**Reference materials HRI prison project**

The document includes a list of:

1. Sources of information on drug use and infections in prison at European level
2. Publications from previous European research and implementation projects (as mentioned by Portuguese partners)
3. European legal texts and guidelines
4. International legal texts and recommendations
5. Manuals and toolkits from International bodies (mainly the UN family, including WHO)
6. International and European Monitoring Bodies

This is non exhaustive information.

1. ***Sources of information on drug use and infections in prison at European level***

**European Monitoring Centre on Drugs and Drug Addiction (EMCDDA):**

annual report on drugs trends in Europe (and national reports feeding into the annual report) and specialised publications

[www.emcdda.europa.eu](http://www.emcdda.europa.eu)

**UNODC**:

Annual report and specialised publications

[www.unodc.org](http://www.unodc.org)

**European Centre for Diseases Prevention and Control (ECDC)**

HIV, STIs and viral Hepatitis surveillance reports

Tuberculosis surveillance reports

[www.ecdc.europa.eu](http://www.ecdc.europa.eu)

1. ***Publications from previous European research and implementation projects***

**ACCESS project**

Evidence of effectiveness of harm reduction measures in prisons

Inventory of harm reduction measures in European prisons

Research on Good Practices

<http://www.accessproject.eu/downloads-nav/category/5-research-reports>

**CONNECTIONS project**

<http://connections.accessproject.eu/>

1. ***European legal texts and guidelines***

**EU Drug Strategy 2005-2012**

The EU Drug Strategy is a multiannual EU strategy (the current one covers the period 2013-2020) setting out the priorities and objectives for the action on drugs of EU countries, the Commission and other EU Institutions and bodies.

The Council of the EU endorsed the EU Drugs Strategy (2013-2020) on 7 December 2012. The aim of this strategy is to contribute to a reduction in drug demand and drug supply within the EU, as well as a reduction as regards the health and social risks and harms caused by drugs. was adopted by the European Council to be included in the [Hague Programme](http://europa.eu.int/comm/justice_home/news/information_dossiers/2005-2009/index_en.htm) for the development of the EU’s area of freedom, security and justice. To facilitate practical implementation, there will be consecutive Action Plans on Drugs, based on the new Strategy, describing specific interventions and actions.

<http://ec.europa.eu/justice/anti-drugs/european-response/strategy/index_en.htm>

**EU Action Plan 2013-2016**

The current EU Action Plan on Drugs in its objective 8 requires Member States of the EU to “Scale up the development, availability and coverage of health care measures for drug users in prison and after release with the aim of achieving a quality of care equivalent to that provided in the community”

**Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia**

The Declaration has been drafted by a working group comprised of representatives from Ireland, Canada, Germany, Kazakhstan, Moldova, Switzerland, the USA, and the UK, and is a comprehensive statement of both the rights of people in prison to proper HIV and AIDS care and the responsibility of the governments to meet those standards. It outlines an international consensus on the rights of prisoners to HIV prevention and treatment and the responsibility of governments to meet these agreed standards. It also provides a framework for action to address the prison HIV crisis based upon best practice, scientific evidence and human rights.

<http://www.drugpolicy.org/docUploads/dublin_declaration_2004.pdf>

**Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC), 18 June 2003**

The recommendation invites the Member States to consider making available to drug abusers in prison access to services similar to those provided to drug abusers not in prison, in a way that does not compromise the continuous and overall efforts of keeping drugs out of prison.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32003H0488:EN:HTML>

**“Vilnius Declaration” on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighbouring Countries**

The ministers of EU and neighbouring countries responsible for health, with the assistance of relevant international partners and one member of the European Commission met on 17 September 2004 for the Conference “*Europe and HIV/AIDS - New Challenges, New Opportunities*”. They reaffirmed the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia. Among the others, they declared the willingness to ensure that coherent strategies and financing programmes are put in place by national authorities and to foster the involvement of people living with or affected by HIV/AIDS in the further development of such measures. The reason behind this Declaration was the threat posed by the rising of HIV/AIDS epidemic in the EU and neighbouring countries.

<http://ec.europa.eu/health/ph_threats/com/aids/docs/ev_20040916_rd03_en.pdf>

**Council of Europe, Recommendation Rec (2006) on the European Prison Rules**

This recommendation reaffirms the right of prisoners to be treated with respect for their human rights, including equivalence of care of health services with those available in the community. Particular attention should be paid by medical doctors to withdrawal symptoms from drugs or alcohol and isolation of HIV positive people should be avoided.

<https://www.coe.int/>

**Council of Europe, Recommendation R (98) 7 concerning the ethical and organisational aspects of health care in prison**

The prison administration should make arrangements for ensuring contacts and co-operation with local public and private health institutions, in particular when dealing with inmates addicted to drugs, alcohol or medication. The care of prisoners with alcohol and drug-related problems needs to be developed further.

<http://www.coe.int/>

**Council of Europe, Recommendation R (93) 6 concerning prison and criminological aspects, of the control of transmissible diseases including aids and related health problems in prison**

Ways and means of preventing HIV/AIDS in prisons should be fostered, as well as access to voluntary counseling and testing for HIV/AIDS. Compulsory testing of prisoners should be prohibited since it would be ineffective and discriminatory and therefore unethical. At each stage of HIV/AIDS infection, prisoners should be offered the same medical and psychosocial treatment as that given to other members of the community.

<http://www.coe.int/>

1. ***International legal texts and recommendations***

**Universal Declaration of Human Rights**The Universal Declaration of Human Rights is a declaration adopted by the United Nations General Assembly in December 1948 outlining a view on basic human rights.

Even though is not a legally binding document, it served as the foundation for the original two legally-binding UN human rights Covenants, the [International Covenant on Civil and Political Rights](http://en.wikipedia.org/wiki/International_Covenant_on_Civil_and_Political_Rights), and the [International Covenant on Economic, Social, and Cultural Rights](http://en.wikipedia.org/wiki/International_Covenant_on_Economic%2C_Social%2C_and_Cultural_Rights).

<http://www.hrweb.org/legal/udhr.html>

**International Covenant on Civil and Political Rights**

The International Covenant on Civil and Political Rights (ICCPR) was opened for signature by the UN General Assembly on December 19, 1966. It entered into force on March 23, 1976 and has since been ratified by 168 countries. It is a legally binding document that obliges Governments to ensure that every person has the right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment (Article 7), the right of any detained person to be treated with humanity and with respect for the inherent dignity of the human person (Article 10), the right to privacy without arbitrary interference (Article 17). The ICCPR also recognizes that all people are equal before the law and are entitled to equal and effective protection against discrimination on grounds such as sex and race (Article 26).

<http://www1.umn.edu/humanrts/instree/b3ccpr.htm>

**International Covenant on Economic, Social and Cultural Rights**

The ICESCR entered into force on 3 January 1976 and has been ratified by 162 states. It is a legally binding document obliging States to protect the right to the highest attainable standard of physical and mental health of everyone, including prisoners (article 12). <http://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

For more information on what obligations the right to health actually imposes on states, see the Committee on Economic, Social and Cultural Rights’ General Comment 14 (2000):

<http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>

**European Convention on Human Rights**

This is a treaty to protect human rights and fundamental freedoms in Europe. It entered into force on 3 September 1953 and all Council of Europe member states are party to it and new members are expected to ratify the Convention at the earliest opportunity. Article 3 prohibits torture, and inhuman or degrading treatment or punishment.

<http://www.echr.coe.int/Documents/Convention_ENG.pdf>

**Basic Principles for the Treatment of Prisoners**

This document was adopted and proclaimed by the General Assembly resolution 45/111 in 1990. It clearly reaffirms the tenet that prisoners retain fundamental human rights. It declares that “Except for those limitations that are demonstrably necessitated by the fact of incarceration, all prisoners shall retain the human rights and fundamental freedoms set out in the Universal Declaration of Human Rights, and, where the State concerned is a party, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights and the Optional Protocol thereto, as well as such other rights as are set out in other United Nations covenants.” Basic Principles for the Treatment of Prisoners is binding on governments to the extent that the norms set out in them explicate the broader standards contained in human rights treaties.

<http://www.un.org/documents/ga/res/45/a45r111.htm>

**Standard Minimum Rules for the Treatment of Prisoners**

Standard Minimum Rules for the Treatment of Prisoners was adopted by the first United Nations Congress on the Prevention of Crime and the Treatment of Offenders which was held in Geneva in 1955 and approved by UN Economic and Social Council in 1957. This international document point out the human rights of persons deprived of liberty, providing the guidance as to how governments may comply with their international legal obligations. It should be highlighted that although the Standard Minimum Rules are not a Treaty, they constitute an authoritative guide to binding treaty standards. Art 22. (1) states that “….. The medical services should be organized in close relationship to the general health administration of the community or nation”.

<http://www2.ohchr.org/english/law/treatmentprisoners.htm>

### Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment This document was adopted by General Assembly resolution 43/173 in 1988. It set out the principles that should be applied for the protection of all persons under any form of detention or imprisonment. It is consisted of 39 principles. According to this instrument all the above mentioned persons shall be treated in a human manner and with respect of dignity. It also prohibits the torture or cruel, inhuman or degrading treatment or punishment and doesn’t leave the space for any derogation. <http://slomanson.tjsl.edu/10.3_DetentionImprisonment.pdf>

**Resolutions of the General Assembly & the Economic & Social Council**

**Resolution 2004/35 Combating the spread of HIV/AIDS in Criminal Justice Pre-trail and Correctional Facilities**

In this resolution the Economic and Social Council requests the UNODC to collect information on the status of HIV/AIDS in pretrial and correctional facilities, providing governments with programmatic and policy guidance. The resolution recognises that, in order to prevent the spread of HIV/AIDS, a number of measures are required including: efforts to reduce overcrowding by improving prison conditions and by considering alternatives to imprisonment; ensuring access to prevention, care and treatment services; guaranteeing the right to adequate health care and access to qualified medical staff; providing appropriate training to prison staff; and ensuring that adequate funding is received for such efforts.

<http://www.unodc.org/documents/hiv-aids/Resolution-2004-35.pdf>

**WHO (Europe) Health in Prisons Project and the Pompidou Group of the Council of Europe**

**Prisons, drugs & Society: A Consensus Statement on Principles, Policies and Practices**

Published in Bern3, Switzerland September 2001

This Consensus Statement is based on the accumulated experience and advice of three sources; member country representatives of the WHO Health in Prisons Project; the Pompidou Group of the Council of Europe; and selected experts from various European countries. It was finalised after discussions held by delegates at the WHO/Council of Europe conference on Prisons, Drugs and Society held in Berne, Switzerland in September 2001, hosted by the Federal Government of Switzerland. The Consensus Statement is organised into four parts. Part 1 contains the principles for working with prisoners who are (or have been) misusing drugs. Part 2 is concerned with policy and practice throughout the criminal justice process. Part 3 deals with cross-cutting issues and special needs and Part 4 provides checklists for key staff and governors/managers of prisons.

<http://www.euro.who.int/document/E81559.pdf>

**UN Commission on Narcotic Drugs 2006 CND Resolution 49/4 Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users**

Economic and Social Council

In this resolution the Commission invites Member States, in accordance with their national legislation: to consider developing demand reduction actions based on studies and research that demonstrate the efficacy and efficiency of drug-related treatment and prevention; to adopt drug-related health polices that facilitate the prevention of drug abuse and access by drug users to different types of prevention, treatment and care for drug dependency, drug-related HIV/AIDS, hepatitis and other blood-borne diseases; to enhance efforts to promote access to health and social care for drug users and their families (without discrimination and in co-operation with non-governmental organisations; and to provide access (within national guidelines) to medications, vaccines and other measures that are consistent with international treaties and have been shown to reduce the risk of HIV/AIDS, hepatitis and other blood-borne viruses among injecting drug users. The Commission also requests the UNODC (subject to available resources) to provide technical assistance to member states on demand reduction strategies and measures and report biennially on implementation of the resolution.

<http://www.unodc.org/pdf/resolutions/cnd_2006_49-4.pdf>

**UN Commission on Narcotic Drugs 2005 CND Resolution 48/12 Expanding the capacity of communities to provide information, treatment, health care, and social services to people living with HIV/AIDS and other blood-borne diseases in the context of drug abuse and strengthening monitoring, evaluation and reporting systems**

Economic and Social Council

In this resolution the Committee on Narcotic Drugs calls upon Member States and organisations with relevant expertise: to provide support and treatment, health care and social services for drug users with HIV/AIDS and other blood-borne diseases; to strengthen advocacy programmes to help curb prejudice; to consider incorporating substance abuse prevention, treatment and health care into national drug control strategies; and to encourage linkages between national HIV/AIDS strategies and national drug control strategies in order to help reduce the spread of HIV/AIDS and other blood-borne diseases and drug abuse. It also encourages Member States to ensure that substance abuse treatment is accessible and affordable and that prevention and treatment measures are incorporated into their socio-economic programmes.

<http://www.unodc.org/pdf/resolutions/cnd_2005_48-12.pdf>

**UN Commission on Narcotic Drugs 2004 CND Resolution 47/2 Prevention of HIV/AIDS among drug users**

Economic and Social Council

This resolution urges that studies and research are conducted to identify vulnerable groups in order to develop measures to improve care and treatment and that health policies are strengthened to incorporate the diagnosis and treatment of drug dependence and infection by HIV and other blood-borne diseases. It also encourages the strengthening of civil society activities aimed at promoting the health and care of drug users and their families; reinforces the need for access to general information on HIV/AIDS and other blood-borne diseases and the need for promotion of drug use prevention strategies; and encourages the involvement of local authorities and civil societies in the development of demand reduction policies and cooperation among Member States on the promotion of action directed at demand reduction.

<http://www.unodc.org/pdf/resolutions/cnd_2004_47-2.pdf>

**UN Commission on Narcotic Drugs 2003 CND Resolution 46/2 Strengthening strategies regarding the prevention of human immunodeficiency virus/acquired immunodeficiency syndrome in the context of drug abuse**

Economic and Social Council 15-4-2003

In this resolution Member States are encouraged to: strengthen efforts to reduce the demand for illicit drugs and ensure a comprehensive package of prevention, education and treatment and rehabilitation measures are accessible; take into account issues involving drug-related HIV infection in their national drug control policies, implement effective HIV prevention strategies and activities, and promote access to information; strengthen their efforts to achieve the targets set in the Declaration of Commitment on HIV/AIDS in the area of prevention by providing a wide range of prevention programmes; implement measures to reduce injecting drug abuse and its adverse consequences; and to establish monitoring and evaluation systems to assess progress. It also calls upon the international community to make investments in programmes to prevent the spread of HIV related drug abuse.

<http://www.unodc.org/documents/commissions/CND-session46/CND-Resolution-46-02.pdf>

**WHO Europe**

**Status Paper on Prisons and Tuberculosis**

WHO 2007 Copenhagen Denmark

The WHO Health in Prisons Project (HIPP) developed this status paper (which was written by an expert group and developed through consultation with external partners) to identify major challenges in the implementation of TB control in prison and to provide recommendations to guide policy-makers and key stakeholders in strengthening its implementation. It summarises the situation on the prevention, diagnosis and treatment of TB in prisons and provides evidence for action to help reduce the spread of TB among prisoners and in so doing to reduce the risks to the community and to public health. It aims to use a whole prison approach to protect and promote the health of prisoners, their families, prison staff and public health.

<http://www.euro.who.int/__data/assets/pdf_file/0004/69511/E89906.pdf>

**WHO Europe**

**Trencin statement on prisons and mental health**

Adopted in Trencin, Slovakia on 18 October 2007

WHO 2008 Copenhagen Denmark

In this statement senior staff from prisons and public health services across Europe draw attention to the need for greater focus on mental health problems in prisons. Delegates present at the joint World Health Organisation/Slovakia International Meeting on Prison Health and Public Health held in Trencin, Slovakia on the 18 October 2007 took as the basis of their discussions the fundamental international standards relating to the need for the provision of health care to those with mental health problems in prisons. The statement sets out the international standards as guiding principles and then goes on to outline the key criteria needed to help improve the level of health care in prisons

<http://www.euro.who.int/__data/assets/pdf_file/0006/99006/E91402.pdf>

**WHO Europe**

**Status Paper on Prisons, Drugs and Harm Reduction**

WHO 2005 Copenhagen Denmark

This status paper was adopted at the WHO International Meeting on Prisons and Health in De Leeuwenhorst, the Netherlands on 22 October 2004. It summarises the evidence on harm reduction in prisons and aims to provide for action that will reduce the health-related harm associated with drug dependence within the overall objectives of the WHO Health in Prisons Project to protect and promote the health of those imprisoned in the interest of public health. Many experts and expert groups contributed to the paper including the EMCDDA and ENDIPP. The paper summarises the key approaches that should be adopted and which include: the importance of information and education delivered to prison inmates and staff; the latest evidence on detoxification and drug substitution therapy and on needle exchange and disinfection systems; and treatment and care for people with HIV/AIDS. It also proposes a minimum standard for harm reduction in prisons and identifies three urgent action points for all prison systems.

<http://www.euro.who.int/document/e85877.pdf>

1. ***Manuals and toolkits from International bodies (mainly the UN family, including WHO)***

**WHO**

**Prisons and Health**

**2014**

This book outlines important suggestions by international experts to improve the health of those in prisons and to reduce both the health risks and risks to society of imprisonment. In particular, it aims to facilitation better prison health practices in the fields of: (i) human rights and medical ethics, )ii) communicable diseases; (iii) noncommunicable diseases, (iv) oral health, (v) risk factors, (vi) vulnerable groups and, (vii) prison management.

[https://www.unodc.org/documents/hiv-aids/publications/Prisons\_and\_other\_closed\_
settings/2014\_WHO\_UNODC\_Prisons\_and\_Health\_eng.pdf](https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/2014_WHO_UNODC_Prisons_and_Health_eng.pdf)

**UNODC, ILO, UNDP, WHO, UNAIDS**

**Policy Brief. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions**

2012

This policy brief outlines 15 key interventions and other recommendations to assist in planning and implementing a response to HIV in closed settings.

<https://www.unodc.org/documents/hivaids/HIV_comprehensive_package_prison_2013_eBook.pdf>

**UNODC WHO Europe**

**Women’s health in prison. Correcting gender inequity in prison health**

WHO 2009 Copenhagen Denmark

The WHO Health in Prisons Project together with partner organisations, experts and a range of other organisations reviewed all issues affecting women’s health in the criminal justice system and especially women’s health in prisons. They prepared a background paper for the Kyiv Declaration on Women’s Health in Prisons, which was discussed and adopted during the WHO International Conference on Prison Health in November 2008. This paper reflects the evidence from literature research and the best evidence provided by experts on women’s health in prisons and contains a declaration, recommendations and call for action.

<http://www.unodc.org/documents/commissions/CND-Session51/Declaration_Kyiv_Women_60s_health_in_Prison.pdf>

<http://whqlibdoc.who.int/hq/1993/WHO_GPA_DIR_93.3.pdf>

**WHO UNODC UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users**

Geneva, Switzerland 2009

This document provides technical guidance to countries on setting national targets for scaling up towards universal access to HIV/AIDS prevention, treatment and care for injecting drug users (IDUs), and it seeks to provide more consistent methods of measuring and comparing countries’ progress towards these targets. The document was developed collaboratively by WHO, UNODC and UNAIDS and international experts in the field and builds on previous UNODC and UNAIDS guidelines. It provides countries with: a framework and process to set national targets; a comprehensive package of core interventions for IDUs; a set of indicators and indicative targets to be used to set programmatic objectives, and monitor and evaluate HIV interventions for IDUs; and examples of data sources.

<http://www.unodc.org/documents/baltics/OMS%20Target%20Setting%20Guide.pdf>

**UNODC HIV and AIDS in places of detention**

**A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings**

UN New York 2008

This toolkit is part of a set of documents produced by the United Nations agencies aimed at providing up-to-date evidence-informed guidance on HIV in prisons, and seeks to provide information and guidance primarily to individuals and institutions with responsibilities for prisons and prisoners, and to people who work in and with prisons. As it complements other papers it does not contain detailed references for all the statements made in it. (These are provided in the ‘Evidence for Action Technical Papers – Interventions to address HIV in prisons’). The toolkit is divided into 5 modules. Each module takes a similar approach and discuss the same issues, but identifies the issues of particular relevance to the different target audiences, and what those audiences need to do to address HIV in prisons. The toolkit is designed to assist countries in mounting an effective national response to HIV in prisons and to improve/reform their prison systems.

<http://www.unodc.org/documents/hiv-aids/HIV-toolkit-Dec08.pdf>

**UNODC, UNAIDS Women and HIV in Prison Settings**

Printed in Austria September 2008

This paper discusses the gender-specific needs of women in prisons and the factors that contribute to them being at risk of HIV infection. It goes on to look at how to respond to their special needs and outlines a comprehensive package of interventions for women.

<http://www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf>

**WHO, Health in Prisons: A WHO guide to the essentials in prison health**.

Edited by Lars Moller, Heino Stover, Ralf Jurgens, Alex Gatherer and Haik Nikogosian 2007

This guide gives practical information and advice on how to achieve good health in prisons and is based on evidence of what works best from the experience of many European countries. It outlines some of the steps prison systems should take to reduce the public health risks from compulsory detention, to care for prisoners in need and to promote the health of both prisoners and staff. The guide takes a whole prison approach. It is aimed at everyone who works in prison or is involved in promoting the health of prisoners and/or staff. Sixteen authors with expertise in both prison and public health drafted a chapter on the most important areas of prison health, the close connection with public health and looking ahead. Each chapter takes a similar approach starting with a list of key facts and issues, and then provides background information and considers the problem and what can be done in detail.

<http://www.euro.who.int/document/e90174.pdf>

**WHO UNODC UNAIDS Guide to starting and managing needle and syringe programmes**

Geneva, Switzerland 2007

This guide is designed to assist in expanding the response to HIV among injecting drug users globally. The first two sections of the guide aim to encourage the establishment of more needle and syringe programmes (NSPs). The third and fourth sections provide guidance on how existing NSPs can expand their services. The fifth section looks at the particular needs of NSPs in closed settings, and the end of the guide provides a list of useful web sites, publications and networks followed by annexes and notes.

<http://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf>

**UNODC HIV/AIDS Prevention, Care, Treatment & Support in Prison Settings**

**A framework for an Effective National Response**

Co-published with WHO and the Joint United Nations Programme on HIV/AIDS

WHO, UNAIDS, United Nations 2006

The Framework provides governments with a comprehensive action plan to implement a response to HIV/AIDS in prisons based on accepted international standards and guidelines from the WHO, the United Nations, and other international declarations, that reflect principles of good prison management. It sets out a series of eleven General Principles for HIV/AIDS prevention and care in prisons, and these principles provide clear guidance to prison systems for developing an effective response to HIV/AIDS in prisons. The Framework also details one hundred specific actions in nine separate areas and provides suggestions for implementing the recommendations at a national level, based upon successful experiences from other countries.

<http://www.unodc.org/pdf/HIV-AIDS_prisons_July06.pdf>

**WHO Policy and Programming Guidance for HIV/AIDS Prevention and Care among Injecting Drug Users**

WHO France 2005

This policy and programming guide provides an overview of how society can develop a comprehensive and effective response to epidemics of HIV/AIDS among and from injecting drug users (IDUs) based on many years experience from a variety of different countries. It is intended for people involved in developing policy programmes on HIV/AIDS among IDUs and offers guidance on how to develop and implement comprehensive prevention responses at a national, district and local level. The guide concentrates on identifying the policies and programmes that have worked well in responding to HIV/AIDS epidemics among IDUs and helping people to apply the principles that have proved effective in dealing with HIV/AIDS injecting drug use. This guide shows how the strategies for each part of a comprehensive response fit together. The other resources which it should be used in conjunction with give more detailed instructions on how to develop and implement these parts.

<http://www.who.int/hiv/pub/prev_care/policyprogrammingguide.pdf>

**UNAIDS Policy Position Paper Intensifying HIV Prevention**

Joint United Nations Programme on HIV/AIDS (UNAIDS) 2005

This policy position paper was endorsed by the 17th meeting of the UNAIDS Programme Coordinating Board. The primary goal of the paper is to energise and mobilise an intensification of HIV prevention and ultimately to provide universal access to HIV prevention and treatment. The paper identifies the central actions that must be taken to stop the spread of new HIV infections and to turn the tide against AIDS. The paper is directed towards people who have a leadership role in HIV prevention, treatment and care. It consists of four main sections. The first section explains why HIV prevention must be significantly strengthened. Section two identifies the key actions that are central to the HIV prevention response and the core principles underlying these actions. Section three identifies what national partners must do to scale up HIV prevention at country level, and section four describes the support that UNAIDS will provide towards this process.

<http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf>

**WHO UNAIDS UNODC Advocacy Guide: HIV/AIDS Prevention Among Injecting Drug Users**

WHO 2004

The WHO, UNAIDS, and UNODC developed this guide jointly and it is based on experiences of individuals, institutions, and non-governmental and international organisations on the role of advocacy in establishing HIV/AIDS prevention and care programmes for injecting drug users (IDUs). It also builds on publications on both general and specific advocacy programmes for HIV/AIDS. This guide provides a wide audience (i.e. individuals, groups, institutions, organisations) with a systematic approach to advocacy which is replicated and adapted to various cultural, political and economic circumstances. The guide consists of four parts. Part one outlines the general principles of advocacy for HIV/AIDS prevention and care for IDUs. Part two is a step-by-step guide to establishing advocacy groups. Part three contains descriptions of a wide range of tools and methods for achieving advocacy goals, and part four provides the most frequently used arguments related to HIV/AIDS prevention among IDUs, as well as useful resources.

<http://data.unaids.org/Cosponsors/WHO/who_advocacyguide-idu_en.pdf>

**WHO Guidelines on HIV infection and AIDS in Prisons**

UNAIDS Best Practice Collection Key Material

These Guidelines were prepared by WHO based on the technical advice provided prior and during a consultation of experts in Geneva in 1992 including representatives of international and non governmental organisations and governments departments specialised in issues such health, management and human rights aspect s of HIV/AIDS in prisons. The guidelines provide standards that prison authorities should apply in order to prevent the HIV transmission in prisons and to provide care for those affected by the HIV/AIDS.

Electronic version of the original 1993

Published in Geneva English original September 1999

<http://data.unaids.org/Publications/IRC-pub01/JC277-WHO-Guidel-Prisons_en.pdf>

<http://whqlibdoc.who.int/hq/1993/WHO_GPA_DIR_93.3.pdf> (original version)

**WHO UNODC UNAIDS Evidence for action & Technical Papers:**

**- HIV/AIDS & injecting drug use**

**Policy Brief: Reduction of HIV Transmission in Prisons**

This policy brief looks at prevention programmes for drug-dependent prisoners in prison and in particular four prevention programmes that have been studied extensively: the provision of bleach for cleaning needles and syringes; needle and syringe programmes; methadone maintenance treatment; and the provision of condoms. It then goes on to look at the policy and programming implications concluding that evidence shows that such programmes should include all the measures against HIV transmission which are carried out in the community outside prison.

<http://www.who.int/hiv/pub/idu/idupolicybriefs/en/index.html>

**- Effectiveness of Interventions to Address HIV in Prisons**

Published in Geneva WHO 2007

This publication is part of a series of Evidence for Action Technical Papers, which aim to make the evidence for the effectiveness of interventions to manage HIV in prisons accessible to policy-makers and programmers. This paper provides more detailed information about the interventions covered in the other four papers (i.e. needle and syringe programmes and decontamination strategies, prevention of sexual transmission, drug dependence treatments, and HIV care, treatment and support). It also reviews the evidence regarding HIV prevalence, risk behaviours and transmission in prisons, as well as other interventions including HIV education, testing and counselling, and other programmes.

<http://www.who.int/hiv/idu/prison/en/index.html>

**- Interventions to Address HIV in Prisons**

**Drug Dependence Treatments**

Published in Geneva WHO 2007

This publication is part of a series of Evidence for Action Technical Papers (see above) on the effectiveness of interventions to manage HIV in prisons and consists of four parts. The first part considers drug use and dependence amongst prisoners, the objectives of and types of drug treatment, and drug treatment in prisons. Parts two, three and four look at the evidence on effectiveness of opioid substitution therapies in prison settings; the evidence on the effectiveness of other types of drug dependence treatment; and the evidence on the effectiveness of drug demand and supply interventions respectively.

<http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20drug_treatment.pdf>

**- Interventions to Address HIV in Prisons Needle and Syringe Programmes and Decontamination Strategies**

Published in Geneva WHO 2007

This publication is part of a series of Evidence for Action Technical Papers (see above) on the effectiveness of interventions to manage HIV in prisons and consists of three parts. The first part provides evidence regarding injecting drug use and resulting transmission of HIV and other blood-borne infections in prison. The second and third parts look at the evidence regarding prison-based needle and syringe programmes and evidence regarding bleach and contamination strategies respectively, both in community settings and in prisons.

<http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20NSP.pdf>

**- Interventions to Address HIV in Prisons HIV Care, treatment and Support**

Published in Geneva WHO 2007

This publication is part of a series of Evidence for Action Technical Papers (see above) on the effectiveness of interventions to manage HIV in prisons and consists of three parts. The first part looks at the background to HIV care, treatment and support in prison. The second part considers the evidence regarding the provision of antiretroviral therapy in prisons and community settings and the third part makes five recommendations.

<http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20hiv_treatment.pdf>

**- Interventions to Address HIV in Prisons Prevention of Sexual Transmission**

Published in Geneva WHO 2007

This publication is part of a series of Evidence for Action Technical Papers (see above) on the effectiveness of interventions to manage HIV in prisons and consists of three parts. The first part considers the evidence regarding sexual activities and risk of transmission of HIV and STIs. The second part looks at evidence regarding condom provision from the community settings and prison studies and the third part considers evidence regarding other measures to decrease sexual transmission.

<http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20sexual_transmission.pdf>

**- Policy Guidelines for Collaborative TB & HIV Services for Injecting and Other Drug Users**

**An Integrated Approach**

WHO 2008 Printed in France

These guidelines are intended for professionals dealing with drug users who have the most problematic patterns of use and who have the greatest risk of HIV and TB, especially injecting drug users. They aim to provide a strategic approach to reducing morbidity and mortality related to TB and HIV among at-risk drug users and their communities in a way that promotes holistic and person-centred services. The guidelines consider the key interventions for preventing TB and HIV transmission and look at models of service delivery, prisons and other places of detention, adherence and common types of co morbidity in relation to overcoming barriers.

<http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf>

**- Policy Brief: antiretroviral Therapy and Injecting Drug Users**

WHO/HIV/2005.06 Geneva Switzerland

This policy brief reviews the evidence on providing antiretroviral (ART) therapy to HIV-positive injecting drug users (IDUs). It looks at access to ART, evidence, policy and programming implications (including the principles for successful programmes for IDUs, linkage between harm reduction and treatment programmes, special consideration for women and sex workers and prisons). It concludes that policy-makers should consider the high social and public health costs associated with IDUs as well as the likely increases in infectious diseases and mortality rates if ART therapy and harm reduction interventions remain inaccessible to IDUs.

<http://whqlibdoc.who.int/hq/2005/WHO_HIV_2005.06.pdf>

**- Effectiveness of Drug Dependence Treatment in Preventing HIV among Injecting Drug Users**

WHO 2005 Geneva Switzerland

This review aims to consider the effectiveness of drug dependence treatment in preventing HIV among injecting drug users in the context of a strategic approach to the prevention of HIV/AIDS. There are three sections to the report. The first section outlines the nature of the interventions that are reviewed. The second sections summarises the evidence of the effectiveness of drug dependence treatment with a particular emphasis on injecting and injecting-related risk reduction interventions, and briefly reviews the key descriptive longitudinal outcome studies that provide data on the impact of interventions on the transmission of HIV. The third section looks at the experience of different countries in preventing and containing the spread of HIV among drug users and IDUs over the past two decades.

<http://www.who.int/hiv/pub/idu/drugdependence_final.pdf>

**WHO International Committee of the Red Cross**

**Guidelines for control of Tuberculosis in Prisons**

Geneva, Switzerland, 1998

The WHO and the International Committee of the Red Cross (ICRC) have jointly produced these guidelines with the goal of improving the control of TB in prisons and other institutions where people are incarcerated. The objectives of the guidelines are as follows: to describe the burden of TB in prisons; to highlight the specific difficulties in implementing effective TB control in prisons; to outline the benefits of improved control; to guide administrators in establishing and running TB control services in prisons; and to guide prison health service staff in the detection and cure of prisoners with TB. The guidelines are primarily intended for prison authorities; policy-makers and decision-makers in relevant ministries; NGOs and donor agencies; and National TB Programme staff.

<http://whqlibdoc.who.int/hq/1998/WHO_TB_98.250.pdf>

**UNAIDS Technical Update - Prisons and Aids**

UNAIDS Best Practice Collection

April 1997

This technical update provides the background to the spread of HIV in prison and then goes on to look at the challenges and in particular the phenomenon of injecting, sex in prisons, tattooing, lack of information, and testing without consent, minimal health care, and a denial of the facts of prison life. It then goes on to consider the responses considering interventions for injecting drug users, protecting prisoners who have sex in prison, reducing the atmosphere of violence, ending overcrowding, making tattooing safe, upholding the human right to health care, supplying information, stopping isolation of prisoners on grounds of HIV status, and putting prison health under the control of health authorities.

<http://data.unaids.org/publications/IRC-pub05/prisons-tu_en.pdf>

1. ***International and European Monitoring Bodies***

**The Subcommittee on the Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT)**

The SPT started its work in 2007 and has a preventative mandate focused on an innovative, sustained and proactive approach to the prevention of torture and ill treatment. Under the Optional Protocol to the Convention Against Torture (OPCAT), the SPT has unrestricted access to all places where persons may be deprived of their liberty. It undertakes country visits and publishes its findings and recommendations as reports, which are available here:

<http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=12&DocTypeID=23&DocTypeCategoryID=9>

<http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=12&DocTypeID=23&DocTypeCategoryID=9>

**The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)**

The CPT organises visits to places of detention in order to assess how persons deprived of their liberty are treated. After each visit, the CPT publishes a detailed report on its findings, recommendations, comments and requests for information.

Reports for specific country visits can be found here:

<http://www.cpt.coe.int/en/states.htm>

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