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**Briefing to the Committee on Economic, Social and Cultural Rights on the implementation by Denmark of article 12 of the International Covenant on Economic, Social and Cultural Rights in relation to people who use drugs.**

NGO report with additional information on the Fifth Periodic Report by Denmark

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**Report prepared and submitted jointly by the Danish Drug Users Union, Trinløse Tænkere  
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**Additional information on the high level of illicit drug consumption and the adverse health consequences for people who use drugs**

In the concluding observations following the consideration of the fourth periodic report of Denmark, the Committee expressed concern about, among other things, the high rate of illicit drug use and the conditions of those suffering from problematic drug use and abuse.<sup>1</sup> The Committee recommended Denmark to continue to address this issue and to report back to the Committee in Denmark's fifth periodic report.<sup>2</sup>

The Danish Government has done so in its fifth periodic report, however, The Street Lawyers, the Danish Drug Users Union and the user organization Trinløse Tænkere believe it is necessary to provide the Committee with additional information regarding the conditions of people who use drugs in Denmark, and the initiatives taken by the Danish Government.

The Street Lawyers, the Danish Drug Users Union and Trinløse Tænkere kindly ask the Committee to take the additional information and the proposed recommendations of the Street Lawyers, the Danish Drug Users Union and Trinløse Tænkere to the Danish Government into consideration when reviewing the implementation of the progressive realization of the right to the highest attainable standard of health of people who use drugs.

### **Summary, development and the general conditions of people who use drugs in Denmark:**

People who use drugs suffer from a wide range of negative health conditions and are often subject to social exclusion, ill-treatment, prosecution and imprisonment. It is well known that unsafe injection practice among injecting drug users (IDUs) on a global scale is one of the major driven factors in the spread of HIV and hepatitis C, and that mortality rates among people who use drugs are a major challenge in securing the right to health of people who use drugs.

Denmark's fifth periodic report was submitted in January 2010 and some changes have occurred since this time. The report refers to the national strategy called "The Fight against Drugs" from 2003, which was followed up by "The Fight against Drugs II" in October 2010 by the former Danish Government. Both strategies largely failed to address the adverse harms of illicit drug use and mainly focused on preventing drug consumption by increasing punitive and law enforcement efforts.

Denmark has since taken some important steps to improve the health conditions of people who use drugs, for example by removing some of the legal obstacles to the expansion of harm reduction services that legally can be offered people who use drugs in Denmark. However, though it seems as a strong political commitment to reduce the adverse harms of illicit drug use to introduce both heroin assisted treatment and drug consumption rooms, these services are only available to very few of those in need, the initiatives are not part of a broader or general strategy

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<sup>1</sup> CESCR Concluding Observations, Denmark, 2004, para. 22.

<sup>2</sup> CESCR Concluding Observations, Denmark, 2004, para. 35.

to reduce harm, and there is at the moment nothing to suggest that these services will be offered to a broader group of people who use drugs. These services must be scaled-up. DCRs must be established in all major cities and heroin assisted treatment must cover a much larger part of the country, and must offer a larger number of places, and also expand regarding administration routes (smoking, and sniffing heroin) to be able to meet the needs of all heroin users and not only the ones injecting. It must be stressed that especially heroin users with a different ethnic origin are at the moment excluded from HAT, due to their preference for smoking their heroin, while only injecting is possible in the current setting.

Denmark has not had a comprehensive national drug strategy or action plan since the Parliament elections in September 2011. Furthermore, Denmark has no organ to coordinate initiatives between health authorities, law enforcement, and social services, no strategy to reduce drug related deaths or to reduce the widespread hepatitis C (HCV) infections among people who use drugs. There are no effective monitoring mechanisms to determine where new interventions are needed or to evaluate the effect of the interventions already in place. Since the closure of the National Advisory Expert Council of Drug Policy (Narkotikarådet) in 2001, the Government and Parliament have had no independent expert organ to make recommendations on and assess the actual policy or to propose new evidence-based initiatives. Scientific evaluation of ongoing programmes and the effects and results of drug policy initiatives have been limited making evidence based approaches towards the serious health care issues in relation to the use of illicit drugs nearly impossible.

It seems evident that the initiatives taken to reduce serious health problems of people who use drugs are under-prioritized. Working groups spend years making small scale pilot research which is never followed up upon with recommendations or broader interventions, if the working groups ever finish their work. Prison authorities do not collect data to help determine the need of harm reduction services to imprisoned drug users, nor do they collect proper data on the number of people with problematic use of illicit drugs in Danish prison facilities.

The National Board of Health estimates that there is approximately 13,000 IDUs, but only between 1/3 and half of these are known in treatment facilities, meaning by using treatment facilities. There is no strategy to reach the majority of IDUs outside the treatment system or even a declared goal to do so. The psychosocial treatment facilities are subject to financial cuts, and some harm reduction services are provided through these treatment facilities limiting their coverage to IDUs who are actually enrolled in the psychosocial drug treatment, which is a minority.

Harm reduction services are often left to the discretion of local authorities (municipalities), and they are often underfinanced with the consequence of these services not reaching the target group being the most marginalized and vulnerable people using drugs.

The Danish Drug Users Union, Trinløse Tænkere and The Street Lawyers believe that Denmark should upscale and remove obstacles to harm reduction health interventions in order to ensure

the progressive realization of the right to the highest attainable standard of health of people who use drugs with a special focus and IDUs in general and IDUs in prison facilities.

### **International obligations to address the right to health of people who use drugs**

Denmark's international obligations under the UN Drug Conventions<sup>3</sup> to address drug related problems are often simplified to the obligation of limiting the use of controlled substances to medical and scientific purposes only and to punish any unauthorized action involving illicit drugs, including the possession of drugs for personal consumption.

The fact is that the UN Drug Conventions also oblige Denmark to take all practicable measures for the prevention of drug abuse, the early identification, treatment, education, after-care, rehabilitation and social reintegration of people who use drugs<sup>4</sup>, and it is a fact that punitive obligations can be significantly reduced by taking such measures.<sup>5</sup>

The UN Drug Conventions do not apply in a (legal) vacuum. The conditions of people who use drugs and the adverse harm of both the drug use itself and any unintended consequences of the drugs criminalization and other policy related harm in regard hereto are also subject to human rights obligations as well.

As recognized by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the UN High Commissioner for Human Rights, people who use drugs do not forfeit their rights in accordance with the Covenant as a result of the illegal status of the drugs used.<sup>6</sup>

Denmark's obligations under public international law to improve the conditions of people who use drugs can only be understood and interpreted by taking into account the actual health problems of people using drugs in Denmark, and by taking into account all relevant international obligations undertaken by Denmark, including the right to health, which is recognized as customary international law, and specific multilateral treaties such as the International Covenant on Economic, Social and Cultural Rights, where article 12 is relevant in this connection.

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<sup>3</sup> 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

<sup>4</sup> 1961 Single Convention on Narcotic Drugs art. 38 and 1971 Convention on Psychotropic Substances art. 20.

<sup>5</sup> 1961 Single Convention on Narcotic Drugs art. 36, para. 1, litra b and 1971 Convention on Psychotropic Substances art. 22, para. 1, litra b.

<sup>6</sup> Anand Grover, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 2010, A/65/255 para. 8 and Nevanathem Pillay, United Nations High Commissioner for Human Rights, "High Commissioner calls for focus on human rights and harm reduction in international drug policy" Press release, 10 March 2009.

The rights of the Covenant are subject to the principle of progressive realization and both the actual problems in the State and the resources available are to be taken into consideration.<sup>7</sup> The Committee, however, has in relation to the right to health in article 12 stated that certain obligations are to be considered “core obligations” reflecting the minimum essential level of protection contained in the rights as enunciated in the Covenant.<sup>8</sup>

In relation to the right to health in article 12, these core obligations seem to focus especially on the access to facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health for the most vulnerable and marginalized people.

People who use drugs and especially IDUs are to be considered among the most vulnerable and marginalized people in Denmark in relation to right to health issues as their general health conditions are extremely poor compared to the general population. The overdose mortality is among the highest in the European Union and has been increasing over the last two decades to the highest death rate ever registered in 2011. Intravenous drug use is estimated to cause between 67-75 % of all new HCV infections and as many as 90 % of Danish IDUs are estimated to be infected.

While basic harm reduction services such as OST and NSP (needle and syringe programs) might be considered widely available in Denmark compared to other countries, these services only reach few of those in need. OST is available in all municipalities and prisons, however, the accessibility and quality of the treatment is poor in many parts of the country. The prescription of methadone and buprenorphine in maintenance treatment is reserved af very small number of municipality employed doctors working at the psychosocial treatment centers. Patients in OST theoretically enjoy the same patient rights as other patients, but they are exposed to widespread discriminatory practice in especially some parts of the country where doctors seem to pursue a punitive-based drug prevention strategy or simply leave the medical treatment to unqualified social workers because of lack of resources. It is known that in some parts of Denmark, one doctor has more than 700 patients in OST making it impossible to provide a treatment that satisfies the basic requirements of medical and ethical standards.

The overall coverage of NSPs are unknown and differs from larger cities with broad coverage and dispensing through low threshold drop-in-centers to countryside municipalities where dispense is completely nonexistent. In most municipalities sterile needles and syringes can be purchased in pharmacies at the price of 4-7 euros, and some places they are provided to those enrolled in drug treatment. Unfortunately, NSP’s do not exist in prisons. The possession of needles and syringes is considered a violation of prison regulations and is subject to administrative punishment (isolation and fines).

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<sup>7</sup> ICESCR art. 2, para. 1 and CESCR General Comments No. 3.

<sup>8</sup> CESCR, General Comments No 3 and in relation to art. 12 CESCR, General Comments No. 14, para. 43-45.

The Committee has a number of times stated that the access to harm reduction services such as NSPs and OSTs are fundamental for the enjoyment of the right to the highest attainable standard of physical and mental health of IDUs in relation to article 12 of the International Covenant on Economic, Social and Cultural Rights.<sup>9</sup>

Furthermore, the Committee has referred to article 15, para. 1, litra b,<sup>10</sup> hereby stating that these harm reduction health care interventions are to be considered scientifically well documented, and that right to health initiatives are evidence based – or at least evidence informed.<sup>11</sup>

### **The prevention of HIV and HCV transmission**

The National Board of Health estimates that less than 5 % of people who use drugs are infected with HIV. Intravenous drug use is estimated to cause between 4-11 % of all new infections. While Denmark has to a great extent managed to control the spread of HIV among people who use drugs over the past decades compared to other countries, this is not the case in regard to HCV.

Intravenous drug use is estimated to cause between 67-75 % of all new HCV infections and 90 % of IDUs are estimated to be infected with HCV.<sup>12</sup> A minimum of 15,000 people are estimated to be infected with HCV while only 2,000 receives treatment. A Danish study from 1997 shows that among 70-80 % of IDUs are infected within the first years of intravenous drug use while 10 % of self-reported non-injecting drug users are infected.<sup>13</sup>

Municipalities have the main legal responsibility of general health prevention interventions. While both psychosocial drug treatment and opioid substitution treatment are legally regulated, NSP is left completely to the discretion of the local authority.<sup>14</sup> Only in major cities, NSPs, including

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<sup>9</sup> CESCR, 2006, *Concluding Observations: Tajikistan*, para. 70, CESCR, 2007, *Concluding Observations: Ukraine*, para. 51, CESCR, 2009, *Concluding Observations: Poland*, para. 26, CESCR, 2010, *Concluding Observations: Kazakhstan*, para. 34, CESCR, 2010, *Concluding Observations: Mauritius*, para. 27 and CESCR, 2011, *Concluding Observations: Russian Federation*, para. 29.

<sup>10</sup> CESCR, 2010, *Concluding Observations: Mauritius*, UN Doc No. E/C.12/MUS/CO/4, para. 27.

<sup>11</sup> Former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, 2008, *Human Rights, Health and Harm Reduction*, p. 11.

<sup>12</sup> The National Board of Health, 2007, *National Strategy for Prevention of HCV Among Drug Abusers*, p. 4 (only available in Danish). Sundhedsstyrelsen, 2007, National handlingsplan til forebyggelse af hepatitis C blandt stofmisbrugere, s. 4.

<sup>13</sup> Publication by Thomas Fuglsang, Jan R. Fouchard and Peter P. Ege in *The Journal of the Danish Medical Association* (Only available in Danish). Thomas Fuglsang, Jan R. Fouchard og Peter P. Ege, 2000, *Udbredelsen af hiv og hepatitis B og C blandt københavnske stofmisbrugere*, Ugeskrift for læger 2000; 162: 3860-4.

<sup>14</sup> Paul Hunt, 2006, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Mission to Sweden*, A/HRC/4/28/add.2, para 62. In relation to NSP the Special Rapporteur states that "such an important human rights issue cannot be left to the discretion of local government. The Special Rapporteur emphasizes that the Government has a responsibility to ensure the implementation, throughout Sweden and as a matter of priority, of a comprehensive harm-reduction policy, including counselling, advice on sexual and reproductive health, and clean needles and syringes."

paraphernalia, are freely and anonymously available to IDUs from low-threshold services such as drop-in-centers.

In some municipalities sterile needle and syringe programs are situated in drug treatment centers exclusively for those enrolled in treatment and only available upon request.

The main aim of drug treatment in Denmark is complete abstinence rather than harm reduction, reducing risk behavior, and promoting healthier choices among IDUs. OST is offered solely from the same institutions and continued use of illegal substances while enrolled in treatment is far too often sanctioned in the medical treatment. In many places OST, like prescribed and stabile use of methadone, is seen and referred to in a very negative way, even by doctors, as a “misbrugsstof”, thereby almost placing stabile and stabilizing OST on an equal footing with chaotic use of street-heroin. This with the most severe consequences in relation to cases on forcible removal of children from parents in stabile OST, who by child custody services are seen as “drug abusers”.

Although OST is known to be one of the most well-documented harm reduction initiatives reducing mortality and the transmission of blood-borne diseases, the reduction of these adverse harms through OST is generally not considered a legitimate aim - OST is mainly used as a tool to achieve abstinence. In such a treatment regime it is unlikely that IDUs request sterile injection equipment since this often results in further restrictions – even though discharge and not adequately adjusted doses etc. is known to cause even higher mortality rates than when no treatment is offered.<sup>15</sup>

As a response to the continued HCV epidemic among IDUs, the National Board of Health initiated the “National Strategy for Prevention of HCV Among Drug Abusers” in 2007. Though the strategy obliges the municipalities to give special attention to the HCV epidemic among IDUs and contains important initiatives such as free vaccines against HAV and HBV and the distribution of information on transmission risks, all initiatives are integrated in the same drug treatment centers as mentioned above. Bearing in mind that only between 1/3 and half of the IDUs are enrolled in this treatment system and that between 70-80 % are transmitted with HCV within the first years of their use of illicit drugs<sup>16</sup>, there is nothing to suggest that the initiatives in this strategy will reduce the transmission of HCV among IDUs.

It seems evident that taking the legal and administrative measures to ensure easy and anonymously access to needle and syringe dispensing, focusing on paraphernalia dispense and risk reducing behavior throughout the country targeted at the IDUs not enrolled in treatment, and

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<sup>15</sup> Among others Zanis, D.A., Woody, G.E., 1998, *One-year mortality rates following methadone treatment discharge*, *Drug and Alcohol Dependence* 52, 257-260.

<sup>16</sup> Publication by Thomas Fuglsang, Jan R. Fouchard and Peter P. Ege in *The Journal of the Danish Medical Association* (Only available in Danish). Thomas Fuglsang, Jan R. Fouchard og Peter P. Ege, 2000, *Udbredelsen af hiv og hepatitis B og C blandt københavnske stofmisbrugere*, *Ugeskrift for læger* 2000; 162: 3860-4.

lowering the thresholds of drug treatment would be the way of seriously addressing the continued HCV epidemic among IDUs.

### **People who use drugs in prisons:**

There is an average of approximately 4,000 inmates in prisons at all times in Denmark.<sup>17</sup> The total number of people in detention with a problematic drug use is unknown, however, 59, 8 % of 3,936<sup>18</sup> inmates answered in a survey from 2011 that they had used illicit drugs 30 days before their insertion and 19,2 % of the 59, 8 % answered that they had been taking opioids within 30 days before insertion.

The percentage of positive urine tests has been fairly stable since 2007. In Denmark an average of 3,212 urine tests are made per month.<sup>19</sup> Approximately 3 %<sup>20</sup> of the tests are positive on “hard drugs”<sup>21</sup> and approximately 6-8 % are tested positive for cannabis<sup>22</sup>.

Limited information on the general health conditions of inmates is registered and no estimates on the numbers of inmates with a problematic drug use, intravenous drug use, people infected with HIV, HBV and HCV before and after their insertion are available.

Although the distribution of needles and syringes to IDUs is inadequate in general as shown above, these services are, however, to some extent accessible for IDUs outside prison and detention facilities.

NSP's are not available in prisons and as mentioned before possession of needles and syringes is a violation of prison regulations and is subject to administrative or disciplinary punishment. It is well known that illicit drugs are easy accessible in custodial environments, and it seems evident that IDUs are overrepresented in prison facilities although no accurate numbers exists.

Even though Danish authorities are well aware of the risks associated with intravenous drug use and the transmission of blood-borne diseases, NSPs have not been introduced in prisons. In 2000 Denmark introduced a restricted bleach programme for IDUs in detention with an available low content chlorine product intended for the disinfection of “illegal” injection equipment. While the declared intention is that users should be provided with the opportunity to access bleach

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<sup>17</sup> Statistic of the Danish Prison and Probation Service for the year 2011 (only available in Danish), Kriminalforsorgens statistik 2011, s. 13, tabel 3,1.

<sup>18</sup> Statistic of the Danish Prison and Probation Service for the year 2011 (only available in Danish). Kriminalforsorgens statistik 2011, s. 21, tabel 3,9.

<sup>19</sup> National Board of Health, 2012, Annual report on the state of the drugs problem in Denmark 2011, p. 93 (only available in Danish). Sundhedsstyrelsen, 2012, Narkotikatilstanden i Danmark 2011, s. 93.

<sup>20</sup> National Board of Health, 2012, Annual report on the state of the drugs problem in Denmark 2011, p. 94 (only available in Danish). Sundhedsstyrelsen, 2012, Narkotikatilstanden i Danmark 2011, s. 94.

<sup>21</sup> Heroin, Cocaine, Amphetamine etc..

<sup>22</sup> National Board of Health, 2012, Annual report on the state of the drugs problem in Denmark 2011, p. 94 (only available in Danish). Sundhedsstyrelsen, 2012, Narkotikatilstanden i Danmark 2011, s. 94.

anonymously, we know that it happens that the bleach is mainly visible and easy accessible during the regularly prison inspections conducted by the Danish Parliamentary Ombudsman.

In 2010 a member of the Parliament asked the Ministry of Justice about the feasibility of this programme in regard to reducing the transmission of HIV and HCV.<sup>23</sup> The Ministry of Justice responded that the Danish Prison and Probation Service's medical consultant stated that the bleach programme should be seen only as an infection-reducing provision in the absence of other and better options such as sterile and unused needles and syringes. The medical consultant further stated that a major disadvantage of the programme is that the chlorine compound only works through direct contact and is easily inactivated by blood, secretions and other organic materials. This means that even small remains of blood in syringes or needles will reduce the effect substantially.<sup>24</sup> The Directorate of The Danish Prison and Probation Service responded that the bleach programme was being reconsidered in an internal working group.<sup>25</sup> However, The Street Lawyers found, when requesting insight in the conclusions of the working group in 2012, that the working group was never established due to the prioritization of other issues.

WHO, UNAIDS and UNODC have in their joint guidelines made the following assessment of bleach programmes in prisons.<sup>26</sup> The assessments and recommendations are mainly focused on the HIV transmission, but can largely be considered equivalent to other blood-borne diseases usually associated with intravenous drug use such as HCV.

*“Evaluations of bleach programmes in prisons have shown that distribution of bleach or other disinfectants is feasible in prisons and does not compromise security. However, disinfection and decontamination schemes in the community outside prisons are not supported by evidence of effectiveness. Studies undertaken in prisons have shown that conditions in prisons further reduce the probability that injecting equipment may be effectively decontaminated. Because of their limited effectiveness, bleach programmes can only be regarded as **a second-line strategy to NSPs** (emphasis added). Therefore:*

- *Bleach programmes should be available in prisons where authorities continue to oppose the introduction of NSPs despite evidence of their effectiveness, and to complement NSPs. However, they cannot replace NSPs.*
- *Where bleach programmes are implemented, bleach should be made easily and discreetly accessible to prisoners in various locations in the prison, together with information and education about how to clean injecting equipment and information about the limited efficacy of bleach as a disinfectant for inactivating HIV and particularly HCV.*

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<sup>23</sup> Respond from the Minister of Justice to the Parliamentary Council of Justice, 2009 (only available in Danish). REU alm. del, endeligt svar på spørgsmål 1453 fra Folketingets Retsudvalg (Alm. del), retsudvalget 2009-10.

<sup>24</sup> REU alm. del, endeligt svar på spørgsmål 1453 fra Folketingets Retsudvalg (Alm. del), retsudvalget 2009-10

<sup>25</sup> REU alm. del, endeligt svar på spørgsmål 1453 fra Folketingets Retsudvalg (Alm. del), retsudvalget 2009-10

<sup>26</sup> WHO, UNAIDS and UNODC; Effectiveness of Interventions to Manage HIV in Prisons – Needle and syringe programmes and bleach and decontamination strategies, 2007, p. 10

- *Where bleach programmes exist in prisons, but not NSPs, public health practitioners should continue to advocate for the introduction of NSPs.”*

Furthermore, WHO, UNAIDS, and UNODC have made a joint recommendation on needle and syringe programmes in prisons:<sup>27</sup>

*“There is evidence that needle and syringe programmes (NSPs) are feasible in a wide range of prison settings, including in men’s and women’s prisons, prisons of all security levels, and small and large prisons. There is evidence that providing clean needles and syringes is readily accepted by IDUs in prisons and that it contributes to a significant reduction of syringe sharing over time. It also appears to be effective in reducing resulting HIV infections. At the same time, there is no evidence to suggest that prison-based NSPs have serious, unintended negative consequences. In particular, they do not appear to lead to increased drug use or injecting, nor are they used as weapons.*

*Evaluations have found that NSPs in prisons actually facilitate referral of drug users to drug dependence treatment programmes. Ultimately, since most prisoners leave prison at some point to return to their community, implementing NSPs in prisons will benefit not only prisoners and prison staff, but also society in general. Therefore, it is recommended that*

- *Prison authorities in countries experiencing or threatened by an epidemic of HIV infections among IDUs should introduce NSPs urgently and expand implementation to scale as soon as possible. The higher the prevalence of injecting drug use and associated risk behaviour is in prison, the more urgent introduction of prison-based NSPs becomes.*
- *Prisoners should have easy, confidential access to NSPs, and prisoners and staff should receive information and education about the programmes and be involved in their design and implementation.*
- *Carefully evaluated pilot programmes of prison-based NSPs may be important in allowing the introduction of these programmes, but they should not delay the expansion of the programmes, particularly where there already is evidence of high levels of injecting in prisons.*
- *Additional research about prison-based NSPs should be undertaken. In particular, more research in resource-poor systems outside Western Europe could allow for more rapid expansion of NSPs in these settings. Research should be designed to address operational issues and research gaps rather than replicate existing studies. Evaluation of pilot programmes may be justified if: (1) the evaluation takes place in settings that are sufficiently different from settings in which evaluations have already been undertaken; or (2) it addresses research gaps.”*

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<sup>27</sup> WHO, UNAIDS and UNODC; Effectiveness of Interventions to Manage HIV in Prisons – Needle and syringe programmes and bleach and decontamination strategies, 2007, p. 9-10

Twelve countries in Europe and central Asia, including Switzerland and Germany have established a variety of needle and syringe exchange programmes in prisons.<sup>28</sup>

The first NSP was established in Switzerland in 1992. The prisons used automatic machines placed in discrete areas of the prison for anonymity. The machine provided a sterile needle and syringe for a used one. After the evaluations<sup>29</sup>, which were responded to by 88 % of the inmates, the results indicated no changes in drug use throughout the first three interviews, but a decrease in drug use throughout the fourth and fifth interview.<sup>30</sup> After the implementation of prison-based NSP, blood tests and medical reports, no new cases of HIV, HBV or HCV occurred. Furthermore, there were no reported incidents of syringes being used as weapons.<sup>31</sup>

Germany introduced prison-based pilot NSP in 1996 in Lingen and Vechta prison for a period of two years. There was no increase in drug consumption and the number of inmates who reported syringe sharing decreased from 54 to 4, and overdoses dropped to only one during the trial. The health conditions improved, and no cases of transmission with HIV, HBV or HCV were reported. In addition, there were no reported attacks on staff with syringes being used as weapons.<sup>32</sup>

Overall the evaluated NSPs have been a success in many areas such as: decrease in overdoses, drug use, and a significant reduction of HIV, HBV and HCV transmissions. Hence the inmates' health conditions have been improved significantly.

### **Recommendations:**

In order to achieve the progressive realization of the right to the highest attainable standard of physical and mental health of IDUs, Denmark ought to initiate a strategy to reach the majority of IDUs who are not known in treatment facilities focusing on lowering the thresholds of treatment, ensuring general acceptance and knowledge on OST and reducing stigmatization and marginalization of IDU's in general and specifically regarding pain management where drug users are far too often denied adequate treatment.

In order to achieve the progressive realization of the right to the highest attainable standard of physical and mental health of IDUs, Denmark should upscale the dispensing of sterile needles and syringes and paraphernalia, especially in prisons and closed facilities, to ensure IDUs access to this important harm reduction service all over the country, and to ensure that the majority of IDUs not enrolled in psychosocial treatment have easy access.

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<sup>28</sup> With conviction: the case for controlled needle and syringe programs in Australian prisons, October 2010, p. 10

<sup>29</sup> Inmates were interviewed at the start of the programme, after 3 months, 6 months, 12 months and 24 months.

<sup>30</sup> Prison-based syringe exchange programmes; a review of international research and development, Kate Dolan, Scott Rutter and Alex D. Wodak, 2003 Society for Study of Addiction to Alcohol and other Drugs, p. 154.

<sup>31</sup> Prison-based syringe exchange programmes; a review of international research and development, Kate Dolan, Scott Rutter and Alex D. Wodak, 2003 Society for Study of Addiction to Alcohol and other Drugs, p. 154.

<sup>32</sup> Prison-based syringe exchange programmes; a review of international research and development, Kate Dolan, Scott Rutter and Alex D. Wodak, 2003 Society for Study of Addiction to Alcohol and other Drugs, p. 156.

In order to achieve the progressive realization of the right to the highest attainable standard of physical and mental health of IDUs, Denmark should initiate a national strategy of the reduction of HCV that takes into account that most IDUs are not enrolled in psychosocial treatment and/or OST and are infected within their first years of injecting drug use. The strategy should involve benchmarks of actual reduction of transmission, monitored and adjusted not by self-reported appliance nor by municipalities, but by actual results.

In order to achieve the progressive realization of the right to the highest attainable standard of physical and mental health of IDUs, Denmark should upscale access to substitution therapy making sure that treatment institutions have the medical knowledge and capability of providing an individually and medically appropriate treatment.