

Institution: 10007140 Birmingham City University		
Unit of Assessment: 21: Sociology		
Title of case study: Improving health equality for incarcerated people through new harm reduction policy and practices		
Period when the underpinning research was undertaken: 2003 to 2007		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): Professor Morag MacDonald	Role(s) (e.g. job title): Professor of Social Research, Director of the Social Research and Evaluation Unit (SREU)	Period(s) employed by submitting HEI: 1997 to present
Period when the claimed impact occurred: 2014 to 2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact (indicative maximum 100 words)		
<p>Since 2014, research undertaken by Morag MacDonald has led to an increase of policy implementation and uptake of prison-based harm reduction strategies in Europe and Central Asia, where the prevalence of drug-related diseases was up to ten times higher than in the general population. This work particularly benefitted incarcerated individuals with drug-related infectious diseases in those regions. MacDonald's direct involvement in the Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia resulted in policy change, increasing harm reduction measures in more than 15 countries. As a result, harm reduction measures in prisons have reached near parity with those of the wider community.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>The proliferation of drug users sharing or reusing syringes and injection facilities has been an overwhelming contributor to the spread of HIV and HCV within prisons. Research by MacDonald has been largely committed to understanding quality of care in prisons as compared to the provision in the wider community, specifically in assessing the resources available to drug users in prisons and highlighting best harm reduction practices in prison settings as a way of preventing infection and sexually transmitted diseases. Due to her expertise and research, MacDonald has been regularly consulted by governmental and third sector organisations such as the European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI), United Nations Office on Drugs and Crime, the World Health Organization (WHO) and her work has been widely cited such as in <i>The Lancet</i> and European Commission reports.</p> <p>2.1 Syringe exchange, opioid substitution therapy, and testing</p> <p>MacDonald's work in harm reduction began in the 1990s but her biggest projects on the subject started in 2003 with research on prisons in Poland, Hungary and the Czech Republic. MacDonald's report (R01) involved data collection from three prisons in each of the countries using interviews and focus groups as well as quantitative data analysis. This report concluded that <i>"there is a gradual growth in the number of drug users entering prison and acknowledgement of the use of drugs in prison by the three countries visited and this requires a commitment to providing services for drug using prisoners equivalent to those in the community"</i>. The report highlighted the need for clean injecting equipment, substitute drugs and testing for disease.</p> <p>Building on that work, MacDonald led a larger study of ten central and eastern European countries, making it one of the most wide-ranging studies on harm reduction of its time. Research involved visits to prisons, along with interviews and focus groups with a large range of stakeholders to understand the problems and procedures concerning drug use, sex, and</p>		

communicable diseases. The results were published in a substantial report (R02) and an extensive comparative analysis (R03). The research identified the issue of a general lack of drug strategy, both nationally and within many of the individual prison administrations from which data was collected. The latter report made strong recommendations for a range of voluntary treatment opportunities for prisoners, including syringe exchange programmes, substitution treatment, and HIV and HCV testing as a means of harm reduction. In addition, it found that testing for HIV or HCV was not always available and not always voluntary, both of which were a cause for concern.

2.2 Prison staff training on HIV/AIDS and harm reduction

In R04, MacDonald found that the disparity between harm reduction provision outside and inside prisons could be bridged through the introduction of community healthcare services into prisons, which also required training for staff. This article drew on semi-structured interviews with prisoners, prison governors, medical staff and prison security officers. The article was one of the first to apply analysis often reserved to community issues of drug use and AIDS into the prison setting. That same year, MacDonald co-authored a report (R05) following a major international project concerning juveniles in prisons across seven countries. The study held focus groups totalling 120 juveniles in prisons along with interviews of prison staff and relevant NGOs. The study, one of the largest of its kind, concluded that in many cases, national policy and local solutions concerning harm reduction were unavailable to the detriment of the juveniles in prison. Again, a central concern regarded training of prison staff.

MacDonald received funding from the European Commission for a project to develop models of best practice for harm reduction in prisons of 10 European countries which concluded in a report (R06). The research took place in Austria, Bulgaria, Estonia, Germany, Italy, Latvia, Lithuania, Poland, Romania, and Spain. MacDonald found that an “essential” tool for the successful implementation of harm reduction measures was the training of prison staff as the findings showed high levels of misinformation about HIV/AIDS and transmission among prison employees.

3. References to the research (indicative maximum of six references)

R01. MacDonald, Morag (2003) “A Comparative Report of Health Care Provision in Prisons in Poland, Hungary and the Czech Republic”, The European Institute for Crime Prevention and Control, affiliated with the United Nations, Paper No. 19. <https://core.ac.uk/download/pdf/159364936.pdf>

R02. MacDonald, Morag (2004) *A Study of Existing Drug Services and Strategies Operating in Prisons in Ten Countries from Central and Eastern Europe*, Warsaw: Central Eastern European Network of Drug Services in Prison. ISBN: 1-902114-10-8

R03. MacDonald, Morag (2005) *A Study of the Health Care Provision, Existing Drug Services and Strategies Operating in Prisons in Ten Countries from Central and Eastern Europe*, Monsey, NY: Criminal Justice Press. ISBN: 952-5333-23-X.

R04. MacDonald, Morag (2006) “People with problematic drug use and HIV/AIDS in European prisons: An issue of patient confidentiality”, *International Journal of Prisoner Health*, 2(3): 207-218. <https://doi.org/10.1080/17449200601043671>

R05. MacDonald, Morag, Atherton, Susie and Stoeber, Heino (2006) *Juveniles in Secure Settings: Services for problematic drug and alcohol users*, London: The European Network on Drugs and Infections Prevention in Prisons (ENDIPP), ISBN: 3-8142-2061-7.

R06. Stöver, Heino, MacDonald, Morag, and Atherton, Susie (2007) *Harm Reduction in European Prisons: A Compilation of Models of Best Practice*, BIS-Verlag. ISBN: 978-3-8142-2090-1

MacDonald's research has attracted eight research grants totalling over £845,000, awarded by funders including the European Commission and European Institute for Crime Prevention and Control affiliated with the United Nations. These research projects included collaborations with a total of 17 countries across Europe and Central Asia.

4. Details of the impact (indicative maximum 750 words)

4.1 Dublin Declaration and changes to drug management and treatment policy in European and Central Asian prisons

MacDonald played a pivotal role in the implementation of harm reduction strategies within prisons, enabled by the Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia in 2004. Her research expertise and crucial findings led to her being invited to co-author the Declaration (S01) and incorporating her key findings within its text. According to the World Health Organisation Regional Office for Europe, the Declaration called on officials to take action to address the issue of HIV/AIDS in prisons by implementing comprehensive prevention, care, treatment and support programmes. The Declaration became the goalpost by which to evaluate the progress of European and Central Asian countries in relation to HIV/AIDS in prisons, leading to significant policy changes in 16 countries.

Through the Declaration, MacDonald's recommendations have been adopted into prison harm reduction policies across Europe and Central Asia, enabling prisons to strategically address and reduce harm. MacDonald's research (R01-R03) identified three recommendations that were included in the Dublin Declaration. These are (i) *opioid substitution therapy*, (ii) *needle and syringe exchange programs*, and (iii) *infectious disease testing and treatment* in prisons. These recommendations are now being used in guidance provided by the European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and enabled the following advances within European and Central Asian prisons.

(i) Increased opioid substitution therapy (OST): Since 2014, Greece, Cyprus and Lithuania had implemented MacDonald's recommendation by introducing OST in their prisons, with the latter two countries implementing OST in all prisons by 2018. A total of 14 countries in Europe and Central Asia followed suit and by 2018 it was implemented in all their prisons. Overall, 39 European and Central Asian countries had implemented MacDonald's OST recommendation by 2018. The significant increase in prisons implementing OST has enabled them to reflect more closely treatment for those outside of the prison system (S02).

(ii) Increased needle and syringe exchange programmes (NSEPs): MacDonald's recommendation for the use of NSEPs in the Dublin Declaration led to approximately 60 prisons worldwide implementing needle exchange programmes (S03). Between 2014 and 2016, the number of prisons that provided NSEPs in Switzerland, for example, increased by 114% (S04). In 2017 alone, 1,565 prisoners benefited from the introduction of these risk reduction measures in Moldova, with more prisons now providing the service (S05).

(iii) Increased infectious disease testing: England benefitted from the adoption of MacDonald's recommendation for increased infectious disease testing in prisons. From 2014, Public Health England, NHS England and Her Majesty's Prison and Probation Service launched a national 'opt-out testing' programme across all adult prisons in England (S02), following the recommendations made by MacDonald in the Dublin Declaration. This led to an increase of testing from 4% of the prison population in 2010 to 29% in 2017 (S06). For HCV, only 8.6% of prisoners were tested for the virus in 2013/14 as compared to 24% in 2017 (S07). This had important implications, especially for identifying HCV positive prisoners to enable earlier care and treatment interventions. For instance, in Q1 of 2017/18, 8,797 tests resulted in 18% testing positive for HCV which led to high levels of specialist referrals. In 2016/7, of 34,474 tested for HIV, 942 were HIV positive and could be provided with specific support (S06). The ability to opt-out ensured that the test was voluntary as recommended by MacDonald.

Due to the Dublin Declaration, *“in many countries, the HIV rate among drug using prisoners is low compared to 20 years ago”* (S03) and, *“in both 2016 and 2018, there was significant progress towards meeting the global substantive targets”* set out by the Dublin Declaration (S02). A EMCDDA evaluation credits the Dublin Declaration as the reason that harm reduction measures in prisons have reached near parity in the wider community in recent years, closing the gap between services for people inside and outside of prison (S02).

4.2 Providing tools and training to implement harm reduction policies and decrease drug-related disease in Central Europe and Asia

MacDonald’s research identified the difficulties of implementing harm reduction strategies in prison systems due to a lack of practical information and training (R04-R06). To address this concern, MacDonald and the Public Health Commission of the European Union created and distributed a training manual designed for professionals working in the criminal justice system. From 2007, MacDonald was a partner in a project to train criminal justice professionals in harm reduction services for vulnerable groups; the project was funded by the Public Health Programme of the European Commission (€299,956). MacDonald co-authored *The Prison Staff and Harm Reduction* training manual (S08), which provided the basis for teaching prison staff how to reduce harm from drug-use behaviours through information, education, and medical assistance.

Since 2014, the trainings have led to beneficial outcomes for prisoners. Specifically, in Varna Prison in Bulgaria the prison director informed a project co-researcher that MacDonald’s research findings and training was the reason for the prison taking a harm reduction approach and *“a program for counselling and prevention of infectious diseases”*. Additionally, *“prison staff developed skills and knowledge to implement drug prevention and harm reduction activities”* as an outcome of MacDonald’s work, which helped develop *“knowledge and skills to integrate harm reduction activities in [the] prison[s] health strategy”* (S09). MacDonald’s research-based interventions also contributed to the prison’s approach to testing and training and increased the *“awareness of prison staff about the harm reduction approach”* and *“increased tolerance and understanding of the staff towards prisoners with problematic use of psychoactive substances”*. 46 prisoners underwent opioid substitution treatment following the introduction of harm reduction based on MacDonald’s recommendations. 64 inmates were tested anonymously for hepatitis and HIV/AIDS and *“a range of other prison workers, including psychologists, received training in prevention and harm reduction policy and activities”* (S09).

The training manual continues to be used as a resource in key areas of professional resources pertinent to criminal justice professionals such as the Southern Caucasus Office on Drugs and Crime and the WHO (Europe), as well as being cited by the Health Research Board of Ireland, the *Handbook on Quality Standards for Interventions Aimed at Drug Experienced Young People in Contact with Criminal Justice Systems*, and by the EU-funded community project AIDS & Mobility Europe (S010).

5. Sources to corroborate the impact (indicative maximum of 10 references)

S01: Dublin Declaration in HIV/AIDS in prisons in Europe and Central Asia: prison health is public health, Report.

S02: European Centre for Disease Prevention and Control reports 2014-2019

S03: Heino Stöver & Fabienne Hariga (2016) Prison-based needle and syringe programmes (PNSP) – Still highly controversial after all these years, *Drugs: Education, Prevention and Policy*, 23:2, 103-112.

S04: Harm Reduction International Reports 2014, 2018

S05: Republic of Moldova Progress Reports 2015, 2018

S06: Public Health England publications 2017-2019

S07: Davies, M., Rolewicz, L., Schlepper, L. and Fagunwa, F. (2020). Appendix Material: Locked Out? Prisoners' Use of Hospital Care. Nuffield Trust.

S08: Prison Staff and Harm Reduction: A Training Manual

S09: Corroboration from Varna Prison [Named Corroborator 001]

S10: Organisations using and citing the Prison Staff and Harm Reduction Training Manual