



# European Monitoring Centre for Drugs and Drug Addiction

Report ID: EDDRA\_2009\_ES\_01

## EDDRA Questionnaire

### 1. Project ID

#### 1.1. Additional Information

1.1.1 Project ID  
ES\_04

1.1.2 METATOBEBELETED

1.1.3 METAREVIEWPRAISEWORTHY  
2

1.1.4 METAREVIEWCOMPLETED

1.1.5 METAREVIEWUSER

1.1.6 METAREVIEWSTATUS

### 2. Executive summary

## **2.1. Executive summary**

### **2.1.1 Executive Summary**

Implementation of a pilot programme in a penitentiary to reduce risks through the personalized exchange of syringes, similar to the scheme in place for the population at large. In the 7 years it has been operational, it has proven that such measures are suitable, valid and effective in prison environments.

### **2.1.2 Brief Summary**

Formulation, implementation, coordination, evaluation and validation of the Syringe Exchange Programme in Correctional Environments.

## **3. Identification**

### **3.1. Identification**

#### **3.1.1 Name of the intervention**

7 years of the Syringe-Exchange Programme at the Pamplona Prison (Spain)

#### **3.1.2 Starting date of the intervention**

1/11/1998

#### **3.1.3 Ending date of the intervention (if applicable)**

### **3.2. Type of organisation**

#### **3.2.1 Type of organization responsible for operating the project**

Non-governmental organisation

Governmental organisation

International organisation

Private

Other

#### **3.2.2 Responsible organisation**

Secretaría General de Instituciones Penitenciarias. Ministerio del Interior

**3.2.3 Name of the responsible organisation**

Pamplona Prison. Medical Service

**3.2.4 Address of the responsible organisation**

Pamplona Prison. Medical ServiceC/ San Roque s/nPamplonaNavarra (Spain)

**3.2.5 Postal code of the responsible organisation**

31011

**3.2.6 City of the responsible organisation**

Pamplona

**3.2.7 Email of the responsible organisation**

monitor\_cp\_Pamplona@dgip.mir.es

**3.2.8 Country of responsible organisation**

Spain

**3.3. Contact****3.3.1 Name of contact person(s)**

Jesús García-Falces Larrañeta

**3.3.2 Email(s) of contact person(s)**

medico.pamplona@dgip.mir.esjgarlarr@cfnavarra.es

**3.3.3 Phone number(s) of contact person(s)**

+34 948 19 90 58

**3.3.4 Fax number(s) of contact person(s)**

+34 948 19 90 49

**3.3.5 URL of contact person(s)****3.4. Additional organisations**

### **3.4.1 Name of additional organisations involved (if applicable)**

- 1) Public Health Institute of Navarre. Department of Health. Regional Government of Navarre (government organization)
- 2) SARE (NGO/volunteer organization)

## **4. Background and objectives**

### **4.1. Background & objectives**

#### **4.1.1 Type of intervention**

Prevention

Treatment

Social reintegration

Harm reduction

Interventions in the criminal justice system

Other (please specify below)

#### **4.1.2 Describe other type of intervention**

**Please choose corresponding to the type of intervention you ticked above the sub-areas below that apply.**

#### **4.1.3 Prevention sub-areas**

Environmental Strategy

Universal

Selective

Indicated

Other (please specify below)

#### **4.1.4 Describe other sub-area for prevention**

#### **4.1.5 Treatment sub-areas**

Drug free treatment

Pharmacologically assisted treatment

Withdrawal treatment

Other (please specify below)

#### **4.1.6 Describe other sub-area for treatment**

#### **4.1.7 Social reintegration sub-areas**

Education

Employment

Housing

Other (please specify below)

#### **4.1.8 Describe other sub-area for social reintegration**

#### **4.1.9 Harm reduction sub-areas**

Reduction  X

Prevention  X

Drug consumption rooms

Other (please specify below)  X

#### **4.1.10 Describe other sub-area for harm reduction**

Health education. (Lower risk injection. Safer sex. Overdose prevention)

#### **4.1.11 Interventions in the criminal justice system sub-areas**

Assistance  X

Alternatives to prison

Other (please specify below)

#### **4.1.12 Describe other sub-area for interventions in the criminal justice system**

#### **4.1.13 Other. Describe sub-area for any other type of intervention**

#### **4.1.14 Type of approaches (if applicable)**

Offenders  X

Ethnic

Family/first childhood

Gender

Telephone help-line  
Mass media campaign  
Peer  
Community involvement (bottom up)  
Training for professionals  
Networking  
Self help  
Other (please specify below)

#### **4.1.15 Describe any other type of approach**

**4.1.16 Needs assessment /initial situation. What is the problem that is being addressed? Describe the situation before the intervention was implemented in order to clarify why it is needed. For example, information on the population, socio-economic and demographic data. This can include data sources, social perceptions and public discussion.**

The Pamplona facility, which will be a full century old next year, is plagued by conservation and maintenance problems and its two storey, three radial gallery layout is typical of the architecture of early 20th C. architecture. In 1998 it housed an average of 130 inmates, divided into three departments: 100 men, 20 youngsters and 10 women. Thirty per cent of the prisoners were awaiting trial and the remainder convicted. The standard inmate profile at the time was a 32-year old male, 60 % with a family background of drug and/or alcohol addiction, 75 % born in Navarre and 45 % residents of Pamplona and surrounds. The socio-economic and educational levels were low: 95 % had a primary and 5 % a secondary education. Prior to imprisonment, 65 % were unemployed. Sixty per cent had or continued to have substance abuse problems: 40 % with heroin, intravenously administered by 95 %. All of the drug addict inmates smoked, 95 % used cannabis, 95 % heroin, 90 % cocaine and 60 % benzodiazepine. Ninety eight per cent were polydrug users. The age of initiation was 12 for alcohol, 13 for tobacco, 15 for cannabis, 18 for heroin and 20 for cocaine. The average time inmates had been using was 8 years for heroin and 5 for cocaine. Heroin was administered intravenously in 90 % of cases and smoked or sniffed in the remaining 10 %. Cocaine was administered intravenously by 50 %, sniffed by 20 % and smoked by 15 %. Twenty seven per cent of the heroin addicts said they continued to use the drug in prison. The most relevant health data were: 27 % of heroin addicts (11 % of the total prison

#### **4.1.17 Overall objective (impact evaluation). What is the main purpose of the intervention? How will it modify or change the stated problem?**

To verify whether the harm reduction programmes, and more specifically the syringe exchange schemes (Spanish initials, PIJ), in place for the population at large could be implemented in prison. PIJ was started in 1998 as a pilot programme at the penitentiary and evaluated one year later by an independent commission. In light of the excellent results, it has been continued to date. The expectations were that injected drug use would not increase, the habit of sharing injection material would become less common, the re-use of syringes would decline or disappear and healthier usage would be furthered. The impact on other efforts such as PMM or drug-free programmes (PLD) was also to be evaluated, along with the impact of PIJ on the occupational health of the facility's surveillance and other employees.

**Please specify the specific objectives which should always relate to changes in the target groups. The specific objectives do not necessarily have to relate to drug use but each of them, if achieved, should lead plausibly to fulfilment of the general objective.**

#### **4.1.18 Specific objective 1 (outcome evaluation)**

To counter the habit of sharing injection material by providing new syringes with every exchange. □  
At the time the programme was initiated, 80 % of IDUs claimed that they shared syringes, 9 % all of the time and 91 % on occasion.

#### **4.1.19 Specific objective 2 (outcome evaluation)**

To lower the incidence and transmission of HIV, HBV and HCV and other infectious diseases associated with intravenous drug use that are spread by sharing IV material. The practice involving the highest risk of HIV infection is intravenous drug use. In-prison transmission of HIV was a fact of life due to the number of IDUs and the inaccessibility of sterile material.

#### **4.1.20 Specific objective 3 (outcome evaluation)**

To show that PIJ is feasible in penitentiaries, can co-exist with other drug addiction treatment programmes, does not further injected drug use and not only does not lower, but actually improves surveillance and other employees' occupational health.

**4.1.21 Operational objectives (process evaluation). The operational objectives are the outputs or products of the intervention, for instance training sessions held, manuals published and distributed, teachers trained, schools involved, peers recruited, but also the demands for repetition of the intervention and the degree of acceptance. These are technical, intermediate aims in order to achieve the changes in the target group you have previously defined as specific objectives.**

The two key phases of the information programme are before and during PIJ implementation with different users. The information furnished in all cases is broadly conceived. The general health and risk reduction programmes implemented in the region drive the integration between mainstream and penitentiary social and health action. □

□

Information for inmates must be clear, concise and practical. The information sessions are timed differently for inmates imprisoned prior to and after implementation of the PIJ. Once the launch date had been set, the programme was introduced in an informative assembly, in which participation was voluntary. Subsequently, voluntary information sessions were held in different prison premises for groups of around 10 previously confined inmates, and 15-minute individual sessions were routinely scheduled in the infirmary for incoming prisoners. The group sessions had a set timetable, lasted no longer than 20 minutes and were led by a team of in-house and outside educators. □

□

The subjects addressed in the information sessions focused on: □

- Drug addiction and how to approach it. Treatment methods. Mid-term objectives. □
- Risk reduction: PIJ, opiate maintenance programmes (PMO). □
- Safe injection practices and prevention of the intravenous spread of infectious disease. □
- Safer sex and prevention of sexually transmitted disease. □

□

A need was also identified for written materials in simple language to supplement the general information provided all inmates upon arrival at the facility with respect to harm reduction and other programmes accessible in the penitentiary. The information on PIJ is designed as an introduction, advising inmates that they can request fuller information and clarification of doubts on as well as enrolment in this or other programmes. □

□

Information for penitentiary staff on handling drug addiction-related problems is a priority to facilitate their participation in programmes with drug addict inmates. The content covers: □

□

- PIJ: prior experience in the Basauri Correctional Facility. PIJ at the Pamplona CF. □
- Prison officers and the drug addiction problem: attitudes, responses, first aid and referral to existing services. □
- Preventing infectious diseases. □

□

Given the high turnover among officials, the PIJ was included as one of the areas addressed in occupational health courses delivered for penitentiary staff. A preview of the programme was presented on the occasion of a staff meeting. Specific courses were subsequently delivered, in accordance with the following arrangements: □

- Voluntary participation, with five or six employees per session. □
- Sessions held at the workplace. □

Sessions scheduled in the early afternoon in the infirmary, office, prison school or employee lounge. □



**4.1.22 Basic assumptions/theory** Is there an explicit theory explaining your intervention and predicting its expected results running through your programme? If so can you identify and describe this theory? This theory will need to have a basis in the scientific literature such as medical, psychological, sociological etc. Alternatively: Is your intervention based on an implicit set of assumptions regarding how your intervention will work and what results it may provide? If so can you identify and describe these assumptions? Such assumptions may be developed through community learning or other grounded theory approaches.

Specific objective 1

Providing all interested IDUs with an exchange kit containing a syringe should reduce the shared use and re-use of syringes. This calls for guaranteeing confidentiality to foster inmate trust in the programme and ensuring them that it will not affect other aspects of their sentence such as leaves and so on.

Specific objective 2

To verify that in-prison transmission of infectious diseases and injected drug-related pathologies decline or disappear.

Specific objective 3

To show that this and any other harm reduction programme implemented in the community is applicable to a correctional environment if duly adapted to prison circumstances. To ensure that furnishing inmates with syringes entails no safety risk for employees and that the syringes are not used as weapons. At the same time to reduce accidental pricks, thereby enhancing the occupational health and safety of the surveillance staff, which was initially wary of the programme for these reasons.

## **5. Main characteristics**

### **5.1. Main characteristics**

#### **5.1.1 Target group (Universal) Please indicate the final target group of the intervention**

General population

Children/young people

Adults

Family/Parents

Other (please specify below)

#### **5.1.2 Please describe age group for Children/Young people (Min/Max)**

#### **5.1.3 Describe any other target group (universal)**

**5.1.4 Target group (Specific). Please indicate the target group in relation to drug use**

Non-drug u   
Experimenti   
Drug users   
Drug addic   
Problem dr   
Former dru   
Other (please specify below)

**5.1.5 Describe any other target group (specific)**

**5.1.6 Staff. How many people are involved in the intervention? Please specify, if possible, according to full-time staff, part-time staff and voluntary staff.**

Eight full time employees (public officials) (with other responsibilities as well)  Two part-time volunteers (NGO)

**5.1.7 Staff. What is the status (profession) of staff working on the intervention e.g. psychologist, nurse etc?**

Three full time physicians (public officials with other responsibilities as well)   
Five full time nurses (public officials with other responsibilities as well)   
One part-time social worker (NGO)   
One health and social educator (NGO)

**5.1.8 Coverage. How many people in each target group (universal) are reached by this intervention on an annual basis?**

450

**5.1.9 Coverage. How many people in each target group (specific) are reached by this intervention on an annual basis?**

260

**5.1.10 Substances addressed by the intervention:**

Alcohol  
Tobacco  
Cannabis  
Cocaine ar

Opiates X  
Amphetam X  
Ecstasy X  
Methamph X  
Inhalants/solvents  
Other (please specify below)

**5.1.11 Describe any other substance addressed by the intervention**

**5.1.12 Main substance addressed by the intervention:**

Alcohol X  
Tobacco  
Cannabis  
Cocaine and derivatives  
Opiates  
Amphetamines  
Ecstasy  
Methamphetamines  
Inhalants/solvents  
Other (please specify below)

**5.1.13 Describe any other main substance addressed by the intervention**

**Setting of intervention. Please note that the setting needs to match the type of intervention (1.2.1)**

**5.1.14 Setting of prevention intervention**

School  
Community (including i.e.user scene)  
Party scene  
Family  
Workplace

**5.1.15 Setting of treatment intervention**

Inpatient  
Outpatient  
GP

**5.1.16 Setting of social reintegration intervention**

Residential  
Community

**5.1.17 Setting of harm reduction intervention**

Low threshold service  
Needle/syri X  
Outreach/drug scene

**5.1.18 Setting of interventions in the criminal justice system intervention**

Prison X  
Community

**5.1.19 Describe the setting of the intervention (if necessary)**

**5.1.20 Any other setting of intervention**

Yes  
No X  
No Information

**5.1.21 Other. Describe any other setting of any other type of intervention**

**5.1.22 Action. Describe the main activities of the intervention and the type of service that is offered to the client. Kindly keep in mind that the description of the activities is of high relevance for the better understanding of the project.**

- \* Leaflets, brochures
- \* Health education
- \* Conference
- \* Games
- \* Action group to combat drug use
- \* Cultural, social events
- \* Cost-free distribution (of condoms, for instance)
- \* HIV prevention kits
- \* Information
- \* Medical treatment
- \* Music
- \* Magazine for the general reader
- \* Parties
- \* Peer group advice
- \* Posters
- \* Syringe exchange

## **6. Evaluation**

### **6.1. Evaluation**

#### **6.1.1 Evaluation status**

Evaluation X

Evaluation is currently running

Evaluation is carried out repeatedly

#### **6.1.2 Please indicate the month and year when the most recent evaluation was carried out (corresponding to the option you chose above (Evaluation status) (mm/yyyy)**

12000

#### **6.1.3 Type of evaluation**

Evaluation X

Process ev X

Outcome e X

Impact eva X

Other (please specify below)

#### **6.1.4 Describe other type of evaluation**

**Evaluation indicators. What indicators are used in order to monitor changes relating to the objectives?**

#### **6.1.5 Outcome indicator 1 (relating to the specific objectives)**

Percentage of inmates sharing syringes. Percentage of inmates re-using syringes. No. of exchanges. No. of syringes dispensed. Syringe return rate.

#### **6.1.6 Outcome indicator 2 (relating to the specific objectives)**

Incidence of HIV, HBV, HCV infection. Incidence of other intravenous drug use-related pathologies: abscesses, etc.

#### **6.1.7 Outcome indicator 3 (relating to the specific objectives)**

No. of accidental pricks affecting surveillance staff. No. of disciplinary sanctions for misuse of the PIJ. Participation in other treatment programmes for drug addicts. Amount of narcotics

#### **6.1.8 Process indicator 1**

1. Evaluation of staff satisfaction with PIJ regulation of satisfied respondents
- 2.- General evaluation of PIJ operation of "good" or "very good" responses
- 3.- Evaluation of need for information about PIJ of people wanting more information
- 4.- Evaluation of the need for and effectiveness of PIJ of respondents regarding it to be necessary and effective
- 5.- Other indicators - Opinion about increased risk, drug use, etc.

#### **6.1.9 Process indicator 2**

- 1.- Evaluation of information about PIJ of "good" or "very good" responses
- 2.- Evaluation of a favourable attitude toward PIJ implementation of favourable assessments
- 3.- Evaluation on impact on control of respondents who feel that it entails no greater control  of inmates
- 4.- Level of trust in exchange offering of respondents who trust the health care service or NGO  "by and large" or "wholly"
- 5.- Other indicators: opinions about place, timetable, method, etc

#### **6.1.10 Process indicator 3**

## Evaluation design Outcome evaluation

### 6.1.11 Evaluation design:

Follow-up assessment

Pre-post design, no comparison group - naturalistic

Pre-post design AND comparison group - quasi-experimental

Pre-post design AND comparison group AND randomisation - RCT

Other (please X)

### 6.1.12 Describe other type of evaluation design

Three-phase evaluation of programme viability

Communities analyzed: staff and inmates

Combination of self-completed questionnaires and in-depth personal interviews (qualitative and quantitative)

The timing of the three phases of evaluation was as follows: prior to introduction of PIJ, 6 months and one year after introduction.

The targets for the drug user inmate community were selected by population sampling and for the officials \*\*\*by systematic sampling\*\*\* and both were regarded to be representative

### 6.1.13 Quantitative data collection instruments, tools and measures used:

Recognise

Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specific needs)

Programme

### 6.1.14 Specify name of instrument(s) if you used a standardised instrument(s) for outcome evaluation:

### 6.1.15 Specify name of instrument(s) if you used a modified standard instrument for outcome evaluation:

### 6.1.16 Please specify type of any qualitative data collection instruments (specify which type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used:

In-depth interviews with relevant people  Two focus groups: officials and inmates

### Process evaluation

### 6.1.17 Quantitative data collection instruments, tools and measures used in process evaluation:

Recognised (standard) instruments

Modified standard instrument used (e.g. a recognised standard instrument was used but modified according to programme specific needs)

Program s; X

**6.1.18 Specify name of instrument(s) if you used a standardised instrument(s) for process evaluation:**

**6.1.19 Specify name of instrument(s) if you used a modified standard instrument for process evaluation:**

**6.1.20 Qualitative data collection instruments. Please specify type of any qualitative data collection instruments (specify which type of data collection method was used e.g. semi-structured interviews, focus-groups, observation) used.**

Validated scale surveys designed as prescribed in the literature Self-completed questionnaires, with incentives for participating inmates (token gifts)

**6.1.21 Type of Evaluator and references**

Internal evaluator

External evaluator

Both intern: X

**6.1.22 Please specify the name of the external institution/s:**

Public University of Navarre Public Health Institute of Navarre Funded by the Regional Government of Navarre's Department of Health

**6.1.23 Give full reference for the evaluation report (when available):**

\* Descriptive report of the programme □ Periodic reports on work progress

## **7. Evaluation results**

### **7.1. Results of evaluation**

**Present the results, to date, according to the specific and operational objectives**

#### **7.1.1 Results of outcome evaluation 1**



Twenty seven per cent of the prison population, 65 % of the PMM inmates and 60 % of the HIV+ inmates are users. In the 7 years that the PIJ has been in place: No. of syringes dispensed: 2 396. No. of exchanges: 6 842. No. of syringes returned: 8 597   
Percentage of syringes returned: 93 %. Mean number of exchanges per month: 85. No. of PIJ users referred to other programmes: 131

### **7.1.2 Results of outcome evaluation 2**

No HIV or HCV seroconversions have been recorded in these 7 years. Use-related pathologies such as abscesses and phlebitis have practically disappeared.

### **7.1.3 Results of outcome evaluation 3**

No increase has been recorded in intravenous drug use. No incidents with surveillance staff have been reported. No accidental pricks have been reported. After 7 years of operation PIJ has been found to be completely viable in a prison environment and liable to be supplemented with other treatment programmes for drug addicts. Health authorities must be alert to variations in use habits and substances used by IDUs.

### **7.1.4 Results of process evaluation**

## **8. Budget**

### **8.1. Budget**

#### **8.1.1 Annual budget**

Up to 100 000

Over 100 000 to 500 000

Over 500 000

Annual bud X

#### **8.1.2 Specify total budget:**

From 10 000 to 50 000 euros

#### **8.1.3 Sources of funding**

Local authorities

International organisations (operates in more than one country)

Regional authorities

Community X

National gc X

European commission  
 Non-governmental organisation  
 Private funds  
 Other

**8.1.4 Percentage of funding from each source**

	% of funding
Local authorities	
Prison (operates)	
Prison (national authority)	
Prison (community authority)	80
Prison (national government)	20
European commission	
Non-governmental organisation	
Private funds	
Other	

**9. Abstract**

**9.1. Abstract**

**9.1.1 Give a short summary of the intervention.**

In the Pamplona facility, around 35 % of inmates have or have had intravenous drug use problems. Penitentiary authorities must guarantee inmates' right to health under conditions comparable to those in place for the population at large, and this includes the implementation of prevention programmes such as syringe exchange schemes (PIJ). A pilot programme for syringe exchange was initiated in the facility in November 1998, and continues to date. A number of institutions participated in programme formulation, implementation, coordination and evaluation. The PIJ consists in personalized exchange and includes the possibility of medical action. No incidents of any importance have been forthcoming in the 7 years that the PIJ has been operational, with respect either to users or prison surveillance staff. No increase in injected drug use has been detected, the use of illegal syringes has disappeared and not a single case of HIV or HCV seroconversion has been documented. Ongoing programme monitoring and follow-up surveys of user and penitentiary surveillance staff opinions are regarded to be key factors in programme success.

**10. Output**

**10.1. Outputs**

**10.1.1 List any interesting references, links, and literature relating to the intervention.**

Garcia Villanueva M, Programa de Intercambio de Jeringuillas en el Centro Penitenciario de Pamplona. Rev. Esp. Sanid. Penit. 2003; 5: 32-43 □  
Elementos clave para la implantación de programas de intercambio de jeringuillas en prisión. Secretaría del Plan Nacional sobre el SIDA. Ministerio de Sanidad y Consumo. Abril 2000. □  
Intercambio de jeringuillas en el medio penitenciario. Programa marco. Ministerio del Interior. Ministerio de Sanidad y Consumo. 2003.

## **11. Additional remarks**

### **11.1. Special remarks**

**11.1.1 Use this space to add explanatory notes and highlight any specific features of the programme that are not well represented in other items of the questionnaire.**

#### **Report Comments:**

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