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Harm Reduction in prisons

Best practice model in Luxembourg



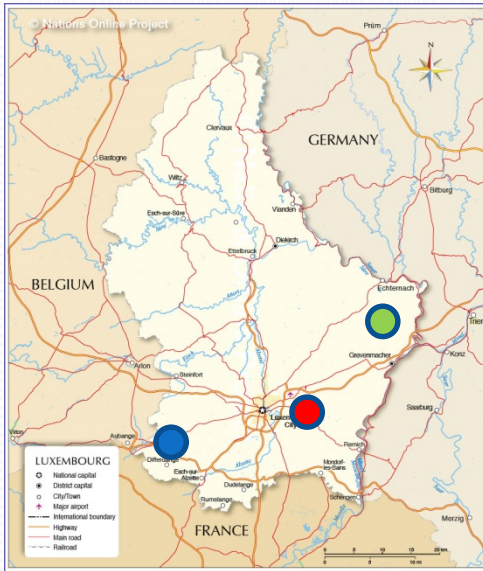
LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Direction de la santé

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Patrick Hoffmann, Health Directorate Luxembourg

To put you into the right context



Two prisons in Luxembourg

One closed setting in Schrassig

- 615 inmates for 600 places (295 prisoners / 320 pretrial detainees)
 - 155 LU-citizens vs 460 non LU-citizens
 - 580 men vs 35 women

- Drug related offences: 66 prisoners / 150 pretrial detainees

One half open setting in Givenich

- A prison without walls and fences, but nevertheless a prison
- Normal regime (working and sleeping in prison) and «half free regime (working outside for private employers and sleeping in prison)
- 74 inmates for 99 places, only prisoners, no ptd, 12 drug related offences
- Turnover: approx. 1000 / y



The medical service in Luxembourg prisons

Somatic medicine

- Service of Centre Hospitalier de Luxembourg
 - 3 part time MD – 1 resident – 1 assistant
 - Different specialists coming into prison
 - 20 nurses – 1 head nurse
 - 24/7
 - 3 surgeries
 - 1 pharmacist – 4 preparators
 - different facilities (X-Ray, dentist, ophthalmologist, gynaecologist
 - Ultrasound, Fibroscan
- 8 half days of medical consultation – approx 13000 / year



Psychiatric service

- Service of Neuropsychiatric hospital in Ettelbruck
 - Ambulatory care and intensive care unit
 - Different specialists coming into prison
- Detect, treat and prevent mental disorders
- Pluriprofessional approach (MD, nurses, social assistant, ergotherapist)
 - 7/7 6am to 9.30pm

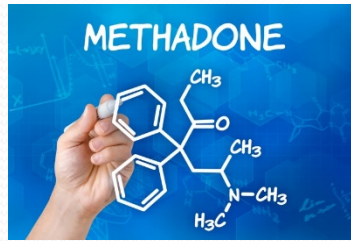


Harm Reduction?

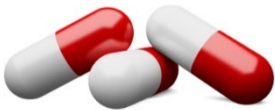
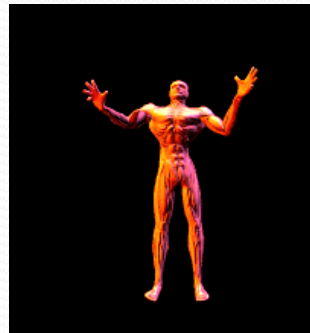
- **Definition:** ‘Harm Reduction’ refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.*
- **Principles:** The harm reduction approach to drugs is based on a strong commitment to public health and human rights.*

* Text taken from www.hri.global

HR in Luxembourg prisons



accination





Test

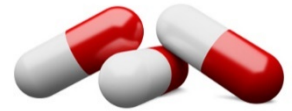
- Prison law: every inmate has to be seen by a MD within 24 hours after entry in prison
 - Complete history
- Blood test proposal (HIV, HAV, HBV, HCV, Syphilis, IGRA): take-up > 98%
 - Chest X-Ray
 - ECG

Outcome since 2013 (n=4218)		
HIV	Hepatitis	Syphilis
89	666 (79% HCV)	36
33% not informed before entering the prison		

Linkage to care and treatment



- Information by a MD asap
- Ultrasound and Fibroscan (nurses are educated for FS)
- Appointment with the ID specialist within 2 weeks
- Discussion with the ID specialist (checkup every 3, 6 or 12 months or treatment)



If treatment:

- Based on EASL guidelines
- All DAA's for HCV treatment available
 - DOT is possible
- BA and ID specialist visit once per month
- All costs funded by Ministry of Justice

Linkage to care

- All patients with an infectious disease are seen by an infectious disease specialist within 2 weeks after diagnose announcement
 - If treatment needed, it is accessible
- At release, inmates get all information (blood test results, treatments, results of Ultrasound and Fibroscan, address of hospital and HIV Berodung, aso...)
- If the inmates asks, an appointment can be taken with ID specialist in hospital for after release.

	Consultations	Patients	Ultrasound	Fibroscan
2013-2017	135	1861	672	940

The treatments against hepatitis¹

Year	HCV	HBV
2011	16	2
2012	14	1
2013	13	2
2014	12	4
2015	11	3
2016	23	2
2017	29	3
TOTAL	118	26

¹ High recurrence rate of hepatitis C infection after treatment in prison inmates in Luxembourg. Devaux et al, 2017

SVR₁₂ rate 64,6% for all treatments

SVR₁₂ rate 66% for DAA

LTFU 16,3% (8,1% SVR₃) for all treatments

LTFU 21% for DAA

Reinfection rate: 23% (42% of those confirmation of reinfection by GT change)

Conclusions:

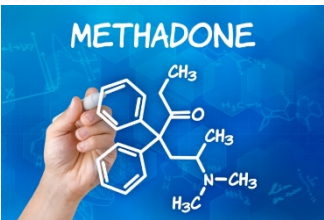
- A stay in prison is an effective opportunity to treat a group of HCV-infected patients which have otherwise very limited access to therapy
- Although a good success rate of HCV therapy was observed, the rate of reinfection after discharge from prison was high
- Prevention during treatment while patients are in prison as well as link to OST prescribers after discharge of prison should be strengthened.

Vaccination program



- Hepatitis B vaccination as recommended in the national vaccination program, not mandatory
- Combined Hepatitis A and B vaccination if necessary
- Vaccination against pneumococcal infection for HIV patients
 - Vaccination against influenza possible
- Vaccination card is given to every person after first vaccination
- A total of 3244 vaccinations against Hepatitis A/B have been provided since 2012

Opioid Substitution Therapy



- Psychiatric service
- Methadone and Buprenorphine + Naloxone
 - DOT
- Contract between inmate and psychiatric service

	2014	2015	2016	2017
Under OST	18%	18%	15%	16%
Average patients per day	80	64	63	77
Average time under OST	140 days	151 days	146 days	145 days
Average dose per day (M)	21mg	23mg	23mg	24mg
Lowest – highest dose (M)	1mg – 100mg	1mg – 70mg	2,5mg – 75mg	2mg – 100mg
Average dose per day (B)	7,2mg	7,6mg	7,7mg	8,3mg
Lowest – highest dose (B)	1mg – 24mg	1mg – 18mg	1mg – 16mg	1mg – 16mg

Condom provision



- Available in different locations in the prisons
 - With lubricant
 - Condoms for MSM
- Provision is generally well accepted
 - No count

Needle exchange

- Done by the somatic medical service
- Information at the entry in prison by MD
- Contract inmate / medical service
 - A one to one exchange
- Including counselling by a nurse



Year	Kits	Syringes changed
2005	14	No stats
2006	23	283
2007	24	77
2008	36	178
2009	33	261
2010	34	328
2011	30	440
2012	48	1383
2013	31	1726
2014	46	2101
2015	40	1767
2016	31	1612
2017	25	1372
TOTAL	415	11528

Safe tattoo project



- An Erasmus + project
 - Project within an university degree obtention by a nurse
- Research: 1 of 2 inmates has a tattoo from which 1 of 3 got an illegal tattoo in prison
- Inmates get a training in tattooing and in hygienia / transmittable disease
 - Started in march 2017 under the supervision of one nurse
- 528 hours of tattooing have been performed in 196 appointments (up to June 2018)
- 14 tattooers have been trained and 120 inmates got at least one tattoo



Educational sessions

- Provided by Program TOX and HIV Berodung
 - Group or individual sessions
 - Hepatitis and HIV
- Different offers for World AIDS Day and World Hepatitis Day
 - Flyers

Year	Group sessions	Group participants	Individual sessions
2014	96	495	204
2015	95	509	149
2016	87	486	202
2017	101	563	179
TOTAL	379	2053	734

COMATEP

- Nurse practitioner coordinated clinic for infectious diseases in prisons
 - Project started in 2009
 - High number of inmates due to drug-related offences
- High prevalence of HIV, viral hepatitis and other infectious complications due related to illicit drug use
 - Required a standardised approach

Work of the nurse in charge

- Verification if every inmate got a blood analysis
- Registration for MD consultation if serpositivity
 - Organization of the ID specialist consultation
- Preparation of request for blood analysis (follow-up)
 - Realisation of Fibroscan
- Realisation of questionnaire for the HCV study in prison
 - Counselling
 - Organization of specific appointments (NGO's, ...)
- Preparation of the release (medical reports, treatment, blood analysis reports)
 - Informational sessions for prison employees
- Today: 3 nurses in charge of the COMATEP program

What's next ?

- Evaluation of the existing system
 - Simplification of the PNSP
- New system for the safe tattoo project which normally will become a program
 - More condom provision
 - Projects focused on women
 - Safe piercing project
 - Naloxone take home project
 - Diamorphine project in prison

The HA-REACT Joint Action

- Luxembourg = Associated Partner
- Work package 6 on harm reduction and continuity of care in prisons
- Organization of a 2 day conference in Luxembourg in June 2017 / 60 delegates from 13 countries
 - Adoption of the “Luxembourg Paper” on how to implement harm reduction measures in prisons
 - Fruitful work with the Polish and Czech partners (OST, condom provision, flyers, video on PNSP, ...)
- Different meetings and conferences in CZE and PL
 - <https://youtu.be/hZjpGuHGUTI>

Conclusions

- Infectious diseases in prison are common
 - Treating in prison is an option
- Harm reduction measures should be in place
- HRM should include a comprehensive package with OST, PNSP, condom provision, vaccinations program and others
- Open the prison for NGO's and other services from outside prison
 - Build a bridge for after release follow-up
 - Prison Health = Public Health

Acknowledgements

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Program TOX

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patrick.hoffmann@ms.etat.lu