

**Annex 1 :**

**WHO HEALTH IN PRISONS AWARD 2005 APPLICATION FORM**

**BACKGROUND INFORMATION**

**Title of your piece of work: 7 years of Needle Exchange Programme in prison**

Name of country: Spain

Name of prison: Prison of Pamplona

Brief description of the prison and prisoners (maximum 200 words):

The prison of Pamplona is old, it's dates from 1907 and it has problems of conservation and maintenance. Its architectonic structure is the one of the time with three radial galleries of two floors, with two departments, one of young people (with 20 internal ones) and another one of adults (with 140 internal ones). In 1999 a module of women in an annexed zone with 10 internal ones was opened.

Around 30% of the internal ones are in preventive prison and the rest is punished.

The profile of the prisoners in 1997, was of a man with an average age of 32 years, with familiar antecedents of alcoholism and/or drug addictions 60% of the cases, and in a 75% residents in Navarre and its capital Pamplona, 45%.Of the total of prisoners a 60% had had problems of dependency to drugs, in concrete 40% to the heroin and in 95% of the cases by intravenous consumption. In that year, 26% of the total of heroin addicts presented/displayed positive serology to the HIV, positive 80% to the Hepatitis B virus and 85% to the Hepatitis C virus.

Around 30% of the heroin addicts they consumed in prison.

Please indicate the category (you may choose only one) for your application, by typing an **X** in the box against the correct category

**Category 1: an example of best practice regarding *health care services provided to prisoners*.** This category includes any aspect of the clinical care provided to prisoners by doctors, nurses or other healthcare professionals.

**Category 2: an example of best practice regarding any of the following, or a combination of the following: *prevention, health education or health promotion services provided to prisoners*.** For example, members of staff (not necessarily medically trained staff) working within the prison might provide the service, or it may involve peer education i.e. using specially trained prisoners.

**Category 3: An example of best practice, which demonstrates *effective co-operation between a prison and the outside community*, in the area of health improvement.** This category

includes any aspect of improving the health and well being of prisoners.

Note: please attach supporting photographs electronically to this application if you wish. They may be used in any subsequent publication of the awards.

## **PURPOSE OF THE WORK**

### **1. What is the aim or general objective of your initiative or piece of work (in just one sentence please)?**

Harm reduction in prison: 7 years of Needle Exchange Programme

### **2. What are the main characteristics of the target group(s)?**

- Is it targeted at all prisoners, or a particular group or groups? Ej a particular age group.
- Are **others being targeted** e.g. such staff involvement or involvement of families
- What is the coverage of the work i.e. how many persons are being reached

The needle exchange programme (NEP) dirige to all the prisoners with intravenous drug use, around 60% of prisoners. In individual 30% of the heroin addicts declare to consume in prison and most of them they shared syringe or they made artisan syringes for its use. The programme also goes to the officers, because until its put into operation, the possession of syringes was reason for sanction for the prisoner reason why it is of vital importance for the good operation of the same one, to the personnel of the prison and the rest of the prisoners. It is important to indicate that the possession or drug use continues being prohibited in prison.

### **3. Why this initiative is important? Please indicate in the box**

- **what is the health need you are addressing? Has there been any form of needs assessment undertaken?**
- **Were you drawing upon any evidence or research to inform the piece of work? If yes please briefly refer to it here.**

In Spain the exhibition to blood infected by means of the habit to share material of injection by intravenous drug users (IDUs) continues being the main one channel of the HIV. It can be considered that half of the intravenous drug addicts suffers the infection. Around 40% of the Spanish inmates they use this route and of them half would be infected by the HIV. In addition other infections as Hepatitis B and C shares the same mechanism of transmission, being the prevalence's in this group superior to 80%.

In 1997 a Technical Commission between the Directorate General for Prisons and the Autonomous Community Navarre Directorate General for Public Health is created, that writes up the NEP and assigns Direction of the

Prison Health Team and for the aid in his execution a NGO contracts itself for his collaboration with the Medical Service.

Before this evidence in November of 1998 a programme starts up pilot project of needle exchange that is evaluated to the year of its operation and after demonstrating his validity it continues at the present time with the variations that have been introduced in these years.

The collaboration between Institutions of different Governments State and Regional, next to a NGO has been clearly effective in guaranteeing the viability of the project, that 7 years later leans basically in the work of this NGO.

**4. What did you set out to achieve, and how successful were you? Please list your specific objectives in order of importance, and any indicators used to help you measure progress. (NOTE any evaluation should refer back to these objectives and indicators, indicating progress towards meeting them)**

General mission: verify that the proven measures of prevention in the general population are equally attainable and adaptable to prison environment. To improve the level of health of the prisoners

Specific objectives:

1. - Reduce the incidence of infections related to the shared use of material of injection (HIV, HBV, HCV, etc)
2. - To prevent other infections being improved the hygiene in the autoinyección and teaching methods with use of less risk.
3. – Facilitate access with the injecting drug users (IDUs), to stimulate its access to other penitentiary therapeutic programmes.
4. - Identify the repercussions of the Programme on the behaviors of risk, the drug use, the health of the prisoners and also on the other hand its working effect on prison warders, and its security and labor health.

The used indicators will be: Capacity of the programme to catch and to retain users, incidence of the programme in the modification of risk practices, capacity to diminish the number of infections, valuation of the users and the working personnel of the prison, incidence of the programme in the internal regime of the Prison. All the indicators will take shelter annually. A permanent pursuit of the programme will exist.

**WHO WAS INVOLVED / WHAT WAS THE TIME FRAME?**

**5. Please describe:**

- **Those involved in delivery of the initiative? Give names, job titles and the employer of key people involved**
- **Any prisoner involvement in the planning or delivery of the work**
- **The time frame : When did the work commence? What did you do and when. Is there a finish date known yet?**

The equipment of the NEP comprises of the Medical Service of the Prison and is made up of the sanitary equipment of the prison (3 doctors and 3 nurses), and of an equipment of support of a NGO made up of 2 specialized educators

and of ample experience in work with users drugs. One began in November of 1998 and he continues at the present time with the modifications that have been introduced based on the pursuit of the Programme.

It was decided on a needle exchange programme with human resources since it allows a personal communication with the user. To the being a direct exchange is a confidential programme and it is acted with that professional principle. To the enter the prison the programme inquires and supplies and the possibility occurs of acceding to first kit of exchange, later is made the exchange of a syringe by kit. Single a syringe by prisoner and in certain conditions is allowed, encapsulated, etc. Their actual identification particulars should not be asked for, but an identification code or key must be used, possibly supplied by the subject himself, for purposes of evaluation and monitoring of the programme. A correct behavior of the prisoner with the personnel of the equipment is demanded, the syringe can take with encapsulated himself or to keep in the cell, in the event of being searched, the inmate should advise the officer of the fact he has a syringe and a specific reminder should be given that possession, traffic and use of toxic substances, narcotics and non-prescribed psychotropics continue to be forbidden and that the breach of the norms of the programme will be reason for disciplinary sanction.

There is a schedule of the programme, for the mornings in the medical consultations and in the afternoons and the holidays in the specific premises for the programme.

Kit of injectable material consists of a rigid container with a syringe in its interior, sterile water, swaps with alcohol, a condom and messages of sanitary information. Specific informative material for the prisoners and the waerders should was made. It is counted on computer science support for the registry of the activities of the Programme.

The functions of the equipment are to offer information of the programme to prisoners and personnel of monitoring, to make sanitary education, to contact with the prisoners to generate attitudes positive that favor the modification of the risk behaviors, the own exchange of syringes and to derive the users who need it to other treatments for the drug addiction (methadone, etc.) or to the medical equipment. In general a good coordination between the members of same and the their respective Institutions must exist, where information of the operation of the Programme are sent of periodic form.

During the first year of operation 2 partial information of evaluation and one end to the year and means became, by an external equipment of evaluation, of the Public University of Navarre and the Institute of Public Health of Navarre.

The monitoring and periodic evaluation of its operation allow to detect and to correct the weak points of the same one, as well as to be alert forehead to variations in the habit of use of toxic substances. All it along with them opinions of the users has allowed to introduce changes and adjustments in its operation that in our experience are considered important and that they have contributed to the consolidation of this programme in a dynamic process of which previous ones exist few referring.

The economic cost of the EPN of the prison of Pamplona is of approximately 19000 Euros to the year.

## EVALUATION

### 6. Was there an evaluation?

If yes please detail findings in not more than 300 words. You may want to consider:

- Formative or **process evaluation**, concerning the quality and acceptability of your **programme's implementation** with the target group
- Summative evaluation: what were the **outcomes and impacts** *in relation to your Specific Objectives and indicators listed above*

An external Evaluation was made during the first year of operation of the Programme, since it was a programme pilot and as so it were tried to verify if the proven measures of prevention in the general population are equally attainable and adaptable in the prison.

The evaluation process was made in 3 phases, initial evaluation (previous to its beginning), evaluation of the process (to the 6 months of its development) and final evaluation (to the year of its operation). In each one of the 3 phases the viability of the NEP is permanent object of evaluation. After a year of operation of the program, the conclusions of the Commission of Evaluation were among others the following ones.

- 1.- The NEP is totally viable in the prison.
- 2.- The impact of the NEP understood like number of internal that they participate in the programme, increased with time.
- 3.- Increase of the injected drug consumption was not detected.
- 4.- The practice diminished to share syringes.
- 5.- The practice of reusability of syringes diminished.
- 6.-. An increase of the injected cocaine use was observed
- 7.- The coexistence of different programmes from intervention with users drugs, including the NEP, is possible in the prison.
- 8.- It is necessary to insist on the formation-information in the working personnel of the prison, as well as in the users of the Programme.
- 9.- Between the weak points of the Programme it is possible to emphasize the little diminution of other indirect practices of risk, as to share filter, spoon, etc., for the injection.

Later annual evaluations by the Commission of Monitoring of the NEP are made, as much of indicators of activity of programme (average number of exchanges/day or month, percentage of used syringes returned, etc.) as of programme outcome (pathology incidence associate al injected drug consumption, percentage of IDUs which they have consumed or used syringes of, etc.) and that throughout the years has been introducing variations in the operation of the programme.

## ABSTRACT

**7. NOW TELL US IN YOUR OWN WORDS ABOUT YOUR PIECE OF WORK or INITIATIVE AND WHY IT IS IMPORTANT in not more than 500 words:**

In the Prison of Pamplona over 50% of the prisoners report a history of drug use and almost half of them do so by means of IV injection. As answer to this fact in November of 1998 started up a project pilot of needle exchange of syringes (NEP) in prison.

The Programme that pilot of a year of duration began like a project, obtained so good results that continue at the present time. It has the singularity to participate in his elaboration, development, implementing, coordination and monitoring, different Institutions that collaborate actively in the same one: National Prison Direction (Medical Service), the AIDS Plan for Navarre and one NGO who collaborates with the medical service from 1990.

To the entrance in prison and within the interview and sanitary information, the NEP is supplied and the possibility of acceding to the first Kit (syringe, swabs, sterile water, condom and informative leaflet), later is made the exchange of a syringe by kit. The access to sterile syringes has not increased the number of inadequately rejected syringes, nor has impelled to use drugs or to begin to consume them, and at no moment it has prevented that the drug addicts can enter other programs of attention to the substance dependences but rather on the contrary the NEP has facilitated their derivation.

In relation to the security and labor health of the workers the NEP facilitates the control of the syringes of the users, and in the case of labor accident it is easier to detect the case origin and the probability that needle is infected by blood of different users diminishes. Any accidental case of pricked in the 7 years of the NEP has not taken place.

The opinion of the users is very important for the good operation of the programme. From year 2000 and like answer at the request of such, to exist a greater injected cocaine use that of heroin (probably in relation to the treatments with methadone), introduced a syringe with different needle (more rigid and of greater caliber), of such form that is the user who chooses in the exchange the type of syringe. Also from year 2001 and in order to reduce the indirect practices of risk of the use as to share spoon or filter, supply with the kit other that contains sterile filter, swabs and spoon. In the year the 2003 also at the request of the users commission of pursuit of NEP authorized that the exchange can be made of 2 in 2 kits.

Until January 2005 we have these data:

- .- 2224 dispensations of syringes.
- .- 5641 exchanges.
- .- 7258 given back syringes.
- .- Rate of recovery of syringes: 92%.
- .- Average monthly of exchanges: 85.
- .- Media of users the NEP: 20% of the total of prisoners.

- UDIs derived to other programmes from drugs: 124.
- Sanctions to fail to fulfill norms NEP: 37 ( 31 the three first years).

## **LEARNING POINTS**

### **8. Finally, what are the most important specific learning points from your piece of work you would like to share with others working with prisoners? 500 words max**

As they indicate the studies published until the moment, the programmes of needle exchange of syringes (EPNs) are the most effective method to prevent infections like the HIV and others in injected drugs users (IDUs). The introduction of these programmes has influenced of radical form in the diminution of the transmission of these infections, fact this one that affects of very particular form to countries like Spain and its surroundings where the main route of transmission of the HIV is this one.

Of similar form these programmes in the prisons act. Of our experience it is deduced like first more important conclusion and that the EPNs is viable in the prisons where IDUs exist. The Penitentiary Administration must guarantee the right to the health of the people jailed in similar conditions that the rest of the population and therefore also must enjoy the programmes of prevention and promotion of the health. The penitentiary legislation it does not have to be no impediment for the application of these programs and if outside necessary it would be necessary to introduce the necessary modifications for his implementation in the prisons.

The collaboration between the different Governmental Institutions and their professionals is basic for an suitable development of the EPNs, but in our experience in addition to this one effective collaboration, the participation of external team with experience in attendance to drugs addicts and even in some cases IDUs rehabilitated through a ONG, has facilitated the success of the Programme and him it makes singular for that reason, when existing a greater relation with the users of the same one being these the maximum defenders of its existence.

It is necessary to maintain a good level of information and formation of continued form, to the monitoring personnel, it will avoid distrusting to the Program and will facilitate its implementation. Our experience indicates to us that after an initial logical rejection on the other hand arguing security reasons, today after seven years support in its great majority the EPN. In the registries of cells are not illegal syringes.

In these years of operation of the EPN in the prison of Pamplona, cases of seroconversion to the HIV in the prison have not been documented, either to the HBV and the HCV. The cases of abscesses and other complications related to the illegal toxic injection have also diminished.

It is important to review that the efficiency of the EPNs is very high in the relation cost-effectiveness. The EPN of our Center has an annual approximate cost of 19,000 Euros. The approximated cost to deal to a person about by life with AIDS is of more than 114,000 Euros. There fore only with being able to prevent the transmission with the HIV to two people to the year, the cost average of the EPN is more than compensated and it without counting the cost of the treatment of other infections in IDUs.





**KITS AND INFORMATIVES LEAFLETS**



PRISON OF PAMPLONA