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Health of Prisoners: Scientific Approach for Public Safety

**Building partnerships to enhance Health and Criminal Justice outcomes
among pre-incarcerated, incarcerated and soon to be released prisoners
in Ukraine and other EE & CA Countries**

A Roundtable Meeting of Key Stakeholders

SUMMARY OF CONCLUSIONS

Kyiv, Ukraine
28-29
July 2017

The Roundtable “Health of Prisoners: Scientific Approach for Public Safety” gathered representatives from law enforcement, prison, public health and civil society from across Ukraine and other countries in Eastern Europe and Central Asia (EECA) in order to progress discussions and ideas for improving partnerships that would result in enhanced public health and public safety for people caught up in the criminal justice systems of the region, particularly people who use drugs (PWID).

In EECA and particularly in Ukraine, there is a growing body of work that highlights the risks, challenges and opportunities for improving health outcomes for PWIDs at a variety of time points: pre-incarceration, incarceration and at the point of release from incarceration. Enhancing the health of people who use drugs requires partnerships across a significant number of stakeholders who operate across various areas and levels, representing health service providers, the criminal justice system (CJS) and senior policy makers. The overarching goal is to reduce negative health outcomes whilst at the same time reducing the burden on police and criminal justice systems more generally.

There exists a fundamental between scientific evidenced-based public health practices and the design and implementation of relevant policies in the Region which is impacting the collective ability of all partners to improve individual and public health outcomes and indeed criminal justice system effectiveness. Thus, one of the goals of the Roundtable was to foster open dialogue between scientists, civil society representatives and between the different executive branches (Ministry of Health, Ministry of Justice, Ministry of Internal Affairs) of various countries in the Region.

Conclusions:

The dialogue was framed around a series of presentations and resulted in some very productive discussions. The following points serve as a high-level summary of the concluding comments and thoughts of the participants.

- Much of the drug policy across the Region is oriented on prohibition and repressive measures and is not scientifically based. Examples from different countries including Portugal, Switzerland and the Czech Republic show how public health orientated drug policy such as decriminalization as well as harm reduction, drug prevention and drug treatment strategies can co-exist. These policies and practices have been shown to significantly reduce crime, reduce prison overcrowding and improve individual and public health outcomes. Application, adaptation and scale up of these successful policies should continue to be explored in the Region.

- Prohibitionist policies in the Region that limit access to painkiller medicines are not only limiting options for PWUDs but are also preventing people in severe pain, such as those with cancer from accessing the pain medicines they need to cope with their illness. EECA countries explore ways that national drug policies can be re-orientated to ensure that individual and public health outcomes are prioritized and access to essential medicines is significantly scaled up.

- Many people working across the criminal justice systems have limited understanding of addiction and there is a significant need to train both medical and non-medical personnel about concepts of drug abuse seen through a disease model and about evidence-based treatment approaches that can be used to treatment drug addiction, especially in the case of opiate addiction

- Opioid agonist therapy (OAT) is the evidence based method which recommended by WHO, UNAIDS and UNODC for provision in prisons. It should be implemented not only for patients who already have been on OAT, but also for all people who are opioid dependent according to the dependency criteria DSM 5

- Even if OAT exists in some countries in the region it is necessary to increase the quality of medical service provision for people on methadone and reduce barriers to accessing methadone. Detoxification (even using methadone) for those dependent on opiates is not considered treatment. Current and well-documented evidence is that OAT should be continuous and ongoing with the best outcomes such as reduced risk of relapse, overdose, and re-incarceration shown to improve the longer someone is on OAT.

- It is important to understand that substances, including illicit drugs, are taken not only by those who suffer from dependence (and therefore need access to treatment) but that recreational nondependent drug use also takes place in and out of prisons and is related to a range of factors including individual choice and societal culture and this needs to be reflected in the way that research is designed and implemented.

- There is a need to better understand how to engage and work with 'non-formal leaders' in prison systems to support a better policy and practice environment for service delivery of OAT. There is evidence from prison-related studies that 'non-formal' leaders can sometimes control the processes that determine whether other detainees access or engage in drug treatment.

- There is a need to prioritize studies that examine drug use cultures in prison environment, across the Region but these studies should not stop access to or scale up of AOT services in prisons as existing research already demonstrates that much of the prison population in the Region has a history of opiate dependence.

- Every stakeholder who is engaged in prison related work should be guided by Nelson Mandela rules. For example, if OAT is provided in the community it must be provided in prisons too.

- Individual stories documenting peoples' experience with prison-related drug dependence treatment access prison are incredibly important as this narrative helps improve awareness of the many progressive changes that are occurring in the Region including the first ten patients accessing methadone in Tajikistan and the early introduction of drug treatment in Georgia. There is significant value in sharing these stories and continuing to network with relevant stakeholders from across the Region and this Roundtable provides a foundation for further dialogue.