

Elena Alvarez
Graciela Silvosa



Observatorio
Español
sobre Drogas



OBJECTIVE

OVERVIEW ON DATA COLLECTION IN PRISONS IN SPAIN

- ✓ Opportunity for thinking about data collection in prisons.
- ✓ Data collection is just the first step to develop policies.



I. INTRODUCTION

Prison population

Data collection on drugs in Spain

II. DATA COLLECTION IN PRISON

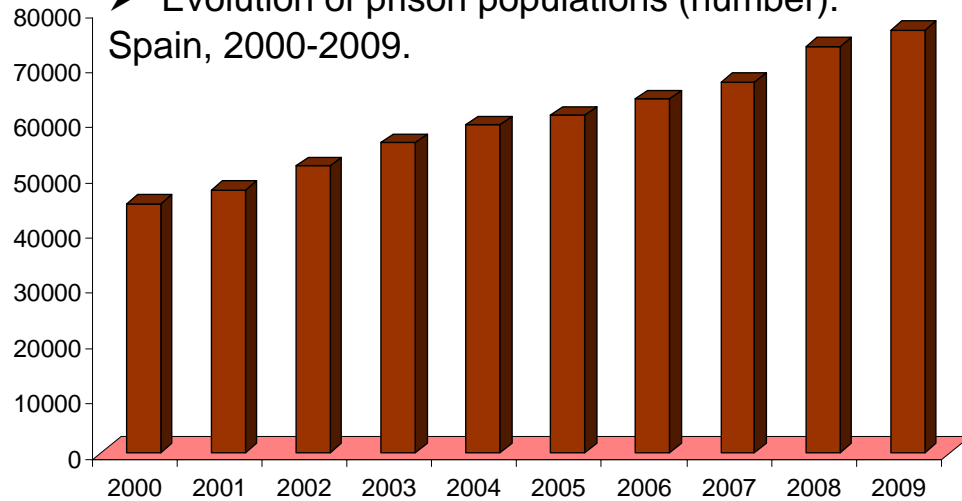
Methodology: Surveys, Treatment Demand Indicator, others.

Results: socio demographics, health, drug use, treatment.

III. CONCLUSIONS AND CHALLENGES



➤ Evolution of prison populations (number).
Spain, 2000-2009.



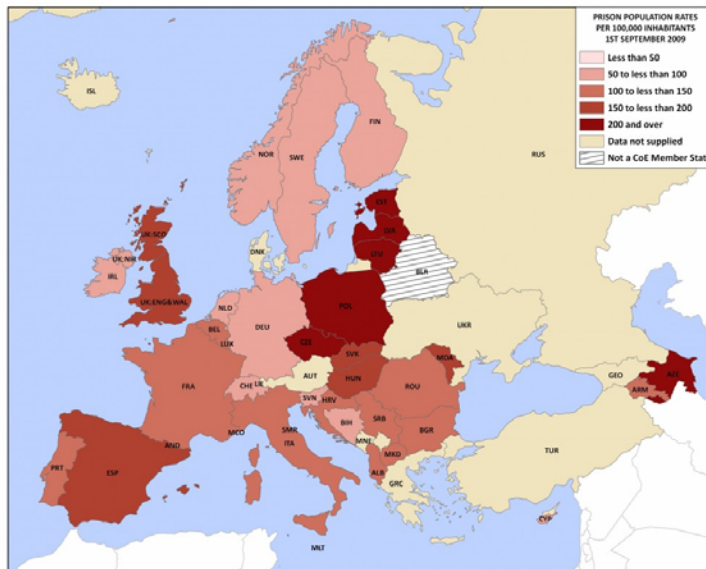
Source: Ministry of Internal Affairs. Spain

SPAIN. Dec 2009.

- Spanish population¹: 47 021 031
- Prison Population²: 76 090
- Rate: 162/100 000 inhabitants
- Prisons²: 78

Source: 1 National Institute of Statistics. 2 Ministry of Internal Affairs. Spain.

➤ Prison population rates per 100000 inhabitants.
Europe, sep. 2009



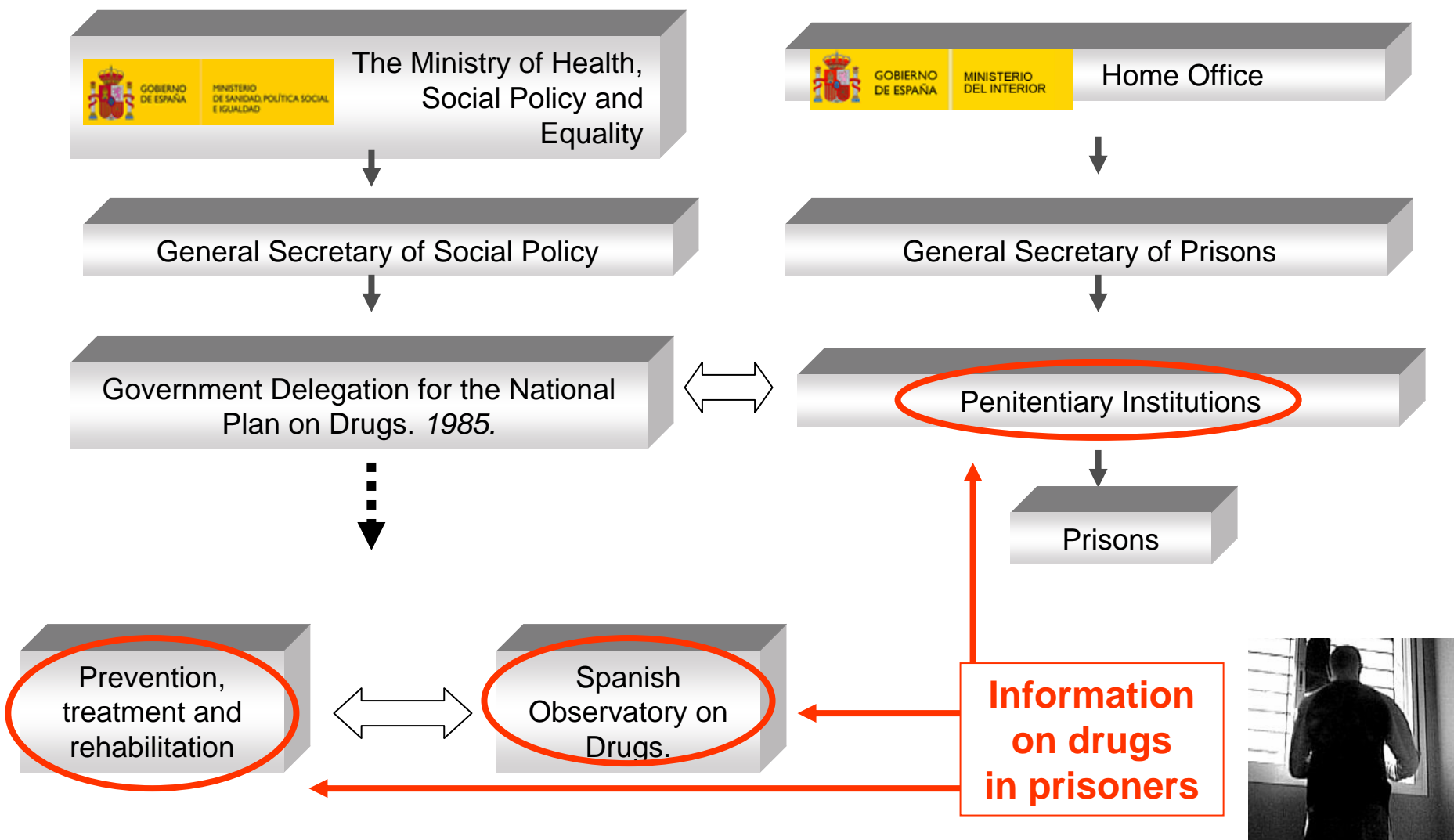
Source: SPACE I & II, Council of Europe



EUROPE. Sep 2009¹.

- Mean 130/100 000 inhabitants.
- Minimum 20 inhabitants
- Maximum 309 inhabitants
- ✓ USA²: 756/100 000 inh.

Source: 1 Space I. Council of Europe. 2 Annual report 2009. EMCDDA.



From the beginning prisons were included in the collection data and policies of the NPD

Spanish Observatory on Drugs

1. SURVEYS: PREVALENCE, PERCEPTION AND OPINION ON DRUGS

- **General Population.**

- EDADES. Adults: 15-64 y.o. Biennale: 1995-2009. Sample: 15000-25000.
- ESTUDES. Students: 14-18 y.o. Biennale: 1994-2010. Sample: 20000- 30000.
- Specific modules: Workers, new substances, alcohol, cannabis etc.



- **Specific population:**

- People in treatment: Drugs users admitted to treatment: heroine 1996, 2003/04 & cocaine 2003/04
- **Prison surveys:** 1994, 2000, 2006 & 2011.

2. INDICATORS: DRUG RELATED PROBLEMS

- **Drug related deaths**, annual since 1983.
- **Drug related infectious diseases**, annual since 1986
- **Problem drug use**, annual since 1990
- **Hospital emergencies in drug users**, annual since 1987
- **Treatment Demand indicator**, annual since 1987



3. EXTERNAL SOURCES OF INFORMATION.

- **Supply indicators.** N° of seizures and quantities of drugs seized since 1996. Price and purity, since 1995. Direct demand for alcoholic beverages, since 1996. Arrested people for drug trafficking and reporting for use/possession of illegal drugs since 1997
- **Special registries, studies ad hoc, regional level, universities...**
- **Prison institutions**



Prison survey

- ❑ **1994** *Evaluation of treatment of drug users in prisons.* Sample 1554.
- ❑ **2000** *Drug use and risk factors in prisons.* Sample: 5028.
- ❑ **2006** *Survey on health and drug use in prisons.* Sample: 4934.
- ❑ **2011** *Survey on health and drug use in prisons.* Sample 5000.

OBJECTIVE

To determine the prevalence and patterns of drug use and risk behaviours associates among inmates, before and during the imprisonment.



Prisons survey 2011



Reference population	<ul style="list-style-type: none"> ▪ Inmate population: 76090 ▪ Prisons: 78.
Sample size	<ul style="list-style-type: none"> ▪ Theoretical Sample Size: 5000 prisoners
Sample design	<ul style="list-style-type: none"> ▪ In all prison selection of random sample of prisoners proportional of prison population, judicial status and nationality. ▪ Excluded: non speaking Spanish, Arabic or Romanian. 1^o and 3^o degree. Remote/small prisons. ▪ Overrepresented: woman.
Data collection	<ul style="list-style-type: none"> ▪ Questionnaire face to face by trained and independent interviewer. Self-reported information. ▪ Voluntary, anonymous, confidential.
Questionnaire	<ul style="list-style-type: none"> ▪ 218 questions. ▪ Closed questions with single or multiple response ▪ Information: Socio-demographics, penal, health, drug use (history, type of drug, frequency, route), injection use, treatment, risk behaviour. ▪ Translated into Arabic & Romanian (available in English for dissemination in scientific community).

Strengths	<ul style="list-style-type: none">▪ Useful in describing the characteristics of a large population.▪ Many questions can be asked about a given topic giving considerable flexibility to the analysis.▪ Standardized questions make measurement more precise by enforcing uniform definitions upon the participants. Observer subjectivity is greatly eliminated.▪ In prison: relatively easy people accessibility.▪ Spain: Historic series, big sample, gender focus.
Weaknesses	<ul style="list-style-type: none">▪ Descriptive method, generally cannot provide strong evidence of cause and effect.▪ Usually surveys are not good at following trends in real time or over short periods of time. It is necessary series.▪ Answer: self reported: Intentional deception, poor memory, or misunderstanding.▪ Non response. Non response rate in 2006: 6,5%.▪ The different methodologies and definition difficult to compare results.▪ Financing needs.▪ In prison: Logistic problems. Permission to enter. Security.

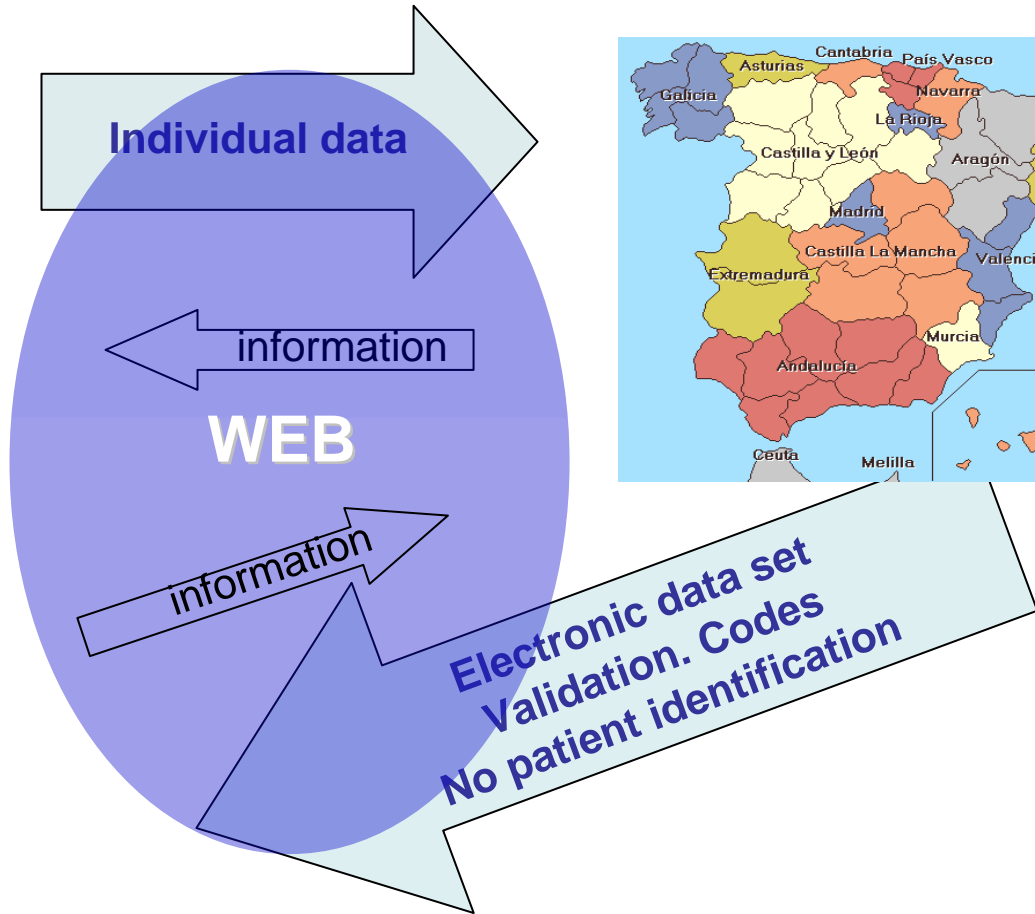


Treatment Demand Indicator

TREATMENT CENTER



REGIONAL LEVEL



NATIONAL LEVEL



Treatment Demand Indicator



Definition	Number of persons admitted to ambulatory treatment for psychoactive drugs abuse (alcohol, heroine, cocaine, cannabis, tranquilizers, stimulants, hallucinogens, volatiles subs.) for the first time in the study year.
Coverage	Time coverage: 1987- today Geographical coverage 2009: -TDI general population: National. 50628 admissions illegal drugs. -TDI Prison: 34 prison (total prisons 77).1921 admissions illegal drugs.
Data Collection	Form is filled in face to face in the treatments centers.
Form	23 questions. Information: Socio-demographic (age, sex, studies, work situation...), use of drugs (type of drug, frequency, route...), health (VIH infections).
Strengths	Periodicity. Trends. It is possible to identify drug use patterns and analyze differences between characteristics in g. population and prisons users.
Weaknesses	Is necessary to agree protocols and definitions, questions need to adapt to changes. Some prisons doesn't notified. Coordination between different levels and agencies.

Home Office. Penitentiary Institutions

- Systematic information:
 - Mortality Register.
 - Epidemic outbreaks.
 - Register of Notifiable Diseases.
 - Register of prevalence of diseases: HIV / AIDS, TB, Hepatitis viruses.
 - Regular publication of the Epidemiological Bulletin in prisons.
- Studies ad-hoc in prison. Example: Surveys in mental health.

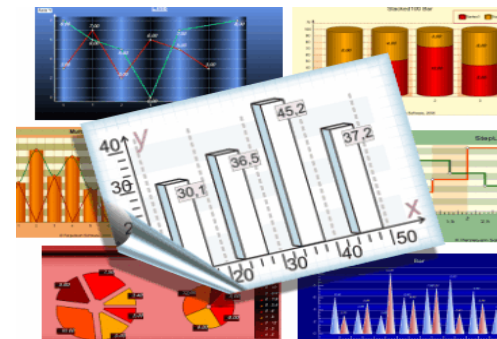


Ministry of Health

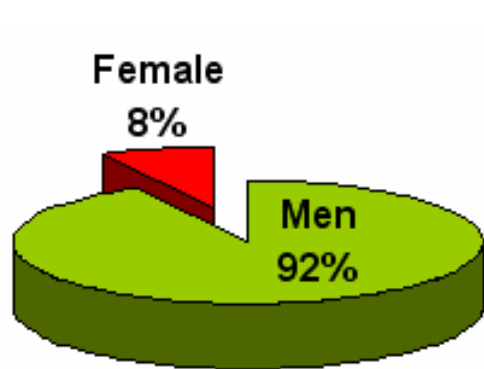
- Systematic information:
 - National Registry of AIDS and VIH.
 - National Health Survey.
- Studies ad hoc in health or drug users.

Others

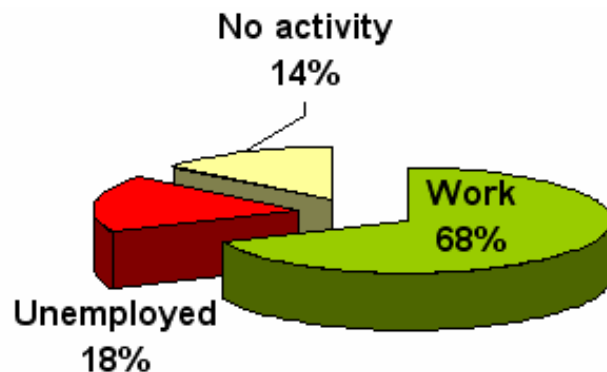
- Regional level, universities...



➤ Prisoners socio-demographic characteristics



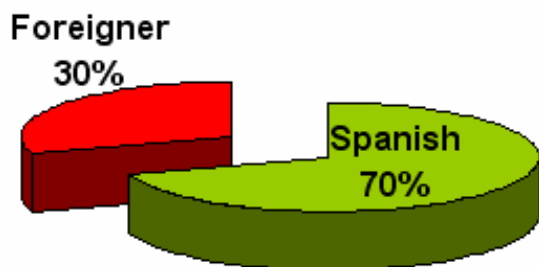
SEX



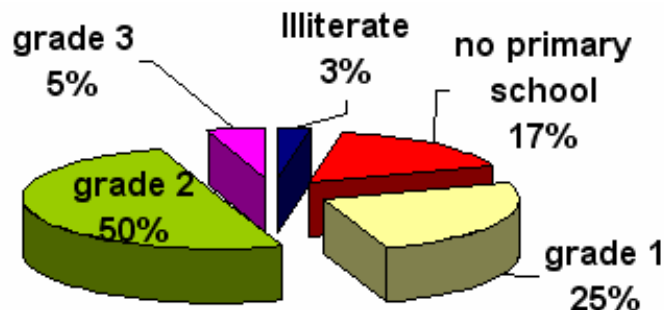
WORK

- Men
- 36 year old
- Spanish
- Studying until 18 y.o
- Active (working or unemployed)
- Excluded from social or economic

NATIONALITY

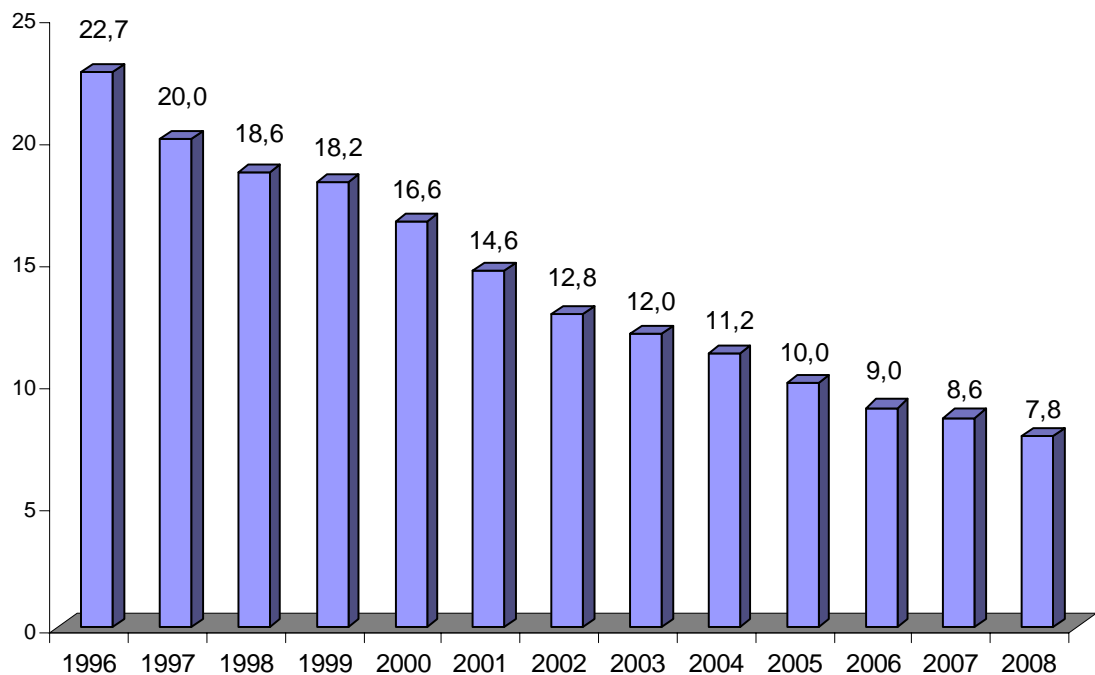


STUDIES



Source. Prison Survey 2006. Government Delegation National Plan on Drugs.

➤ Prevalence (%) of HIV infection in prisoners: Descendent Trend as general population.



Source. Annual Report 2008. Government Delegation National Plan on Drugs.



Specific health care needs of drug users in prison: blood-borne infectious diseases and co-morbid psychiatric problems.

➤ Mental health in prisoners is one the main health problems

Psychiatric comorbidity: 2 out of 10 drug users have a psychiatric problem.

Source. Annual Report 2007. Government Delegation National Plan on Drugs.



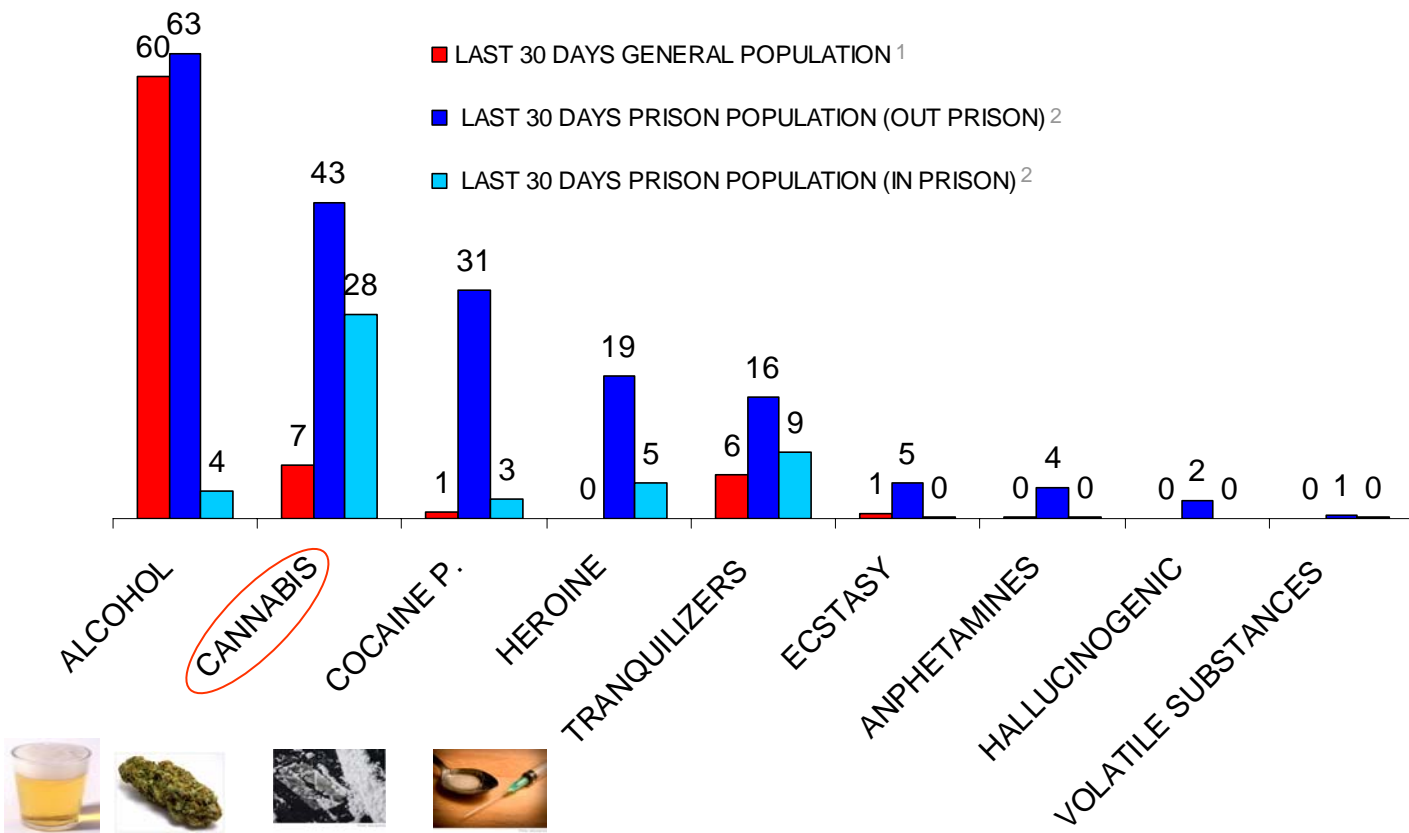
➤ **Health perception (%) among the prison population ¹ and the general population ²**



Source. 1) Prison Survey 2006. Government Delegation for the National Plan on Drugs.. 2) National Health survey 2006.

Improving the health of this population involves improving their social and economic environment

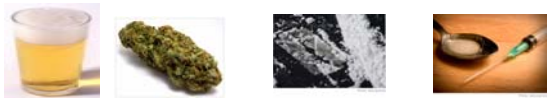
➤ **Last 30 days prevalence of drug use (%) among the general population and in prisoners (in and outside prisons)**



Drug use is more prevalent among prisoners than in the general population

Usually prisoners change pattern of use or stop consuming drugs in prison.

Source: 1 Household survey 2007. Spanish Observatory on Drugs. 2: Prison Survey 2006. Government Delegation for the National Plan on Drugs.



Principle of equivalence

Prisoners must have the same level of medical care as a person living in the community and prison health services should be able to provide treatment for drug related problems in similar terms to those provided outside prison (CPT, 2006; WHO 2007). Recognised by the EU (Council Recommendation of 18 June 2003 and EU Drug Action Plan 2009-12)

❑ Spain meets this principle of equivalence which is included in the Spanish National Strategy on Drugs 2009-2016.

❑ Drug treatment will be provided both in the community and in prisons in a similar and equivalent manner.

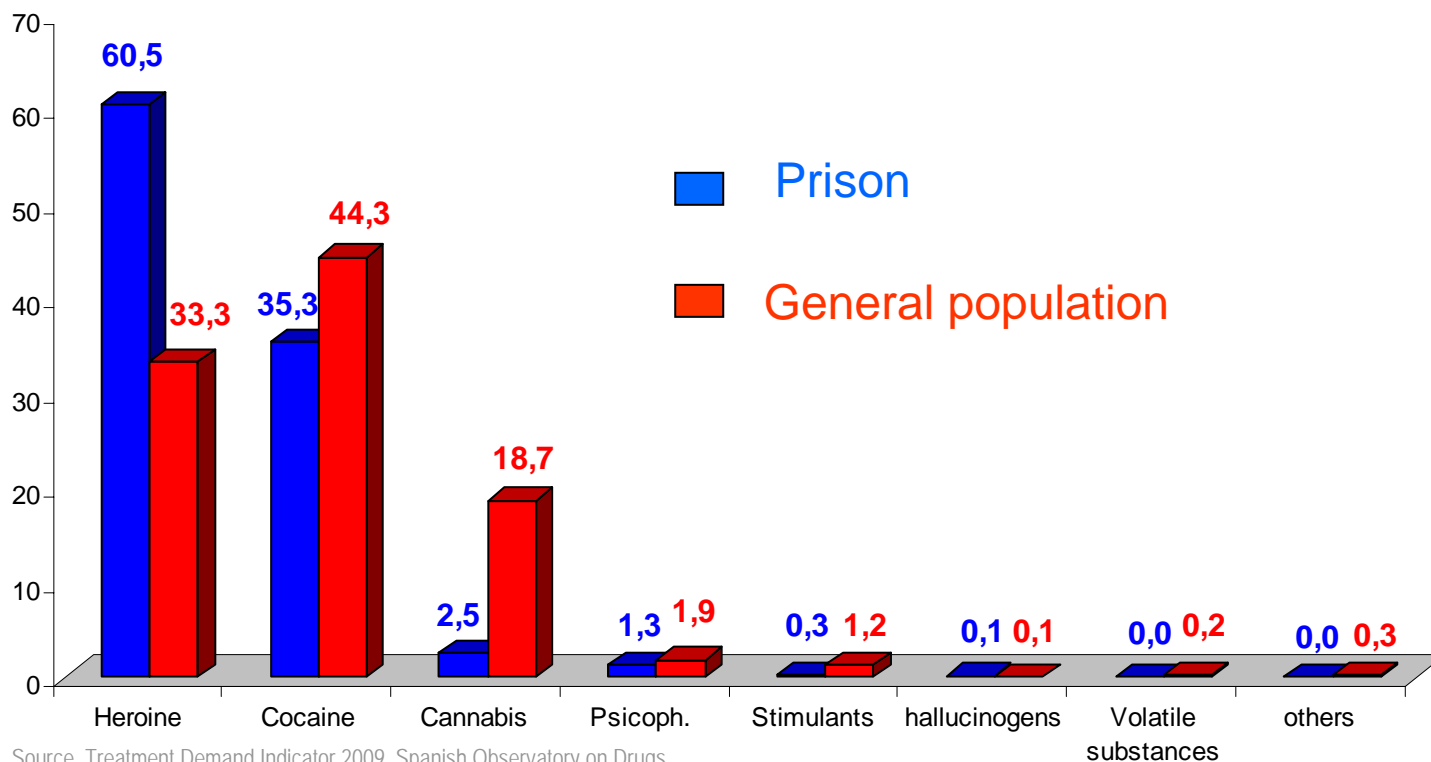
Universal and free of charge access will be guaranteed.



Available in english at www.pnsd.msc.es



➤ **Treatment Demand Indicator (TDI) in prisons and general population breakdown by different type of drugs (n° treatment specific drug / n° treatment all drugs in %)**



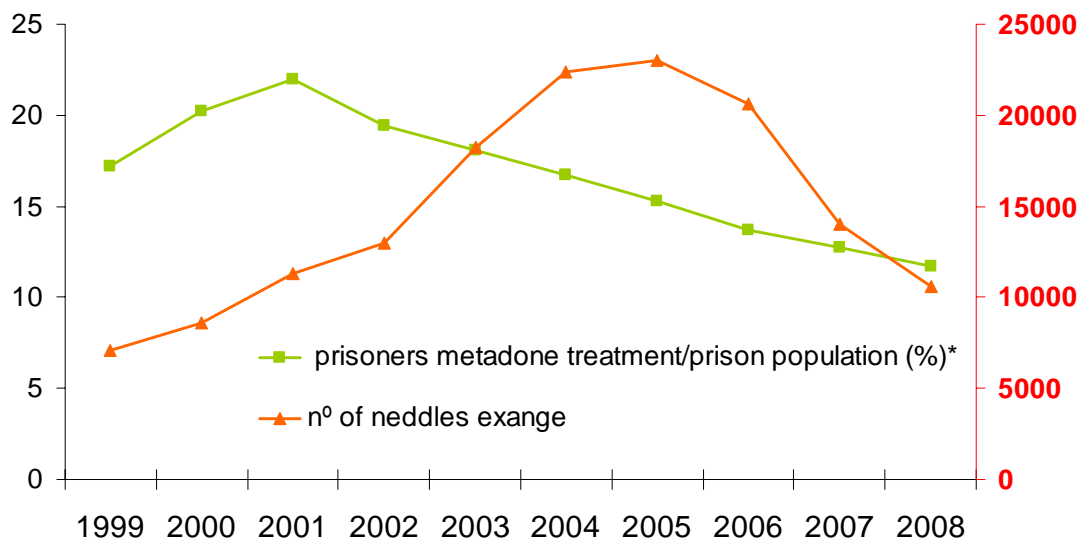
Most prevalent drug-specific treatment:

- Prisoners: heroin
- General population: Cocaine
- Cannabis < 18 y.o



PROGRAMS IN PRISON (2008 data)

- Health promotion. 26454 prisoners
- Drug users: Prevention, education, treatment services and harm reduction:
 - Deshabituación: 8,38% (treatments in one day / prison population)
 - Metadone maintenance: 11,7 % (treatments in one day / prison population)
 - Syringe exchange programas: all centres, 10 582 syringes (Cataluña excluded)
- Mental health
- Infectious diseases
- Social rehabilitation



Methadone and needle exchange programs are decreasing secondary to the decrease of drug injecting

Distribution of condoms and syringes has shown good results and does not imply risks

Source. Annual Report 2008. Government Delegation National Plan on Drugs. * Cataluña excluded

DATA COLLECTION, METHODOLOGY, AND POLICIES

- Standardization of definitions and methodologies for data collection and analysis is necessary, in order to improve the **comparability** between regions and countries.
- **Collaboration** between different actors at regional, national and international levels is necessary to obtain good results in data collection and therefore in policies.
- **Adapting** methodologies and sources of information to the changing phenomena of drugs will help to detect new patterns of drug use.
- **Social reintegration and rehabilitation** is essential and will require collaboration, between different agencies, to ensure proper monitoring of social and health care, (including treatment in drugs) at the time of **release** from prison.
- **Prisons have an crucial role** in develop prevention, harm reduction, and treatment services. Prisons health services can reach drug users who had no contact with the drug care system, help to start (or continue) drug treatment and contribute to treatment adherence. Public Administration must **support them**.



DATA COLLECTION, METHODOLOGY, AND POLICIES

- It is necessary **to think** on how we are collecting the data, strengths and weaknesses and how we can improve.
- From the beginning of the design of the data collection is necessary to be clear that **data must be useful** to draw up and devise interventions and programs (prevention, treatment...). The data should also be useful for **evaluating policies**.
- People working in collecting and analyzing data are **responsible to provide them**, in a comprehensive way, to policy makers.
- Data-based reflections and interventions should be included in the policies and should somehow help to **improve the health of the population**. (here prisoners health).
- **Spain** has routine data collection, cross-sectional surveys and ad-hoc research for health and drug use. Access to drug treatment in prisons is similar than in the general population. It is universal and free of charge.



THANK YOU 😊

More Info:

**Elena Álvarez
Graciela Silvosa**

ealvarezm@mpsi.es
gsilvosa@mpsi.es

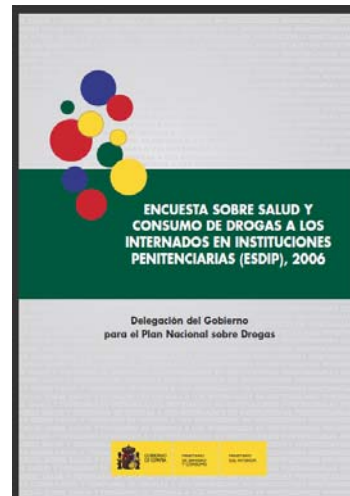
National Plan on Drugs

cendocupnd@mpsi.es
www.pnsd.mpsi.es

Annual Report. Spanish
Observatory on Drugs



Prison Survey 2006. G. D.
National Plan on Drugs



Annual Report
National Plan on Drugs

