



European Mapping of harm reduction interventions in prisons

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1. Aims of the Mapping Report

1.1. Aims of the HA-REACT Joint Action in general

The Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis (TB) and viral hepatitis, among people who inject drugs (PWID). The three-year project was launched in late 2015 with core funding by the Health Programme 2014-2020 from European Union (EU). Twenty-two partners representing 18 EU Member States were implementing the project. Additional expertise was provided by 14 collaborating partners, including the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The HA-REACT project has been carried out in three focus countries: Latvia, Lithuania and Hungary. However, materials developed as part of the Joint Action will be of benefit to the entire European Union.

The project's main objectives are:

- to prevent HIV, viral hepatitis and tuberculosis among people who use drugs in Europe:
- to improve countries' capacity to respond to HIV and co-infection risks, and provide harm reduction measures, focusing specifically on PWID.
- to focus on European Union member states where there are obvious barriers to effective and evidence-based interventions, or where such interventions are not sufficiently implemented.
- to encourage the implementation of comprehensive harm reduction in all EU Member States, as an essential strategy to improve the prevention and treatment of HIV, TB and viral hepatitis.

The overall aim of HA-REACT is to significantly contribute to the elimination of HIV and to reduce the number of cases of TB and viral hepatitis among PWID in the European Union by 2020. This objective aligns with strategic action plans issued by the European Union, World Health Organization, UNAIDS and the United Nations Office on Drugs and Crime (UNODC).

1.2. Aims of WP6 and prison –related activities of the HA-REACT Joint Action

Drug use, Infectious diseases – in particular the human immunodeficiency virus (HIV), tuberculosis (TB) and hepatitis C (HCV) – are a major health concern in prisons, evidenced by

the fact that prevalence rates tend to be substantially higher among prison populations than in the general population. The TB notification rate in prisons, for example, ranges from 11 to 81 times higher than in the general population, and in some countries is as much as one hundred times more likely in prisons. Rates of HIV and HCV among prisoners in many countries are also considerably higher – global HIV prevalence has been estimated to be two to 50 times higher among the prison population than in the general public, while HCV rates are discernibly higher. Prisons and other places of detention are high-risk environments for the transmission of infectious diseases for a number of reasons, including the over incarceration of vulnerable and disadvantaged groups who carry a disproportionately high burden of disease and ill-health; the criminalization of drug users and high levels of injecting drug use; overcrowded and substandard prison conditions; inadequate health care; and the denial of harm reduction services. Considering that all people deprived of their liberty come into contact with prison staff and visitors on a daily basis, and eventually return to their communities, this also has clear public health implications. The same accounts for the (often injectable) use of psychotropic substances. Infectious diseases in prisons are more than just a public health concern, however; they are also a serious human rights issue.

WP 6 contributes to the Joint Action with new knowledge and insight on the most important barriers to accessing harm reduction and HIV, hepatitis and TB services in prisons in the focus countries and draws on European Union and other relevant examples of how they can be overcome. Thus, within the work package there will be an exchange of experiences and good practices which might stimulate other countries to follow by learning the strategies to implement harm reduction measures. The objectives correspond with existing priorities in the field as described in the EU Health Strategy, the Action Plan on HIV/AIDS in the EU and neighbouring countries 2014–2016 and the Public Health Programme - Work Programme for 2014.

Outputs (expected results) 6.1. Situation analysis / mapping of needed support in the participating countries implemented 6.2. Medical, social and other prison professionals trained to work with PWID and to provide harm reduction services (incl. OST, NSP, condom provision and psychological support) 6.3. IEC materials developed for PWID and staff in prisons 6.4. Practical toolkit for prison staff on harm reduction in prisons (as part of the JA training toolkit) 6.5. Condom provision and other harm reduction measures piloted in one prison 6.6. Policy brief based on experiences from the component

For activities covered by the present European Mapping Report (action 6.1 of the above) see: 1.3.

1.3. Aims of the European Mapping activity within WP 6 of HA-REACT

Scientific literature about the situation of drug use and infectious diseases as well as institutional responses to them is limited, sporadic and heterogeneous in the European Countries. The research activity therefore covers the compilation of the existing bits and pieces of information of the different data collections and research efforts.

The activity covers the compilation of all the relevant information available from different reliable sources in order to build up country profiles and a European map regarding Harm Reduction in the prison setting.

Activities covered by the present European Mapping Report:

- Compilation of the available general information about the prison population in the EU 28+ Norway and Turkey (referred as EU-30).
- Analysis of the available information about infectious diseases and drug use among prisoners in the 28+2 countries.
- Compilation of the available data about the available responses and interventions aiming prisoners who used drugs, especially of those who injected drugs in the 28+2 countries.
- Analysis of the available information about harm reduction related policy documents and principles in the 28+2 countries.

2. Methodology

The mapping exercise applied the following steps in order to present the data about the contextual information of the present situation of prisons and drug use as well as the policy documents and services available tackling the harmful consequences of drug use and infectious diseases.

- 1) Desk research to identify available information and data sources on harm reduction services in prisons among the covered countries.
- 2) Desk research to identify set of common core variables for analysis on the basis of the available sources about harm reduction in prisons that are relevant for HA-REACT project.
- 3) Compilation of 'National profiles of harm reduction in prisons' for each country involved.
- 4) Bilateral consultation (written and oral) process about the 'National profiles' among the Reitox National Focal Points and their prison experts.
- 5) Compilation of the HA-REACT deliverable: 'Mapping Report'.

The steps in details are described below.

2.1. Desk research to identify available information and data sources on harm reduction services in prisons among the covered countries

During the kick-off desk research and brainstorming we reviewed the following literature and data sources in order to set up a framework for the mapping exercise in terms of core variables to assess harm reduction in prisons in the European Union and to be able to select a list of sources that give the basis of data collection to compile national profiles:

- EMCDDA material with a focus on indicators/ variables used in its TDI, ST10, ST12, SQ23/24 and Prison SI/workbook guidelines
- ACCESS study (focus on variables)
- ECDC Dublin Declaration Questionnaire and prison related publications
- UNODC Annual reporting Questionnaire and prison related publications
- SPACE statistics
- Public health guidance on prevention and control of blood-borne viruses in prison settings (ECDC-EMCDDA joint publication)
- other relevant peer-reviewed scientific literature

2.2. Desk research to identify set of common core variables for analysis on harm reduction in prisons that are relevant for HA REACT

A common core set of variables were selected, that are:

- relevant for the aims of the HA REACT project,
- available for the majority of the countries covered by the mapping exercise,
- realistic and feasible regarding completeness and validity.

As a result of the assessment of the available data sources the following set of items were identified and applied for the data collection activity.

Main fields of interest and categorizing units during the data collection phase:

1. General Prison Data
2. Drug use in prisoners
3. Infectious diseases in prisoners
4. Harm reduction responses in prison
5. Testing + Vaccination + Treatment in prison
6. Framework and Strategies for harm reduction in prison

Core variables enlisted by the main fields identified:

1. General Prison Data

Source: SPACE/King's College

- Inmates (prisoners including pre-trial detainees)
- Prison population rate per 100 000 population
- Prison density per 100 places
- Female prisoners
- Proportion of female prisoners
- Foreigners
- Proportion of Foreigners
- Number of establishments (total of all types eg. mental health asylums, juvenile units etc., of all level of security)
- Proportion of pre-trial detainees /remand
- Proportion of prisoners sentenced for drug offences*

2. Drug use in prisoners

Source: see table: Data on Drug use among prisoners (coverage, year of data, source, comments)

- Data on Drug use among prisoners (coverage, year of data, source, comments)
- Drug use before imprisonment (%)
- Drug use during imprisonment (%)
- Cocaine use before imprisonment (%)
- Heroin use before imprisonment (%)
- Amphetamine use before imprisonment (%)
- Cocaine use during imprisonment (%)
- Heroin use during imprisonment (%)
- Amphetamine use during imprisonment (%)
- Injecting drug use before imprisonment (%)
- Injecting drug use during imprisonment (%)
- Injecting drug use before and during imprisonment (%)
- Estimated level of NPS use in prison (to be estimated by NFP)
- NPS use/ NPS injecting in prison (reference to sources)
- Syringe sharing data among prisoners if any (reference to sources)

3. Infectious diseases and overdose in prisoners

Source: see table: HIV/HCV/HBV/TB among prisoners (source/year of data)

- HIV prevalence among prisoners (%)
- HCV prevalence among prisoners (%)
- HBV prevalence among prisoners (%)
- TB prevalence among prisoners (%)
-

Source: see table: HIV/HCV/HBV/TB among IDU prisoners (source/ year of data) if testing was carried out inside prisons

- HIV prevalence in IDU prisoners (%)
- HCV prevalence in IDU prisoners (%)
- HBV prevalence in IDU prisoners (%)
- TB prevalence in IDU prisoners (%)
-
- Non-fatal overdose in prison (Source: WB, NEC)
- Fatal overdose in prison (Source: WB, NEC)
- HIV/HCV among PWID reporting a prison history (Source: WB, EMCDDA - ST9)

4. Harm reduction responses in prison

- Screening of prisoners for drug-related problems upon entry (Source: WB, NEC)
- OST available (Source: EMCDDA/ SB; NEC)
- OST year of introduction in prison (Source: SB, NEC)
- OST coverage 1. - % of prisons where available (Main Source: SQ27 part1 2016 data reported in 2017, indicated if other, NEC)
- OST coverage 2. % of prisoners in need receive OST (Source: NEC)
- Number of inmates receiving OST (Source: ST 24 reporting year 2017 - data 2016 or earlier; WB; SI, NEC)
- Dominant type of OST medication provided in prisons (Source: WB, NEC)
- OST Detoxification available (Source WB, NEC)
- OST continued for prisoners already in OST before entering prison available (Source: WB, NEC)
- OST initiated after entering prison available (Source: WB, NEC)
- OST initiated before release available (Source: WB, NEC)
- NSP available (Source: ST10; SB; ECDC, NEC)
- NSP year of introduction (Source: SB, NEC)
- NSP coverage 1. - % of prisons where available (Source: ECDC, NEC)
- NSP coverage 2. - % of prisoners in need receive NSP (Source: NEC)
- N of prisons where NSP available /N of distributed syringes/ year of data (Source: EMCDDA ST10 + WB,NEC)
- Distribution of bleach available (Source: WB, NEC)
- Estimated coverage of bleach distribution: % of prisons where available (Source if any: WB, NEC)
- Condom provision available (Source: WB, ECDC, SI, NEC)
- Estimated coverage of condom promotion and distribution programmes in prisons, % of prisons where it is provided (Source: ECDC, NEC)
- Lubricants provision available (Source: WB, SI, NEC)
- Information and education on drug-related health risks (in general) available (Source: WB, NEC)
- Health education to prevent overdoses during imprisonment available (Source: WB,NEC)
- Health education (as prevention) on drug-related infectious diseases available (Source: WB, NEC)
- Health education on drug-related infectious diseases coverage: % of prisoners receive it (Source: WB, NEC)
- Health education (as prevention) on sexually transmitted diseases available (Source: WB, ECDC, NEC)

- HIV-related health promotion or behaviour change programmes in prisons coverage (Source: ECDC, NEC)
- Information and education on risks of tattooing and piercing available (Source: WB, NEC)
- Training on safer injecting available (Source: WB, NEC)
- Harm reduction/ addiction service provided to prisoners with drug problem upon release available (Source: WB, NEC)
- Health education to prevent overdoses upon release available (Source: WB)
- "Distribution of naloxone upon release available (Source: WB, NEC)

5. Testing + Vaccination + Treatment in prison

- HIV testing available (Source WB, SI, NEC)
- HIV testing rate (%) among prisoners last year (Source: ECDC, WB, NEC)
- HIV testing coverage (last year) estimated if rate cannot be calculated (Source: ECDC, WB, NEC)
- HCV testing available (Source WB, NEC)
- HCV testing rate (%) among prisoners last year (Source: WB, NEC)
- HCV testing coverage (last year) estimated if rate cannot be calculated (Source: WB, NEC)
- HBV testing available (Source WB, NEC)
- HBV testing rate (%) among prisoners last year (Source: WB, NEC)
- HBV testing coverage (last year) estimated if rate cannot be calculated (Source: WB, NEC)
- TB testing available (Source: WB, NEC)
- TB testing estimated coverage last year (Source: WB, NEC)
- Vaccination for HBV available (Source WB, NEC)
- Post-exposure prophylaxis available (Source WB, NEC)
- Antiretroviral therapy for HIV available (Source ECDC, NEC)
- Antiretroviral therapy for HIV estimated coverage (Source WB, SI, NEC)
- Antiviral therapy for HCV available (Source WB, NEC)
- Antiviral therapy for HCV estimated coverage (Source WB, SI, NEC)
- Antiviral therapy for HBV available (Source WB, NEC)
- Antiviral therapy for HBV estimated coverage (Source WB, SI, NEC)
- TB treatment available (Source WB, NEC)
- TB treatment coverage (Source WB, SI, NEC)
- Linkage to HIV care upon release (Source: ECDC, NEC)
- Linkage to HCV care upon release (Source: ECDC 2018: prevention and control of blood-borne viruses in prison settings, NEC)

6. Framework and Strategies for harm reduction in prison

(Source: WB, NEC)

- Responsible institution for prison health/prison structure
- Harm reduction service provision structure:
- Prison services vs. external agencies (incl. NGOs)
- Strategy document for drug-related responses in prison available
- Guidelines/strategy for drug-related responses in prison where
- Guidelines/strategy for harm reduction in prison available
- Guidelines/strategy for harm reduction in prison where
- Guidelines/strategy for testing/treatment of infectious diseases in prison available
- Guidelines/strategy for testing/treatment of infectious diseases in prison where
- Guidelines/strategy for harm reduction measures upon release available
- Guidelines/strategy for harm reduction measures upon release where
- Equivalence of care
- Continuity of care

2.3. Compilation of 'National profiles of harm reduction in prisons' for each country involved

Materials that were selected to build national profiles were already through either scientific revision or, in the case of EMCDDA sources, process of administrative acceptance of the public administration, as part of Reitox reporting. These sources are the best available, of scientific excellence, product of systematic, standardized data collection on constant guidance and comparable across the target countries.

We selected and used the following specific sources to compile Harm Reduction in prison country profiles:

Source	Online availability	Abbreviation used in the data sheet as reference
1. EMCDDA Prison Workbook 2017 (2016 data)	restricted (Reitox intranet)	WB
2. EMCDDA Special Issue on Prison in 2011	restricted (Reitox intranet)	SI
3. EMCDDA Statistical Bulletin	public	SB
4. EMCDDA concluded Fonte tables ST9; ST10; ST12; ST24; SQ27 P1 (reporting year: 2017 or before; data on 2016 or before)	restricted (Fonte/History)	number of the Fonte table
5. UNODC ARQ data on HIV/HCV/HBV in prison (latest data from 2014) reported in 2015	public	UNODC
6. ECDC Dublin Declaration Questionnaire 2018 (2017 data)	restricted (ECDC internal database)	ECDC
7. Council of Europe Space Project 2018 (2016 data)	public	SPACE
8. King's College prisonstudies.org – last accessed October 2018	public	King's College

The available information was compiled in table format (excel sheets) in the six domains described above (at 2.2) based on the available sources. The information was compiled for all the 28 EU countries and for Norway and Turkey.

The National Profiles contained data pre-filled based on the EMCDDA Prison Workbooks, Selected Issue if referred to, STs and SQs and complementary information from ECDC and UNODC where available and relevant. Countries were offered to review, complete and assess the data included by a convenient way, using Yes/No questions, drop-down answer options and categorized values in the case of coverage related questions.

2.4. Bilateral consultation process about the 'National profiles' among the Reitox National Focal Points and their prison experts

Compilation of the available information was followed by a bilateral consultation process (National Expert Consultation, abbreviated as NEC in the document) that had three steps.

The consultation process aimed the Heads of the Focal Points of the EMCDDA (called as the Reitox Network) as they have a role of the drug-related information hub in their countries.

Firstly, all the 30 countries were sent their National Profiles in table format. They were given 14 days to assess, complete, comment and review the data in the tables. They were also asked if they are aware of further relevant study results or reports that might have been missing from the National Profiles to ensure the inclusion of all possible sources. The Heads of Focal Points of the EMCDDA also could contact the prison experts in their national network to further increase the completeness and validity of the data.

Secondly, the data sheets returned by the Heads of Focal Points were scrutinized and checked for internal consistency by the researchers. Wherever it was necessary, further questions were posed for clarification about the data included.

Thirdly, the Heads of Focal Points had the opportunity to consult one of the researchers at the so-called Reitox Heads of Focal Point Meeting organized by the EMCDDA, taking place in Lisbon, Portugal early November 2018 to discuss open issues or clarify answers, where needed.

After the three-step process the data included in the National Profiles were considered final for the Mapping Report.

In 2018 November a preliminary report was published in the HAREACT website due to the official closing of the project, however, some countries were not able to deliver their reviewed National Profile by that date. Researchers decided to accept the late-comer revisions after the deadline and update the report when all countries complete the review process. This present Report is the final version including consolidated data for all countries covered in the report.

Data validation by countries

Country	Revision of national profile received from NFP until November 2018 (presented in the preliminary report)	Revision received after November 2018
Austria		X
Belgium		X
Bulgaria		X
Croatia	X	
Cyprus	X	
Czech Republic	X	
Denmark	X	
Estonia	X	
Finland	X	
France	X	
Germany		X
Greece		X
Hungary	X	
Ireland		X
Italy		X
Latvia	X	
Lithuania	X	
Luxembourg	X	
Malta		X
Netherlands		X
Norway	X	
Poland	X	
Portugal		X
Romania	X	
Slovakia		X
Slovenia	X	
Spain	X	
Sweden		X
Turkey		X
UK: England		X
UK: Wales		X
UK: Northern Ireland		X
UK: Scotland		X

In the bilateral consultation process the countries were also offered to check the data regarding open publication and public access. No country indicated conflict of interest or restriction about making their data openly available for the wider public when presenting them in the HA-REACT project deliverables (in Final Reports or on the project website).

In details, the Heads of Focal Points and/or the national prison experts in the National Focal Points' expert were asked to:

- to check the pre-filled data we included and approve where appropriate,
- correct the data where necessary,
- if there was no pre-filled data at the given question/ or "no info" was written, we asked them to fill in the indicated line using drop-down answer options
- open comment lines were also used to make it possible to include further information that the National Focal Points considered valuable (eg. reference to study results or add some notes or clarification to the data.)

Example of country profile sheet sent to national experts:

	A	B	C	D	E	F	G
			Screening of prisoners for drug-related problems upon entry (Source: W8)	OST available (Source: EMCDDA/ 58)	OST year of introduction in prison (Source: 58)	OST coverage 1. - % of prisons where available (Main Source: SQ27 part1 2016 data reported in 2017, indicated if other)	OST coverage 2. - % of prisoners in need receive OST (estimate to be made by NFP)
1		Country					
2	Pre-filled data by us, please do not change	Austria	yes	yes	1987	>75%	
3	Correction/new data from NFP		-- Please select --	-- Please select --		-- Please select --	-- Please select --
4	Comments of the NFP						
5							
6							
7							
8							
9							
10							
11							
12							

2.5. Compilation of the HA-REACT deliverable: 'Mapping Report'

After finishing the bilateral consultation process the National Profiles were considered final for the purposes of the present Mapping Report. The latter includes detailed presentation of the findings relating to the present situation of general prison data and drug use in prisoners as well as the available services and harm reduction measures to tackle harmful consequences of drug use, especially injecting route of administration.

2.5.1. Method of referencing data sources

In the current mapping report we only refer to the documents (listed at 2.3) from where we retrieved the data. Data originating from the later bilateral National Expert Consultation referred to as NEC. Original sources can be traced back at referred documents or if NEC is indicated than through our background database or via the given Reitox National Focal Point.

The following abbreviations were used in the report:

Abbreviation

ECDC	ECDC Dublin Declaration Questionnaire 2018 (2017 data)
EU-30	European Union (28), Norway and Turkey
HBV	hepatitis B virus
HCV	hepatitis C virus
HFP	Head of Focal Points
HIV	human immunodeficiency virus
IP	imprisonment
King's College	King's College prisonstudies.org
NEC	National Expert consultation
NFP	Reitox National Focal Point
NPS	new psychoactive substances
NS	Not specified when
NSP	needle/syringe programme
OST	opioid substitution therapy
PEP	Post-exposure prophylaxis
PWID	People who inject drugs
SB	EMCDDA Statistical Bulletin
SI	EMCDDA Special Issue on Prison in 2011
SQ	Standard Questionnaire (EMCDDA)
ST	Standard table (EMCDDA)
SPACE	Council of Europe Space Project
TB	Tuberculosis
UNODC	UNODC ARQ data on HIV/HCV/HBV in prison (latest data from 2014) reported in 2015
WB	EMCDDA Prison Workbook 2017 (2016 data)

3. Coverage

The mapping activity covered the 28 Member States of the European Union + Norway and Turkey. At some variables (tables, charts) – where the total is 33 - Scotland, England, Wales,

and Northern Ireland were counted separately (4 units) due data availability, and difference in information across them.

It is recognized that the quality and extent regarding data collection in Europe is neither equal nor consistent and there could be certain discrepancies and gaps among the countries. The mapping exercise clearly stated the efforts made to identify the pieces of information in question and clearly stated where information was not available.

In the process of the compilation of the available information data available for national level were preferred over regional or partial data even if the latter were newer.

Although newer data may have been available at the time of the study, the reference time period for data we were asking for was 2016 or the latest available before 2016 to avoid inconsistency over the nations and discrepancies of the sources used. However, information later than 2016 (regarding 2017) were accepted at certain variables if it was provided via NEC (mainly at assessed availability and coverage of services).

The United Kingdom was usually presented with 4 units in the counts and tables as data was usually available separately for England, Wales, Scotland, and Northern Ireland and also in the course of the NEC, this is how we received the feedback. However, in certain summary tables and maps they were merged into 1unit. N of units referring to UK is indicated in the relevant sections.

Country abbreviations applied in the Mapping Report

Austria	AU
Belgium	BE
Bulgaria	BG
Croatia	HR
Cyprus	CY
Czech Republic	CZ
Denmark	DK
Estonia	EE
Finland	FI
France	FR
Germany	DE
Greece	EL
Hungary	HU
Ireland	IE
Italy	IT
Latvia	LV
Lithuania	LT

Luxembourg	LU
Malta	MT
Netherlands	NL
Norway	NO
Poland	PL
Portugal	PT
Romania	RO
Slovakia	SK
Slovenia	SI
Spain	ES
Sweden	SE
Turkey	TR
UK, England	UK E
UK, Wales	UK W
UK, Scotland	UK S
UK, Northern Ireland	UK NI

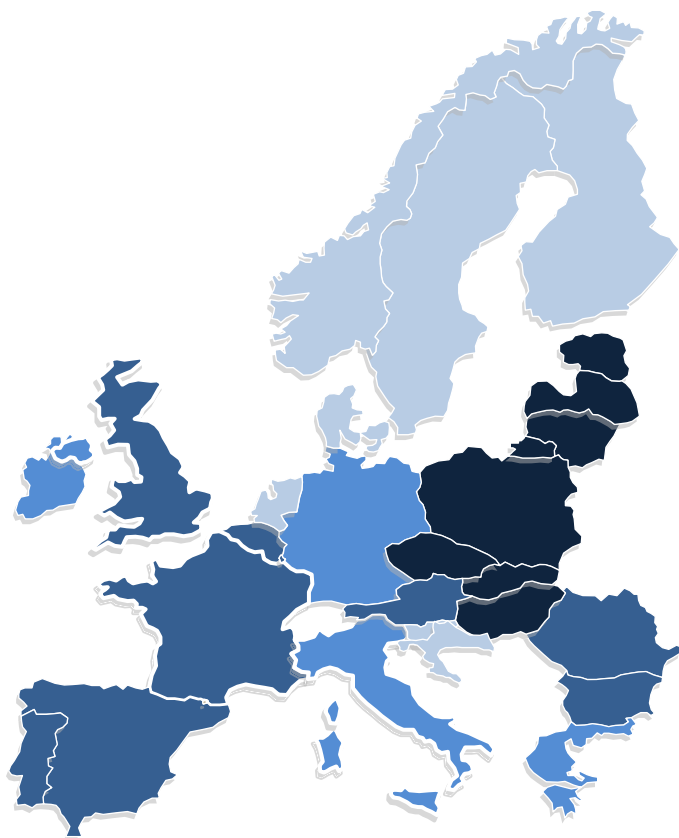
4. Results

4.1. Characteristics of the target population

4.1.1. General Prison Population data

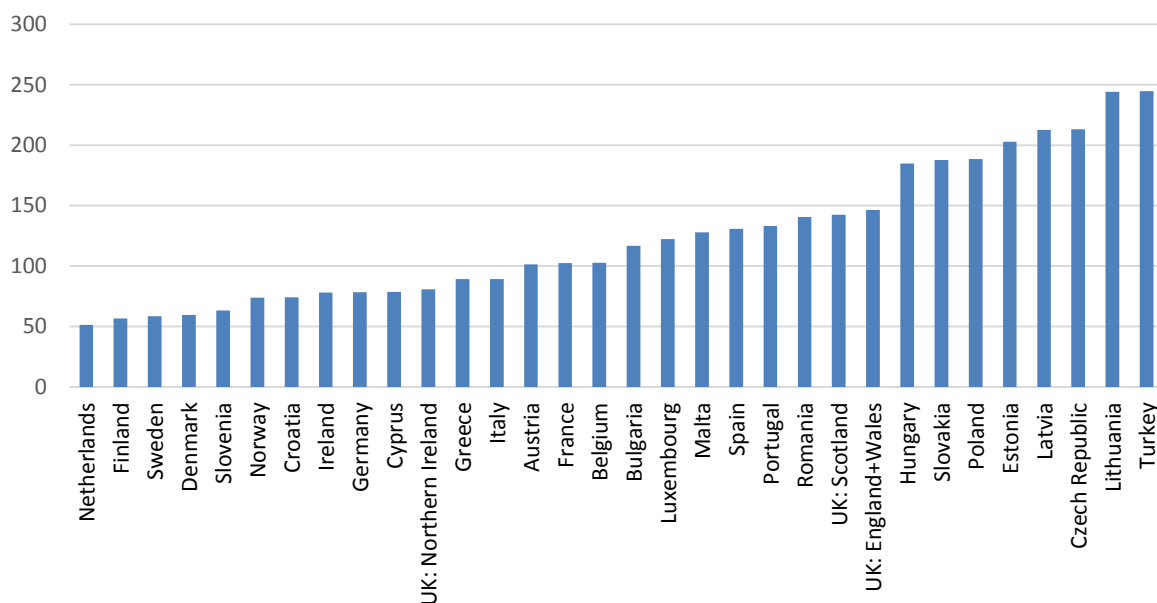
In the 30 countries covered by the study the total number of prisoners was more than 785,000 including pre-trial detainees in Europe.¹ Prison population rate, however, showed great variety over Europe with a minimum of 51,4 prisoners per 100,000 inhabitants (NE) to the maximum of 244,6 prisoners per 100,000 inhabitants (TK).

Prison population per 100,000 inhabitants in selected countries in 2016



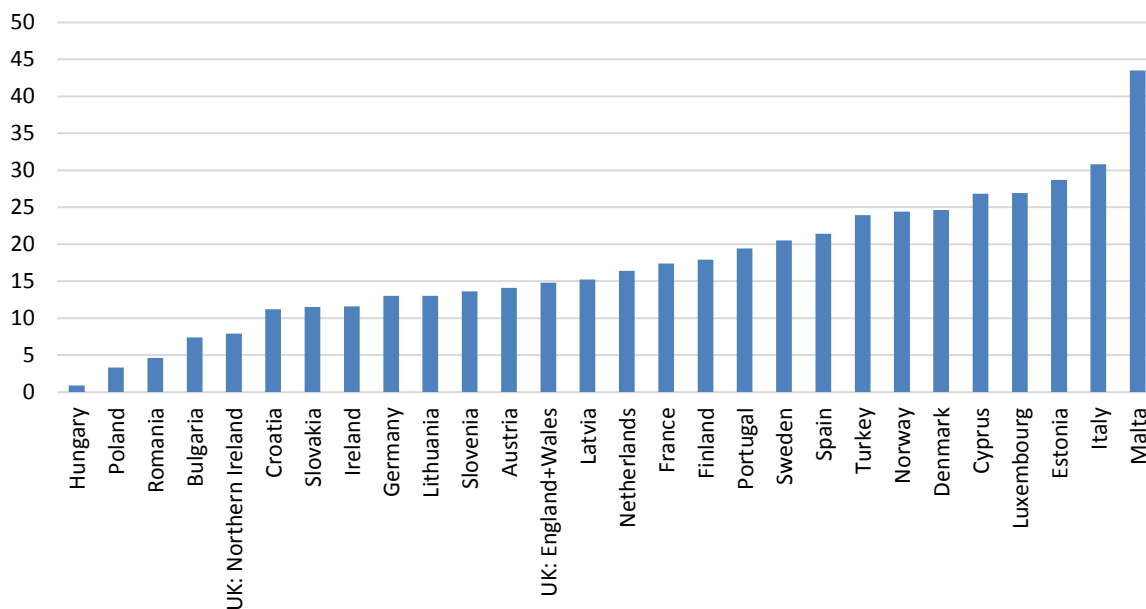
¹ Stock-type, non-adjusted data. Number of prisoners on 1 September 2016 including pre-trial detainees.

Prison population rate per 100 000 population² in 2016



The Space project run by the Council of Europe regularly provides statistics about the proportion of prisoners sentenced for drug offences. In its latest report data were not available in three countries (CZ, BE, GR) and Scotland. In the further 27 countries the total number of prisoners sentenced for drug related offences reached 127,000 in 2016.

Proportion of prisoners sentenced for drug offences (%)³ in 2016



² Reference: Council of Europe, SPACE I 2016.1.3

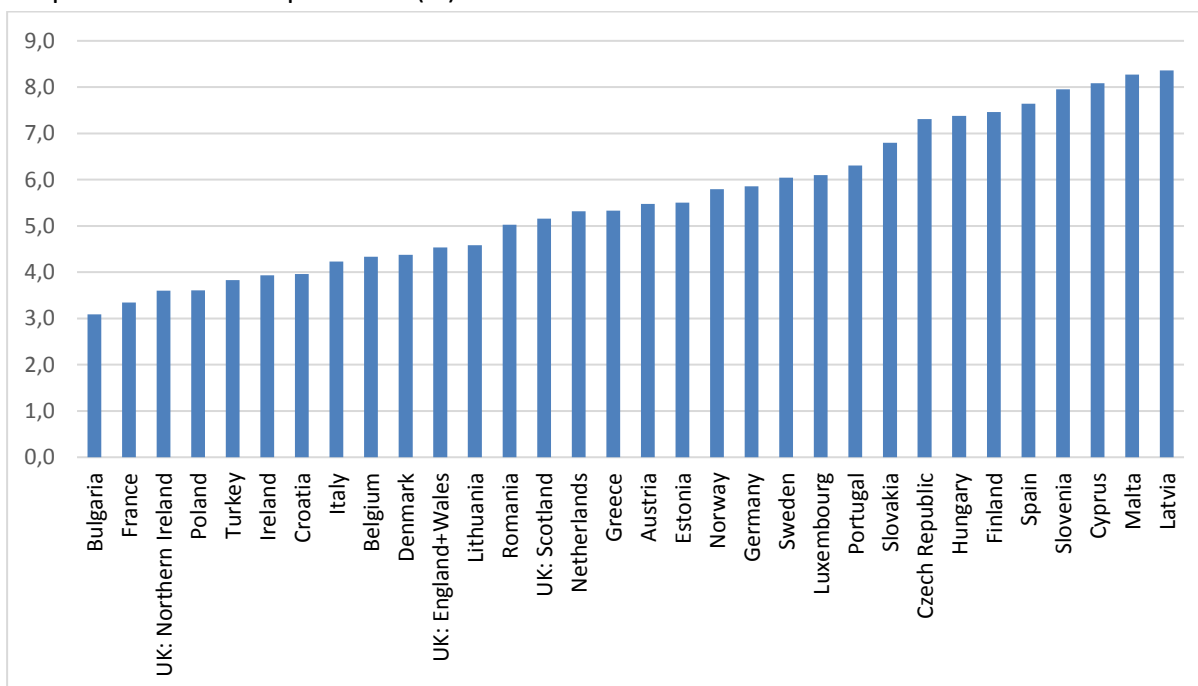
³ Reference: Council of Europe, SPACE I 2016.6.1

Proportion of drug-related offences among prisoners (%)⁴ in 2016



Proportion of female prisoners remained low in the countries covered, ranging from 3.1% (BG) to 8.4% (LT), with around 38,000 prisoners in total.

Proportion of female prisoners (%)⁵ in 2016

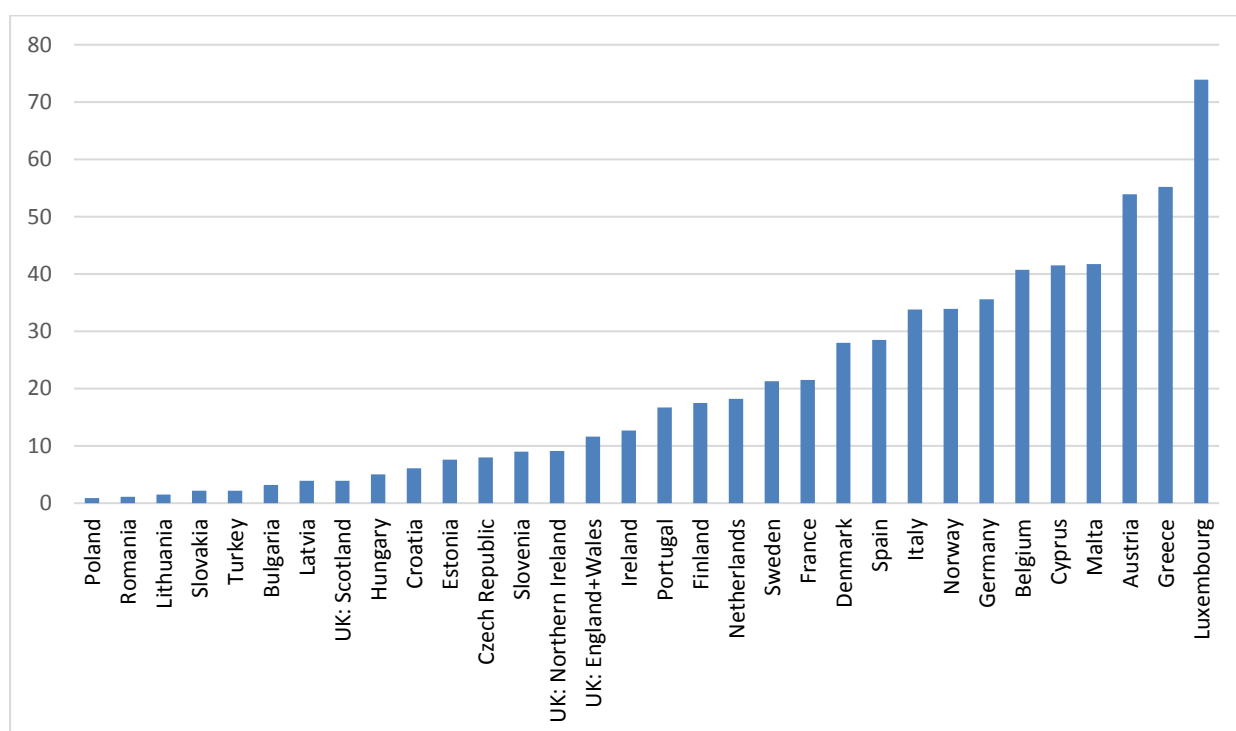


⁴ Reference: Council of Europe, SPACE I 2016.6.1. Data not available for Scotland, Belgium, Czech Republic, Greece. United Kingdom data refers to England+Wales only.

⁵ Reference: Council of Europe, SPACE I 2016.2.2

According to the data published by the Space project, foreign citizenship showed a much larger diversity among the countries: The lowest proportion was found around 1% (PO, RO, LV), in half of the countries their proportion was under 10%, whereas the maximum was over 50% (AT, GR, LX). Considering the countries with the largest population every fifth prisoner was a foreigner in France, and every third was a citizen of another country in Germany, Spain and Italy. The total number of prisoners with foreign nationality is over 200,000 prisoners.

Proportion of prisoners of foreign nationality among prisoners (%)⁶



⁶ Reference: Council of Europe, SPACE I 2016.4

4.1.2. Prevalence of drug use (of injectable substances) and injecting drug use among prisoners and PWID with a prison history

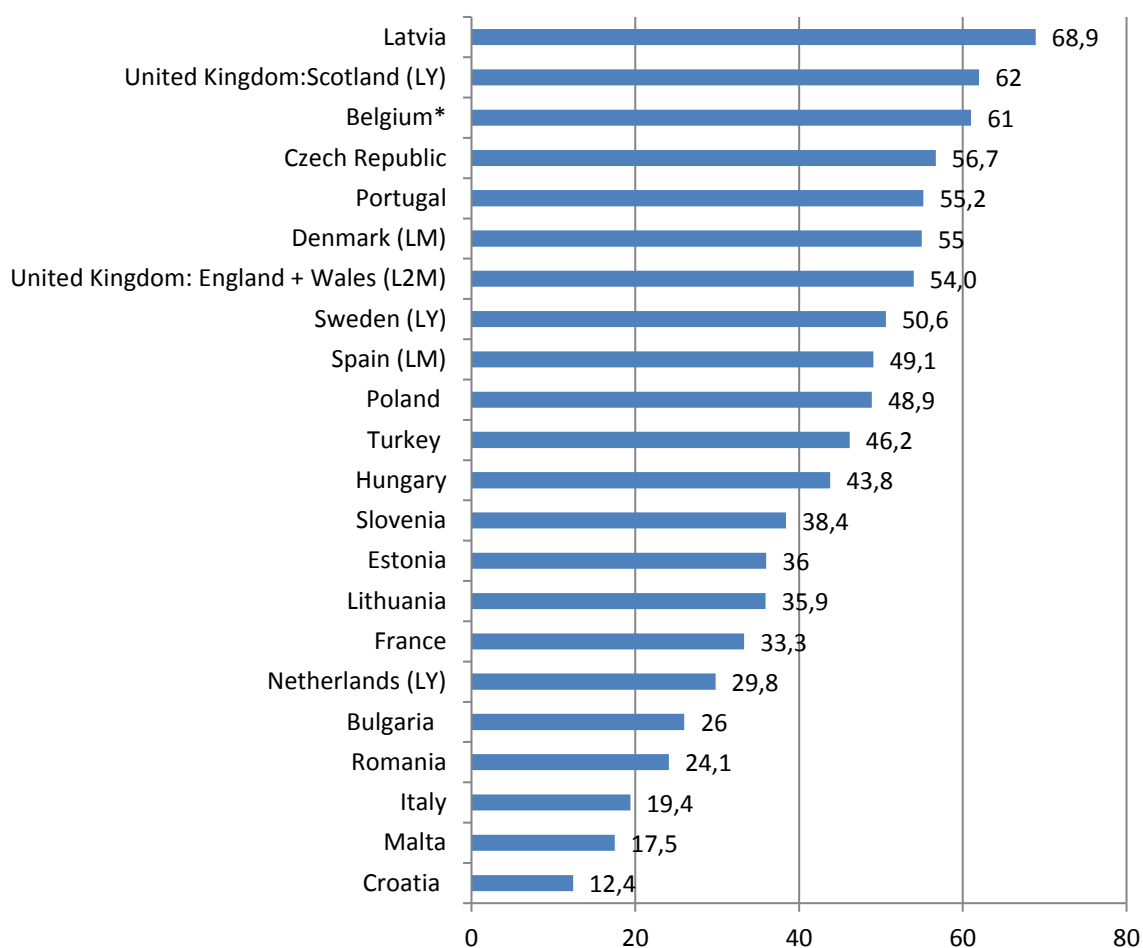
4.1.2.1. Detailed data sources and methodological comments per country

Country	Data on Drug use among prisoners (coverage, year of data, source, comments)
Austria	no data (WB;ST12)
Belgium	national, 2010, ST12, cross sectional survey (*before = before+during)
Bulgaria	national, 2015, ST12; cross-sectional survey
Croatia	national, 2016, ST12; routine upon entry; except for: DU before IP: WB (2016); addicted to drugs
Cyprus	no data in ST12
Czech Republic	national; 2016; ST12,cross-sectional survey (during imprisonment: all imprisonments included)
Denmark	national, 2015, ST12; routine upon entry
Estonia	no data in ST12/ WB: prisoners with addiction diagnosis - data on 2017 (updated by NEC) for methodology see revised country profile upon request from researchers
Finland	national, (2006) , WB + NEC, only males
France	regional,2003, survey, ST12
Germany	super-regional (representative at national level); 2007; ST12, cross-sectional survey;
Greece	no data (ST12)
Hungary	national, 2008; ST12, cross-sectional survey
Ireland	national, 2011; ST12; cross-sectional survey(*before = before+during)
Italy	national, routine data, 2014, ST12 (regular use)
Latvia	national, 2014, ST12, cross-sectional survey, (during IP: all imprisonments included)
Lithuania	local (1 prison); 2011, ST12; cross-sectional survey, (*before = before+during)
Luxembourg	no data in ST12 nor in WB
Malta	national, 2014, ST12, routine data, drug users who receive treatment
Netherlands	local, 2007, ST12, cross-sectional survey
Norway	2016, national, routine data(body fluid), NEC
Poland	national, 2007, ST12, cross-sectional survey
Portugal	national, 2014, ST12, cross-sectional survey, (*during imprisonment: all imprisonments included)
Romania	national, 2011; ST12, cross-sectional survey, (*during imprisonment: all imprisonments included)
Slovakia	national; 2015; ST12; routine data (body fluid)
Slovenia	national, 2015; ST12, cross-sectional survey
Spain	national, 2016, ST12, cross-sectional survey
Sweden	national, 2016; ST12, routine data
Turkey	regional, 2011, ST12, cross-sectional survey
United Kingdom: England + Wales	E+W 2014; ST12, cross-sectional survey
United Kingdom: Northern Ireland	NI, 2016/2017 WB, routine data, body fluid
United Kingdom:Scotland	Scotland, 2015; ST12; cross-sectional survey for DU in prison/ Scotland, 2013; ST12; cross-sectional survey for DU prior to prison;

4.1.2.2. Prevalence of drug use prior to imprisonment 2003-2017⁷

Prevalence of drug use (any) prior to imprisonment

Prevalence (%) of drug use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart)



*Drug use prior to and during imprisonment

LY: last year prevalence rate

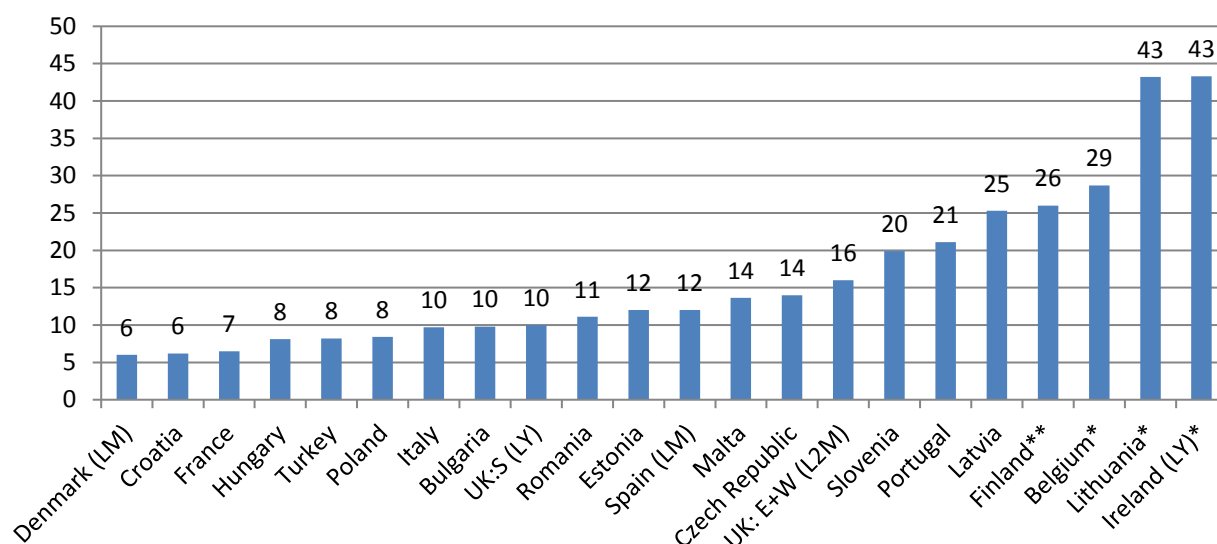
LM: last month prevalence rate

L2M: last 2 months prevalence rate

⁷ for year of data and source per country see: 4.1.2.1

Prevalence of drug use prior to imprisonment by (injectable) drug type

Prevalence of heroin use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart) 2003-2017



*Drug use prior to and during imprisonment

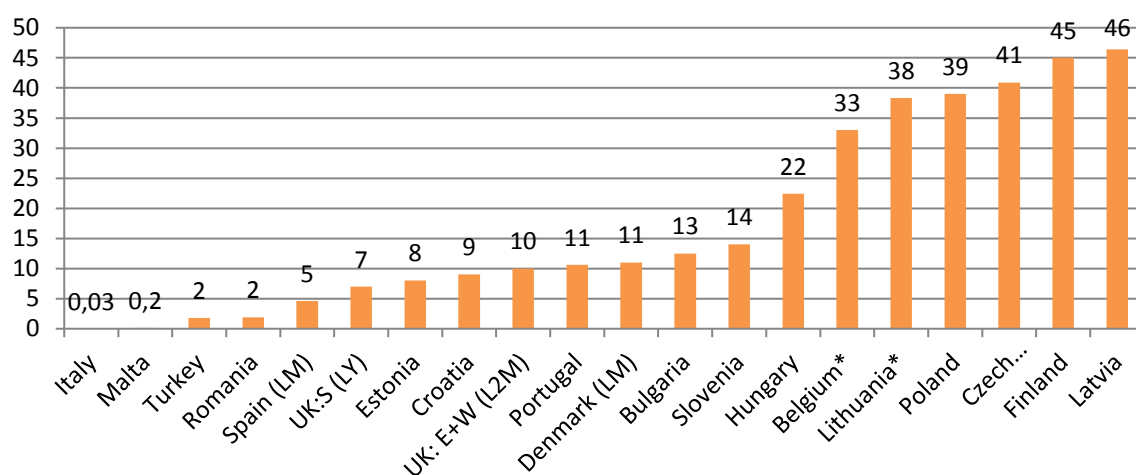
** data refers to all opioids

LY: last year prevalence rate

LM: last month prevalence rate

L2M: last 2 months prevalence rate

Prevalence of amphetamine use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart) 2003-2017



*Drug use prior to and during imprisonment

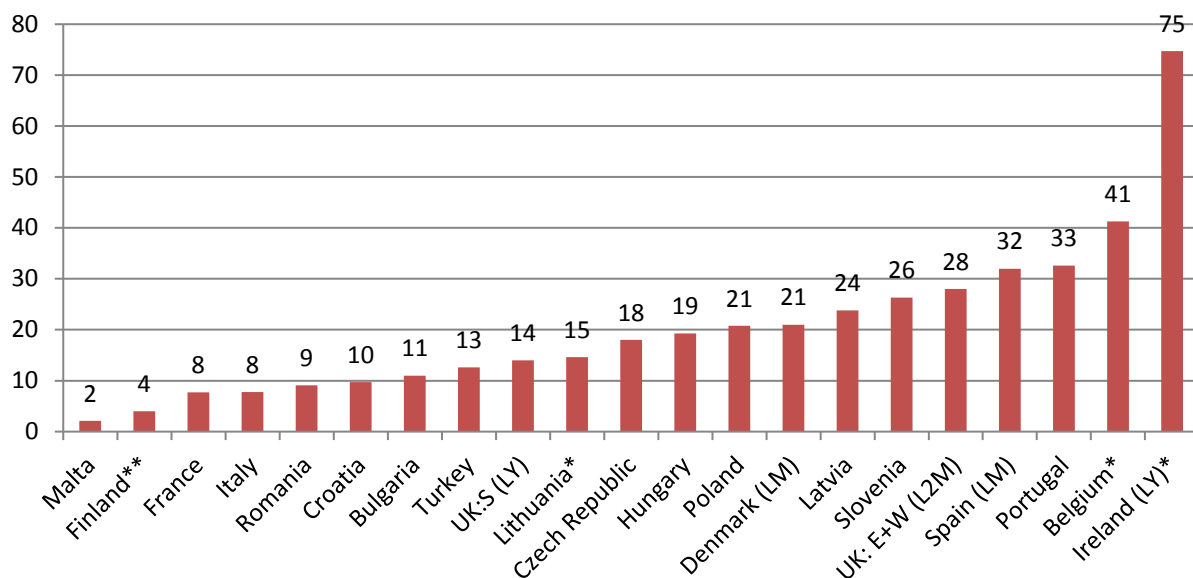
** data refers to methamphetamine mainly

LY: last year prevalence rate

LM: last month prevalence rate

L2M: last 2 months prevalence rate

Prevalence of cocaine use prior to imprisonment (lifetime prevalence– if not indicated otherwise in the chart) 2003-2017



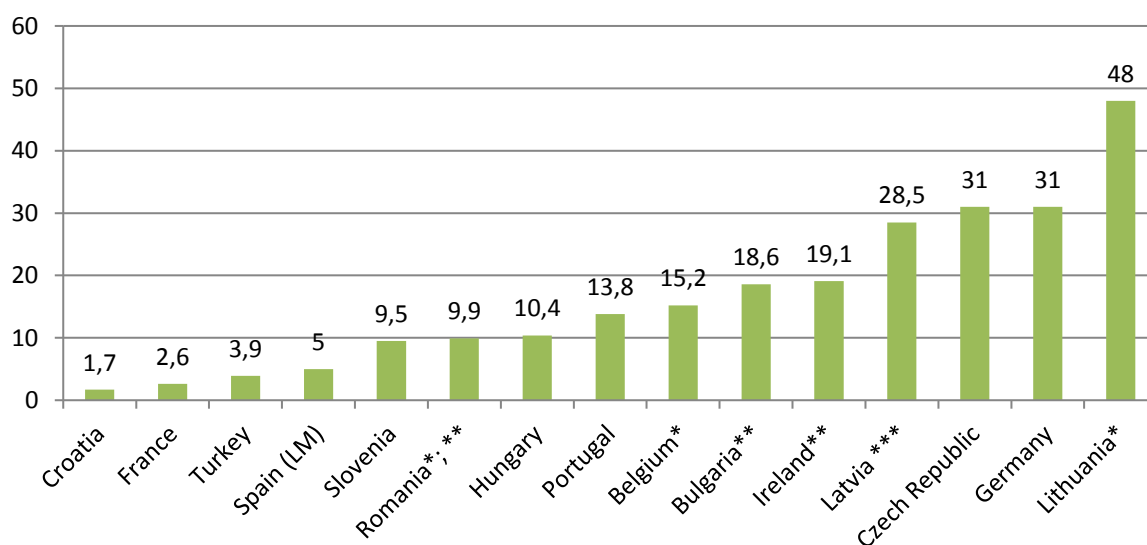
*Drug use prior to and during imprisonment

LY: last year prevalence rate

LM: last month prevalence rate

L2M: last 2 months prevalence rate

Prevalence of injecting drug use prior to imprisonment 2003-2017



* Drug use prior to and during imprisonment

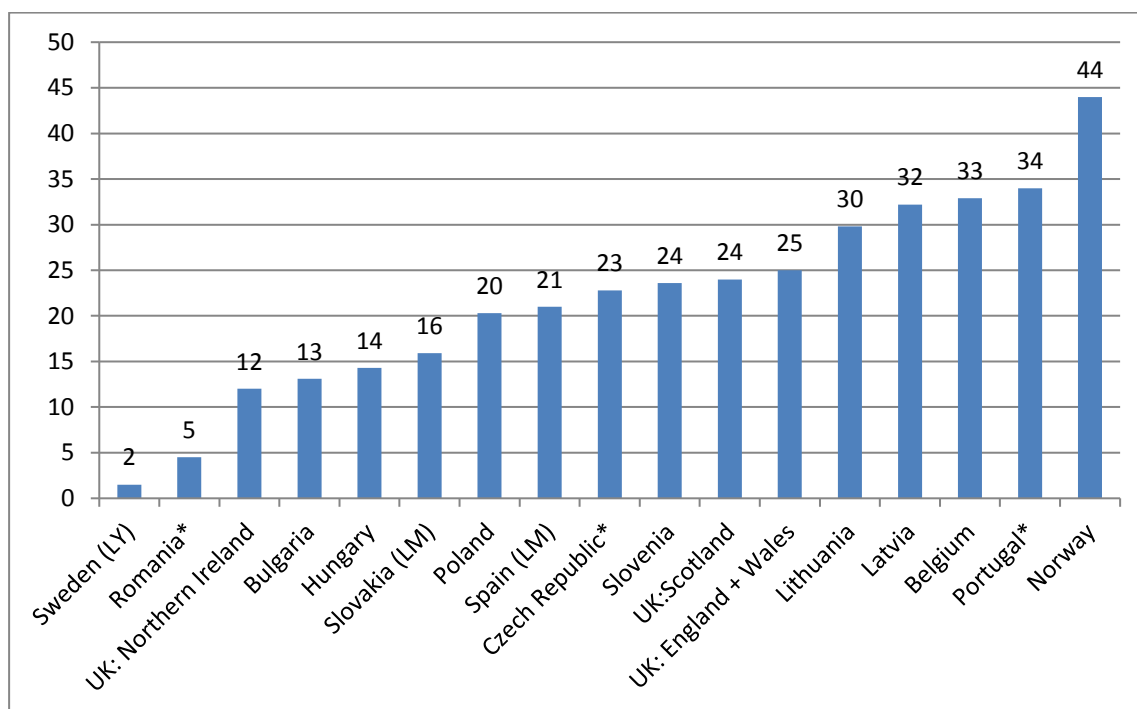
**only refers to heroin injecting

***only refers to amphetamine injecting

4.1.2.3. Prevalence of drug use among prisoners during imprisonment⁸

Prevalence of drug use (any) among prisoners during imprisonment

Prevalence of drug use (any) among prisoners during imprisonment (LM= last month; LY= last year), 2008-2016

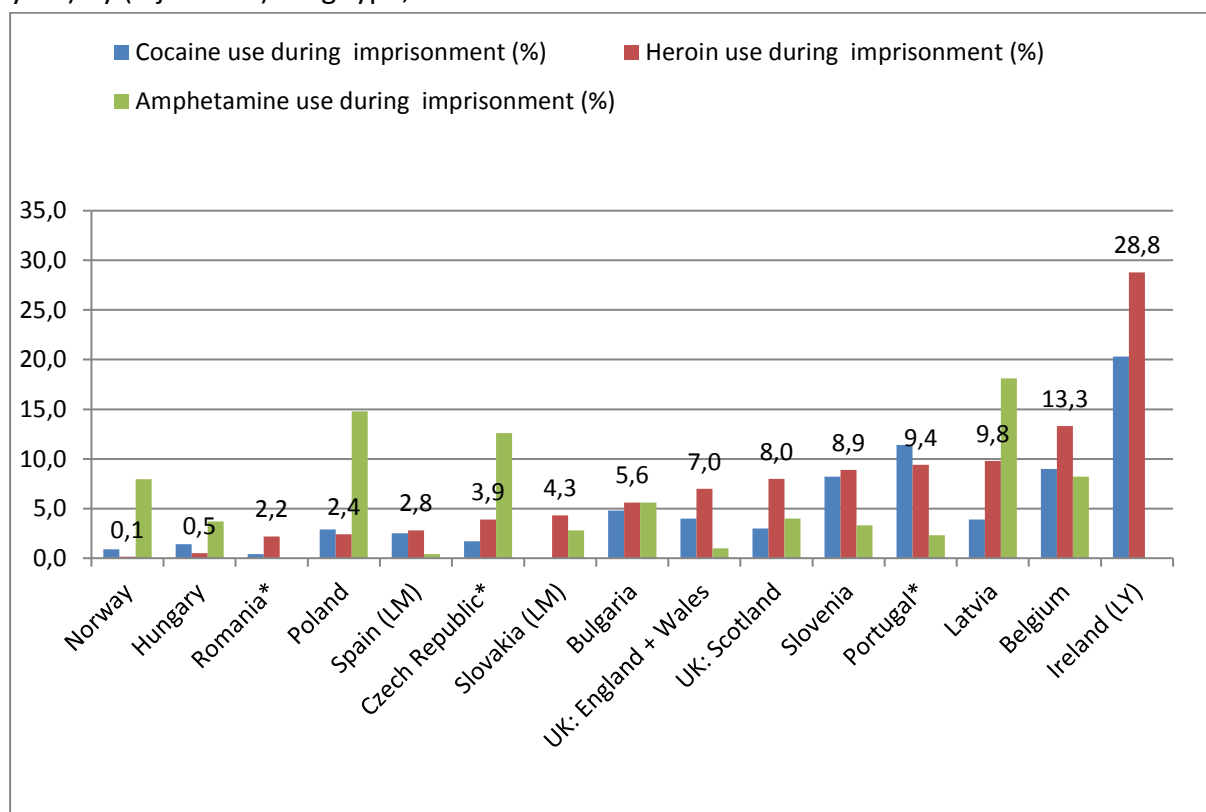


* all previous imprisonments included

⁸ for year of data and source per country see: 4.1.2.1

Prevalence of drug use among prisoners during imprisonment by (injectable) drug type

Prevalence of drug use among prisoners during imprisonment (LM= last month; LY= last year) by (injectable) drug type, 2003 - 2016



*all previous imprisonments included

NPS use during imprisonment

Data on NPS use is not widely available in recent drug use prevalence surveys among prisoners at European level. Around half of the national experts (7/13) responding through the bilateral consultation process (valid answer) assessed NPS use in prison as not a significant problem in their countries. 6 countries considered NPS use a significant problem in prison. 6 responding countries did not know the answer to this question. The remaining countries did not respond to this question.

NPS use in prisoners is not a significant problem	NPS use in prisoners is a significant problem	Don't know
Croatia	Slovenia	Finland
Czech Republic	Spain	Lithuania
France	United Kingdom: England + Wales*	Estonia
Latvia	United Kingdom: Scotland*	Greece
Luxembourg	Hungary	Cyprus
Norway	Germany	Estonia
Bulgaria		

*assessed by authors based on WB data

On the basis of data retrieved from WBs and feedback through the NEC in the Czech Republic synthetic cannabinoid use among prisoners during imprisonment was: 1,7 while prevalence of designer stimulant use was 1,2 in 2016 (WB). In Norway according to a 2016 study (referred through NEC) synthetic cannabinoid use among prisoners was 6%.

In England prevalence of legal highs' use was 5% prior to imprisonment and remained at the same level while in prison. However, synthetic cannabinoid use prior to imprisonment was 6% and rose to 10% during incarceration (2015 data, WB). In Wales synthetic cannabinoid use during imprisonment was 17% (2013-2016, WB).

„ In 2016, a project was introduced in the Wittlich prison in Rhineland-Palatinate to identify drug use, specifically in the area of NPS, the use of which is not detectable in rapid tests. The idea was for prison staff to report inmates who guards believe, based on the inmate's behaviour, have possibly taken drugs. Following an assessment by specially trained personnel, if NPS use is suspected a urine test is carried out for various NPS and repressive, preventive and counselling measures are taken. In 2017, as a result of the project, ten prisoners tested positive for drug use, following the suspicions of trained personnel. An analysis of the urine tests was able to identify five different NPS. In addition, regular urine or saliva tests continued to be performed, for the purposes of monitoring abstinence or proving drug use (Patzak, 2018b).” (WB, Germany 2018 and NEC)

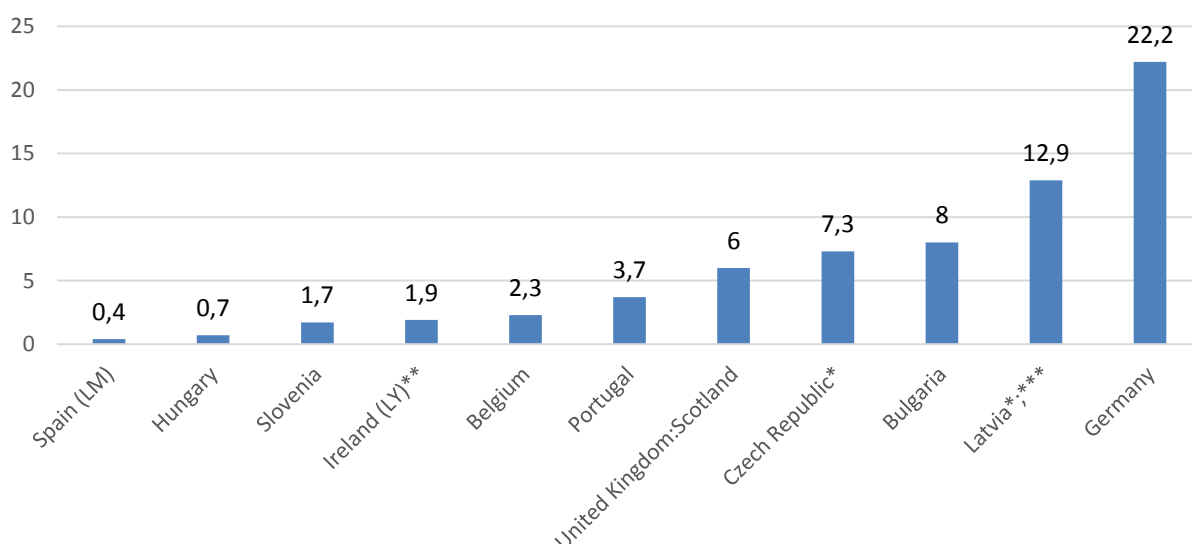
In 2017 EMCDDA conducted a trendspotter study on NPS use in prisons (Source: EMCDDA 2018⁹). According to the results the 'study identified reports of NPS use among prisoners in 22 European countries. In addition to the United Kingdom, where the phenomenon is already well-documented (HMIP, 2015a; Ralphs et al., 2017), findings suggest that NPS use in prison settings is an issue of concern in Germany, Hungary, Latvia, Lithuania, Poland, Slovenia and Sweden (8 countries). Furthermore, anecdotal reports document NPS use in

⁹ EMCDDA. New psychoactive substances in prison. 2018. http://www.emcdda.europa.eu/publications/rapid-communications/nps-in-prison_en

prisons in Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Finland, France, Greece, Ireland, Italy, Malta, Portugal, Romania and Norway (14 countries).’ However, it should be mentioned that this mainly covers use of synthetic cannabinoids (16 out of 16 countries participating in the EMCDDA survey have reported on this) in case of which the route of administration is most typically not injecting. Only 10 and 6 countries out of 16 reported on occurrence of synthetic cathinones and new synthetic opioids among prisoners respectively – substances that can be injected as well.

Prevalence (%) of injecting drug use among prisoners during imprisonment

Prevalence (%) of injecting drug use among prisoners during imprisonment (LM= last month; LY= last year), 2007-2016



*all previous imprisonments included

**data refers to only heroin injecting

***data refers to only amphetamine injecting

In Croatia although no data available regarding injecting during imprisonment, it is reported that in the course of 2016 injecting equipment was seized 2 times inside the prison.

4.1.2.4. Prevalence of ever imprisonment among people who inject drugs

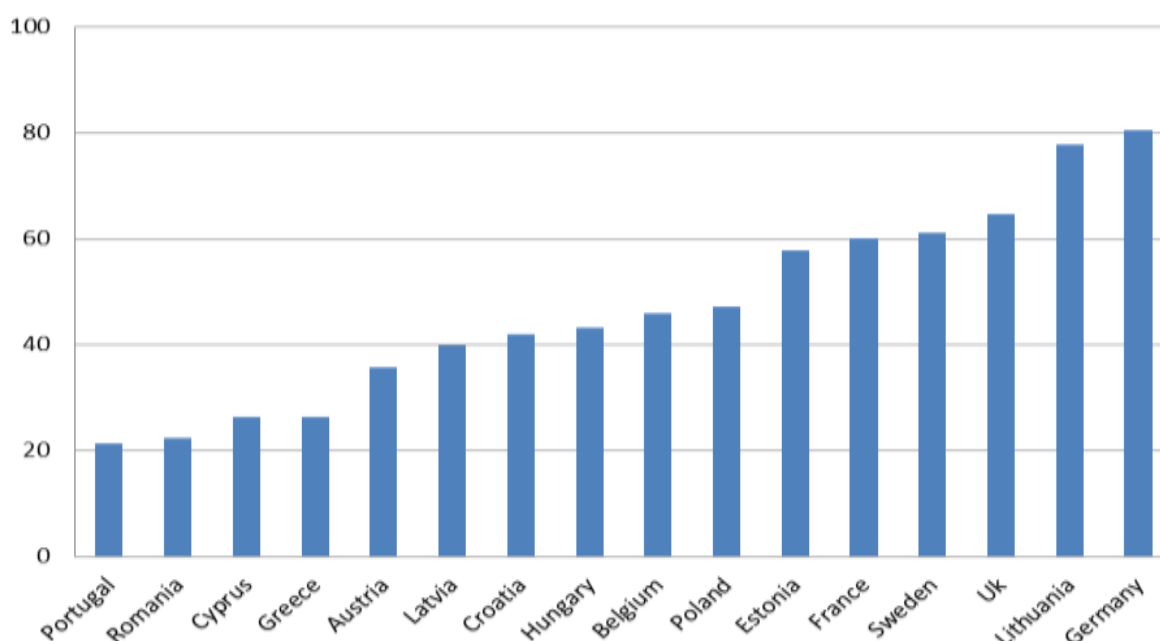
Wiessing et al.¹⁰ re-analysed PWID samples originating from HIV/HCV/HBV diagnostic testing programmes or bio-behavioural prevalence surveys recruited at DTC, NSP, LTS or recruited via street outreach/respondent driven sampling to analyse association between prevalence of infectious diseases and prison history among PWID. Preliminary data show on the basis of

¹⁰ Wiessing et al: ASSOCIATIONS OF HIV AND HCV WITH PRISON HISTORY AMONG PEOPLE WHO INJECT DRUGS IN EUROPE AND BEYOND. Lisbon Addictions Conference — 24 October 2017

data from 17 countries referring to the period 2006-2015 that a significant proportion of PWID have already been imprisoned prevalence of ever imprisonment ranging between 20% and 80%. This group of people belonging to more than one risk groups represent a serious transmission route for the spread of blood-borne virus infections among prisoners and later in the community where they return to.

Data presented above highlights that high proportion of (in the community hard to reach) PWID go through the prison system thus prisons should be a core setting for reaching them and providing them adequate harm reduction, education, testing and treatment services.

Proportion of PWID reporting prison history, 2006-2015



Source: Wiessing et al. 2017.

4.1.2.5. Syringe sharing among prisoners ever and during imprisonment

Syringe sharing data among prisoners especially regarding the period while in prison is limitedly available.

In the Czech Republic 38% of prisoners who reported a history of injecting drug use (N=566) had shared a needle or a syringe at least once during lifetime (12% of the total). 65% of those who reported injecting drug use in prison (N=132) had shared a needle or a syringe in prison. (6% of the total) (WB, 2016 data)

In Hungary a study was performed between 2008-2009 (WB, 2008/2009 data) among those prisoners who ever injected drugs (209 out of 1553) 31,5% have ever shared syringes and needles, while 42% ever shared any injecting equipment.

In Luxembourg from the total study sample (N=246), 56.1% of the respondents who had prison experience during the past ten years reported illicit drug use in prison. 30.5% of drug users with prison history reported injecting in prison. 26.7% of lifetime IDUs inmates reported needle sharing in prison. (WB 2007 data)

In Scotland 8% (404/5076) of prisoners taking part in the study in 2009 reported having ever injected drugs in prison, and 2.5% (127/5076) reported having injected during their current period of imprisonment. Of these 127 prisoners, 74 (58%) reported injecting with needles and syringes previously used by someone else in prison. (WB, 2009 data)

4.1.3. Prevalence of HIV, HBV, HCV and TB among prisoners, prisoners with injecting drug use history, and PWID with a prison history

4.1.3.1. Prevalence of HIV, HBV and HCV among prisoners

Data sources per country for prevalence of HIV, HBV, HCV, TBC among prisoners

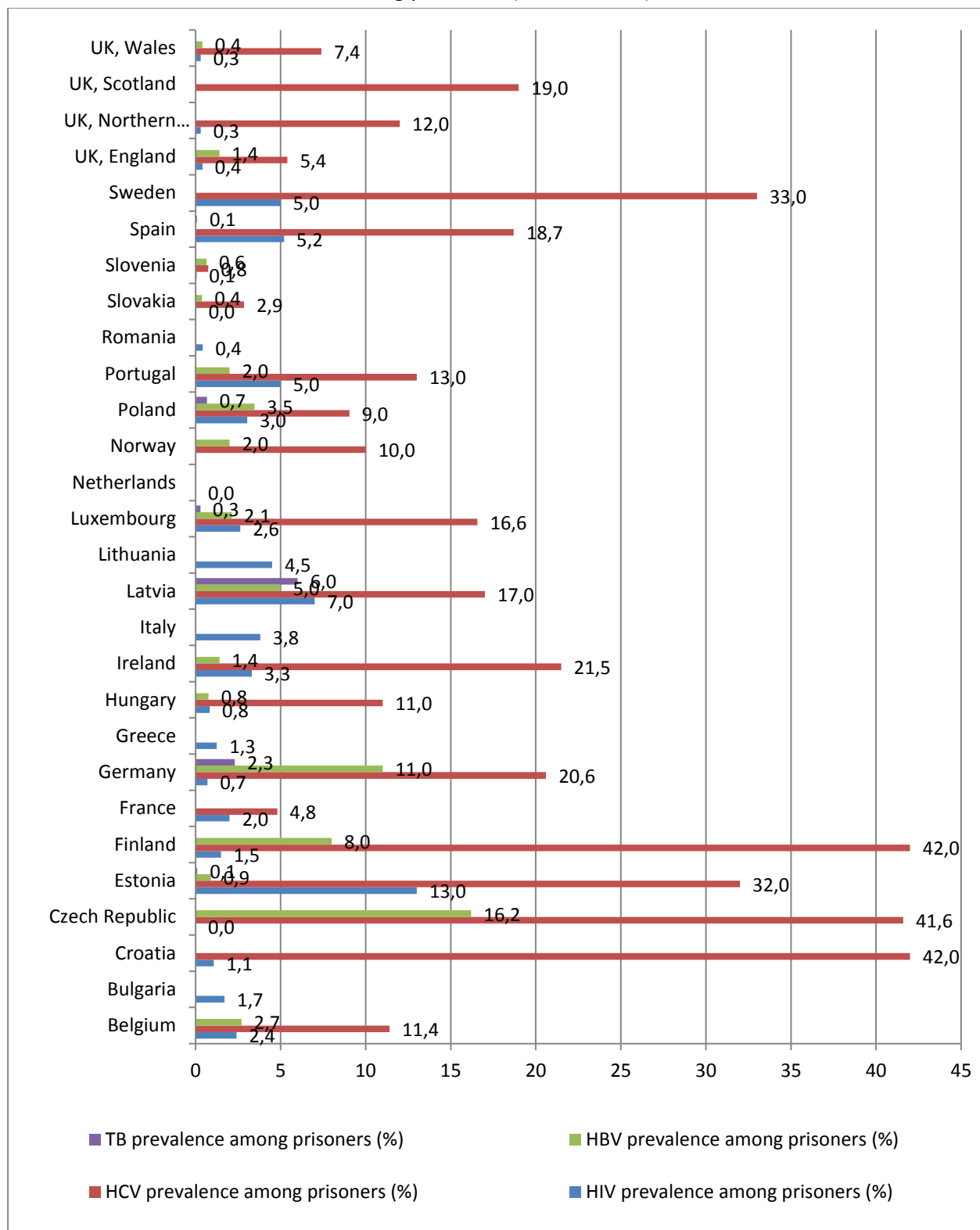
Country	HIV/HCV/HBV/TB among prisoners (source/ year of data)
Austria	study started in 2016 no data in 2017 WB; ECDC, UNODC, NEC
Belgium	UNODC (2010)
Bulgaria	ECDC (2016)
Croatia	WB (2017)
Cyprus	no data in WB, ECDC, UNODC
Czech Republic	HIV: NEC (2016 as year of data); HCV, HBV: UNODC 2009
Denmark	no data in WB, ECDC, UNODC
Estonia	HIV: ECDC (2017) HBV, HCV:WB (2016) HBV, HCV, TB corrected by NEC
Finland	UNODC (2010)
France	UNODC (2010)
Germany	HIV; HCV; HBV (2016): DRUCK Studie Robert-Koch-Institut, WB 2018 TB: SI, self-report (2008)
Greece	ECDC (2016)
Hungary	UNODC (2014)
Ireland	UNODC (2013)
Italy	UNODC (2011-2012)
Latvia	WB, self-report, (2014)
Lithuania	ECDC (2017)
Luxembourg	HIV: ECDC (2017); HBV/HCV: NEC 2017 data
Malta	no data in WB, ECDC, UNODC
Netherlands	UNODC (2010)
Norway	HCV; HBV: WB (2016, self-report)
Poland	NEC -Health Office of the Prison Service. (2016)
Portugal	WB (2016)
Romania	UNODC (2011)
Slovakia	UNODC (2013)
Slovenia	2016 NEC
Spain	WB (2016)
Sweden	WB (2016)
Turkey	no data in WB, ECDC, UNODC
UK, England	NEC (Public Health England) (2016)
UK, Scotland	HCV: WB (2009)
UK,Northern Ireland	NEC (Health and Social Care Northern Ireland) (2016))
UK, Wales	NEC (Laboratory Information Management System (2016)

Prevalence of HIV/HBV/HCV/TB among prisoners (2009 – 2017)

Comparison between countries is limited due to the different methodology and recruitment through which prevalence rates were obtained and also due to the year of data that can vary between 2008 – 2017. However, it should be highlighted that in most of the countries where data was available the prison population was the most affected by the hepatitis C virus (prevalence rates varying 0.75 % to 42%). HIV is also a significant problem in a number of countries, overall ranging between 0% -13%.

HBV prevalence rates are between 0.38% and 16.2%, relatively lower rates as compared to HCV – probably due the general national vaccination schemes or vaccination programmes available in prisons. (see: 4.3.10) Data on TB prevalence (active+latent) was limitedly available in the analysed documents and via NEC, it varied between 0.08 and 6% in 6 countries reporting on this.

Prevalence of HIV/HBV/HCV/TB among prisoners (2009 – 2017)¹¹



¹¹ Information was not available in case of none of the viruses, in Denmark, Malta, Norway, Turkey

Prevalence of HIV, HBV and HCV among drug user/ injecting drug user prisoners

Data sources per country for prevalence of HIV, HBV, HCV, TBC among prisoners

Country	HIV/HCV/HBV/TB among IDU prisoners (source/ year of data) if testing was carried out inside prisons
Czech Republic	WB (2016) (anti-hBc)
France	WB, among prisoners on OST (2016)
Germany	WB Harms 2018, NEC: (2016)
Greece	WB, ST9, NEC: HIV and HCV among PWID treatment entries-ever imprisoned (2016)
Hungary	WB (2008/2009)
Ireland	WB, ST9 (2010)
Latvia*	WB, ST9, NEC: HIV and HCV prevalence in PWID ever in prison (2016)
Luxembourg	WB, in PDU recruited in prisons, (2007)
Poland	WB, among prisoners in DT (2016))
Portugal	WB, among prisoners in DT, (2017)
Slovenia	NEC, (2016) (among drug users)
Spain	WB (2016)
Sweden	WB, low sample size (2013)
UK, Scotland	WB (2009)

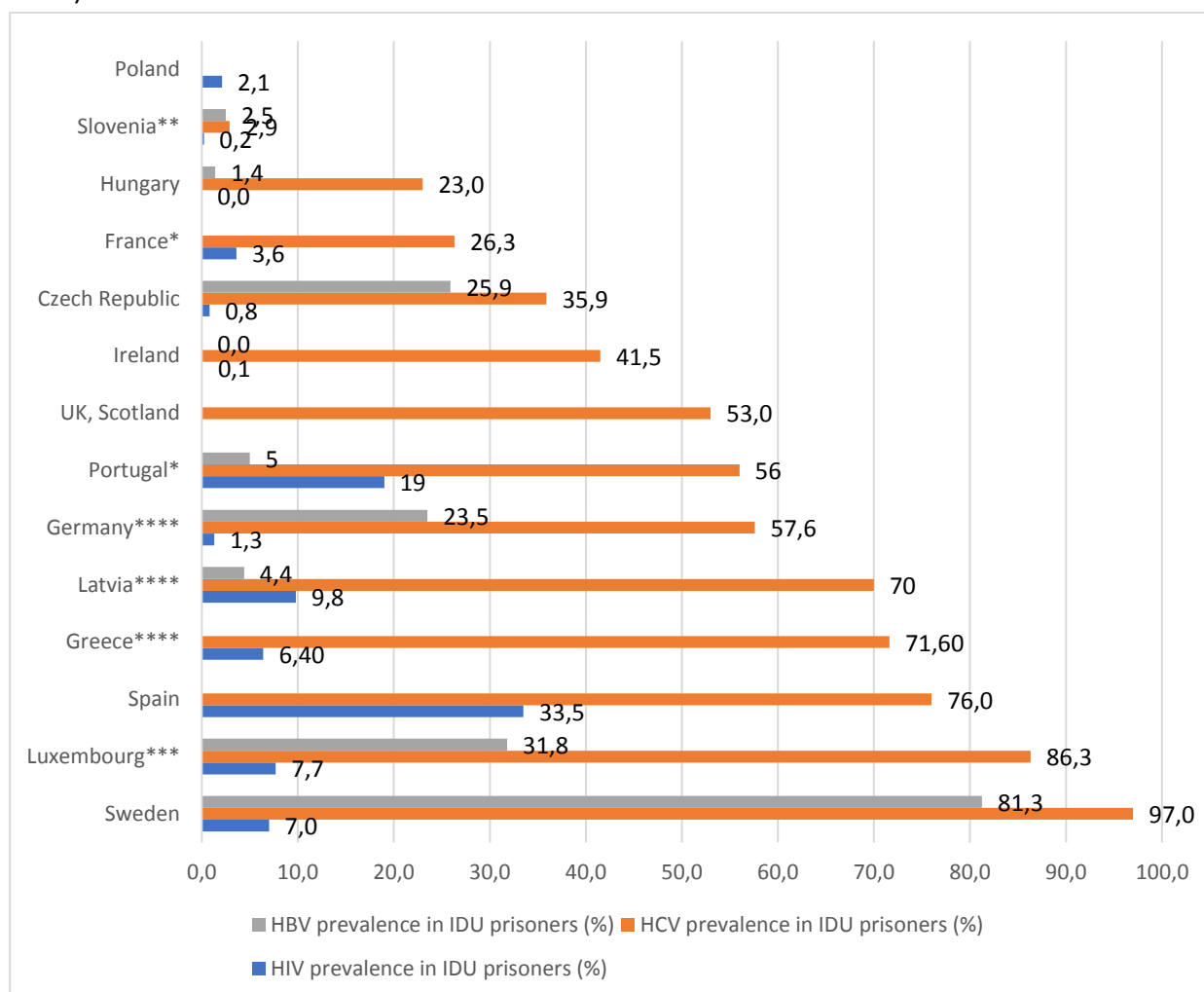
data was not available at analysed sources in countries not listed here

Comparing countries¹² where HIV, HBV and HCV among drug user/ injecting drug user prisoners is also available – beside prevalence among all prisoners, it can be seen that prevalence rates are much higher among prisoners with drug use or injecting drug use history. In case of HIV it ranges between 0-34%, in case of HCV 3%-97%, while in case of HBV 0%-81%¹³.

¹² except Czech Republic where HCV and HBV in prisoners data is from 2009 while data among injecting drug user prisoners is from 2016.

¹³ In case of Sweden sample sizes were very low, thus interpretation of prevalence data is limited.

Prevalence of HIV, HBV and HCV among drug user/ injecting drug user prisoners (2007 - 2017)



*among prisoners in DT/OST

**among drug user prisoners

*** among problem drug user prisoners

****among PWID ever in prison

4.1.3.2. Prevalence of HIV, HBV and HCV among PWID with prison history

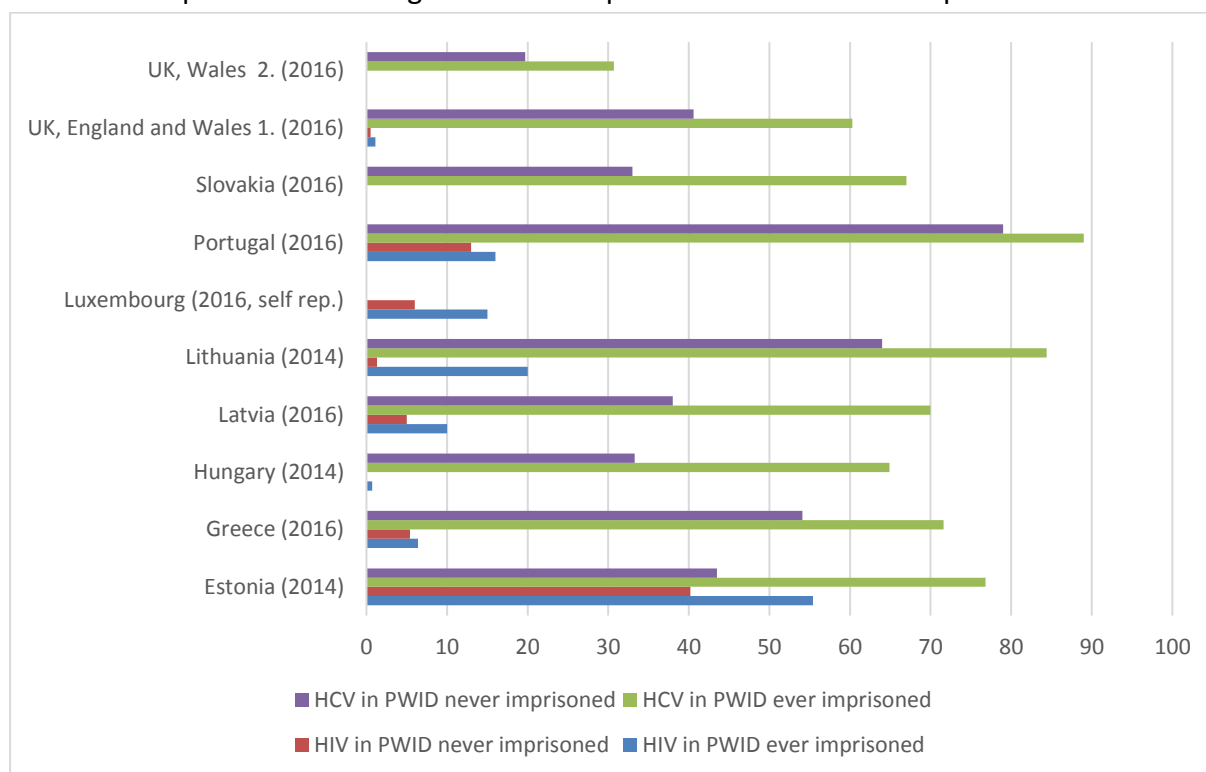
According to 2018 European Drug Report of the EMCDDA¹⁴ 'analysis of data on HIV and HCV prevalence among people who inject drugs from 17 European countries, covering 2006 to 2017, showed that the prevalence of these infections was significantly higher among individuals with a history of incarceration in most countries: 10 out of 17 countries in the case of HIV and 14 out of 17 in the case of HCV. '

¹⁴ available at:

http://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001ENN_PDF.pdf

In the case of selected countries (where data was available for 2016 or if a specific reporting year was indicated by the national expert through the NEC¹⁵) related data was retrieved from EMCDDA ST9 tables in order to visualize difference in HIV/HCV prevalence rates between PWID with prison history and PWID never have been imprisoned.

HIV and HCV prevalence among PWID ever in prison and PWID never in prison



Source: ST9 table EMCDDA

4.1.4. Fatal and non-fatal overdose among prisoners

Release from prison is a particularly high-risk period for those with a history of opioid use. To address this, a number of countries have developed innovative programmes that provide naloxone and training for those being released from prison.¹⁶

Little is known, however, about the prevalence of overdose episodes within the prisons, especially about non-fatal overdoses. Based on the Prison Workbooks and the National Expert Consultation only four references were identified, including only one about non-fatal overdoses. A study in Portugal (Prison WB – Portugal, 2016) reported 2.1% of all inmates having had a non-fatal overdose during imprisonment. Fatal overdose in prisoners were assessed sporadically, some data available for England and Spain only. A Norwegian study

¹⁵ If several local data/country was reported and national or super-regional summary data was not available then it is not included in this chart.

¹⁶ EMCDDA: European Drug Report 2018. p.14.

found that the calculated overdose risk upon release is higher among those, who serve a relatively shorter (3-12 months) sentence¹⁷.

Data on distribution of naloxone upon release are included in 4.3.2 and data on health education to prevent overdose in prisons are available in 4.3.8.1.

¹⁷ Bukten, Anne; Stavseth, Marianne Riksheim; Skurtveit, Svetlana; Tverdal, Aage; Strang, John & Clausen, Thomas (2017). High risk of overdose death following release from prison: variations in mortality during a 15-year observation period. *Addiction*. ISSN 0965-2140. 112(8), s 1432- 1439 . doi: 10.1111/add.13803

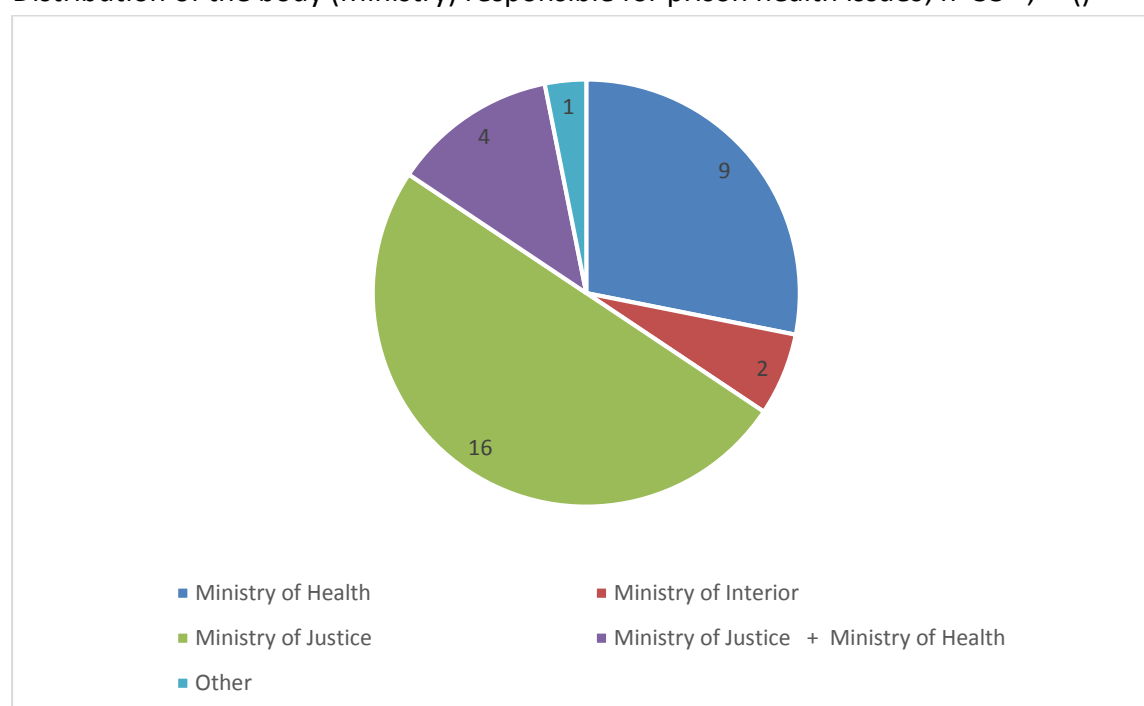
4.2. Strategy and Framework of harm reduction responses for prisoners

4.2.1. Institutional Framework

Responsible institution for prison health issues

Health issues and health-related treatment provision is mostly the responsibility of the Ministry of Justice in the majority of the European countries. 20 countries named the Ministry of Justice (4 also mentioning explicitly the joint responsibility with the Ministry of Health), 9 countries named Ministry of Health, two countries referred to the Ministry of Interior, further one stated that another public body are in charge of prison health. Although this is a rather theoretical approach and it may be stated that the cooperation is for sure there in case of other countries as well between the Health and the Justice sector, the owner of prison health counts in certain areas eg.: financing, policy-making, supervising authority and attitude to service provision in general.

Distribution of the body (Ministry) responsible for prison health issues; n=33¹⁸; ¹⁹ ()



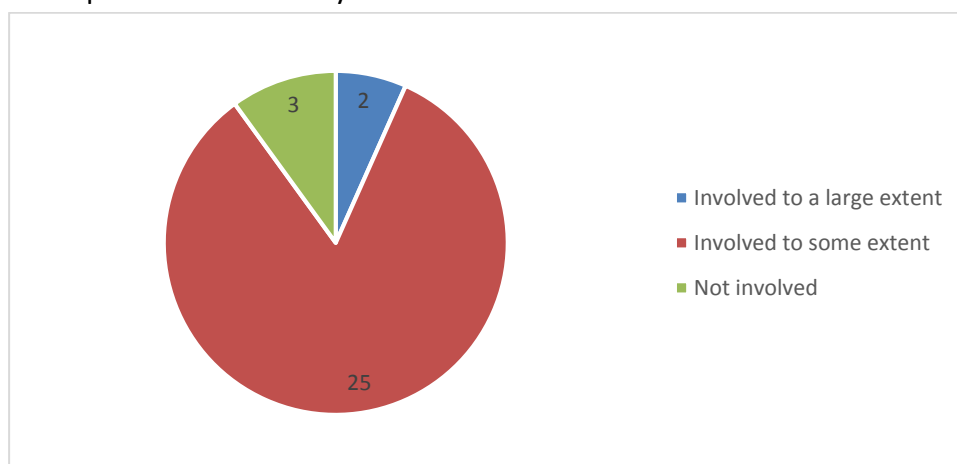
¹⁸ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland.

¹⁹ Information was missing about one country (TY).

Country	Responsible institution for prison health/prison structure
United Kingdom: Wales	Ministry of Health (or equivalent)
Italy	Ministry of Health (or equivalent)
Slovenia	Ministry of Health (or equivalent)
France	Ministry of Health (or equivalent)
United Kingdom:Scotland	Ministry of Health (or equivalent)
United Kingdom: Northern Ireland	Ministry of Health (or equivalent)
Finland	Ministry of Health (or equivalent)
United Kingdom: England	Ministry of Health (or equivalent)
Cyprus	Ministry of Health (or equivalent)
Hungary	Ministry of Interior (or equivalent)
Spain	Ministry of Interior (or equivalent)
Poland	Ministry of Justice (or equivalent)
Romania	Ministry of Justice (or equivalent)
Malta	Ministry of Justice (or equivalent)
Estonia	Ministry of Justice (or equivalent)
Latvia	Ministry of Justice (or equivalent)
Austria	Ministry of Justice (or equivalent)
Netherlands	Ministry of Justice (or equivalent)
Croatia	Ministry of Justice (or equivalent)
Lithuania	Ministry of Justice (or equivalent)
Ireland	Ministry of Justice (or equivalent)
Norway	Ministry of Justice (or equivalent)
Denmark	Ministry of Justice (or equivalent)
Sweden	Ministry of Justice (or equivalent)
Portugal	Ministry of Justice (or equivalent)
Germany	Ministry of Justice (or equivalent)
Czech Republic	Ministry of Justice (or equivalent)
Slovakia	Ministry of Justice (or equivalent) + Ministry of Health
Greece	Ministry of Justice (or equivalent) + Ministry of Health
Belgium	Ministry of Justice (or equivalent) + Ministry of Health
Luxembourg	Ministry of Justice (or equivalent) + Ministry of Health
Turkey	No info
Bulgaria	Other

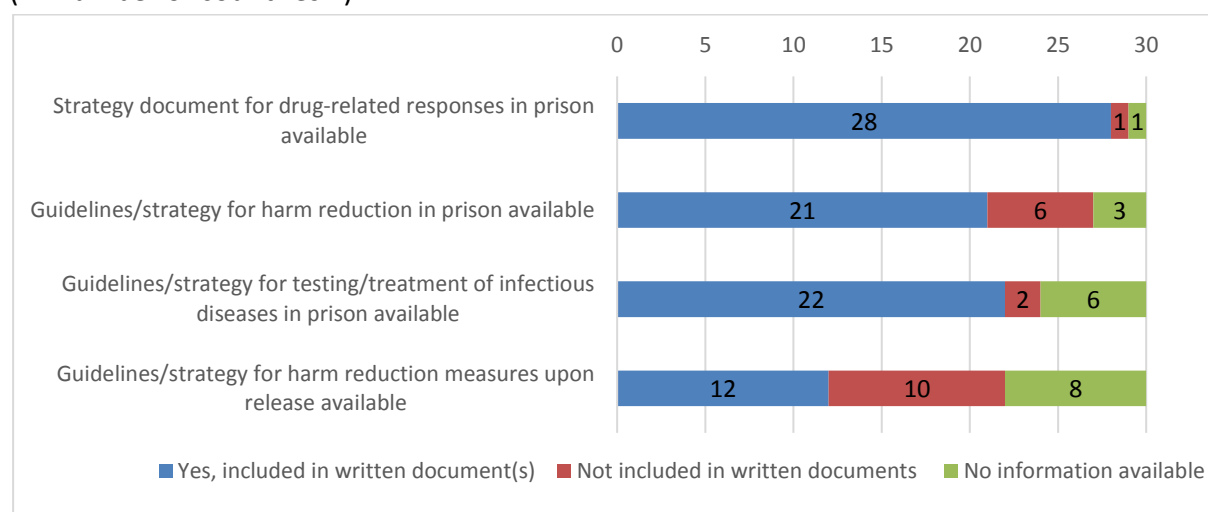
Harm reduction service provision structure

Harm reduction service provision: involvement of community service providers (incl. NGOs) are reported as follows by 30²⁰ countries:



4.2.2. Strategies, guidelines

Inclusion of several topics relevant for the Joint Action in written policy documents (N=number of countries²¹)



²⁰ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland, no information from 3 countries.

²¹ UK counted as 1 unit.

Document types where drug-related responses (in general) in prison were mentioned in European countries

	N of countries
Drug-related strategic document (DD) only	6 ²²
Prison document (PD) only	1 ²³
Health document (HD) only	1 ²⁴
Drug-related document and prison document	7 ²⁵
Drug-related document and health document	5 ²⁶
Prison document and health document	3 ²⁷
Drug-related document, prison document and health document	5 ²⁸
Not included	1 ²⁹
No information	1 ³⁰

Information on types of documents per specific intervention can be found in the table below broken down by country.

²² Slovakia; Netherlands; Sweden; Greece; Bulgaria; Norway

²³ Denmark

²⁴ Italy

²⁵ Austria; Hungary; France; Czech Republic; Ireland; Cyprus; Belgium

²⁶ Romania; Latvia; Portugal; Luxembourg; Germany

²⁷ Estonia; Lithuania; Finland

²⁸ Poland; Croatia; United Kingdom; Slovenia; Spain

²⁹ Malta

³⁰ Turkey

Document types where drug-related responses (in general; harm reduction; testing and treatment of infectious diseases; harm reduction upon release) in prison were mentioned in European countries³¹

Country	Guidelines/strategy for drug-related responses in prison	Guidelines/strategy for harm reduction in prison	Guidelines/strategy for testing/treatment of infectious diseases in prison	Guidelines/strategy for harm reduction measures upon release
Austria	DD + PD	DD only	no information	no information
Belgium	DD + PD	DD only	DD only	Not included
Bulgaria	DD only	DD only	no information	PD only
Croatia	DD + PD + HD	HD only	PD + HD	Not included
Cyprus	DD + PD	Not included	PD only	Not included
Czech Republic	DD + PD	DD only	PD only	DD only (Guidelines on drug counselling in prison)
Denmark	PD only	PD only	HD only	PD only
Estonia	PD + HD	Not included	DD+ HD	no information
Finland	PD + HD	no information	no information	PD only
France	DD + PD	PD + HD	HD only	PD + HD
Germany	DD + HD	HD only	HD only	HD only
Greece	DD only	Not included	Not included	Not included
Hungary	DD + PD	Not included	DD	Not included
Ireland	DD + PD	PD only	PD only	PD only
Italy	HD only	HD only	HD only	Not included
Latvia	DD + HD	DD + HD	HD only	no information
Lithuania	PD + HD	PD only	PD + HD	Not included
Luxembourg	DD + HD	DD + HD	DD+ HD	DD + HD
Malta	Not included	Not included	Not included	Not included
Netherlands	DD only	HD only	included (no info on type)	no information
Norway	DD only	DD only	DD only	DD only
Poland	DD + PD + HD	Not included	no information	Not included
Portugal	DD + HD	HD only	DD+ HD	Not included
Romania	DD + HD	DD + HD	no information	no information
Slovakia	DD only	no information	HD only	no information
Slovenia	DD + PD + HD	DD + PD + HD	DD + PD + HD	DD + PD + HD
Spain	DD + PD + HD	DD + PD + HD	DD + PD + HD	DD + PD + HD
Sweden	DD only	PD only	PD only	no information
Turkey	no information	no information	no information	no information
UK: Wales	DD + PD + HD	DD + HD	PD + HD	included (no info on type)
UK: England	DD + PD + HD	DD +PD + HD	PD + HD	PD + HD
UK: Northern Ireland	PD + HD	DD only	DD only	DD only
UK:Scotland	DD + HD	PD + HD	PD + HD	PD + HD
DD only	6	6	4	3
HD only	1	5	6	1
PD only	1	4	4	4

³¹ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland,

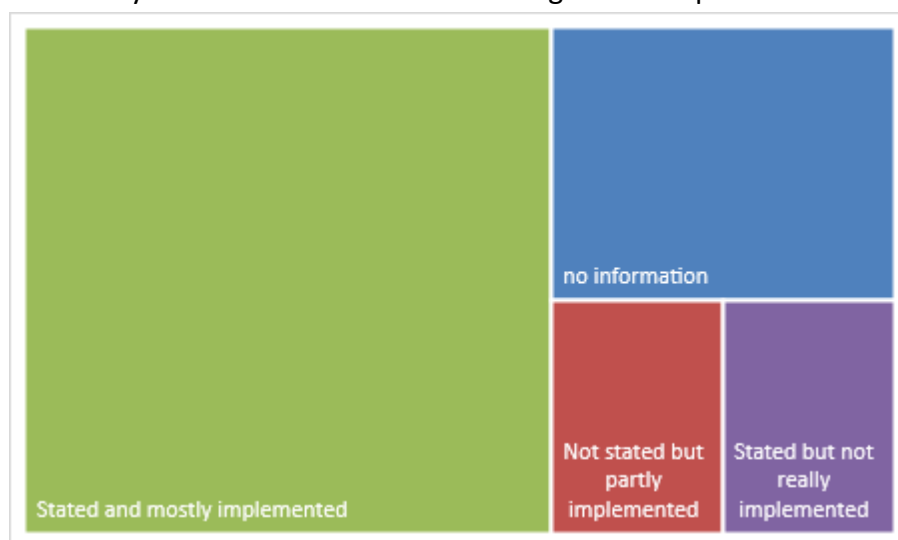
DD+HD	6	4	3	1
DD+PD	7	0	0	0
PD+HD	1	2	5	3
DD+PD+HD	6	3	2	2
included no type info	0	0	1	1
not included	1	6	2	10
no information	1	3	6	8

4.2.3. Continuity of care and equivalence of care

Two important principles for the implementation of health interventions in prison are equivalence with provision in community settings and continuity of care after prison release. (EMCDDA European Drug Report 2018, p.74)³². Data included in the report rather stand for the perception of the fulfilment of those principles by the experts participating in the consultation process or description of principles retrieved from the national prison workbooks.

Based on available information reported by the countries, 20³³ countries indicate the principle of continuity of care in their written strategies and guidelines addressing drug related issues in prison and that it mostly implemented in practice. Regarding equivalence of care this value is 22. The list of countries can be found in the table below.

Continuity of care stated in written strategies and implemented in European countries³⁴



³²

available

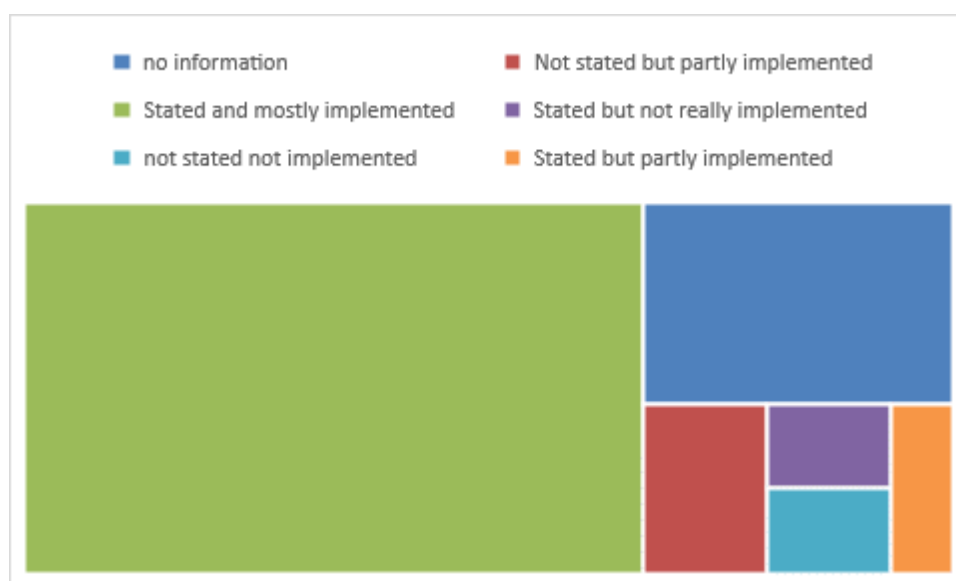
at:

http://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001ENN_PDF.pdf

³³ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland,

³⁴ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland,

Equivalence of care stated in written strategies and implemented in European countries³⁵



Country	Continuity of care	Equivalence of care
Austria	Stated and mostly implemented	Stated and mostly implemented
Belgium	Stated and mostly implemented	Stated and mostly implemented
Bulgaria	Stated and mostly implemented	Not stated but partly implemented
Croatia	Stated and mostly implemented	Stated and mostly implemented
Cyprus	Stated but not really implemented	no information
Czech Republic	Stated but not really implemented	Not stated, not implemented
Denmark	Stated and mostly implemented	Stated and mostly implemented
Estonia	Not stated but partly implemented	Stated but not really implemented
Finland	Stated and mostly implemented	Stated and mostly implemented
France	Stated and mostly implemented	Stated and mostly implemented
Germany ³⁶	Stated and mostly implemented	Stated and mostly implemented
Greece	Stated and mostly implemented	Stated and mostly implemented
Hungary	no information	no information
Ireland	Stated and mostly implemented	Stated and mostly implemented
Italy	no information	Stated and mostly implemented
Latvia	Not stated but partly implemented	Not stated but partly implemented
Lithuania	Stated and mostly implemented	Stated but partly implemented
Luxembourg	Stated and mostly implemented	Stated and mostly implemented
Malta	no information	no information
Netherlands	Stated and mostly implemented	Stated and mostly implemented
Norway	Stated and mostly implemented	Stated and mostly implemented
Poland	no information	no information

³⁵ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland,

³⁶ Due to the federal system in Germany it can't be generalized. Some of the federal states are more advanced than others, e.g. OST is not carried out in the same quality and number in all of the länder.

Portugal	Stated and mostly implemented	Stated and mostly implemented
Romania	no information	Stated and mostly implemented
Slovakia	Not stated but partly implemented	Stated and mostly implemented
Slovenia	Stated and mostly implemented	Stated and mostly implemented
Spain	Stated and mostly implemented	Stated and mostly implemented
Sweden	Stated and mostly implemented	Stated and mostly implemented
Turkey	no information	no information
United Kingdom: England	Stated but not really implemented	Stated and mostly implemented
United Kingdom: Northern Ireland	Stated and mostly implemented	Stated and mostly implemented
United Kingdom: Wales	no information	no information
United Kingdom: Scotland	Stated and mostly implemented	Stated and mostly implemented

4.3. Availability and coverage of harm reduction responses

4.3.1. Status upon entry

Out of 33 countries at 4³⁷ there was no information on whether there is a screening of prisoners for drug-related problems upon entry. In the rest of the countries it is available, however it is usually part of a general health/ mental health screening upon entry. In Spain evaluation for injecting related risk behaviours is part of the upon entry screening. (Source WB, NEC).

4.3.2. Naloxone distribution upon release

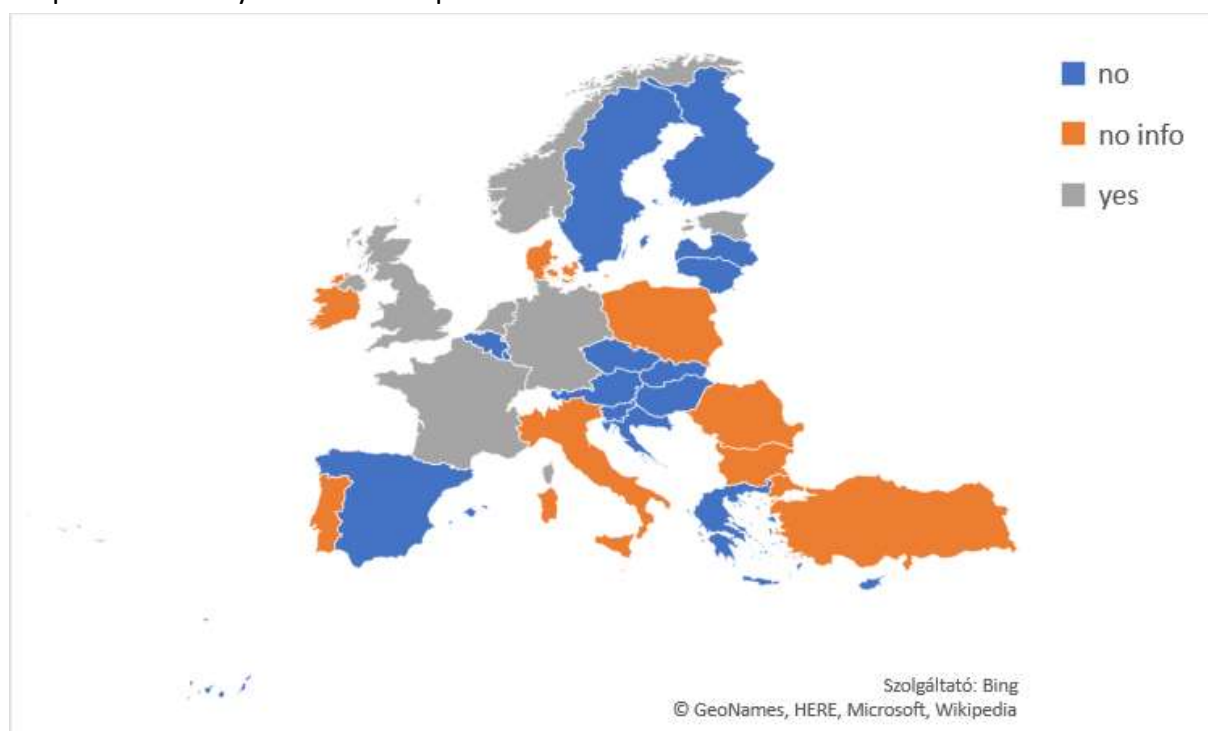
Naloxone distribution is available in 6 countries, 15 countries reported that it is not available, while information could not be retrieved in case of 9 countries (source: WB, NEC, UK as 1 unit).

Naloxone distribution upon release in England, Germany, Norway³⁸ have been available in the framework of projects, while it is routinely available in Wales, Scotland, Northern Ireland, Estonia and France. In the Netherlands naloxone is available in prisons in general not explicitly upon release in case of emergency, however there is no more specific data on the use of it.

³⁷ Romania, Malta, Latvia, Greece

³⁸ However in the NEC no information was given authors found the following publication: Petterson AG, Madah-Amiri D. Overdose prevention training with naloxone distribution in a prison in Oslo, Norway: a preliminary study. *Harm Reduct J.* 2017;14(1):74. Published 2017 Nov 21. doi:10.1186/s12954-017-0200-z

Map 1. Availability of naloxone upon release in the EU-30



‘Sondhi et al (2016) conducted a study across ten prisons in England to analyse the perceptions of staff and prisoners regarding THN, and to assess the barriers preventing the training of prisoners and the effective and timely distribution of kits. They found confusion among staff and prisoners regarding the conflicting message that THN gave; concern regarding potential side effects and the consequences of being found in possession of THN; difficulties with the identification of prisoners that would benefit from THN, and encouraging these prisoners to take part in training; and logistical issues surrounding the training of prisoners and the distribution of kits at discharge. ‘(Source UK WB – 2017)

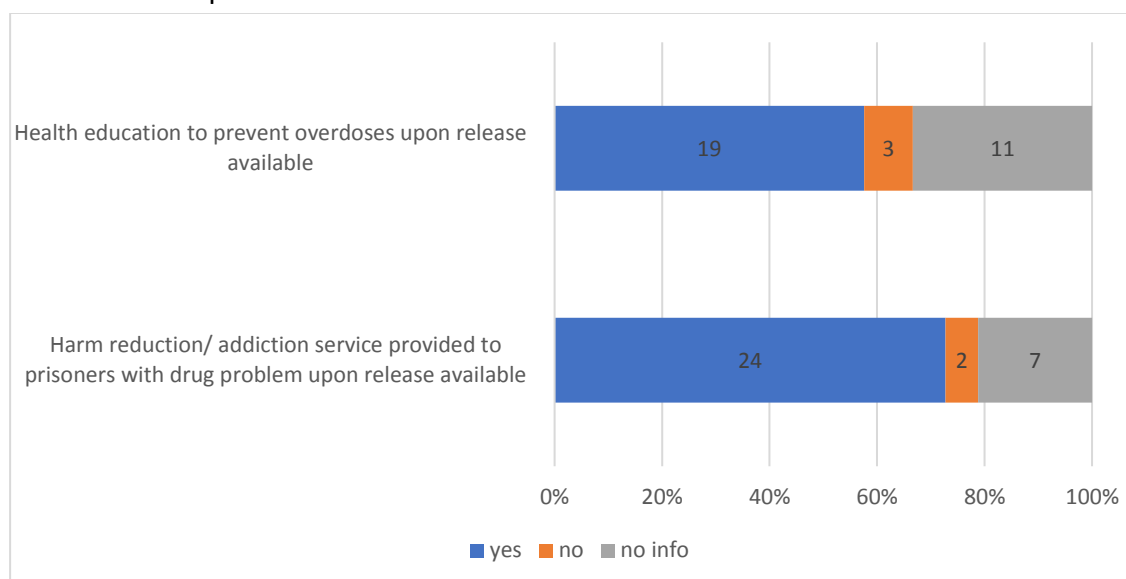
4.3.3. Other interventions upon release

Harm reduction or addiction service is provided to prisoners with drug problems in 24 countries, it is not available in 2 countries, while no information could be gained in case of 7 countries. (UK counted as 4 units.) In France for example a designated person coordinates continuity of care in the case of OST. In Spain also OST or other type of addiction treatment is organized before the release of prisoners with drug problems. In Germany in some prisons a higher dose of opioid substitution medication is provided before release and counselling takes place on risks before release. Croatia provides this support for prisoners in collaboration with external public health agencies and NGOs. In Lithuania this service is not available however some information is provided to prisoners.

Explicitly health education to prevent overdoses upon release is available in 19 countries, not available in 3 countries, while no information was available on this topic in 11 countries. (Source WB, SI, NEC). (UK counted as 4 units)

Country	Harm reduction/ addiction service provided to prisoners with drug problem upon release available	Health education to prevent overdoses upon release available
Austria	yes	no
Belgium	yes	yes
Bulgaria	yes (part of a broader programme)	no info
Croatia	yes (in cooperation with PH and NGO agencies)	no
Cyprus	no info	no info
Czech Republic	yes	yes
Denmark	yes	no info
Estonia	yes	yes
Finland	yes	yes
France	yes, designated person to coordinate continuity of care, OST continuity of care is partly ensured	yes
Germany	yes	yes
Greece	yes	yes
Hungary	yes	yes
Ireland	yes	yes
Italy	no info	no info
Latvia	yes	yes
Lithuania	no, some information is provided	no
Luxembourg	yes	yes
Malta	no info	no info
Netherlands	yes	yes
Norway	no info	no info
Poland	no info	no info
Portugal	yes (by the community services)	no info
Romania	no info	no info
Slovakia	yes	no info
Slovenia	yes	yes
Spain	yes (eg: OST or other addiction treatment is organized)	yes
Sweden	yes	yes
Turkey	no info	no info
UK: England	yes	yes
UK: Northern Ireland	no	yes
UK: Scotland	yes	yes
UK: Wales	yes	yes

Interventions upon release in EU30³⁹



4.3.4. Opioid substitution therapy in prisons – availability and coverage

Opioid substitution therapy (OST) is available in all but 1 country (Slovakia) in prisons. The latest country introducing it, was Lithuania in 2018⁴⁰. Coverage of OST regarding the number of prisons where available in a given country varies greatly between monitored countries. (Source EMCDDA, NEC)

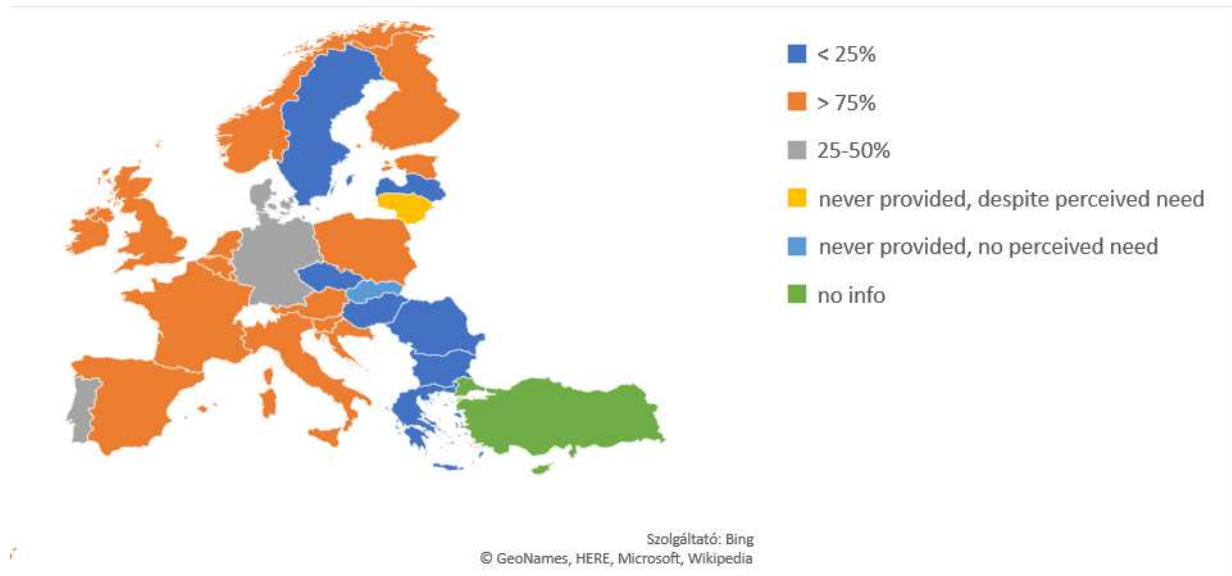
In 16 countries more than 75% of prisons per country provide OST for prisoners⁴¹ (UK counted as 1 unit). In 3 countries 25-50% of prisons, while in 7 countries less than 25% of prisons provide such service. No info was available at 2 countries. In Lithuania it is not provided despite perceived need (in 2016/2017 as it was introduced in 2018, see above in this section) while in Slovakia it is not provided and there is no perceived need. (Source: SQ27 part1 2016 or latest data reported in 2017 or before, ECDC, WB, NEC)

³⁹ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland,

⁴⁰ This information is out of the reporting period of this mapping activity, however authors considered it important to update this information with 2018 data retrieved from EMCDDA.

⁴¹ In Scotland there was no info on coverage of OST.

Coverage of OST regarding the percentage of prisons per country where available 2016/2017

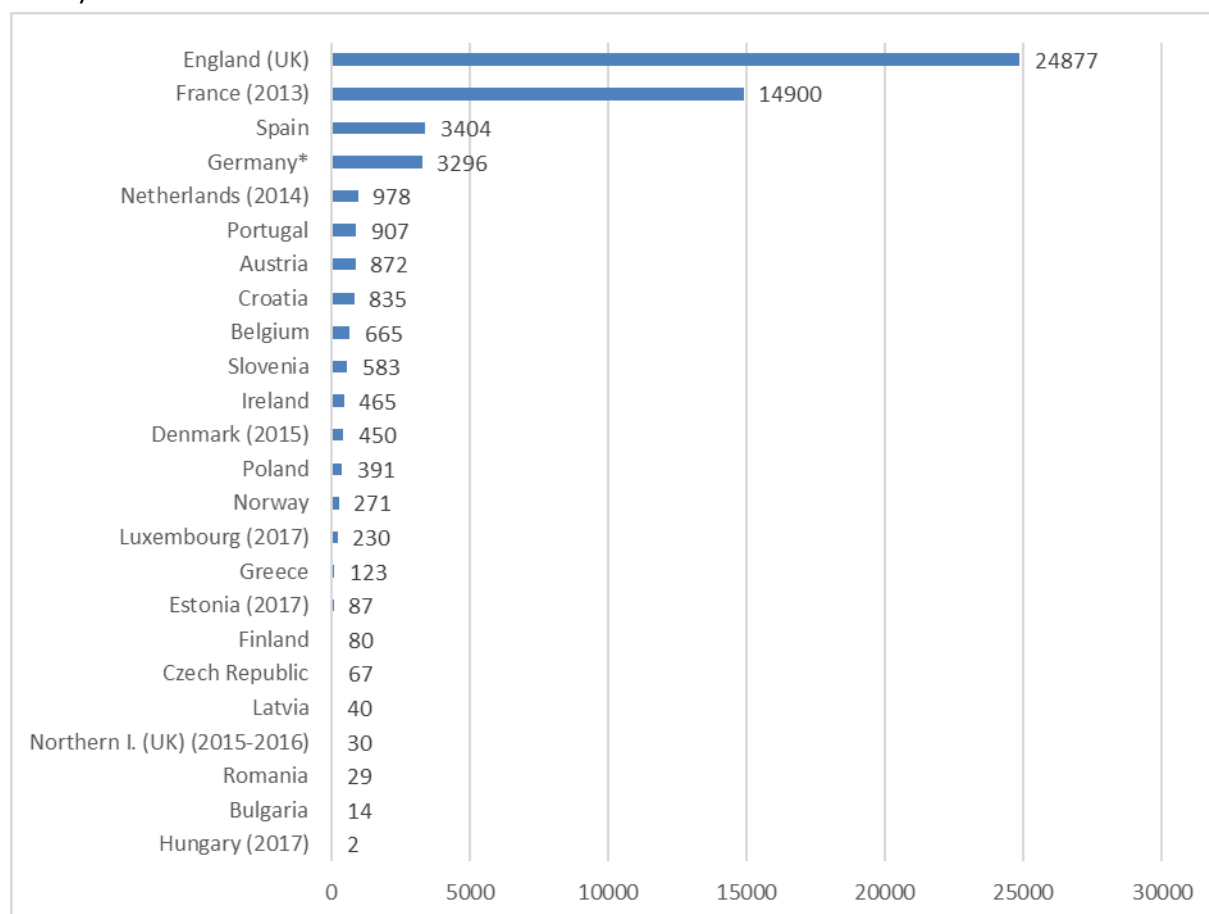


Regarding actual coverage of OST on the basis of what percent of prisoners in need can obtain such service is probably much lower. Estimates were only available from a few countries through the national expert consultation process.

Country	OST coverage 2. % of prisoners in need receive OST
Belgium	Full coverage: 95-100% of prisoners in need are in OST
Luxembourg	Full coverage: 95-100% of prisoners in need are in OST
Slovenia	Full coverage: 95-100% of prisoners in need are in OST
Spain	Full coverage: 95-100% of prisoners in need are in OST
Finland	Medium coverage: 30-60% of prisoners in need are in OST
Bulgaria	Low coverage: < 30% of prisoners in need are in OST
Czech Republic	Low coverage: < 30% of prisoners in need are in OST
Estonia	Low coverage: < 30% of prisoners in need are in OST
Germany	Low coverage: < 30% of prisoners in need are in OST

countries not listed did not provide information at this variable or did not know the answer.

Number of inmates receiving OST in 2016 (if year of data is different it is indicated in the chart)

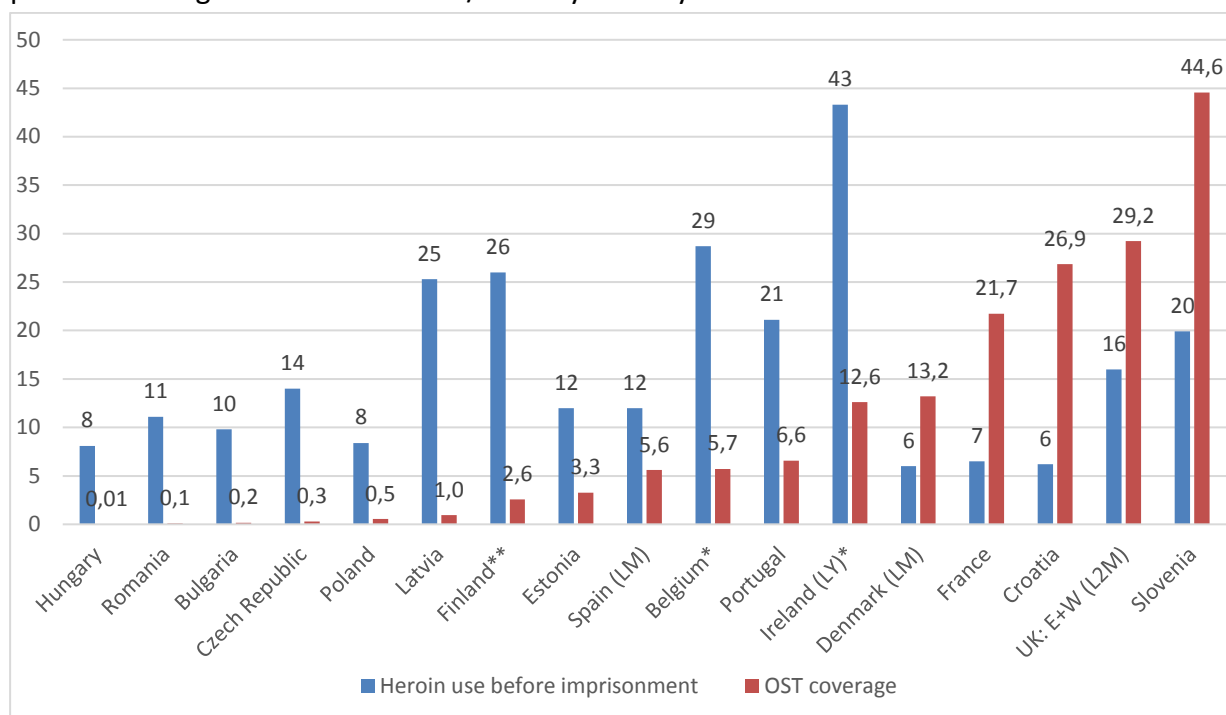


Cyprus	no info
Italy	no info
Malta	no info
Sweden	no info
Turkey	no info
UK: Scotland	no info
UK: Wales	no info
Lithuania	no OST
Slovakia	no OST

(Source: ST 24 reporting year 2017 - data 2016 or earlier; WB; SI, NEC; * Germany: At least the N of prisoners in OST, no national data available)

Although coverage data (regarding prisoners in need being on OST) was available in only a few countries, comparing prevalence of heroin use before imprisonment and percentage of OST clients among all prisoners show that probably in the majority of the countries OST provision in prison should be scaled up. Out of 17 countries where both information was available only in 5 countries was percentage of OST clients among prisoners higher than prevalence of heroin use before imprisonment.

Prevalence (%) of heroin use before imprisonment among prisoners⁴² and percentage (%) of prisoners being on OST⁴³ in in 2016/2017 by country ⁴⁴



*Drug use prior to and during imprisonment

** data refers to all opioids

LM: refers to last month instead of lifetime prevalence

L2M: refers to last 2 months instead of lifetime prevalence

LY: refers to last year instead of lifetime prevalence

Out of the 28 countries where OST is available in prison (as until 2016/2017), in 23 countries data was available on which type of OST medication is applied in most of the cases. Methadone is the predominant medication used in 17 countries⁴⁵ and buprenorphine⁴⁶ or the buprenorphine-naloxone combination⁴⁷ are predominantly used in six countries.

Out of countries that provide OST in prison (as until 2016/2017, total is 31 due to UK is represented with 4 units), OST detoxification is available in 23. OST can be continued for prisoners already in OST upon entry in 25 countries. OST can be initiated after entering prison in 15 countries, 4 EU Member states reported that it was not possible, while no

⁴² for data source and methodology see: 4.1.2.1

⁴³ The numerator was: latest available number of OST client data in prison, the denominator was N of prisoners (stock data) on 1 September 2016. As stock data was used in the calculation percentage of OST clients among all prisoners is probably overestimated.

⁴⁴ Year of data for OST clients: France (2013); Germany (2011); Netherlands (2014).

⁴⁵ Austria, Bulgaria, Czechia, Denmark, Estonia, Greece, Hungary, Ireland, Latvia, Luxembourg, Netherlands, Poland, Portugal, Romania, Slovenia, Spain, United Kingdom

⁴⁶ Croatia, France

⁴⁷ Belgium, Cyprus, Finland, Norway

information is available in the case of 12 countries. In the case of 11 countries OST can also be initiated before release (no: 6, no info: 14).

	OST Detoxification available	OST continued for prisoners already in OST before entering prison available	OST initiated after entering prison available	OST initiated before release available
Country				
Austria	yes	yes	yes	no info
Belgium	yes	yes	yes	no info
Bulgaria	Yes	yes	no info	no
Croatia	yes	yes	yes	yes
Cyprus	yes	yes	yes	no info
Czech Republic	yes	yes	no	no
Denmark	yes	no info	no info	no info
Estonia	yes	yes	no	no
Finland	yes	yes	yes	Yes
France	yes	yes	yes	yes
Germany	yes (except for one bundesland)	yes (depending on the individual prison)	yes (depending on the individual prison)	yes (depending on the individual prison)
Greece	no	yes	no	yes
Hungary	yes	yes	yes	no
Ireland	yes	yes	no info	no info
Italy	no info	no info	no info	no info
Latvia	yes	yes	no	no
Lithuania	not relevant	not relevant	not relevant	not relevant
Luxembourg	yes	yes	yes	yes
Malta	no info	no info	no info	no info
Netherlands	no info	yes	no info	no info
Norway	no info	yes	no info	no info
Poland	no info	yes	no info	no info
Portugal	yes	yes	yes	no info
Romania	yes	no info	no info	no
Slovakia	not relevant	not relevant	not relevant	not relevant
Slovenia	yes	yes	yes	yes
Spain	yes	yes	yes	yes
Sweden	yes	yes	no info	no info
Turkey	no info	no info	no info	no info
UK: England	yes	yes	yes	yes
UK: Northern Ireland	yes	yes	yes	yes
UK: Scotland	yes	yes	yes	yes
UK: Wales	no info	no info	no info	no info
yes	23	25	15	11
no	1	0	4	6

no info	7	6	12	14
not relevant	2	2	2	2

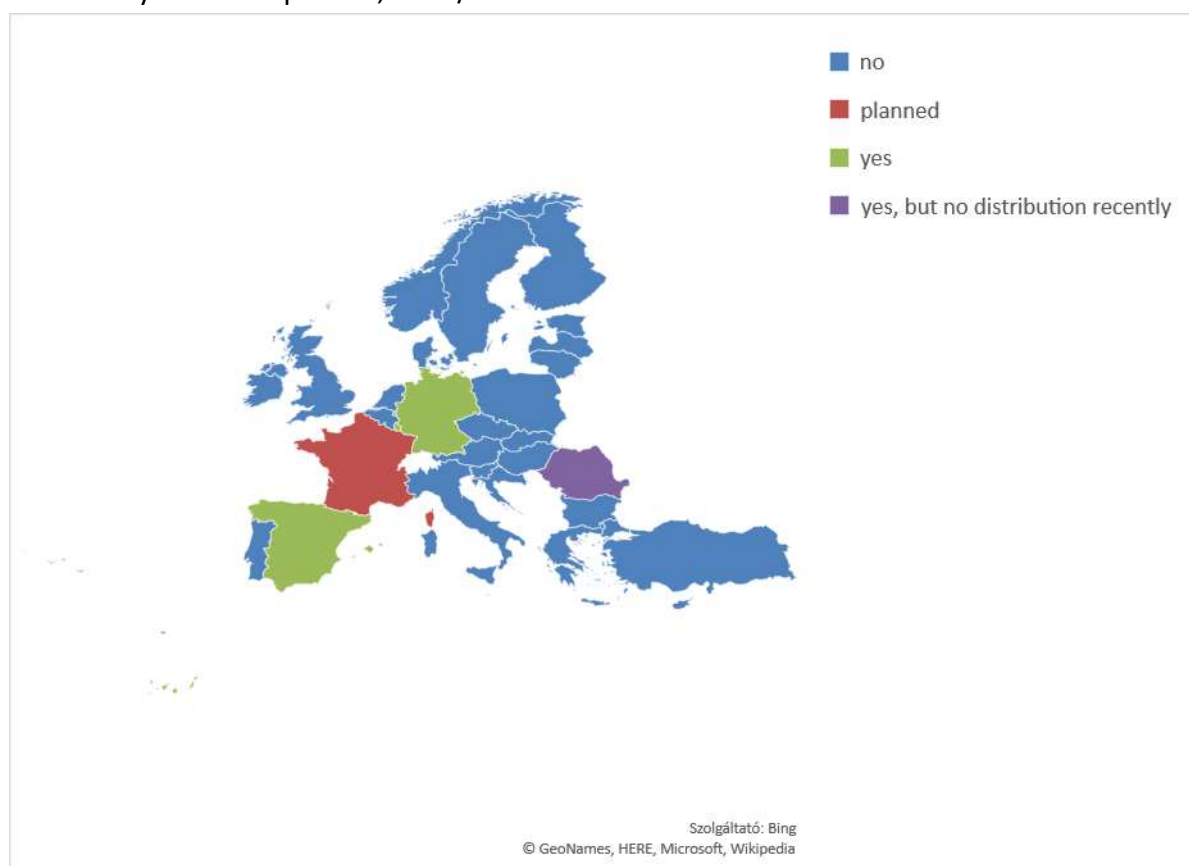
Source: WB+NEC

4.3.5. Needle and Syringe Programmes in Prisons – availability and coverage

One of the main pillars of infectious diseases prevention – provision of sterile injecting equipment – is only available for prisoners in a limited number of countries. According to reports the reasons for not providing such services are: the prohibition on drugs in prison but also the safety of the prison staff. Nevertheless, such coverage levels highly question results regarding questions on continuity and equivalence of care. (See: 4.2.3)

Only 4 countries (Spain, Germany, Luxembourg, Romania) reported to have NSP services in prison settings, in Spain and Luxembourg other sterile equipment is also provided (See box below on Spain). France is planning and preparing to implement NSP in prisons, other sterile injecting paraphernalia is already distributed. In the Netherlands PNsPs are not implemented as there is no indication of injecting drug use in their prisons (Source: ST10; EMCDDA - SB; ECDC, NEC).

Availability of NPS in prisons, 2016/2017



Although available in 4 countries, recent data on the number of syringes distributed were only available from Luxembourg and Spain. (Source: ST10; NEC; ECDC). In Germany and Romania coverage was assessed low or not existing in the course of the ECDC 2018 Dublin Declaration Consultation (referring to the 2017 or recent situation). In Romania PNsPs operated in several prisons for some time but has been discontinued after external funding

stopped. In Germany, a single programme exists in a women's prison, in Berlin. In Luxembourg and Spain the intervention is available in nearly all prisons. However, coverage in terms of reaching prisoners in need was assessed medium level by Spain and full by Luxembourg.

Coverage data of NSP in prisons, 2016/2017

Country	NSP year of introduction (Source: SB)	NSP coverage 1. - % of prisons where available (Source: ECDC)	NSP coverage 2. - % of prisoners in need receive NSP (Source: NEC)	N of prisons where NSP available /N of distributed syringes/ year of data (Source: ST10 + WB)
Germany	1996	Low coverage: available in < 30% of prisons	Low coverage: < 30% of prisoners in need have access to NSP	1 prison for females in 2016/ no info on N of syringes/ 2013
Luxembourg	2005	Full coverage: available in 95-100% of prisons	Full coverage: 95-100% of prisoners in need have access to NSP	2 prisons / 1612 syringes / 2016
Romania	2008	No coverage	No info	9 sites/ 6300 syringes/ 2011; 0 syringes/ 2016
Spain	1997	Full coverage: available in 95-100% of prisons	Medium coverage: 30-60% of prisoners in need have access to NSP	26 sites/ 5018 syringes/ 2016 see box below

In Spain 'All prisons give out condoms and bleach in the form of hygienic kits. Condoms can also be obtained freely from the prison health services. With respect to the distribution and exchange of sterile needles and syringes, all the prisons under the General Secretariat of Penitentiary Institutions have the technical and legal conditions required for exchanging needles and syringes in the event that injected-route drug users are detected and there is a demand for sterile needles and syringes. The programme involves an exchange kit comprising a plastic bag containing a needle and syringe inside a transparent box, a disinfecting towel, distilled water and a condom.' (2017 Prison Workbook Spain)

4.3.6. Bleach distribution

Distribution of desinfectants to clean drug use equipment is available in 9 countries (in UK – information is only available from England and Wales, counted as 2 units). 13 countries did not provide data on this, while 10 countries reported that it is not available in their prisons, while the Netherlands reported no relevance due to no injection in prisons. Coverage data (regarding the % of prisons where the service is available) was only reported by 4 countries (Finland; UK- England and Wales; Spain; Belgium) and were estimated to be full in 2 of them and high in 2 of them.

Country	Distribution of bleach available	Estimated coverage of bleach distribution: % of prisons where available
UK: England	yes (disinfection tablets)	High coverage: in 61-95% of prisons the service is provided
Belgium	yes	High coverage: in 61-95% of prisons the service is provided
Denmark	yes	no info
Finland	yes	Full coverage: in 95-100% of prisons the service is provided
France	yes	no info
Lithuania	yes	no info
Norway	yes	no info
Spain	yes	Full coverage: in 95-100% of prisons the service is provided
UK: Wales	yes	High coverage: in 61-95% of prisons the service is provided
Netherlands	not relevant	no relevant
Bulgaria	no info	no info
Croatia	no info	no info
Cyprus	no info	no info
Germany	no info	no info
Italy	no info	no info
Malta	no info	no info
Poland	no info	no info
Romania	no info	no info
Slovakia	no info	no info
Sweden	no info	no info
Turkey	no info	no info
UK: Northern Ireland	no info	no info
UK: Scotland	no info	no info
Austria	no	not relevant
Czech Republic	no	not relevant
Estonia	no	not relevant
Greece	no	not relevant
Hungary	no	not relevant
Ireland	no	not relevant
Latvia	no	not relevant
Luxembourg	no	not relevant
Portugal	no	not relevant
Slovenia	no	not relevant
Total for yes	9	-
Total for no	10	-
Total for no info	13	-
Total for no relevant	1	

Source: WB+NEC

4.3.7. Condom and lubricant distribution – availability and coverage

4.3.7.1. Condom and lubricant distribution – availability⁴⁸.

Condom distribution programmes for prisoners are available in 22 countries, in 6 countries it is not provided while 5 countries had no information on this in the related source or not fed back through NEC. Lubricants are provided in 10 countries, while at 6 there is no such intervention, in case of 17 countries information was not available on this topic.

Availability of condom/ lubricant distribution programmes for prisoners, 2016/2017

Country	Condom provision available	Lubricants provision available
Germany	yes	yes
Austria	yes	yes
Belgium	yes	yes
Bulgaria	yes	no info
Croatia	yes	no info
Czech Republic	yes	no
Denmark	yes	no info
Finland	yes	yes
France	yes	yes
Greece	yes	no
Ireland	yes	no info
Lithuania	yes	no
Luxembourg	yes	yes
Norway	yes	no info
Portugal	yes	no info
Romania	yes	no info
Slovakia	yes	no info
Slovenia	yes	yes
Spain	yes	yes
UK: England	yes	yes
UK: Scotland	yes	no info
UK: Wales	yes	yes
Hungary	no info	no info
Italy	no info	no info
Netherlands	no info	no info
Sweden	no info	no info
Turkey	no info	no info
Cyprus	no	no info

⁴⁸ United Kingdom was represented with 4 units: England; Wales, Scotland, Northern Ireland,

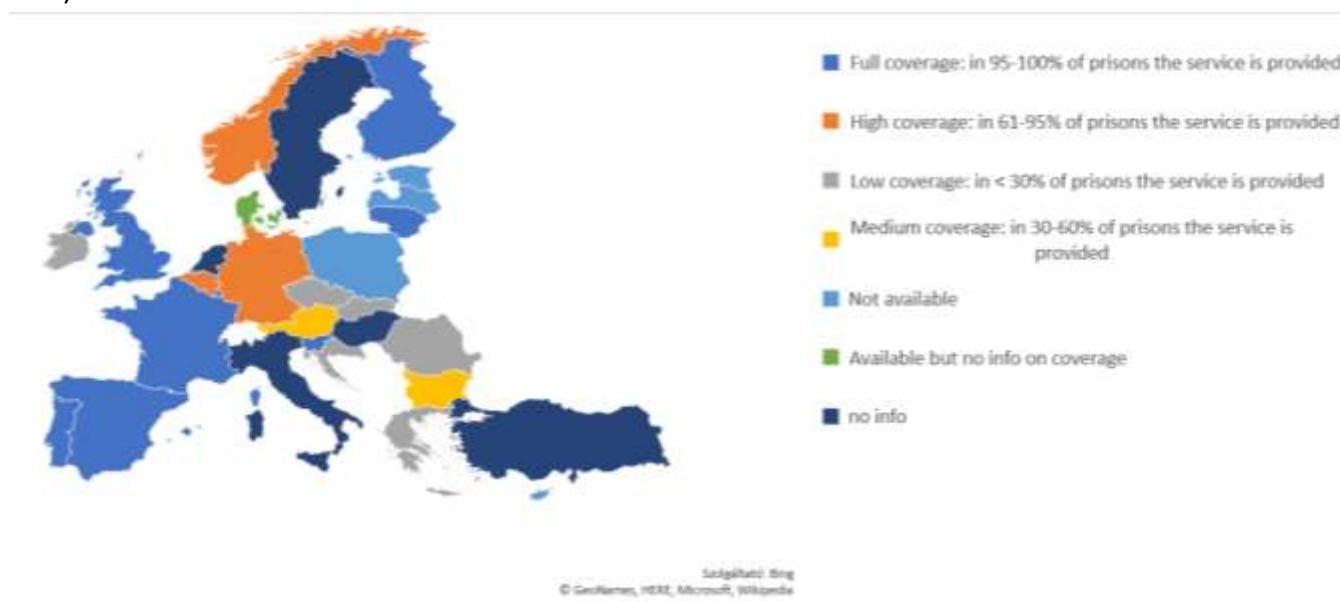
Estonia	no	no
Latvia	no	no
Malta	no	no info
Poland	no	no info
UK: Northern Ireland	no	no
Total for yes	22	10
Total for no	6	6
Total for no info	5	17

Source: WB, ECDC, SI, NEC

4.3.7.2. Condom promotion and distribution programmes – coverage

In terms of condom promotion and distribution programmes coverage data was only gathered (to have a higher percent of reporting) on % of prisons where the service is provided in a given country which just partly reflects real coverage (% of people in need who receive this service.) Full coverage is available in 8 countries⁴⁹, high coverage in 3, medium coverage in 2, while 6 countries reported low coverage of such intervention. In 5 countries these programmes do not exist, while in one, such service is provided however no information was available on coverage. Information was not available in case of 5 countries.

Estimated coverage of condom promotion and distribution programmes in prisons, % of prisons where it is provided, 2017⁵⁰ (Source: main: ECDC – 2017 data; further sources WB, SI, NEC)

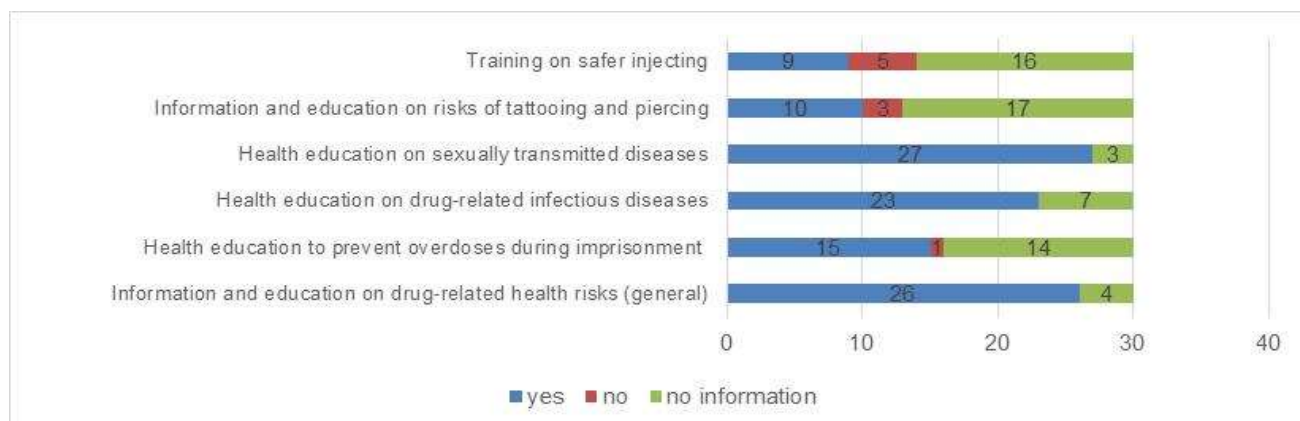


⁴⁹ UK counted as 1 unit, however this data only stands for England and Wales, For Scotland it is available but no data on coverage while in Northern Ireland it is not available.

⁵⁰ In Germany data was retrieved from EMCDDA – Selected Issue published in 2011, data refers to 2010/2011.

4.3.8. Education/Counselling

Summary on the availability of harm reduction related education and training in the EU-30 (UK as 1 unit), 2016/2017 (N= number of countries)



More detailed information on the specific interventions is described below:

4.3.8.1. Availability of counselling on drug-related health problems (in general), overdose and training on safer injecting

All countries where information was available reported to provide information and education on drug related health risks (26). More specific counselling and training was available to a lesser extent. Counselling to prevent overdose during imprisonment was available at 15 countries, while training on safer injecting in 9 (In this paragraph UK counted as 1 unit, however in the table below it is represented with 4 units.).

Detailed information about education and counselling activities on drug-related health problems (in general), overdose and training on safer injecting in the EU-30 (Total is 33– due to UK represented with 4 parts):

Country	Information and education on drug-related health risks (in general) available	Health education to prevent overdoses during imprisonment available	Training on safer injecting available
Austria	yes	no info	no info
Belgium	yes	yes	yes
Bulgaria	yes	no info	yes
Croatia	yes	yes	yes (but on drug use)
Cyprus	yes	no info	no info
Czech Republic	yes	no info	No
Denmark	no info	no info	no info

Estonia	yes	yes	no
Finland	yes	yes	yes
France	yes	no info	yes
Germany	yes	yes	no info
Greece	yes	yes	yes
Hungary	yes	yes	no
Ireland	yes	yes	no info
Italy	no info	no info	no info
Latvia	yes, but for the staff	yes, but for the staff	no info
Lithuania	yes	yes	no info
Luxembourg	yes	no	yes, during needle exchange procedure, counselling is provided
Malta	no info	no info	no info
Netherlands	yes, on entry, every prisoner is seen by a nurse and drug use is discussed and information provided if relevant.	yes	no, not applicable, as there is no injecting
Norway	yes	no info	no info
Poland	yes	no info	yes
Portugal	yes	no info	no info
Romania	yes	no info	no info
Slovakia	no info	no info	no info
Slovenia	yes	yes	no
Spain	yes	yes	yes, (+ training of health mediators, see box below)
Sweden	yes	yes (upon release yes)	no info
Turkey	yes (upon entry)	no info	no info
UK: England	yes	yes	no info
UK: Northern Ireland	yes	yes	no info
UK: Scotland	yes	yes	no info
UK: Wales	yes	yes	no
Total 'yes'	29	18	9
Total 'no'	0	1	6
Total 'no info'	4	14	18

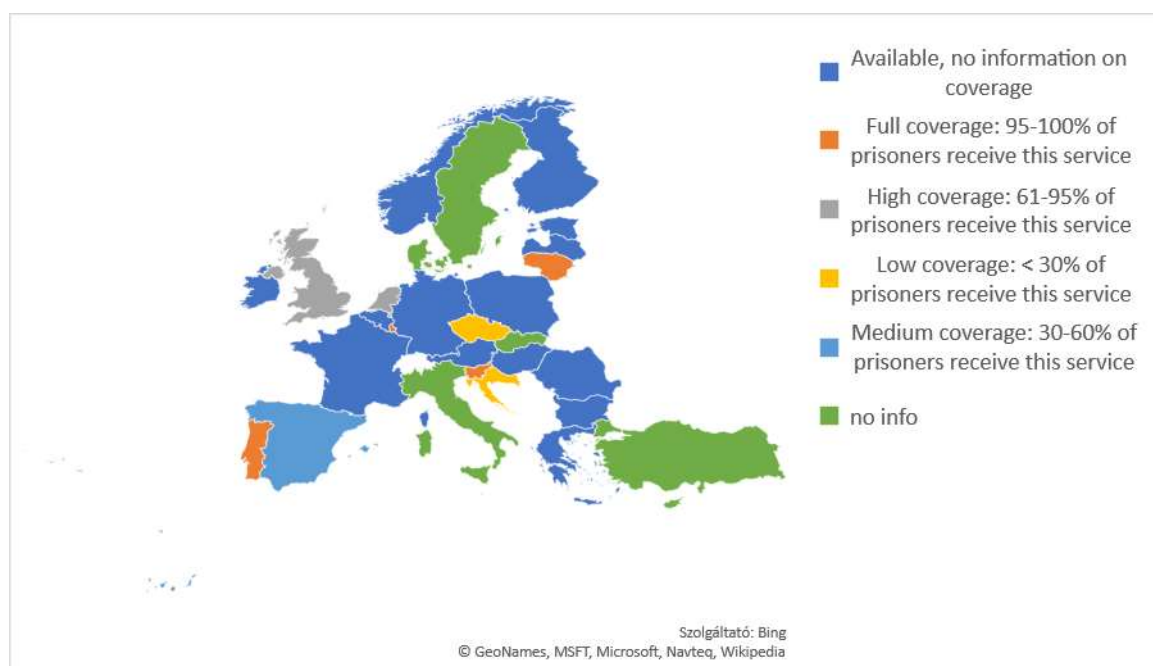
In Spain 'training of health mediators as an education method among equals has been one of the most effective and efficient means of communication in prisons. The aim sought is to enable groups of inmates to act as health mediators and promote healthy lifestyles, by efficiently and effectively carrying out the role of agents for health. The contents worked by these sanitary agents with the rest of the inmates, to promote healthy life habits and style include: personal hygiene, safe sex and sexually transmitted diseases, lower risk consumption, sleeping habits, feeding and physical exercise, adherence to treatment, etc.' (2017 Prison Workbook, Spain)

4.3.8.2. Health education on drug-related infectious diseases – Availability and coverage

All reporting countries stated that health education (as prevention) on drug-related infectious diseases is available for prisoners (23).

However, coverage data varied and reporting coverage was quite low. 4 countries reported full coverage of such intervention (UK data only refers to England see detailed table below), 2 reported high coverage, 1 reported medium coverage, while 2 reported low coverage. 14 countries where service is provided did not report on coverage, while 7 countries did not provide information if the intervention was available.

Coverage of health education (as prevention) on drug-related infectious diseases, 2016/2017



Detailed information about infectious diseases related education activities by the EU-30:

Country	Health education on drug-related infectious diseases available	Health education on drug-related infectious diseases coverage: % of prisoners receive it
Austria	yes	Available, no information on coverage
Belgium	yes	Available, no information on coverage
Bulgaria	yes	Available, no information on coverage
Croatia	yes	Low coverage: < 30% of prisoners receive this service
Cyprus	no info	no info
Czech Republic	yes	Low coverage: < 30% of prisoners receive this service
Denmark	no info	no info
Estonia	yes	Available, no information on coverage
Finland	yes	Available, no information on coverage
France	yes	Available, no information on coverage
Germany	yes	Available, no information on coverage
Greece	yes	Available, no information on coverage
Hungary	yes	Available, no information on coverage
Ireland	yes	Available, no information on coverage
Italy	no info	no info
Latvia	yes, but for the staff	Available, no information on coverage
Lithuania	Yes	Full coverage: 95-100% of prisoners receive this service
Luxembourg	yes	full coverage: 95-100% of prisoners receive this service
Malta	no info	no info
Netherlands	yes	High coverage: 61-95% of prisoners receive this service
Norway	yes	Available, no information on coverage
Poland	yes	Available, no information on coverage
Portugal	yes	Full coverage: 95-100% of prisoners receive this service
Romania	yes	Available, no information on coverage
Slovakia	no info	no info
Slovenia	yes	Full coverage: 95-100% of prisoners receive this service
Spain	yes	Medium coverage: 30-60% of prisoners receive this service
Sweden	no info	no info
Turkey	no info	no info
UK: England	yes	High coverage: 61-95% of prisoners receive this service
UK: Northern Ireland	yes	Available, no information on coverage
UK: Scotland	yes	Available, no information on coverage
UK: Wales	yes	Available, no information on coverage

Source: WB and NEC

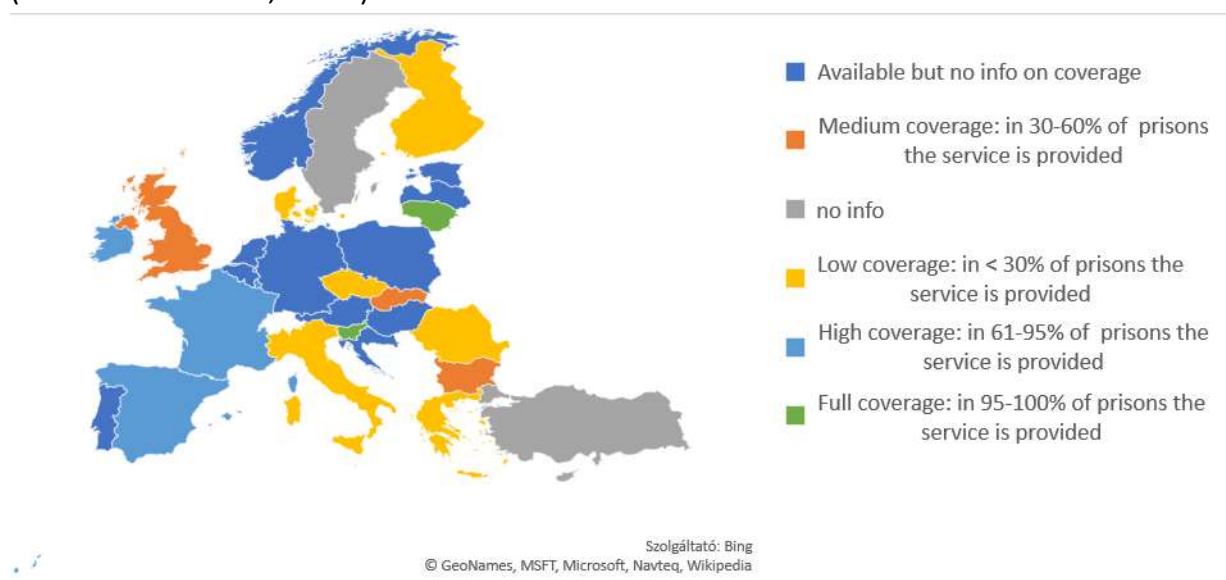
4.3.8.3. Health education on sexually transmitted diseases; HIV-related health promotion, safer tattooing/piercing – availability and coverage

All reporting countries (27) stated that health education is also available on sexually transmitted diseases. Data on information and education on risks of tattooing and piercing were only available from 13 countries among which 10 reported that such intervention is available for prisoners. (UK counted as 1 unit here).

Data was available at ECDC (gaps were filled by NEC) on coverage of HIV-related health promotion or behaviour change programmes in prisons – regarding the percentage of prisons per country where such intervention is available: 2 countries reported full, 4 high, 3 medium, while 7 countries low level of service provision (UK counted as 1 unit). 3 countries did not have the information if such programmes are available in prisons, while 11 countries reported the availability of such services but did not have information on coverage.

Coverage of HIV-related health promotion or behaviour change programmes in prisons in the EU-30, 2017

(Main Source: ECDC, + NEC)



Detailed information about sexually transmitted diseases, safer piercing and tattooing related education activities, HIV-related health promotion and behavioural change programme by the EU-30) (Total is 33 as UK is represented with 4 units)

Country	Information and education on risks of tattooing and piercing available	Health education (as prevention) on sexually transmitted diseases available	HIV-related health promotion or behaviour change programmes in prisons coverage (ECDC)
Austria	no info	yes	Available but no info on coverage
Belgium	no info	yes	Available but no info on coverage

Bulgaria	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
Croatia	no info	yes	Available but no info on coverage
Cyprus	no info	no info	no info
Czech Republic	no info	yes	Low coverage: in < 30% of prisons the service is provided
Denmark	no info	yes	Low coverage: in < 30% of prisons the service is provided
Estonia	no	yes	Available but no info on coverage
Finland	no	yes	Low coverage: in < 30% of prisons the service is provided
France	yes	yes	High coverage: in 61-95% of prisons the service is provided
Germany	yes	yes	Available but no info on coverage
Greece	no	yes	Low coverage: in < 30% of prisons the service is provided
Hungary	yes	yes	Available but no info on coverage
Ireland	no info	yes	High coverage: in 61-95% of prisons the service is provided
Italy	no info	yes	Low coverage: in < 30% of prisons the service is provided
Latvia	no info	yes, but for the staff	Available but no info on coverage
Lithuania	yes	yes	Full coverage: in 95-100% of prisons the service is provided
Luxembourg	yes, A safe tattooing project has been implemented in 2017 in one prison (Schrassig)	yes	High coverage: in 61-95% of prisons the service is provided
Malta	no info	yes	Low coverage: in < 30% of prisons the service is provided
Netherlands	yes	yes	Available but no info on coverage
Norway	no info	yes	Available but no info on coverage
Poland	no info	yes	Available but no info on coverage
Portugal	yes	yes	Available but no info on coverage
Romania	no info	yes	Low coverage: in < 30% of prisons the service is provided
Slovakia	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
Slovenia	yes	yes	Full coverage: in 95-100% of prisons the service is provided
Spain	yes	yes	High coverage: in 61-95% of prisons the service is provided
Sweden	no info	no info	no info
Turkey	no info	no info	no info

UK: England	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
UK: Northern Ireland	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
UK: Scotland	no info	yes	Medium coverage: in 30-60% of prisons the service is provided
UK: Wales	yes	yes	Medium coverage: in 30-60% of prisons the service is provided
Total 'yes'	10	30	see map
Total 'no'	3	0	see map
Total 'no info'	20	3	see map

Source: WB, ECDC, NEC

4.3.9. Infectious diseases testing

4.3.9.1. Availability of HIV/HCV/HBV/TB testing

Among those countries where data was available regarding testing for HIV/HCV/HBV/TB all of them reported that such intervention is available (coloured blue if available in the table below) HIV/HCV and HBV testing was available in 26 countries while TB in 22 countries. (UK counted as 1 unit). More detailed information is available in the table below regarding at which point of the incarceration HIV/HBV/HCV/TB testing is offered to prisoners. (NS – stands for “not specified when”)

Country	HIV testing available	HCV testing available	HBV testing available	TB testing available
Austria	Yes, upon entry	yes, upon entry	Yes, upon entry	Yes, upon entry
Belgium	Yes, upon entry + during IP	Yes, upon entry + during IP	Yes, upon entry + during IP	no info
Bulgaria	yes, upon entry + during IP	yes, project based	yes, project based	yes, project based
Croatia	yes, NS	yes, NS	yes, NS	no info
Cyprus	yes, upon entry	yes, upon entry	yes, upon entry	yes, upon entry
Czech Republic	Yes, upon entry + during IP	yes, NS	Yes, NS (not specified when)	Yes, NS (not specified when)
Denmark	no info	no info	no info	no info
Estonia	yes, NS	yes, upon entry	yes, upon entry	Yes, upon entry + during IP
Finland	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP	Yes, upon entry + during IP	yes
France	yes, upon entry	yes, upon entry + Fibroscan is also available	yes, upon entry	yes, upon entry
Germany	yes, upon entry + during IP	yes, upon entry + during (SI)	yes, upon entry + during (SI)	Yes, NS (not specified when)
Greece	yes, NS	yes, NS	Yes, NS (not specified when)	Yes, upon entry + during IP
Hungary	yes, NS	yes, project based	yes, project based	yes, upon entry + yearly
Ireland	yes, NS	yes, NS	yes, NS	yes, NS
Italy	no info	no info	no info	no info
Latvia	yes, NS	yes, NS	yes, NS	yes, NS
Lithuania	Yes, upon entry and during IP (See: box below)	yes, NS	yes, NS	yes, NS
Luxembourg	yes, upon entry	yes, upon entry	yes, upon entry	Yes, upon entry
Malta	no info	no info	no info	no info
Netherlands	yes, upon entry	yes, upon entry	yes, upon entry	Yes, NS (not specified when)

				when)
Norway	yes, upon entry	yes, upon entry	yes, upon entry	no info
Poland	Yes, upon entry	yes	yes	yes
Portugal	Yes, upon entry	Yes, upon entry	Yes, upon entry + during IP	Yes, upon entry
Romania	yes , NS	yes, NS	yes,NS	yes, NS
Slovakia	yes, other (in drug treatment in prisons)	yes, other (in drug treatment in prisons)	yes, other (in drug treatment in prisons)	yes, other (in drug treatment)
Slovenia	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP + upon release
Spain	yes, upon entry	yes, upon entry	yes, upon entry	yes, upon entry
Sweden	yes, NS	yes, NS	yes, NS	no info
Turkey	no info	no info	no info	no info
UK: England	Yes, upon entry + during IP	Yes, upon entry + during IP	Yes, upon entry + during IP	Yes, upon entry + during IP
UK: Northern Ireland	Yes, upon entry + during IP	Yes, upon entry + during IP + upon release	Yes, upon entry + during IP	Yes, upon entry + during IP
UK: Scotland	Yes, upon entry + during IP	Yes, upon entry + during IP	Yes, upon entry + during IP	Yes, upon entry + during IP
UK: Wales	yes upon entry and during imprisonment	yes	yes	no info
Total for yes	29	29	29	24
Total for no	0	0	0	0
Total for no info	4	4	4	9

Source: ECDC, WB, SI, NEC

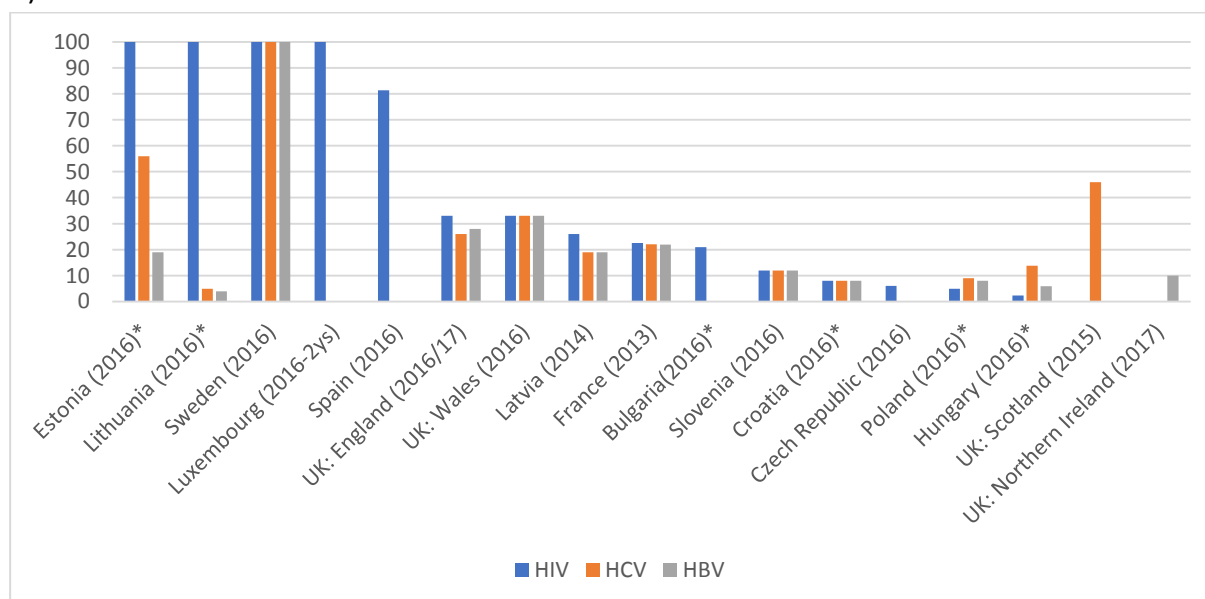
In Lithuania the following HIV testing scheme is applied based on the national legislation (source: NEC):

- Once a year (if test was not performed for other reasons);
 - 4 weeks after the last testing;
 - When first time arriving to the imprisonment institution or when moving from one imprisonment institution or territorial police custody to another imprisonment place (when more than 4 weeks have passed after the last testing);
- According to the epidemiological and clinical recommendations.

4.3.9.2. Coverage

Data on coverage of testing are scarce, when looking at the number or proportion of people tested in the last 12 months out of all people in prison. 14 countries report data on testing carried out in prison for HIV, 11 for HBV and 11 for HCV; these data are presented in the figure below.

Proportion (%) of people in prison tested for infectious diseases in the last 12 months (2013-2017)⁵¹



4.3.9.2.1. HIV

HIV testing rate among prisoners in the last year was available in 14 countries, which ranged between 100% and 2.3%. Testing rates were above 80% in 5 countries and below 33% in the rest of the countries where data was available. (see summary chart above)

Testing coverage estimation⁵² was available from 16 countries according to which 5⁵³ countries reported full coverage (> 95% of all people in prison tested last year), 2⁵⁴ high

⁵¹ *testing rate was calculated by authors on the basis of number of tested people reported in EMCDDA WBs for 2016 and total prison population data available at SPACE statistics for 2016 (stock data) if testing rate for the last 12 months was not available at sources (EMCDDA - WB, ECDC – Dublin Declaration Questionnaire (HIV); via National expert consultation in the HAREACT project)

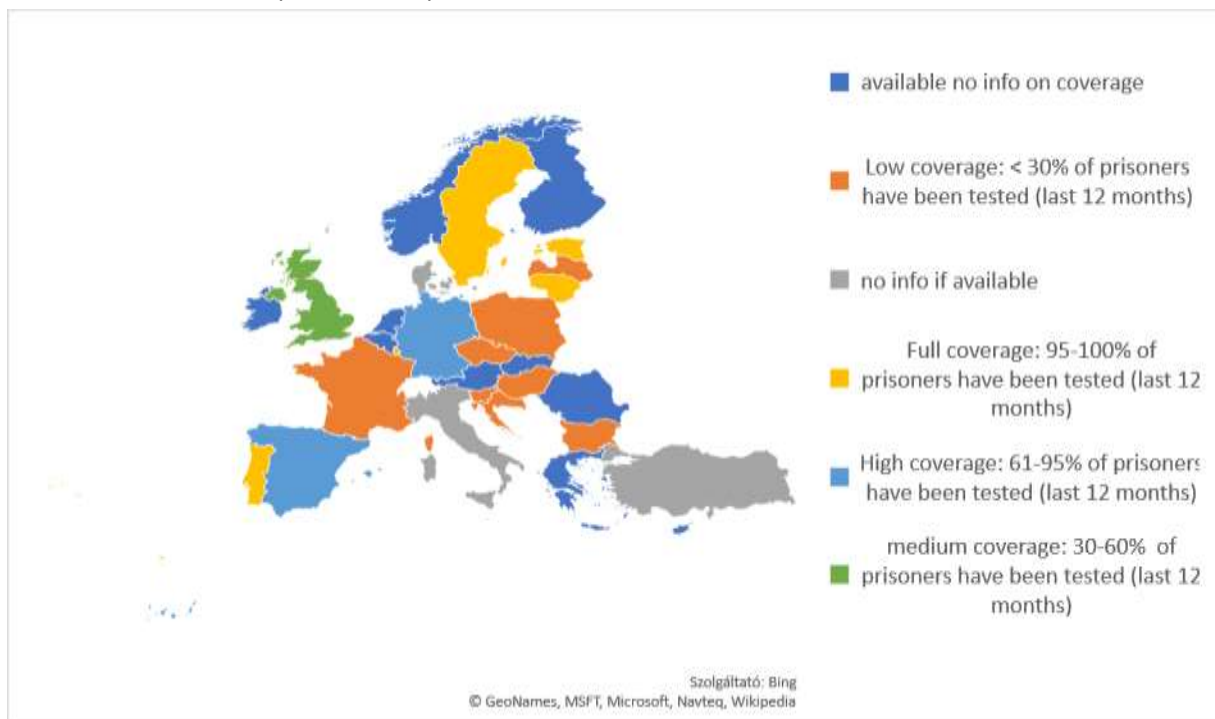
⁵² Coverage range estimate was calculated on the basis of testing rate or if it was not available the coverage range was given by expert estimate.

⁵³ Estonia, Lithuania, Luxembourg, Portugal, Sweden

⁵⁴ Germany, Spain

coverage (95%-61%), ¹⁵⁵ medium (60%-30%), while ⁸⁵⁶ low coverage (< 30%) of HIV testing among people in prison in the last year.

Coverage of HIV testing among prisoners, % of prisoners who have been tested in the last 12 months in the EU-30(2016/2017)⁵⁷



Source: ECDC, WB, NEC

If coverage estimate was not available but testing rate could be obtained authors estimated coverage range on the basis of testing rates.

4.3.9.2.2. HBV

HBV testing rate among people in prison in the last year ranged between 4% and 100% (11 countries). Testing rates were above 80% in 2 countries, while below 33% in the rest of the countries (see summary chart above).

Estimates on coverage range of HBV testing in the last 12 months were available in 15 countries. Regarding coverage range: Full coverage was reported in ³⁵⁸ countries, high coverage in ²⁵⁹ countries and low coverage in ¹⁰⁶⁰ countries.

⁵⁵ United Kingdom (report only by Wales and England)

⁵⁶ Bulgaria, Croatia, Czechia, France, Hungary, Latvia, Poland, Slovenia

⁵⁷ Coverage data refers to 2010/2011 in Germany; 2013 in France; 2014 in Latvia

⁵⁸ Luxembourg, Portugal, Sweden

⁵⁹ Germany, Spain

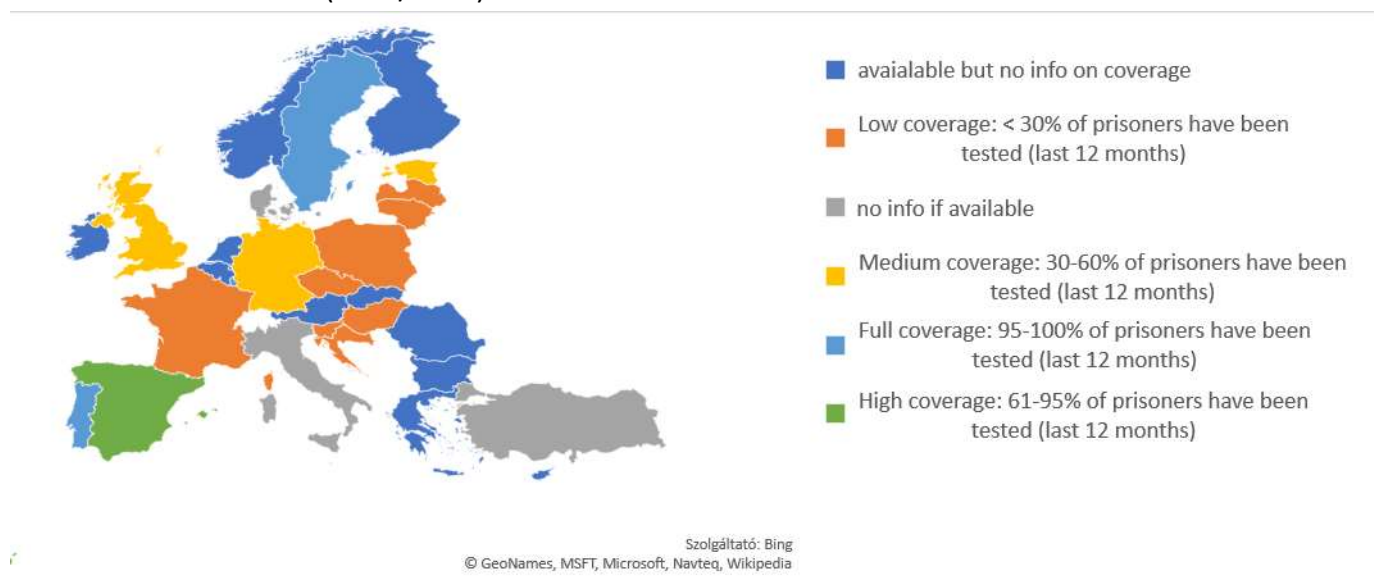
⁶⁰ Croatia, Czechia, Estonia, France, Hungary, Latvia, Lithuania, Poland, Slovenia. The United Kingdom was counted as low coverage country. England, Scotland and Northern Ireland reported low coverage, while Wales reported medium coverage.

4.3.9.2.3. HCV

HCV testing rate among prisoners in the last year was available in 11 countries, which ranged between 100% and 5%. Testing rates were above 80% in 2 countries, between 80%-25% in case of another 2 countries, while below 25% in the rest of the countries (see summary chart above).

Among the 15 reporting countries full coverage of HCV testing in the last year was estimated in 3⁶¹ countries, high coverage in 1⁶² country, medium coverage in 3⁶³ countries while coverage was low in 8⁶⁴ countries.

Coverage of HCV testing among prisoners, % of prisoners who have been tested in the last 12 months in the EU-30 (2016/2017)



Source: WB, NEC

If coverage estimate was not available but testing rate could be obtained authors estimated coverage range on the basis of testing rates.

4.3.9.2.4. TB

Estimation on coverage of TB testing was available only in the following 7 countries among the 22 that reported TB testing in prisons (in the remaining 15 countries no information could be obtained on this).

⁶¹ Luxembourg, Portugal, Sweden

⁶² Spain

⁶³ Germany, Estonia, United Kingdom was counted as medium coverage country, however England reported low coverage, while Wales and Scotland medium coverage (no information from Northern Ireland).

⁶⁴ Croatia, Czechia, France, Hungary, Latvia, Lithuania, Poland, Slovenia

Estimated TB testing coverage among prisoners last year, % of prisoners who have been tested in the last 12 months (2016)

Country	TB testing estimated coverage last year
Estonia	Full coverage: 95-100% of prisoners have been tested (last 12 months)
Hungary	Full coverage: 95-100% of prisoners have been tested (last 12 months)
Luxembourg	Full coverage: 95-100% of prisoners have been tested (last 12 months)
Netherlands	Full coverage: 95-100% of prisoners have been tested (last 12 months)
Spain	High coverage: 61-95% of prisoners have been tested (last 12 months)
France	Medium coverage: 30-60% of prisoners have been tested (last 12 months)
Greece	Medium coverage: 30-60% of prisoners have been tested (last 12 months)

Source: WB, NEC

4.3.10. Availability of HBV Vaccination and PEP

HBV vaccinations are reported to be available in 21 countries⁶⁵ (marked with blue); in one country (Lithuania) HBV vaccination is not available, in 8 countries no information was provided on this. Ten ⁶⁶ countries also report the availability of post-exposure prophylaxis in prison, but more specific information on this intervention is scarce.

Data was also collected on that at which phase of imprisonment HBV vaccination is offered. 9 countries reported that intervention is available but there is no specific information on when it is offered. 4 countries reported that is offered upon entry. 2 countries reported that it is available upon entry and during imprisonment, while one country stated that it is also available upon release. In 2 countries such intervention is not provided, while 12 did not provide information.

Detailed information about HBV vaccination and PEP in the EU-30 (UK is represented with 4 units)

Country (by alphabetical order)	Vaccination for HBV available	Post-exposure prophylaxis available
Austria	Yes, NS (not specified when)	yes
Belgium	yes, NS	yes
Bulgaria	no info	no info
Croatia	Yes, NS (not specified when)	no info
Cyprus	no info	no info
Czech Republic	Yes, NS (not specified when)	no info
Denmark	yes, NS	no info
Estonia	yes, NS	no info
Finland	Yes, upon entry + during IP	yes
France	yes, upon entry	yes
Germany	yes, NS	no info
Greece	Yes, during imprisonment (IP)	Yes
Hungary	Yes, NS (not specified when)	no info
Ireland	Yes, NS (not specified when)	no info
Italy	no info	no info
Latvia	no info	no info
Lithuania	no	yes
Luxembourg	Yes, upon entry	yes
Malta	no info	no info

⁶⁵ Austria, Belgium, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Luxembourg, Netherlands, Norway, Slovakia, Slovenia, Spain, Sweden, Turkey, United Kingdom

⁶⁶ Austria, Belgium, Finland, France, Greece, Lithuania, Luxembourg, Slovenia, Spain, United Kingdom

Netherlands	Yes, NS (not specified when)	no info
Norway	Yes, during imprisonment (IP)	no info
Poland	no info	no info
Portugal	no info	no info
Romania	no info	no info
Slovakia	Yes, other (indicate in comments) there is a general vaccination program for VHB	no info
Slovenia	Yes, upon entry + during IP + upon release	yes
Spain	yes, upon entry	yes
Sweden	yes, upon entry	no info
Turkey	yes, NS	no info
UK: England + Wales	Yes, NS (not specified when)	yes
UK: Northern Ireland	Yes, NS (not specified when)	yes
	Yes, NS (not specified when)	yes
UK: Scotland	Yes, NS (not specified when)	no info
Total 'yes'	24	12
Total 'no'	1	0
Total 'no info'	8	21

Source: WB, NEC

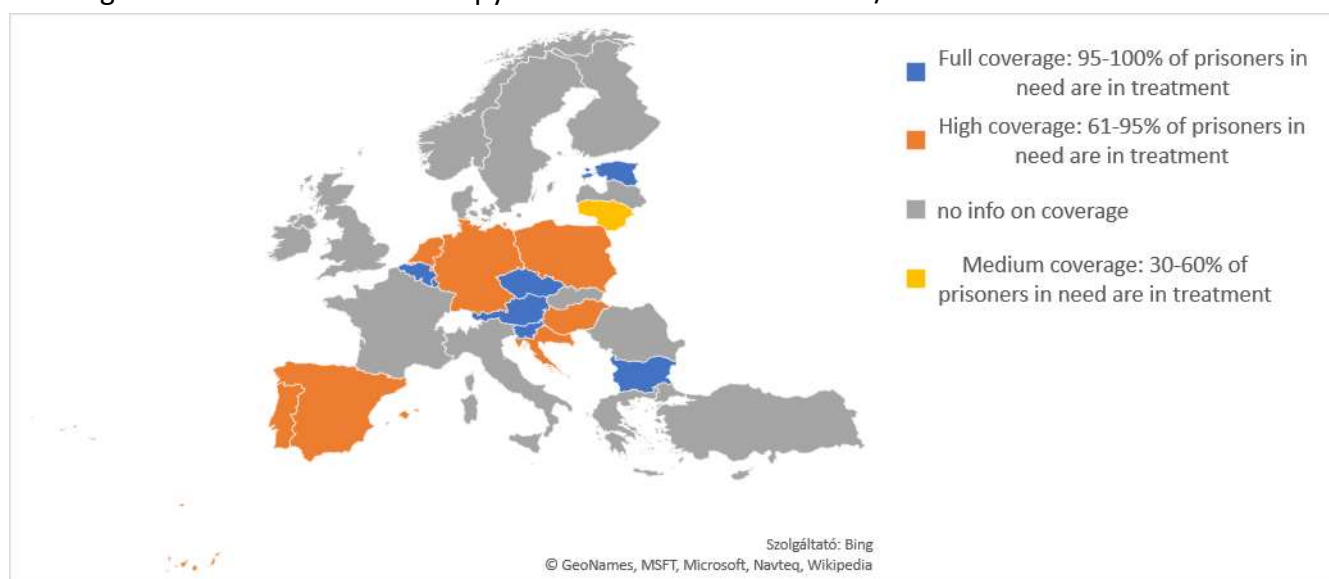
4.3.11. Infectious disease treatment

4.3.11.1. HIV

HIV antiretroviral therapy was reported to be available in all the 30 countries covered. (Main Source: ECDC, NEC)

Full coverage (> 95% of people in prison in need are in treatment) is reported in seven⁶⁷ and high coverage⁶⁸ (95%-60%) in another 7 countries out of 15 where this information was available.

Coverage of HIV antiretroviral therapy in the EU-30 countries 2016/2017



⁶⁷ Austria, Belgium, Bulgaria, Czechia, Estonia, Luxembourg, Slovenia

⁶⁸ Croatia, Germany, Hungary, Netherlands, Poland, Portugal, Spain

4.3.11.2. HBV

Hepatitis B antiviral therapy is reported to be available in 21⁶⁹ countries out of 22 reporting information on this intervention. Finland does not provide HBV treatment according to information received via NEC. Half⁷⁰ of the countries reporting information on coverage (8 countries) estimates that almost all people in prison in need are enrolled in treatment.

Country	Antiviral therapy for HBV estimated coverage
Belgium	Full coverage: 95-100% of prisoners in need are in treatment
Czech Republic	Full coverage: 95-100% of prisoners in need are in treatment
Luxembourg	Full coverage: 95-100% of prisoners in need are in treatment
Slovenia	Full coverage: 95-100% of prisoners in need are in treatment
Spain	High coverage: 61-95% of prisoners in need are in treatment
Estonia	Low coverage: < 30% of prisoners in need are in treatment
Lithuania	Low coverage: < 30% of prisoners in need are in treatment
Finland	No coverage: The service is not provided

Countries not listed here did not provide information on coverage or on the availability of this service.

4.3.11.3. HCV

Antiviral treatment for hepatitis C is available in all reporting 24 countries, however for the remaining 6 countries no information was available.⁷¹

Of the 10 countries providing an estimation of coverage of those who need HCV treatment, five report⁷² full or high coverage.

Country	Antiviral therapy for HBV estimated coverage
Belgium	Full coverage: 95-100% of prisoners in need are in treatment
Czech Republic	Full coverage: 95-100% of prisoners in need are in treatment
Luxembourg	Full coverage: 95-100% of prisoners in need are in treatment
Slovenia	Full coverage: 95-100% of prisoners in need are in treatment
Hungary	High coverage: 61-95% of prisoners in need are in treatment
Germany	Medium coverage: 30-60% of prisoners in need are in treatment
Spain	Medium coverage: 30-60% of prisoners in need are in treatment
Croatia	Low coverage: < 30% of prisoners in need are in treatment
Estonia	Low coverage: < 30% of prisoners in need are in treatment
Lithuania	Low coverage: < 30% of prisoners in need are in treatment

Countries not listed here did not provide information on coverage or on the availability of this service.

⁶⁹ Belgium, Croatia, Cyprus, Czechia, Estonia, France, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Turkey, United Kingdom

⁷⁰ Belgium, Czechia, Luxembourg, Slovenia

⁷¹ Bulgaria, Denmark, Italy, Malta, Poland, Slovakia

⁷² Belgium, Czechia, Hungary, Luxembourg, Slovenia

4.3.11.4. TB

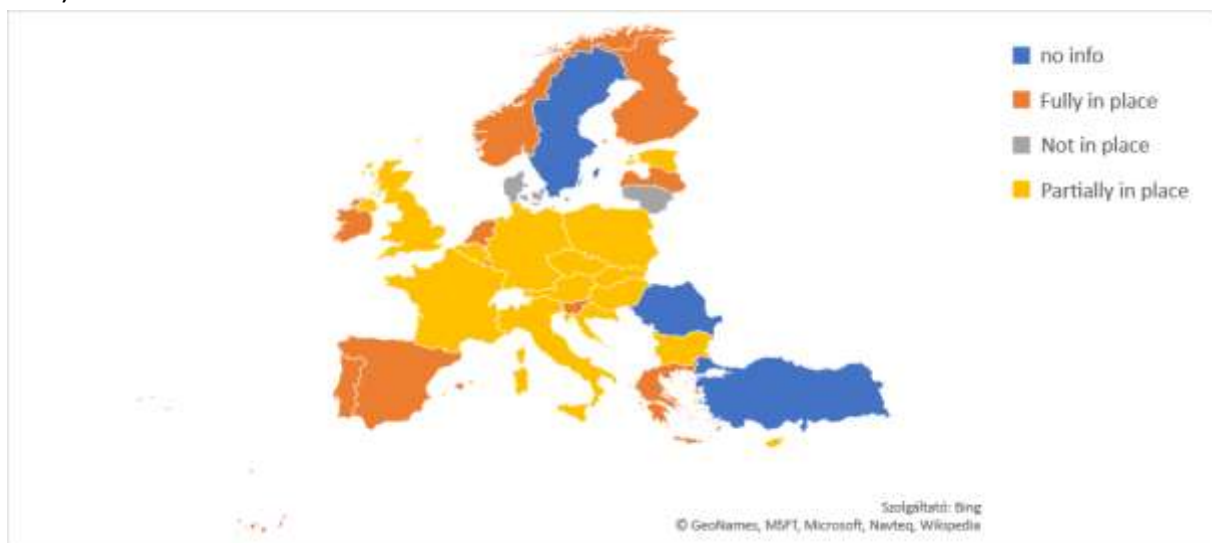
Treatment for tuberculosis is also available in prisons in all reporting European countries (19)⁷³. All the countries who reported data on TB treatment coverage of people in need estimated it to be full (8⁷⁴ countries).

4.3.11.5. Linkage to HIV/HCV care upon release

Linkage to HIV care upon release⁷⁵

The majority of the countries (25, UK counted as 1 unit) stated that HIV antiretroviral treatment was available for the prisoners after the release by referral. This service was partially available in 15 countries⁷⁶ and fully available in 10 countries⁷⁷. Only two countries stated that a referral system was not in place, 3 countries did not provide information about the opportunity. Little is known however about the success rate of the referral as the possible drop-out rate could be high. (Source ECDC, gaps filled with NEC)

Coverage of linkage to HIV care upon release in EU-30 in 2017⁷⁸ (Main source ECDC, and NEC)



⁷³ Belgium, Cyprus, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Latvia, Lithuania, Luxembourg, Netherlands, Portugal, Romania, Slovenia, Spain, Turkey, United Kingdom

⁷⁴ Czechia, Estonia, Lithuania, Luxembourg, Netherlands, Portugal, Slovenia, Spain

⁷⁵ Scotland, England+Wales and Ireland are collected separately

⁷⁶ Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Germany, Hungary, Italy, Malta, Poland, Slovakia, United Kingdom

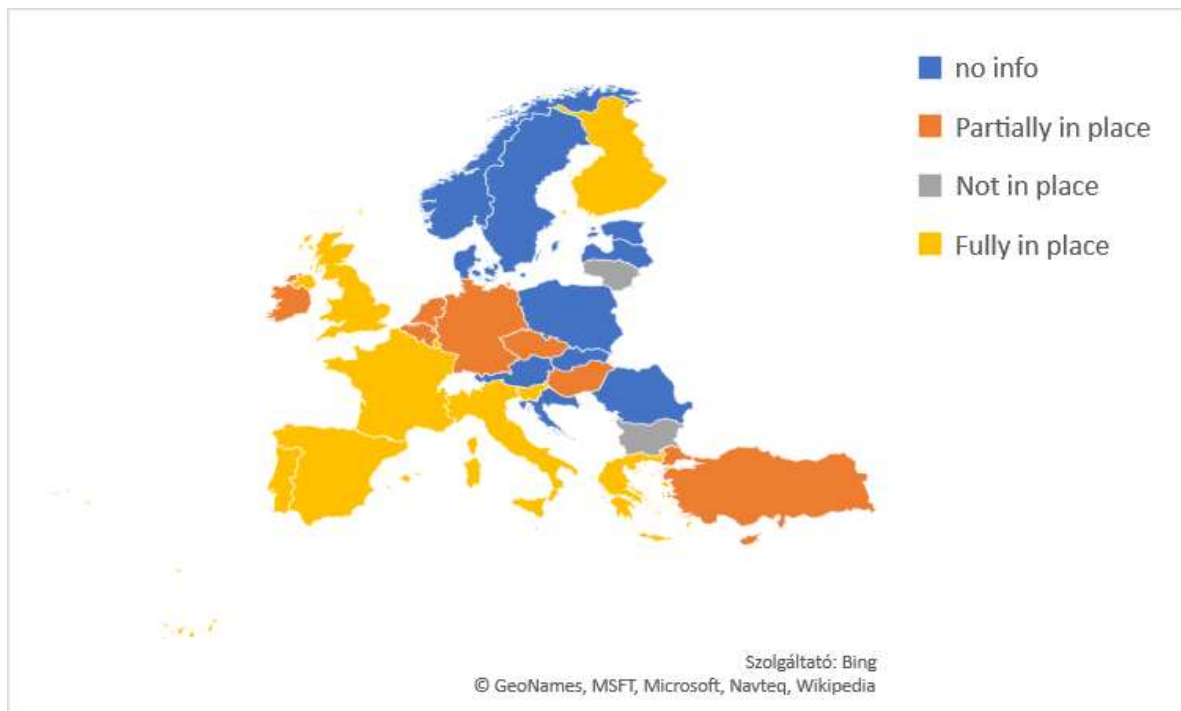
⁷⁷ Finland, Greece, Ireland, Latvia, Luxembourg, Netherlands, Norway, Portugal, Slovenia, Spain

⁷⁸ Germany NEC comment: Due to the fact that every federal state and even every prison can manage their interim management for the soon to be released prisoners on their own, it is impossible to give a generalized answer to that.

Linkage to HCV care upon release

Little is known of prisoners' opportunity to get or continue HCV antiviral treatment when they leave the prisons. Based on available information, linkage to HCV treatment is fully available in 9⁷⁹ countries and partially available in 8 countries⁸⁰, whilst Lithuania and Bulgaria indicate that this is not available. According to the new EMCDDA/ECDC prison-related guidelines⁸¹ 'Provision of an adequate supply of medicines to individuals on their release is implemented in countries such as France, Italy and Portugal, in order to cover the transition period until effective linkage with community services is established, or for the entire duration of the treatment, as is currently done in some countries for HCV treatment with interferon-free regimens. Provision of prescription is preferred in countries such as the United Kingdom, with active referral to a suitable service provider in the community.'

Coverage of linkage to HCV care upon release in 30 countries in 2017



⁷⁹ Finland, France, Greece, Italy, Luxembourg, Portugal, Slovenia, Spain, United Kingdom

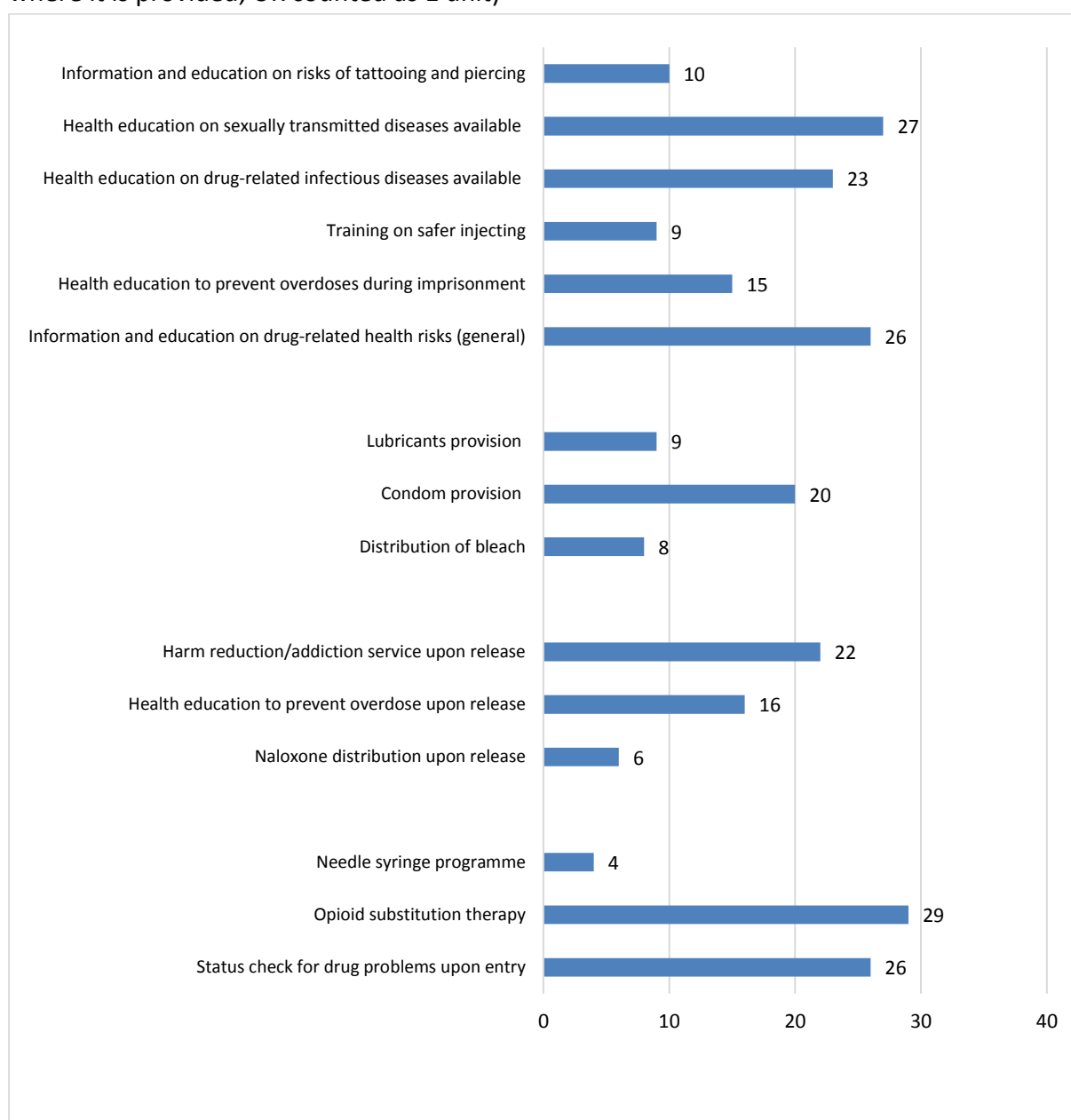
⁸⁰ Belgium, Cyprus, Czechia, Germany, Hungary, Ireland, Netherlands, Turkey

⁸¹ EMCDDA/ECDC Guidance in brief: Prevention and control of blood-borne viruses in prison settings, 2018. http://www.emcdda.europa.eu/system/files/publications/9104/TD0318053ENN_final.pdf

5. Summary on the availability of core interventions in prison

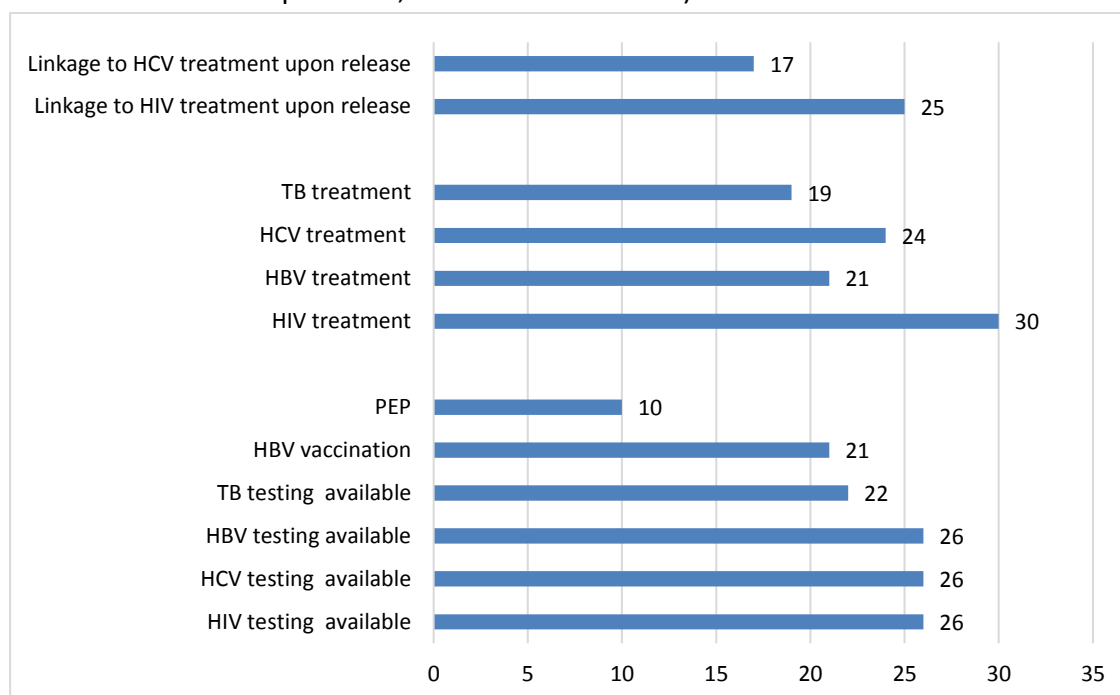
At each intervention the remaining numbers refer to countries that either reported non-availability or did not provide information, thus it does not equal to non-availability.

Availability of harm reduction interventions in the EU-30 in 2017 (N=number of countries where it is provided, UK counted as 1 unit)⁸²



⁸² OST availability data refers to 2018 in case of Lithuania

Availability of infectious diseases related interventions in the EU-30 in 2017 (N=number of countries where it is provided, UK counted as 1 unit)



6. Acknowledgements

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