Smart cell: at Modelo, inmates are given fresh fruit and bread

Spanish lessons

A jail in Spain shows that harm reduction, drug treatment and security can co-exist. Yet most prisoners with a drug problem are having a tough time in jails across Europe. By **Jimmy Grieve** and **Cinzia Brentari**.

It is an oft-told tale of Her Majesty's prisons: drug use is rife, treatment is patchy and continuity of care on release is sorely lacking. But does it have to be like that? Jimmy Grieve visited Modelo Prison in Barcelona for an alternative vision of prison healthcare.

It was the first time I had been to a jail by choice. The Catalan Ministry of Justice had allowed me to visit Modelo Prison (not to be confused with the notoriously violent Colombian jail of the same name) with a view of looking as closely as was practicable at three areas that most affect an inmate's life whilst incarcerated in prison: healthcare, because so many who are incarcerated are in an appalling condition after years of substance misuse and self-neglect; food, because nutrition is key to the human condition; and education, because it's so vital for rehabilitation, employment and general understanding of life.

The three-hour visit, accompanied by Dr Jordi Boguña Casellas, the prison's medical director, was time enough to spot some obvious differences between Modelo and the average British establishment.

The first professional the inmates see is the doctor, who ensures that contagious diseases and substitute prescribing issues are identified and dealt with. Prisoners are offered methadone maintenance, detoxification or a drug-free regime. Drug testing is targeted at those on the drug-free regimes.

Modelo starts a needle exchange programme later this year. HIV and Hepatitis C treatment is offered as well as inoculation against Hepatitis. The hepatitis C treatment has an 80 per cent success rate and around 70 to 90 per cent of the region's prison population have been vaccinated.

Not long after entering the gates, I became aware of the scrumptious smell of fresh bread coming from the bakery. A quick tour and a sample of the prison bread and then we entered the kitchens. The quality of the vegetables, fruit, meat, fish, poultry and dairy products was impressive. They are bought fresh every day for next day consumption. I walked amongst inmates preparing gorgeous fish in breadcrumbs for deep-frying in clean and odourless cooking oil. Others where making a Mediterranean salad of corn, cucumber, pepper and garnish that looked wonderful.

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We swiftly moved on to see the methadone prescribing facilities. Of some 2,000 inmates, 200 are on methadone scripts. The obvious difference to British jails appeared to be the fact that each wing had a separate dispensary with its own staff. You see the same doctor and nurse every visit. Each doctor had a comprehensive examination room with a high level of diagnostic equipment and a well-stocked drugs cabinet. Ampoules of Naloxone were on clear view, for fast response to overdose. According to Dr Casellas, here there is a more responsive prescribing system, and dose levels seemed more liberal than in Britain. There was also a post-release prescribing facility in the reception zone. If inmates are released prior to a community prescriber being arranged, they can go back to the prison every three days to collect a methadone script until their local service provider can deal with them.

There is a focus on literacy and linguistics in the education block, because 40 per cent of inmates are foreigners whose mother tongue is not Catalan. As soon as is practicable, inmates are assessed by specialists who check educational, social and healthcare issues and develop a plan to address the needs of each.

Another notable difference is that prisoners are allowed conjugal visits. The rooms used are very simple and basic but this has a very real effect of lessoning impact on relationships for prisoners serving longer sentences. Inmates also have far more spending monies than in an English jail. Prisoners receive 50 Euros a month and far greater ranges of canteen goods are available. I witnessed trays of oranges lying around for inmates to help themselves to. This would cause a riot in an English jail, where there's often an angry vibe, born of hunger and desperation. This was absent from Modelo and made apparent by low levels of security all over the establishment. It appeared, and felt, incredibly relaxed.

The English prison system works hard under considerable strains and it struggles to achieve equivalency in health care delivery, when it should be striving for supremacy, as our prison populations are in a far poorer state of health than any other group in our society. It's an issue all penal institutions struggle with and we are ahead of most in readdressing the problems in the UK. But we should import any European innovations in nutrition, education and harm reduction measures, because improvements in prison reform are so very important and it's crucial we implement as many as possible.

■ **Jimmy Grieve** is chairman of the National Users' Network

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Unfortunately, the Modelo experience is exceptional. Looking across Europe, there are many battles yet to be won in bringing a more enlightened approach to drug treatment and harm reduction into the prison system, as Cinzia Brentari explains.

A significant proportion of European prison inmates have a serious drug problem – either they arrive with a problem or of even more concern, prison itself becomes the environment in which drug use begins or drug use spins out of control. Research from 2006 indicates that in some EU states up to half of inmates have used drugs in prison with over 40 per cent using regularly and 15 per cent injecting drugs. For the UK, research published in 2002 revealed that a quarter of those inmates in English and Welsh prisons who used heroin said they actually started in prison.

From a health point of view, this means that some drug-using inmates will already be infected with a blood-borne virus before admission and so risk spreading this to other prisoners. And the risk for those who start injecting in prison is even greater, given the lack of harm reduction initiatives allowed in prison. If they are clean before they arrive, there is every chance of contracting an infection from the sharing of equipment. So, overall, what is going in European prisons to combat the problems?

Many of those who commit crimes to fund a drug habit believe that prison offers them the best chance of coming off drugs and starting a new life on release. This means that demand for treatment in prison is high. Clinical management of detoxification is nowadays quite common in European prisons and several forms of drug treatment are available, including therapeutic communities, drug free wings, and cognitive-behavioural programmes. But waiting lists to access those programmess can be long, enrolling and remaining on them is particularly demanding and they are still not available in all establishments.

While substitution treatment using methadone has become increasingly available in European countries, provision is patchy: prison administrations and staff still find abstinence-based treatment more appropriate to the prison setting.

Continuation of substitution treatment upon entrance in prison and upon release, with appropriate links being established with community services, is still not applied uniformly across different prisons and countries. In some Eastern European countries, the coverage of substitution treatment is still not sufficient.

Across the EU, the introduction of harm reduction strategies such as needle exchange, condom distribution, availability of disinfectants in prisons is still at early stages in most countries. A recent survey on the availability of harm reduction measures in European prisons showed that syringe provision has only been introduced in 4 countries and, even there only in specific penal institutions. The exception to the picture remains Spain where a Framework Program for the introduction of needle exchange in prison was developed in 2002. Clean needles are available in all establishments, together with hygienic kits, including condoms, which are distributed to all prisoners. In England and Wales, where needle exchange in prison is not available, the distribution of disinfectant tablets to all adult prisons was introduced only in October 2007, even though this measure has been foreseen since the adoption of the 1995 Prison Drugs Strategy.

Resistance by prison administrations and staff to introduce harm reduction services seems to be more influential than international evidence on the effectiveness of such services. Prison syringe exchange programs have been proven effective in reducing needle sharing among intravenous drug users and so lower the risk of HIV and HCV transmission. At the same time, these measures have shown not be harmful to prison staff nor to increase drug consumption or injection.

Harm reduction services, as well as drug treatment services, should form part of a broader prison-based health and social strategy aimed at providing equivalence of care between the community and the criminal justice settings, for the aim of protecting prisoners' health, but also that of prison staff and of the community as a whole.

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