A Study of the Health Care Provision, Existing Drug Services and Strategies Operating in Prisons in Ten Countries from Central and Eastern Europe

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No. 23 **2005**

HEUNI Paper No. 23

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The European Institute for Crime Prevention and Control, affiliated with the United Nations
Helsinki, 2005

This document is available electronically from:
http://www.heuni.fi

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ISSN 1236-8245

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FOREWORD

The Central and Eastern European Network of Drug Services in Prison (CEENDSP) with the scientific support of the European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI) commissioned a research project on health care and the provision of services and treatment for problematic drug users in prison. The research was co-funded by the European Commission PHARE Programme to be carried out in 2003-2004 in ten central and eastern European countries, all of which were due to join the EU. Eight of the ten subsequently became members on May 1st, 2004 and Bulgaria and Romania are expected to do so in 2007. The ten countries involved in the research were Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

The present paper gives an extensive summary of the research report which appears in full as HEUNI Publication No 45.

OVERVIEW

The ten countries involved in the research were Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia. The field visits to all the countries apart from the Czech Republic, Poland and Slovenia were carried out by the author of this report.

The overall aims of the research were to:

- undertake a review of the services/ initiatives operating in the area of health within two sample prisons in each of the countries;
- provide a report of the provision of services for drug-dependent prisoners in the ten countries;
- relate the provision of services to current Council of Europe and World Health Organisation guidelines and to the national strategies operating in each country;
- promote awareness of the initiatives operating within the sample prisons and facilitate the sharing of best practice on the national and international level.

The research involved visiting at least two prisons and key non-governmental organizations (NGOs) working in the area of drug addiction in each of the ten countries.

A qualitative case study design was chosen as the most appropriate methodology in order to provide an in-depth analysis of the processes involved in the development of prisons' drugs policy in the ten sample countries. In a study such as this, quantitative research models are of limited use whereas qualitative approaches offer distinct advantages (Pollitt *et al.*, 1992; Koester, 1993). For example, although quantitative measures can give rise to important descriptive data, they do not provide information or access to meanings and choices in the development and implementation of policy.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) sets out guidelines for treating problematic drug and alcohol users, both of which are at greater risk of contracting HIV and other infectious diseases. Often, as a result of drugs misuse prior to incarceration, inmates are already carrying infectious diseases. However, the implementation of services to treat HIV/AIDS and drugs misuse both within prisons and in the community varies and is subject to a country's socio-economic circumstances, cultural attitudes towards HIV and drugs and existing resources. Prevention and treatment initiatives must overcome many cultural barriers relating to attitudes towards sex, especially homosexual activity, as well as providing enough resources to deal effectively with the problem.This may determine whether or not preventative measures (e.g. clean needles, condoms) are in place and to what extent they, along with sexual activity and tattooing, will impact on the risk levels of spreading infectious diseases. The prevalence of sexual activity in prisons needs to be acknowledged and addressed in order to prevent further infection within prisons and subsequently in the wider community.

HEALTH CARE, DRUG USE AND COMMUNICABLE DISEASES IN THE COMMUNITY IN THE SAMPLE COUNTRIES

It is useful to look at some of the factors in the wider community that have an effect on the prison administrations in each of the countries. These factors provide a context within which to place the problems that are facing the prison administrations in meeting the health care and drug services needs of their prison populations. The extent of drug use and communicable diseases in the wider communities of the ten countries will impact on the composition of their prison populations with potentially more drug users ending up in the prisons.

Health care and communicable diseases in the community

The countries in the sample are all experiencing changes and developments to their national health care systems since the political and social changes of 1989. The following trends in health care provision can be seen in most countries in the sample: a move away from central budget control to a centralised health insurance system, the gradual introduction of market principles and gradual recognition that the public system will be under funded and as a result will be supported with private funding and insurance.

Drug use

The ten countries involved in the research are all experiencing an increase in the extent of drug use. This is often concentrated in the capital city and, in some countries, most notably amongst young people.

Communicable diseases

HIV
The extent of HIV in the ten countries is variable and there is concern amongst authorities that this is spreading amongst injecting drug users (IDUs). Even in some of the countries where the rate is still low there is concern that the conditions are right for a high increase of HIV especially in marginalised communities.

Hepatitis
Hepatitis is of concern across central and eastern Europe but the extent of the disease is not clearly monitored in all countries.

KEY ISSUES FOR THE PRISON ADMINISTRATION OF THE TEN COUNTRIES

There are two principal problems facing the prison administrations of the ten countries, which in some instances reflect the situation in the wider community. First, there is an increasingly high number of problematic drug users in prisons. Some of these continue to use, and in some cases inject, drugs while in prison. Second, there is a high incidence of hepatitis and, in some of the countries, of HIV amongst prisoners. These problems are combined with widescale prison overcrowding and, in most cases, a desperate need for refurbishment. Internally prisons have to deal with prisoner hierarchies that may lead to bullying and forced sex. Since the changes in 1989 most of the prison administrations are finding it difficult to provide work opportunities for prisoners.

Overcrowding

The majority of the ten countries identified overcrowding as a key problem. Overcrowding is detrimental to good health, in terms of stress, lack of privacy and poor hygiene. All the prisons shared the same problems associated with overcrowding (such as high prisoner to staff ratio, decreasing opportunities for prisoners to work). However, not all of the sample prisons were considered to be overcrowded at the time of the visit. A process of gradual refurbishment of prison buildings was occurring in most of the sample countries.

Problematic drug users in prison

In the Czech Republic, Estonia, Romania, and Slovakia, there is the expectation that the prison system will be receiving more problematic drug users in the future, reflecting the conditions in the wider society.

Drugs in prison

Some prison systems were more willing than others to acknowledge officially that there were drugs in prison. The availability of drugs in prison differed not only between prisons in a country but also between different countries. In some countries, drugs were available inside prisons and some prisoners were injecting and sharing needles whereas in others, they were not. Where drugs were not available, one reason given was that the prisoners did not have enough money to buy them or that they were not as yet easily available in the towns and villages near to some of the prisons.

Communicable diseases

Testing for HIV was available in most of the prison systems and in three countries only if the patient was symptomatic. Testing for hepatitis C was not routinely done in any of the countries.

The provision of counselling for pre- and post-testing is a key issue in dealing with increasing prevalence of HIV in prisons. The development of pre- and post-test counselling was varied amongst the sample countries and this was an area identified as requiring improvement and an area where further training was needed.

Availability to work

Many prisons were finding it difficult to provide prisoners with work or other meaningful activities. This coupled with overcrowded conditions can lead to health problems and boredom and this in turn can lead to accumulated frustrations and tensions.

Sex, hierarchy and bullying

Prisoner hierarchies flourish in rooms shared by a large number of prisoners. Refurbishment in some prisons is reducing the number of prisoners that share a room and this may have some impact on the hierarchy. Some prison services are dealing with prisoner hierarchies by deliberately isolating those people known to be leaders. However, in some of the sample prisons visited, staff considered that there was very little that could be done about bullying and sex amongst prisoners in large rooms, especially at night when the doors were locked and there were fewer staff on duty.

Suicide and self-harming

Across the ten countries the general view was that incidences of intentional self injury (ISI) had decreased within their prisons. In most of the countries ISI was taken to include cutting and swallowing foreign objects. The discussion of ISI in prisons is complicated by how it is detected and reported in different prison systems. Self-harm was generally perceived as ‘manipulative’ and in some cases prisoners are punished after self-harming incidents.

HEALTH CARE PROVISION IN PRISON

Prisoner confidentiality was not seen as a key issue in all the sample prisons and the degree to which it was maintained differed. As so many staff felt they had to know who was HIV-positive or hepatitis positive, there is clearly a need for further staff training about communicable diseases.

In some of the countries, 24-hour medical cover is provided in prisons. However, where this is not the case, this has led to medicines being distributed by security staff at weekends and during the evenings. Some security staff indicated that this could be problematic because they are not trained in this area. This practice, along with the difficulty in recruiting medical staff and budget deficiencies, raises doubts about how far the prison medical service has become equivalent to that provided in the wider community.

The majority of the countries have initiated refurbishment programmes to improve the living conditions of prisoners. This is a gradual process constrained by lack of finances in some of the countries. For example, the availability of hot water for showering and the number of showers available were raised in most of the sample prisons but despite regulations stating that prisoners are able to shower once per week (or more often for working prisoners and women) the reality was often much less frequent.

PREVENTION AND HARM REDUCTION

The political context in which prisons have to operate has led to variable provision of harm-reduction measures in the sample countries. The key areas where improvements are required in order to meet the needs of increasing numbers of problematic drug users in prison are the provision of harm-reduction information about drugs and communicable diseases for staff and prisoners and the provision of condoms, bleach, substitution treatment and needle exchange.

Harm-reduction information about drugs and communicable diseases

The provision of harm-reduction information for prisoners and staff was inconsistent across prisons, within countries and between countries. Although the sample prisons said that they all provided harm reduction information to prisoners at entry to the prison, the content of the information was often minimal and not presented in a way that prisoners found accessible. This was demonstrated by some prisoners in a focus group who said that they had not received any information on arrival at the prison despite having signed a paper saying that they had. Often the only information prisoners received was at reception to the prison as ongoing programmes that utilised more interactive means to provide harm reduction information were not available to the majority of prisoners.

Condoms

Although condoms are theoretically available in prisons in most of the sample countries, in reality they were not accessible to prisoners in most of the sample prisons. Even when condoms were available, it was usually very difficult for prisoners to access them in a confidential manner. Confidential access is a key issue where the taboos regarding sex between men are so strong. Although it was possible to buy condoms in all the sample prisons from the prison shop they were not part of a coherent harm reduction strategy. Some staff and prisoners considered the provision of condoms to be necessary but others were more ambivalent about their provision in an all male setting and thought it was sufficient either that prisoners could buy them if they wanted them or that condoms be made available for intimate visits with heterosexual partners.

Bleach

Bleach is not provided to prisoners in Bulgaria, Hungary, Romania and Slovakia but was available in the other countries. Ambivalence was also shown towards the provision of bleach: in some of the prisons it was made available to prisoners but was not accompanied by harm reduction information about using it to clean injecting equipment.

Needle exchange

The risk of infection is much higher for injecting drug users if they reuse or share injecting equipment. Prisoners may well be aware of the risk of using and sharing needles in prison but some will still use a needle that may not be sterile because there is no alternative available. The introduction of needle exchange in prison is not yet on the agenda of any of the sample countries although the possibility in the future is being discussed by some of the prison administrations. The introduction of needle exchange in prison is a very political and complicated issue and is still rare in western

European prisons. Attitudes towards needle exchange amongst the majority of prison staff in the sample prisons may well change both as more problematic drug users enter their prisons and as more information and evaluation of existing needle exchanges become available.

Substitution treatment

Substitution treatment for both short and long term maintenance was available in two of the countries but not in all prisons. In both of the countries where substitution treatment was available, NGOs were also involved in the programmes providing a bridge with community treatment services. This helped to ensure continuity of treatment after prisoners were released from prison.

DRUG TREATMENT IN PRISON

Drug strategy

In countries where there was a developed National Drug Strategy there was more likely to be a Prison Administration Drug Strategy. Individual prisons in some of the countries where there was not a national prison drug strategy tended to focus on supply reduction rather than on demand reduction (with the emphasis on harm reduction and treatment programmes) for problematic drug users.

Drug treatment

The availability of treatment programmes for problematic drug users depended on the availability of funding, trained staff and partnership with NGOs providing drug services in the community. Treatment for problematic drug users while available in some countries was not always available in all prisons and was rarely available for pre-trial prisoners. Short-term projects were offered in some prisons by NGOs. After the end of these projects all activities that had been provided by the NGOs ceased. This indicates a need for the national prison administrations to make a commitment to provide assistance to enable the 'learning' from such projects to continue either by staff training or by providing financial support to NGOs providing such projects. Many of the activities initiated by NGO projects, for example prison staff training, would not be expensive for prison administrations to continue financing. In some countries existing staff, after additional training, were offering drug therapy and this was found to be cost effective.

PRISON STAFF

While multi-disciplinary working was recognised to be both important and vital in the delivery of services to prisoners, in the majority of the sample prisons there was limited training provided for staff to make this possible. Teamwork most often occurred between specialist staff and usually did not include medical and security staff. One problem that was cited was that security and specialist staff have different priorities and this could lead to difficulties in a multi-disciplinary approach. In some prisons where multi-disciplinary working was taking place, staff commented that this had led to better working relations between them. Multi-disciplinary working appears to work best in prisons where there is clear support for this approach from higher management.

In all the sample countries, staff training was highlighted as important especially for the continuing development of the prison system. The extent of the training available was variable with some prison systems mainly providing initial training and induction and others offering 'life long' training opportunities for staff throughout their career. Many staff members thought that they needed more training about drugs and communicable diseases due to the increasing number of problematic drug users coming into prison. Some specialist staff felt that they would benefit from an induction period

before they started working in prison or a mentoring system for new staff. In some prisons staff said that due to staff shortages and overcrowding it could be difficult to attend training events.

In the majority of the countries there was not a clear policy for staff welfare. In some countries free medical care was provided for staff or staff were able to use the provision in the prisons where they were working. Most of the countries provided some holiday centres (rehabilitation) that prison staff and their families could use.

CONCLUSION AND SUGGESTIONS

The problems that confront the prison services of central and eastern Europe are shared with prison services across Europe. The sample countries are experiencing increasing drug use in the community and this is reflected in the prison population. There is an increasing number of drug-using prisoners and, in some prisons in most of the countries, drug use occurs that may involve risk behaviour. The increasing number of problematic drug users both in the community and in prisons brings with it a higher prevalence of hepatitis and HIV and other drug related health risks.

This study has identified a range of good practice and new initiatives operating within the sample prisons in the provision of both health care and services for problematic drug users. These initiatives are provided by the prison administrations or NGOs or by the prison administrations in partnership with NGOs. Overall, however, there is little standardisation in approach within individual countries: much of the work undertaken has tended to be at the level of the individual initiative rather than a co-ordinated, national programme.

Human rights principles require that prisoners should receive health care at least equivalent to that available for the outside population. Staff shortages in some prisons make it difficult to ensure equivalence of health care. In some of the sample countries, the budget for health care was not considered to be adequate to meet all the health needs of the prison population.

The prison administrations are at different stages in developing a clear understanding of the importance of prisoner confidentiality. Confidentiality is difficult to ensure in the prison environment and the sample prisons achieved prisoner confidentiality to varying degrees. While some prisons have instigated policies to increase confidentiality, others still need to make further improvements to meet the WHO Guidelines that state that 'information on the health status and medical treatment of prisoners is confidential' and can only be disclosed by medical staff with the prisoner's consent or where 'warranted to ensure the safety and well-being of prisoners and staff, applying to the disclosure the same principles as generally applied in the community' [WHO Guidelines 31, 32].

Other aspects of prisoner culture are being addressed with varying success by the prison services, most notably bullying. In all of the countries, bullying was not tolerated. However, there was not always a clear anti-bullying strategy in place. In order to tackle bullying effectively there is a need for a 'whole prison' approach where all staff and prisoners show a commitment to reduce and prevent bullying and who are aware of the prison anti-bullying strategies. This supports Mills' argument, that anti-bullying policies need to:

> identify the circumstances that are conducive to bullying, constantly reinforcing the strategy to prisoners as soon as they enter an establishment, and challenging bullies and supporting victims of bullying in an effort to change the prison culture.(Mills, 2004)

Bullying and forced sex can also be linked to the existence of the prisoner hierarchy and here the response of prison services has been varied. In some prison services, positive action was being taken to decrease the power of the prisoner hierarchy. In others there was an attitude that there was very little that could be done about bullying and sex amongst prisoners in large rooms at night when doors were locked and there was a limited number of staff on duty. This is an area that demands attention especially in juvenile prisons where prisoners as young as sixteen are potentially at risk.

Prisons contain people who are particularly vulnerable to self-harm, and the environment itself can contribute to people self-harming. Although the majority of the sample countries reported that incidence of self-harm had reduced since the changes in 1989 recording practices were not always clear. Research is needed to provide a more comprehensive picture of the extent of self-harm in prisons in the region. The study identified that the majority of staff working in the sample prisons considered self-harm as being manipulative. This supports Liebling's argument that such attitudes:

> may lead staff to dismiss the severity of the prisoners' distress and they may be treated with contempt and disapproval rather than support and help. Viewing these acts as attention seeking or manipulation tends to ignore the real problems that motivate prisoners to commit self-destructive acts, and if there is no response to an act of self-harm, suicide may ensue. (Liebling, 2001)

A combination of staff shortages, lack of staff continuity, inadequate training and lack of information sharing can all impair the ability of staff to identify and care for prisoners at risk of self-harm.

A key step in the provision of drug services for prisoners is an official recognition that drugs are often available in prison and that some prisoners will engage in high risk behaviour (for example, injecting drug use). The availability of drugs in prison was officially acknowledged in most of the sample countries. The extent of drug use that occurred was variable between prisons within a country. While an emphasis on reducing the supply of drugs entering the prison goes some way to reducing the incidence of drug use in prison, it is also necessary to provide more activities for prisoners in order to reduce the boredom of prison life and to offer a range of drug treatment options.

HIV, hepatitis B and C are major challenges facing prisons in Europe. Whereas, HIV testing is available in the majority of prison systems, testing for hepatitis is very rarely available to injecting drug users at entry to prison and this results in a lack of prevention messages and vaccination programmes. As prison administrations receive more prisoners with a history of problematic drug use, the prevalence of hepatitis C and HIV may become much higher. If voluntary testing for HIV and HCV becomes more accessible for prisoners this will also raise the need for more pre- and post-test counselling for prisoners. The need for pre- and post-test counselling was illustrated by the situation in Hungary where HIV testing, after being compulsory, is now voluntary at entry to prison and where the number of prisoners who want to take the test is gradually falling. Prison systems have a moral responsibility to prevent the spread of infectious diseases among prisoners, to prison staff and the public and to care for prisoners living with HIV and other infections. The emergence of HIV anti-retroviral treatments and combination therapies have been successful in improving the health of people living with HIV and prisons present an opportunity for prisoners (particularly injecting drug users) to have a (voluntary) HIV test and to access treatment if required.

Testing for HIV in particular was not transparent in all the prison systems of the sample: even where testing was voluntary, not all prisoners were made fully aware for what they were being tested. This demonstrates very clearly and emphasises the importance and need for good pre-and post-test counselling supported by a programme of staff

training. The general feeling amongst staff working in the sample prisons was that there was a need for more staff training in the field of drugs and communicable diseases as this was important in order to meet the needs of an ever-increasing number of drug-dependent prisoners entering the prisons. The training available for staff in the area of communicable diseases was not consistently provided across the sample and no training was available in some of the prison systems.

While most prison administrations are looking at the issue of problematic drug use in prisons seriously, harm reduction is still not receiving sufficient attention in all of the countries visited because of competing priorities. As prison policy is often implemented differently in different prisons, prevention measures such as condoms, bleach and information provision are sporadic and patchy. Provision of such prevention materials is often dependent on short-term programmes provided by NGOs and international bodies and ceases at the end of the project. However, the development of prevention measures should be seen as an opportunity to meet the health and treatment needs of problematic drug users (a group often difficult to reach in the community) that are increasingly represented in prison in all the countries.

Condoms form a crucial component of a harm reduction strategy, even though they will not totally stop the risk of transmission of sexually transmittable diseases. They are provided for intimate visits in some countries but for general use only in Estonian and Slovenian prisons. In most of the countries they can be bought in the prison shop. However, in reality prisoners are deterred from buying condoms openly because of the taboo surrounding men having sex with men and because they simply do not have enough money. In order to introduce condoms into prisons for general use, there is a need first for training to change the attitudes of both staff and prisoners.

A vital component in any harm reduction strategy for problematic drug use is syringe exchange programmes (SEPs). However, although the prison services of some of the countries indicated that they would consider the possibility of introducing this strategy in the future, they reported that currently their priority was on supply reduction of drugs rather than on prevention. Strategies such as syringe exchange programmes where they already exist demonstrate the impact of acknowledging prisoners' rights to treatment whilst ensuring that while they continue to use drugs, they are not spreading infectious diseases. SEPs have been shown to be feasible in terms of their implementation, efficient and effective in that they do not increase injecting drug use and are not misused by prisoners. In conjunction with other measures, they form an important part of reducing the harm caused by problematic drug use; however, as with other measures, to be delivered properly they need to be accepted by prison authorities and given the appropriate resources and management (Stöver & Nelles, 2003).

Consideration of the availability of treatments demonstrates the divergence between what is officially available and what the prisoners, in effect, have access to. Substitution treatment was available in Poland and in Slovenia but not in the other eight sample countries. Detoxification was available in most of the countries either at a prison hospital or provided by an external organisation. However, some prisoners have pointed out that they had not received sufficient help during detoxification and in some cases had been provided with no services at all. Whilst the main aim of substitution treatment is abstinence from illegal drug use it is another important strategy for reducing the harm caused by problematic drug use:

> many patients are unable to achieve complete abstinence, despite improvements in their health and well being. However, there is clear evidence that methadone maintenance significantly reduces unsafe injection practices of those who are in treatment, and hence the risk of HIV infection (WHO, 2004)

Provision of harm reduction information to prisoners was reliant in some cases on non-interactive methods, such as written information or a video supplied by the prison department. This also raises the issue as to how well-informed prisoners, who are not drug users, are about harm reduction information. The problem of providing effective harm reduction information is more acute for pre-trial prisoners who may be in prison for short periods, thus making programmes hard to provide, or who are difficult to access due to restrictions imposed by the court.

The fundamental problem facing attempts to address problematic drug use across the sample prisons was the lack of any formalised prison drug strategy in any of the ten countries. Even in those countries where a more formal approach was taken, it was usually developed from the National Drug Strategy and its main focus was often on supply reduction rather than demand reduction. Most experts and policy makers agree that in order to meet the needs of problematic drug users 'it must not be either supply reduction or demand reduction but that both strategies must get simultaneously equal attention and funding' (Goos, 1996). The fact that drug use in prisons occurs and in some of the countries is increasing makes it imperative that prisons provide services that meet the needs of this group of prisoners:

> the measures taken must be balanced with the requirements for security and good order [in the prison]. The goals pursued should also be pragmatic, not only with respect to the prison system but also with respect to the prisoners; harm reduction should be the guiding philosophy behind the measures. (Stöver, 2001:93)

The research suggests that the lack of a drug strategy in a prison administration impacts on the development of suitable drug treatments for prisoners. In some of the countries the lack of drug treatment was raised as a problem both by prisoners and by some staff. Amongst the ten countries, a range of treatment options were available but were not available in all prisons within a country or in all of the countries. In some of the countries the courts ordered compulsory drug treatment as part of the prisoners' sentence. Research is necessary to establish how far there is a difference between the outcomes of voluntary and compulsory drug treatment programmes. The voluntary treatment options available among the sample countries for prisoners included drug free zones, open prisons, prison based treatment programmes involving individual and group work and NGO projects and partnership.

The research has shown that negative attitudes towards drug treatment are widespread amongst prisoners within the prisons of central and eastern Europe and that this is a major barrier to change. It is not sufficient just to provide drug treatment programmes because there is a culture amongst the prisoners not to seek help with drug addiction and this also needs to be addressed. Peer education is one way of encouraging more prisoners to attend drug programmes and this was seen to have a positive effect in persuading prisoners to seek help with drug dependency problems. In addition, some staff and prisoners from some sample prisons felt that a number of prison staff held very negative attitudes towards drug using prisoners. The training provided for staff to improve their expertise on drug use and communicable diseases is crucial to ensure the continuing development of services for drug users in prison and to challenge negative stereotypes of problematic drug users.

A key role has been played by NGOs in providing services and support for prisoners. The NGOs offering drug services that were visited during the course of the research had a range of involvement in all but two of the prison systems. They were actively involved in a range of activities, such as reintegration of prisoners, through care, counselling and support, therapy and rehabilitation, HIV prevention, provision of harm reduction information, harm reduction, peer programmes and training staff and prisoners. Specialist staff from the

NGOs visited raised a number of problems that they encountered in their work with the prison systems. In some prisons NGOs, due to their short history, are still viewed with suspicion. The cooperation that NGOs receive in prisons can be dependent on specific people within each institution. Often the NGOs have to make compromises when they work in prison and to agree to practices that they would not use in the wider community.

In order for partnership between NGOs and prisons to be productive it is important that the NGOs are well organised with professional staff and that there is good collaboration with the national prison service (this could be in the form of a written contract) as well as commitment from individual prison managements. NGOs have an important and valuable role to play in the provision of drug services for prisoners and in providing a bridge between the prison and the community. Programmes that are provided by NGOs should be accessible to problematic drug users in all prisons where they are required and the programmes that they provide should include clear procedures, measurable standards, monitoring and evaluation of the activities. In order to address the issue of sustainability in short term funded programmes the learning from the NGO programmes operating in particular prisons should be embedded into the prison structure to enable continuing provision for prisoners when the programme ends.

The provision of through care is a developing area in the sample countries and was identified as a problem in all of them. Most of the prisons in the research identified NGOs as having a key role to play in providing through care. In all of the sample prisons there were representatives from religious groups who were present in the prisons, some of whom offered a degree of support to prisoners after release from prison. In most of the prisons there were also NGOs offering support in specific areas to prisoners at the time of release. But there were not always services available to help prisoners at the time of release in the community. Staff in some prisons felt that the development of the probation service in their communities would eventually help to improve through care for prisoners.

Finally, it is clear from this study that multi-disciplinary working is essential to the success of initiatives across central and eastern European prisons and this appears to have been accepted by many staff. Nevertheless, the research has shown that multi-disciplinary working is not happening in all the sample prisons. Staff shortages and a high prison population are suggested as reasons why multi-disciplinary working, although desirable, was not always possible. Multi-disciplinary working tended to be most effective in prisons where top management took the lead in instigating this way of working.

SUGGESTIONS FOR FURTHER CONSIDERATION

There is, already in existence, a wide range of recommendations for the prison setting provided by international bodies covering prisoners' human rights, health care, harm reduction and drug treatment (Canadian HIV/AIDS Legal Network, 2004[1]). It is therefore not considered appropriate to make recommendations that cover the ten countries that participated in the research. Rather, in order to find the best solutions for the particular problems in the sample prisons, it may be helpful for staff to discuss the key issues that have been identified in the report. The following points aim to provide a focus for this discussion. The suggestions are not aimed at specific countries or prisons and are meant to reflect the range of experiences that the countries involved in the research are experiencing and to enable the sharing of best practice.

[1] This document provides a useful discussion of the legal instruments that apply to prisoners' rights and can be found at: http://aidslaw.ca/bangkok2004/prisonsatellite-background.pdf
See also The European Prison Rules (Council of Europe, 1987) and The Dublin Declaration (24 February 2004).

1. As the number of drug users entering the prison systems increases there will be a need for a range of services and treatment options to meet their needs. At the time of the research not all of the prison administrations had a drug strategy. It is suggested that:

- the prison administrations need to develop a drug strategy for dissemination to all prisons, focusing on both supply and demand reduction;
- each prison needs to adapt the national prison administration's drug strategy and develop its own specific drug strategy to meet the particular circumstances in the prison;
- the particular needs of women and juveniles must be addressed;
- in prisons where there are both pre-trial and sentenced prisoners, the drug strategy should meet the requirements of both groups .

2. Problematic drug users have different needs and this should be reflected in the treatment and therapy provided. In some countries drug treatment can be ordered by the courts. Compulsory treatment is not considered by many specialists to be effective and therefore a number of voluntary options are also required. It is suggested that:

- a range of training and treatment opportunities for prisoners with problematic drug use should be developed and be available in prisons with problematic drug users;
- methods to identify problematic drug users should not discriminate against them and cause them to be reluctant to seek help in addressing their drug use;
- drug services should be developed that meet the needs of non–native speaking prisoners ;
- evaluation should be built into the implementation of all new initiatives for drug treatment and services;
- drug using prisoners should be encouraged to seek help with drug use by, for example, the use of peer support;
- prison based treatment programmes (for example Drug Free Units) should have clear national standards and should where appropriate establish partnerships with drug services in the community (NGOs and community services).

3. At the time of the visit not all the national prison administrations were actively working with NGOs who provide services for drug users. Working in partnership with NGOs offering drug services was seen as important in those countries where there were links with NGOs. It is suggested that:

- continuing effort should be made to establish partnerships with NGOs who offer services for drug users, especially in countries who currently do not have such links;
- programmes that are provided by NGOs should be accessible to problematic drug users in all prisons where they are required;
- programmes provided by NGOs should include clear procedures, measurable standards, monitoring and evaluation of the activities;
- to address the issue of sustainability in short term funded programmes the learning from the NGO programmes operating in particular prisons should be embedded into the prison structure to enable [the] continuing provision for prisoners when the programme ends;
- in order to ensure effective collaboration between the national prison administration and NGOs providing services there needs to be commitment from individual prison managements as well as from the national

prison administration (this could be in the form of a written contract);

- where possible, occupational activities and training for prisoners should be provided.

4. Not all the national prison administrations considered harm reduction to be a key priority. That risk behaviour is occurring in prisons has been acknowledged and demonstrates the need for a range of harm reduction measures. It is suggested that:

- a harm reduction strategy should be developed to ensure the provision of information and services to meet the needs of prisoners;

- harm reduction materials should be available for **all** prisoners both sentenced and pre-trial. There should be clear procedures, measurable standards, monitoring and evaluation of the provision;

- materials should be made available where appropriate to meet the needs of non-national prisoners (to overcome language and cultural barriers);

- there should be a named person (or group of people) in the prison who has the responsibility of ensuring that **all** prisoners receive this information;

- the possibility of providing condoms for general use within prisons, and educational programmes to change attitudes towards such initiatives, should be explored;

- courses that address prevention and harm reduction in an interactive way (i.e. courses on the safer use of drugs and on safe sex) should be supported and provided on a regular basis for prisoners and staff;

- the provision of needle exchange in prisons should be kept under review.

5. At the current time substitution treatment is provided by two of the countries involved in the research. It is suggested that:

- discussion about whether to offer substitution treatment in prison should continue. It may be helpful to include the NGOs with experience in this area in the discussions;

- a programme of staff training should be established to ensure the future cooperation of prison staff in such programmes;

- a national strategy should be prepared for the implementation of the substitution programme, in order to overcome problems with the transfer of prisoners between prisons and from prison to the community;

- close cooperation and links with community-based services need to be established.

6. Prisoners often come from vulnerable groups and it is important that prison health care provision is equivalent to that in the wider community. It is suggested that:

- the practice of leaving security staff to distribute medicines should be reconsidered;

- strategies should be employed to ensure prisoners' confidentiality;

- health care budgets should be kept under review to meet the needs of the prison population by providing adequate health care services and medicines, as far as possible free of charge;

- financial investment in basic needs such as food, space, hygiene should be continued;

- co-operation and the integration of services between Ministries of Health and Justice should be explored;

- the particular health needs of women and juveniles should be addressed;

- the same basic methods used for good and effective public health services should be used for good and effective prison health services.

7. HIV, hepatitis B and C are major challenges facing prisons in Europe. The availability of testing for hepatitis amongst injecting drug users is very rare at entry to prison with the result that there is a lack of prevention messages and vaccination programmes (for hepatitis B). It is suggested that:

- pre and post-test counselling should be provided in a consistent way in all prisons;

- HIV testing protocols should be implemented and adhered to in all prisons;

- staff training programmes should be implemented to provide training in pre and post HIV testing;

- implementation of strategies that provide prevention messages and vaccination programmes for hepatitis should be considered;

- treatment and prevention of communicable diseases (HIV, TB, STDs, hepatitis B and C) should be provided.

8. Training for staff in the area of communicable diseases in the sample prisons was not consistently provided. In some prisons staff training regarding communicable diseases and drugs was not provided at all and some staff said that they tended to get information about communicable diseases for themselves. It is suggested that:

- the precise training needs of the prison staff should be evaluated in terms of the changing nature of the prison population**;**

- courses that address prevention and harm reduction should continue to be supported and provided on a regular basis for staff;

- courses that address drugs issues should be provided in order to decrease negative feelings towards drug users amongst some staff.

9. Bullying and forced sex can be a result of the prisoner hierarchy and in order to reduce the effect of this it is suggested that:

- there should be a clear anti-bullying strategy in place**;**

- a 'whole prison' approach should be developed where all staff and prisoners show a commitment to reduce and prevent bullying and are aware of the prison anti-bullying strategies;

- measures should be taken to reduce the power of the prisoner hierarchy;

- specific protection should be provided for vulnerable prisoners, such as those who are HIV-positive.

10. Staff training is important in a number of areas and training was identified as a key issue by participants in the research. It is suggested that:

- training should be provided that challenges negative attitudes to prisoners who self-harm;

- there is a need for a holistic approach where all staff and prisoners show a commitment to reduce and prevent self-harm;

- training should be provided to encourage multi-disciplinary working;

- induction programmes and mentoring schemes should be provided for new staff, where appropriate.

11. Staff health and welfare are important issues and it is the national prison administration's duty to ensure the wellbeing of staff working in prisons. It is suggested that:

- there should be a clear policy concerning the health and welfare of prison staff that provides them with appropriate medical and psychological support.

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