

Scaling up harm reduction in places of detention: a public health and human rights imperative

Cinzia Brentari, *Harm Reduction International, Project Manager*



Co-funded by the EU



About us

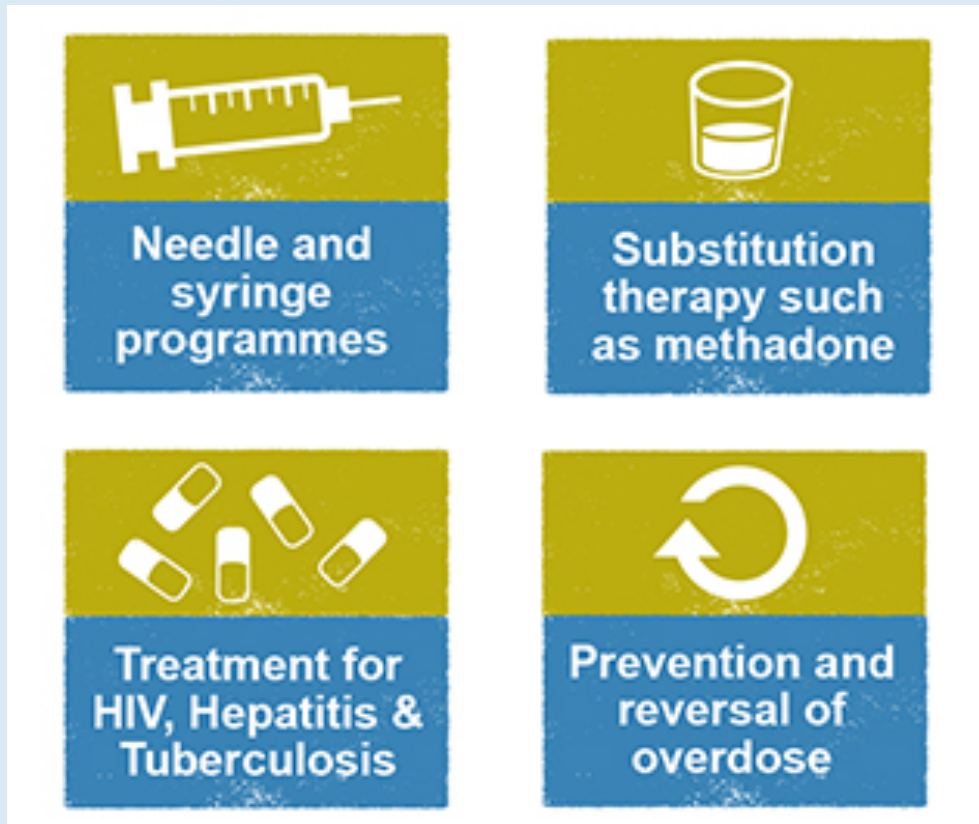
HRI is a leading non-governmental organisation working to reduce the negative health, social and human rights impacts of drug use and drug policy by promoting evidence-based public health policies and practices, and human rights based approaches to drugs.

HR17
MONTRÉAL

25th Harm Reduction
International Conference
Montréal, Canada | 14 -17 May 2017
www.hri.global/hr17 | [#hr17](https://twitter.com/hr17) | [@HRInews](https://twitter.com/HRInews)

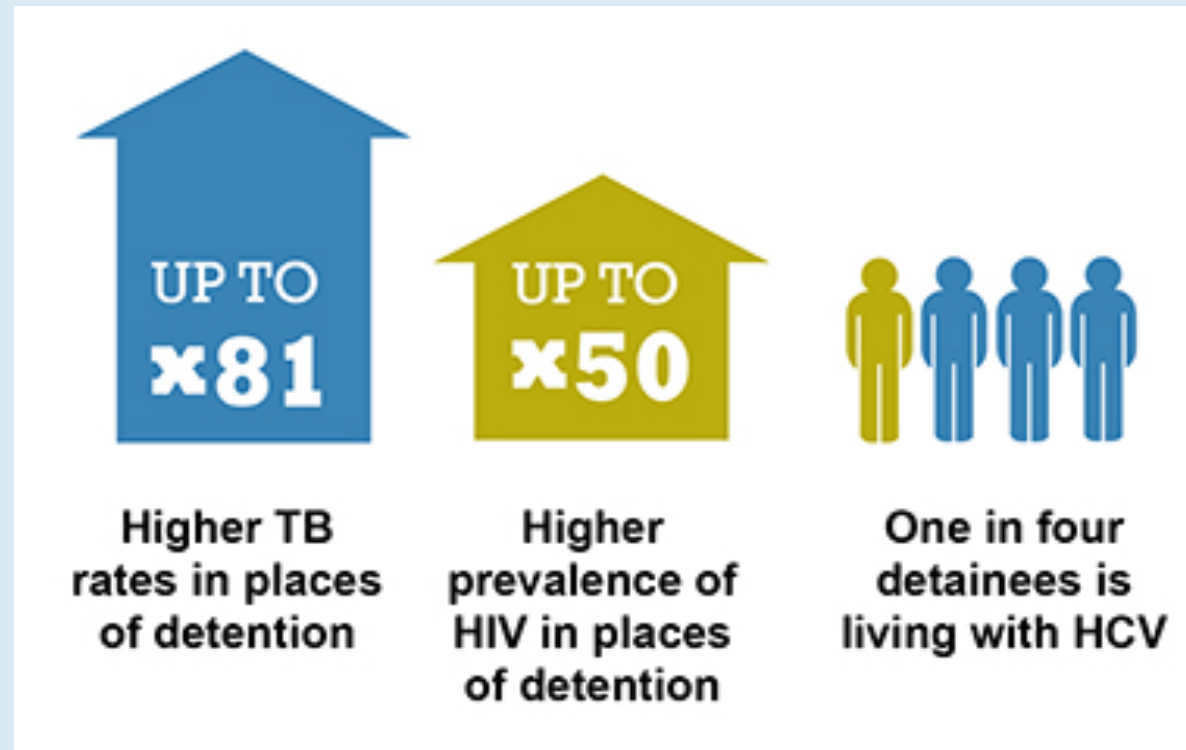
What is harm reduction?

- A proven approach that reduces the health and social impacts of unsafe drug use

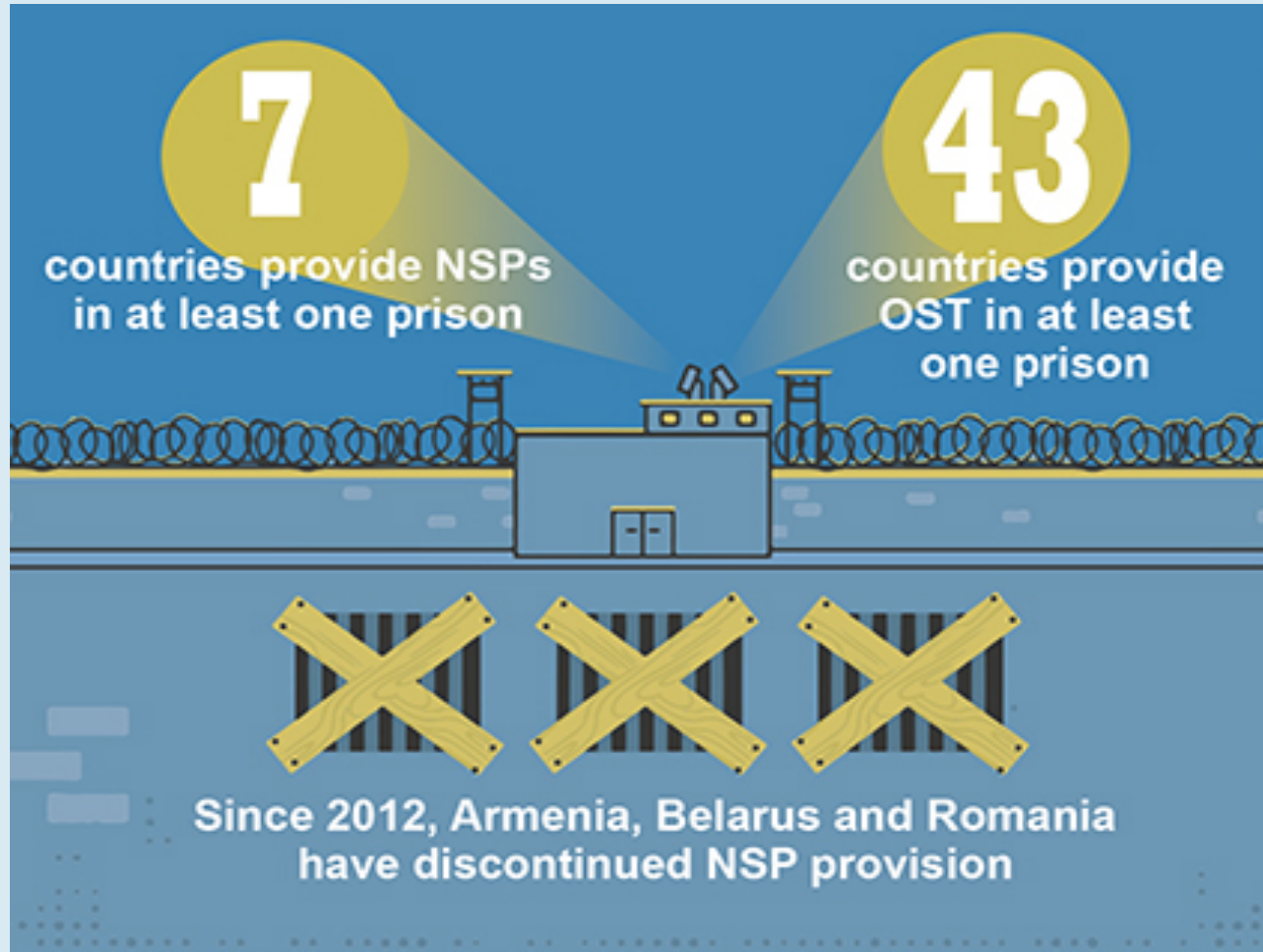


Why do we need harm reduction in places of detention?

- 33-50% of the world's prison population is made up of people who use drugs.



Lack of harm reduction in places of detention



Key public health gains

Evidence shows that implementing harm reduction services in places of detention:

- **Reduces risk behaviour and the transmission HIV and HCV;**
- Can drastically **reduce overdose** rates;
- Reduces the incidence of abscesses;
- **Reduces withdrawal symptoms** on admission, which are often accompanied by **self harm or suicide** attempts;
- Increases adherence to antiretroviral therapy;
- **Increases referrals** to evidence-based drug treatment programmes;
- Is **feasible and affordable** across a wide range of prison settings
- Makes places of detention safer places to live and work for prisoners and staff.

Prisoners human rights

- Right to health
- Freedom from discrimination
- Right to life
- Freedom from torture and ill treatment

And minimum standards relating to infectious diseases have been set by human rights and public health bodies

Human rights concerns

“The provision of harm reduction is not merely a policy option for States [but rather] a legal obligation as part of State obligations to progressively realise the right to health and to guard against inhuman or degrading treatment.”

- Joint Open Letter by Special Rapporteur on Torture; Special Rapporteur on the right to health; Special Rapporteur on extrajudicial, summary or arbitrary executions; Chair of the UN Committee on the Rights of the Child; and the Working Group on Arbitrary Detention, April 2016.

“The denial of methadone treatment [OST] in custodial settings [can] be a violation of the right to be free from torture and ill-treatment in certain circumstances.”

- Special Rapporteur on Torture, 2013.

Human rights concerns

“...danger to the health and life of detainees as a result of the spread of contagious diseases and inadequate care amounts to a violation of article 10 (prohibition of torture and ill treatment)...and may also include a violation of articles 9 (right to liberty and security of the person) and 6 (right to life).”

- Human Rights Committee, 2002.

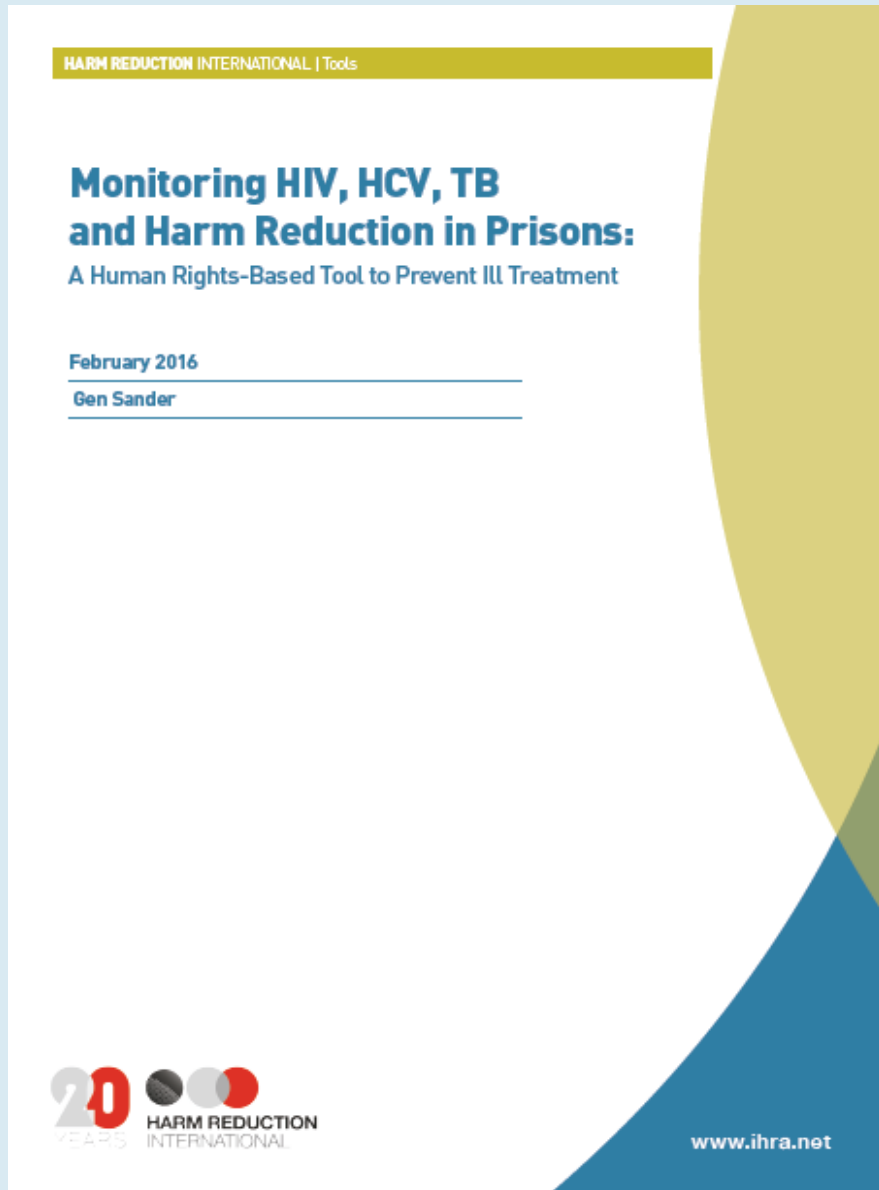
“If harm reduction programmes and evidenced-based treatment are made available to the general public, but not to persons in detention, that contravenes international law.”

- Anand Grover, Former UN Special Rapporteur on the right to health, 2010.

Prison human rights monitoring mechanisms

- **UN Subcommittee on the Prevention of Torture (SPT);**
 - **European Committee for the Prevention of Torture (CPT);**
 - **National Preventive Mechanisms (NPMs)**
-
- In place to ensure compliance with these human rights obligations and standards
 - Enjoy unhindered access to all places of detention
 - Mandated to prevent torture and ill-treatment, including in the context of health
 - **BUT....often do not cover issues related to infections and harm reduction**

HRI's monitoring tool



- User-friendly
- Developed with Expert Committee
- Help generate more comprehensive and consistent monitoring and recommendations on harm reduction in prisons
- Available here: http://www.ihra.net/files/2016/02/10/HRI_MonitoringTool.pdf



A role for the monitoring bodies?

2) Incorporate 3 key questions into medical checklist

| | | | |
|---|-----------------------------------------------------------------------------------------------|-----|----|
| 1 | Is sterile injecting equipment available to prisoners? | Yes | No |
| 2 | Is opioid substitution therapy (OST) available to prisoners? | Yes | No |
| 3 | If OST is available: | | |
| | a) Can prisoners who were receiving it prior to incarceration access it without interruption? | Yes | No |
| | b) Can prisoners initiate it at any point during detention? | Yes | No |
| | c) Is it used for maintenance of opioid dependence or detoxification? | | |



Thank you!

Cinzia Brentari, Cinzia.Brentari@hri.global
www.hri.global