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NOTE

from:	EMCDDA
to:	Horizontal Working Party on Drugs
Subject:	EMCDDA contribution towards a methodological framework for monitoring drugs and prison in Europe

Delegations will find in annex the above-mentioned EMCDDA contribution to be presented during the forthcoming HDG meeting to be held on 6 February 2013.

European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA contribution towards a methodological framework for monitoring drugs and prison in Europe

Developing indicators to monitor drug use, drug-related health problems and drug services in European prisons

January 2013

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INTRODUCTION

Drugs and prison is a particularly relevant area of interest for the EMCDDA and for the EU: a large part of the prison population use (or have used) drugs; many prisoners suffer from problems related to their drug use; and appropriate interventions to prevent and reduce health problems related to drug use among prisoners are needed.

The EMCDDA has established a general framework for collecting information on drug use related problems and on interventions targeting drug use among prisoners. The EU Drug Strategy 2013-2020, the EU action plan 2009–12 and the EMCDDA mandate and work programme 2012 both identify the objective to initiate developmental work towards monitoring the issue of drugs and prison in a harmonised way at European level.

The EMCDDA has instruments for collecting and reporting information on drugs and prison. However, the information collected at national level and reported to the EMCDDA is not complete, since not all countries collect data and not all necessary information is covered. Furthermore, the comparability between countries is extremely limited, since methods used and items covered are different within and across countries. Also, the information collected at national level may not be accessible to the institutions reporting data to the EMCDDA, i.e. the national focal points (NFPs).

This document provides the EMCDDA's contribution to the development of a European methodological framework for monitoring drug use and responses in prison in the EU Member States.

HISTORICAL OVERVIEW OF THE WORK CARRIED OUT AT THE EMCDDA ([1])

The work carried out on drugs and prison at European level has focused on mapping methodological instruments on the one hand and collecting information on various aspects of drug use related problems and responses to drug use among the prison population on the other.

In particular, the EMCDDA's work addressed the issue of drug use prevalence and patterns of drug use before and during prison, health problems related to drug use among the prison population and the interventions targeting drug users in prison.

Specific instruments for data collection and reporting from the national focal points to the EMCDDA were developed, i.e. standard tables for reporting epidemiological and responses data as described in detail in section 5.1.

Since the mid-1990s, the EMCDDA has worked with external consultants on this topic; the most relevant of these projects are listed below and available on the EMCDDA website:

- 1997: an examination of the 'Responses to drug use in the criminal justice system' undertaken by Paul J. Turnbull and Russell Webster;
- 2001: a systematic overview, 'An overview study: Assistance to drug users in European Union prisons', conducted by Heino Stöver;
- 2004–05: a consultant study on 'Data collection to develop an inventory of social and health policies, measures and actions concerning drug users in prison in the recently incorporated Member States to the EU', carried out by Caren Weilandt, Josef Eckert and Adrienne Huismann;
- 2005: an overview report with the title 'Inventory of European social and health policies, measures and actions, concerning drug users in prisons' coordinated by the EMCDDA with a group of European experts.

([1]) A specific web area on prison has been recently created. All relevant documents concerning drugs and prison can be found there (http://www.emcdda.europa.eu/topics/prison)

On the basis of available information and studies conducted within the framework of the EMCDDA's work programme, several outputs have also been produced and, in particular, the following publications (also available on the EMCDDA website):

- 2002: an EMCDDA Selected issue 'Drug use in prison', based on the 2001 National reports;
- 2002-2012: a section of the EMCDDA Annual report focuses on drug use and assistance to drug users in prison;
- 2003: a policy briefing (*Drugs in focus*, No 7) on 'Treating drug users in prison — a critical area for health promotion and crime reduction policy';
- 2011: Report from an EMCDDA training with all European partners ('Reitox Academy') on 'Drug use among the prison population: scope and responses', to support NFPs in the writing of their contribution to the Selected issue on 'Drug-related health policies and services in prison', as part of the 2011 National report;
- 2011: assessment of 10 years of data collection on drug use in Europe, published in a scientific article in 'The Howard Journal of Criminal Justice', which assesses the data availability and quality of the prevalence of drug use among the prison population (C. Carpentier et al., 2012 ([1]));
- 2012: an EMCDDA Selected issue, 'Prison and drugs in Europe: the problem and responses' was published with the 2012 Annual report, based on the 2011 National Reports.

From the outset, the EMCDDA has worked in close collaboration with international partners on the issue of drugs and prisons and continues to do so. In particular, the EMCDDA is involved in the work of the WHO Office for Europe's Health in Prisons Programme (HIPP), as a member of the steering group (http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/who-health-in-prisons-programme-hipp).

In 2010, together with the UNODC, the EMCDDA published guidelines for the assessment of HIV in prison (http://www.unodc.org/documents/hiv-aids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf).

([1]) Carpentier, C., Royuela, L., Noor, A., Hedrich, D. (2012), 'Ten years of monitoring illicit drug use in prison populations in Europe – issues and challenges'. *The Howard Journal of Criminal Justice*, Volume 51, Issue 1, pp. 37–66, February 2012.

The EMCDDA also regularly contributes to EU-funded projects in the field of drugs and prison. Most recently it has been collaborating on the following projects: Connections (http://connections.accessproject.eu/), ACCESS, (http://www.accessproject.eu/) and the Through-care project (http://www.throughcare.eu/).

The collaboration with the ECDC (European Centre for Disease Prevention and Control) is also increasingly in the area of monitoring situation and interventions related to infectious diseases and risk behaviours concerning the prison population.

RATIONALE AND CONCEPTUAL FRAMEWORK

The need to define a common methodological framework for monitoring drug use, drug-related health consequences and drugs service provision in prisons across Europe has been driven by the necessity to have a clear and harmonised picture of the situation of drug use and related problems among the prison population in Europe, to illustrate the availability and effectiveness of interventions targeting drug users in European prisons, and to follow trends over time.

The areas where a common methodology for monitoring is needed and the reasons for defining a harmonised approach are the following:

(a) the problem of drug use is greatly affecting the prison population in European Member States;

(b) the availability and provision of drug-related health services to prisoners should be monitored to determine if their variety, scale and quality are appropriate to the needs of the prison population and in accordance with the principle of equivalence of care between health services provided in prison and those provided in the community;

(c) the plans of the European institutions and the EMCDDA include the objective of monitoring drug use, related problems and responses to drug use in prison (see the EU action plan on drugs and the EMCDDA work programme) ([1]);

(d) the available information on drugs and prison in Europe is fragmented, incomplete and often not comparable.

([1]) Council of European Union (2008), EU drugs action plan for 2009–12, Official Journal of the European Union, (2008/C 326/09); http://www.emcdda.europa.eu/work-programmes/2012

(a) The problem: prison context, drug use, related problems among the prison population

According to the latest available data from the Council of Europe, approximately 635 000 persons were in penal institutions in the European Union on 1 September 2010, resulting in an average of 135 prisoners per 100 000 population in EU countries (Aebi and Del Grande, 2011 ([1])).

Drug users, in particular those with problem drug use patterns ([2]), may represent a large part of the prison population. The drug users' population in prison is represented by different groups of prisoners, often overlapping. These include some prisoners sentenced for a drug law offence; drug users sentenced for a crime committed to support their drug use; drug users sentenced for crimes not related to their drug use; drug users in pre-trial detention (remand prisoners).

Despite the fact that many drug users stop or reduce using drugs when they enter prison, some continue to use and some may even initiate drug use there. Also, patterns of drug use may often change when people enter prison ([3]).

The prevalence of health problems in prison, directly or indirectly related to drug use, is high. Prison inmates, many of them using drugs, are particularly affected by the risk of transmission of infectious diseases such as hepatitis C, tuberculosis and HIV. The risk is higher due to several factors, including prison overcrowding, scarce hygiene and limited availability of injection equipment. Furthermore, epidemiological surveys on prison health also document an elevated level of mental health problems among prisoners, often coupled with drug use. Prison inmates often come from vulnerable social groups, with poor social conditions and scarce access to health and social care. The mortality rate in prison for specific causes (in particular AIDS, overdose, tuberculosis, etc.) is also high. In particular, suicide is highly frequent.

([1]) Aebi, M., DelGrande, N. (2010), SPACE I, Council of Europe, Penal Statistics (http://www.coe.int/t/dghl/standardsetting/prisons/space_i_en.asp)

([2]) The EMCDDA defines problem drug use as 'injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines'. More available from http://www.emcdda.europa.eu/themes/key-indicators/pdu

([3]) EMCDDA (2012), Prisons and drugs in Europe: the problem and response

(b) The information on interventions towards drug users

Several recent European reports ([1]) ([2]) have highlighted the lack of reliable information about drug-related health services for prisoners, drawing attention to the 'gap' of service provision between community and prison, and the importance of intervening in this setting.

In 2009, the provision of health care for drug users in prison was defined as an objective in the EU action plan on drugs (2009–12), through which EU Member States have renewed their commitment to develop and implement drug prevention, harm reduction and treatment services in prisons as well as follow-up services after release from prison. The EU drugs strategy 2013–20 defines as a priority the provision of appropriate drug-demand reduction measures in prison settings based on a proper assessment of the health situation and also prioritises the needs of prisoners.

As a general principle, prisoners are entitled to the same level of medical care as persons living in the community at large, and prison health services should be able to provide drug-related treatment and care in conditions comparable to those enjoyed by patients outside. This standard, known as the 'principle of equivalence', is included in European and international prison rules ([3]) ([4]) and meets wide recognition among policymakers in the EU ([5]).

([1]) Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:165:0031:0033:en:PDF)

([2]) European Commission (2008), Directorate General for Health and Consumers, SANCO/2006/C4/02, Consultant study, Stöver H., Weilandt C., Zurhold H., Hartwig C., Thane K., Final Report on Prevention, Treatment, and Harm Reduction Services in Prison, on Reintegration Services on Release from Prison and Methods to Monitor/Analyse Drug use among Prisoners - April 2008 - (http://ec.europa.eu/health/ph_determinants/life_style/drug/documents/drug_frep1.pdf))

([3]) CPT (Committee on Prevention of Torture)/Inf (93) 12, 3rd General Report on the CPT's activities covering the period 1 January to 31 December 1992 – Strasbourg: 4 June 1993 (http://www.cpt.coe.int/en/annual/rep-03.htm). See also CPT Standards, p. 29f http://www.cpt.coe.int/EN/documents/eng-standards-prn.pdf

([4]) Council of Europe (2006), Recommendation Rec (2006) 2 of the Committee of Ministers to Member States on the European Prison Rules.

([5]) Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:165:0031:0033:en:PDF)

Penitentiary health care has in the past decade increasingly been recognised as part of public health care. In seven countries, responsibility for the health care of prisoners has moved (or is in the process of being moved) from the Ministry of Justice to the Ministry of Health (Sweden, Norway, France, Italy, UK, Slovenia and Spain) and models of shared responsibility for service provision have been introduced in several countries (e.g. Portugal, Luxembourg).

Based on the initiatives and policy decisions mentioned above, the following information on interventions in prison should be assessed: the availability of services for drug users inside prison, and the level of selected services across prisons in Europe.

(c) The institutional mandate

The European institutions have specified among their priorities the need to monitor the issue of drug use, related problems and responses in prison. The issue is mentioned in the documents described below.

According to the EMCDDA regulation, the main objective of the EMCDDA is to collect factual, objective, reliable and comparable information at European level on drugs and drug addiction and their consequences; this includes the drugs and prison area.

The EU action plan 2009–12 (objective 9) states that Member States should provide access to health care for drug users in prison to prevent and reduce health-related harms associated with drug use. Two actions have been defined to support this objective:

- Action 21: to develop and implement prevention, treatment, harm reduction and rehabilitation services for people in prison, equivalent to services available outside of prison. Particular emphasis is to be placed on follow-up care after release from prison.
- Action 22: Member States to endorse and implement in prison settings indicators to monitor drug use, drug-related health problems and drug services delivery on the basis of a methodological framework developed by the Commission — with the support of the EMCDDA — that is compatible with existing methodologies, and taking into account the work done by the UNODC (in the project area of HIV/AIDS and treatment) and by WHO (Health in prisons).

The two actions are recalled and reformulated in the upcoming EU action plan 2013–16 where it is mentioned that the EU Member States should implement standard instruments to monitor drug use, drug-related health problems and interventions targeting drug users in prison.

(d) The lack of complete and comparable information

Currently, the existing information on drugs and prison at national level is rare and does not cover all relevant aspects of the drugs and prison issue. Also, the information collected at national level does not cover all prisons, is not regular in terms of trends, and its comparability at European level is low.

The information is often based on differing methodologies (e.g. routine data collection, ad hoc studies, surveys, etc.); study samples may vary considerably in size and are often not representative of the whole prison system and prison population; periods of data collection may differ by country and prison. Many available data in the EU Member States come from ad hoc studies among prisoners carried out at local level. Furthermore, repeated surveys are lacking. All these methodological limitations in data comparability make extrapolation of a national and European overview figure for the prison system and population very difficult and limit trend analysis in most of the EU Member States.

Current EMCDDA data collection also includes the availability of prevention, treatment and harm reduction services and facilities in prisons, but information on accessibility, quality and utilisation of services still needs to be more complete, further standardised and improved in order to obtain a good European overview. Combined with improved information on the epidemiological situation, the intervention coverage could then be determined, which is a necessary element of policy evaluation.

MAIN COMPONENTS

Based on the rationale and the conceptual framework presented above, it is possible to identify the main components for the development of a methodology to monitor drug use, drug-related health consequences and drugs service provision in prisons in the EU Member States and the information to be collected for each of these components and tools (already existing or to be defined).
A meeting held in October 2012 at the EMCDDA with the participation of prison experts from European Member States and international organisation has also supported and agreed in the identification of these components and main tools for data collection ([1]).

Components	**Potential /existing tools**
1. Background information on prison populations	Council of Europe/SPACE
2. Drug use among prison population	Questionnaire on drug use among prisoners in Europe + Existing tools (see section 5.1-5.2)
3. Health problems among drug users in prison	Questionnaire on drug use among prisoners in Europe + Existing tools (see section 5.1-5.2)
4. Service provision for drug users in prison	Survey on drug-related health facilities in European prisons + Other existing tools (see section 5)
5. Drug-related adverse effects after prison release	Ad hoc research

([1]) http://www.emcdda.europa.eu/topics/prison

EXISTING DATA SOURCES AT THE EMCDDA AND IN OTHER INTERNATIONAL ORGANISATIONS

In order to define possible instruments for data collection on drug use and prison, it is necessary to list and briefly describe the tools and sources of information already existing at European and international level. Additional tools should complement those information sources.

Currently, the existing tools for data reporting and collection on drug use, related health problems and on drug-related health service provision in prison come from several sources at different levels:

- International: UNODC
- European: Council of Europe, WHO-EURO
- EU: EMCDDA, ECDC
- National: national authorities within each Member State
- Prison: prison administrations.

Existing tools for data reporting at the EMCDDA

Several instruments to collect information are used annually by the Member States to report on the epidemiology of drug use among the prison population and on responses and interventions towards drug users in prison. The existing tools are listed and briefly described below and can be found on the EMCDDA website.

(a) Qualitative information on the drug situation and responses

Every year, European Member States provide National reports which contain information on the drug use situation, related consequences and responses to drug use at national level. The report covers several areas, including one chapter on drug use among the prison population and assistance to drug users in prison.

(b) Monitoring drug use among prison populations in the EU

The European Member States provide the EMCDDA every year aggregated data on drug use among the prison population. The tables include the most recent available national information on drug use among the prison population. This includes prevalence of drug use prior to and inside prison, according to different timeframes (lifetime, last year, last month, regular use) and different substances (cannabis, cocaine, heroin, amphetamines, ecstasy). Information on drug injection is also reported. Data collection methods may vary according to country; methodological specifications and limitations are usually reported.

(c) Monitoring of infectious diseases and risk behaviours

A table is provided annually to the EMCDDA on infectious diseases. The data provide yearly national information on infectious diseases from different settings, including prison. The table focuses on infectious diseases and includes information on age, gender of the sample, injection behaviours, type of testing.

(d) Clients entering treatment in prison

The European Member States provide annual information on people entering treatment for their drug use in specialised treatment centres at national level, including treatment units in prison. Information concerns socio-demographic characteristics, patterns of drug use and use of services.

(e) Drug-related service provision to prison populations

Information about prevention, treatment and harm reduction responses to drug use in the prison setting is included in EU Member States countries' yearly reports on 'access to treatment' and 'syringe availability', as well as in the reports on 'prevention and reduction of health-related harm associated with drug use' and 'treatment programmes' which are collected every three years.

Existing instruments for data reporting and assessment tools at other institutions

(a) Council of Europe

The Council of Europe conducts an annual survey among penal administrations providing a comprehensive overview of the prisoner populations detained across the Council of Europe's Member States (Council of Europe Annual Penal Statistics — SPACE I, www.coe.int/prison)

(b) ECDC/Dublin declaration

Member States report data on HIV infection in prison and on specific policy responses to ECDC in the framework of the monitoring process for the implementation of the Dublin Declaration to fight HIV/AIDS in Europe and Central Asia (http://www.ecdc.europa.eu).

(c) UNODC — HIV in prisons: situation and needs assessment toolkit

A toolkit is available for the UN Member States to assess the health and social needs of people with HIV in prison and identify appropriate interventions (http://www.unodc.org/documents/hiv-aids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf)

(d) UNODC — Annual Reports Questionnaire (ARQ)

UN Member States report yearly data on the drug situation and treatment, including prison settings, targeting drug users in the UN countries (in particular, parts 2, 3 and 4) (https://www.unodc.org/unodc/en/commissions/CND/10-GlobalData.html)

(e) WHO-Europe

National updates on prison and health are provided at annual meetings of the 'Health in Prison network', where prison experts regularly meet to discuss about drug and prison related issues (http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/who-health-in-prisons-programme-hipp).

TOWARDS A HARMONISED EUROPEAN METHODOLOGY

The proposal for implementing a harmonised methodology on data collection on drugs and prison should be based on the following general principles:

- When establishing a European harmonised methodology, it is necessary to take into account existing data sources at national, European and international level; this is particularly relevant in the current economic situation.
- The European methodological framework should be conceived always taking into account two perspectives: the data collection in prison and at national level and the data reporting to the EMCDDA.
- Data collection should focus on a minimum dataset, including the most important items to describe drug use, health problems and drug-related health service provision in prisons in Europe.
- The tools (introduced in the paragraphs below) should have to be complemented by methodological guidelines for data collection, where operational definitions and precise rules for data collection are specified.

The expert meeting held in October 2012 has allowed to discuss and agreed on a proposal for harmonised tools to collect data on drugs and prison.

Two harmonised tools for data collection on drug use, health problems and drug-related health service provision in prison are proposed below. These tools complement existing instruments described in section 5. Similar tools often already exist at country level, but would have to be harmonised according to European guidelines. The 'Questionnaire on drug use among prisoners in Europe' (presented under 6.1) can help to collect information at the level of prison inmates while the 'Survey of drug-related health facilities in European prisons' (presented under 6.2) will collect information from an organisational perspective on services offered.

The option of making use of existing routine data collection, even though it appeared less feasible and efficient (scarce data quality and difficulty to get the data), will be maintained and further explored in a second phase of implementation.

Questionnaire on drug use among prisoners in Europe

Regarding the area of epidemiological information, it was agreed to propose a short tool for data collection among the prison population concerning their drug use and health problems related to drug use. In terms of content, it was suggested to identify a few core items in the following areas (minimum data set):

a) Drug use prevalence, focusing on:
    - types of substances (heroin, cocaine, cannabis, amphetamines, opioids other than heroin, benzodiazepines, 'new drugs' and possibly polydrug use, including alcohol and tobacco)
    - recent drug use, preferably last month before prison (to reflect problem drug use and not just experimental drug use)
    - initiation/continuation of drug use inside prison
b) Frequency of drug use (same types of drugs listed above)
c) Route of drug administration (same time span used above):
    - inject
    - smoke/Inhale
    - sniff
    - eat/drink
    - others
d) Risk behaviours other than injection:
    - related to drug use (needle sharing, etc.)
    - not related to drug use but only referring to drug users (tattooing, sharing, shaving material, etc.)
e) Infectious diseases
f) Basic demographic data (age and sex, ethnic minority groups)
g) Service use and needs inside prison (see also paragraph 6.2).

The existing instruments on drug treatment demand and infectious diseases should be used and linked possibly to the new tools. In terms of methodology, the preferred instrument identified was a periodical questionnaire among prisoners in Europe. Guidelines for data collection should be drafted, agreed and adopted by the countries. The guidelines should include precise methodological rules for carrying out the survey, in order to allow high comparability between prisons and countries. The listed item will become operational in the phase of survey's implementation.

The guidelines should also include rules concerning confidentiality and privacy, which are fundamental issues for prison.

Survey of drug-related health facilities in European prisons

Concerning service availability and provision, it is proposed a survey of health facilities, conducted via national prison administrations. The questionnaire targeted at the prison level should collect information on:

a) Characteristics of prison health facilities and of external service providers
b) Availability and provision of selected drug-related services

A common minimum dataset for the survey will be developed by the EMCDDA in collaboration with experts from national prison administrations and prison health care providers (prison health staff, external providers). For this area the collaboration and consultation with relevant international and European partners (UNODC, WHO Europe, ECDC) is particularly relevant. Each Member State might want to consider the inclusion of additional variables that may be relevant for the national or regional context. Existing questionnaires and screening instruments used at national level, as well as available standards and guidance (e.g. through national bodies on clinical excellence, such as the National Institute for Health and Clinical Excellence — NICE (http://www.nice.org.uk/) in the UK, or European bodies, in particular Committee for Prevention of Torture (CPT) of the Council of Europe (http://www.cpt.coe.int/en/) will be used as relevant experience for the development of the new tools.
Areas to be covered:

Part a) Characteristics of health facilities (including external providers)

1. Health care staff (number, training, etc.)
2. Certification, accreditation of service providers
3. Standards and guidelines

Part b) Service provision

4. Assessment of drug-related service needs at prison entry
5. Type of drug-related care and services provided to drug-using inmates (prevention, treatment and social reintegration
6. Level of use of selected services: prisoners receiving services on a given day (census or expert opinion)
7. Continuity of care, partnerships with community-based service providers.

Direct information from prisoners regarding their service needs, the perceived availability of services and usage of services could be integrated in prisoner surveys (see 6.1) and would complement information collected through prison administrations.