

## SUMMARY: INFECTIOUS DISEASES IN PRISONS WEBINAR

25 JUNE 2025



### Introduction

On 25 June 2025, EuroPris hosted a webinar on Infectious Diseases in Prisons, recognising the complex health challenges that can exist within prison environments. Managing infectious diseases inside prison facilities is not only crucial for those who live and work in prisons, but for the health of our broader communities as well. As our speakers underlined during the session, **prison health is public health**.

The webinar brought together experts and practitioners from across Europe to share insights, practices, and innovations in tackling infectious diseases in prison settings. The discussions focused on several core areas, including prevention strategies, harm reduction measures, improving access to treatment, and strengthening coordination between prison healthcare and wider public health systems. Together, these areas are essential in ensuring the right to health for prisons and in supporting safer, healthier societies.

Speakers included:

- Linda Montanari, European Union Drugs Agency
- Dr Cornelia Berger, Medical Service of the Prison Administration, Luxembourg
- Pavlo Marchenko, Ukrainian Penitentiary System

### Drug Use Inside Prison and the Relations to Infectious Diseases by Linda Montanari (EUDA)

Linda Montanari from [the European Union Drugs Agency](#) opened the webinar with a comprehensive overview of drug use and the relations to infectious diseases in prison populations, drawing on the latest [SPACE statistics](#). Across the 27 EU member states with addition to Norway and Türkiye, there are approximately **800,000 people in prison, of whom around 18% are incarcerated for drug law offences**. However, this figure doesn't capture the full picture: many individuals are also imprisoned for drug-related offences or crimes committed to support drug use. Drug use prevalence in prison is significantly higher than in the general population.

**While many individuals reduce or stop their drug use upon entering prison, others continue using, change their usage patterns, or, in some cases, begin using drugs for the first time.** These dynamics, coupled with environmental risk factors such as injection drug use, unsafe sexual practices, poor diet, lack of physical activity, and limited access to sterile drug-use equipment, contribute to increased vulnerability to infectious diseases among the prison population.

To support health interventions within prisons, Linda introduced EuroHepp, a toolkit designed to guide prison staff in the elimination of hepatitis C. The toolkit is divided into four key components:

1. **Eliminating Viral Hepatitis in Prisons** – establishing the importance of targeting hepatitis C in prison settings and framing it within the broader European context.
2. **Strategy Development** – offering a step-by-step, person-centred approach to designing a hepatitis strategy, beginning with identifying stakeholders, conducting health needs assessments, setting targets, and determining financing.
3. **Strategy Implementation** – outlining practical approaches across the care continuum (prevention, testing, treatment, post-release), with special attention to vulnerable groups such as women, youth, and foreign nationals.
4. **Monitoring** – highlighting the importance of data collection and proposing tools such as WHO templates, case definitions, and 14 core indicators to effectively track progress.

In her concluding remarks, Linda emphasised the continued and emerging challenges that prison systems face in this area. People who use drugs may remain significantly overrepresented in prisons and experience a disproportionately high burden of physical, mental, and social health issues. **The high prevalence of infectious diseases inside prisons is directly linked to the passage of people who inject drugs through these systems.** To move towards better preparedness, she stressed the importance of increasing the availability and coverage of health and social interventions, improving prevention and treatment services, ensuring continuity of care post-release, and fostering strong links with external health systems. Upholding the principle of equivalence of care, as outlined in the Nelson Mandela Rules, is critical. **Ultimately, as Linda and other speakers reinforced, prison health is public health.**

For further details on the data, key findings, and practical tools shared in this presentation—including facts, figures, and strategy frameworks—[you can view her full presentation here](#).

## **Interventions and Results: Screening and Treatment for Infectious Diseases in Luxembourg**

### **by Dr. Cornelia Berger**

Dr. Cornelia Berger from the Medical Service of the Prison Administration in Luxembourg presented a detailed overview of the country's approach to managing infectious diseases within its prison system. She began with an introduction to the structure of Luxembourg's prisons, before outlining a timeline of key interventions that have been implemented over the past two decades to reduce transmission and improve health outcomes among their prisoners.

**Luxembourg has demonstrated a longstanding commitment to early intervention.** Since 2003, systematic screening and vaccination have been conducted upon admission to prison. **In 2005, Luxembourg introduced a syringe exchange programme within its prisons—one of the earliest such interventions in Europe.** This was followed by a series of additional harm reduction and screening initiatives, including:

- Annual screening campaigns using point-of-care tests (2012–2019)
- Early access to direct-acting antivirals for hepatitis C (2013–2015)
- The introduction of a safe tattooing programme at the infirmary in 2017, where tattoos can be administered under sterile conditions by a trained nurse.
- In 2024, Luxembourg also began offering injectable HIV treatments in prisons, further expanding the available treatment options.

Dr. Berger also provided insights into tuberculosis (TBC) in Luxembourg's prisons. Between 2011 and 2022, 19 cases of tuberculosis were treated, including both pulmonary and extra-pulmonary cases, eight of which were contagious. Notably, four of these were identified only after the individuals were already in prison. **Screening upon admission revealed latent tuberculosis in 27% of inmates (Quantiferon >0.4), with 10% showing a stronger response (Quantiferon >1).** Since 2024, Luxembourg has recommended treatment for all inmates under 40 years of age with a Quantiferon result over 1. However, Dr. Berger noted that the short duration of stay and the need for clear communication with individuals about the treatment can pose challenges.

In her concluding remarks, **Dr. Berger emphasised the value of implementing a comprehensive package that combines risk reduction, access to treatment, and robust surveillance.** She highlighted the importance of teamwork among professionals working in the prison setting, underlining that such progress is only possible through the coordinated effort and skill-sharing between multidisciplinary teams. **Trust in healthcare providers—particularly in a context where many prisoners have never accessed medical care before—is essential, even if it takes time to build.** Ensuring confidentiality between health services and the judiciary also plays a critical role in fostering this trust. **Luxembourg's success is evident: one of its prisons is now almost hepatitis C free—a significant milestone made possible by sustained, collaborative efforts over many years.**

For more information on the timeline of interventions, statistics, and practical insights from Luxembourg's experience, you can [view Dr. Berger's full presentation here](#).

## Harm Reduction in the Ukrainian Penitentiary System by Dr. Pavlo Marchenko

Dr. Pavlo Marchenko presented the Ukrainian experience with harm reduction programmes in prisons, also mentioning one particularly impactful initiative that gained recognition. The project implemented at the State Institution "Odesa Correctional Setting (№14)" was a finalist in **the 2024 EuroPris Prison Achievement Award**—a remarkable milestone for Ukraine, as it marked the first time such an initiative had been introduced within a penal institution in the country.

This pioneering project directly addressed the specific needs of people in prison by creating a channel for dialogue between the prison administration and those incarcerated, while encouraging their active participation in medical and social support services. **Notable achievements of the project include the introduction of a syringe exchange programme within the facility, the employment of 13 inmates as peer-to-peer social workers (in cooperation with an NGO), and the delivery of over 19,500 harm reduction services to 592 prisoners.** Moreover, the project's success has led to its expansion into an additional institution, underscoring its replicability and long-term impact.

In his presentation, Dr. Marchenko explained the broader context and rationale for implementing harm reduction programmes in Ukraine's penitentiary settings. These programmes are not only public health tools—they also play a vital role in maintaining order and improving safety within prisons. By helping to prevent overdoses and stabilise individuals with substance use disorders, such programmes contribute to a more predictable and secure prison environment. **Importantly, they reduce prisoners' reliance on informal and often dangerous drug networks, which are frequently tied to internal hierarchies, debt cycles, and violence.** In this way, harm reduction acts as both a medical intervention and a security strategy.

Dr. Marchenko also underscored the importance of international collaboration, noting how support and knowledge exchange with international partners have played a role in Ukraine's progress in harm reduction within prisons. **Looking ahead, Ukraine's focus is on scaling up proven interventions.** This includes:

- Increasing the number of institutions where Opioid Substitution Therapy (OST) is offered
- Further expanding syringe exchange programmes
- Continuing to invest in the training of both medical and non-medical prison staff

These next steps are designed to build on current successes and make harm reduction measures more accessible, effective, and sustainable across the penitentiary system. In conclusion, Dr. Marchenko emphasised that **even under difficult circumstances, it is possible to ensure continuity of medical care, reduce the risks of HIV and viral hepatitis, and promote greater safety and stability within prison institutions.**

You can [view Dr. Marchenko's full presentation here](#), where he shares further insights into the Ukrainian model, the challenges faced, and the solutions that are driving change on the ground.

## Conclusion

### A Shared Responsibility for Safer, Healthier Prisons

The Infectious Diseases in Prisons webinar shed light on the critical role that **prison health systems play in the wider public health landscape.** Through the presentations, it became clear that addressing infectious diseases in prisons requires a focused approach—one that **combines early intervention, harm reduction, access to healthcare, and cross-sector collaboration.** Whether through innovative peer-to-peer programmes in Ukraine, targeted prevention and screening strategies in Luxembourg, or strategic policy frameworks on hepatitis elimination across Europe, **the message was clear: prison health is public health.**

A healthy prison environment benefits not only those living and working inside prison walls, but also the communities to which people return. As emphasised by the speakers throughout the session, improving health in prisons is a shared responsibility. The webinar served as a reminder that with the right strategies, knowledge, and coordination, prisons can continue to make meaningful strides in tackling infectious diseases within their institutions.