



Public Health  
England

# Infection Inside

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prisons and other places of detention

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## UK Collaborating Centre for WHO Health in Prisons Programme (HIPP) (Europe)

### Annual report of the UK Collaborating Centre (CC) for the WHO HIPP

This month the UK CC for the WHO HIPP, hosted by PHE since April 2014, submitted its annual report on its activities.



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

The UK CC, working as part of a multi-disciplinary specialist team within PHE, oversees, co-ordinates and delivers high quality professional input, technical support and advice to the WHO Regional Office in Copenhagen and European partners on a range of health and social care issues; delivers an international conference on prison health annually, and supports the coordination of work across WHO European region through the HIPP Steering Group, whose membership includes representatives of Member States, the WHO UK CC (PHE), non-governmental organisations and inter-governmental organisations, such as the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Activities in the last year include leadership in international conferences in Portlaoise, Ireland and planning for the October 2015 Bishkek, Kyrgyzstan conference; developing a prison health research network across Europe, called WHO Europe Prison Health Research Network (WEPHReN), aiming to develop the evidence-base to support effective, efficient, cost-effective and high quality healthcare in prisons and other justice settings; tendering for research grants; and numerous engagement events with national partners across the world.



The UK Collaborating Centre for the WHO HIPP presented their work at this year's PHE Annual Conference in September.

The two poster presentations highlighted the range of work the UK CC is engaged with across Europe and other countries, as well as the development of a minimum public health dataset for prisons across Europe.

Pictured from left to right: Sunita Stürup-Toft, Dr. Éamonn O'Moore and Dr. Tom Stephenson.

### **Five Nations Collaboration for Health & Justice**

On 3 September 2015, the Five Nations Collaboration for Health & Justice met in Cardiff, Wales for their 4th meeting. The aim of the collaboration is to provide a forum for sharing best practice and mutual learning for health and justice partners in the countries of the United Kingdom and the Republic of Ireland to improve our collective capability in understanding and meeting the healthcare needs of people in prison. This collaboration also informs the work of PHE as the UK Collaborating Centre for the WHO HIPP (European Region).

Speakers from the host country shared best practice and members considered issues such as suicide prevention, personality disorder, novel psychoactive substances, and developments for the new North Wales Prison.

There was an opportunity to hear from Lars Møller from the WHO European Region Office on the WHO HIPP and the programme for the upcoming WHO HIPP Conference in Bishkek, Kyrgyzstan (October 2015). The conference theme is 'improving health and reducing harm from substance misuse in prisons'. Conference attendees will hear from leading international experts in prison healthcare, public health, substance misuse and infectious diseases. Delegates will include representatives of Member States from health and justice organisations as well as representatives of UNODC, International Committee of the Red Cross, and Council of Europe among other partners organisations are invited to attend. Details of the conference and how to register can be found at: [www.phe-events.org.uk/HJAC15](http://www.phe-events.org.uk/HJAC15)

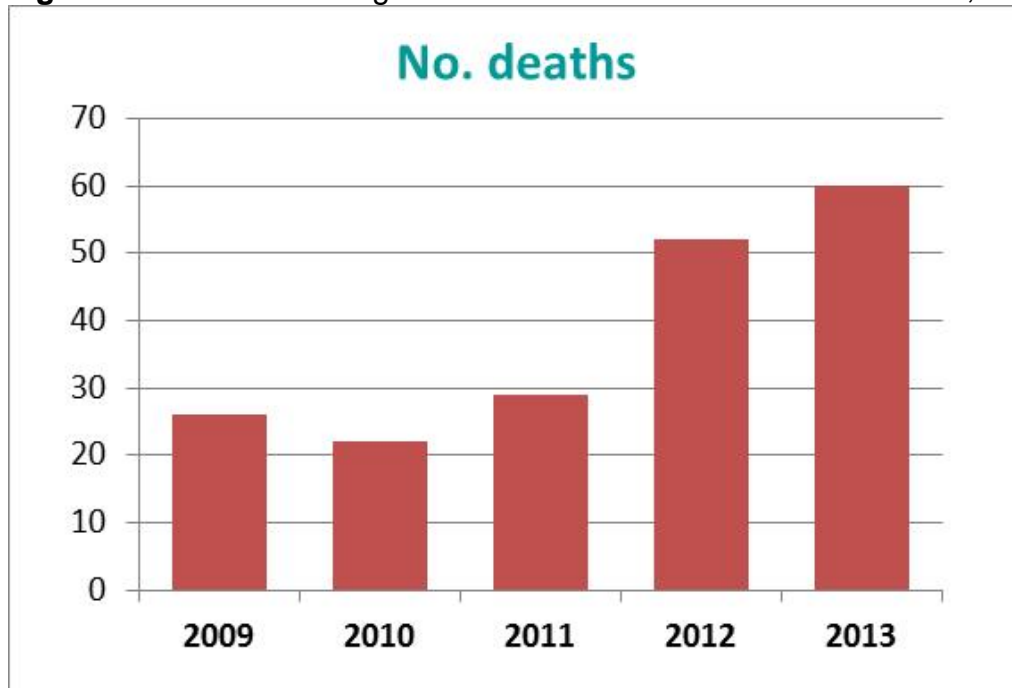
## Novel psychoactive substances (NPS) in English prisons

The past few years have seen the emergence of a wide range of novel psychoactive substances [NPS] (sometimes referred to as 'legal highs'). The UN Office on Drugs & Crime (UNODC) defines these as "substances not controlled by international conventions on narcotic drugs and psychotropic substances".

The numbers of such NPS have increased significantly: the UN reported 166 substances worldwide in 2009, increasing to 348 in 2013. In the EU, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) identified 41 new substances in 2010 and 101 in 2014. In the UK, the Forensic Early Warning System (FEWS) identified 11 new substances in 2011, increasing to 13 in 2013. There were 651 online 'shops' in Europe in 2013 with 250+ in UK. A number of factors have driven the trends of NPS use in the community and a variety of geographical and subcultural patterns of use exist across the country.

The Office for National Statistics report slightly increasing numbers of drug-related deaths associated with NPS use since 2011, which is in line with the increase in their availability and use (not including amphetamines, ecstasy and its variants (PMA/PMMA))(see **Figure 1**):

**Figure 1:** Numbers of drug-related deaths associated with NPS use, ONS



Source: ONS

Project Neptune (Novel psychoactive treatment: UK network (NEPTUNE) ([www.health.org.uk/programmes/shine-2012/projects/novel-psychoactive-treatment-uk-network-neptune](http://www.health.org.uk/programmes/shine-2012/projects/novel-psychoactive-treatment-uk-network-neptune))) identifies four main categories of NPS-

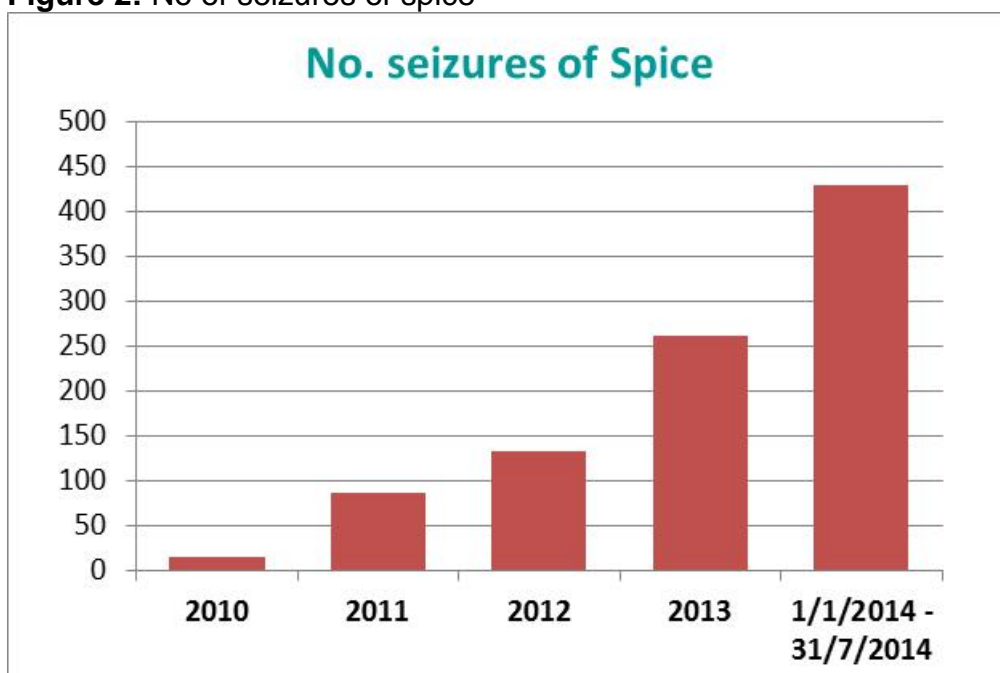
- sedatives (eg GHB/GBL, ketamine),
- stimulants (eg MDMA (Ecstasy), mephedrone (first synthesised 1929))

- hallucinogens (eg lysergamides, tryptamines, phenethylamines)
- synthetic cannabinoids (eg Spice, Black Mamba).

The Prison and Probation Ombudsman for England and Wales reported in July 2015 that there were 19 deaths in prison between April 2012 and September 2014, where the prisoner was known, or strongly suspected, to have been using NPS type drugs before their death.

By far the major problem in prisons, based on drug seizures and anecdotal reports, is related to the use of synthetic cannabinoids [SC], an example of these substances are the brands Spice and Black Mamba (see **Figure 2**):

**Figure 2:** No of seizures of spice



Source: [www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2014-09-26/209374/](http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2014-09-26/209374/)

SC are a disparate group of chemicals and while the terms Spice and Black Mamba are used interchangeably, there may be many variations, even when one disregards any adulterants with which they may be cut.

The attractions of SC to prisoners include their reported potency while being perceived as 'safe'; the variety of effects - stimulant, hallucinogenic and sedative; ease of use: smoked, snorted or swallowed; easy to conceal and their relative affordability (£10/gm), although there is emerging evidence that their cost is rising significantly in prisons.

Their wide ranging and unpredictable effects may appeal to some prisoners, but present a particular challenge to security and healthcare staff. The adverse effects include convulsions, palpitations, extremely aggressive behaviour, extreme bizarre behaviour (often with no recall of the behaviour), paranoia, nausea and paralysis. Some of these effects may be long-lasting.

Many users of NPS in general or SC in particular, will not see their use as being problematic and will not seek help even if there are adverse consequences from their use.

NOMS has applied sanctions for possession for any NPS, use or supply since January 2015 and provided training for staff (healthcare and wing staff) as well as raising awareness among prisoners and visitors through a poster campaign and other information resources.

A toolkit for the management of NPS in secure environments is being devised by PHE and this, along with face-to-face training, should be available in late 2015 or early 2016.

The new laws on control of all novel psychoactive substances announced in the Queen's Speech to Parliament in May 2015 will impact on their availability in both prisons and the wider community, however, a continued focus is needed on preventing and treating the harms.

### **WEDINOS – Welsh Emerging Drugs & Identification of Novel Substances**

The WEDINOS project, funded by Welsh Government, includes the collection and testing of new and known psychoactive substances from a range of individuals and organisations across Wales and the wider United Kingdom.



With emphasis placed upon harm reduction, the project supports the identification of substances (both licit and illicit), trends in use (including known drug combinations), and associated health harms. Following analysis of the samples, the results and health implications are disseminated to all stakeholders via [www.wedinos.org](http://www.wedinos.org).

Between the project's launch in October 2013 and 31 August 2015 WEDINOS has analysed 3,172 samples from across the United Kingdom; identifying 298 substances either in combination or isolation. Fourteen per cent of all samples received were synthetic cannabinoid receptor agonists (SCRAs).

Within the total samples analysed 194 were submitted from three Welsh prisons. A total of 44 substances were identified with SCRAs being the most commonly identified, followed by medications. Stimulant based substances and anabolic steroids were also profiled.

The top ten most commonly identified substances within prison samples and all samples received is outlined in **Table 1**.

**Table 1:** Top ten most commonly identified substances (prison and all samples)

<b>Number</b>	<b>Prison</b>	<b>All Samples</b>
1	5F-PB-22	Cocaine
2	5F-AKB48	Caffeine
3	No Active Component Identified	Levamisole
4	Mannitol	5F-AKB48
5	Buprenorphine	5F-PB-22
6	Paracetamol	No Active Component Identified
7	Quetiapine	MDMA
8	Cannabis	Mephedrone
9	Caffeine	Benzocaine
10	Methandrostenolone	Testosterone enanthate

By profiling samples received from within the custodial setting WEDINOS has been able to identify potential harms to prisoners which have enabled substance misuse teams to provide pragmatic and relevant harm reduction advice based on the substances in circulation.

The form of a sample profiled can also highlight areas of potential harms. For example substances administered in injectable form carries a greater risk of infection and blood borne virus transmission when compared to other forms of administration. In addition, by knowing the substance profiled we are also able to make assumptions around frequency of injecting.

Sometimes it is the substances not profiled that may highlight concerns eg not identifying ancillary/post cycle therapy drugs where anabolic steroids are profiled. Although, there is not a strong evidence base, these substances are used within the body building community to alleviate potential side effects of AAS use such as increased oestrogen levels and suppressed natural testosterone production.



## **Launch of the West Midlands Violence Prevention Alliance**

Violence is a public health issue and in the West Midlands, PHE, the police and the police and crime commissioners have joined together to create the West Midlands Violence Prevention Alliance. <http://violencepreventionalliance.org>

The new alliance will work with organisations such as councils, hospitals and charities to help them provide services that prevent violence, using best practice and evidence of where violence takes place.

One of their first actions will be to set up an injury surveillance unit that will collect, analyse and use data about violence in the West Midlands in order to prevent it from taking place and to reduce its severity. Looking back at other projects, in [Cardiff, attendance for violence related injuries at A&E fell by 40% between 2002 and 2007](#) following the involvement of emergency departments in the local Crime and Disorder Reduction Partnership. The Cardiff model showed that by sharing anonymised data on the location of violence, weapon use, assailants and times of violence the local police could improve their targeting and reduce licensed premises violence and street violence in particular.

The Alliance will also work with hospital trusts and West Midlands police to develop an injury surveillance system that will allow analysis of:

- the numbers and types of violent incidents
- the groups of people at most risk
- common locations, for example in a geographical area or in particular settings such as in the home or a licensed premises
- the effectiveness of action taken by police, councils, businesses and other partners

Nationally, their work to date on preventing domestic violence has seen a number of initiatives which provide training on how to support people affected and guide their colleagues, friends and communities on how to respond. Resources include a [free toolkit](#) for universities and a [website](#) for employers.

Agencies and communities do a lot already to prevent violence – but the Alliance believes that by working together we can do so much more to better understand which groups are experiencing violence, where and how; to spread good practice in prevention, and ensure that wherever people come into contact with services they get the support they need to prevent violence blighting their lives. In launching the alliance they are asking local organisations to gain a shared understanding of the picture of violence in their area and develop an action plan to address it.

## **News**

### **Moving on.....**

Cathie Railton has been working as the Health & Justice Epi-scientist with both this team and our predecessor organisation in Offender Health in the HPA. She has made significant contributions to a large number of projects and programmes and has done sterling work supporting the Health Protection Network over the years. Cathie has also had a major role in the implementation of our BBV opt-out programme in prisons.

As you can imagine we are always sad to see a valued and trusted colleague leave but fortunately Cathie will remain within PHE, working for the Joint Yorkshire & Humber & North East TB Control Board so no doubt many of us will continue to work in some way with her.

I am sure all of you will want to join me in thanking Cathie for her hard work and support and to wish her well in her new role.

Dr Éamonn O'Moore

National Lead for Health & Justice, Public Health England, Director of the UK Collaborating Centre for WHO Health in Prisons (European Region)

### **Responding to the increase in migrants**

Due to the ongoing migrant crisis PHE is working together with stakeholders to support the NHS, local authorities, and government departments in understanding and meeting the needs of asylum seekers/undocumented migrants detained in immigration removal centres or short term holding facilities in the UK.

There have been increasing reports of infectious diseases among this vulnerable population especially among those originating or passing through Eritrea or North Africa and travelling through Europe sleeping rough or in crowded, unsanitary camps. We have received alerts about various infectious diseases for example louse-borne relapsing fever and cutaneous diphtheria in this group with case reports from European countries including the Netherlands, Sweden, Germany, Denmark and Switzerland. We have also had reports of scabies, chickenpox and TB in UK IRCs.

Health & Justice are working closely with the Travel and Migrant Health Section within PHE which has particular experience in the field of communicable diseases among the migrant population. We have guidance regarding louse and diphtheria across the estate, however the situation is evolving rapidly with respect to planning and preparations for refugees, and we are liaising with colleagues in DH, NHS England and the Home Office Immigration Enforcement to provide support.



## Publications

### **Blood-borne viruses: quarterly report on opt-out testing in prisons**

This quarter's issue of the bulletin is now available via:

[www.gov.uk/government/collections/public-health-in-prisons#improving-testing-and-treatment-rates-for-bloodborne-viruses](http://www.gov.uk/government/collections/public-health-in-prisons#improving-testing-and-treatment-rates-for-bloodborne-viruses)

### **Early lessons learnt from opt-out blood-borne virus testing policy in prisons: summary report**

A summary report from the event in May 2015, to review lessons learnt from policy change for testing for blood-borne viruses (BBV) has now been published and is available at. [www.gov.uk/government/publications/early-lessons-learnt-from-opt-out-blood-borne-virus-testing-policy-in-prisons-summary-report](http://www.gov.uk/government/publications/early-lessons-learnt-from-opt-out-blood-borne-virus-testing-policy-in-prisons-summary-report)

### **Health and justice health needs assessment guidance: Police custody**

Part 3 of the health and justice health needs assessment toolkit for prescribed places of detention

Following the publication of Parts 1 and 2 of the health and justice health needs assessment toolkit in 2014, Part 3 which looks at police custody has now been published: [www.gov.uk/government/publications/prescribed-places-of-detention-health-needs-assessment-toolkit](http://www.gov.uk/government/publications/prescribed-places-of-detention-health-needs-assessment-toolkit)

In addition to this we are building a repository of quality assured completed health needs assessments (HNAs) using the toolkit:

[www.gov.uk/government/publications/health-needs-assessment-prison-examples](http://www.gov.uk/government/publications/health-needs-assessment-prison-examples)

### **Guidance for 2015/16 on responding to cases or outbreaks of seasonal flu in prisons and other prescribed places of detention in England**

This year's guidance on how to respond to individual cases or outbreaks of seasonal flu: vaccination, recommendations, and managing outbreaks is now available at:

[www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals](http://www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals)

### **Flu immunisation training resources**

Two training slide sets, one for the national flu programme and one specifically focusing on the childhood flu programme have been published along with updated childhood flu programme Q&As entitled 'Information for healthcare practitioners' at:

[www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)

An interactive flu immunisation eLearning programme, written by PHE, and produced by Health Education England's eLearning for Healthcare (e-LfH), is also available this year: [www.e-lfh.org.uk/programmes/flu-immunisation](http://www.e-lfh.org.uk/programmes/flu-immunisation)

The programme consists of a core knowledge and accompanying assessment session, followed by knowledge and assessment sessions on the live and inactivated flu vaccines. After completing the core knowledge session, practitioners can choose to complete one or both of the vaccine specific sessions depending on which session(s) is

relevant to their role. This programme has been made 'open access' for everyone so that those not employed by the NHS, or eligible to register for e-LfH learning programmes, will also be able to undertake the programme if they wish to.

### **Flu patient information leaflets**

Patient information leaflets for the flu vaccination programme have now been published online at: [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme). Hard copies are available through the order on-line at: [www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf](http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf) or by phoning 0300 123 1002 and quoting the reference numbers on the back pages.

### **Research**

#### **Eurosurveillance, Volume 20, Issue 35, 03 September 2015**

Hepatitis B virus, hepatitis C virus and human immunodeficiency virus infection in undocumented migrants and refugees in Southern Italy, January 2012 to June 2013  
[www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21235](http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21235)

### **Events (upcoming)**

#### **3<sup>rd</sup> Health & Justice Summit, the wider determinants of health & justice**

6 and 7 November 2015 - 30 Euston Square, London

A 2 day summit jointly organised by the RCGP Secure Environments Group, Ashworth, Broadmoor and Rampton high secure hospitals and the forensic section of the RCPsych and supported by the commissioners at NHS England.  
<http://www.centrevents.co.uk/healthbooking.html>

#### **The London Joint Working Group (LJWG) Conference 2015**

##### **Hepatitis C in people who inject drugs (PWID): Improving Care for hepatitis C, a framework approach**

19 October 2015, The Guildhall, Livery Hall, London

Over 200 delegates will come together at London's Guildhall on 19 October 2015 for the 5<sup>th</sup> LJWG conference. Experts will discuss strategies to address the impact of the hepatitis C virus on PWID. Practical steps to implement guidance from NICE, and the collaborative work which has been taking place between NHS England and PHE will be discussed.

Further details can be found at: [www.phe-events.org.uk/ljwg2015](http://www.phe-events.org.uk/ljwg2015)

#### **HCV Action / PHE roadshow on hepatitis C, Birmingham 23 October 2015**

Further to the roadshows that took place in Liverpool earlier this year and more recently London in June the next event is being planned for Birmingham on 23 October. Further details are available at: [www.phe-events.org.uk/hepcbirmingham](http://www.phe-events.org.uk/hepcbirmingham)

Thank you to all those who contributed to this issue: Dr G Ryan, Alcohol, Drugs & Tobacco (PHE), Jackie Roberts (PHE), Lola Abudu (PHE) and Dean Acreman (Public Health Wales).

#### **Editorial Group**

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**PHE publications gateway number: 2015408**