

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*" I want to point out what I believe to be some methodological and calculation errors regarding the coverage of needle exchange programs, which once corrected would alter the results and therefore the discussion. I would appreciate if you could forward this letter to the authors so that they could accept this letter and correct these mistakes.

1.Regarding the estimation of needle need in prison

As to calculate the need of syringes in prison (SN) during one year the whole number of inmates hosted in the prison at some point during that year has been considered, as if all had stayed for the whole year in prison, something which obviously does not depict the real situation. Let's take 2006 as an example: the estimated need is of 99,973 needles by the number of people hosted in prison in 2006 (93,112) by the prevalence of injecting drug users during the last 30 days in prison (0.013) by the average number of injecting days per year and user (82.4). I do believe that the daily mean of people in prison should have been used (55.049) which is the figure to better depict the number of people to whom services must be provided in a daily basis throughout the year: regarding food (100%) or needle provision (1.3%). If we recalculate the estimation through the authors' methodology the estimated need of needles is 58,968 and coverage goes from 20.7% to 35%.

2. Regarding the estimation of needle need in prison for 2007, 2008 and 2009

The authors estimate the data after 2006 through a projection of data, based on previous years, in which the stable trend observed in the prevalence of injecting drug users for 30 days before and upon imprisonment is kept since no information is available on those years. Prison health care professionals who carry out medical examination upon imprisonment and collect information on risk factors have observed a considerable reduction in the prevalence of

injecting drug users from 2006 (11.3%) until 2011 (4.4%) in prisons run by the Secretary General of Penitentiary Institutions (SGPI) (Spain, except for Catalonia). Moreover, both professionals and NGOs which have managed totally consolidated NEP in their corresponding prisons, have also reported a reduction of the prevalence of IDU- so that currently it has been estimated at 0.4% in SCPI prisons, one third of that observed in 2006 (1.3%) and hence, an important reduction in the demand and the provision of needles. Through the projection of this data and the aforementioned correction, the coverage of needles is hardly altered so that it would be imprecise to state that there has been: "*a substantial decrease in coverage observed throughout recent years as a consequence of a reduction in provision*" as well as to make any conclusions derived from this idea. The upcoming publication by the National Plan on Drugs of the 2011 Survey on health and drug use among the imprisoned population will shed some light on this issue.

Apart from what has been stated before, I believe that process indicators are very interesting to assess the evolution of the implementation of individual programs. But as to assess the effectiveness of a group of measures, which would include the coverage and efficacy of antiretroviral therapies, the provision of condoms and lubricant and Health Education programs (especially health mediation services), the control of the HIV and hepatitis C pandemic, I prefer outcome indicators. In SGPI dependant prisons computerized information regarding HIV and HCV tests is gathered every six months. All yearly seroconversions are thoroughly analyzed so that the incidence of new HIV and HCV cases- which may have been spread in prison- can be established. Last in 2010, after a continuous reduction since 2000 there were no seroconversions among SGPI inmates during their stay in prison. This is the "added value" of prison health care to the control of the HIV and HCV epidemics in the Community: to avoid the transmission of these diseases during imprisonment. This has been internationally acknowledged by WHO and UNODC experts.

Yours sincerely,

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