

# Needle and Syringe Programs – Focus on Germany

EMCDDA/ECDC Expert Panel Meeting “Guidance on prevention of communicable diseases in prison settings. 21-23 June, Lisbon/Portugal



**Prof. Dr. Heino Stöver**  
**Institute of Addiction Research**  
**Frankfurt University of Applied Sciences**

# Drug Users in European Prisons<sup>1</sup>

- ~ One million prisoners per year in Europe
- 15-25% sentenced for drug related offences<sup>2</sup>
- US: 25-50% drug dependent on admission<sup>3</sup>
- Europe: ~ 1 in 6 prisoners problem drug users<sup>4</sup>
- 10–42% report regular drug use in prison
- 1–15% have injected drugs while in prison
- 3–26% first used drugs while incarcerated
- Up to 21% of injectors initiated injecting in prison<sup>4</sup> – in Germany 11%<sup>5</sup>
- 90% relapse to heroin after release<sup>6</sup>

<sup>1</sup> Stöver & Michels (2010): Drug use and opioid substitution treatment for prisoners.

In: Harm Reduction Journal 2010, 7:17; <sup>2</sup> Source: Council of Europe-SPACE I, Table 7;

<sup>3</sup> Fazel et al. (2006); <sup>4</sup> Hedrich et al. (2012); <sup>4</sup> Stöver & Kastelic 2014, <sup>5</sup> RKI 2016; <sup>6</sup> Stöver

# The case of Germany: „DRUCK-Study“ Robert-Koch-Institute/Germany - Imprisonment $n=2,077$

- 81% have been incarcerated – Median: 3y, Median: 4x
- 32% have been incarcerated during the last 12 months
- 30% have been using drugs i.v. while in prison
- 11% have started i.v. drug use while in prison<sup>1</sup>
- Only 10% of (former or current) opioid users in prisons are in OST – compared to almost 50% outside
- Treatment in most states abstinence-based<sup>2</sup>
- „Health Inequality“ =>

# European Court of Human Rights in the case of Wenner vs. Germany

- manifest and long term dependence to opioids
- denial of opioid substitution treatment (OST) in Bavarian/German prison
- The Court found that the physical and mental strain that Mr Wenner suffered as a result of his untreated or inadequately treated health condition could, in principle, amount to inhuman or degrading treatment.
- the failure to adequately assess Mr. Wenner's treatment needs involved a violation of the prohibition of inhuman or degrading treatment

# HIV-Prevention – The Comprehensive Package: 15 Key Interventions (UNODC/ILO 2012)

1. Information, education and communication
2. HIV testing and counselling
3. Treatment, care and support
4. Prevention, diagnosis and treatment of tuberculosis
5. Prevention of mother-to-child transmission of HIV
6. Condom programmes
7. Prevention and treatment of sexually transmitted infections
8. Prevention of sexual violence
9. Drug dependence treatment => Opioid Substitution Treatment
- 10. Needle and syringe programmes**
- 11. Vaccination, diagnosis and treatment of viral hepatitis**
12. Post-exposure prophylaxis
13. Prevention of transmission through medical or dental services
- 14. Prevention of transmission through tattooing, piercing and other forms of skin penetration**
15. Protecting staff from occupational hazards

# Prison-based needle and syringe programs – UNODC Handbook

**In >60 prisons worldwide – in 9 countries**



# Prison-Based Needle Exchange Programmes in Germany



# Evaluations of PNSPs<sup>1</sup>

- Scientific evaluations conducted in 11 prisons with syringe distribution programmes
- The provision of syringes did not lead to an increase in drug consumption or an increase in injecting
- Syringes were not used as weapons, and safe disposal of used needles was not a problem
- Syringe sharing disappeared almost completely
- In prisons where blood testing was performed, no new cases of HIV or Hepatitis infection were found

<sup>1</sup> Stöver, H. & Nelles, J.: Ten years of experience with needle and syringe exchange programmes in European Prisons. In: *International Journal of Drug Policy* Dec./2003, volume 14, Issues 5-6), pp 437-444



# History of PNSPs in Germany<sup>1</sup>

- Originally 7 prisons in 3 states starting from 1996 on (,Länder‘: Lower-Saxony, Hamburg and Berlin)
- Cut down to 1 program in Berlin (Women Prison Lichtenberg; since 1998) due to political reasons after regional elections (2001-2003)
- Not a single threatening scenario reported
- 4 needle exchange automats on different wards
- Retracting syringes
- Approx. 40 women in the program currently



<sup>1</sup> Stöver, H. & Nelles, J.: Ten years of experience with needle and syringe exchange programmes in European Prisons. In: *International Journal of Drug Policy* Dec./2003, volume 14, Issues 5-6), pp 437-444

# Systematic Review to assess evidence regarding health outcomes of PNSPs<sup>1</sup>

- Nine studies identified in the review presented evidence associating PNSPs with one or more health benefits
- Strength of the evidence was low overall
- Outcome for which the studies collectively demonstrated the strongest evidence was a reduction in HIV transmission
- Six studies indicated the potential for PNSPs to contribute to reducing HCV transmission among inmates
- Lack of negative consequences from PNSP programs was observed
- The role of stigma in discouraging policy action on PNSP should be addressed

<sup>1</sup> Lazarus, Stöver, Wolff et al. (2017): Epid. Review (upcoming)

# 25y of Prison-Needle Exchange –

## Where have we got from here?

- **Quantity**
  - Only little increase in the Number of PNSP worldwide
  - Numbers of clients decreasing
  - Coverage poor and patchy
  - Independent from responsibility for prison health care
- **Quality**
  - Confidentiality key problem<sup>1</sup>
  - Access often arbitrary (Lux)
  - Perception of drug use important
  - Continuous work on the program needed
  - HIV/AIDS no longer the driver
  - HCV does not develop the momentum

<sup>1</sup> Stöver/Hariga (2016): Prison-based needle and syringe programmes (PNSP) – Still highly controversial after all these years

# 3. Conclusions



# Conclusions: from harm production to harm reduction

- Drug using/dependent prisoners are discriminated in a double sense: (i) incarcerated for coping symptoms of their drug dependence and (ii) not benefitting from the progresses in drug treatment/harm reduction, which have been achieved in the community.
- Putting drug users into prisons in high numbers (approx. 30%), means putting them at high risk environment of relapses, violence, sexual exploitation, debts, risks of infectious diseases.

# Future developments

- More attention on the particular situation of drug users in prisons is needed
- Abstinence-oriented treatment can only be one element of a comprehensive drug treatment service – it needs to be supplemented by harm reduction measures
- Integration of drug using prisoners: „Nothing about us without us“
- Utilizing international standards for changes in treatment (e.g. **the Nelson Mandela Rules**, CPT)

# Conclusions: from harm production to harm reduction

- A shift in the responsibility of healthcare from Justice to the ministry in charge of healthcare generally – like WHO, UNODC and many other international player are recommending – would probably lead to more and efficient healthcare, closely connected to community services.
- Alternatives to imprisonment would be an effective treatment to avoid health risks and health and social inequality.

# Kontakt

- **[hstoever@fb4.fra-uas.de](mailto:hstoever@fb4.fra-uas.de)**

**[www.isff.info](http://www.isff.info)**