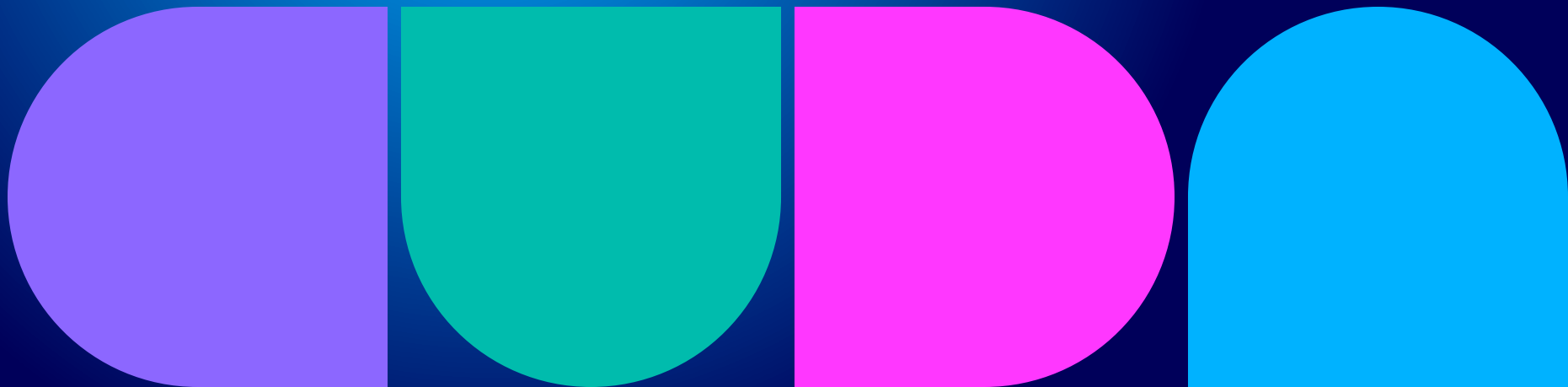
EUDA
EUROPEAN UNION DRUGS AGENCY

Infectious diseases in European prisons: challenges and possible interventions

Linda Montanari and Thomas Seyler (EUDA)

EUROPRIS Webinar

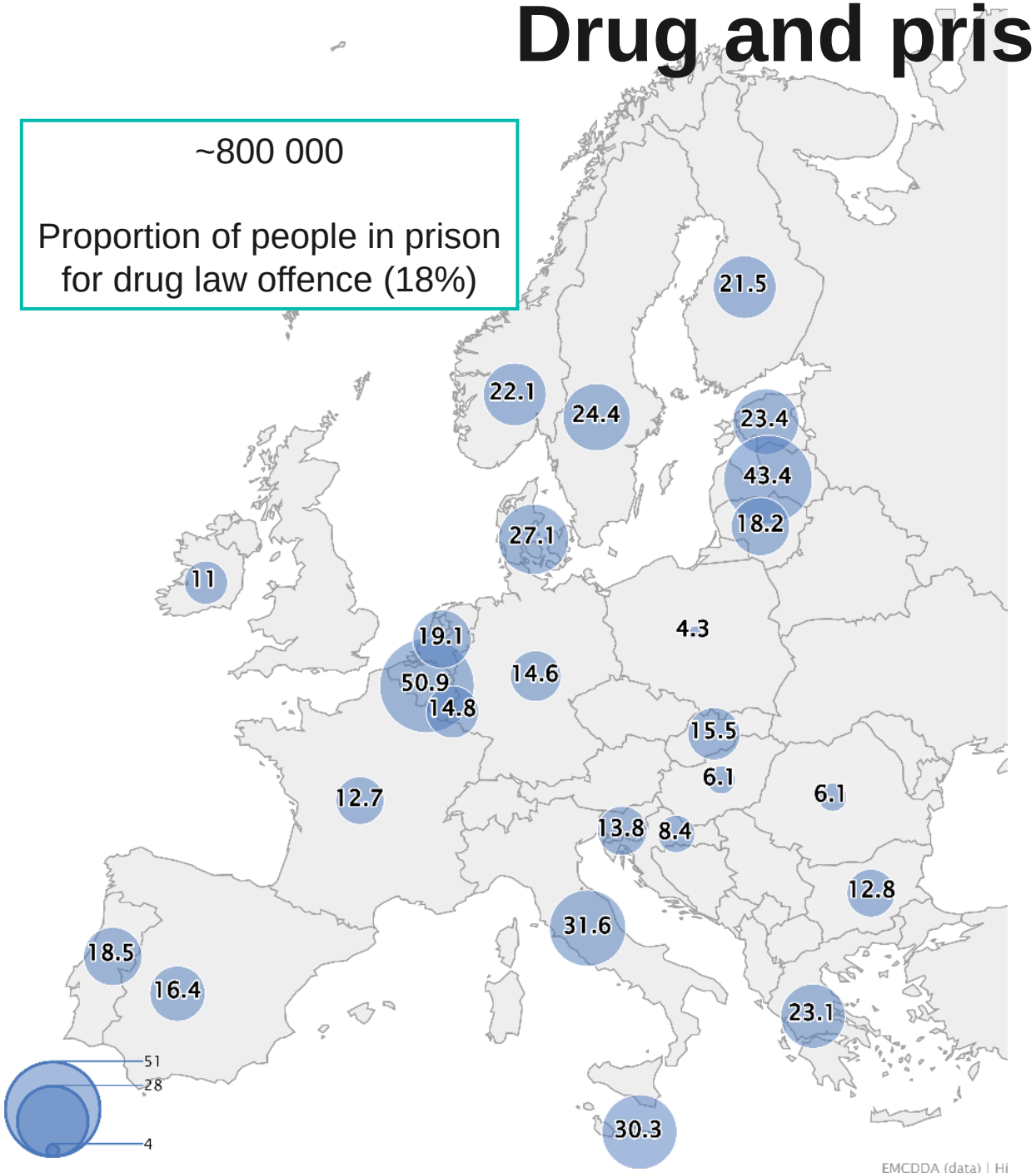
25 June 2025



Drug and prison in Europe

~800 000

Proportion of people in prison for drug law offence (18%)



People in prison <u>for drug law offences</u>

<u>People who use drugs and are in prison</u> for offences not directly related to drug use

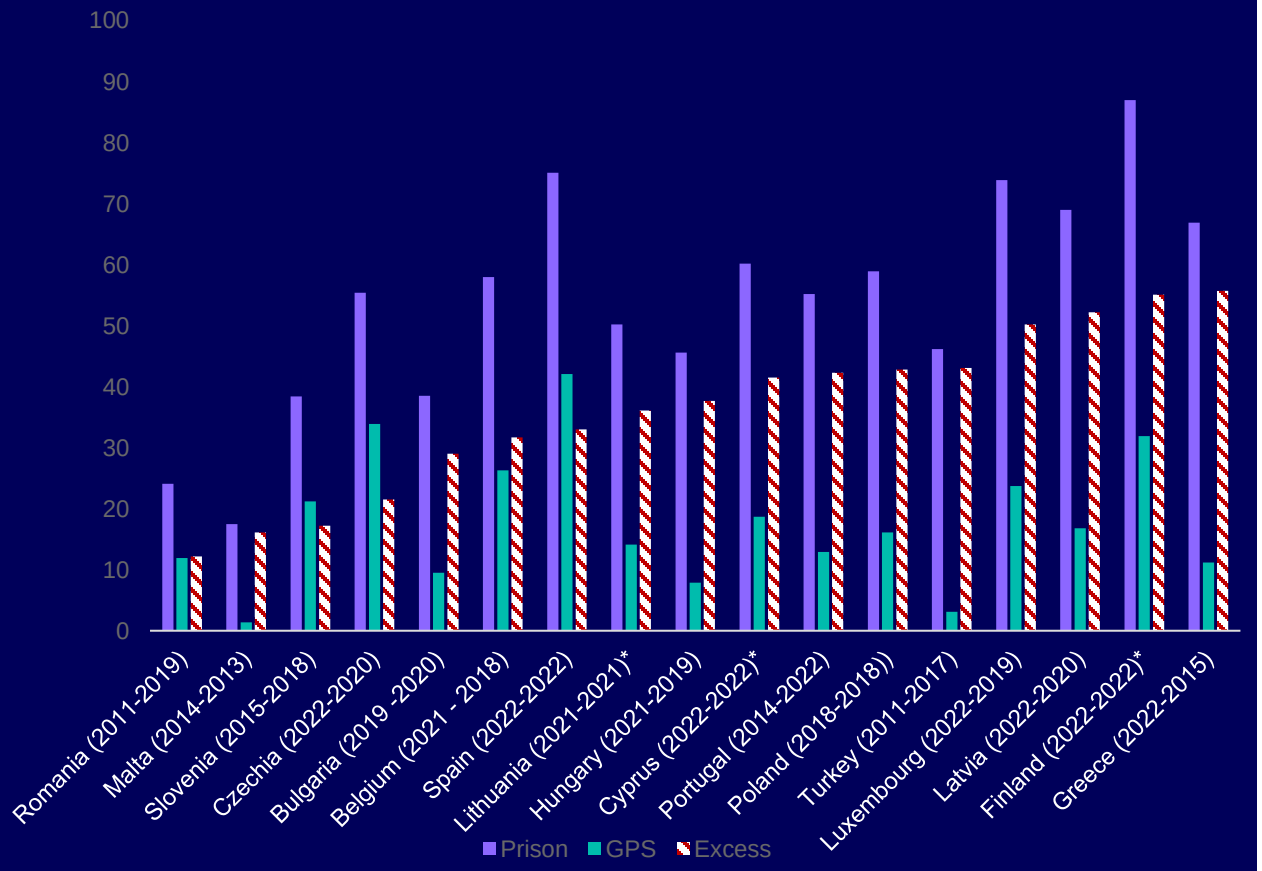
People in prison for offences committed to <u>support their drug use or drug related</u>

- 783 627 People living in prison (140 PPR)
- From 535 in Malta to 303 945 in Türkey
- 5% women - 11% foreigners
- Short sentences: >52% less than five years
- High recidivism rate

Sources: EUDA (2022), Prison and drugs in Europe: current and future challenges, Luxembourg; Aebi, M. F. and Tiago, M. M. (2024), Council of Europe annual penal statistics SPACE I: prison populations survey 2023, Council of Europe, Strasbourg

Lifetime prevalence of illicit drug use before imprisonment and in the general population

Excess of drug use among people living in prison compared to general population



Drug	Max. % Prison population	Max. % General population
Cannabis	87%	45%
Cocaine	71%	11%
Amphetamines	47%	8%
Heroin	36%	0.9%
NPS	13%	5%

Source: EUDA: Statistical Bulletin 2024—General Population Survey (GPS) & Drug Use and Prison (DUP).

Drug use inside prison

- Many people stop using drugs when they enter prison
- **11 countries** with data report the existence of drug use inside prison: LTP: cannabis: 2% - 53%; cocaine: 2%-19%; amphetamines: 0%-23%; heroin: 1%-16%.
- But others:
  - continue to use drugs;
  - reduce their use;
  - change their drug using patterns.
- Some start to use drugs (1/3 of those using inside).
- Drug supply measures (checking, dogs, testing, new devices, etc.

Drug use is reported inside prison

Synthetic opioids (nitazenes) reported in prisons in Ireland, the Netherlands, French Island la

EMCDDA (2022), Prison and drugs in Europe: current and future challenges, Luxembourg- 2024 Statistical Bulletin; EMCDDA (2018), NPS use in priosn

High burden of diseases in prison population

- ✓ **Poor health in people with histories of criminal justice**
- ✓ Obesity, cardiovascular diseases, cancer, mental health (comorbidity btw 20-90%), infectious diseases

- ✓ **Risk factors for NCDs, include:**
  - high rates of smoking
  - poor diet and insufficient physical activity
  - relapse to health-risk behaviours, such as substance use and harmful use of alcohol

- ✓ **Risk factors for Communicable Diseases:**
  - injection drug use
  - unprotected sexual activity
  - unsterile piercing and unsterile tattooing

Status report on prison health in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2019. Licence: CC BY-NC-SA 3.0 IGO- EUDA (2022), Prison and drugs in Europe: current and future challenges, Luxembourg.

Mortality during imprisonment and after release

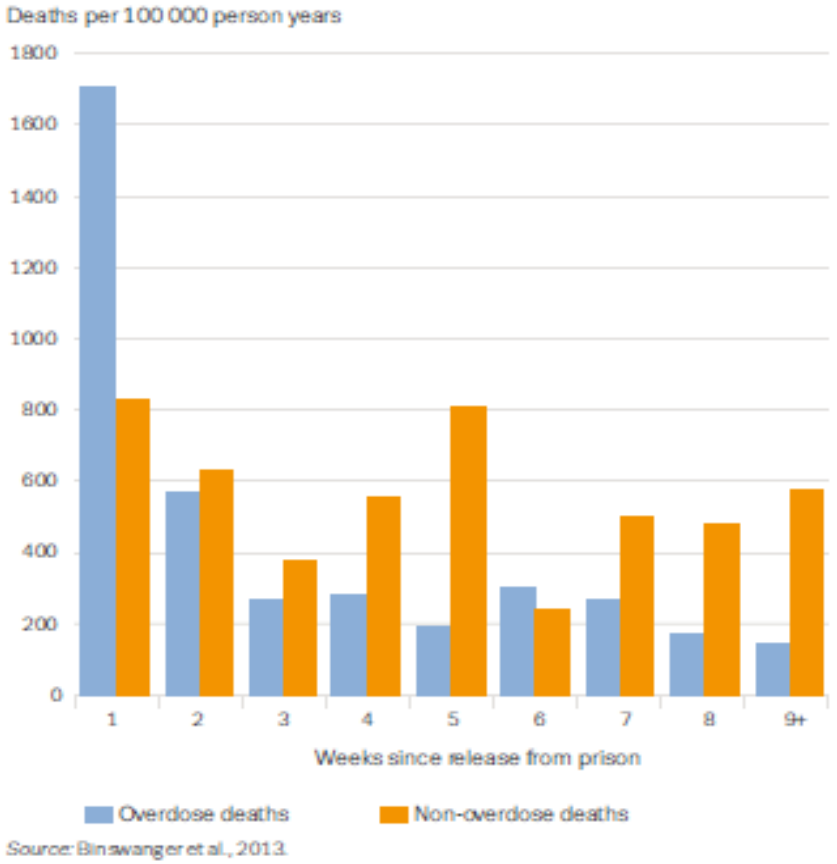
Mortality inside prison

- Risk of suicide among people in prison in EU: 10.5 per 10000 (vs 1.5 general pop.)

- 78% of deaths are violent deaths 1 in 10 of those violent deaths are due to

intentional or accidental drug overdose or intoxication

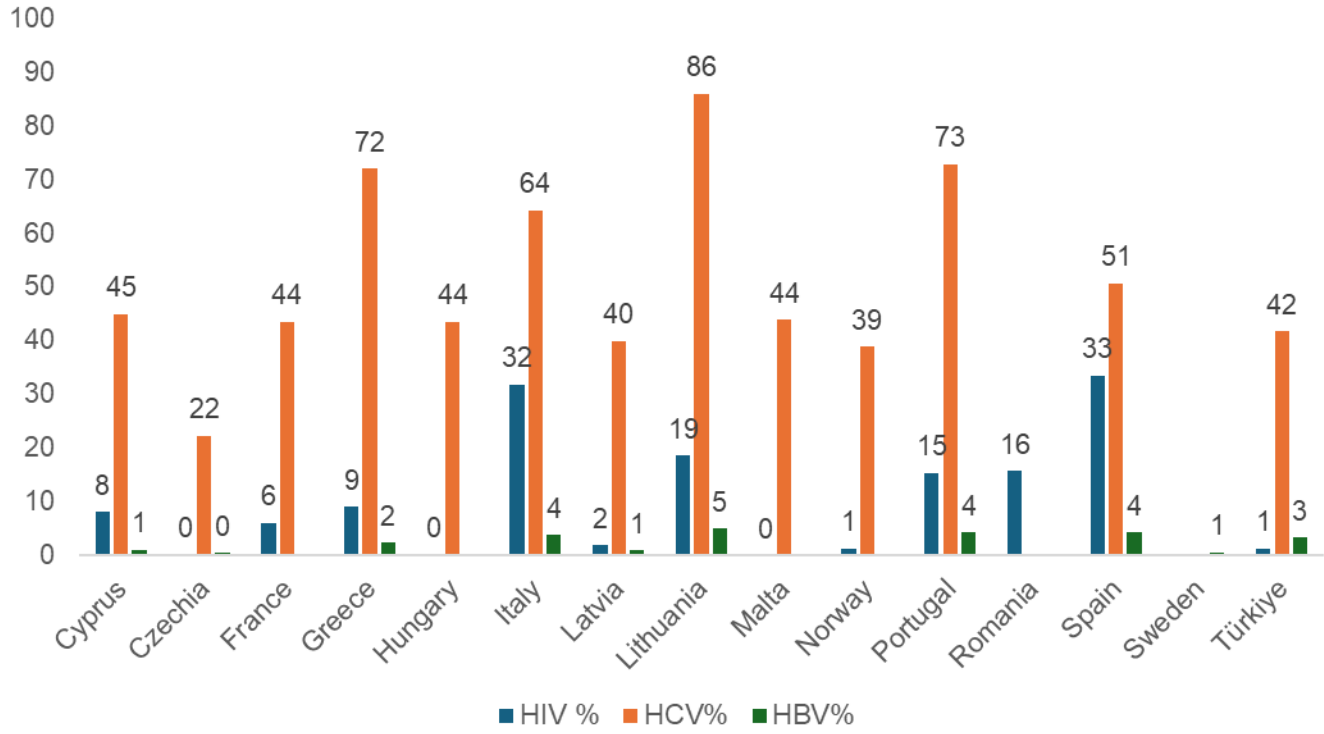
Mortality after prison release



EUDA (2022), Prison and drugs in Europe: current and future challenges, Luxembourg.

Prevalence of HIV, HCV, HBV in the general population and in PWID (national studies 2018-2023)

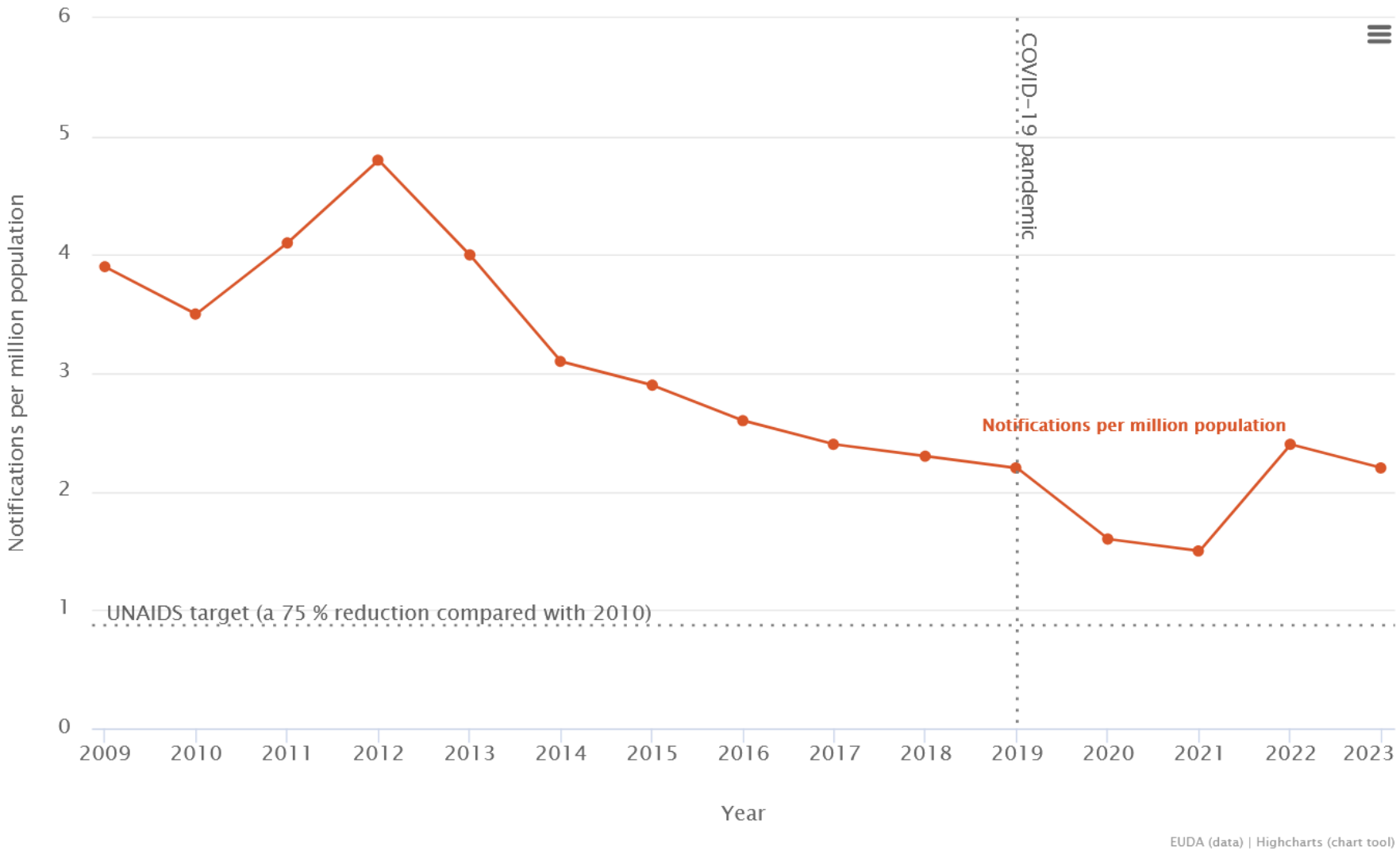
	General population EU/EEA
HIV	~0.01%
HCV	~1.1%
HBV	~0.9%



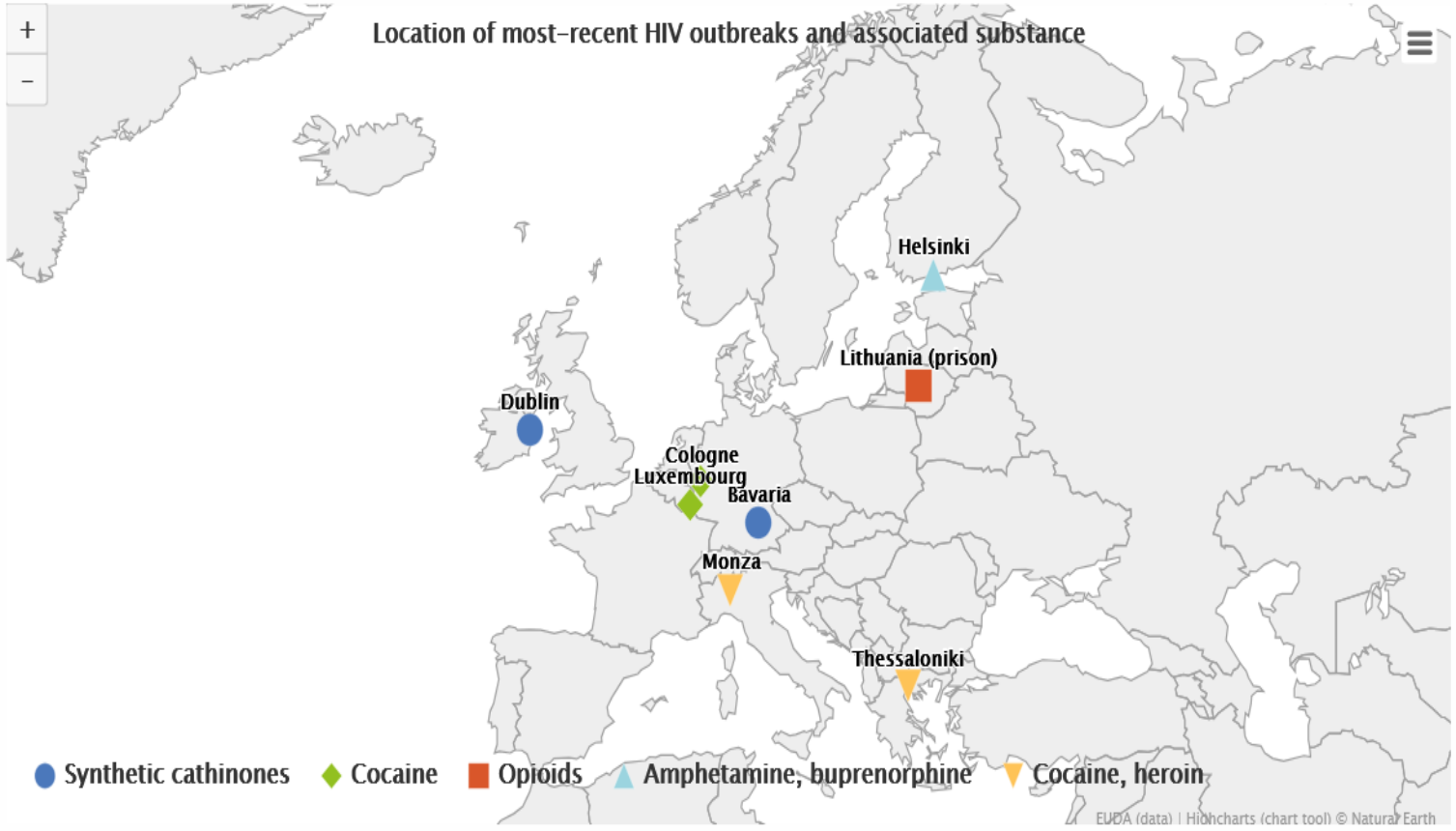
National studies for PWID – Limitations related to variations in sampling, type and n. of survey, injecting timeframe, settings, etc.

EUDA 2024, Statistical Bulletin; ECDC (HIV:https://www.ecdc.europa.eu/en/hiv-infection-and-aids;; HCV: https://www.ecdc.europa.eu/en/hepatitis-c;; HBV: https://www.ecdc.europa.eu/en/hepatitis-b

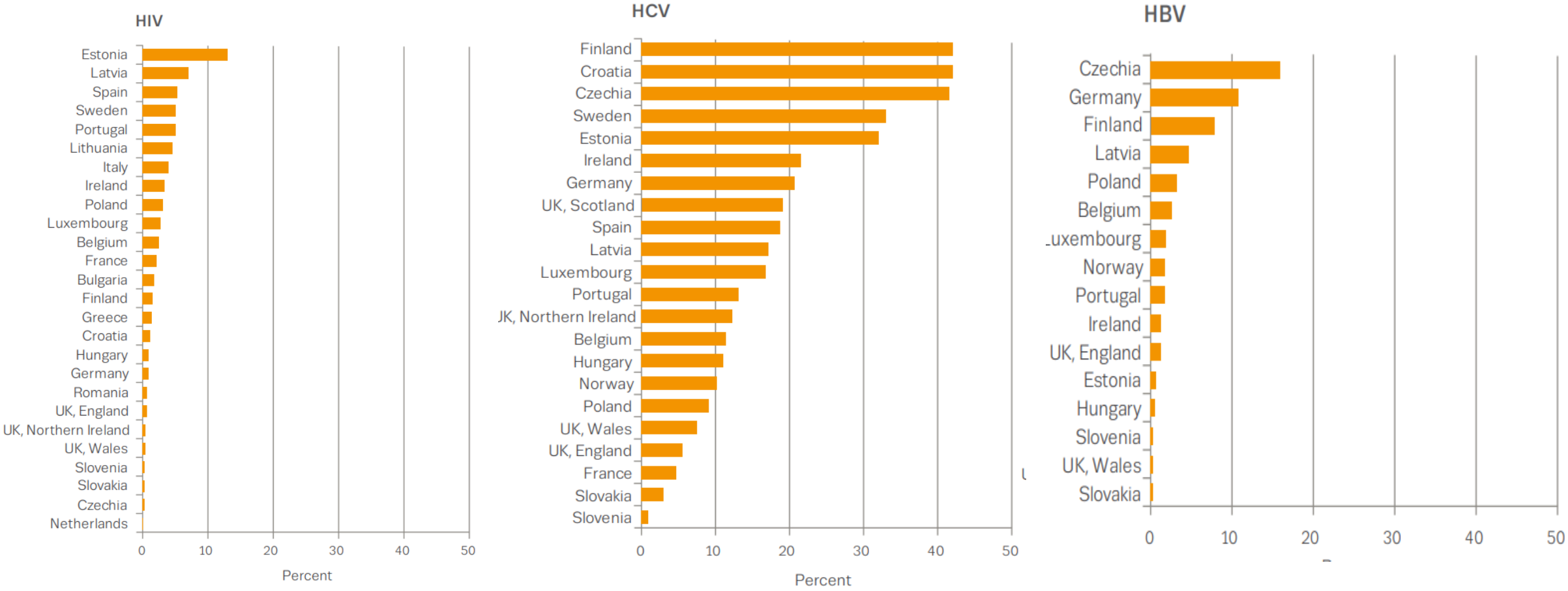
Figure 10.1. New HIV notifications linked to injecting drug use in the European Union, 2009 to 2023



Most-recent documented HIV outbreaks in EUDA member states among people who inject drugs: number of HIV cases and the associated injected substance, 2014 to 2023

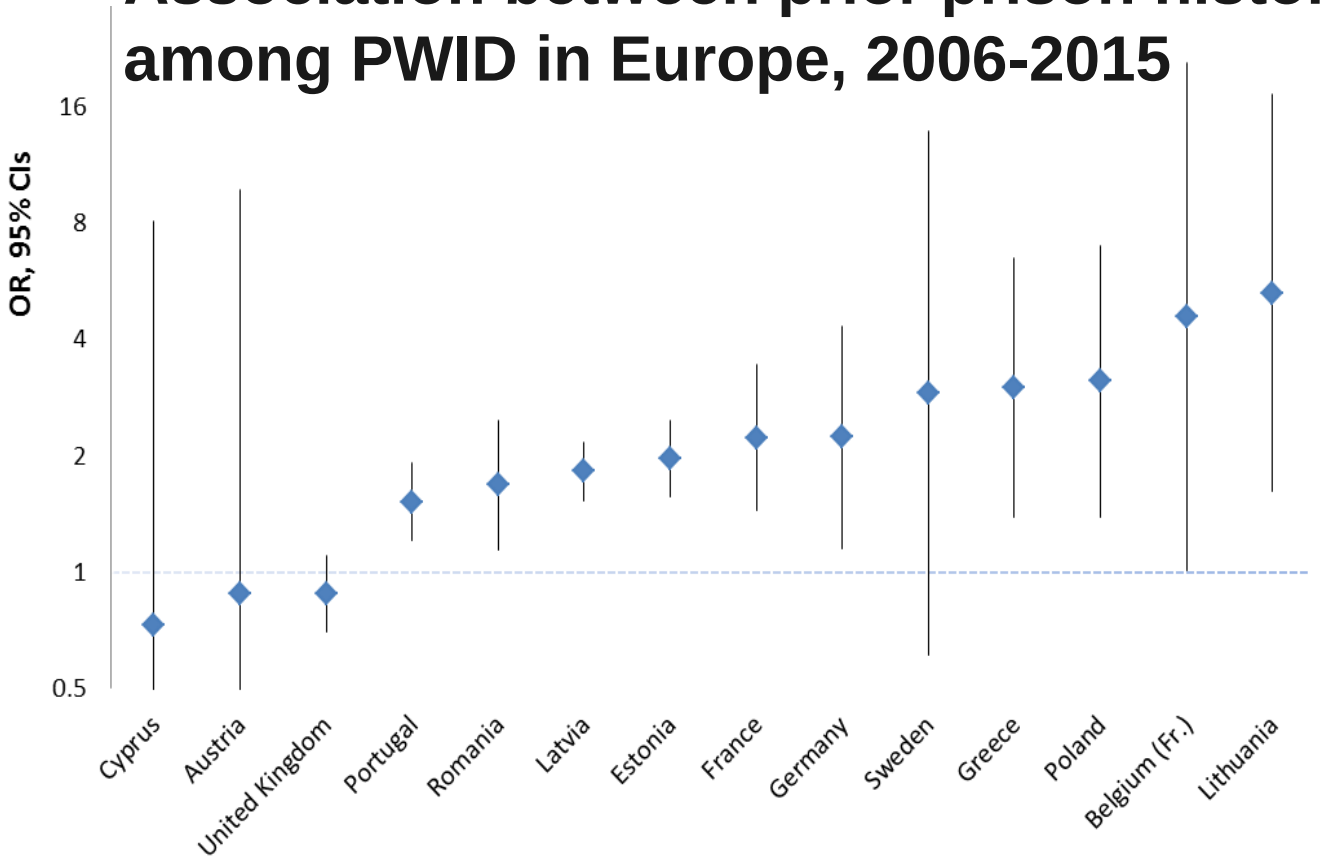


Prevalence of HIV, HCV, HBV in the prison population EU, Norway, UK (2009-17)

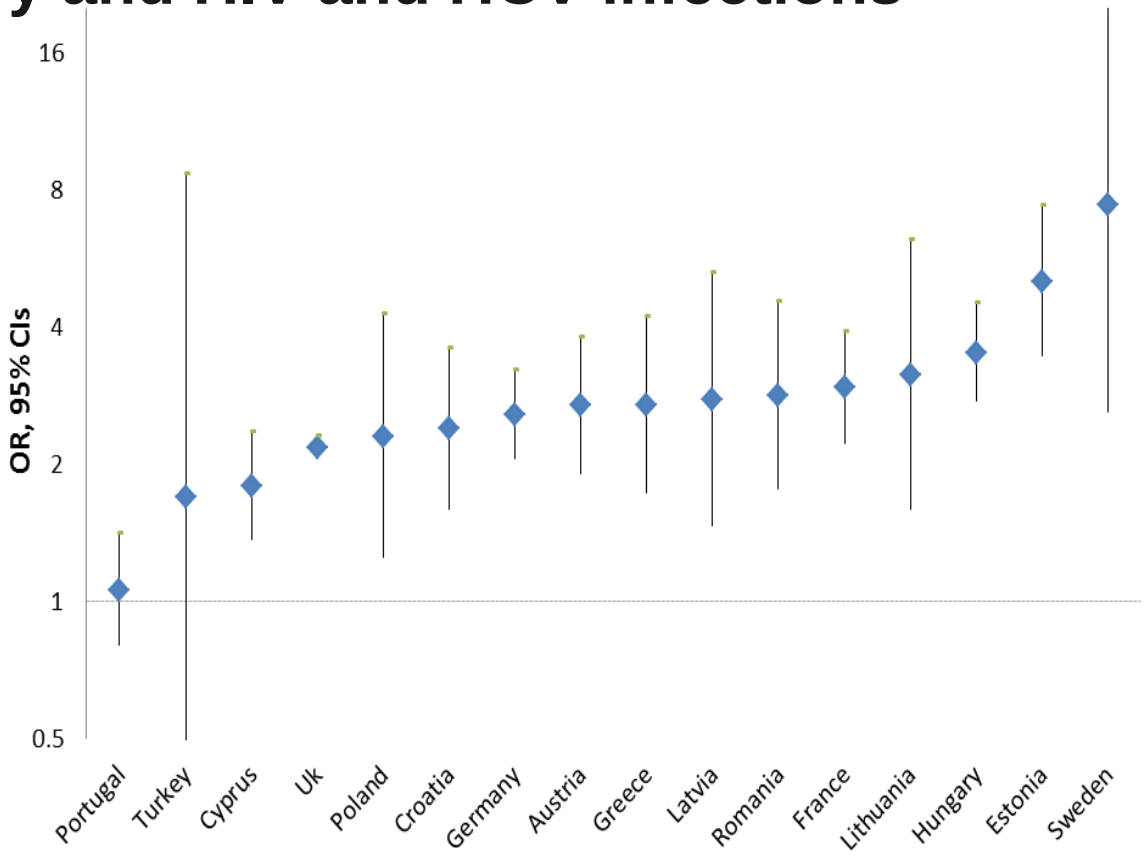


EMCDDA (2022), Prison and drugs in Europe: current and future challenges, Luxembourg- 2024 Statistical Bulletin

Association between prior prison history and HIV and HCV infections among PWID in Europe, 2006-2015



HIV

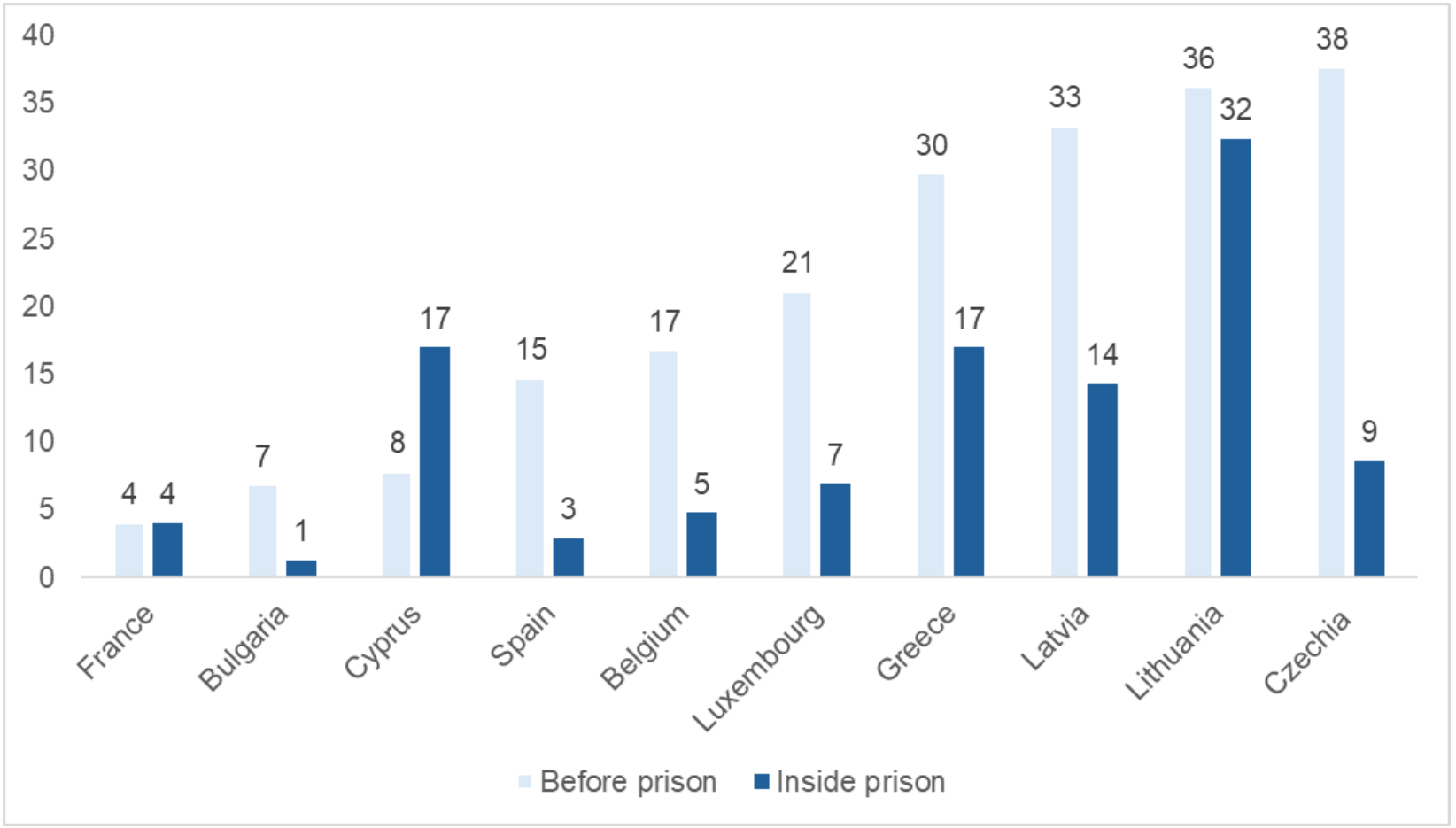


HCV

People with a history of imprisonment have significantly higher odds of contracting HIV and HCV compared to those without such a history (odds ratio >4 for HIV and ~8 for HCV).

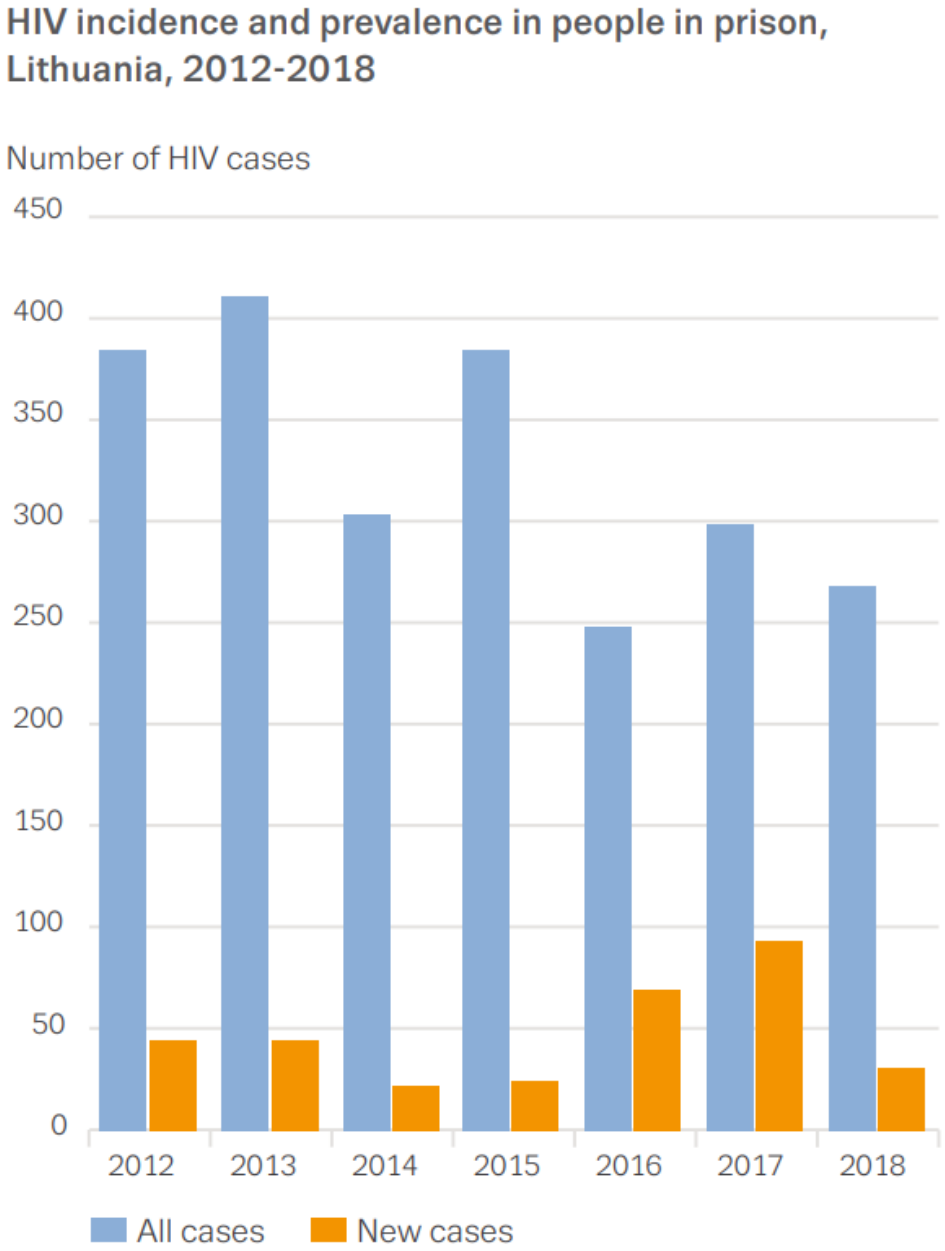
Wiessing, L., Kalamara, E., Stone, J., Altan, P., Van Baelen, L., Fotiou, A., García, D., Goulao, J., Guarita, B., Hope, V., Jauffret-Roustide, M., Jurgelaitienė, L., Kåberg, M., Kamarulzaman, A., Lemsalu, L., Kivite-Urtane, A., Kolarić, B., Montanari, L., Rosińska, M., Sava, L., Horváth, I., Seyler, T., Sypsa, V., Tarján, A., Yiasemi, I., Zimmermann, R., Ferri, M., Dolan, K., Uusküla, A., & Vickerman, P. (2021). *Univariable associations between a history of incarceration and HIV and HCV prevalence among people who inject drugs across 17 countries in Europe 2006 to 2020 – is the precautionary principle applicable?* **Eurosurveillance, 26**(49), 2002093. https://doi.org/10.2807/1560-7917.ES.2021.26.49.2002093

Lifetime prevalence of drug injecting before and inside prison (2020-2023)



Incidence of infectious diseases in prison

*"In 2016 and 2017, a **high rate of new HIV infections in prison was reported in Lithuania**, with m**ore than 20 % of the total number of HIV-positive** people in prison having contracted the **infection inside prison**"*



Source: 2018 Lithuanian national monitoring data.

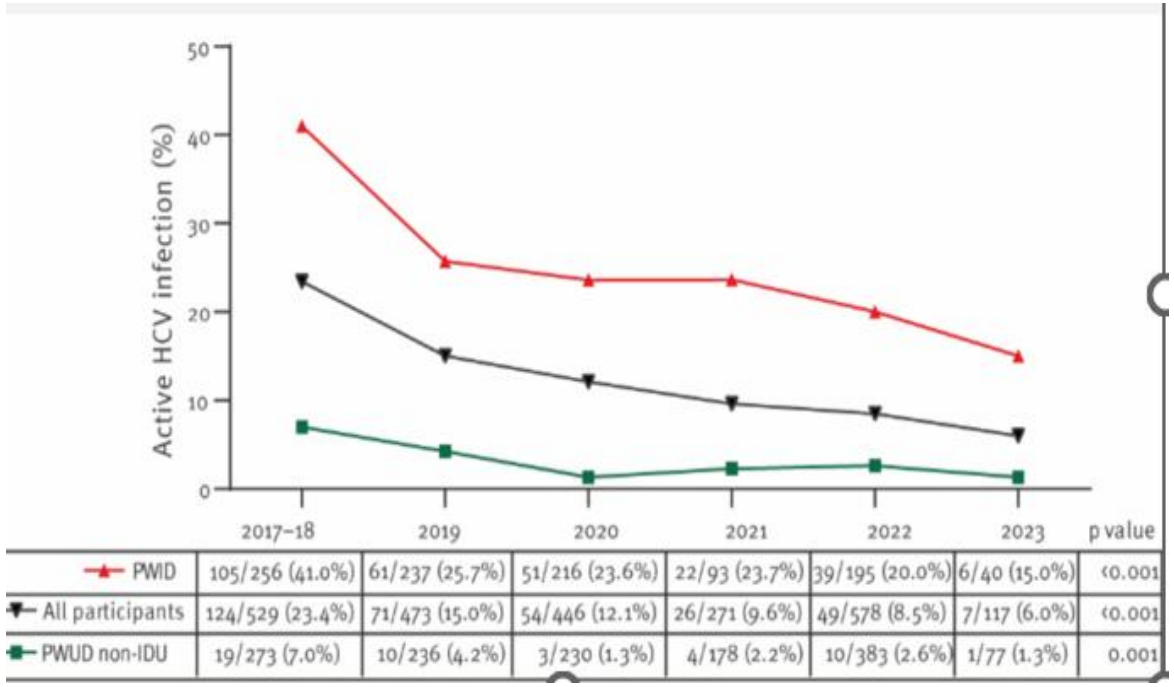
Sources: EUDA (2022), Prison and drugs in Europe: current and future challenges, Luxembourg

Progress towards HCV elimination in the EU – PWID and PLIP

EUDA
EUROPEAN UNION DRUGS AGENCY

Viral hepatitis elimination barometer among people who inject drugs in Europe

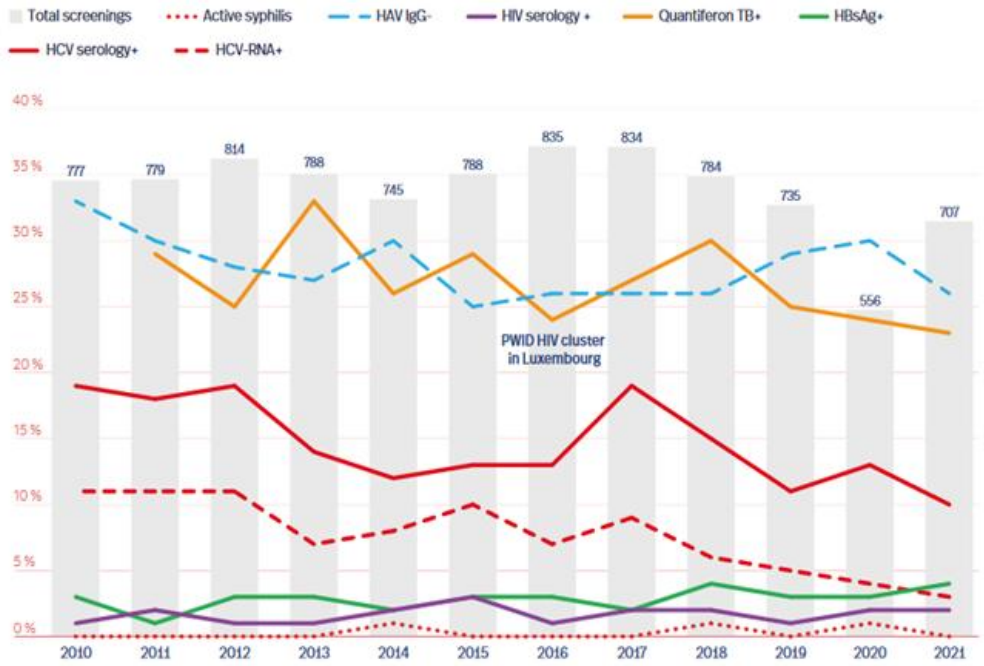
Madrid



	2017–18	2019	2020	2021	2022	2023	p value
PWID	105/256 (41.0%)	61/237 (25.7%)	51/216 (23.6%)	22/93 (23.7%)	39/195 (20.0%)	6/40 (15.0%)	<0.001
All participants	124/529 (23.4%)	71/473 (15.0%)	54/446 (12.1%)	26/271 (9.6%)	49/578 (8.5%)	7/117 (6.0%)	<0.001
PWUD non-IDU	19/273 (7.0%)	10/236 (4.2%)	3/230 (1.3%)	4/178 (2.2%)	10/383 (2.6%)	1/77 (1.3%)	0.001

Prevalence of active HCV infections by injecting status

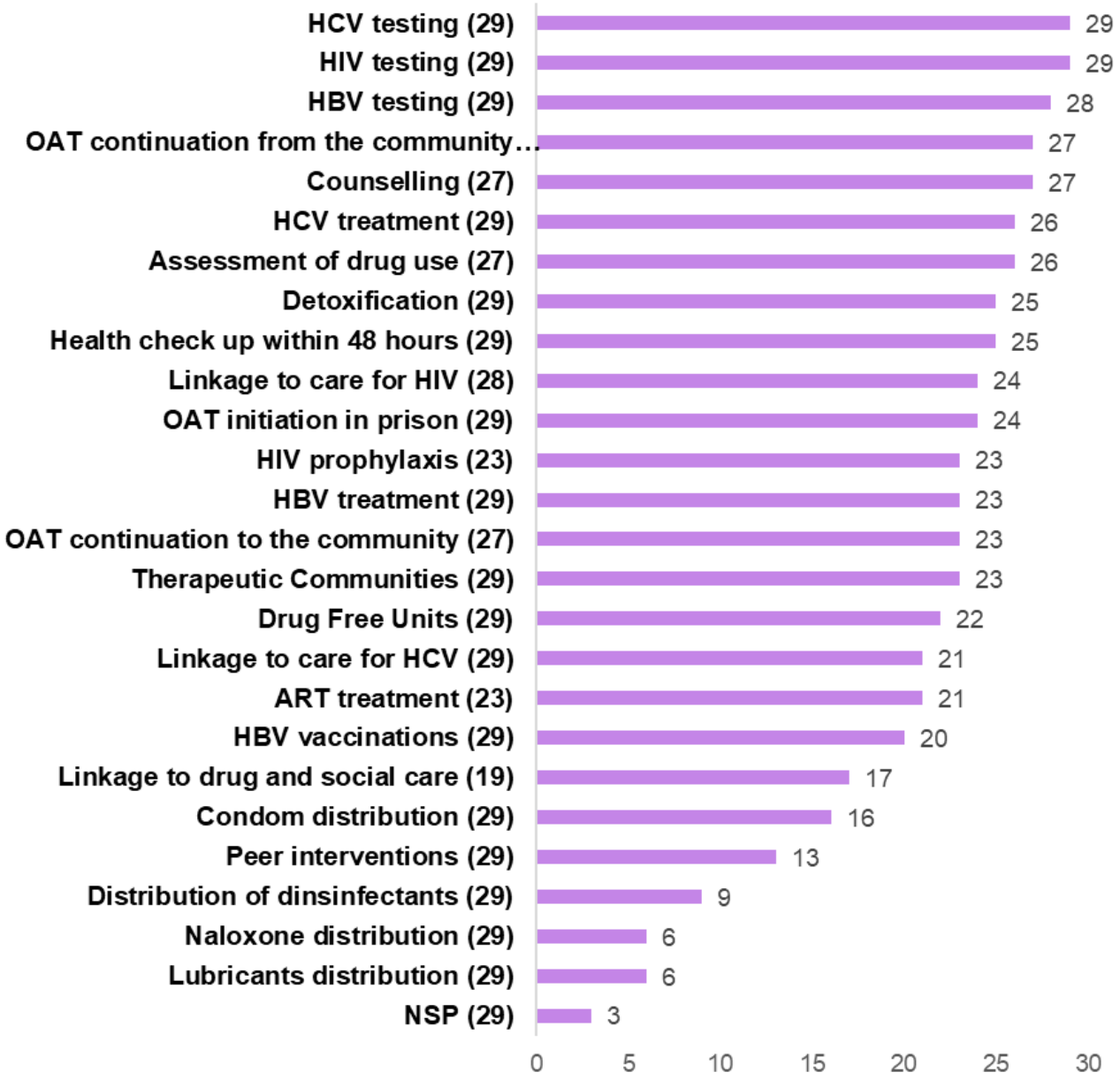
Luxembourg



Prevalence of active HCV infections among people living in prison in Luxembourg

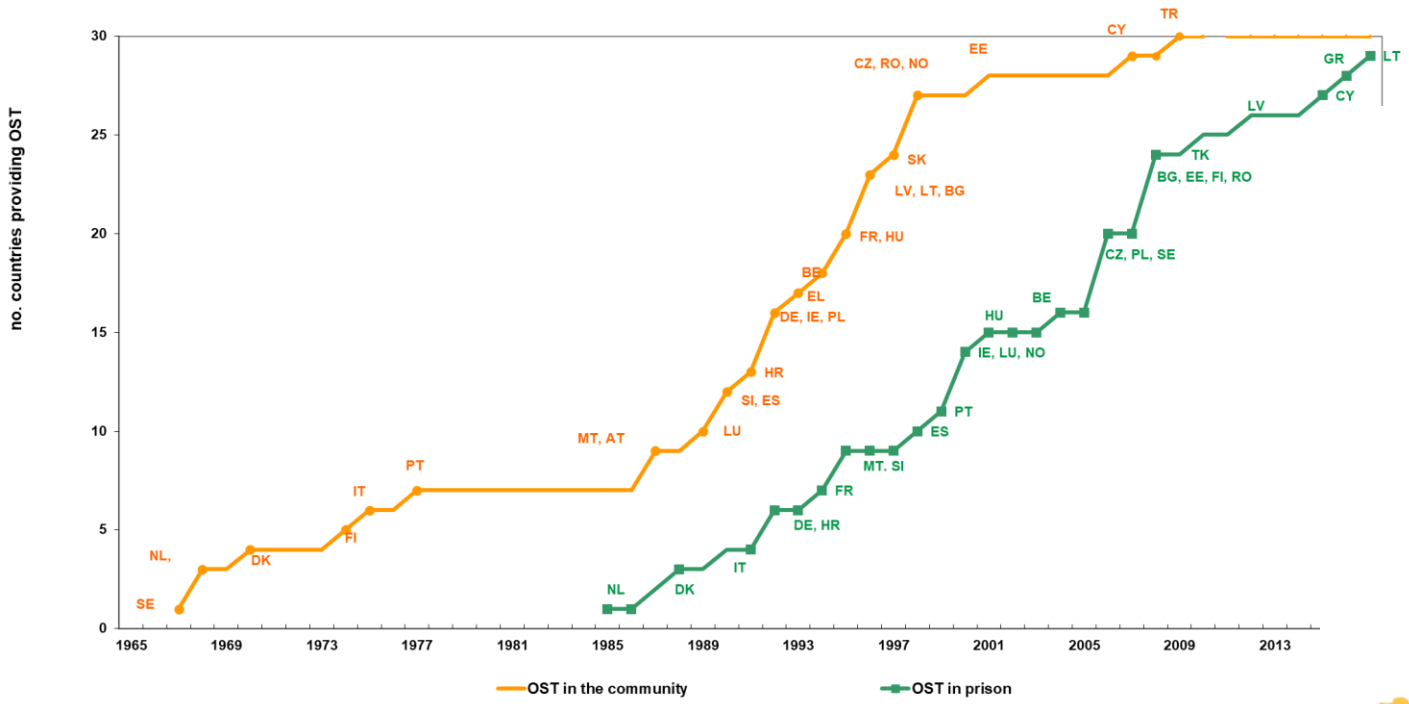
Bsources: Ryan Pablo et al, 2024, Eurosurveillance; P Braquet et al, ECCMID 2024, Barcelona, 27-30th April 2024; https://www.euda.europa.eu/sites/default/files/pdf/31377_en.pdf?935698

Overview of official availability of drug related interventions in prison in 27 EU MS + Norway and Turkey



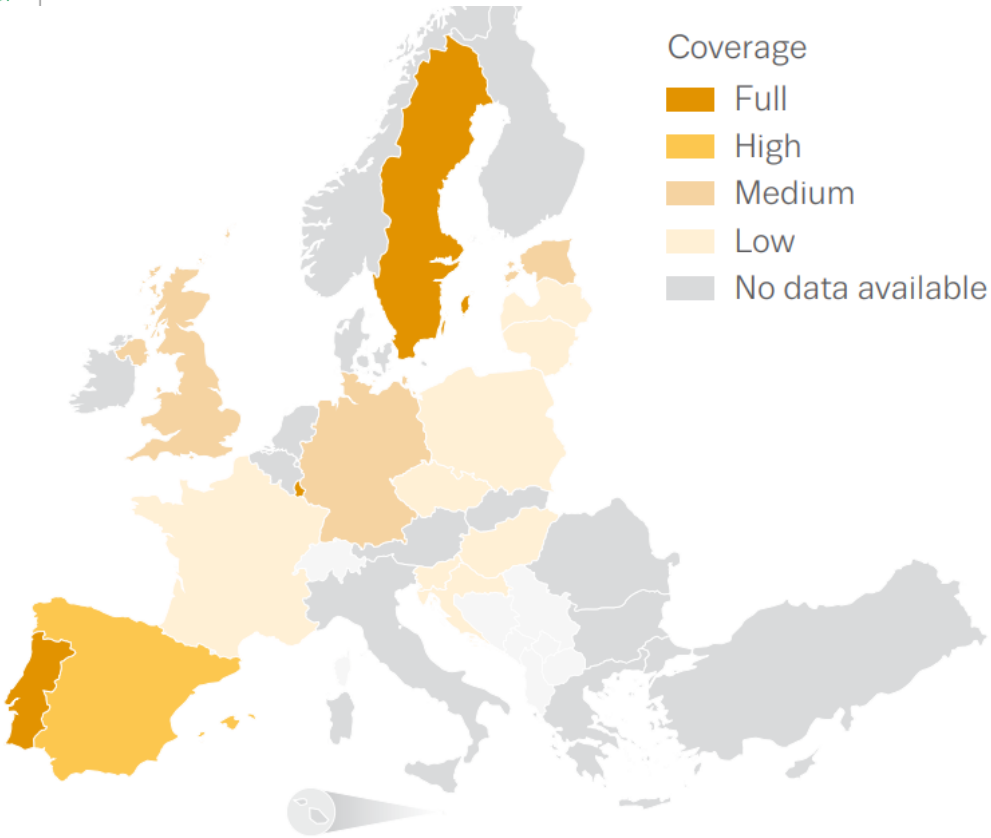
Source: EUDA: 2023 Prison workbooks

Delay and low coverage



YEARS OF INTRODUCTION OF OAT IN PRISON

HCV COVERAGE IN PRISON



Selected harm reductions interventions in prison

Country	Health check up within 48 hours	HBV vaccination	HCV treatment	HIV prophylaxis	Condom distribution	Training on safe injection	NSP	Overdose prevention and counselling	Naloxone distribution
Austria	YES	NO	YES	YES	YES	YES	NO	YES	NO
Belgium							NO		
Bulgaria	YES	NK	NO	NO	YES	NO	NO	NO	NO
Croatia	YES	NO	YES	YES	YES	NO	NO	YES	NO
Czechia	YES		NO		YES		NO		
Cyprus	YES				NO		NO		
Denmark	YES	YES	NO				NO		
Estonia	YES	YES	YES		YES		NO		
Finland	YES	YES	YES	YES	YES	YES	NO	YES	NO
France	YES	YES	YES	YES	YES	NO	NO	YES	YES
Germany	YES	YES	YES	YES	YES		YES	YES	YES
Greece	YES	YES	YES		NO		NO		
Hungary	YES	YES	YES				NO	YES	
Ireland	YES	YES				NK	NO		
Italy	YES	YES	YES	YES	NK		NO	YES	YES
Latvia	NO	NO	YES	NK	NO		NO		
Lithuania	YES	NO	YES	YES	NO	NO	NO	YES	YES
Luxembourg	YES	YES	YES	YES	YES	YES	YES	NO	NO
Malta	NK	YES	YES		NO		NO		NO
Netherlands							NO		
Poland		YES	YES				NO		
Portugal	YES	NK	YES	NK	YES	NO	NO	NK	NK
Romania		YES	YES	NO	YES	NO	NO	NO	NO
Slovakia		NO	YES		NO		NO	YES	NO
Slovenia	YES	YES	YES	NO	YES	NO	NO	YES	NO
Spain	YES	YES	YES	YES	YES	NO	YES	NO	
Sweden	YES	YES	YES	NO	NO	NO	NO	NO	NO
Norway		YES	YES		YES		NO	YES	YES
Turkey	YES		YES		NO	NO	NO	NO	NO

YES

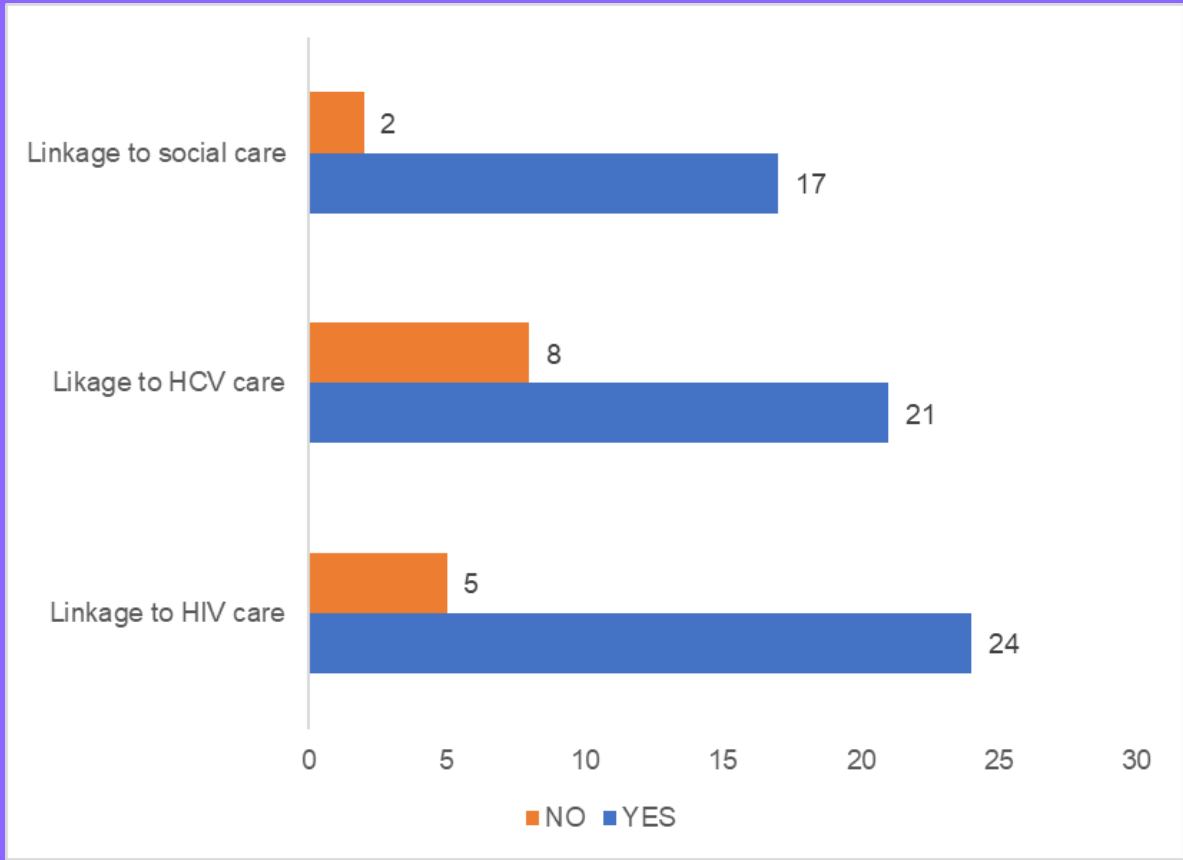
NO

NK

NOT REPORTED

Source: 2024 Prison workbooks - EUDA

Linkage to external care (n. countries)



Some examples:

- AT: external services operating in prison.
- BE: transition houses before release and link with external mental health and social services.
- DK: “import model”- external services must cooperate with prison services following national guidelines.
- FI: everyone's treatment continues after prison.
- SK: after release person should contact the social *curator*.

A toolkit for prison staff to eliminate Hepatitis C in prison

- ❑ *FAQs*
- ❑ *Call out content*
- ❑ *Templates*
- ❑ *Case studies*
- ❑ *References*

EuroHepp

1) Eliminating viral hepatitis in prisons

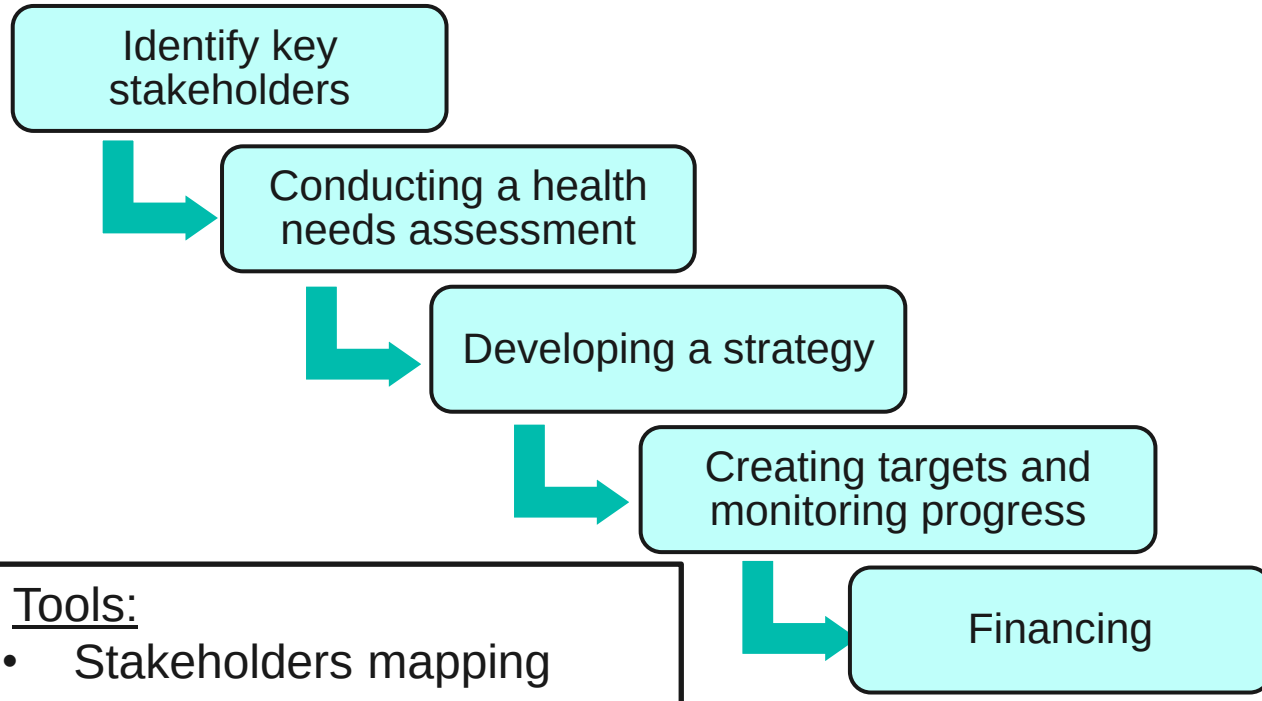
- **Outlines the importance of prisons in the context of viral hepatitis elimination**
  - Why focus on viral hepatitis in prisons?
  - What is viral hepatitis elimination about?
  - What is the European situation in prisons?
  - Why is viral hepatitis elimination important?

- **Tools:**
  - Hepatitis B and C factsheets
  - Policy brief
  - Link to Stop C toolkit
  - *Note on language*

Case study: El Dueso prison
- Screening of 99.5% prison population
- Access to harm reduction (NSP and OAT)
- Treatment offered to those with >30 days
- Reduction seen in incidence new infections
- No cases of reinfection

2) Strategy development

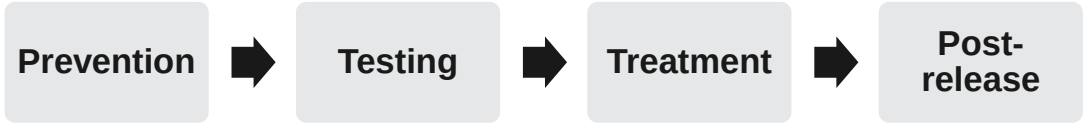
- **Overview of policy framework**
- **Person centred care**
- **Step-by-step guide to developing a strategy to address hepatitis in prison**



- Tools:
  - Stakeholders mapping template
  - Detailed required actions
  - *Stigma*

3) Strategy implementation

- **Focuses on the practicalities of implementation along the care cascade**



- **Considers population groups - women, youth and foreign nationals**
- **Tools:** challenges and proposed solutions, key recommendations

Case study: The RISE-Vac project

- Multi-faceted approach to enhance vaccine coverage
- Data collected on attitudes and understanding around vaccination in prisons
- Project collated evidence on effective strategies
- Customised information and training materials for prison community

4) Monitoring

- **Why are data related to hepatitis elimination important to collect?**
- **How should elimination efforts in prisons be monitored?**
- **What data are needed?**
- **Key considerations for effective monitoring?**
- **Tools:**
  - Case reporting form
  - WHO templates
  - Case definitions
  - **14 Core indicators**

Epidemiological burden

Prevention

Testing

Treatment

Continuity of care

Models of care: focus, steps, barriers and tips for implementation

Innovative
High effectiveness
Transferable in other contexts

EMCDDA (2021), Prison and drugs in Europe: current and future challenges, Luxembourg.

PRISON | MONTPELLIER, FRANCE

PERSON-CENTRED APPROACH FOR CONTINUITY OF HCV CARE AND TREATMENT AFTER RELEASE

WHY DID WE ESTABLISH THIS MODEL?

HCV treatment and specialised follow-up care for viral hepatitis were often discontinued after release, leading to untreated diseases, poorer prognoses and on-going transmission.

Treatment discontinuity was particularly problematic for migrant individuals who are entitled to healthcare during detention, but after release access to health services is conditional to being registered with health insurance.

Despite the short 8 week duration of HCV treatment with Direct Acting Antivirals (DAAs), an estimated 15% of patients were released before completing the treatment course.

WHO ACCESSES OUR SERVICE?

- All individuals admitted into prison are offered HCV screening and are linked to specialised care if needed, regardless the length of stay/sentence.
- The opportunity to continue HCV treatment after the release is offered to all individuals, as appropriate, who are in the process of being released, giving them the remainder of the treatment.

UP TO **50** CLIENTS PER WEEK

HOW IS IT FUNDED?

MINISTRY OF HEALTH

By beginning treatment early, we not only improve outcomes, we also improve treatment adherence.

DR FADI MEROUEH
HEAD OF HEALTH UNIT, VILLENEUVE-LÈS-MAGUELONE PRISON, MONTPELLIER, FRANCE; PRESIDENT, HEALTH WITHOUT BARRIERS; THE EUROPEAN FEDERATION FOR PRISON HEALTH.

WHAT IS THE MODEL?

SCREENING AT ADMISSION

During the medical check-up at prison admission, and upon informed consent, all new comers undergo a HCV-RNA test performed by a nurse to reduce the number of blood samples taken and therefore increase acceptability.

LINK TO SPECIALIST CARE

If chronic HCV is found, a medical examination is conducted by an infectious disease doctor, with the participation of a nurse, upon receipt of results without delay (within 1-2 days).

MEETING WITH PHARMACIST

The patient meets with the pharmacist, who explains what the direct acting antiviral (DAA) treatment is, and how to take it. This is followed by a counselling session with a psychologist.

DIAGNOSTIC ASSESSMENT

Diagnostic assessment (e.g., FibroScan, blood examination) and follow up is performed during prison stay.

TREATMENT ADMINISTRATION

The approach for administering DAAs drugs is discussed and agreed with each patient individually. Different options are available: the medication is provided at the first visit; the patient is dispensed the medication periodically (daily, weekly, etc) by the nurse at the health unit or in the cell. Testing is undertaken to confirm sustained virological response (SVR) after treatment completion.

RECORD KEEPING

Patients' medical records are updated on the interoperable prison-community digital health information system, providing health services in the community necessary information for treatment and care continuity.

PREPARATION FOR POST RELEASE

Medical doctor and social worker set up individualised plan for after release care for both addiction and hepatology monitoring.

The medical doctor and social worker identify suitable facilities and professionals in the community who can ensure follow up after release.

Active referral is implemented and the relevant local health services (e.g. community healthcare centres in Montpellier) are informed about the patient.

Contacts are also sought for foreigners returning to their home countries, whenever possible.

The medical doctor and social worker provide the patient with the necessary medications to finish the treatment course and provide information on how to take it.

The social worker ensures feedback from community health services reaches prison healthcare staff. The same protocol and patient-centred approach is implemented for patients on HIV and HBV treatment as well as for those on opioid agonist treatment (OAT).

Model of care in Montpellier/1

WHO DELIVERS OUR SERVICES?

- 6 MEDICAL DOCTORS
- 7 NURSES (INCLUDING 1 NURSE EDUCATOR)
- 3 PSYCHOLOGISTS
- 2 PHARMACISTS
- 1 SOCIAL WORKER

CONTINUITY OF CARE

- Approximately 15% of patients who start treatment in prison are released before treatment completion. They benefit from continuity of care through the prison active referral program.
- The prison multidisciplinary team ensure continuity of care outside the prison after the release. The social worker is engaged in both in prison and community services work, guaranteeing the flow of information and follow up.

EDUCATION FOR PEOPLE IN PRISON - VIVRE AVEC SON HEPATITE C

- A nurse educator delivers education on hepatitis C risk factors, transmission, testing, treatment and monitoring
- The education is provided for 8 weeks (treatment duration) and each week the educator discusses any issues that the individual may have with their treatment, such as side effects.

> **The health unit teams have succeeded in preventing and controlling infections such as hepatitis C and HIV within the prison.**

DR FADI MEROUEH HEAD OF HEALTH UNIT, VILLENEUVE-LÈS-MAGUELONE PRISON, MONTPELLIER, FRANCE; PRESIDENT, HEALTH WITHOUT BARRIERS; THE EUROPEAN FEDERATION FOR PRISON HEALTH.

IMPLEMENTATION BARRIERS & SOLUTIONS

BARRIERS	SOLUTIONS
There were prescription restrictions for DAAs. DAAs could only be prescribed in hospital settings by specialists doctors (e.g. hepatologists).	In 2017, DAAs prescription restrictions were partially lifted. Specialist doctors were entitled to prescribe DAAs in outpatient settings. Since 2019, physicians were granted the ability to prescribe pan-genotypic second-generation DAAs, irrespective of their speciality.

TOP TIPS FOR IMPLEMENTATION

1. The bridging role of the social worker who works across prison and community services is fundamental to ensure continuity of care outside prison after the release.

2. Interlinked electronic medical records that provides continuity of information in the transition between prison and community health care services are key.

3. Harness intersectoral collaboration to address challenges, including continuity of care and social reintegration.

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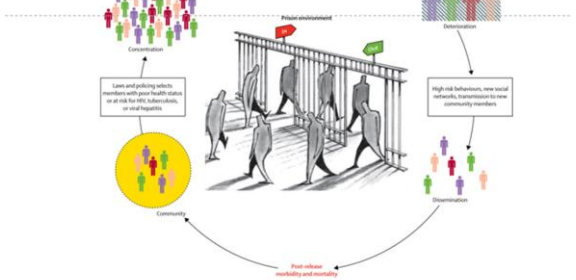
Model of care in Montpellier/2

Final reflections



Source: Lancet. 2016 Sep 10;388(10049):1115-1126

“Current and new” challenges

- **People Who Use Drugs overrepresented** among people in prison, with **high burden** of physical and mental health disorders and social problems.
- **Drug Infectious diseases:** high prevalence inside prison because of the high presence of people who use and inject drugs passing through the prison system**.**

Towards prepared prison

- **Increase availability of health and social** interventions, improve coverage, esp. increase prevention and treatment of drug infectious diseases and link with external care; training.
- **Equivalence and continuity of care** (Nelson Mandela rules).
- **Prison Health is Public Health**

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Members of the Advisory Group: Representatives from EU networks working with prison health and/or hepatitis, Key partner organisations: EUROPRISUnited Nations Office on Drugs and Crime (UNODC), Correlation Network, European Association for the Study of the Liver (EASL), WHO

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THANK YOU

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ALERT

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