



RAPID ASSESSMENT AND RESPONSE ON DRUG USE IN MARIJAMPOLE CORRECTION HOUSE, LITHUANIA



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EXECUTIVE SUMMARY

Introduction

HIV epidemic in Lithuania is mainly driven by unsafe injection drug use. Although imprisoned drug users are unlikely to be able to use drugs with the same frequency as outside in the community, risk behaviour is more likely to happen, once drug use occurs. Prisons throughout Europe have developed a dual strategy of drug demand and supply reduction, being aware of the fact that it is unrealistic to presume that injection drug use can ever be fully suppressed in prisons by supply reduction strategies only.

This research project was performed within the framework of the United Nations Office on Drugs and Crime (UNODC) project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Lithuania, Latvia and Estonia” (XEE/J20). One of the project objectives is to increase coverage and quality of evidence-informed HIV prevention and care in prison settings. The project provides for assessment of the nature and extent of drug use in prison as a basis for introduction and scaling-up of appropriate health promotion / harm reduction measures.

Main objectives, target group and setting

The main objective of this project is the identification of the attitudes and knowledge of prisoners and prison officers regarding narcotic substances; mapping drug use problems for planning long-term activities in the field of drug use and HIV prevention in prisons, including suggestions for the development of appropriate health promotion and risk reduction programmes.

The target group for this project are adult male prisoners serving their sentences in camp type prison and having problems and/or running health risks because of drug use and drug related risk behaviour. To start the assessment one prison was selected as target setting: Marijampole Correction House. The methodology and results of this project can be a starting point for further assessment and response in the other Lithuanian prisons.

RAR methodology

In this project the Rapid Assessment and Response methodology (RAR) has been used. RAR is a scientifically-led rapid survey method for recording the type, origin and need for action in respect of a recognised or presumed problem within a short period of time, with limited expenditure and with high practical relevance. It can thus be regarded as forming a "link" between practical needs and scientific research methods. RAR makes a considerable use of the individual elements or "tools" of social science research like interviews and focus groups, it is essentially *qualitative*. The focus of RAR is on adequacy rather than on scientific perfection. For adequate interventions in the field of health promotion one does not need to know the exact number of people involved in certain risk behaviour. It is good enough to know that a substantial number of people are involved in this risk behaviour.

Key questions

The RAR process in this project is structured by seven elementary key questions.

Key questions on drugs, set and setting:

- 1: Who is using drugs in prison?
- 2: What kinds of drugs are being used in prison?
- 3: What patterns of drug injecting are there in prison?
- 4: What unsafe injecting drug use is there in prison?

Key questions on interventions

- 5: What successful health risk interventions exist in this prison?
- 6: What health risk interventions are needed?
- 7: What do inmates know about health risk of injecting drug use?

Throughout the assessment the seven key questions have been subdivided into more detailed questions formed on the basis of the findings at the previous stages of information collection.

Data collection and processing

Respondents for the interviews and focus groups were selected from the target group (inmates from different sections of prison and from different castes, who - like key informants - could tell about the behaviour of their fellow inmates and prison situation) and from the regular infrastructure in and around the closed setting (medical staff, Deputy Director for social rehabilitation, Head of Security Division, heads of social rehabilitation units, psychologists, the probation officer and other staff members).

Data was collected by 20 semi-structured interviews (SSI with 10 inmates, 9 staff members and 1 probation officer), 26 structured interviews (half inmates, half staff) to check the results from the SSI, and three focus groups (4 staff/4 higher cast inmates/4 working inmates) to double check results and discuss possible interventions. The data were analysed and reported with the help of a grid data management tool.

Results

Drug users in prison (Key question 1).

Depending on the prison sections and housing units where inmates were selected as key informants, the estimated proportion of inmates using drugs at least once a month varied from 1% to 80%. Most inmates agreed on something between 50 and 70%. Staff members estimated monthly use between 16 and 50%.

Most of the drug using inmates already used before they went to prison. According to inmates less than 10% and according to staff less than 5 % of all inmates start using drugs in prison. The ones who start using drugs in prison do so because of other inmates influence (sharing and talking about drugs; peer pressure seems quite rare) and curiosity. Especially for inmates with a long term imprisonment tension, stress, despair, monotony and lack of family contacts are mentioned as reasons to start using drugs in prison.

According to the respondents inmates who start using drugs in prison are mostly quite young (20-25 years) and have sufficient money to afford drugs (by work or outside support). There are no differences between nationality or other background features.

According to inmates less than 15% of all inmates inject drugs on a daily base. The proportion mentioned varies by the housing locations of the interviewed inmate (from 1% up to 50%); in some units many inmates inject drugs, in others only a few. According to staff less than 5% of all inmates inject drugs on a daily base. Most respondents describe injecting drug users as relatively young (20-30 years) and financially sustainable (work or outside support). They mention psychological problems and family problems (broken social ties) as features of injecting drug use. Nationality seems not to be a feature.

Some inmates stop using drugs in prison. Reasons that are mentioned are financial problems, (prevention of) health problems, fear of being caught and penalised and the fear of losing their job or family ties.

Drug use in prison (Key question 2).

Drugs that can be injected such as heroin and amphetamine are the most popular and most used type of drugs in this correction house because they give a quick and strong effect for a relatively low price. Next mentioned are drugs that can be used orally and drugs that can be smoked.

Heroin is the main drug due to its distribution factor, stronger intoxication and smaller quantities required, while amphetamine is a popular drug because of its lower price (10 Lt while a dose of heroin costs 50 Lt), better stimulation and better availability. Because of the lower price amphetamine is the most used substance by injection, closely followed by heroin. In prison heroin is being used by better-off inmates, amphetamine is used by working inmates.

Patterns of injecting drug use in prison (Key question 3).

According to the respondents there are no real patterns or rituals of injecting drug use in prison. Some inmates mention that drugs will be used and injected whenever available and that extra effort is made to get drugs on special occasions like birthdays. A few inmates mentioned the ritual that the one who owns a syringe claims a dose for free and that the one who prepares a syringe is the first in line to inject.

According to both staff and inmates drug use has changed in prison over the years. In earlier days homemade vodka, poppy extract and psychotropic medicines were used in prison, nowadays amphetamine and heroin are used.

Furthermore, the payment system changed from paying in cash to reimbursement by clothes, food or cigarettes.

Unsafe injecting drug use in prison (Key question 4).

All respondents agree that syringes are being shared in prison. Inmates estimate the number of people sharing the same syringe between 10 and 200 (according to most inmates about 40), depending on the local sector and housing unit and the number of inmates living in that unit. Staff members think no more than 10 persons share syringes and that the number also depends on the status in prison hierarchy; the higher the status

the less the sharing. According to staff the 'smart ones' have their own syringes and don't share, while the inmates state that only very few inmates have syringes exceptionally for their own use.

There is no opportunity to get a new or clean syringe in prison in a legal way, so inmates obtain (buy, borrow, share) syringes from other inmates or try to get a syringe from outside (thrown over the wall or smuggled in through working zone or by staff etc). A clean syringe costs between 6 – 9 packets of cigarettes. Syringes, if not confiscated, are being used for a long time until totally wear and tear. Although bleach is available, most often used ways to clean syringes (if cleaned at all) are by water from the tap or hot boiling water. Inmates are afraid to get caught and penalized while using bleach. Furthermore, they believe that there are no HIV infected in Marijampole correction house and take the chance of getting infected.

Existing successful health risk interventions for injecting drug users in prison (Key question 5).

Both staff and inmates agree that medical and psychological aid are the most successful existing interventions for injecting drug users in prison. Furthermore inmates mention social rehabilitation programmes and staff members mention bleach as successful interventions. Inmates agree that bleach is a useful intervention but don't use it because they are afraid to get caught and penalized while using it.

Staff members also mentioned extra investments in drug reduction activities (X-ray and video equipment, dogs, additional walls and fences) during the last year to prevent drugs smuggling into prison. Although staff members consider this intervention successful the majority of inmates oppose and state that drugs will always be available in prison.

Needed health risk interventions for injecting drug users (Key question 6).

Respondents were asked to assess the existing knowledge on interventions which are available and used in prisons across Europe for injecting drug users. Most respondents were aware of interventions like bleach and drug treatment. Less than half of the respondents heard about harm reduction measures like syringe exchange programmes, psychological counselling for drug users, drug free units or methadone treatment. Except for methadone treatment - which was more known by staff - there were no big differences in knowledge between staff or inmates.

Both inmates and staff were told about the possible harm reduction measures and asked to rank them in order of usefulness. The top five will be discussed next.

1. Intensive psychological counselling for injecting drug users was ranked first among the top five of most useful interventions. The large majority of respondents (both staff and inmates) agreed that psychological support and counselling is a useful intervention for injecting drug users. Some respondents (most staff) state that it should be compulsory while others say that it will only work while voluntary. Due to low and temporality funding NGO initiatives and activities in prison are unable to continue on a regular base. According to the respondents good psychologists are needed who are able to counsel on the complex aid needed.

2. **Syringe exchange programmes.** All inmates and some staff members rated this as useful while a majority of staff members disagreed. Staff members think that this program will only be useful if it is implemented in a separate unit but not in the correction house overall. Inmates solidly agree that syringe exchange would only be useful if it is carried out anonymously and without being punished after getting a syringe. According to them, neither syringe exchange slot machine, nor the possibility to buy syringes in the prison store or syringe exchange in the medical division would be useful if inmates were punished.

3. **Bleach programmes.** Nearly all staff members rated it as a useful intervention to prevent infectious diseases like HIV. Most inmates disagree and state that bleach is not very popular because inmates are afraid to get caught while cleaning the syringe and get penalized by prison administration. Besides all inmates strongly believe that in Marijampole Correction House there are no HIV infected inmates and therefore they take the chance using unclean syringes.

4. **Drug free units.** A majority of respondents believe that drug free zones are useful. The ones opposing mention logistical and practical problems or are sceptic about the concept and state that there is always a possibility that drug users and drugs find a way into that unit and that it is too difficult to stop. Others say that a drug free unit can be useful because inmates who are willing to give up drug use will be accommodated in this drug free unit; they would feel much stronger psychologically in this unit seeing that they are not alone dealing with such problems and feel supported by the others.

5. **Methadone treatment.** A minority of the respondents rated this intervention as useful while most of the respondents (both staff and inmates) do not think positively about methadone treatment in prison. They are afraid that it will be an encouragement to start using drugs (free methadone) even for those who had not tried it before and that it will develop dependency in inmates that use once in a while but basically are not dependent on anything. The ones who are in favour state that opiate dependency is a disease and therefore needs treatment, not punishment. They state that it might have to do with the lack of knowledge that there are so many negative opinions on it.

Respondents also mentioned more general interventions that might help improve health of injecting drug users like sport activities, promotion of a healthy life style, medical treatment and more involvement of NGO's during and after imprisonment.

Knowledge about health risk of injecting drug use (Key question 7).

In general, all respondents indicated that most inmates are aware of the infectious diseases like HIV/ AIDS, hepatitis B and C one can get by injecting drug use. They also know what to do about it but mostly are not able to protect themselves against the risks. They try to purchase a clean syringe, to disinfect with bleach or at least with water or lemon juice. Furthermore they try to share syringes only with the ones they know and trust not to be HIV positive. Because clean syringes are difficult to purchase, inmates are afraid to get caught while cleaning a syringe. They believe that there are no HIV positives in Marijampole Correction House and therefore accept the risk of sharing unclean syringes. Furthermore, it is unclear whether inmates know that it takes 15 minutes to clean a syringe properly with bleach and that water and lemon juice are not sufficient to protect against HIV.

Recommendations and topics for discussion

Experience of many countries show the importance of drug injecting problems in prison settings worldwide. Over again it confirms the fact that drugs find their way into prison

and drugs are being used by inmates in wide-reaching prison settings. Marijampole Correction House is no exception as has become evident from this RAR research. The results gathered and explored above suggest a comprehensive range of interventions to address HIV transmission related to injecting drug use. These interventions should be considered not only in this correction house but also in other penitentiary institutions of Lithuania.

Psychological support and counselling. The large majority of respondents, both staff and inmates, agreed that psychological support and counselling is a useful intervention for injecting drug users. Cooperation with NGOs and specialists from other professional organisations participating in prison programmes was emphasized. These specialists should deliver therapy on a permanent basis what may encourage behavioural and emotional changes in drug using and injecting inmates.

Besides, such counselling programmes like 12-step programmes, life skills training, cognitive skills training, drug education, and family contact programmes should also be taken into consideration.

Syringe exchange programmes. From the RAR research it gets clear that the problem of injecting drug use and the use of non-sterile injecting equipment is prevalent and evident. It also appears that the provision of sterile injecting equipment is readily accepted by injecting drug users and partly by staff members in Marijampole Correction House because it may contribute to a significant reduction of syringe sharing and HIV/hepatitis infections.

Bleach and decontamination strategies. Provision of bleach or other disinfectants to prisoners is an important option to reduce the risk of HIV transmission through sharing of injecting equipment. It is the second best after syringe exchange programmes. However, the effectiveness of bleach as a decontaminant may be reduced by two important findings in this RAR research: inmates are afraid to use bleach due to fear to be penalized by prison administration; and that combined with the believe that there are no HIV infected inmates in Marijampole Correction House results in the high risk behaviour of sharing unclean syringes. Although a lot of HIV tests are conducted to keep this prison clean of HIV only one HIV positive needs to slip through to start an epidemic.

Drug free units in prison. Although some oppose the concept of drug free units because they think it will never be drug free and inmates will continue to use, a majority believes that inmates staying in the drug free zone would be motivated and supported to remain drug free. So it should be considered to establish a drug free zone for inmates who are not using drugs or those attempting to abstain from drugs as they may experience difficulties and may need additional medical and psychological support. It would enable them to live in an environment where other inmates have also agreed to a regime where no drugs are available.

Drug dependence treatment, in particular pharmacological treatment with methadone and/or buprenorphine. Most respondents seem to have a negative opinion on this type of intervention due to a lack of knowledge. They are not aware that methadone is only useful for opiate dependent drug users and not for the ones that use drugs regularly but who are not opiate dependent. Experience of many countries showed that

pharmacological treatment with both methadone and buprenorphine has proven to decrease the high cost of opioid dependence to individuals, their families and society at large by reducing deaths associated with heroin use, HIV risk behaviours and criminal activities.

Post- and after release phase of treatment. RAR research project indicated the importance of the prison authorities' long-term cooperation with NGOs and other professional organisations, in and outside prison. The inmates are interested to participate in NGO activities: therapies, cultural and religion events, various discussions, classes of foreign languages. However, the majority of NGOs are not able to work in prison permanently due to the lack of financial support which is usually provided from various funds outside. It is essential that NGOs and other professional organisations participate from outside to deliver care, treatment and support services within prison system. This kind of cooperation can focus on preparing inmates for life after release. And getting a new life means getting a job. Inmates' preparation for release should involve not only prison staff members (doctors, psychologists, social workers, etc.) but also community based professionals, social workers and drug workers as well as probation officers. It is important to close the gap between imprisonment and life in society after prison. Good rehabilitation programs and the possibility to continue therapy and other harm reduction measurements after release can prevent new crime and withdrawal in drug use.

Knowledge

Although inmates know a lot about the risks of injecting drug use and infectious diseases they keep using drugs in a risky way. For a part this is due to the lack of clean syringes, fear of punishment and taking chances, but it also has to do with a lack of knowledge. It is unclear whether inmates know that it takes 15 minutes to clean a syringe properly with bleach and that water and lemon juice are not sufficient to protect against HIV. Furthermore, both staff and inmates appear to have a lack of knowledge about harm reduction measures. Good education and information on these topics is essential in reducing health risks.