
LETTERS TO THE EDITOR

Regarding the article:

EVOLUTION OF THE NEED AND COVERAGE OF OPIOID SUBSTITUTION TREATMENTS AND NEEDLE EXCHANGE PROGRAMMES IN SPANISH PRISONS, 1992-2009

Dear respected Editorial Board,

With regard to the article "*Evolution of the need and coverage of opioid substitution treatments and needle exchange programmes in Spanish prisons, 1992-2009*" recently published in the Spanish Journal of Prison Health (RESP in Spanish), I would like to point out some of the ideas it contains and clarify some of the aspects concerning determined references to previous articles in which I have taken part, some of which have been published in this same Journal.

First I must note that the work by Mr. L. de la Fuente contains theoretical models, on which I lack epidemiological preparation to have an opinion on, what's more I have difficulty in understanding the essence of what they try to prove.

However, I do identify some statements with which I strongly disagree:

1. Regarding the delay in the taking of measures in the prison environment

The study states that: "*The first relevant result is the enormous delay with which such measures were implemented: between 8 and 25 years*". "*However, the time when more users could have benefited from such programs is not the time when more benefit could have been obtained. It is obvious that even then a great deal of such users had already been infected by HIV. Therefore, from the point of view of preventing such infection, it is undeniable that 1985 (highest incidence of the infection among users) was an utmost important reference point*".

In the context of the initiation of preventive measures regarding the AIDS pandemic the first issue that must be noted is that as far as HIV prevention is concerned, both inside and outside prison, both in Western and developing countries, nothing was

done on the right time. When finally in 1985 tests for the identification of antibodies against the virus were available, two out of every three drug users were already infected. Hence, the theoretically ideal time for initiating preventive measures was before this date.

The implementation of needle exchange programmes was also delayed (as in the community) but it must also be noted that the first needle exchange program in Europe, and probably worldwide, was initiated in Hildenbank (Switzerland) in June 1994. In our country, the program's design at Basauri was initiated one year and a half later, in December 1995, and was practically enforced in July 1997. We must not forget that some difficulties had to be overcome during the preparation, among which the fact that syringes were regarded as illegal objects within prisons due to their potential use as weapons must be underlined.

We should also remark that the experience was generalized shortly after in most of the Spanish prisons. We must also remember that such programs have not yet been initiated and won't be in most of the European facilities, not to mention in the rest of the world.

2. Regarding the coverage of NEP

The study states that: "*The decline of NEP coverage in recent years is a cause of major concern for the evolution of HIV and Hepatitis C epidemics*". "*Moreover, the substantial decrease in coverage observed throughout recent years is a consequence of a reduction in provision*". "*Now, the reduction by half in the provision that has taken place between 2007 and 2008 does not seem justified by a simultaneous reduction of need due to a reduction of the number of injectors, as it has been suggested*". "*The general perception that injection is no longer a problem may be leading to*

the fact that NEP are currently starting to disappear and that the inmates' theoretical right to requesting syringes to health staff members is not being exercised. As so often happens, less priority in any issue can lead to a poorer provision of care for those who still suffer such problem. This situation could be encouraged by a service whose instauration was obviously a social and public health conquest, but whose exercise certainly still faces enormous reluctance”.

“Nevertheless, the evidence collected on the efficacy of such measures in the community is already broad, both for OST and NEP”.

Information available suggests that both inside and outside prisons, both regarding the provision and exchange of needles, in our country as well as in others, the use of syringes is collapsing. And by suggesting that in prisons (and not in the community) this could be due to a lower provision is a gratuitous and unsustainable statement, especially if considering a specific year: 2007-2008. This could have happened with the implementation of programs in 1997 but with already consolidated programs this does not seem so.

3. Regarding the effectiveness of programs

The study states that: *“Such a temporal coincidence and probably the impatience to show the efficacy of a series of policies which were very hard to implement in the first place, have led to suggesting a somewhat rushed, or at least poorly clarified, casual relationship”.*

Preventive programs (methadone, needle exchange) enabled habit modification. By stating that outside prisons it has been proved that these programs were efficient and not inside seems incongruous, all the more when a progressive reduction of HIV and HCV infection rates has been observed within prisons and in view of the fact that in 2010 there were no

sero-conversions to HIV in Spanish prisons. Even the WHO in 2005 pointed out the evidence on the cause and effect relationship between the implementation of NEP in prisons and the reduction of HIV infection among inmates¹.

4. Regarding the methodology used to establish the theoretical model

The paper assumes that one sterile syringe is used per injection and therefore estimates that the maximum needs belongs to 1992, when 377,529 needles would have been needed. Nevertheless, the provision of needles was implemented five years later and in the year with a higher coverage rate (2005), only one out of every five needed needles was provided.

If all need related estimations have been made on the basis of *“one sterile syringe per injection”*, I believe that the conclusions derived from it are invalidated. Both inside and outside prisons, needles are frequently reused several times even if they are not shared. The estimation in prison is that each injector uses his “personal needle” between 4 and 5 times before changing it.

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BIBLIOGRAPHICAL REFERENCE

1. Gatherer, A. Moller L. Hayton P. The World Health Organization European Health in Prisons Project After 10 Years.: Persistent Barriers and Achievements. American Journal of Public Health . October 2005. Vol 96 n° 10