

Signposts and Best Practices: Treatment in Prisons

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Introductory Comments

This document is the result of *The Rome Consensus Europe Seminar: Drug Prevention, Treatment and Harm Reduction: Scaling-Up of Red Cross-Red Crescent Best Practices* which was held in Rome from 13-15 December 2009, hosted by Villa Maraini with the cooperation of the Italian Red Cross, and supported by the European Commission. The aim of the Seminar was to identify some of the best practices on drug policy currently in place in Red Cross-Red Crescent National Societies in Europe for use within the broader network of the Movement.

Signposts Identified

The aim of this document, and two related documents on preventing drug use amongst youth and other vulnerable groups, and preventing and responding to overdose, is to outline signposts for moving towards a humanitarian drug policy within the Red Cross-Red Crescent Movement. Discussions at the Rome Seminar led to a decision to use the term 'signposts', which provided a strong and tangible sense of moving towards these ongoing goals which the more commonly used 'benchmarks' did not.

These documents overview existing best practices in the three focus areas addressed by the Seminar: prevention targeting youth and other vulnerable groups; overdose prevention and response; and drug treatment in prisons.

European, International, and Red Cross-Red Crescent Best Practices

Insights are provided into the best practices identified by international bodies such as the European Union and other international organisations (including the United Office on Drugs and Crime and the World Health Organisation). To facilitate the sharing of knowledge between Red Cross-Red Crescent National Societies, the documents also highlight some of the best practices established by National Societies, drawing on the presentations and the results of the working group sessions at the Rome Seminar.

Serving as a set of reference tools, the three documents aim to enable Red Cross-Red Crescent National Societies to draw on existing best practices as identified by the EU, other international organisations, and their fellow National Societies. This will enable National Societies to establish effective programmes in each focus area.

European Union Best Practices

The **EU Drugs Action Plan** for 2009-12 has provisions for the wider field of social integration, advising member states to deliver existing projects and develop innovative rehabilitation and social re-integration programmes that have measurable outcomes.

In addition, the document outlines best practices for use within prison systems:

- **Action point 16** calls on the member states “to increase the use of, monitor implementation and further develop effective alternatives to prison for drug-using offenders.”
- **Action point 21** calls on member states “to develop and implement prevention, treatment, harm reduction and rehabilitation services for people in prison, equivalent to services available outside prison. Significantly, particular emphasis is to be placed on follow-up care after release from prison.”
- **Action point 22** envisages the member states and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) to work jointly “to endorse and implement in prison settings indicators to monitor drug use, drug-related health problems and drug services delivery.”

International Best Practices

Many countries around the world operate treatment programmes in prisons, recognising the prevalence of drug abuse amongst prison populations, and the related high rates of HIV infection. Although it can encounter political challenges, treating prisoners for drug use is a valuable part of a humanitarian drug policy.

Best practices in treatment from around the world

- Providing information packets or leaflets to both prisoners and staff (Slovenia & Austria)
- For illiterate prisoners providing automatic telephone services that answer frequently asked questions on drugs and HIV. (Iran)
- Using comic strips to educate prisoners about HIV/AIDS (Brazil)
- Prioritizing treatment of prisoners with severe psychiatric symptoms (Japan)
- Methadone maintenance programmes where dosage is based on assessed need and prisoner preferences. Prisoners are regularly monitored and counseling is provided. (Indonesia)
- Using young people of similar backgrounds to educate prisoners and correct popular myths about HIV. The educators speak the same language, use the current street slang and understand and take into account local circumstances, ethics and cultural values. (South Africa)
- Using group therapy, meditation, yoga and vocational training and peer support post treatment (India)
- Using motivational enhancement therapy, cognitive-behavioural therapy, dialectic behavioural therapy, relapse prevention, social and life skills training. (New Zealand)

Best practices in risk reduction from around the world

- Needle exchanges, which allow prisoners to exchange their used needles for new ones at no penalty. This reduces the risk of the syringe being shared between prisoners and creates a safer environment for prison staff who may accidentally come in contact with used syringes. (Spain, Moldova, Kyrgyzstan and others)
- In some countries buprenorphine is used as it presents less risks of overdose, is longer lasting and can therefore be administered less frequently than methadone. (France)
- Giving several days of medication to prisoners who are reliable to self-administer the dosage when healthcare resources are limited. (France)
- Providing injecting equipment to prisoners through medical wards and locations that could not be seen by guards. (Kyrgyzstan)
- Providing disinfecting tables for general purpose use to the whole prison (UK)
- Allowing HIV/AIDS organisations to distribute condoms to inmates (South Africa)

International Evidence and Experience on Needle Exchange Programmes

A study by the Canadian HIV/AIDS Legal Network on 'Harm Reduction in Prisons and Jails: International experience' which assessed prison needle exchange programs in Moldova, Switzerland, Germany, Spain, Kyrgyzstan and Belarus found that prison needle exchange programs work well in both well funded and in severely under-funded prison systems. They also work equally well in civilian prison systems as well as in military prison systems, in institutions with different physical arrangements for the housing of prisoners from single cells to barracks with eighty to one hundred prisoners in one location.

Each evaluation of needle exchange programmes showed consistently positive results for the health of prisoners such as:

- A reduction in the sharing of needles between prisoners
- For five prisons where evaluation included blood testing, no new cases of HIV or Hepatitis C infections were detected;
- a decrease in fatal and non-fatal heroin overdoses;
- a decrease in abscesses and other injection related infections;
- the facilitation of referral to treatment programs.

Additionally, the study found that there was no negative impact on safety and security in any of the prisons. The needles were not used as a weapon in any of the prisons where needle exchange programs were established and there were no reported increases in drug use and injecting. These results mirror those of similar assessments of community based needle exchange programs. The success of these programmes has relied heavily on the support from the prison administration and staff.

Prison Support Groups

Japan

Many prisons have successfully implemented support groups. In Japan, the Drug Addiction Rehabilitation Centre (DARC) is one of the most active self-help groups in the country. Members of DARC visit prisons regularly to provide group sessions which include peer education and support. These programmes encourage prisoners to engage in positive activities both before and after their release. Currently DARC members visit 75 prisons across Japan.

The United Kingdom

In the UK the 2003 Drug Intervention Programme (DIP) was designed to get drug misusing offenders out of crime and into treatment. The scheme relies on close collaboration between criminal justice agencies and drug treatment providers. At the earliest opportunity, contact is made with identified offenders through a multiagency framework. The services provided

include arrest referral, motivational enhancement, group-work, 24/7 telephone support, assertive outreach, advocacy and support. A 2007 study published by the Home Office found that:

- Offending levels reduced after engagement with the DIP. The overall volume of offending by a cohort of 7,727 individuals was 26 per cent lower following DIP identification.
- Roughly half of the drug abusers who come into contact with DIP through the custody suite showed a decline in offending estimated at 79 per cent in the six months following DIP contact.

The Netherlands

In the Netherlands it was determined that many drug treatment agencies gave prisoners or ex-offenders low priority on their waiting lists unless they were being funded directly by the criminal justice system. This problem was overcome by giving drug treatment agencies a probation task that is partly funded by the Ministry of Justice. This means that probation for drug users is managed not by regular probation officers, but by specially trained drug workers who work *in* prisons (employed by drug treatment organisations), but not *for* prisons.

Moldova

In Moldova great success was witnessed in their prisoner treatment programmes and the advice they gave to other organisations was to:

- Realise and accept that harm reduction must be done
- It is essential to ensure that as many people as possible have consistent and easy access to harm reduction services
- Approach and convince top-level officials at first if possible
- Provide ongoing training for administrative staff at all levels, from top to bottom
- If possible, brief the senior administration of the penitentiary department on activities, achievements and challenges on a regular basis. This is in order for them to see for themselves what's being done elsewhere and what's possible
- Regularly monitor and evaluate activities in order to demonstrate the achievement of good results
- Do not be afraid to start new initiatives.

Red Cross-Red Crescent Best Practices

The Red Cross-Red Crescent Movement has considerable existing knowledge on drug treatment in prisons, and a number of National Societies already run effective and innovative programmes in this field. Disseminating this information throughout the broader Movement will enable other National Societies to learn from their peers and establish their own programmes.

The Red Cross-Red Crescent Movement has considerable existing knowledge on the subject of drug prevention targeting youth and other vulnerable groups, and a number of National Societies already run effective and innovative programmes in this field. Disseminating this information throughout the broader Movement will enable other National Societies to learn from their peers and establish their own programmes.

Presentation and working group findings

At the Seminar in Rome, participants from several National Societies outlined their work on drug treatment in prisons.

In the subsequent working groups, participants drew on these presentations, and the experiences of their own National Societies, as inspiration for discussion and debate. They identified key elements of a prison treatment programme, the challenges which could be faced in establishing such a programme, and the unique capabilities which the Red Cross-Red Crescent Movement can bring to prison treatment projects. The ideas and recommendations generated by these working groups complement the insights provided by the presentations.

Selected existing National Society initiatives on treatment in prisons

Spanish Red Cross

Mr Pablo Villarino Torrado outlined the work of the Spanish Red Cross in providing drug treatment in prisons. Illustrating the close links between drugs and incarceration, he observed that around 70% of inmates had consumed drugs prior to their entry into prison. HIV infection rates in prisons are also extremely high: 8.6% of Spanish prison inmates have HIV compared with 0.3% of the general population.

Syringe exchange programs distribute 20,000 syringes each year within the Spanish prison system, and methadone treatment programs are operated in all prisons.

Prison provides a unique context for intervention with its own opportunities, which must be acknowledged and factored into interventions:

- It allows treatment programs to be started or to be continued from outside prison
- It facilitates integrated interventions, allowing all aspects of a prisoners' welfare to be addressed together
- It confines the prisoner to a secure environment, making it easier to engage with individuals.

However it also generates its own challenges:

- It can be difficult to create a psychological separation between the intervention and other aspects of the sentence
- Coordinating a therapeutic approach with a penitentiary approach can be challenging. Whilst the aim of prison is often seen as custody and rehabilitation, humanitarian drug interventions are intended to help the individual.

It is also essential to build a working relationship with prison staff. They are able to facilitate access to prisoners, but may also hinder an effective intervention. If properly engaged, they usually cooperate positively.

Forms of Intervention

- Informational: providing information to prisoners on prevention and treatment of drug use, including HIV. This can take the form of workshops or information material
- Reception and admittance: working with prisoners to address drug problems as soon as they enter prison, agreeing the aims of a treatment programme
- Psycho-social interventions: these can involve individual or group therapeutic sessions, educational activities, and occupational therapy to improve prisoners' wellbeing
- Therapeutic intervention: Harm-reduction and risk-reduction consumption strategies; health education; relapse prevention
- Social intervention
- Family counselling
- Drug prevention activities
- Juridical advice: working to inform prisoners of the judicial aspect of their drug dependency, and engaging with legal officials to integrate drug treatment into parole and release conditions
- Preparation for release: working with prisoners to prepare them for life outside a penal context
- Treatment coordination and evaluation with agents inside and outside prison.

Villa Maraini

Villa Maraini works closely with law-enforcement, prison, and judicial services in Rome in order to treat drug-dependent prisoners. Villa Maraini's reputation and long history of treating drug users also provides it with the capability to engage directly with drug users in prisons.

Each week Villa Maraini's Prison Project holds a meeting in the prison yards of Regina Coeli and Rebibbia, where drug users who have written to the Prison Project staff can meet and receive therapeutic support and orientation. This assessment is used to evaluate the needs of each individual prisoner before a decision is made on their suitability for any of Villa Maraini's therapeutic programmes.

At Villa Maraini itself the Prison Project provides information, counselling and legal assistance, psychological support, and orientation services to drug users pending trial, in house arrest or under alternative custody measures, as well as to their families.

The Emergency Unit at Villa Maraini also works with prison authorities to provide treatment to drug users who have been taken into custody. If drug-dependent individuals are suffering from withdrawal symptoms, overdose, or other medical drug-related crises, Villa Maraini staff can intervene to provide urgent medical and psychological assistance, including substitute opiates and other pharmaceutical therapies.

After providing emergency assistance, Villa Maraini staff continue to liaise with prison authorities to monitor the prisoners' welfare and provide subsequent treatment if necessary.

Results of Seminar working groups

What are the key elements for prison treatment programmes?

Medical

- Psycho-social analysis, evaluation and treatment programme. These should be tailored to individual prisoners, rather than providing a "one-size-fits-all" programme.
- Provide treatment for all health challenges: HIV, hepatitis, sexually-transmitted diseases, and other drug-related health issues.
- Base treatment around specific drugs, such as amphetamines, alcohol, and stimulants.
- Provide direct medical treatments and assistance, as well as health education and information.
- Raise awareness of overdose risks and provide education on how to respond to overdose situations.

Psycho-social

- Involve prisoners' families: they are a vital part of the wider psycho-social context and should be engaged.
- Develop gender-oriented groups and programmes: adapt messages to different gender groups.
- Obtain prisoners' consent for partnering and engaging with them.
- Train prisoners in life skills and motivation, and provide occupational therapy. This will help them to re-adjust when they leave prison.

- Address peer pressure in therapy sessions and discussions: it must be acknowledged that this can lead prisoners to use drugs.
- Re-entry planning. This helps to prepare prisoners to adjust to the outside world, and develops strategies for them to avoid drug dependence and improve their personal and professional prospects.

Institutional

- Engage prison authorities and staff at all levels of the intervention. Their involvement and help is key to an effective and well-operated programme.
- Understand the unique context which a prison provides for drug-dependent individuals: it provides both challenges, such as the increased perception that a prisoner is not responsible for his actions, but also opportunities, such as a containment effect which limits access to drugs.
- Research the structure, legislature and general environment of the prison institution.
- Establish after-prison community treatment programmes. These monitor ex-prisoners' progress and continue to provide drug treatment and informational assistance.

What are the main challenges facing Red Cross-Red Crescent National Societies in establishing treatment in prison programmes?

- **Political:** Governments may be reluctant to support prison treatment initiatives, as this could make them seem 'soft on crime'. Due to the stigma around drugs and prisoners, politicians are unwilling to associate themselves with such programmes.
- **Institutional:** It may be difficult to persuade prison authorities of the need and viability of drug treatment programmes.
- **Access:** Gaining access to prisoners can be challenging due to the unique prison environment, which separates them from external agencies. Prisons can also lack the required facilities (such as suitable space for treatment workshops) for effective implementation of programmes.
- **Informational:** Gathering information on the extent and nature of drug problems in prisons (number of prisoners with drug problems or infected with HIV; types of drugs used) is potentially challenging.
- **Capacity:** If prisons are overcrowded, providing a tailored and individual treatment plan for each drug-dependent inmate can be very difficult.
- **Human Resources:** There may be insufficient staff and volunteers to run successful programmes, particularly if National Societies do not view treating prisoners as a priority, due to existing prejudices or other commitments. Volunteers and staff may also have preconceptions and prejudices towards prisoners which can impede their effectiveness. Operating in prisons requires specialist skills and experiences which volunteers and staff may lack.
- **Financial:** Securing the appropriate financial resources to implement programmes is challenging, given other priorities and limited funding.

- Partnerships: Partnering with other agencies (governmental and non-governmental) working on treatment programmes in prisons is essential for avoiding duplication of effort, but it can be challenging due to differing priorities and methods of operating.

What are the unique capabilities which the Red Cross-Red Crescent Movement can bring to drug treatment in prisons?

- Range of skills and expertise within the Movement, which is essential for challenging interventions such as those in prisons
- Emphasis on respect and a nonjudgmental attitude. This can be very effective in gaining personal access to prisoners who might distrust other external agencies.
- Level of commitment to addressing the needs of vulnerable people and to empowering them.
- Extensive network of volunteers. These are a significant resource which can be mobilised to provide skills and human capacity to prison treatment programmes.
- Strong in-country networks. Since prison facilities are dispersed across each country, organisations such as the Red Cross-Red Crescent with wide networks of staff and facilities can operate in many different locations.
- Strong reputation and the Red Cross-Red Crescent 'brand'. This is useful for facilitating engagement with prison authorities, since the Movement is seen as a neutral actor without a hidden agenda.
- Humanitarian diplomacy skills, which can be used to advocate for drug treatment programmes to governments. This can help to remove the negative associations which drug treatment in prisons can have for politicians.
- Multi-disciplinary approach, which enables the Red Cross-Red Crescent to tackle the complex problem of drugs in prison in an integrated way. Other agencies may possess a key area of expertise (such as psycho-social analysis or medical skills) but the Red Cross-Red Crescent can harness all of these skills, through its extensive networks.

Conclusions

The presentations and working groups at the Rome Seminar provided rich insights into National Society strategies, approaches and experiences to treatment in prisons. The common elements identified in the presentations and working groups can serve as signposts for National Societies as they move towards establishing or refining their own prison treatment programmes.

- **Understand the institution.** Prisons are a unique context. They combine a containment effect, which facilitates access to target groups, with a structure which decreases a sense of responsibility and poses challenges of engagement. Understanding the institutional

structure and processes of each individual penitentiary facility is necessary for an effective intervention.

- **Engage with relevant authorities.** As well as working closely with prison authorities in order to support prison programmes, interventions must also engage with the judicial sector, with law enforcement, and with social services to develop an integrated approach to a prisoner's long-term treatment plan.
- **Provide a range of services.** Medical treatment is only one aspect of prison interventions. Psycho-social care is very important, as it can address the underlying causes of drug dependency. Occupational therapy, life skills and training help to prepare prisoners for a legitimate living after prison, which will reduce the risk of a relapse into drug-dependency.
- **Tailor interventions.** Each prisoner has a different background, aims, and needs. Interventions can be specifically tailored to match each prisoners' psychological, physiological and medical profile. This can make them more effective.
- **Political resistance can be a challenge.** Many politicians wish to be seen as "tough on crime", and providing treatment and humanitarian care to drug-dependent prisoners is often politically difficult. Engaging with political authorities to gain their support for prison programmes requires extensive advocacy. National Societies can use the Red Cross-Red Crescent's impartial reputation and high-value "brand" to increase the chances of successful political advocacy.

Selected Literature

This section provides a selection of some of the most useful and comprehensive documents available on the subject of treatment programmes in prison.

- Betteridge et al (2004) *Prison Needle Exchange: Lessons from A Comprehensive Review of International Evidence and Experience*. Canadian HIV/AIDS Legal Network. <http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1173>
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