DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

2008 Edition

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Digest of Research on Drug Use and HIV/AIDS in Prisons
Revised 2008 version

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A. ABSTRACTS

1. PSYCHOACTIVE SUBSTANCE ABUSE AMONG INMATES OF A NIGERIAN PRISON POPULATION

The objectives of this study were: (1) to assess the prevalence rate of psychoactive substance abuse and dependence among inmates of a Nigerian prison population within the past month; (2) to highlight how aware these prisoners were, of the various drug abuse; (3) to compare the findings with those of reports from abroad, and general Nigerian population samples. In mid 1995 395 subjects (97.5% males, mean age 30.5 years) were interviewed, with a questionnaire that contained DSM-III-R criteria for dependence. About two-thirds were those on remand or awaiting trial, and the majority (70%) were accused of theft and armed robbery. Compared with Nigerian general population samples, the cohorts had much higher prevalence rates of awareness and lifetime use of psychoactive substances. Cannabis was the only drug regularly abused in the past month, by 26 (6.6%) subjects (all male); out of whom 11 (42.3%) satisfies DSM-III-R criteria for dependence. Use of intravenous drugs was not evident. This pattern differed markedly from the situation in industrialised countries. Cannabis abuse was significantly associated with those in prison for less than six months and on a charge of theft/armed robbery.


Key words: drugs, prevalence of drugs

2. THE REVIEW OF HIV AND AIDS IN PRISON

The overall aim of the review is to provide a basis for interventions in respect of HIV in prisons for the period covered by the current and next Prison Service corporate plans (i.e. up to and including 1996-97). The report is presented in logical order: the research chapter presents what is known about HIV in prison and what needs to be learned; the staff and prisoner education chapter deals with prevention of HIV through provision of information and education; the section on risk reduction and harm minimalisation looks at the means of prevention in prison; the counselling, psychological and social care chapter considers the role of counselling in changing behaviour to reduce risk and support those with HIV infection and with AIDS. The medical chapter comes last to emphasise that much can and should be done in other areas before medical intervention becomes necessary. The detailed medical care plans describe the careful monitoring, care and support that can improve the quality of life for those living with HIV as well as prolonging life. But first there are two short chapters sketching the background to the Review and setting the historical context.

HIV in prison presents a complex of legal, ethical, moral, medical, psychological, sexual, educational and management issues. These can be dealt with only by the adoption of a long-term strategy, which encompasses a multi-disciplinary approach at national and local levels. Such an approach will include prison, statutory and community agencies in order to be successful.

Whilst the United Kingdom remains a low HIV prevalence country it should not be assumed that vigilance in relation to HIV can be relaxed. This country is entering a phase when more people with HIV infection are becoming ill and in need of medical care. It is imperative that the Prison Service establish structures able to manage a large number of people with HIV infection who are unwell. These should be able to provide them with health care services
equivalent to those in the community and a prison regime which is non discriminatory and humane.


KEY WORDS: HIV, drugs, sexual behaviour, tattooing, education, women, juveniles, injecting behaviours, counselling, policy, prevalence of HIV

UK

3.

ILLICIT DRUG USE, STD’S AND ABNORMAL PAP SMEARS AMONG HIV+ AND HIV- FEMALE PRISONERS

The objective was to determine the positive urine toxicology screens (tox), STDs, and abnormal pap smears among HIV+ and HIV- injection drug users (IDU) entering Connecticut’s sole correctional facility (CF) for women. All women entering this CF receive urine tox, syphilis serology (RPR/FTA-ABS), and pelvic exam with pap smear and cervical culture for gonorrhoea (GC) and chlamydia. Using a standardised data collection instrument, we conducted a retrospective chart review of a sample of HIV+ (N=77) and HIV- (N+36) IDU inmates, demographically similar to all known HIV+’s at this CF. The minimum HIV seroprevalence is 15% at this CF (average daily census=660); overall, 95% of HIV+’s and 60% of all inmates are IDU’s.

Admission urine tox for heroine or cocaine were + for >75% of both HIV+’s and HIV-’s (p=NS); 54/59 (92%) HIV+’s with CD4 < or = 500 had a + cocaine tox vs. 27/36 (75%) HIV-’s (p<.01); GC or chlamydia were found in 14% of both groups. Abnormal pap smears were seen in 65% and 50% of HIV+’s and HIV-’s (p=NS). However, 4/14 HIV+’s with CD4<200 had CIN III, vs. 4/36 HIV-’s with CD4>200 and 1/36 HIV-’s(p<.05); 3/14 HIV+’s with CD4 < 200 vs. 1/36 HIV-’s had vaginal candidiasis (p=.06).

Conclusions were: 1) The majority of HIV+ and HIV- IDU’s at this CF were actively using drugs at entry, with increased cocaine use among HIV+’s with CD4 <500;2) Though syphilis was more common among HIV+’s, other STD’s and abnormal pap smears were frequently in both groups; 3) High grade CIN and vaginal candidiasis tended to be more common in HIV+’s with CD4<200 than those with higher CD4 counts and HIV-’s. These results highlight the need for further reduction interventions for all female inmates, as well as drug abuse treatment and comprehensive gynaecologic care.

Altice, F., Selwyn, P., & Tanguay, S., 1993, International Conference on AIDS, 9(2), 703

KEY WORDS: HIV, women, injecting behaviours, drugs, SDT

USA

4.

HIV PREVENTION: REACHING OUT-OF-TREATMENT HIGH-RISK DRUG USERS IN JAIL

The objective was to measure levels of illicit drugs, pregnancy rate, and HIV seroprevalence in urine samples obtained from recent felony arrestees. Assessment of the relationship between HIV-risk behaviours, HIV seroprevalence, and drug use of the target population were also examined. Subjects were interviewed in the local county jail. Eligibility requirements were: less than 48 hours in custody, arrested for non-drug-related felony, and voluntary participation. Trained CHOWs administered interviews, obtained urine samples, and provided candy bars and HIV education in return. N=1233. Drug screens were done with EMIT and GC EMIT using NIDA cut-off levels. HIV Ab tests were performed with CB reagents, using WB confirmation. Pregnancy tests were done with Park Davis EPT within 24 hours of obtaining samples. Pharm Chem labs conducted drug screens and HIV Ab tests.
Participation rose 90%, of which 91% provided urine specimens. The sample was 67% male, 60% ethnic minority, 58% less than 30 years old. Over half (52%) had multiple sexual partners in the past year. Eighty-one percent had never been in drug treatment. Urine positive for any drug – 71%. Of drug positives: 51% amphetamine+, 32% cocaine+, 7% opiate+. Injection drug use (IDU) admitted by 31%. Of IDU, 83% injected amphetamines, 58% injected heroin, 58% injected cocaine. Of IDU, 42% report sharing needles at least sometimes. 256 samples tested for pregnancy (last ½ of year only)-18%+ and 60% of those were drug positive. HIV test results will be presented. Previous studies have shown amphetamine IDU to be at risk for HIV.

Arrestees have a significant percentage of amphetamine IDU. Also many arrestees report engaging in other HIV high-risk behaviours. Prevention education and testing in jail, within 2 days of arrest, is an effective means of reaching out-of-treatment IDU.


**KEYWORDS:** HIV, women, injecting behaviours, prevalence of HIV

5. **DRUG ADDICTION, WOMEN PRISONERS AND SEXUAL BEHAVIOUR**

This research was carried out with the aim of evaluating the relationship between drug addiction, prison and sexual behaviour among women. The study was carried out by self-administration of an anonymous questionnaire in order to guarantee absolute confidentiality. The sample group consisted of 90 women. The questionnaire had sixteen questions addressing socio-demographic information, experience of drug addiction and sexual behaviours.

The percentage of women reporting their consent to sexual acts in exchange for goods or money is very high at 40%. All the women who replied that they had had sex in exchange for money also identified themselves as drug users. In addition 75% of women though that this was a common occurrence among drug using women. The reason for their behaviour is the need to obtain the drug they are using. Consequently, sexual behaviour is often directed to this end.

The experience of sexual abuse is also widespread within our sample with 43.3% of the women having had sex without their consent at some time. This experience was not confined to drug users, but applied across the range of respondents. Abuse could be occurring more commonly than this, as 54.4% of interviewees thought that the experience of abuse is common among women prisoners of drug users.


**KEY WORDS:** sexual behaviours, drugs, women

ITALY

6. **IS PRISON A HIGHER RISK ENVIRONMENT THAN THE COMMUNITY?**

Chapter 6 addresses questions about whether prison is a higher risk environment that the community. The answer is found to be that prison can be higher risk if the prisoners engage in risk behaviours they do not engage in when in the community. Fewer people were found to
have sexual experiences while in prison than in the community. Although condom use outside prison was low, it was non-existent in the sexual active prison population. Drug injecting in prison was only reported by those who had previously injected drugs. Drug injectors were less likely to inject drugs in prison, but those who continued were more likely to share needles and syringes than when out in the community. While injecting drugs, 78% of those sharing equipment attempted to clean it before reuse. However, a majority of the methods used were ineffective.


**KEY WORDS:** HIV, Women, drugs, prevalence of risk behaviours

**UK**

7. THE COST OF HEROIN-RELATED CRIME: NEW LIGHT ON THE KEY ISSUE IN THE POLITICAL DEBATE OVER DRUG POLICY

The relationship between drugs and crime is examined. When asked to calculate the cost of heroin-related crime, the Institute for the Study of Drug Dependence (ISDD) extrapolated that half of all acquisitive crime by value in England and Wales was committed by opiate or cocaine addicts. Unfortunately this was based on faulty assumptions. New calculations reveal that the percentage of heroin users’ income from acquisitive crime should fall between 16% and 48%. Poor data and factors that influence the results make it impossible to make a more accurate estimate.


**KEY WORDS:** crime, drugs

**UK**

8. IMPRISONMENT AND HIV PREVALENCE

This letter is a response to the Pickering and Stimson letter *Syringe sharing in prison*. The author argues that stringent surveillance does not prevent injecting in prisons. It is noted that the association between imprisonment and HIV positivity might be a result of a confounding factor that leads to both HIV positivity and to imprisonment. For example, reckless behaviour might put a drug user at risk of both these outcomes. However, in view of the evidence of drug use in prisons, imprisonment may well have been a factor in the spread of HIV.


**KEY WORDS:** HIV, injecting behaviours, drugs, prevalence of HIV

**UK**

9. HEPATITIS B VACCINATION IN PRISONS: THE CATALONIAN EXPERIENCE

A pilot programme assessing the feasibility of a hepatitis B (HB) vaccination reaching a high-risk population was set up in three prisons in Catalonia. All inmates at risk of being infected with Hepatitis B received two or three doses of vaccine resulting in 34% of them becoming protected for HB. The findings indicated that the seroconversion rate was higher when the interval between the two doses was shorter than three weeks. In addition, an age greater than 35 years and a history of IVDU were associated with a lower response to the vaccine although anti-HIV seropositivity did not influence the response. In view of the above mentioned data, a
vaccination programme of prisoners susceptible to HB may achieve protection in at least a third of cases and, similarly, short intervals between the priming doses of vaccine may improve compliance and increase protection rate.


KEY WORDS: HIV, Hepatitis-B

10. PREVALENCE OF HIV AND INJECTING DRUG USE IN MEN ENTERING LIVERPOOL PRISON

New prisoners, who were in prison for the first time for their current remand, were asked to complete in short anonymous questionnaires about their sexual and drug related behaviour. In addition, they were asked to provide saliva samples. The study examined the potential role of English prisons in drug related transmission of HIV and other blood-borne viruses. It was concluded that although imprisonment may decrease the number of people injecting drugs, there is still an increased risk of infection among those who do inject while in prison.


KEY WORDS: HIV, injecting behaviours, voluntary HIV testing, Prevalence of HIV, prevalence of risk behaviours

11. WELCOME TO CELL BLOCK HEROIN

Compulsory drug testing may have several unwanted effects in the prisons. Cannabis users may convert to using hard drugs to decrease the chance of detection by drug tests. As a result prisoners may increase their risk of exposure to HIV through intravenous injections. In addition, mandatory drug testing may interfere with HIV and drug abuse research being done within the prisons.


KEY WORDS: HIV, mandatory drug testing, opiates, drugs

12. STUDY OF INFECTION WITH HIV AND RELATED RISK FACTORS IN YOUNG OFFENDERS' INSTITUTION

The objective was to estimate the prevalence of infection with HIV in young offenders in Scotland and to obtain information about related risk factors and previous tests for HIV. A voluntary anonymous study was conducted; 421 of 424 male subjects gave saliva samples for testing for HIV and then completed questionnaires about risk factors. The study took place at Polmont Young Offenders' Institute near Falkirk, Scotland.

68 (17%) of prisoners admitted misuse of intravenous drugs, of whom 17 (25%) admitted having injecting drugs while in prison. Three subjects admitted having anal intercourse while in prison. Prevalence of misuse of intravenous drugs varies geographically: 28% (33/120) of prisoners from Glasgow compared with 9% (7/81) of those from Edinburgh and Fife. A high level of heterosexual activity was reported, with 36% (142/397) of prisoners
claiming to have had six or more female sexual partners in the year before they were imprisoned. Altogether 8% (32/389) of prisoners had previously taken a personal test for HIV: 50% (9/18) of those who had started misusing intravenous drugs before 1989, 18% (9/49) of those who had started misuse later, and only 4% (14/322) of those who had not misused intravenous drugs. No saliva samples tested positive for antibodies to HIV, but 96 prisoners requested a confidential personal test for HIV as a result of heightened awareness generated by the study.

Voluntary, anonymous HIV surveys can achieve excellent compliance in the prisons, and the interest generated by the study suggests that prisons may be suitable for providing education and drug rehabilitation for a young male population at high risk for future infection with HIV.


KEY WORDS: HIV sexual behaviours, injecting behaviours, drugs, prevalence of HIV

13. ANONYMOUS HIV SURVEILLANCE WITH RISK FACTOR ELICITATION AT SCOTLAND’S LARGEST PRISON, BARLINVIE

The objective was to determine prevalence of HIV infection and risk behaviours among male inmates of Her Majesty’s Prison (HMP) Barlinnie, Glasgow, Scotland on 8-9 September 1994

A cross-sectional study was used: voluntary, anonymous HIV surveillance (using saliva samples) of all inmates and linked self-completion risk-factor questionnaire. Of 1073 prisoners available to participate, 985 (92%) completed a risk factor questionnaire and 982 salvettes were received for testing, of which 978 were tested for HIV antibodies (four were dry samples); 928 questionnaires passed logical checks for consistency.

HIV prevalence on saliva testing, related risk behaviours and ratio of overall-to-disclosed HIV prevalence. Proportion of all inmates who have ever injected drugs, ever injected inside prison, started injecting inside, ever had acute hepatitis, had a recent personal HIV test (since January 1993).

Nine saliva samples [eight injecting drug users (IDU), one recognised other risk] out of 978 were HIV-antibody-positive (three presumably from known HIV-infected inmates). Overall HIV prevalence was estimated at 1% compared with a known prevalence of 0.4%, giving an overall-to-disclose HIV prevalence ratio of 2.6 in HMP Barlinnie in September 1994. A higher proportion of prisoners from Glasgow (48%) than elsewhere (19%) were IDU. Year of first injection was also different by residence with 23% of Glasgow IDU having first injected after 1988 compared with 45% of IDU from elsewhere, mainly West and South Scotland. Half the IDU inmates reported having injected while incarcerated and 6% had started to inject while incarcerated. Ten percent of all prisoners and 20% of IDU inmates had had a personal HIV test since January 1993. Logistic regression showed that there was a significant deficit of recent HIV test uptake by Glasgow residents (odds ratio, 0.5; 95% confidence interval, 0.27-0.89), that IDU were more likely to have to have had treatment for sexually transmitted disease, and that IDU who had injected inside and those whose injection career began prior to 1989 were more likely to have acute hepatitis.

A consistent harm-reduction policy is needed across prisons in the United Kingdom to avoid transmission of blood borne viral infections. Drug injecting inside prison is common, a proportion of IDU inmates having first injected while in prison, and much higher rates of hepatitis have been reported in association with injecting while incarcerated compared with that for IDU who only injected outside prison.

14. HARM REDUCTION MEASURES AND INJECTING INSIDE PRISON VERSUS MANDATORY DRUG TESTING: RESULTS OF A CROSS SECTION ANONYMOUS QUESTIONNAIRE SURVEY

Objectives were (a) to determine both the frequency of injecting inside prison and use of sterilising tablets to clean needles in the previous four weeks; (b) to assess the efficiency of random drug testing at detecting prisoners who inject heroin inside prison; (c) to determine the percentages of prisoners who had been offered vaccination against hepatitis B.

A cross sectional willing anonymous salivary HIV surveillance linked to a self completion risk factor questionnaire design was used at Lowmoss prison, Glasgow, and Aberdeen prison on 11 and 30 October 1996. 293 (94%) of all 312 inmates at Lowmoss and 146 (93%) of all 157 at Aberdeen, resulting in 286 and 143 valid questionnaires. The main outcome measure was the frequency of injecting inside prison in the previous four weeks by injector inmates who had been in prison for at least four weeks.

116 (41%) Lowmoss and 53 (37%) Aberdeen prisoners had a history of injecting drug use but only 4% of inmates (17/395; 95% confidence interval 2% to 6%) had ever been offered vaccination against hepatitis B. 42 Lowmoss prisoners (estimated 207 injections and 257 uses of sterile tablets) and 31 Aberdeen prisoners (229 injections, 221 uses) had injected inside prison in the previous four weeks. The prisons together held 112 injector inmates who had been in prison for more than four weeks, of whom 57 (51%; 42% to 60%) had injected in prison in the past four weeks; their estimated mean number of injections was 6.0 (SD 5.7). Prisoners injecting heroin six times in four weeks will test positive in random mandatory drug testing on at most 18 days out of 28.

Sterilisation tablets and hepatitis B vaccination should be offered to all prisoners. Random mandatory testing seriously underestimates injector inmates' harm reduction needs.


15. SECOND ANONYMOUS HIV SURVEILLANCE IN SAUGHTON PRISON EDINBURGH: PRISONERS GIVE A LEAD TO OTHER HETEROSEXUALS ON BEING HIV TESTED

236 male prison inmates participated in repeat anonymous HIV surveillance with risk factor elicitation. The inmates gave a saliva sample for anonymous testing for HIV antibodies and completed a linked anonymous risk factor questionnaire. Eight samples gave positive results. Several factors differed between the 1991 study and this 1992 study. The results suggest that prisons could be very effectively offer confidential named HIV testing and promote its voluntary use through HIV awareness.


16.
RESULTS OF AURICULAR ACUPUNCTURE REPORT
Auricular acupuncture can have positive effects in reducing the stress and anxiety that is associated with prisoners’ drug problems. It can also have an effect in reducing prisoners’ use of drugs. This is the conclusion of the pilot project on auricular acupuncture that was carried out through the network in 1995.

A pilot project was undertaken to see if the treatment could be used effectively with prisoners. A full report on the pilot project is now available from the Prisoners Resource Service (PRS). It is based on research and information from Sweden, Italy and the United Kingdom. Dr Carl Gyllenhammar carried out research at Färingsö Prison, a small women’s prison near Stockholm. Alex Stevens of PRS carried out research at Feltham Young Offenders’ Institution, a larger prison for young men near London. The two prisons have very different layouts, populations and drug problems. These factors affected the effectiveness of the treatment, as did the different arrangements for delivering the auricular acupuncture treatment.

The treatment had positive effects at both prisons. These were demonstrated more clearly at Färingsö where the population was smaller, the inmates older (and female), the treatment more frequent and the research instruments more valid. The treatment reduced levels of muscle tension, worry, irritability and depression. This effect was strongest for those women who reported the highest levels of these problems at the start of the treatment. None of the women tested positive for drug use during the treatment, despite reports by prison staff that drugs were available in the prison at the time.

It is interesting that this treatment was helpful interesting the problems of prisoners which were associated with the use of stimulants, as there is little help that Western medicine can offer such prisoners. It was also interesting that the treatment was very positively viewed by the few prisoners who received it while they were suffering the acute stages of withdrawal.


KEY WORDS: drugs, drug-free treatment, evaluation

17.
METHADONE MAINTENANCE IN CATALONIA
As of 1st October 1992, the offer of assistance aimed at imprisoned drug users in Catalonia has included methadone programs. The implementation of this method of treatment was initiated at that time as a pilot program for 6 months in the Centro Penitenciario de Hombres de Barcelona (La Modelo) (i). In view of its satisfactory results, this program has been subsequently maintained without interruption.

At first, the pilot program set out in “La Modelo” tried both to avoid the suspension of treatment realised outside prison, as well as to provide drug users with an effective means of prevention against the diseases commonly associated with drug use (for example, HIV infection).

During this trial period, and given the lack of experience with methadone programs carried out in other Spanish or European prisons, the program maintained strict admission standards. With these standards we included in the program all those having methadone treatment prior to being put in prison, the mentally unstable (who were intravenous drug users) and persons suffering from any incurable organic disease, primarily AIDS, and at the same time intravenous drug users.

The favourable results obtained in the evaluation of the program, which was carried out on 123 patients taking part for the first six months, suggested that this type of experiment
should be maintained and even extended. We should highlight the following results of this
evaluation: a decrease in the habit of sharing injecting equipment (syringes); a higher rate of
recurrence of drug use by users having doses lower than 50 mgs of methadone a day; a lower
percentage of HIV negative patients in methadone treatment (9%); no existence of statistically
significant changes with respect to the use of condoms in sexual relations; a significant
reduction in the total number of overdoses which took place in Centro Penitenciario de
Hombres de Barcelona during this time.

In view of the data mentioned above, and in order to improve the program’s benefits,
professionals in the area of prison treatment have joined the program’s therapeutic team (one
psychologist and one social worker). Furthermore, the program’s admission standards have
been extended by the following two groups: HIV negative inmates + intravenous drug users;
Inmates whose T4 resistance level is lower than 100+ intravenous drug users.

The offer of treatment for drug users in the Catalonia prison also provides free drug
programs, treatment with antagonist opiates (NALTREXONE) and a special regimen of
treatment called DAE, which operates as a therapeutic community, just as those existing
outside prison.


KEY WORDS: drugs methadone, HIV, harm reduction, therapeutic community, evaluation

18. METHADONE MAINTENANCE PROGRAMMES

The first European methadone maintenance programme in prison was in the male prison in
Barcelona. This programme was initiated as a “pilot programme” in October 1992 for 6 months,
but was later maintained indefinitely as a consequence of the satisfactory results obtained.
Because it was the first such programme, a very rigid criterion of admittance was decided
upon, allowing people from the following three categories into the programme: anyone already
on methadone maintenance, anyone with a history of mental illness who are also heroin users
and anyone suffering from an incurable organic disease (basically AIDS) who are
simultaneously heroin users.

An evaluation at six months resulted in the following findings:
1) a reduction in the
sharing of injecting equipment; (2) a high rate of relapse with those on doses less than
50 mgs/24h of methadone; (3) a low percentage of prisoners who were HIV negative on the
programme; and (4) no statistical change in the use of condoms in sexual relationships. Due to
the positive results from the first stage of the programme, it was decided to continue the
programme and extend the entrance criteria, in particular to include more prisoners who were
HIV negative. One thousand inmates have gone through the programme in the male prison in
Barcelona since 1993, with an average of 200 inmates monthly.

Naltrexone treatments are used in prisons to assist prisoners achieve abstention. It is
absolutely necessary for an inmate to have excellent support from family and friends as well as
professionals in order to successfully complete this treatment. Naltrexone should not be
administered to young people under 18 years of age, during pregnancy, or where there are any
liver problems including hepatitis. There are side effects including abdominal pains, vomiting
and nausea. However, all these are minor characteristics which disappear soon after the
treatment has been initiated.


KEY WORDS: methadone, drugs
19. **DRUG FREE DEPARTMENTS IN PENAL INSTITUTIONS IN HAMBURG**

Drug free stations in Hamburg’s prisons have proved positive as a treatment for several addicted persons. The admission takes place after an application by the prisoner. A programme over about 6 to 12 months should improve the abstinence motivation and is used in parallel as a preparation for therapy. The therapy should take place immediately after the sentence. It is necessary to separate the drug station and to control the abstinence of the patients, by carrying out regular urine tests. Recidivists are checked by a special assigned team, to find out the reason for the relapse. Repeated recidivists will be excluded from the therapy programme. Prisoners were are suitable enjoy better conditions. They are obliged to work. Furthermore this programme includes individual and group discussions and a range of spare time occupation. Beside drug free stations, addicted prisoners receive substitutional therapy, care form external drug counsellors and further specific treatment from internal staff members, in Hamburg’s prisons.


**KEY WORDS:** drug free units, drugs, recidivism.

**GERMANY**

20. **HIV INFECTION IN PRISON: LETTERS**

A number of responses to ‘Drug injection and HIV prevention in inmates of Glenochil prison’ (Gore, Bird, Burns, Goldberg, Ross & Macgregor), ‘Inprisonment injecting drug use, and blood borne viruses’ (Gill, Noone & Heptonstall) and ‘Prison policies put inmates at risk’ (BMJ).


**KEY WORDS:** HIV, health policy, hepatitis B, injecting behaviours

**UK**

21. **PRISON POLICIES PUT INMATES AT RISK**

A series of brief articles on the situation of HIV/AIDS in prisons in England and Wales, Australia, India, Denmark, France, The Netherlands, Germany and Thailand and Israel. The articles include reference to national policies, epidemiology, and strategies for the prevention of HIV and hepatitis.


**KEY WORDS:** HIV, health policy, injecting behaviours

**EUROPE**

22. **MIND YOUR OWN BUSINESS**

Official guidance exhorts probation officers to encourage all offenders to disclose any drug misuse. Such guidance is unrealistic as offenders fear that they will lose more than they gain by disclosure. At risk are their liberty, their sources of drugs, their relationships with parents
and school, their children, their partners, and their jobs or welfare benefits. New drug testing provisions in prison will add yet another disincentive.

Briton, C., 1995, Druglink, 10(1), 16-17.

KEY WORDS: drugs, mandatory drug testing

UK

23.

REMANDED MALE PRISONERS WITH DRUG AND ALCOHOL PROBLEMS: IMPLICATIONS FOR SERVICES

Men on remand were randomly selected from 16 prisons in England and Wales. Confidential and voluntary interviews were carried out with 750 men, representing 9.4% of all male prisoners held on remand, to elicit demographic data and personal and psychiatric history. The questionnaire included a section on substance misuse with reference to alcohol, drug use and injecting patterns. For those who were dependent on alcohol or drugs in the six months preceding their arrest, experiences and views of treatment were noted. Street drug use was widespread among our subjects with 19.3% reporting injecting at any time and 2.3% injecting during imprisonment. Daily users computed a severity of dependence questionnaire. Scores indicating higher dependency were associated with a previous history of intravenous use, but not with injecting during this imprisonment.

The difficulty of providing therapy to those on remand in prison cannot be overstated. The administration of methadone for the relief of opiate withdrawal symptoms on entry to prison poses practical problems which many prisoners find daunting. Our findings suggest that 23% of men on remand would be open to the idea of treatment for substance misuse. The Prison Drug strategy Team has commenced work on a number of treatment schemes in two waves of pilot project which have been centrally funded. The need for expansion for such therapeutic provision is acute, and all initiatives should be evaluated so that practice can be informed by research.


KEY WORDS: relapse prevention, drugs

UK

25.

SUBSTANCE USE DISORDERS AMONG MEN IN PRISON: A NEW ZEALAND STUDY

This study set out to determine the extent of alcohol and drug disorder among male prisoners prior to their incarceration in a New Zealand Prison. Sections of the Diagnostic Interview Schedule that assess alcohol and drug disorders according to DSM-III criteria were administered to 100 sequential new arrivals at a male medium/minimum security prison. Eighty-one percent of the prisoners had a lifetime alcohol disorder and 39 percent of them had symptoms in the six months prior to incarceration. Half of the prisoners had met criteria for an alcohol dependence syndrome. Thirty percent had a lifetime drug use disorder with 14 percent showing symptoms in the last six months prior to incarceration. One-quarter had been drug dependent. After adjustment of the lifetime prevalence estimates for the differing age distribution within the prison, alcohol disorder was more than twice as common among prisoners as in the general population and drug use disorder was eight times as common. Since high rates of alcohol and drug disorder and drug disorder are found among sentenced prisoners, both in the six months prior to incarceration and their lifetime, resources within the
prison may need to be directed towards minimising the harm from substance use disorder and associated risk behaviour.


**KEY WORDS:** drugs

NEW ZEALAND

26.

**TO ESTIMATE RATES OF HIV INFECTION AMONG INMATES IN ONTARIO, CANADA**

The objective was to estimate the prevalence of HIV-1 infection among adult and young offenders admitted to remand facilities in the province of Ontario, Canada, by using a design that reduces volunteer bias. A study using a modified anonymous HIV-surveillance design was conducted with urine specimens routinely collected from male and female entrants to all Ontario jails, detention and youth centres between February and August 1993. Information on sex, age, and history of injecting drug use was also collected. Urine was screened using a modified in-house Western blot assay.

Data were obtained on 10,530 adult men, 1518 adult women, 1480 young male offenders, and 92 young female offenders. Urine specimens were available for 88% of new entrants. Of the entrants, 1% (n=163) refused to have their urine used for research. Refusals were not associated with history of injecting drug use. Overall rates of HIV-1 infection were 1% for adult men, 1.2% for adult woman, and 0% for young offenders. Both the rates of infection and prevalence of injecting drug use varies across facilities and geographic regions. Overall, 13% of adult man, 20% of adult women, 3% of young male offenders, and 2% of young female offenders reported a history of drug use. Rates of infection were highest among self-reported injecting drug users. Rates of infection were 3.6% for adult men and 4.2% for adult women who injected compared with 0.6 and 0.5%, respectively, for non-injecting drug users.

The use of unlinked left-over specimens is an important tool for measuring HIV-prevalence rates and should be encouraged. The results indicate that HIV rates are much higher among those entering prison than in the general population. The pattern of HIV in Ontario prisons is similar to that reported in Europe and the United States. We are optimistic that these data will stimulate much needed efforts towards education and health promotion, and will open the door to further research in Canadian prisons.


**KEY WORDS:** injecting behaviours, drugs, HIV, juveniles, women, prevalence of HIV

CANADA

27.

**RISK BEHAVIOURS FOR HIV INFECTION AMONG DRUG USERS IN PRISON**

Recent concern about the spread of HIV infection in prisons, and anxiety about the contribution of injecting drug use to this, has been supported by studies in populations of drug users. A group of injecting drug users in London, all of whom had been in prison since 1982, were studied to determine the degree of illicit drug use in prison, the prevalence of risk behaviours for HIV infection and the uptake of available treatment with drugs within the prison. The study consisted of anonymous, self-administered, questionnaire.

A high prevalence of injecting and sexual risk behaviours among injecting drug users within and between custody has been shown. Most of these offenders continued to take drugs while in custody and just over half not only injected drugs, but shared equipment. Some of the
male prisoners compounded their risk of HIV infection by engaging in sexual activity with multiple partners. Prisoners who then have multiple sexual partners after release place their partners in the community at particular risk of HIV infection. Although many of the drug users were prescribed drugs for their dependency, limited access to appropriate treatment, counselling, and health education may compound this situation.


**KEY WORDS:** HIV, injecting behaviour, drugs, sexual behaviours, prevalence of risk behaviour

**UK**

28.
**SUICIDE AND CUSTODY**
Custodial settings are recognised as an important context both with respect to suicide and self-harm, and for HIV prevention and care. This article examines briefly what is known about suicide and self-harm in relation to custody, emphasising the increased risk of suicide and self-harm, with the intent of suicide, among certain subgroups within the custodial population. Subsequently, the discussions focuses on the current lack of information on HIV prevalence in prisons and on HIV related policy and practise in custody. The author attempts to highlight the implications for HIV related suicide in custody, arguing for a rethink of traditional approaches to suicide in the light of new stresses arising from the advent of HIV and AIDS in custody.

Casale, S., 1995, *AIDS-Care*, 7 (supple. 2), 139-143.

**KEY WORDS:** HIV, suicide

**USA**

29.
**IMPROVING UPTAKE RATE OF HEPATITIS B IMMUNISATION AMONG PRISONERS: A PILOT PROJECT**
For the past 18 months the project has been working closely with healthcare staff in prisons and staff at prison headquarters to develop and improve the delivery of healthcare to inmates, as well as communication between prisoners in the field and between prison headquarters. We are trying to improve the uptake of hepatitis B immunisation in prisons for a number of reasons: (1) there are more people coming into prison with a history of substances misuse; (2) Graham Bird and Sheila Gore’s work in Scottish prisons confirm that there is an increased risk of contracting blood borne viruses in prisons; (3) it is well known that prisoners have a high prevalence of communicable disease such as HIV, TB, Hep B and C, and gonorrhoea; and (4) there is currently a rapid rise in the numbers of individuals entering prison in England and Wales.

This is not a problem for the Prison Service. There is anecdotal evidence that many registered IDU’s arriving in prison have not been immunised against Hep B. Is there a community responsibility? Registered drug addicts are in contact with a range of services which could be eliminating some of the risk before these individuals arrive at the prison gate.


**KEY WORDS:** HIV, hepatitis, drugs

**UK**

30.
DIFFERENTIAL CHARACTERISTICS OF AIDS PATIENTS WITH A HISTORY OF IMPRISONMENT

Although AIDS is among the leading causes of death in prisons there is little information about AIDS patients with a history of imprisonment. A study of AIDS patients, who were diagnosed in Barcelona between 1988 and 1993, was conducted comparing those with prison histories to those without, using epidemiological variables including survival analysis.

Those with prison histories compared to those without were younger, more often intravenous drug users (IVDU) than homosexuals and diagnosed with AIDS because of extra-pulmonary tuberculosis. Among the IVDU, those with prison histories were more frequently males, lived in the poorer districts of Barcelona and presented extra-pulmonary tuberculosis more frequently than Pneumocystis carinii pneumonia. In addition, the patients with prison histories who presented AIDS with extra-pulmonary tuberculosis had a better probability of survival than those who presented only Pneumocystis carinii pneumonia.

The study concluded that AIDS patients in Barcelona with prison histories tended to be more likely to be IVDU and to present extra-pulmonary tuberculosis as an AIDS-defining illness than other patient groups. However, attention must be drawn to the fact that half the IVDU AIDS cases had prison histories has important implications for the care and prevention of HIV, tuberculosis and drug abuse in comparable prison settings.


**KEY WORDS:** drugs, epidemiology, HIV, tuberculosis, pneumonia

31. JAIL DRUG TESTS ENCOURAGE PRISONERS TO SWITCH TO HEROIN

This article looks at problems arising as a result of mandatory drug testing, particularly the switch from cannabis to less detectable opiates. One significant problem that has come about is that if a prisoner tests positive for opiates, a distinction can not be made between legitimate use of painkillers and illegal heroin use. Painkillers may be used to mask illegal heroin use. One in every four prisoners with positive opiate test results has used painkillers as a defence against charges of illegal drug use.

Additionally, offenders forced into mandatory drug treatment programmes may strain therapeutic environments in which others participating voluntarily are effected by the disruptions.


**KEY WORDS:** mandatory drug tests, opiates, drugs, therapy

32. US PRISONERS’ ACCESS TO EXPERIMENTAL HIV THERAPIES

The results of a telephone study conducted in 1994-1995 of Department of Correction (DOC) medical directors from 32 states throughout the United States to obtain information about DOC policies and practises relating to HIV clinical studies revealed that state policies governing prisoner participation in these trials and access to new therapies vary widely. States with high AIDS incidence rates, a large number of AIDS-related deaths in prison and high concentrations of minorities in the correctional system were more likely to allow prisoners to enrol in clinical studies and to receive experimental medications. Overall, a relatively small number of prisoners in state prisons have enrolled in clinical studies. Participation of a prison representative on the
board reviewing a clinical study was identified as an important factor in allowing prisoner participation in studies. The report concluded that although barriers to prisoner participation in clinical studies are numerous they are not insurmountable. Results from this study have led to efforts in Minnesota to revise current policy in order to permit prisoner participation in studies if appropriate guidelines are followed.


**KEY WORDS:** HIV, experimental therapies

USA

33.

**SPREAD OF BLOOD-BORNE VIRUSES AMONG AUSTRALIAN PRISON ENTRANTS**

The objective was to assess the spread of blood-borne viruses among prison entrants in Victoria, Australia. A voluntary confidential testing of all prison entrants for markers of exposure to blood-borne viruses with collection of minimal data on demography and risk factors over 12 months was conducted. The study was conducted in Her Majesty’s Prisons, Pentridge and Fairlea, Victoria, Australia. 3429 male and 198 female prison entrants (>99% of all prison entrants) were included; 344 entered prison and were tested more than once. The main outcome measures were prevalence and incidence of antibodies to HIV, hepatitis B, and hepatitis C viruses and minimal data on risk factors.

1564 (46%) gave a history of use of injected drugs, 1171 (33%) had antibody to hepatitis B core antigen, 1418 (39%) were anti-hepatitis C positive including 914 (64%) of the men who injected drugs, 91 (2.5%) were positive for antibody to HIV. Incidence rates for infection with hepatitis B and C virus were 12.6 and 18.3 per 100 person years, respectively; in men who injected drugs and were aged less than 30 years (29% of all prison entrants) these were 21 and 41 per 100 prison years. Seroconversion to hepatitis B or C was associated with young age and shorter stay in prison. Only 5% of those who were not immune to hepatitis B reported hepatitis B immunisation.

Hepatitis B and C are spreading rapidly through some prison populations of injecting drug users in Victoria, particularly among men aged less than 30 years at risk of imprisonment in whom rates of spread are extreme; this group constitutes a sizeable at risk population for spread of HIV. This spread is occurring in a context of integrated harm reduction measures outside prisons for prevention of viral spread but few programmes within or on transition from prisons; it poses an urgent challenge to these programmes.


**KEY WORDS:** HIV, hepatitis B, hepatitis C, drugs

AUSTRALIA

34.

**A PRISON BASED ALCOHOL USE EDUCATION PROGRAMME: EVALUATION OF A PILOT STUDY**

Northern Territory prisoners were followed up after release to determine the effect of an alcohol education course on their alcohol consumption, drinking group, disruptive behaviour, criminal activity, family relationships, how they use their time, general health, ability to cope and take responsibility. Measures were obtained both from prisoners and key informants, and two groups of prisoners were compared: those who completed the course and those who had not done the course. A high level of correspondence was found between measures from key
informants and prisoners. The prisoners attending the course showed significant improvements on all dimensions when compared to control subjects.


**KEY WORDS**: education, alcohol

AUSTRALIA

35. HIV COUNSELLING IN PRISONS

HIV presents a particular problem in penal establishments due to the nature of the population, the conditions in prison, media attention and misinformation, combined with the possibility of transmission within and beyond the prison population. These issues are discussed in the context of prison policy regarding HIV and the broad strategic approach which is being adopted to manage the problem of HIV within penal institutions. Counselling has a key role in the overall strategy and this study describes pre- and post-test counselling with prisoners, while discussing the particular problems presented by inmates with reference to case histories. The report also outlines developments in counselling provision for inmates.


**KEY WORDS**: counselling methods, HIV

UK

36. HIV IN UK PRISON: A REVIEW OF SEROPREVALENCE, TRANSMISSION AND PATTERNS OF RISK

Prison contain individuals who are at a high risk of HIV infection, most notably through intravenous drug use. For complex political, social and legal reasons penal institutions in the UK are unable to provide condoms and clean needles but with the outbreak of HIV and hepatitis B in a Scottish prison in 1993 attention was focused on the potential problems.

Debate about the issue is hampered by a lack of useful information. In this study, current data about risk behaviour and seroprevalence is reviewed and compared with experiences in other countries. Injecting drug use in prison appears to be common. The majority of those who inject often share equipment which can have been used many times. Although sexual activity may be a smaller risk factor it does occur between men in prison. In addition, prisoners appear to have high rates of partner change between sentences.

The true prevalence of HIV in UK prisons is difficult to assess but the available data suggest it is between 0.1 and 4.5%, a lower percentage than in Southern Europe and the USA. A window of opportunity still exists to prevent further outbreaks of HIV in UK penal institutions and to maintain these low prevalence rates. Strenuous, and possibly unpalatable, measures are needed now.


**KEY WORDS**: HIV, epidemiology, drugs, sexual behaviour, injecting behaviour, prevalence of HIV

UK

37. HIV AND INJECTING DRUG USERS IN EDINBURG: REVALENCE AND CORRELATES

A city wide sample of injecting drug users (IDU) who had injected in the previous six months were administered with a questionnaire about drug use, syringe sharing, sexual behaviour and
imprisonment. It was found that HIV infection was significantly associated with being 27 to 36 years of age, injecting for the first time between 1975 and 1980 and injecting during 1980-1987 in particular, sharing equipment, being imprisoned and finally residing in north Edinburgh. These findings suggest that the potential for HIV transmission by contaminated equipment still exists in Edinburgh, and this is particularly so in prison, where IDUs do not have access to new needles and syringes.


**KEY WORDS:** HIV, drugs, sexual behaviour, injecting behaviour, prevalence of HIV, prevalence of drug use

**UK**

38.

**PROMOTING SAFE BEHAVIOUR IN PRISONS: A PROGRAM DIRECTED AT DETAINEES AND PRISON STAFF**

The objective was to identify ways to promote safe sex practices and to offer support and care to prison inmates affected by HIV/AIDS and prison staff in The Hague and region where prison capacity is 606 inmates and there are 615 regular prison staff. In the Netherlands, one third of the prison population use hard drugs and 10 to 15% is an IDU, while there are youth with low education and a history of many sexual partners. Feedback was collected from training all prison workers individually and in groups in dealing with HIV. A working group was formed involving prison and rehabilitation staff and public health personnel.

Conditions which facilitate safe behaviour include non-judgemental and non-moralising attitude by prison staff; the establishment of a climate where prisoners feel confident to seek counselling and the provision of condoms and adequate care. A needle-exchange service was proposed, but considered unacceptable at present. Training and health education also need to include TB and Hepatitis B. Handouts with information on HIV-control and the provision of condoms on discharge were deemed appropriate. The right to have a “buddie” for HIV-infected prisoners was acknowledged. There is potential for HIV-control and support to prisoners, many of whom are likely to enter into high-risk situation on discharge from prison.


**KEY WORDS:** HIV, sexual behaviours, tuberculosis, hepatitis

THE NETHERLANDS

39.

**ADDRESSING THE PROBLEMS OF SUBSTANCE ABUSE IN JUVENILE CORRECTIONS**

Treatment of adolescents for alcohol or other drug abuse problems in the juvenile justice system has become a matter of increasing importance. Two trends of experience are responsible for this development: (1) the rise in youth crime and the growing awareness of the magnitude of these and related problems among the various high-risk groups, and (2) increasing evidence that treatment of individuals with alcohol/other drug problems can result in significant decreases in delinquency/crime.

A knowledge base deriving from experience in treating youths is only beginning to be established. There is a growing recognition that alcohol/other drug abuse among youths is related to difficulties in a number of areas of experience or functioning – including family relationships, physical abuse/sexual victimisation, educational performance, and emotional/psychological functioning. Systems of care need to be developed to identify troubled
youths, link them with appropriate programs, and provide them with supportive post-treatment, or aftercare, services.

The fact that 52% of the youths in the Tampa longitudinal study had already entered the Florida DOC within 3½ years following their initial interviews, that high rates of recidivism exist for young parolees and other prisoners, and that many middle-age prisoners in state prisons can trace their criminal career to adolescence, stress the importance of investing resources to remedy youths’ alcohol/other drug abuse, delinquency, and other problem behaviour.


KEY WORDS: juveniles, alcohol, drugs
USA

40.
THE RELATIONSHIP BETWEEN PHYSICAL AND SEXUAL ABUSE AND ILLICIT DRUG USE: A REPLICATION AMONG A NEW SAMPLE OF YOUTHS ENTERING A JUVENILE DETENTION CENTER

The prevalence, causes, concomitants, and consequences of the physical and sexual abuse of children remain important, but still incompletely understood issues confronting behavioural science and clinical researchers. Information that is available, however, indicates the profound significance of children’s experience of abuse in their developmental outcomes. A growing number of recent studies involving different samples have uncovered results that are consistent with the hypothesis that the more juveniles are abused, the more likely they are to abuse drugs.

Assessing the role that child abuse plays in the aetiology of drug use represents an increasingly important research task. The present paper reports the results of a replication of the findings obtained in an analysis of data collected from a sample of juvenile detainees in 1984 on a new sample of detained youths who were interviewed between December 1986 and April 1987. Only 8 of 399 youth (2%) interviewed in 1986-1987 were also included in the 1984 data set. The findings once again highlight the connection between the youths’ physical abuse and sexual victimisation experiences and their illicit drug use; and permit the drawing of several conclusions regarding the implications of these results for research and service provision among youths having these unfortunate experiences.

The relationship between physical, sexual victimisation, and illicit drug use consistently found among youth entering the detention centre points to the need to appropriately screen such young people, and perhaps their counterparts in other detention centres, to identify any mental health or substance abuse problems they may be experiencing. Efforts are made to link youths needing assistance with a mental health or substance abuse problem with community-based programs. Project staff utilise criteria, developed in collaboration with mental health and substance abuse service providers, in determining which youths need to be referred for further evaluation or assistance. The research findings point to the need for early, long-term, and intensive intervention efforts for children and families where physical or sexual abuse occurs at home, or for families which neglect their children or behave in ways known to be related to the abuse of children.


KEY WORDS: physical abuse, sexual abuse, drugs, juveniles
USA
41. REPORT OF THE ADVISORY COMMITTEE ON COMMUNICABLE DISEASES IN PRISON
In 1990 the Minister for Justice set up an Advisory Committee which included staff representative to examine the problems posed by communicable diseases – in particular HIV/AIDS – in prisons, having regard to the welfare of offenders and staff and proper prison administration, and to make sure such recommendations as they saw fit. The committee was also required to give priority to the immediate needs of those who are in prison suffering from communicable diseases and to make recommendations accordingly.

The report addresses protocols for the management of certain communicable diseases in prison, the development of existing policies in relation to the management of offenders who are HIV positive, effectiveness of current policy of segregation, operational issues for the management of seropositive prisoners, confidentiality, assessment and classification of prisoners, education and prevention, medical services, visiting arrangements and contraband, environment, and organisational change.

Several recommendations are also included, such as the introduction of confidential HIV testing for prisoners, improved educational programs, the establishment of HIV Steering Committee and an Educational Committee, and the employment of qualified nurses in prison.

Department of Justice, 1994, Report on the Advisory Committee in Communicable Diseases in Prison, Department of Justice: Dublin.

KEY WORDS: HIV, HIV testing
IRELAND

42. DRUG ABUSE AND MIGRATION: EVALUATION OF PRISON WORK IN UK WITH A COLONY OF ITALIAN DRUG OFFENDERS
This paper evaluates work done with the Italian Intravenous Drug Users (IIDUs) within the Greater London area by the Standing Conference on Drug Abuse (SCODA) and the Anglo-Italian Drugs Agency (AIDA). It also aims to create a model of intervention for drug using European Union nationals who travel to other European Union countries. The present European Union legislation lacks clarity in reference to the policy for migrant drug users at any level of intervention. Through an increase in co-operation between EU countries, it will be possible to fill the gap in European Union Health and Social policy.


KEY WORDS: drugs, HIV, migration
UK

43. INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS IN PRISONS: MEETING THE HEALTH CARE CHALLENGE
The magnitude and the scope of health care problems posed by human prison inmates seropositive for the human immunodeficiency virus (HIV) are enormous. Prisoners represent a substantial proportion of HIV-infected individuals in North America. A high proportion of prisoners are intravenous drug users who often have not received appropriate health care or HIV-directed services prior to incarceration. Health care of HIV-seropositive prisoners and follow up medical care after prison release has often been less than optimal.

Among inmates at the prison facility in Rhode Island, 4% of the men and 12% of the women are HIV seropositive. The Brown University medical community, in conjunction with the
Rhode Island Department of Health and Corrections, had developed an effective program for the health care of such prisoners, both during incarceration and after release from prison. Academic medical centres are uniquely poised to assume the leading role in meeting this obligation. We believe that this general approach, with region-specific modifications, may be effectively applied in many correctional institutions in North America.


KEY WORDS: HIV, women, HIV testing, education, counselling

USA

44.

THE KOST PROJECT: PRESCRIPTION HEROIN IN PRISON – IMPOSSIBLE?

A package of parliamentary measures was passed in Switzerland on the 20th February 1991 with the aim of reducing drug problems. On the basis of these an extended experimental plan of scientific trials for the medical prescription of narcotics to opiate-dependants was developed, which included a project for the controlled supply of opiates in the penal system. This project is entitled the KOST Project and was established in 1994. It contains a summary of the findings from the Interim Report on the evaluation.

The target group for the KOST Project was opiate-dependent inmates whose criminal behaviour was connected with their addiction problem. In view of their continuing deviant behaviour, integration in the regular penal system was difficult. All those taking part in the experiment did so of their own free will.

The heroin was given to the subjects three times a day for self-injection in a technically secure and hygienic supply room, which has been set up for the purpose. There is a nurse on hand when the heroin is given out as well as an employee from the security firm who is responsible for guaranteeing security. Nurses have been taken on as employees especially for the project, to give out the heroin. Other staff on the project is the existing prison employees.

The subjects were mainly occupied on the farm. The required level of work on the farm could only just be attained at the beginning of the experiment, as some of the subjects did not work effectively. Their poor performance was due to both the sedative effect of the heroin and the fact that most of the subjects had never learned to work seriously, as they had no occupational training or had not been employed for a very long time. After the first few weeks the performance of the subjects improved so much that since then the required level of work on the farm achieved without any problem.

Giving out the heroin itself was largely trouble-free after the uncertainty at the beginning of the experiment. The behaviour of the subjects towards the nurses in the supply team was characterised by the need for closeness and care and partly by regressive behaviour. For the supply of heroin in the prison to be workable, constructive co-operation between the security firm present when it is given out and the person giving it out appears to be central. A good relationship between these two elements ensures appropriate levels of care as well as security in the supply situation.


KEY WORDS: opiates, harm reduction, heroin prescription

SWITZERLAND

45.
DRUG INJECTORS IN PRISON AND IN THE COMMUNITY IN ENGLAND

Data from evaluations of syringe schemes, interviews with injectors not using schemes and a study of ex-prisoners are used to present findings about the risk behaviour of injecting drug users both in and out of prison.

HIV infection can spread dramatically among injecting drug users (IDUs). Documented HIV epidemics have occurred among IDUs in New York (Des Jarlais et al., 1989), Edinburgh (Robertson, 1990) and, more recently, in Bangkok (Smith, 1990). The epidemic in Edinburgh, where prevalence rose from 0 in 1983 to over 50% in 1985, indicated what could happen both elsewhere in Scotland and in England. That outbreak of infection prompted a pragmatic and, then, controversial response from the Government. In 1987, the English and Scottish Departments of Health requested that 15 pilot syringe-exchange schemes be established and evaluated. At the time only two other countries were operating syringe-exchange schemes – Australia and the Netherlands.

Information on HIV risk behaviours of IDUs in the community provides an indication of the magnitude of change that can be achieved. Continuous monitoring of drug injectors who do, and do not, attend syringe-exchange schemes has found declining levels of syringe sharing. Clients of such schemes have always reported levels lower than their non-attending counterparts. The most likely types of people shared with were sexual partners and friends; sharing with acquaintances was uncommon. However, when IDUs were sharing, high levels of syringe cleaning were reported.

Research on syringe exchange has shown that, in 1989 when drug injectors shared syringes in the community, they did so with an average of two others.

In England, syringe-exchange schemes now total over 200 and distribute an estimated four million needles and syringes per year (Donoghoe et al., 1991). In addition to providing free sterile injecting equipment, many schemes provide primary medical and social care as part of their harm-minimisation approach. Risk-reduction measures at some schemes include access to free condoms and bleach for the decontamination of injecting equipment. Other initiatives to prevent the spread of HIV infection among IDUs include syringe distribution (as opposed to exchange) through pharmacies and by outreach workers, and improved access to drug treatment programmes.


**KEY WORDS**: drugs, injecting behaviours, harm reduction

UK

46.

WHY IS THERE CONFLICTING EVIDENCE ABOUT HIV TRANSMISSION IN PRISON?

A review of evidence of HIV transmission in prison beginning with conditions which exist in most prison systems that are likely to be conducive to the transmission of HIV. Many of these conditions suggest that there should be a high level of HIV, but studies have shown that low incidences of HIV transmission occur in prison. Depending on the type of study administered, different levels of HIV transmission were detected. Retrospective and prospective studies found low levels of HIV transmission, whereas mathematical models and outbreak investigations found higher levels.

The author found that it is difficult to gather conclusive evidence. Lack of evidence does not necessarily mean transmission is rare. Also, efforts need to be made to reduce the spread of HIV in prison.


**KEY WORDS**: HIV, drugs, prevalence of HIV
47. DRUG INJECTING AND SYRINGE SHARING IN CUSTODY AND IN THE COMMUNITY: AN EXPLORATORY SURVEY OF HIV RISK BEHAVIOUR

An immediate objective for HIV prevention is to reduce the prevalence of injecting, reduce syringe sharing, encourage syringe cleaning, and encourage safer sexual practises. There have been anecdotal reports of syringe-sharing in prisons in the UK but no research evidence, in part due to the fact that access to prisons for research on HIV and drug use has been discouraged, and doubts about collecting appropriate information about personal risk behaviours from inmates in the prison setting. The circumstances and conditions in custody, including overcrowding and lack of privacy, may foster high-risk behaviours such as unprotected anal sex, drug injecting, tattooing, and self-injury with consequent blood-spillage.

In an exploratory study of HIV risk behaviour and custodial experiences, 183 injecting drug users were interviewed in twelve cities in England, Scotland and Wales. Custodial experience was common (79% in custody at some time), recent (58% in custody since 1987), and sentences were short (for 64% the most recent period in custody lasted one month or less). Injecting during last period in custody was reported by 23%, and 75% of those who injected in custody was reported that they had shared needles and syringes. Sexual activity in custody was reported by 6% of the custodial sample. HIV positivity was self reported by 12% of the custodial sample. Of the custodial group, those who were HIV positive were more likely than the HIV negative group to report injecting and syringe-sharing in custody.

Outside custody (in the community) many (46%) had shared syringes during the previous three months, and 50% of these had sexual partners who did not themselves inject drugs. The findings suggest the possibility for HIV infection to occur within custodial settings. Levels of risk behaviour outside custody are an indication of the potential crossover from prison to the community, should HIV be transmitted within the custodial context.


KEY WORDS: HIV, injecting behaviour, sexual behaviour, drugs, prevalence of risk behaviours.

48. BLEACH AVAILABILITY AND RISK BEHAVIOURS IN PRISON IN NEW SOUTH WALES

The study investigated the access of NSW prisoners to disinfectants for syringe decontamination and the prevalence of injecting drug use, syringe sharing, tattooing and sexual activity in prison. Self-completion surveys were administered to all prisoners in AIDS education courses from May to December 1993.

Although less than one third of the respondents who had injected (30%, n=46) reported that disinfectants were easy to obtain, most (96%, n=24) of the respondents who shared syringes in prison had used disinfectants to clean injecting equipment. Nearly two thirds of respondents who shared syringes (62%, n=35) followed the cleaning method they had been instructed to use – the ‘2x2x2’ procedure. One sixth (16%, n=176) of the respondents reported sharing tattooing equipment in prison and two thirds (63%, n=27) of these cleaned the equipment with bleach. Only a few respondents (4%, n=178) reported having had anal sex in prison. Overall 40 percent of respondents reported having engaged in one of three HIV risk
behaviours in prison: one quarter reported injecting, one sixth reported sharing tattooing implements and one twelfth reported having engaged in oral or anal sex while in prison.

The study found that three years after the distribution of disinfectants began, most (62%) inmates still found it difficult to gain easy access to them. Even if an acceptable and effective form of disinfectant was identified, operational problems may still compromise the effectiveness of a syringe cleaning program for prisoners in NSW. The study was unable to identify any single reason for the difficulty prisoners faced in accessing disinfectants as a range of reasons emerged. Some of these reasons appeared to be related to the change over from disinfecting tablets to the liquid bleach formula.


KEY WORDS: HIV, sexual behaviours, injecting behaviours, disinfectant

AUSTRALIA

49. BLEACH IS EASIER TO OBTAIN BUT INMATES ARE STILL AT RISK OF INFECTION IN NEW SOUTH WALES PRISONS

The aim of this study was to monitor: 1) the access inmates had to disinfectants, 2) the methods used to clean syringes, 3) any negative consequences of bleach provision and 4) risk behaviours in and out of prison. The study was reasonably successful in the recruitment of respondents: approximately half (45%, n=229) of all inmates recruited in prison telephoned the Research Office for an interview within the allotted time after release from prison.

This study was reasonably successful in obtaining a representative sample. Bleach was easier to obtain in NSW prisons in 1994 than in 1993. Inmates have started to adopt the new syringe cleaning guidelines. However, many respondents reported engaging in risk behaviour – primarily injecting inside prison and sexual behaviour outside prison. If HIV transmission was to occur in prison, this study indicated that it would be mainly through injecting drug use. HIV might then spread through heterosexual contact in the community after prisoners have been released.


KEY WORDS: HIV, sexual behaviours, injecting behaviours, disinfectant

AUSTRALIA

50. PRISONS AND HIV RISK BEHAVIOUR

Many of the HIV prevention services available to drug injectors in the community (such as syringe-exchange, condoms, bleach, and information about sterilising equipment) are absent in prison. Therefore, imprisonment must be regarded as a serious obstacle to risk reduction.

All of the evaluation surveys have shown that drug injectors are at a high risk of spending time in prison, that injecting drugs in prison is relatively common and that, if people do inject in prison, then it is highly likely that they will share syringes. In 1989 and 1990, it was found that 57% of clients at the syringe exchange had at some time been in prison. Twenty-five percent of these clients had injected a drug the last time they were in prison, 62 percent of whom had shared syringes whilst there. Sexual activity in prison was reported was reported by 3% of the clients who had been imprisoned. The majority of those who injected in prison attempted to clean the injecting equipment, but they tended to use inadequate methods, such as rinsing syringes in water.
Sharing rates among drug injectors have steadily declined since 1987, although sizeable proportions of both syringe-exchange clients and non-attenders continue to share injecting equipment. Access to syringes, especially in areas where syringe sharing rates are high, remains a vitally important factor. Many sharers still reported that problems in obtaining equipment made it difficult for them to protect themselves from HIV infection.

High risk sharing behaviour was associated with the use and injection of particular drugs. Sharers were much more likely to have recently used heroin, temazepam (a tranquilliser) and DF118 (dihydrocodeine). More non-sharers had used methadone but this was not statistically significant. Shares were less likely to be receiving a prescription for an injectable drug and improved access to such drugs may contribute to a reduction in sharing in the drug injecting population. In both groups there were considerable levels of social disadvantage, but the sharers were not more disadvantaged than the non-sharers.


KEY WORDS: HIV, injecting behaviour, syringe exchange

51.

PSYCHIATRIC MORBIDITY IN SENTENCED SEGREGATED HIV POSITIVE PRISONERS

An exploratory study was carried out to measure psychiatric morbidity in two groups of sentenced prisoners. Each group completed the General Health Questionnaire (GHQ) and the Beck Depression Inventory (BDI). Group 1 consisted of 40 segregated HIV positive prisoners and Group 2 consisted of a matched control group in the main prison who had no history of seropositivity. All members of Group 1 also had a history of intravenous drug use. The mean GHQ and BDI scores were significantly higher in Group 1, and 90% of Group 1 were psychiatric cases compared with just over 42% of Group 2.


KEY WORDS: HIV, mental health, prevalence of risk behaviours

52.

JAILS AND AIDS: RISK FACTORS FOR HIV INFECTIOIN IN THE PRISON OF MADRID [SPANISH]

The spread and risk factors for HIV infection were studied in 288 men and 95 women at the prisons of Carabanchel and Yeserias, Madrid. These men and women requested care at the AIDS prevention programme in the jails of Madrid from April to December 1987. Among the men studied at Carabanchel, 55% were HIV positive with 77% seropositivity among intravenous drug users (IVDU). Although tattooing and the number of times in prison were independent risk factors for infection, after controlling for IVDU, no association was found between HIV seropositivity and reported anal intercourse.

Among the woman studied at Yeserias, the proportion of HIV seropositive women was 26% while 70% of the IVDU's were seropositive. Tattooing and the number of times in prison were also associated with HIV infection, alongside a history of prostitution and syphilis. When controlling for IVDU, it was determined that the number of times in prison and a history of prostitution were not independent risk factors for infection.
The report concludes that these data indicate that there is a need for control measures to avoid further spread of the HIV infection through the use of contaminated needles among the inmates population.


KEY WORDS: HIV, tattooing, drugs, sexual behaviours

SPAIN

53. EUROPEAN UNION NETWORK OF SERVICES FOR DRUG USERS IN PRISON: SUMMARIES FOR EACH COUNTRY OF DRUG LAWS, PRISON SYSTEMS, DRUG TREATMENT SERVICES AND DRUG SERVICES IN PRISONS

As the title suggests, this publication provides summaries on drug laws, prison systems, drug treatment services and drug services in prison for Belgium, Denmark, France, Germany, Greece, Italy, Luxembourg, Portugal, the Republic of Ireland, Spain, the Netherlands and the United Kingdom.


KEY WORDS: drugs

EUROPE

54. A TREATMENT PROGRAMME FOR DRUG USERS AT THE ÖSTERÅKER PRISON: DESIGN AND EVALUATION

The Österåker prison – a high security prison just outside of Stockholm – initiated a treatment programme on one of the wards in 1976 as an experiment. Since 1978 a large scale treatment programme has been run on 6 wards, each one accommodating 12 prisoners, as well as an open pre-release unit for 15 prisoners outside the prison. The basic idea of the programme is to offer prisoners who want to change their lifestyle completely an environment in which they are more likely to transform their motivation in life than they would in an ordinary prison.

Prisoners themselves must take an active part in the programme 8 hours a day; they act as chairman and secretary at many meetings, they must act as hosts for study visits, etc. The programme is managed within the frames of a modified therapeutic community. There are compulsory urine tests every morning 7 days a week.

The individually elaborated treatment plan often comprises elements as outright denial of criminal friends, practising withdrawal from situation where drugs are offered in real life etc. In group counselling sessions inmates are encouraged to make analyses of all kinds of problems and risk situations highly correlated to drug use. After completion of the programme most prisoners are placed individually in families 7-10 months before they are technically released from their sentence.

Ever since 1978, every individual who has passed through the programme has been followed by a team of independent researchers, during a two-year period after being released from the sentence, mainly with respect to recidivism of crime and drug use. The degree of success has varied between 50-70%. In order to produce effects with respect to recidivism of crime and drug use, any treatment programme must be intensive enough to overpower the criminogenous influence of prison society. This will cost more than any ordinary crime producing prison, simply because more staff are needed. Statskontoret (a government institution whose task is to evaluate the efficiency of government institutions) suggests however
in its report that our programme has well covered its costs by generating less costs to society as a consequence of reduced crime and drug recidivism.


KEY WORDS: drugs, drug-free treatment, therapeutic community, recidivism, evaluation

SWEDEN

55. EFFICIENCY OF DRUG TREATMENT IN PRISONS

The Österåker prison, a high security prison just outside Stockholm, has run a treatment programme for drug users since 1978. The programme has been evaluated by independent researchers every year, originally in a three-year longitudinal study in the early 1980’s, and later through two separate 5-year longitudinal studies by the National Prison Administration and SAFAD (the Swedish Agency for Administrative Development), an independent institution, whose task is to evaluate the efficiency of government institutions.

All the individuals who have participated in the programme since 1978 have been followed up for 2 years after release from prison. The results show that between 50% and 70% of the 287 people who have been through the programme have not released in crime during the two year follow up. When compared to a control group, these rates were shown to be statistically significant.

On the basis of the 20 years of running the programme, there have been some basis components for an effective and efficient treatment programme, such as the need for the whole prison to be involved and the recruitment of skilled and experienced staff to the treatment programme. While these points can assist greatly in the successful implementation of drug treatment, and in reducing recidivism, it should be said that running the programme is difficult and more expensive than traditional prison activities.


KEY WORDS: drugs, drug-free treatment, therapeutic community, recidivism, evaluation

AUSTRIA

56. RISK FACTORS FOR HIV INFECTION IN DRUG ADDICTS FROM THE NORTH EAST OF ITALY

Drug users who were admitted to five Centres for Drug-Addiction Assistance and two prisons located in the north-east of Italy (Friuli Venezia-Giulia) were assessed to determine the prevalence and determinants of HIV infection. The overall prevalence of HIV positively was high in this area, even though it is situated quite far from the major Italian cities first affected by the AIDS epidemic.

The most important risk factors, besides syringe sharing applicable to all drug users, turned out to be of a geographical nature, i.e. living in the Pordenone province, where a US military base is located, or coming from other endemic areas and having travelled long distances in the past three years. Clinical signs and symptoms strongly linked with HIV positively were fatigue, weight loss, splenomegaly, fever and nocturnal sweats. The study also found that prostitution seemed to increase the risk of infection but duration of drug taking had little effect.

**KEY WORDS:** HIV, drugs, sexual behaviours

ITALY

57. DRUG USE AMONG JUVENILE ARRESTEES: A COMPARISON OF SELF-REPORT, URINALYSIS AND HAIR ASSAY

Interviews, urinalysis and hair assay were conducted with eighty-eight juvenile arrestees in Cleveland over a two-month period. Hair assay revealed that fifty of the eighty-eight subjects (56.8%) had used cocaine; concentration levels were generally moderate to high. In sharp contrast, urinalysis results identified only seven subjects (8%) as having used cocaine. Crosstabulations of urinalysis and sectioned hair assay results indicate that the two detection methods are in greatest concordance for subjects who were heavy users of cocaine and who used cocaine in the last thirty days (as determined by hair assay). Even for these subjects, however, concordance is modest. The data shows that self-reports of drug use yield severe underestimates of the prevalence of cocaine use in this population. Implications of the general lack of concordance of the two testing methods are discussed, especially in terms of intervention.


**KEY WORDS:** drugs, drug testing, prevalence of HIV

USA

58. MODELING THE BEHAVIOUR AND ATTRIBUTES OF INJECTING DRUG USERS: A NEW APPROACH TO IDENTIFYING HIV RISK PRACTISES

The behaviours and attributes of 503 Scottish injecting drug users, aged between 16 – 41 years, were modelled using the linear structural equations programme LISREL. Drug use was directly related to prison experience, sexual activity, sharing of injecting equipment and prostitution. Although the prevalence of HIV among the sample was low (2%), the pattern of risk behaviours observed in the data affords potential for the future spread of the virus. Harm reduction measures taken by injectors in response to the threat posed to AIDS were inversely related to drug use but, more encouragingly, directly related to awareness of the disease treatment for drug use and prostitution.


**KEY WORDS:** HIV, harm reduction, sexual behaviour, injecting behaviour

UK

59. PRISON AND ADDICTION

In January 1997 Special Project Days were held in the prison. Almost 300 prison staff and 500 prisoners took part in the various events including medical lectures, videos, discussions, as well as a concert by a well-known Austrian music group. Furthermore, a poster exhibition was organised by the prisoners and a discussion on the subject “Prison and Addiction” was held between inmates and various experts. This discussion was broadcast by the Austrian
Broadcasting Authority. In addition, a group of prison officers prepared an informative video on the subject. The project days provoked a lot of discussion and interest on the topic amongst both prison staff and inmates. As a result it was decided to organise two such events every year.

An anonymous questionnaire was handed out amongst the inmates of the prison prior to the commencement of the project in January 1997 to a sample group considered representative of the whole prison population. The results are presently being analysed. The questionnaire will be sent out again in 1998 and the results will be analysed.

Many of the staff, both male and female, are highly committed to the project, and are also finding this project-oriented approach enjoyable and interesting, compared with traditional prison enforcement. As a result of this encouraging fact, the basis for future work seems to be strongly established in the prison.


**KEY WORDS**: drugs, drug education

AUSTRIA

60. EDITORIAL: IMPROVING HIV/AIDS PREVENTION IN PRISONS IS GOOD PUBLIC HEALTH POLICY

This article examines HIV/AIDS in the north-eastern United States, particularly New York. Seroprevalence rates among drug users are high in this area, therefore leading to a large number of prison HIV cases. The author uses various findings from other reports to support the argument that effective HIV/AIDS prevention programmes for prisoners will protect the health of the outside community through protecting the health of the prison community. A model program would include HIV/AIDS prevention and education, counselling and testing services for inmates, and discharge planning and support services.


**KEY WORDS**: women, HIV, education

USA

61. CO-OPERATION BETWEEN JUSTICE AND CARE IN THE INTEREST OF THE INDIVIDUAL AND SOCIETY: TRACK MANAGEMENT AS A MEANS TO ENHANCE CO-OPERATION BETWEEN JUSTICE AND ADDICTION CARE

Two years ago the addiction, probation and rehabilitation services in the Netherlands changed their programme on the basis of evaluating their work. The objective of the new programme has been to improve the quality of the lives of clients, reduce recidivism, and reduce anti-social behaviour of clients. The addiction rehabilitation services have therefore positioned themselves between the Criminal Justice System and the Police on one hand, and the Addiction Treatment and Care on the other hand. They are intermediaries between both groups and in this way they have succeeded in bringing about co-operation between justice and care. In order to do this successfully, the service had to move from being primarily a care agency for drug using prisoners, to develop a more independent relationship with them as well as with the Public Prosecutor. They make assessments on the basis of the needs of the clients, the nature of the offence committed and the services the care network had to offer, as well as their own opinions on the particular situation. The aim is to negotiate tracks along which drugs can receive assistance.
The probation officer is the cutting edge between justice and care. The worker’s basic
tasks are assessment and track management. These instruments secure the client-centred
approach and enable the rehabilitation worker to maintain an independent position without
losing motivation and control of interaction with the client. In the first two years of applying this
method, initial results indicate that the change has been successful. An in-depth evaluation has
been initiated which will provide more conclusive findings within a year.


**KEY WORDS**: drugs, risk management

THE NETHERLANDS

62.

**DRUG AND ALCOHOL PREVALENCE AND NEEDS ASSESSMENT IN HMP GREENOCK**

The Argyll and Clyde Drug Action Team sanctioned a study into Drug and Alcohol Prevalence
and Needs Assessment in Greenock Prison. The study took place during March and April
1996. The average daily population in Greenock Prison for these months was 234. A total of
115 prisoners (approximately 49% of the total prison population at the time) were interviewed
using a semi-structured questionnaire. The design capacity of Greenock Prison is 232
prisoners.

Greenock Prison is an all-male penal establishment with three halls. Remand,
unsentenced and short-term prisoners are held in ‘A’ Hall, and long term prisoners are held in
both Darroch Hall and Chrisswell House. Of the 115 prisoners interviewed during the study, 80
(69.9%) were resident in ‘A’ Hall, 25 (21.7%) in Darroch Hall, and 10 (8.7%) were resident in
the recently completed Chrisswell House.

The findings in this study provide an improved understanding of patterns of drug use in
both the community and in prison for those prisoners currently in Greenock Prison. The study
suggests there is a need to expand drug services in Greenock Prison, to provide treatment and
to link with community services.

A substantial proportion of prisoners – about 1 and 6 – who had their first alcoholic
drink between 5 and 11 inclusive has implications for the education of the children. This study
did not identify how much was drunk on that first occasion, or whether this incident was the
beginning of a habit or just an alcohol at an early age, then substance use education may need
to begin in primary school rather than secondary schools. Delaying such education until
secondary school may leave younger children uninformed about, and unchecked in, their
alcohol consumption.

Gilchrist, G., & Hooke, A., 1997, *Drugs and Alcohol Prevalence and Needs Assessment in

**KEY WORDS**: HIV, injecting behaviours, drugs

UK

63.

**IMPRISONMENT, INJECTING DRUG USE, AND BLOODBORNE VIRUSES: A THREAT OF
TRANSMISSION BUT AN OPPORTUNITY FOR PREVENTION**

Associations between imprisonment, injecting drug use, HIV, and other bloodborne viruses
have been recognised, but there is still debate over whether or not imprisonment is a risk factor
for HIV. Measuring incidence of HIV acquired in prison through intravenous drug use is difficult
and therefore makes it hard to determine if imprisonment increases or decreases HIV
transmission. Prisoners may be willing to participate in prevention programmes that are intensive and well organised.


**KEY WORDS:** HIV, injecting behaviours, drugs

**UK**

64.  
**NO ESCAPE: HIV TRANSMISSION IN JAIL**  
**PRISONS NEED PROTOCOLS FOR HIV OUTBREAKS**

Her Majesty’s prison services offer all inmates HIV education and counselling and have a research strategy to establish the prevalence of risk behaviour and of HIV infection among inmates. Some prisons offer condoms to prisoners who are being released and provide drug rehabilitation programmes. Current measures did not, however, prevent the recent outbreak of hepatitis B and HIV transmissions in a Scottish jail.

The prison services have worked hard to educate inmates to avoid HIV infection but, unlike other citizens, prisoners are denied condoms and cannot disinfect any needle that they might use. Nearly half of Edinburgh’s adult injector inmates had injected during incarceration; one sixth of 16-20 year old in October 1992 in Polmont, Scotland’s largest male young offenders’ institution, were injectors, of whom a quarter had injected during their prison terms.

Outside prison, needle exchanges were well established and it is the possession of prohibited injectable substances, not the actual injecting, that breaks the law. A prison sentence, prohibiting access to clean needles for injectors, may become a death sentence.

The prison services’ second achievement is to have encouraged officer volunteers to train as HIV counsellors so that confidential, personal HIV testing is available to inmates. The studies, conducted by independent research teams, have shown that inmates are more likely than the outside population to have injected drugs, to have had many female sexual partners, and to have had sex with other men. The clear public health implication of this research is that prisoners have a greater need than the general population for practical means of harm reduction – both condoms and rehabilitation programmes for drug users. HIV education alone is not enough to escape the death sentence of HIV transmission in jail.


**KEY WORDS:** HIV, hepatitis B, drugs, prevalence of HIV

**UK**

66.  
**MANDATORY DRUG TESTS IN PRISON**

The current disjointed policy-mandatory drug tests and the home secretary’s long deferred decision on harm reduction measures versus the inspectorate’s clinical model of drug reduction and the willing anonymous testing HIV surveillance funded by the Department of Health-poses unacceptable risks to prisoners’ health and public health. These risks are of hepatitis B, which is of long standing; of hepatitis C, which is unquantified; and of HIV infection, which is undocumented in England. Action regarding health care in prisons will follow only the collection of valid scientific data establishing the scale and seriousness of problems.


**KEY WORDS:** mandatory drug testing, HIV, hepatitis B

**UK**
67. COST IMPLICATIONS OF RANDOM MANDATORY DRUG TESTS IN PRISON
Random and compulsory urine testing of prisoners for drugs was introduced in 1995 as a control initiative in eight prisons across England and Wales. Despite the absence of evidence of its effectiveness, testing was extended to all prisons in England and Wales by March 1996. The present study examines the cost of testing and suggests alternative ways in which this expenditure may be better utilised. The costs of refusals, confirmatory tests and punishment of confirmed positive tests were combined to arrive at the average costs of random compulsory drug testing. These costs were then compared to the healthcare budget for a prison and the cost of implementing a credible prisons’ drug reduction programme.

The costs, estimated at between £22,800 and £16,000 over 28 days, turn out to be equivalent to twice the cost of running a credible drugs reduction and habitation programme, and around half the total healthcare expenditure for a prison of 550 inmates. In addition, given that in Scotland around 5% of injecting drug users (IDUs) are incarcerated at any one time, these findings suggest that 5% of current resources for drugs prevention and treatment, and IDU targeted HIV/AIDS prevention, should be directed towards the prisons since 5% of the inmates are at any one time IDUs. This is further supported by the fact that injectors have less access to harm reduction measures while in prison. This figure would represent a substantial diversion of expenditure given that 5% of Lothian’s drugs care and 2.5% of its AIDS prevention budget, would amount to £101,300 in 1993-94.


KEY WORDS: HIV, drug testing

68. DRUG INJECTION AND HIV PREVALENCE IN INMATES OF GLENOCHIL PRISON
The object was to determine the prevalence of HIV infection and drug injecting behaviour among inmates of Glenochil Prison on a specified date a year after an outbreak of hepatitis B and HIV infection. A cross sectional design was used: voluntary, anonymous HIV salivary antibody surveillance and linked self-completion questionnaire on risk factors. With 352 prisoners in Glenochil prison, of whom 295 (84%) took part, 284 questionnaires (96%) passed logical checks. The main outcome measure was HIV prevalence; the proportion of all inmates who had ever injected drugs, had ever injected inside prison, and had started injecting drugs while inside prison.

More than half (150/284) the current inmates were also in Glenochil Prison during the critical period of January to June 1993, when hepatitis B and HIV were transmitted. Similar proportions of current inmates and men who were also in Glenochil during the critical period were drug users [27% (75/278) v 30% (44/149)]. A quarter of injecting drug users (18/72) had first injected inside prison, irrespective of whether they were in Glenochil in January to June 1993 and regardless of the calendar period when they first injected. Significantly more inmates from Glasgow (41%; 56/138) than from Edinburgh (21%; 7/34) or elsewhere (11%; 12/106) were injecting drug users. On testing for HIV, seven saliva samples out of 293 gave positive results - four were presumed to be from inmates known to infected with HIV, and the others from injecting drug users in Glasgow, all of whom had been in Glenochil during January to June 1993, when two of the three had injected drugs and had been tested for HIV, with negative results. The ratio of overall (2.4%) to disclosed (1.4%) HIV prevalence was 1.7. For men who had injected drugs in Glenochil during January to June 1993, HIV prevalence was estimated at 29%.
Between a quarter and a third of prisoners who injected drugs in Glenochil in January to June 1993 were infected with HIV. There is widespread ongoing risk of bloodborne virus infection within prisoners, which is probably long standing but demands urgent attention.


**KEY WORDS:** injecting behaviours HIV, drugs, prevalence of HIV

**UK**

69.

**PRISON RITES: STARTING TO INJECT INSIDE**

The nature of injecting behaviours within prisons was examined through surveys of two Scottish prisons, Glenochil and Barlinnie. 25% of injectors in Glenochil and 6% at Barlinnie reported that they started injecting while in prison.

The data are hypothesis generating, not conclusive. The data warns that each year 100+ men in Scotland may start injecting drugs in the high risk needle sharing environment of prison.


**KEY WORDS:** HIV, injecting behaviours

**UK**

70.

**PRISON RIGHTS: MANDATORY DRUG TESTS AND PERFORMANCE INDICATORS FOR PRISONS**

A mandatory drug testing of prisoners applies throughout England and Wales. Data from the 1995 pilot study in eight prisons show that the proportion testing positive for opiates or benzodiazepines rose from 4.1% to 7.4% between the first and the second phase of random testing and that there was a 20% increase over 1993-4 in the provisional total of assaults for 1995. Interpretation of these data is difficult, but this is no excuse for prevarication over the danger that this policy may induce inmates to switch from cannabis (which has a negligible public health risk) to injectable class A drugs (a serious public health risk) in prison. The performance indicators for misuse of drugs that are based on the random mandatory testing programme lack relevant covariate information about the individuals tested and are not reliable or timely for individual prisons.


**KEY WORDS:** drug testing, opiates, drugs

**UK**

71.

**SHELTERED ACCOMMODATION FOR DRUG USERS LIVING WITH HIV/AIDS**

The “Sheltered Accommodation” project is based on the principle of low-threshold drugs work. This means that the residents are not required to abstain completely. Becoming ill with AIDS affects the future prospects of persons who have lived on the fringe of society due to illegal drug use for a long time. QA re-integration into “normal” society appears difficult due to their short life expectancy, and is only possible under severer psychological pressure. Some of the focal points of the activities of the HAH “Sheltered Accommodation” for drug users living with HIV/AIDS are as far as possible: (1) to break through the vicious circle of drug use, psycho-social degeneration, lack of hope and homelessness; (2) to enable sufferers to be integrated
into society; (3) to improve the quality of life; and (4) to maintain residents’ independence. Upon acceptance into the housing project, the applicant is required to sign a contract relating to the care he/she will be provided with.

Since 1990, 25 people living with HIV/AIDS have been cared for the HAH housing project. All of them have a history of drug use or use of drug substitutes. In the period from 1990 to 1996, 12 individuals died as a result of their illness. Two residents have had to return to juvenile detention centres or psychiatric care as a result of repeated offences. Four residents were able to move to their own home because of the improvement in their physical and psychological stability and are now under the auspices of the HAH counselling centre.


KEY WORDS: HIV, housing, aftercare

GERMANY

72.

HEALTH PROMOTION IN A SENTENCE
We carried out a pilot project with a group of men from one hall in Barlinnie in 1996. The pilot involved one to one health check counselling. This is a method developed and usually employed by our department in workplace situation with employees. The lifestyle check consists of a non-medical computerised check, which takes place on a one-to-one basis. It is conducted in a non-judgemental way, with the aim of allowing the client to identify any area of their lifestyle they feel ready to talk about. In this way people gain insight into their current health status and are able to set their own targets to improve health.

We adapted this model to the prison. The purpose of the pilot was to establish the health needs of prisoners with the aim of using the information to develop appropriate health promotion programmes. The main health issues that arose from the pilot were: smoking, exercise, alcohol, and drug misuse, food and diet, cancer education in particular testicular self awareness, relationship issues and stress.

Our pilot showed that the potential for prisoners themselves to become health educators is under developed. The qualitative feedback shows that men value the opportunity to explore health issues in a holistic way.


KEY WORDS: education

UK

73.

“DRUGS AND AIDS – REACHING FOR HELP”: A VIDEOTAPE ON AIDS AND DRUG ABUSE PREVENTION FOR CRIMINAL JUSTICE POPULATIONS
This article describes the development of a videotape targeted at persons under supervision of the criminal justice system. The videotape seeks to encourage those who use illicit drugs to enter drug treatment and to motivate those at risk for exposure to human immunodeficiency virus (HIV) to alter behaviours that may transmit infection. The criminal justice system presents an important opportunity to deliver such messages, particularly to a large population of persons briefly retained in a jail or lockup and released without subsequent incarceration. Evidence suggests that, even in this audience, knowledge of how to prevent exposure to HIV is widespread, yet those at risk often fail to take appropriate precautions: motivating behaviour change demands more than imparting information. In order to shape this videotape, we
analysed the target audience and developed a drama-based approach that applies the framework of social learning theory, the health belief model, and principles of social marketing. This article describes the integration of that theoretical framework into the production process, content, and strategy of the videotape.


**KEY WORDS:** HIV, education, drugs

74. HIV INFECTION AMONG WOMEN IN PRISON: AN ASSESSMENT OF RISK FACTORS USING A NONNOMINAL METHODOLOGY

The relative contributions of needle use practise and sexual behaviours to human immunodeficiency virus (HIV) antibody seropositivity among 394 women incarcerated in Quebec were determined by risk factor assessment and serology with a nonnominal methodology. HIV positivity was found in 6.9% of all participants and in 13% of women with a history of injecting drug use. HIV seropositivity among those women with a history of injecting drug use was predicted by sexual or needle contact with a seropositive person, self-reported genital herpes, and having had a regular sexual partner who injected drugs. However, it was not predicted by prostitution. Nonnominal testing is an ethical alternative to mandatory and anonymous unlinked testing among correctional populations.


**KEY WORDS:** women, HIV, drugs, injecting behaviour, sexual behaviour, HIV testing, ethics

75. REPORT ON THE EVALUATION OF THE PROTOCOL FOR METHADONE TREATMENT PROGRAMMES IN PRISON

The Department of Corrections has evaluated the Protocol for Methadone Treatment Programmes in Prison to see how well it has operated and to identify possible improvements. The Department has some concerns about the safe provision of methadone in prisons, but also acknowledges that there are concerns from the methadone providers and patients in regard to the effectiveness of the current prison protocol. The prison protocol allows most inmates to stay on the methadone programme for up to 21 days. The result of this policy is that most sentenced inmates are withdrawn from methadone treatment. Methadone programme providers and patients would like to see inmates kept on the programme so that they can continue with their methadone treatment. The Department will use this evaluation as a starting point for a review of the prison protocol.


**KEY WORDS:** drugs, methadone

76. AIDS IN PRISON

A survey carried out in 17 countries on behalf of the Council of Europe found that prison doctors and administrations have reacted to the AIDS epidemic in ways that are not always
The pressing need to control HIV infection in prison, to counsel and support seropositive prisoners alongside caring for prisoners with AIDS and coping with the psychosocial pressures within a closed, authoritarian environment pose a serious challenge to prison medical services. It is far from certain that they have sufficient resources and the professional independence to cope. Nevertheless, failure to react adequately to the AIDS epidemic in prisons would have serious consequences both for the community as a whole and for the ethical position of prison doctors.


**KEY WORDS:** counselling, HIV, ethics

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### 77. POLICY AND PROGRAM ISSUES

Despite clear recommendations made by international bodies in 1987/88, so-called prison sessions at international AIDS congresses, the development of imaginative educational programs for prison staff and prisoners, and the substantive policy change in some countries, the overall picture is bleak. Discrimination, breaches of medical confidentiality, and segregation remain widespread. Treatment programs for HIV-infected prisoners are inadequate. Tuberculosis is increasing in prison populations due to a high prevalence among HIV-infected inmates. No effective measures for preventing HIV transmissions through injection drug use applied in most countries. The specific needs of women prisoners and young prisoners have not received sufficient attention. Prison medical services in many developing countries are unable to respond to even the most basic needs posed by the HIV epidemic.

This section reviews the state of HIV/AIDS policies in prisons in 1992; it shows that deficiencies are due to pre-existing inadequacies in prison health care, lack of independence of prison medical services, and adoption of policies that serve the needs of institutions rather than those of inmates.


**KEY WORDS:** HIV, HIV testing, education, women, tuberculosis

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### 78. THE PROGRESS OF PRISONERS TOWARDS NON-ADDICTION

The purpose of this work is was to describe the coping and progress of prisoners towards non-addiction from the prisoners’ own point of view. The research design was qualitative. The material was collected through thematic interviews and analysed with methods of content analysis. The study subjects were eight prisoners from three prisons, who were or had been attending non-addiction courses arranged by the prison and/or had been in departments where intoxicants were not used.

According to the interviewees, the internal coping requirements that had led to and maintained addiction had been an unknown adventure and an intolerable personal condition, while the corresponding external requirements had been environmental pressures in everyday life and changes in friendship relations. Addiction can be considered a coping mechanism whereby prisoners try to tolerate and modify their condition and life situation. The emotionally oriented coping mechanism used by prisoners to promote non-use included growing tired of addiction-centred life, reliance on will power and growth as a human being. The problem-
oriented coping mechanisms included conscious thinking, activity and search for outside help. These coping mechanisms were used by prisoners to respond to the coping requirements, i.e. the intolerable personal condition and addiction.

The experience of the study subjects concerning outside support and related expectations during their imprisonment could be divided into occupational support, peer support and support from addict workers. The negative experiences of outside support highlighted the lack of confidence towards the prison staff and other prisoners. The prisoners’ values concerning coping after imprisonment consisted of positive and negative mental models of themselves, behavioural models related to intoxicating substances and criminality, the arrangements of everyday life and interpersonal practises. After imprisonment, the factor that most clearly predicted the coping of prisoners with addiction problems was their ability to respond to the coping requirements posed by the environment.

The present findings can be used to develop the work done in hospitals to improve the welfare and quality of life of prisoners trying to get rid of addiction. The findings may also benefit prisoners aiming at this goal and addict care units other than prisons.

Hautala, A., 1998, Post-Graduate Thesis presented to the University of Oulu, Finland.

KEY WORDS: drugs
FINLAND

79.
DRUG TESTING IN PRISON
All prisons must now carry out mandatory drug testing of their inmates. Each month, ten percent of a prison’s population is randomly tested and a positive test can result in harsh disciplinary penalties. Prisoners can also be tested on arrival or if they are known drug users. However, there are a number of ethical and practical problems which mandatory testing raises but does not satisfactorily address – chief among these are the potential for abuse of testing and the relationship between testing and treatment.


KEY WORDS: mandatory drug testing, drugs, ethics, policy
UK

80.
CARE AND CONTROL: IMPLEMENTING A PRISON DRUG STRATEGY
Swansea Prison introduced a drug strategy in 1995. It had two main elements, based on the custodial themes of ‘care’ and ‘control’. Though the supply reduction measures were quite simple to implement, the demand reduction measures required more attention. The introduction of Mandatory Drug Testing in December 1995 had a marked effect in reducing inmates’ trust and confidence in prison’s own drug treatment strategy.


KEY WORDS: drug testing, drugs
UK

81.
PREVENTION AND TREATMENT OF DRUG RELATED RELAPSES IN PATIENTS WITH DOUBLE DIAGNOSIS
In April 1993 a special department was created in the University Psychiatric Services in Bern for the growing group of patient with a double diagnosis, to provide a treatment proposal
suitable as an interface between acute and rehabilitation procedures. Double diagnosis is the simultaneous presence of drug dependency or abuse with a serious psychiatric illness. As a part of this research, which has been financed through the Swiss Federal Office of Health and the Swiss National Fund, an extensive therapy proposal was developed and evaluated, which would take into account the poor attitude towards the treatment of this patient group which has been considered as scarcely treatable. The ultimate objective was to produce a therapy procedure for double diagnosis patients.

Between the opening of the double diagnosis ward in April 1993 and April 1996, 117 patients with dependency related illness had been admitted on the ward, 40 women and 77 men. About half of them have an additional diagnosis of disturbance of a schizophrenic nature, the other half have a serious personality disorders. Only one in five patients (21%) came directly of their own free will onto the ward. The others were referred from various institutions. For 43% of patients there was a legal order in force at the time of their entry. Double diagnosis patients had a significantly higher number of sentences for different crimes, including violent crimes under the influence of drugs, and the corresponding experience of prison.

As expected, drug consumption did not decline greatly. Rather, excessive consumption of drugs occurred significantly less often. There were also clear improvements in relation to the positive symptoms level of compliance relative to the intake of medicines. With regard to the negative symptoms no improvement was found. The most important result, however, is the massive improvement in the living and employment areas. In particular, the majority of homeless patients can be stabilised to such an extent that they can live in a protected environment in a therapeutic community or with their parents. Initial worries about the lack of motivation of patients under a legal order turned out to be unfounded.


KEY WORDS: relapse prevention, drugs, mental health

82.

DRUG MISUSE IN PRISON: POLICY AND STRATEGY

Reducing the level of drug misuse is one of the seven priorities in the Prison Service’s Corporate Plan. The prison service will not tolerate the presence and use of illicit drugs in its establishments. The possession and trafficking of illicit drugs in prison are criminal offences just as they are in the community outside: using illicit drugs in prisons is a disciplinary offence.

The prison service will use all reasonable measures to prevent drug abuse. This will be monitored by a new performance indicator based on the number of positive results from the random drug tests.

The service is also committed to providing help to prisoners who misuse, have misused or at risk of misusing drugs and to working with agencies in the community to provide continuity of help on release.

This consultation document outlines prison policies, strategies, mandatory drug testing procedures and various other issues regarding drug use in prison. Main strategies focus on reducing the supply of drugs, reducing the demand for drugs and following measures that will reduce the potential for damage to the health of prisoners, staff and the wider community.


KEY WORDS: drugs, drug testing, policy

UK
83. DRUGS MISUSE AND THE CRIMINAL JUSTICE SYSTEM: A REVIEW OF THE LITERATURE
This report is a selective review of the recent English-language research on links between drug use and crime and on ways within the criminal justice system of reducing demand for illegal drugs amongst dependent drug misusers and others who fund their drug use through crime. Chapter 2 looks at the research on drugs and crime. The research on the impact of intervention is summarised in Chapter 3 to 5. Chapter 6 offers some concluding thoughts. The introductory chapter first sets out the scope of the study and defines some terms; it then say a little about some of the theories on the cause of drug misuse, as a preliminary to a discussion of ways of tackling the problem.
**KEY WORDS**: drugs, methadone, therapeutic communities, counselling, crime
UK

84. THE COGNITIVE SKILLS COMPONENT IN SUBSTANCE ABUSE TREATMENT IN CORRECTIONAL SETTINGS: A BRIEF REVIEW
Cognitive skills training programs of different types have been used with various populations, including substance abusers, to successfully teach skills so that individuals can function more adaptively. Yet, with a few notable exceptions, there is a paucity of reports in the literature describing the inclusion of a cognitive skills component in correctional substance abuse treatment. Moreover, there is a serious lack of substance abuse treatment programs in many of the nation's jails; this is in spite of the fact that a substantial number of the nation's prisoners have been identified as substance abusers or are incarcerated for drug related crimes. This article provides a brief overview of cognitive skills interventions, and highlights two correctional treatment programs that incorporated a cognitive component and provided for a controlled outcome evaluation.
**KEY WORDS**: cognitive skills, drugs
USA

85. HIV RISK REDUCTION AND SERVICE DELIVERY STRATEGIES IN CRIMINAL JUSTICE SETTINGS
Because of the HIV risk behaviours of substance abusers, particularly injection drug users and those who exchange sex for drugs, and the large number who are already infected with HIV or showing symptoms of AIDS, significant service delivery issues are associated with their criminal justice processing. Many strategies have been implemented in correctional settings in an effort to prevent and control the transmission of HIV. A number of these are for the purpose of lowering transmission risk in institutions, whereas others have been structured for the sake of offering prevention/intervention to inmates before they return to the free community. As such, prisons and jails represent opportune settings for HIV prevention and education. The most common HIV control/prevention/education strategies include mandatory testing of inmates for HIV, segregating infected inmates from the general prison population, establishing special health care units for HIV positive and AIDS symptomatic inmates, offering HIV prevention and
risk reduction programmes, and granting medical parole of the terminally ill. Because drug abuse treatment results in substantial declines in the use of heroin, cocaine, and other drugs, treatment per se can play a significant role in reducing the spread of HIV and AIDS among those coming to the attention of the criminal justice system. Most promising are continuous and integrated treatment services that are tied to the stages of correctional supervision; primary treatment while incarcerated; secondary treatment while on work release, halfway house or community supervision; and tertiary treatment in ongoing aftercare.


**KEY WORDS:** HIV, education, harm reduction, drugs

USA

86.

**AN EFFECTIVE MODEL OF PRISON-BASED TREATMENT FOR DRUG-INVOLVED OFFENDERS**

A multistage therapeutic community treatment system has been instituted in the Delaware correctional system and its effectiveness has captured the attention of the National Institute of Health, the Department of Justice, members of Congress and the White House. Treatment occurs in a three-stage system, with each phase corresponding to the client's changing correctional status-incarceration, work release and parole. In this paper, 18 months follow-up data are analysed for those who receive treatment in: (1) a prison-based therapeutic community only; (2) a work release therapeutic community followed after by aftercare; and (3) the prison-based therapeutic community followed by the work release therapeutic community and aftercare. These groups are compared with a no-treatment group. Those receiving treatment in the two-stage (work release and aftercare) and three-stage (prison, work release and aftercare) models had significantly lower rates of drug relapse and criminal recidivism, even when adjusted for other risk factors. The results support the effectiveness of a multistage therapeutic community model for drug-involved offenders and the importance of a work release transitional therapeutic community as a component of this model.


**KEY WORDS:** therapeutic community, drugs, aftercare, evaluation

USA

87.

**THE ACCEPTABILITY OF VOLUNTARY HIV ANTIBODY TESTING IN THE UNITED STATES: A DECADE OF LESSONS TO BE LEARNED**

As the benefits of early diagnosis of HIV increase, US adults are more likely to be offered HIV counselling and testing in settings where they may not seek testing. Rates and determinants of counselling and testing acceptance in these settings are poorly understood. A review was conducted of articles and abstracts, published from 1985 to 1995, which addressed rates or determinants of counselling and testing acceptance in facilities that deal with STD and drug treatment services, hospitals and prisons. Data reflected testing experience of more than 240,000 adults. Acceptance rates varied widely, even within settings of the same type. Acceptance was generally higher among persons at high risk for acquiring or transmitting the infection, STD patients and pregnant women at high risk, than among low-risk persons.

Factors associated with high acceptance rates included the client's perception of HIV risk, acknowledging risk behaviours, confidentiality protections, presenting counselling and testing as “routine” rather than optional alongside the provider’s belief that counselling and
testing will benefit the client. Factors associated with low acceptance rates included prior HIV testing, fears about coping with results and explicit informed consent.

In conclusion, to institute and evaluate counselling and testing combined with programmes for persons, who do not specifically seek testing, multiple determinants of acceptance must be considered. Practices that protect confidentiality, endorse counselling and testing offered non-routinely to the numerous Americans who have been previously tested or at low risk is likely to be low.


**KEY WORDS:** HIV, HIV testing

USA

88.

**NEW VISION OF DRUG TREATMENT**

This article is a report on the drug rehabilitation programme in the Kyle New Vision Facility in Texas. Kyle is a secure facility and its residents are held in a prison environment. The facility became operational in 1989 and was part of the Texas Correctional Abuse Initiative. The initiative provides 800 beds for prisoners participating in the In-Prison Therapeutic Community (IPTC) and 4500 beds for probationers participating in the Substance Abuse Felony Punishment (SAFP). Rehabilitation is provided through chemical dependency treatment, which takes place over nine months, in four phases.


**KEY WORDS:** drugs, therapeutic community

USA

89.

**DRUG USE, DRUG CONTROL AND DRUG SERVICES IN GERMAN PRISONS – CONTRADICTIONS, INSUFFICIENCIES AND INNOVATIVE APPROACHES**

The number of injection drug users in German prisons is increasing. The risks taken show a correlation between imprisonment and the spreading of infectious diseases. Regardless of this correlation, it has not been recognised that measures must be taken to prevent the spread of communicable diseases rising from prison drug use. Standards that are applied inside and outside prisons differ in areas such as methadone treatment, counselling services, testing procedures, prevention programmes, and availability of condoms and sterile injecting equipment. There is a need for harm reduction strategies.


**KEY WORDS:** HIV, drugs, hepatitis, harm reduction

GERMANY

90.

**MODELS OF DRUG FREE DEPARTMENTS IN SWEDISH PRISONS**

Differentiation and specialisation according to drug abuse are key-ingredients in a successful campaign against drugs in prisons. The implementation of drug free departments in prisons is one of the most important parts of the strategy. Drug free departments must be considered as sites with a high level of controlled drug abstinence. The inmates participate in programmes
that are supposed to increase their social skills, insight and motivation for treatment and offer satisfying care and education and facilitate participation in short- and long-term treatment.

Each prison with a drug free department must develop a drug policy of its own, which define aims and measures of the whole institution and is supported by clearly defined rules, principles and structures.

An important indicator of a successful programme is the development of educational skill combined with counselling and treatment to improve the social competence of the abuser. Another important issue is to keep the drug free by means of several control measures such as urine tests, cell searching and control of visitors and inmates. To maintain the behaviour changes it is necessary that the drug abuser achieves support from the social environment after release from prison.


**KEY WORDS:** drug free units, drugs, aftercare

**SWEDEN**

91.  
**AIDS RISK BEHAVIOUR AMONG IDUs IN NYC JAILS**

A random sample of 281 inmates (215 males and 66 females) either in detention or serving a sentence of up to 1 year while maintained on an in-jail methadone maintenance programme were interviewed about AIDS risk behaviour. Virtually all were daily injectors of heroin and cocaine. About 70% reported engaging in heterosexual-vaginal, oral and anal sex without using condoms. About 40% report going to shooting galleries and sharing cookers and needles. Although the majority had previous episodes of methadone treatment most reported anxieties rooted in mythology that methadone rots the bones. Ambivalence towards methadone adversely affects the admission and retention with only 50% entering treatment after jail and more than half leaving within a year. This population of jailed, unemployed, homeless drug users remains at high risk for HIV transmission and drug resistant TB. Massive social and health services with intensive education about AIDS risk behaviour, addiction and methadone treatment are needed.


**KEY WORDS:** HIV, methadone, injecting behaviours, sexual behaviours, tuberculosis, women

**USA**

92.  
**THE ANTENNES TOXICOMANIES AND THE QUARTER INTERMÉDIARE SORTANTS**

The use of drugs in France is considered to be a health problem. In 1985, the Antenne Toxicomanie programme was established at Fresnes prison by the Ministry of Health and Social Affairs. This led to the development of 18 other Antennes throughout France. Although each Antennes is different, they do belong to the same network. Therefore, communication is good between each one and there is also a common questionnaire which allows data to be gathered nationally.

The major problem, as it is in other countries, is recidivism. In response to this problem we created at Fresnes in 1992 a pre-release programme, the Quartier Intermédiaire Sortants (QIS). For several years drug users have been arriving in prison in a worse and worse state, in terms of health (40% of QIS participants are HIV positive), of psychological and social problems. Life outside the prison has become so hellish for the majority of them that release is often more stressful than entering the prison. The recidivism rate has therefore risen.
The QIS holds 10 people for the 4 weeks preceding their release. 80% of the participants are drug users. The four weeks are devoted respectively to administration problems (health, family, psychology and psychiatry) and to the capacity to be alone. The participants work in groups with workers from outside the prison and play sport in the afternoon. In this programme we give the participants back a feeling of being full citizens who have fundamental rights (to housing, to social insertion, to information, to have their say and to have their differences respected).

On the whole, this programme has had positive results. 80% of those leaving the QIS have followed the plans made for them and 50% of those who were in the habit of returning to prison within six months have not come back. The QIS programme is going to be introduced in other French prisons.


**KEY WORDS:** drugs, pre-release, recidivism, evaluation

FRANCE

93.

HARM REDUCTION IN PRISONS IN CANADA AND AROUND THE WORLD

In a survey of 4765 inmates in Canada, there was considerable evidence of high-risk behaviours in prison including: (1) Injection Drug Use: 11% reported injecting; 17% thought that equipment used was not clean; (2) Needle Sharing: 32% reported that between 26% and 100% of inmates who injected shared their needles; (3) Sexual Behaviour: 6% indicated that they had sex with another inmate; only 33% reported using condoms; and (4) Tattooing and Piercing: 45% said that they had a tattoo done in prison; 17% had been pierced.

In order to ensure implementation of harm reduction measures in prison: (1) broad coalitions need to be formed; (2) long-term strategies need to be adopted; (3) making condoms, bleach, and sterile needles available to inmates acknowledging that protection of prisoners’ health is the primary objective of drug policy; and (4) refusing to make condoms, bleach, and sterile needles available to inmates could be seen as condoning the spread of HIV among prisoners and to the community at large.


**KEY WORDS:** harm reduction, HIV, injecting behaviours, sexual behaviours, tattooing, policy

CANADA

94.

DRUG TESTING IN THE U.S. CORRECTIONALS SYSTEM

Urine drug testing has proven itself to be an invaluable tool in addressing the problems of drug use. Only by accurately identifying drug users, can a society address their healthcare, social, and criminal problems and have effective treatment programs.

There are many myths about testing, but the scientific facts prove its accuracy and reliability when properly performed, and accordingly has been accepted by scientists and courts alike. Testing technology, especially EMIT method, has advanced to the point where on-site testing outside of a formal laboratory can meet necessary scientific and legal standards of
accuracy. New methods are being developed, such as hair and sweat testing, but much work remains before these methods are widely accepted by the scientific and legal communities.


**KEY WORDS**: drug testing, drugs

USA

95. EFFECTS OF AMPHETAMINE ON SEXUAL BEHAVIOUR IN MALE IV DRUG USERS IN STOCKHOLM – A PILOT STUDY

Sexual behaviour in connection with drug use and its implications for the risk of sexual transmission of human immunodeficiency virus (HIV) among intravenous drug user (IVDUs) was investigated on a pilot study of 29 men (who injected drugs more than once a week for at least six months) at the Remand Prison in Stockholm from November, 1989, to January, 1990. A structured interview focusing on sexual history and current sexual behaviour with and without drugs was employed. The median age of the subject was 32 years. Six were HIV-seropositive. The main drugs presently used were amphetamine (18 men), heroin (9 men), and cocaine (2 men). Of the 29 men, 27 had experience of sexual activity while using amphetamine. Of these, 23 reported that they became more sexually excited when on amphetamine, 21 reported intensified orgasms, and 23 reported that the drug prolonged intercourse. All 29 men had been sexually active, but only 6 of the amphetamine users had more than 10 partners during the last 3 years. Condom use was very low; it was reported by only 3 men during their last intercourse with a casual partner. The findings suggest that sexual HIV transmission among IVDUs is a clear risk, especially among amphetamine users, and that education about condom use is urgent.


**KEY WORDS**: amphetamine, HIV, drugs, injecting behaviours, sexual behaviours

SWEDEN

96. THE RISK OF HIV INFECTION FOR NONINJECTING SEX PARTNERS OF INJECTING DRUG USERS IN STOCKHOLM

The risk for sexual transmission of HIV to noninjecting partners of injecting drug users in the course of their drug-using career was analysed in a study of sexual behaviour among 200 detained injecting drug users at the Remand Prison in Stockholm. Of the 194 who reported sexual intercourse during the last three years, 69% of the men and 41% of the women had had at least one noninjecting partner. Of the 119 with a regular partner at the time of the arrest, 43% of the men and 8% of the women had a noninjecting regular partner. The HIV seroprevalence increased, whereas the proportion of noninjecting partners decreased with the duration of the drug-using career. Amphetamine injectors, who constitute the majority of drug injectors in Stockholm, reported a higher frequency of intercourse on drugs with regular partners than did heroin users. The reported frequency of condom use was very low among the seronegative injectors, but somewhat higher among the seapositive injectors. The noninjecting regular sex partners can be said to share the risk for HIV infection along the course of the drug career of their injecting partners.


**KEY WORDS**: amphetamine, HIV, heroin, injecting behaviours, sexual behaviours, prevalence of HIV, prevalence of risk behaviours
97. PREFERENCE FOR SEX ON AMPHETAMINE: A MARKER FOR HIV RISK BEHAVIOUR AMONG MALE INTRAVENOUS AMPHETAMINE USERS IN STOCKHOLM

Aspects of sexuality in connection with amphetamine (AMP) use among drug users was the subject of this study at the Remand Prison in Stockholm. 115 inmates used AMP while 85 used heroin. Sexual activity was reported as the preferred activity on AMP by 51% of the male and 20% of the female AMP injectors. Among 74 men who mainly injected AMP, the characteristic of preferring sex on AMP was strongly associated with positive HIV serostatus in bivariate analysis, but was not independently predictive of HIV serostatus when injection frequency was controlled for. Results suggest that preferring sex on AMP may be a marker of high risk behaviour, both sexually and with needles, for HIV among male but not among female AMP injectors.


KEY WORDS: HIV, amphetamines, sexual behaviour, drugs

98. HIV STATUS AND CHANGES IN RISK BEHAVIOUR AMONG INTRAVENOUS DRUG USES IN STOCKHOLM 1987-1988

The HIV epidemic has hit intravenous drug users (IVDUs) in virtually all metropolitan areas of the world where they constitute a substantial population, but the pattern of spread represents large local variations, sometimes within the same nation, for example, the UK and the USA. An HIV study initiated in January 1987, is being conducted at the Remand Prison Stockholm by the Department of Social Medicine, Karolinska Institute.

The objective of this study is to follow the seroprevalence of HIV and HIV risk behaviour among incarcerated IVDUs in Stockholm. It has been previously reported that the IVDUs admitted to the Remand Prison are fairly representative of the male population of serious IVDUs in Stockholm but less so of the female IVDUs. Women tend to be underrepresented, since, in some cases, they receive their drugs from male partners or finance their drugs by prostitution which is not a criminal act in Sweden. This may be reflected by the proportion of women in this study – 21%, compared with an estimated 30% in the whole IVDU population of Stockholm.

HIV seroprevalence was about 45% among the heroin users in the study. Since the beginning of the study, however, there have been very few newly infected heroin users, which may indicate a change in risk behaviour in regard to injection equipment since becoming aware of HIV. HIV seroprevalence among amphetamine users was about 6% in this study, but was increasing by 1% per annum. Since this is the largest group among IVDUs in Stockholm, the ongoing spread is alarming.

In the present study there was a significant change over time in needle sharing among HIV-seronegative drug users, but less so regarding sexual behaviour. During 1986 there was an HIV information campaign in the penal system in Sweden, in which HIV testing was encouraged. This was reflected in the study, for instance by the fact that almost 80% of the participants in the first interview period had been tested for HIV previously.


KEY WORDS: HIV, injecting behaviour, epidemiology, sexual behaviour, drugs, HIV testing, prevalence of HIV, prevalence of risk behaviours
99. POLYDRUG USE AND SELF CONTROL AMONG MEN AND WOMEN IN PRISONS

In the past decade, an already strong official policy against illegal drug use was intensified as Federal sentencing guidelines and state courts imposed or mandated prison terms, longer sentences, and more restrictive parole conditions on drug users and dealers. This contributed to a massive overcrowding in prison as well as much larger case loads on probation. The purpose of this study conducted in December 1990 and January 1991 was to estimate the extent and variety of alcohol and drug use in the prison population and design a data collection instrument for the Department of Public Safety. A procedure was developed that could quickly and systematically profile prisoners and given them a priority score since alcohol and drug treatment slots were scarce.

The findings suggest that large percentages of prison inmates are frequent substance abusers, perceive problems from use, but are often interested in drug treatment in prison. Many inmates who by their own reports seem appropriate for alcohol or drug treatment do not seek treatment. This is not influenced by the extent of the drug use or experience of previous treatment. Female prisoners seem to be more often and more exclusively involved with addicting drugs than male prisoners. This is particularly problematic because there are very few specialised treatment or training programs for women offenders. Since drug use is very widespread, urine monitoring is increasing and continued criminalisation of all drugs except alcohol enjoy wide support, correctional agencies must search to develop effective and affordable strategies for dealing with drug use.


**KEY WORDS:** drugs, alcohol, women

100. HIGH RISK GROUPS AND PRISON POLICIES

In this study of prisoners’ drug use before custody and ex-prisoners’ drug use after custody, the reported rates of drugs used before and after custodial sentences are higher than in previous estimates of problematic drug use, but include recreational drug use and stimulant, and hallucinogenic drug use not previously identified. Approximately three-quarters of respondents used drugs, but only a quarter attended drug agencies, had withdrawal symptoms or help in custody.

This report has emphasised that drug injection, is not limited to addicts using heroin and that many recreational users inject a variety of other drugs from amphetamine to steroids. Needles and syringes are in short supply in prison, but are available whether home made, smuggled in at reception or bought from diabetics. For these people, drug free treatment is often unnecessary and unwanted but it has been demonstrated that they will make good use of HIV prevention and harm minimisation facilities when provided.

The growing awareness of the high risk nature of the prison environment has not been matched by increased service provision. The situation at present means: no harm minimisation services, no medical treatment programmes providing maintenance or non-injectable alternatives, either no or only short term (5-10 days) detoxification programmes, no access to decontaminants in English and welsh prisons, and no condoms.

A cheaper, efficient and less risky alternative to urine testing may be simply to make a sterilisation tablet or bleach available in hospital or health care facilities and on the wings. This
has been undertaken in Scottish prisons, where reports of hepatitis B and HIV in prison led them to provide drug users in custody with access to sterilising tablets to clean cutlery, sups, chamber pots and provide some means of sterilising unlawful equipment.


**KEY WORDS:** HIV, hepatitis B, injecting behaviours, harm reduction, drugs, evaluation, disinfectant

UK

101.
AIDS, PRISONERS AND THE LAW

Similarities and differences between English and New York prisons are examined. There are some similarities, but mainly differences in the way each approaches problems. Both provide education and feel that able-bodied HIV prisoners should not be treated differently than everyone else. Also, distribution of condoms and safe needles is prohibited in both New York and England.

Segregation of AIDS prisoners and participation in conjugal visits between AIDS prisoners and their spouses are addressed. There are a number of references to court cases to support the different arguments. In addition, labelling and segregating HIV prisoners could lead to accusations of “inhumane or degrading treatment”.

Without recognition that the spread of AIDS, injecting drug use and homosexual sex are connected, ex-prisoners will return to society and help to spread HIV.


**KEY WORDS:** HIV, drugs, prisoner’s rights

UK & USA

102.
PROFILE OF HIV SEROPOSITIVE INMATES DIAGNOSED IN MARYLAND’S STATE CORRECTIONAL SYSTEM

Correctional systems increasingly serve as the health care nexus for the initial diagnosis and treatment of human immunodeficiency virus (HIV) infection, particularly among traditionally underserves populations. A survey was conducted to describe the clinical profile of inmates in a State correctional system diagnosed with HIV infection by various testing strategies.

Approximately 50 percent of the inmates diagnosed were potential candidates for anti-retroviral therapy, and 17 percent were severely immunocompromised. Implementation of voluntary HIV testing at prison entry increased the number of persons identified with HIV infection; however, since volunteers at entry had higher CD4 cell counts compared with infected inmates diagnosed by other methods, there was not a parallel increase in the percentage requiring immediate medical treatment.

These data are important for planning medical resources in the correctional setting and underscore the opportunity to provide prevention and therapy for a vulnerable population with HIV infection. Public health interventions within the correctional settings have a broader social impact, since most inmates serve short sentences (median, 3 years). Clinical case management is critical for inmates with HIV infection released to the community so that linkages with primary care providers and support services can be established.


**KEY WORDS:** HIV, HIV testing, care management

USA
103.

**DRUG MISUSE AND SHARING OF NEEDLES IN SCOTTISH PRISONS**

This study shows that most drug injectors attending Glasgow needle exchanges have been in prison. Six subjects (11%) admitted to sharing needles in prison. The true extent of sharing may be greater as the other eight who reported injecting drugs in prison were unlikely to have had exclusive access to their own equipment. Respondents in the semi-structured interviews emphasised this fact—“when you hide your needle, someone else might find it and it gets used in their circle, so you can’t say how many get to use it.” Estimated of the number of people sharing one needle varied between five and 100. It therefore seems highly probable that when a drug misuser shares needles inside prison, this may occur more frequently and among a wider group of people than it would outside prison.


**KEY WORDS:** HIV, injecting behaviours, drugs

UK

104.

**ILLEGAL DRUG USE, INJECTING AND SYRINGE SHARING IN SCOTTISH PRISONS IN THE 1990s**

This study sets out to investigate the prevalence of illicit drug use in prisons in the west of Scotland. A questionnaire was administered to 81 attenders at the Ruchill and Easterhouse needle exchanges in Glasgow on 8th and 9th January 1990. Unstructured follow-up interviews were conducted with 19 attenders at the same exchange on the 8th, 11th and 18th June 1990.

Three-quarters of the questionnaire response group were male, and a majority aged 20-24. Over two-thirds of the group (n=11) had served a custodial sentence: thus a total of 56 respondents answered the detailed questions on prison experience. Nearly all ex-inmates had been aware of other prisoners using illicit drugs, and a majority admitted that they had themselves used drugs in prison. This is reinforced by the statement of respondents in unstructured interviews: ‘They have a bigger habit in than out’ (Respondent B); ‘There are more drugs in prison than out’ (Respondent G); ‘I did when I was in. I took tems, hash, valium, up-johns, DFs, smack’ (Respondent R).

Questionnaire respondents were less ready to admit that they had injected drugs in prison (25% did so), but again a great majority had seen others injecting. Those admitting injecting were all male, and those who had been imprisoned more recently and for longer periods were somewhat more likely to have injected. Although 80% of the group stated that they had seen others sharing needles and syringes, only 10% were prepared to admit that they had themselves shared equipment in prison.


**KEY WORDS:** HIV, Injecting behaviours, drugs, women, prevalence of drug use

UK

105.

**TRANSMISSIONS OF INFECTIOUS DISEASES IN PRISON RESULTS OF A STUDY FOR WOMEN IN VECHTA, LOWER-SAXONY, GERMANY**
A cross-sectional examination of 1032 health records evaluated data of the prevalence of the infectious diseases HIV, Hepatitis A, B and C and Lues among female prisoners between 1992 and 1994. About one-third of this population were i.v. drug users according to the medical diagnosis. The majority of this population (74%) had been tested for the above-mentioned infectious diseases at least one time. I.v. drug users are generally more concerned than non-drug using prisoners. The prevalence of the infectious diseases were as follows: HIV (4.9% i.v. drug users/0.5% non-drug users), Hepatitis A (65.6%/34.7%), Hep. B (78%/12.7%), Hep. C (74.8%/2.9%), Lues (4.5%/5.1%).

Finally records of prisoners with at least two tests for one disease were examined with regard to seroconversions during uninterrupted prison sentence and incubation period. From 41 i.v. drug users with seroconversions, 20 (48.8%) were definitely infected while in prison.

KEY WORDS: injecting behaviours, drugs, HIV, hepatitis, women

106.
CRIME AND DRUG MISUSE: ECONOMIC AND PSYCHOLOGICAL ASPECTS OF THE CRIMINAL ACTIVITIES OF HEROIN AND AMPHETAMINE INJECTORS

In Europe, heroin misuse is seen by the lay public as a driving force behind many criminal activities. Removal of the need for illicit drugs should lead to a reduction in crime if economic motives are important, and studies that have examined the consequences of prescribing heroin substitutes (e.g. methadone) to addicts, have sometimes supported this theory. However, although criminal acts can decline when the use of illicit heroin is interrupted, they often do not stop altogether. Simple casual explanations have been discarded as it has become evident that criminal behaviour is determined by multiple factors, and that research is insufficiently developed to provide data on the roles played by these diverse factors – factors which may be more psychological or social than economic in origin.

Recent observations of the link between drug use and crime recognise the complexities of the drug-crime relationship and suggest that they are unlikely to be resolved by recourse to a simple unitary theory. The interactive nature of drug misuse and crime over time, the psychological consequences of sustained drug use and crime, the social environment that develops for the criminal drug misuser are likely to be implicated in a more comprehensive explanation.

The major predictor of criminal activity in the combined sample of heroin and amphetamine injectors was the frequency with which the drug was used. However, there were differences associated with drug type that became evident when separate analyses were performed on heroin and amphetamine using groups. Involvement in crime by heroine injectors was more closely linked with their expenditure on drugs, for amphetamine users it was the frequency of use that predicted crime. Sociability, confidence, the ‘buzz’ sought by amphetamine users contrast with the cushioning and isolation effects of the narcotics. The associated differences in lifestyle may be part of the attraction.

KEY WORDS: drugs, crime, amphetamines

107.
DRUG USE HISTORY AND CRIMINAL BEHAVIOUR AMONG 133 INCARCERATED MEN
The recent study investigated the relationship between crime and substance abuse in a sample of 133 consecutively evaluated male prisoners. Using the Structured Clinical Interview for DSM-III-R, the authors assessed the prevalence of various forms of substance abuse in this population and attempted to judge whether substance abuse played a role in the index crime which has led to the present incarceration. In addition, they assessed whether there was a relationship between the nature of the substance dependence and the type of crime committed, whether sexual, violent or non-violent. Among the 133 prisoners, 95 percent obtained a diagnosis of dependence on one or more substances. Fifty-eight percent of the inmates reported that they were acutely intoxicated with one or more substances at the time they committed the index crime. There was no significant correlation between the type of substance abuse diagnosis and the type of crime committed. Similarly, there was no significant correlation between the number of individuals who reported they were intoxicated at the time of the offence and the type of crime committed.


**KEY WORDS:** drugs, crime

USA

108.

THE “DOWNVIEW” MODEL OF DRUG-POLICY – A PRACTICAL APPROACH

In 1993 Downview prison decided that the escalating problems created by drug abuse were so serious that a positive and radical response was required as part of the solution.

A multi-disciplinary team was established under the leadership of the Governor and a comprehensive, broad-based policy was drawn up. This strategic approach addressed the three principle areas of supply, demand and harm reduction.

A key objective of the study was a “drug-free” prison – the creation of a prison culture where drug use was not tolerated by staff or prisoners and where it was safe for prisoners to get help with their problems.

There were a number of practical measures that had to be put in place to underpin the strategy. The experience gained from this pointed up lessons that other prison practitioners could benefit from and the eventual outcomes proved that the drug problems in prison could be tackled and largely overcome.

Over 18 months Downview thus became the first prison in the world to be “drug-free” i.e. where all prisoners consent to voluntary drug testing and, in so far as is known, it is currently the only prison with this status.


**KEY WORDS:** drug testing, drugs, drug free units

UK

109.

DRUG SCREENING IN THE PRISON OF GRAZ-KARLAU: A CONTINUOUS RESEARCH FROM 1993 TO 1995

In the prison Graz-Karlau, Austria, two samples of randomised procedure were taken in 1993 and 1995, to show the extent and progress of current drug problems. 64 and 58 subjects respectively (12.5% out of the whole population) attended voluntarily a drug screening of their urine. The results of this investigation for opiates, cocaine, alcohol and amphetamines were negative for both runs, whereas cannabis and benzodiazepines achieved positive results. A
sharp increase for cannabis products could additionally be recognised (positive results 1993 8% compared with 31.6% in 1995). The positive benzodiazepines results are almost equal throughout the whole period of investigation (1993 20% compared with 17.5% in 1995).


KEY WORDS: drugs, voluntary drug testing

AUSTRIA

110. PROOF POSITIVE

Mandatory drug testing is now online in all British prisons. However, an analysis of the initial results from last year show that the fears many had about prisoners ‘switching’ from cannabis to heroin in order to avoid punishment may eventually be confirmed. The irony is that testing may actually be creating a drug problem in prisons where there wasn’t one before, as people switch from easily detectable cannabis to the less detectable opiates.


KEYWORDS: drug testing

UK

111. SOLUTION FOCUSED THERAPY IN PRISON

This article presents a new treatment method for prison work. The prison chosen, which had a history of drug misuse, was one in which prisoners often returned several times a year. A solution-focused method was used in an attempt to write new scenarios for the prisoners and their families on the basis of the prisoner’s belief in their own competence, strength and capacity to find solution to problems. The prisoners were asked what changes they desired in connection with their release. Therapy was conducted at the prison. Scales were used to help show where the individual stood in relation to their aims and goals.

An analysis of recidivism between the experimental group and a control group was conducted. Individuals in the control had a higher level of recidivism than those in the experimental group. This was demonstrated at 12 and 16 months after release. Additionally, of those who committed offences, the control group offences were more serious than those of the experimental group.


KEY WORDS: drugs, recidivism, evaluation, solution focused method

SWEDEN

112. HMPI CORNTON VALE: RESEARCH INTO DRUGS AND ALCOHOL, VIOLENCE AND BULLYING, SUICIDE AND SELF-INJURY, AND BACKGROUNDS OF ABUSE

In may 1996, the Chief Inspector of Prisons for Scotland conducted a full inspection of HM Prison and Institution Cornton Vale. As a result of this inspection, the Chief Inspector published a report which expressed deep concern over the “bleak situation” of “the number of drug damaged and drug abusing women.... with the Remand Block and Health Centre being particularly affected.” The report went on to say that “This situation has been exacerbated latterly by a spate of tragic suicides, which has in turn provoked closer focus on the many problems which are affecting prisoners and staff” (HMCIP 1996:13.2). Other issues such as
staff morale, work and visits for prisoners, and the prisoner’s efforts towards the reduction of bullying were also highlighted.

As a result of the Inspectorate report the present project was commissioned, the priorities identified for the research were: assessment of drug and alcohol use amongst women at the prison and their needs; assessment of levels of violence and bullying at the prison and how to address it; and research into suicides and self-harm. The Governor was also interested in more in-depth research into the nature of the population at Cornton Vale, such as family background, psychological needs, and experience of abuse.

The current research in Cornton Vale has revealed issues specific to that establishment which have vital implication for the development of its policies and programmes. The information, in combination with past research and the experience of other prisons should enable the prison to develop approaches suitable to the needs of such a diverse group of women. The prison cannot itself, however, change the position of women in society (e.g. through joblessness, physical and emotional violence etc.). What it can do is provide the opportunity for the women to begin to address their needs and to prepare them, with support from community-based organisation, for their return to life outside.


KEY WORDS: drugs, suicide, women, alcohol

113.
HIV AND DRUGS IN PRISON: WORKING IN PARTNERSHIP
This paper is a brief summary of the findings of a recent research project which assessed the policy implications of the Mandatory Drug Testing (MDT), as part of the Home Office’s commitment to the reduction and supply of drugs within prisons in England and Wales. The introduction of MDT in February 1996 has considerable implications for local prison strategies. Innovatory programmes, such as MDT, are usually set up because of a perceived need, which is not being met by current provision. The rational for MDT is to deter the use of drugs within prison; to identify those to treat and those to punish and also to provide information on the level of drug use within the prison and the type of drugs being used.

A research project was undertaken at one large local prison to explore that strategy and to consider, in detail, the impact of MDT. 109 staff responded to a questionnaire, 28 staff were interviewing in-depth and a total of 89 prisoners were involved in focus groups.

The provision of appropriate services and treatment programmes involve prison staff time and resources. The introduction of MDT coincided with cutbacks in the prison service and low staff morale. The whole emphasis of MDT has been, in practice, punitive rather than treatment-oriented. Insufficient counselling and support services were put in pace prior to the introduction of testing.

In summary, prison systems are complex and a drug strategy needs to be firmly embedded within overall prison and penal strategies. The prison service will not be able to stop the supply of drugs into prison. The need is to attack the demand for drugs, educate prisoners, and create an environment in which they do not need to take drugs and encourage the development of partnership with outside agencies.


KEY WORDS: HIV, drug testing, drugs

UK
114. THE ALLIANCE FOR INMATES WITH AIDS (AlIiA): AN EFFECTIVE MODEL FOR HIV/AIDS EDUCATION, PREVENTION, TREATMENT, ADVOCACY, AND EMPOWERMENT IN PRISON AND RELEASE.

Many complex needs and areas of expertise converge in the treatment and care of prisoners/parolees with HIV/AIDS. Within the staggering demographics of AIDS in prison in NY State and a correctional healthcare system that was never designed to treat the epidemics of AIDS, or TB, how can effective strategies of empowerment be modified for the confined environment of detention and security?

Description of the project: the alliance for inmates with AIDS (AlIiA) is a coalition of organisations and individuals inside and outside the criminal justice system that provides service, care and advocacy, and activism on behalf of prisoners/parolees living with HIV/AIDS, and their families. AlIiA is a network operative as an interface between Corrections, Parole, healthcare providers, prisoners and parolees living with HIV/AIDS, their families, and community-based organisation throughout NY State.

After one year, AlIiA has effectively implemented strategies and resources for prisoners and parolees with HIV/AIDS, fostered peer-support, education and empowerment within the confines of prison, and created linkages for prisoners return to community support. The nexus of AIDS, the Criminal Justice System, healthcare delivery, community-based services, the security needs of corrections, and the empowerment of prisoners with HIV/AIDS is not a paradox, but rather poses a paradigm for community health.


**KEY WORDS:** HIV, self-help

USA

115. DRUG DEPENDENCE IN PRISONS

The figures recorded in this study imply that the sentences male prison population holds between 3400 and 4500 inmates who were dependent on drugs before entering prison and will be at high risk of resuming drug use when they leave. Opiates account for most of these cases, but non-opiate drugs (mostly amphetamines) deserve more attention from treatment services as users show high rates of injecting but low rates of contact with treatment agencies. Many users reported being turned away from clinics because they did not have a heroin problem”.

Most drug dependent prisoners reported injecting. Detailed information about injecting practices was not collected, but a recent study suggests that drug users who pass through the prison system engage in high risk behaviour both during and between periods in custody.


**KEY WORDS:** drugs, injecting behaviours

UK

116. A SURVEY OF PRE-ARREST DRUG USE IN SENTENCED PRISONERS

The paper presents the results of a retrospective, self-report survey of pre-arrest drug use in a representative sample of 1751 men serving a prison service. Reported drugs used were cannabis (34%), opiates (95), amphetamine (9%) and cocaine (5%), including (1%) ‘crack’
users. Pre-arrest injecting was reported by 11% of inmates, including 68% of all opiate users and 57% of amphetamine users.

Drug dependence was reported by 11%, including 7% dependent on opiates, 2% on amphetamines and 1% on cocaine. Relative to other drugs, the figure for cocaine is higher than is suggested by a previous clinical survey.

Pre-arrest cannabis use was reported by 54% of black prisoners and 34% of white. White prisoners are more likely to report the use of ‘hard’ drugs, drug dependence and injecting, but this masks a higher rate of cocaine use by black prisoners. Opiate use varied between health regions, from 3% of prisoners in the West Midlands to 25% of those from the Mersey region. These findings have implications for service provision and for an understanding of cultural influences on illicit drug use.


**KEY WORDS:** drugs, opiates, injecting behaviours, amphetamines, prevalence of drugs use

117.

**OUTCOMES OF INTENSIVE AIDS EDUCATION FOR MALE ADOLESCENT DRUG USERS IN JAIL**

The purpose of this study was to conduct and evaluate an intensive AIDS education program for incarcerated male adolescent drug users. The study was conducted in New York City’s main jail facility for detained and sentenced male youths ages 16-19. A four-session, group orientated AIDS education program based on Problem-Solving Therapy was conducted. The program was voluntary and all youths on designated dormitories were invited to participate. The evaluation compared youths participating in the AIDS education with waiting list controls who were discharged or transferred before they could be offered the education. Behavioural outcomes for AIDS education participants and controls were determined at a five month follow-up after release from jail. Behaviours were measure through personal interviews at baseline and follow-up.

High rates of HIV risk behaviours were documented, including alcohol, marijuana and cocaine/crack use that may predispose youths to sexual risk-taking: practice of heterosexual anal sex; multiple and high-risk sexual partners; and no, or inconsistent use of condoms. Education participants as compared with controls were significantly more likely to increase their condom use, to increase positive attitudes towards condoms, and possibly to decrease high-risk sexual partnerships. However, other sexual risk variables and substance use were unchanged.

Intensive AIDS education provided in jail can be useful in reducing certain HIV risk behaviours of criminally-involved male adolescents.


**KEY WORDS:** HIV, education, juveniles

USA

118.

**HIV RISK AMONG WOMEN INJECTING DRUG USERS WHO ARE IN JAIL**

Female offender populations are female in jail include large proportions of injecting drug users (IDUs), who are at risk of contracting or transmitting HIV. Women IDUs (n=165) were recruited and interviewed at New York City’s Central jail facility for women. The study examined these women’ patterns of HIV risk behaviours related to drugs and sex and identified behavioural and attitudinal correlates of HIV serostatus. The women typically used both injectable and non-
injectable drugs prior to arrest, primarily heroin, cocaine powder, crack and illicit methadone. Self-reported HIV seropositivity was 43%. Variables correlated with HIV serostatus in the bivariate analysis were: cocaine injection frequency; lifetime injection risk behaviour; providing oral sex during male crack use; Hispanic ethnicity; sharing of needles/ syringes; sharing of cookers; sharing injection equipment with friends; heroin smoking (negative); injection risk acceptance; peer norms and behaviour; lifetime sexual risk behaviour; frequency of sex with men; provision of sex for money or drugs; and knowing people with AIDS. The first four variables listed retained statistical significance in a multiple logistic regression analysis. The paper considers the need to tailor AIDS prevention interventions for women IDUs in jail, including taking into account risk behaviours that occur within frequently reported same-sex partnerships.


**KEY WORDS:** women, HIV, injecting behaviour, sexual behaviours

USA

119. EVALUATION OF AN AIDS EDUCATION MODEL FOR WOMEN DRUG USERS IN JAIL

This paper reports outcome results of an AIDS education program for drug-using women in jail, of whom the majority were current drug injectors, had high-risk sexual partners, and never used condoms for insertive sex. The women participated in four small-group health/HIV education sessions. Education participants and controls were followed-up 7 months after their release from jail; the two groups did not differ significantly on drug or sex-related HIV risk behaviours at follow-up. However, being in drug dependency treatment (primarily methadone maintenance) at follow-up was associated with reduced heroine use, crack-use, drug dealing, and criminal activity. Although improved HIV education in jail is important, better networks of community resources, including more accessible community drug dependence treatment, must also be developed to support drug-dependent women after their release from jail.


**KEY WORDS:** HIV, education, injecting behaviours, women, evaluation

USA

120. THE EFFECTIVENESS OF IN-JAIL METHADONE MAINTENANCE

Process and outcome evaluation results are reported for unique in-jail methadone maintenance programme in New York City with three thousand admissions annually. The Key Extended Entry Programme (KEEP) enables addicts charged with misdemeanours to be maintained on a stable dose of methadone during their stay at Rikers Island (average forty-five days) and to be referred at release to dedicated slots in participating community methadone programs. The main study examined inmates who were not enrolled in methadone at arrest. Eighty percent were drug injectors (usually both heroin and cocaine) who admitted committing an average of 117 property crimes and nineteen violent crimes in the six months before jail.

Methadone programme participants' post-release outcomes were compared with outcomes for similar addicts who received seven-day heroin detoxification in jail. Multivariate analysis indicated that the program participants were more likely than controls to apply for methadone or other drug abuse treatment after release and to be in treatment at a 6.5 month follow-up. Moreover, being in treatment at follow-up was associated with lower drug use and crime, but rates of retention in community treatment after release were modest. KEEP
participants have more chronic and severe social and personal deficits and other addicts applying for treatment.

The in-jail program was most effective in maintaining post-release continuity of methadone treatment for inmates already enrolled in methadone at arrest. Experience with KEEP at Rikes has eased the anxieties corrections personnel have about providing methadone to inmates. Diversions of medication have not been a problem; the few patients who have attempted “spitbacks” have been detected and dropped from the programme. There have been no conflicts between inmates who have access to methadone and those who do not. In fact, corrections staff perceived that addicts receiving methadone are less irritable and easier to manage than other inmates. KEEP is now viewed as an integral part of the administration of the jail, and accepted by the wardens as an important program for the treatment of heroin addiction and an AIDS prevention measure among the jail population.


**KEY WORKS:** evaluation, methadone, HIV, harm-reduction, drugs

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**121. NEW YORK INMATES’ HIV RISK BEHAVIOURS: THE IMPLICATIONS FOR PREVENTION POLICY AND PROGRAMS**

The median incidence rate of acquired immunodeficiency syndrome (AIDS) among prisoners is 7 times higher than for the general population. Yet high-risk sexual activity and drug use in the US correctional facilities remain unexamined. This study explores inmate perceptions of high-risk behaviour in New York state prisons and New York City jails and seeks to generate hypotheses to inform policies and future research.

Participants were 22 former New York state prisoners and 28 current New York City inmates. Participants attended one of six focus groups and completed an anonymous questionnaire. Audiotapes of the group were transcribed and evaluated.

A range of consensual and non-consensual sexual activity occurs among inmates and between inmate and staff. Without official access to latex barriers, prisoners used ineffective makeshift devices, like rubber gloves and used plastic wrap, in attempts to practice safer sex. Prisoners also shoot drugs intravenously with used syringes and pieces of pens and light bulbs. The absence of harm-reduction devices behind bars may create a greater risk of HIV transmission there than in the community. Officials should consider distributing risk-reduction devices to prisoners through anonymous methods.


**KEY WORDS:** harm reduction, HIV, sexual behaviours, drugs, policy

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**122. WHEN HIV IS NOT THE ISSUE, ASSESSMENT OF THE HIV AND NON-HIV RELATED NEEDS OF PRISONERS AND FORMER PRISONERS**

Correctional officials conservatively estimate 17.8% of the 63,000 inmates in New York State prisons are living with HIV, while prison advocates and prisoners themselves place the number between 50 and 80%. Despite these alarmingly high seroprevalence rates, HIV education remains largely unavailable and unresponsive to prisoners’ and former prisoners’ unique needs. The objectives were to assess the nature, weight, and immediacy of the HIV related need of prisoners and former prisoners relative to their basic non-HIV related needs, and based
on this information, to construct a model of HIV education and HIV illness management in which HIV related issues are addressed within the context of the clients’ constellation of other needs.

An analysis of statistical and anecdotal data gleaned from the organisation’s HIV/AIDS Hotline/Clearinghouse for prisoners and former prisoners in New York State, staff visits to HIV support groups in prison, as well as from the Department of Correctional Services data base was conducted.

Prisoners and former prisoners are among the poorest, sickest, and most isolated HIV-infected people in New York. In over 95% of cases, their ability to confront and manage their disease is severely hampered by the necessity of meeting other more immediate needs such as food, housing, drug and alcohol addiction, caring for more severely HIV-ill family members and friends, and for well over 50% of women prisoners, meeting the needs of their children. Clients’ responsiveness to HIV education increases if the educational source acknowledges and helps the client confront non-HIV related needs. Clients’ ability to benefit from existing HIV services is directly related to the amount of support they receive in meeting all their needs from friends and family members on both sides of the prison walls. Official correctional practices which stress transfer, isolation, and over-programming as a means of control severely limit the reach of the most widely available HIV educational materials.

To be effective, a model of HIV education and prevention for prisoners and former prisoners must: 1) recognise that HIV is only one among many survival-bases issues that this population must confront; 2) address HIV in this context; 3) acknowledge the importance of reuniting the individual to her/his community through discharge planning; and 4) work with correctional officials to make HIV educational materials truly accessible to prisoners.


**KEY WORDS** HIV, education

USA

123. **SOME LEGAL ASPECTS CONCERNING URINE TESTS DURING EXECUTION IF SENTENCE**

Examining the compatibility of forced urine tests with Austrian constitutional principles, one can draw the conclusion, that such measures comply with the accusatory principle and the prohibition of self charge, but are to be considered doubtful with respect to art. 8 of the European Convention on Human Rights. Whereas physical force is permitted under no circumstances psychic force such as the threat of a disciplinary penalty may be taken into consideration. Assuming that there is no unrestricted report obligation for correction authorities in case of positive urinal tests the establishment of drug-free departments in Austria correctional institutions using urinal tests could be considered legally possible.


**KEY WORDS**: drug testing, prisoner’s rights

AUSTRIA


[SPANISH]
the study was conducted to examine all the inmates diagnosed with AIDS in a male penitentiary in Barcelona. It emerged that the first manifestation of the disease in 53% of the cases was extra-pulmonary tuberculosis. The report notes that prisons are key places for the prevention and monitoring of HIV infection and recommends the use of care programmes, including maintenance programmes using methadone for drug dependent patients. In addition, recommendations are made concerning the continuation of programmes monitoring tuberculosis, the main illness related to HIV infection in prison.


KEY WORDS: HIV, tuberculosis, methadone, HIV prevention

125.

CASE-FINDING OF PULMONARY TUBERCULOSIS ON ADMISSION TO A PENITENTIARY CENTRE

Since prison populations are considered to be at a high risk of tuberculosis (TB) infection and illness, a TB prevention and control programme was put into effect upon the opening of a penitentiary centre in Barcelona. The inmates at this penitentiary suffering a high prevalence of intravenous drug use (48.4%) and HIV infection (36%). The aim of the survey was to determine the prevalence of tuberculosis infection and pulmonary tuberculosis detected on admission among those prisoners who had no history of TB. The purpose was also to study the predictors of TB infection and illness according to age IVDU and HIV infection. Of the 729 prisoners surveyed, 56.2% were infected with Mycobacterium tuberculosis, and a 2.7% prevalence of pulmonary tuberculosis was also observed. The rates of HIV and M. tuberculosis co-infection which were between 18.9% and 21.7%, reached 42.8% in the IVDU. Given the high prevalence observed, the authors propose the activation and maintenance of programmes designed to seek out and identify cases of M. tuberculosis infection and illness within the prison population.


KEY WORDS: HIV, tuberculosis, cross infection, harm reduction

126.

DRUG TREATMENT AND REHABILITATION SERVICES IN PRISONS IN ENGLAND AND WALES

Drug Misuse in Prisons was published by the prison service in April 1995. The aims of the strategy are: (1) to reduce the supply of drugs; (2) to reduce the demand for drugs; and (3) to reduce health risks resulting from drug misuse. To implement this strategy at a local level, each prison has appointed a multidisciplinary drug strategy team. This team formulates and sets in motion local strategies, which include mandatory drug testing. Each prison has a monthly target and carries out testing on reception, on suspicion and frequently after a positive test. A positive test, except on reception, results in disciplinary action on adjudication, including days added to the sentence.

As part of the drug strategy, nineteen establishments were selected to participate in a scheme to pilot a range of drug treatment and rehabilitation programmes during 1995. Drug treatment programmes are due to be piloted in a further 30 prisons in 1996/1997, but are not part of this evaluation.
This evaluation commenced in January 1996 and had been running in parallel with the contracting of the first year of pilot prison drug programmes. We are evaluating six broad treatment and rehabilitation models, and many of these can be looked at differently by virtues of their method of delivery and/or philosophical approach.

Each programme is evaluated for one year to allow them to get started and settle in. Since the study commenced, we have been monitoring the implication of each programme and their quarterly activity. Some programmes have been running longer than others and the large scale Therapeutic Community Programmes have only just been launched.

Drug treatment in prisons in the UK is not new, but what is different now is the sheer scale of service provision, and the extensive contracting with external agencies. For a variety of reasons this is a challenging time for those providing services for prisoners.


KEY WORDS: drug testing, drug-free units, counselling, therapeutic community, drugs

127.

SUBSTANCE USE IN REMAND PRISONERS: A CONSECUTIVE CASE STUDY

The objective was to determine the prevalence of drug and alcohol use among newly remanded prisoners, assess the effectiveness of prison reception screening, and examine the clinical management of substance misusers among remand prisoners.

The design was a consecutive case study of remand prisoners screened at reception for substance misuse and treatment needs and comparative findings with those of prison reception screening and treatment provision. 548 men aged 21 and over awaiting trial from Durham remand prison were the subjects. The main outcome measures were prevalence of substance misuse, treatment needs of substance misusers, effectiveness of prison reception screening for substance misuse, and provision of detoxification programmes.

Before remand 312 (57%) men were using illicit drugs and 181 (33%) met DSM-IV drug misuse or dependence criteria; 177 (32%) men met misuse or dependence criteria for alcohol. 391 (71%) men were judged to require help directed at their drug or alcohol use and 197 (36%) were judged to require a detoxification programme. The prison reception screen identified recent illicit drug use in 131 (24%) of 536 men and problem drinking in 103 (19%). Drug use was more likely to be identified by prison screening if an inmate was using multiple substances, using opiates, or had a diagnosis of abuse or dependence. 47 (9%) of 536 inmates were prescribed treatment to ease the symptoms of substance withdrawal.

The prevalence of substance misuse in newly remanded prisoners is high. Prison reception health screening consistently underestimates drug and alcohol use. In many cases in which substance use is identified the quantities and numbers of different substances being used are underestimated. Initial management of inmates identified by prison screening as having problems with dependence producing substances is poor. Few receive a detoxification programme, so that many are left with the option of continuing to use drugs in prison or facing untreated withdrawal.


KEY WORDS: drugs, alcohol, prevalence of drug use

UK

128.
THE ECONOMIC IMPACT OF DIVERTING SUBSTANCE-ABUSING OFFENDERS INTO TREATMENT

Recognising the relationship between substance abuse and criminal behaviour, the Wisconsin legislature in 1989 mandated the establishment of the Treatment Alternative Program (TAP) modelled after the national Treatment Alternatives to Street Crime (TASC) program. This study evaluates the economic impact of TAP by examining the benefits and costs and cost-effectiveness of diverting offenders from the criminal justice system into substance abuse treatment. The results suggest that the benefit of TAP outweigh its costs in the short run and TAP costs less than incarcerating offenders.


**KEY WORDS:** drugs, crime, drug-free treatment, evaluation, cost-benefit

USA

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129.

METHADONE MAINTENANCE IN PARKHURST PRISON

Research has shown that prisoners in Parkhurst are more subversive and difficult to manage than prisoners in other maximum security prisons in England and Wales. And those who seek methadone treatment are, before they receive treatment, more subversive than the rest of the Parkhurst population. While they receive treatment the measure of their subversiveness drops back to the average for the other prisoners.

There is evidence that addicts who are engaged by addiction services and involved in maintenance programmes whilst in prison are more likely to take up help from addiction services on release. Where there is a good relationship between patient and doctor, it is also more likely that the patient will begin to use other aspects of healthcare services. Short course treatment, however politically or economically appealing, risks the patient only turning up for “treatment” when opiates are short and reverting back to opiates when supplies can be re-established. The end result is a situation in which doctor and patient collude in a game where the real issue of drug misuse are never on the agenda for discussion.

The prescription of methadone over a longer period to this group allows them time to build up a working relationship with the Medical Officer and to reorganise their lifestyles. Patients prescribed methadone over a longer timescale, on a realistic dosage have less need to have recourse to illicit drugs with all of the associated risks related to methods of administration, impurities and uncertain strength. Equally those engaged in tackling their substance misuse should begin to lead more stable lifestyles, and become better members of the prison communities.

The development of a more positive working relationship with the population of substance misusers has had many benefits, not the least of which is that a significant number of the patients treated so far have decreased and come off methadone of their own volition (60%) at the last count). Despite concerns at the start of the project, there has not been an overwhelming demand for methadone and numbers coming forward have after the first couple of weeks remained manageable.


**KEY WORDS:** methadone, harm-reduction, evaluation

UK

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130.

HIV/AIDS IN SCOTTISH PRISONS: ATTITUDES OF STAFF AND PRISONERS
An assessment was made of AIDS/HIV related attitudes among 559 prisoners, aged between 16-68 years, and of 591 prison officers, aged between 20-59 years from eight Scottish prisons. The results indicate a great degree of tolerance by both staff and prisoners on a number of HIV/AIDS related issues. A substantial majority of both staff and prisoners were supportive of maintaining social and personal contact with HIV seropositive individuals in a variety of settings. Prisoners were more supportive than staff of the provision of free condoms to homosexuals, free condoms and syringes to intravenous drug users and free medical care to both groups in the case of AIDS.


**KEY WORDS:** HIV, harm reduction

**UK**

131.

**CONCERN, PERCEIVED RISK AND ATTITUDES TOWARDS HIV/AIDS IN SCOTTISH PRISONS**

Male prisoners and male staff in seven Scottish prisons took part in a study assessing the perception of risk and attitudes towards HIV/AIDS in these two groups. While the prison staff perceived prison as a higher risk environment than outside prison, the prisoners perceived less personal risk of contracting HIV/AIDS while inside prison than outside, the opposite perception to the prison staff.

Staff and prisoners concern towards HIV/AIDS was greater than the perceived risk, and concern was found to be associated with a number of demographic variables. These findings suggest that the process of risk perception may operate on more than one level. The results also highlighted that, for both staff and prisoners, greater concern and perceived risk towards HIV/AIDS was associated with a lower tolerance for interacting with HIV/AIDS and, in much the same way, this lower tolerance engendered more support for strict social control measures against people with HIV/AIDS.


**KEY WORDS:** HIV

**UK**

132.

**AIDS AND AIDS PREVENTION IN PRISONS**

This paper presents some of the concerns of people with HIV and AIDS in prison. There are several theses concerning the priority of security and safety over privacy and confidentiality for the prisoner. HIV testing is recommended, especially for intravenous drug addicts in prison. In areas such as North Rhine-Westfalia, Hessen and Bavaria, obligatory testing is legal.

Segregation and exclusion of HIV+ and AIDS prisoners is mentioned. Segregation may be a result of “preventative” measures and contact with other prisoners is only allowed if HIV+ prisoners disclose their infection.

Psycho-social factors contribute to the outbreak of full-blown AIDS. Psychological support is unfavourable and AIDS status is often repressed. Also, once acute symptoms arise, exemption from confinement is possible but support is not provided after release.


**KEY WORDS:** HIV, HIV testing, ethics

**GERMANY**
133. 
MULTIDRUG-RESISTANT TUBERCULOSIS OUTBREAK ON AN HIV WARD: MADRID, SPAIN 1990-1995
In the beginning of 1990, outbreaks of multidrug-resistant tuberculosis (MDR-TB) were reported in hospitals and prisons in the eastern United States, and between June 1991 and January 1995 MDR-TB was diagnosed in 47 patients and one health-care worker at an infectious disease referral hospital in urban Madrid. This report summarises the findings of the Spanish Field Epidemiology Training Programme which was asked, in April 1995, to investigate this outbreak. The investigation suggested that a nosocomial transmission of MDR-TB had occurred on the hospital ward of patient with HIV infection. 
KEY WORDS: HIV, tuberculosis, cross infection
SPAIN

134. 
IMPRISONMENT: A RISK FACTOR FOR HIV INFECTION COUNTERACTING EDUCARTION AND PREVENTION PROGRAMMES FOR INTRAVENOUS DRUG USERS
A multisite cross-sectional study was conducted through standardised questionnaires and blood saliva samples involving IVDUs in Berlin to examine changes in risk behaviour for HIV infection as well as its determinants. Particular attention was paid to the specific risk patterns associated with imprisonment. The research found that needle sharing in prison was the most important risk factor for HIV infection. In total, 58% of IVDU reported reduced risk behaviours, due to changes related more to injection behaviour than sexual practices. This would suggest that information and campaigns and other prevention measures appear to have produced risk awareness in IVDU. The situation in prisons, with a lack of sterile injecting equipment and no effective disinfectants, however, runs counter to prevention methods implemented outside prisons. An important task for future strategies should be to enable IVDU to avoid HIV transmission while in prison.
KEY WORDS: HIV, injecting behaviours, education
GERMANY

135. 
EVIDENCE OF INTRAPRISON SPREAD OF HIV INFECTION
Individuals entering prison are known to have high rates of HIV infection and inmates are known to engage in high-risk behaviour. This suggests the potential for intraprinson spread of HIV infection but this has not been documented. All prisoners in the Florida Department of Corrections who had been continuously incarcerated since 1977 were identified. The medical records of these prisoners were reviewed to determine whether they had been tested for HIV infection and, if tested, whether the results were positive. Results were considered positive if there were reactions to two enzyme-linked immunosorbent assays confirmed by Western blot assay. If an individual tested positive, the medical record was reviewed to determine whether the patient had been treated for conditions consistent with HIV infection. The results present strong evidence for intraprinson transmission of the HIV infection. Given that most inmates serve relatively short sentences, there is a strong possibility that prison-acquired HIV infection will be
carried into the “free-world”. Preventive programmes in prison may be important in controlling HIV infection in our society.
Mutter, R., Grimes, R., & Labarthe, D., 1994, Archive of Internal Medicine, 154, 793-795.
KEY WORDS: HIV, HIV testing
USA

136.
TUBERCULOSIS IN HOMELESS, RESIDENTIAL CARE FACILITIES, PRISONS, NURSING HOMES AND OTHER CLOSE COMMUNITIES
Tuberculosis (TB) is a problem in some institutions and not others. To assess the risk of TB in an institution factors such as the entry, detection, transmission, prevention and treatment of the disease are used. The ageing of the population, the crowding of prisons and the high prevalence of human immunodeficiency virus (HIV) infections are currently increasing the likelihood of TB in nursing homes, prisons, drug detoxification centres and acute hospitals. Entrance and periodic skin testing alongside preventive therapy and effective treatment of disease are the suggested control strategies for hospitals, nursing homes, prisons and chronic care facilities.
However, for inner-city shelters and jails, skin testing and preventive treatment are usually not possible, and the control strategy shifts to disease detection, isolation, effective long-term treatment, reduced crowding and ultraviolet air disinfection alongside periodic testing and treatment of staff.
KEY WORDS: tuberculosis, HIV
USA

137.
The report summarises topics covered at the quarterly meetings of the forum, which has continued to focus on key issues concerning HIV and AIDS in prisons. In 1995 and 1996 the Forum has held symposia on: (1) race and HIV in Prisons; (2) the Paris Aids Summit Declaration; (3) funding of HIV related services in Prisons; (4) planning HIV related services in Prisons; (5) Multi-disciplinary AIDS management Teams (ATMs); and, (6) what we know and what we need to know about HIV and Prisons. The report also includes responses to the anonymised survey of all prison establishments in England and Wales, which was used to analyse quantitative data about their AIDS management. This survey was later used in the report by Stephanie Sexton, which is also in this Digest.
KEY WORDS: HIV
UK

138.
SUBSTANCE ABUSE, MENTAL VULNERABILITY AND THE CRIMINAL JUSTICE SYSTEM
A BRIEFING FROM THE NATIONAL ASSOCIATION OF PROBATION OFFICERS
During the Spring of 1994, eighty seven probation officers and staff, working in prisons and in the community, were asked to complete a detailed questionnaire which attempted to establish the number of offenders known to the service who were either mentally vulnerable or serious.
substance abusers. The questionnaire also attempted to illicit any link between addiction and offending behaviour.

The number of persons on supervision and in custody with a severe addiction or mental health problem has been growing markedly. The figures show that 56% of persons under supervision have a problem with drug or alcohol addiction and that in 72.8% of those cases there is a clear link between the last offence and feeding the addiction. In prisons, officers report that up to 60% also have a drug and alcohol problem with 53% of offending linked to maintaining their addiction.

In addition, 13% of those on community supervision and over 18% of those in prison are described as mentally vulnerable. The most common symptoms are depression, neglect of self, withdrawal and suicidal tendencies. Although the Prison Service recently reported that 98% of establishments provided some form of treatment or education for inmates with drug misuse problems and 96% for alcohol problems, the evidence suggests that the vast majority of these symptoms are not treated. NAPO welcomes the recent incentives but believes that the prisons authorities have a narrow definition of mental illness within the meaning of the 1983 Act. The evidence suggests that most prisoners who are mentally vulnerable or have addiction problems do not receive adequate care in the community. The chances that the overwhelming majority of this group are involved in persistent petty re-offending are therefore extremely high. (In addition the probation officers who participated, submitted case histories, forty of which can be found in Appendix A and B of this paper).

NAPO (National Association of Probation Officers), 1994, Substance Abuse, Mental Vulnerability and the Criminal Justice System: A Briefing from the National Association of Probation Officers, NAPO: London, 1-16.

KEY WORDS: drugs, mental health, crime, prevalence of mental illness, prevalence of drug use

UK

139.
HIV DISEASE IN CORRECTIONAL FACILITIES

In August 1990, the National Commission on AIDS conducted a site visit and hearing to identify and understand the issues which fact the United States and its federal, state and local correctional facilities, in their management of detainees and prisoners living with human immunodeficiency virus (HIV) disease, the continuum of conditions which begins with seroconversion and ends with AIDS. The findings were sobering and troubling. This report will reflect the powerful and often moving testimony of numerous experts, health care professionals, prisoners’ rights advocates, educators, correctional personnel, former inmates and prisoners living with HIV disease.


KEY WORDS: prisoner’s rights, HIV, women, tuberculosis, drugs, HIV testing

USA

140.
DRUG AND HIV PREVENTION AT THE HINDELBANK PENITENTIARY

[GERMAN]

Between May 1994 and June 1995, a pilot project of drug abuse and AIDS prevention was conducted in the Hindelbank prison for women. The project was carried out with the support of the Federal Department of Public Health. As well as monthly lectures on relevant topics, small
discussion groups and individual consultations, inmates were provided with sterile injection equipment by 1:1 exchange-dispensers.

The main tasks of the evaluation were to demonstrate the basic effects of the prevention program on drug abuse and risk behaviour of the inmates, and to prove the feasibility of the program in order to be able to formulate recommendations about drug abuse and AIDS prevention programmes in prison. All relevant data given by the inmates were recorded in detailed standardize interviews at four, and those given by the staff at two occasions. A variety of data was also sought, e.g. results of medical investigations.

No increase of drug consumption as a consequence of provision of syringes to inmates was observed. Syringes have not been misused by the inmates. During the pilot project, sharing of syringes by inmates had dropped markedly. No abscesses related to drug injection were observed. Prevalence of HIV-, Hepatitis-B- and Hepatitis-C- infections were high, but comparable to with international data. No seroconversions or new infections were observed.

Provisions of syringes to inmates by exchange-dispensers is feasible. The results suggest that there is no reason to interrupt provision of syringes in Hindelbank in the future. Furthermore, provision of syringes should be introduced and evaluated in other prisons.


KEY WORDS: drugs, HIV, injecting behaviours, syringe-exchange, evaluation

141.
ABSTINENCE IN TREATED AND UNTREATED OPIATE ABUSERS: A STUDY OF A PRISON SAMPLE
In recent years, there has been a growing awareness of the need for long-term following-up in the evaluation of treatments for all forms of addiction. The concept that addictive behaviours have a natural history, i.e. are characterised by specific patterns of developmental change, of itself suggests the need for caution in the interpretation of short-term treatment outcomes with addicts.

This paper provides information on the exposure to treatment and the pre-incarceration abstinence status of a small group of imprisoned, male, opiate users. Twenty-four out of a systematic sample of 95 Mountjoy prisoners were found to have been daily users of opiates. Since such a large portion of the prison population tends to have or to have had a serious drug habit, a survey of prisoners provides a unique opportunity for studying the extent of exposure to treatment apart from detoxification, despite an average of more than five years of opiate use, including periods of daily use, which was intravenous in 10 of 11 cases.

While the present results indicate that treatment facilities in Ireland are reaching only a portion of their target clientele, it is perhaps an even more remarkable finding that almost half of the present sample of serious opiate users had before their imprisonment been abstinent for an average of 17.5 months. This is an optimistic finding which counters the defeatist myth of the irreversible, ever-deepening and enslaving addiction. Indeed, the group who had never experienced treatment, other than detoxification, were more likely to be abstinent. This suggests that there is a high level of remission without formal treatment amongst the opiate dependent population and, furthermore, it raises the possibility either that present treatment modalities in some way hinder the attainment of abstinence of that it is the addicts, who are least likely to attain abstinence, that are attracted to or encouraged and accepted into treatment programmes.

While considerable caution is warranted in extrapolating from the present results, which are based on a prison sample of small size, the present investigation has served to
highlight the vital importance of questions relating to the natural history of opiate dependence to the evaluation of addiction treatment programmes. The present results also suggest that research should focus on so-called spontaneous remission in order to identify and describe the personal and situational factors which act to promote or inhibit self-controlled abstinence from drugs. Information about these factors might offer invaluable guidance for the treatment of those addicts who do not have the resources to become abstinent without outside support.


**KEY WORDS:** drugs, evaluation

**IRELAND**

142.

**MOUNTJOY PRISONERS: A SOCIOLOGICAL AND CRIMINOLOGICAL PROFILE**

This work complements, in a comparative sense, an earlier survey carried out by the same author in 1986 and is all the more valuable for this reason. It also takes account of more recent developments, such as the sharp increase in the number of drug addicted persons committed to prisons and, of course, the overall increase in the number of committals to prisons generally over the last six years or so. This in-depth profile of over one hundred Mountjoy prisoners will make a very valuable contribution, not only in terms of prisons and prisoners, but also in the wider field of criminology.


**KEY WORDS:** drugs, evaluation, crime

**IRELAND**

143.

**HIV RISK OF TRANSMISSION BEHAVIOUR AMONGST HIV-INFECTED PRISONERS AND ITS CORRELATES**

In Ireland, which has a total prison population of about 2,000, all known male HIV-infected prisoners are completely segregated. (editors note: this practice has now been discontinued 1997). Because of their strict isolation, this group of identified HIV-infected prisoners is unlikely to be the cause of the spread of the disease within the prison system. However, there is no mandatory testing within the system, so that there may be many other HIV-infected individuals at large in the prison population, who are either unaware of their own HIV status or keeping it secret in order to avoid segregation.

Moreover, most of the segregated HIV-infected prisoners have been at liberty for various periods since their original diagnosis, so that their risk behaviours in the community rather than in prison are of particular interest. In Ireland, illicit intravenous drug use, and specifically sharing needle equipment for injecting, are known to be the greatest single cause of HIV infection. Thirty-eight from a total of 42 known HIV-positive prisoners in the Irish prison system voluntarily co-operated in a survey of psychological attitudes, knowledge of risk behaviour, intentions with respect to future risk behaviour, and actual past risk behaviour. Of this group 65% reported that they had put others at risk of HIV since they had become aware of their own HIV+ status. Only 16% of this group stated that they would definitely not share their drug-taking equipment in the future and 32% said that they would always use a condom in sexual intercourse.

Although this group exhibit, when compared with the general population, somewhat lower levels of self-esteem and elevated levels of hopelessness, their results in these areas
remain positive relative to prisoners generally and clinical groups such as the depressed. In
general there was little evidence that the psychological variables examined were strongly
related to risk-taking behaviour. Nor were any significant differences in knowledge discovered
between those who did not and those who did put others at risk of HIV. Importantly, the results
also suggest that even individuals, who do not take precautions against their spreading the
virus in either the sexual or the drug domain, may need to be separately persuaded of the need
to take precautions in the other domain.
KEY WORDS: HIV, injecting behaviours, mental illness, sexual behaviours, evaluation
IRELAND

144.
HIV EDUCATION IN PRISONS
Chapter 1 discusses issues, such as effective health education, confidentiality, and maintaining
staff confidence in regards to the information provided to them, which face several difficulties in
an overburdened prison system that has many priorities. It is important to have education
programmes, especially because of the presence of injecting drug use and sexual relations,
even though it had been suggested that a majority of prisoners are not involved in either while
in prison.

The educational training packet was intended to be shown to all prisoners spending
longer than 4 weeks in the system. Many prisons did not take advantage of this resource. In
many instances, this was due to the fact that no-one was willing to be responsible for the
programme.
KEY WORDS: HIV, education
UK

145.
HIV INFECTION IN GREEK INTRAVENOUS DRUG USERS
During the last two years an increasing proportion of AIDS cases linked to intravenous drug
use has been observed, both in Europe and USA. In order to investigate the prevalence of an
HIV infection among Greek intravenous drug users (IVDU), its trend during the years and
possible risk factors, 893 inmates recently admitted to the main prisons of Greece from 1986 to
1989 were studied. To monitor and control the spread of HIV infections among IVDUs, an
intense educational campaign was implemented. Relevant information and counselling was
provided for IVDUs in prisons and those who voluntarily attend treatment centres for
counselling and testing.

Since 1986 all newly admitted IVDUs in the main prison of Greece have been regularly
interviewed and counselled by a specifically trained team of the National Centre for AIDS.
Testing for HIV is offered and the acceptance rate is over 98%. The results showed that the
prevalence of HIV infection remained very low in both groups during the study period; it was
similar to the prevalence found (2.1%) in stored sera drawn in 1982 from imprisoned IVDU. In
the non-prison group, the prevalence among those who reported needle/syringe sharing (2.6%)
was similar to those who denied sharing (2.5%). This lack of difference may be due to the fact
that sharing is only an occasional practice and that cleaning of the injection equipment is
common.

It is concluded that the prevalence of anti-HIV in IVDU in Greece is considerably lower
than that in neighbouring countries and that it has remained stable during the last eight years.
146.  
**DRUG MISUSERS IN POLICY CUSTODY: A PROSPECTIVE SURVEY**

Approximately 11% of individuals seen by forensic medical examiners in police custody in London are drug misusers. Of these individuals 77% used heroin, 30% used both heroin and cocaine regularly; 72% were injecting drugs; 32% were being prescribed drugs (e.g. methadone) by general practitioners or drug agencies. Those individuals prescribed drugs spent a similar amount per day on illicit drugs as those who were not (£100.30 versus £106.00). Four per cent of individuals were HIV-positive; 25.7% were hepatitis-B positive.

Harm-minimisation is a principle of such treatment nowadays and it is depressing to note that only 9.7% of individuals were aware of the availability of prophylaxis for hepatitis B, despite 46% being in contact with drug agencies or GPS, particularly as 18% of hospital admissions were for that reason. The fact that over 50% of the respondents admit to sharing needles is strong evidence that clean needles should be made available in prisons.


**KEY WORDS:** drugs, HIV, hepatitis B, injecting behaviour, harm reduction

**UK**

147.  

This work describes the work of the south-east England HIV and prisons brokerage project, an innovative approach to developing HIV prevention services in custodial settings. The context in which this project developed is discussed before addressing the challenges now faced by all involved in the integration of the health promotion and health care needs of prisoners into broader public health strategies. The Government's Health of the Nation strategy identifies custodial institutions as key sites for HIV prevention initiatives. The conditions obtaining inside custodial institutions are however evidently quite different from those in broader society. The author hopes that the inclusion of areas of prison service policy, suggested models of good practice, practical suggestions on working with prisons and recommendations for healthy alliances between custodial establishments and outside agencies will be of value to all professionals working in the area. The particular relationship between the prison system and HIV epidemic is outlined along with an overview of initiatives undertaken by the Prison Service before going on to discuss the broker's achievements in specific establishments. The lessons learned from this experience and several main themes of brokerage work are discussed in addition to the presentation of a list of conclusions and recommendations concerning the future of both the brokerage function and HIV prevention work in prisons.


**KEY WORDS:** HIV

**UK**
148. **DETERMINANTS OF RECENT SUBSTANCE ABUSE AMONG JAIL INMATES REFERRED FOR TREATMENT**

Significant numbers of new arrestees to jail have a history of drug or alcohol use. Many of these individuals have experienced multiple relapses, which tend to accelerate the level of criminal behaviour and to increase the likelihood of arrest and incarceration. The present study examines the pattern of determinants of recent substance abuse among inmates referred for treatment in a metropolitan jail. The majority (87%) of inmates reported intrapersonal determinants of recent use, including coping with negative emotional states (41%) (including depression, anxiety and tension), and enhancement of positive emotional states (35%) such as excitement, pleasure and celebration.

Although no major differences in the pattern of determinants were found with respect to the type of major problem substance reported, several gender differences were observed. Findings from the present study suggest that interventions for female offenders should include identification of negative emotions that frequently lead to relapse, and strategies (e.g. cognitive restructuring, stress management) for managing depression, boredom, tension and low self-esteem. Findings also reflect the need for female offenders to develop autonomy in heterosexual relationships and to break the cycle of financial and emotional dependency that often characterizes their relationships with drug dealers or drug-using persons and places associated with past drug use. Interventions for male offenders should provide skill training in methods to handle positive emotional states, including self-monitoring to identify positive emotions (e.g. desire to celebrate) as high-risk situations for substance abuse. Findings indicate that cue control strategies for male offenders should include means of avoiding bars and active drug or alcohol users.


**KEY WORDS:** drugs, relapse prevention, determinants of drug abuse, women

**USA**

149. **TREATMENT OF SUBSTANCE-ABUSING JAIL INMATES: EXAMINATION OF GENDER**

Females incarcerated for drug-related offences represent one of the fastest growing populations within jails and prisons. The few studies of female offenders with substance abuse disorder depict a population with multiple psychosocial problems and treatment needs and one that is characterised by frequent exposure to sexual abuse and other violence. The current study examined intake assessment results from a sample of 1,655 substance-involved jail inmates referred to a jail treatment programme in Tampa, Florida, including 26 per cent female and 74 per cent male inmates. The study was designed to identify gender differences in psychosocial characteristics and substance abuse treatment needs among jail inmates. Results indicate that female inmates more frequently experienced employment problems, had lower incomes, more frequently reported cocaine as the primary drug of choice and were more likely to report depression, anxiety, suicidal behaviour and a history of physical and sexual abuse. Implications for developing specialised treatment approaches for female offenders are discussed, including use of integrated treatment strategies.


**KEY WORDS:** drugs, women, mental health

**USA**
150. 
SHORT-TERM SUBSTANCE ABUSE PREVENTION IN JAIL: A MORE COGNITIVE BEHAVIOURAL APPROACH

This article describes a cognitive-behavioural programme for substance abusers which was first implemented in Baltimore City Jail in 1987. Prevention programmes focused on education alone have generally proved ineffective in preventing initial use of rehabilitating users. However, there is substantial evidence that specific self-control behaviour techniques related to drug using situations are helpful in resisting usage. Similar but separate programmes are provided for male and female inmates consisting of twelve to sixteen contact hours over three to four weeks. In addition to conventional drug and alcohol information (physiological and psychological effects, treatment options), the programme emphasises cognitive and behavioural skills which can prevent substance abuse, including training in consequential thinking and stress and anger management.

The programme offers education enhanced with social skills training; provides clients with information about the consequences of substance abuse, provides inmates with information about services available in the community for managing their personal and drug problems. The participation is voluntary and selection is made by jail personnel. Over a two-year period, 697 males and 131 females were served, of whom 429 (59%) completed the entire programme. Both males and females showed statistically significant improvement from pre-test to post-test in all knowledge areas. Inmates gave high ratings to the programme and group leaders reported substantial change in client attitudes toward drug and alcohol use. Knowledge scores at the end of the programme were highest for those who scored higher at the pre-test, rated their group leader higher, and were rated by their group leaders as more active participants. Client participation was the strongest predictor of programme outcome.


KEY WORDS: cognitive-behavioural, evaluation, drugs

USA

151. 
SYRINGE SHARING IN PRISON

Prisons are a high-risk setting for syringe transmission of HIV infection. Roughly 7.5% of prisoners have a history of injection drug use before imprisonment; between 23% and 33% of injection drug users manage to inject in prison, with many sharing equipment. HIV prevalence was 10% in one sample of recently released injection drug users. The first suspected outbreak of syringe-transmitted HIV infection has been reported in Scotland.

This pilot study indicates frequent re-use of unsterile injecting equipment with consequent risks of infection with HIV and other blood-borne diseases, and the urgent need to implement appropriate prevent measures. Modelling of HIV transmission risk requires information on the number of individuals sharing each set of equipment and the frequency and order of use. Hitherto such information has been unavailable; this study shows it can be obtained.


KEY WORDS: HIV, injecting behaviours, drugs, care management

UK

152. 
MAPPING TECHNIQUES TO IMPROVE SUBSTANCE ABUSE TREATMENT IN CRIMINAL JUSTICE SETTINGS
Node-link mapping, a graphic representation tool, was used to improve mandated substance-abuse treatment in a 4-month residential criminal justice programme. Three hundred and eight probationers (residents) were randomly assigned to either mapping-enhanced or standard counselling. Compared to those in standard counselling, residents receiving mapping gave more favourable evaluations to their group meetings, counsellors, co-residents and security staff. They also rated themselves higher on treatment effort and self-efficacy measures than did their counterparts. These findings suggest that mapping-enhanced counselling fosters more effective communication during meetings, promotes stronger therapeutic alliances, and thus enhances communication during meetings, promotes stronger therapeutic alliances, and thus enhances the perceptions of the effectiveness of the programme and of the people associated with it.


**KEY WORDS:** counselling, drugs

USA

153.

**HIV EPIDEMIOLOGY AND RISK BEHAVIOUR IN AUSTRIAN PRISONS**

In Austrian prisons the percentage of injecting drug users (IDU) who are diagnosed HIV positive is substantially higher than in the general population, because a high percentage of drug users serve prison terms. The prevalence of HIV amongst IDUs in Austria is currently just under 20%. Injecting drug use and sexual contacts continue to occur in prisons. The associated risk of contracting HIV, hepatitis B virus (HBV) and Hepatitis C virus (HCV) during such exposures is higher than in the general population because prisoners have no ready access to clean injecting equipment or condoms. In Austrian prisons there are currently no needle exchange programmes. Since 1994, there has been free access to condoms by law in all prisons. The purpose of this study was to collect data on HIV, Hepatitis B (HBV) and Hepatitis C (HCV) prevalence and epidemiology and on risk behaviours in Austrian prisons and to take this data as a basis for developing strategies to reduce the risk of virus transmission in prisons.

Data on HIV prevalence in prisons (collected through voluntary testing) were collected in 1989, 1990, 1992, 1994 and 1996. Information on risk behaviours for HIV, HBV and HBC transmission was obtained during medical entry examinations. There are no accurate figures on the number of drug users in Austrian prisons, but it can be estimated that currently around 10% of the 6700 sentences prisoners are IDUs. This would suggest that about 7% of the estimated 10,000 IDUs in Austria are in prison. Information on risk behaviours linked to HIV, HCV and HBV transmission in prisons was obtained through confidential self reporting interviews with IDUs and may not be wholly accurate. However, it appears that the risk behaviours include needle sharing, homosexual contacts and tattooing.

Further research to evaluate the effectiveness of these measures is urgently needed in view of the impact that the transmission of HIV, HBV and HCV in prisons has for the epidemiology of these diseases.


**KEY WORDS:** HIV, injecting behaviours, prevalence of HIV, prevalence of risk behaviours

AUSTRIA

154.
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

ANTIBODY PREVALENCE OF PARENTALLY TRANSMITTED VIRUS (HIV-1, HTLV-I, HBV, HCV) IN AUSTRIAN INTRAVENOUS DRUG USERS
Intravenous drug users (IDU) represent a significant reservoir for parentally viruses. The potential of the spread of these viruses from IDU to the heterosexual population is great. The purpose of this study was to examine the course of HIV prevalence since 1985 in Austrian IDU, and to find out whether human T-cell leukaemia virus type (HTLV-1) has entered the population of Austrian IDU and to test the prevalence of antibodies against hepatitis C virus in comparison to hepatitis B marks and anti-HIV-1 in IDU. In addition, data was collected on risk behaviour of imprisoned IDU and on possible exposure to infection with these viruses during detention. The findings showed that in Austria HCV seems to be the most frequent parentally transmitted virus, HIV seroprevalence has not increased since 1986 and HTLV-I has not yet begun.


KEY WORDS: HIV, drugs, hepatitis, injecting behaviours, prevalence of HIV

AUSTRIA

155.

HIV EPIDEMIOLOGY AND RISK BEHAVIOUR PROMOTING HIV TRANSMISSION IN AUSTRIAN PRISONS
During the period 1989 – 1992 between 10%-19% of all prisoners recently admitted to prisons and penitentiary institutions in Austria underwent HIV antibody tests. HIV prevalence rates were determined on the basis of tests in certain prisons in which more than 80% of the newly admitted inmates were tested. The results showed that prevalence rates among inmates in Austria are five times higher than rates in the general Austrian population. Approximately 5% of all inmates belong to the high risk group of intravenous drug users and enquiries into the HIV risk behaviour among prison inmates showed that, just as in other countries, intravenous drug use and sexual contacts are common practices. Since disposable needles and condoms are not available to prison inmates, these practices carry a particularly high risk of HIV transmission. The data collected can be taken as a basis for developing strategies which are designed to reduce the risk of HIV transmission in prisons and which have a major bearing on the development of the HIV pandemic.


KEY WORDS: HIV, drugs epidemiology, injecting behaviours, harm reduction, prevalence of HIV

AUSTRIA

156.

INTRAVENOUS DRUG USE AND HIV TRANSMISSION AMONGST INMATES IN SCOTTISH PRISONS
The intravenous drug use behaviour and HIV risk reduction strategies used by a group of Scottish inmates prior to prison, during imprisonment and as expected after release was investigated. From a sample of 559 inmates (490 males and 79 females) 27.5% were involved in IVDU prior to imprisonment, 7.7% on at least one occasion during a period of imprisonment and 14.7% expected to do so after release. Prior to imprisonment, 17.3% shared needles, 5.7% at some time during imprisonment and 4.3% expected to do so after release. Some form of HIV risk reduction strategies were practised by the majority of IVDU inmates prior to imprisonment, during imprisonment and were expected to continue after release. The most at
risk inmates were those who continued to share injecting equipment without reduction and without sterilising. The reduction in IVDU and needle sharing during imprisonment in comparison to prior imprisonment was paralleled by a self-perceived reduction of personal risk from HIV during imprisonment.


**KEY WORDS:** injecting behaviours, drugs, HIV, prevalence of HIV

UK

157. DISCHARGE PLANNING NEEDS OF INCARCERATED WOMEN LIVING WITH HIV
We have observed that incarcerated women who are living with HIV are re-incarcerated many times despite intensive one-on-one discharge planning with their medical provider and with a discharge planning counsellor. We aim to explore the reasons why discharge planning that includes linkage with drug treatment programmes, housing programmes and medical follow up may fail to meet the needs of HIV seropositive women. Thus far, we have interviewed 29 HIV seropositive women who were close to their date of release from prison. We found that 27 (93%) indicated that they had plans for drug treatment after discharge. Eight (28%) of the women were planning to live at a residential drug treatment programme, four (14%) of the women were planning to live at their own apartment and 17 (58%) were unable to identify an independent living arrangement. Eight (28%) of the 29 women could not identify someone they could count on for emotional support after discharge. Finally, 16 (55%) of the women had no plans for medical follow up after discharge. We will present data on recidivism and on success linkages to services after discharge from follow up interviews conducted six months after each woman’s discharge from prison.


**KEY WORDS:** HIV, women, recidivism, pre-release, aftercare

USA

158. ASSESSMENT OF AND SERVICES FOR SUBSTANCE-ABUSING WOMEN OFFENDERS IN COMMUNITY AND CORRECTIONAL SETTINGS
Drug abuse among women has become a significant problem for the criminal justice system. The majority of women arrestees are arrested for drug offences and crimes committed to support their drug habits, in particular theft and prostitution. Despite the high rates of drug use among women offenders, a relatively small proportion of those who need treatment receive it.

Treatment for women offenders, whether in the community or in jail or prison, often consists of attendance at drug education classes and Alcoholics Anonymous or other 12-step meetings. Where more intensive treatment exists, the programmes often do not meet the special needs of women, which, in addition to treatment for substance abuse, physical and mental health problems, limited education and vocational skills, and care for their children. Although a number of treatment programmes have been established specifically for women offenders in the past decade or so, there remain serious gaps in the ability of the criminal justice system to meet the needs of women offenders with substance abuse problems.

The programmes visited provide a variety of services that are intended to meet the drug problems and other needs of women, although there is considerable variation among programmes as to which services are offered and whether particular services are offered on-
site or through referrals. Across programmes, the services that are commonly provided include
drug education, individual and group counselling, 12-step support groups, and various
combinations of ancillary services such as medical and dental care, relapse prevention, HIV
education and counselling, acupuncture, remedial education and job training. In addition,
programmes are increasingly providing services that address the specific needs of women
offenders, such as support groups for rape and incest survivors, child care, housing assistance,
income and employment assistance, and gender-specific medical care. The provision of these
services, particularly those that are more relevant to the needs and situations of women, is
intended to help the women lead stable, drug-free lives with a sense of empowerment, effective
coping skills and a strong support network.

Few, if any, programmes are able to provide all the services that women need at the
programme site, whether located in the community or in a jail or prison. Currently, the
availability of treatment for women offenders falls far short of what is needed, and the treatment
that is available does not necessarily offer the types of services that women need. In addition,
women encounter barriers to entering treatment, probably foremost being lack of child care at
programmes and inadequate transportation.

KEY WORDS: women, 12-step

159.
THE SPECIAL DEPARTMENT OF THE PRISON IN INNSBRUCK ACCORDING TO § 22
StGB (PENAL LAW)
The special department of the correctional institution in Innsbruck, according to § 22 StGB
(Penal Law), was established in March 1st in 1993, and gives 12 drug addicts, who committed a
criminal offence, the possibility to therapy. The drug therapy is structured by regulations such
as strict admission criteria, therapy contract and probationary time. In the period from March
1993 to November 1995 21 out of 28 addicts were able to finish their therapy; four of them kept
total, one joined a long term therapy and three the methadone programme, the remaining
patients relapsed respectively the institution did not get any further information.
Institutions*, 79-82.
KEY WORDS: drug therapy, drugs, methadone

160.
GROUPWORK WITH HIV POSITIVE DRUG MISUSERS IN PRISON
A group work program sought to engage HIV positive drug misusers within a prison settling to
introduce ideas and information, and by doing so, promote desired behavioural and drug
addiction. Various methods of giving information and discussions were employed to influence
members' views and behaviour. The interactions between group members were recorded using
a modified version of the Interaction Process Analysis during each session. In this way it was
possible to analyse individual members' functioning as well as that of the whole group over the
duration of the program. An analysis of the group's communication, control, evaluation, and
decision making profiles reflected effort and engagement in tackling the subject inputs. The
positive response from group members suggests that the approach adopted in the programme
was an encouraging step in devising an acceptable and relevant educational and treatment
strategy.
161. DRUG DEPENDENCE AND HIV INFECTION: EPIDEMIOLOGIC STUDY ON A JAIL POPULATION

An epidemiological study was carried out in a prison in Bari to evaluate the incidence of drug use on the presence of HIV infection among the prison inmates. The study found that of the adults and adolescents examined, 40% and 9% respectively were intravenous drug users aged between 18 to 30 years old. In the case of the adult population, the average of HIV infection and seroprevalence was higher among drug using than non-drug using prisoners, whereas only two seropositive cases were found among the adolescent drug users.

In view of the above findings, the report concluded that the prevalence of HIV infection among drug users in prisons was not any different to that observed in a group of drug users living in the general population. These results, however, do confirm that prisons represent a reservoir for HIV infection among drug users.


KEY WORDS: HIV, drugs, juveniles, prevalence of HIV
ITALY

162. AN ANALYSIS OF AIDS PATIENTS HOSPITALISED IN PRISON HOSPITALS

In the population studied, 268 AIDS cases were declared from 1985-1991, 204 of which were among drug users. This study presents an analysis of vital statistics, of the same date including clinic aspects, drug use characteristics and penitentiary itinerary. Our results show a medium length survival rate among patients in a precarious situation, which is explained by a high prevalence of extra pulmonary TB. The patients’ access to care was enhanced by the fact that there was improved knowledge of their clinical profit.


KEY WORDS: HIV, drugs, tuberculosis
FRANCE

163. DRUG ADDICTION IS A CHRONIC DISEASE

The “Weiner Organisationsmodell” for the treatment of drug addicts in execution of sentence is designed as a chain of support and a network of case. Before and after release from prison, the drug patient has the opportunity for therapy by a central institution, the forensic drug ambulant institution and personal continuous care by the treating doctors. In addition oral Methadone substitution-therapy is available.


KEY WORDS: drugs, methadone, aftercare
AUSTRIA
RISK, INTERVENTION AND CHANGE
The prevalence of HIV risk behaviours in prison is highlighted by the present degree of overlap between drug use, particularly intravenous drug use, and incarceration. Many drug injectors continue to inject while in prison. The prison environment may create a 'risk environment' in which risk associated with HIV are present, due to scarcity of injecting equipment and ineffective cleaning methods. Prison may decrease the prevalence of drug use, but the risk involved in intravenous drug use increases. The ACMD share the view that prisons increase the likelihood of HIV infection among drug users.

Advantages and disadvantages of methods of HIV prevention, including distribution of condoms, injecting equipment and cleaning material, are discussed. Current prevention involves advice, education, and information-giving. In addition, methadone treatment in prison is addressed; particularly in suggesting that longer term methadone treatment should be available for those remanded or with short sentences who were receiving treatment before custody.

KEY WORDS: methadone, HIV, injecting behaviours, education, prevalence of risk behaviours

FACTORS ASSOCIATED WITH HIV SEROPOSITIVITY IN EUROPEAN INJECTING DRUG USERS
The objective was to study factors associated with HIV seropositivity among European injecting drug users (IDU). Data on behavioural and other factors potentially associated with HIV status were collected retrospectively by personal interview with IDU (n=2330) in a multicentre cross-sectional survey conducted in 12 European countries from 1989 to 1990. HIV status tested at the time of the survey was examined in relation to demographic data, history of imprisonment, travel to foreign countries, high-risk drug-using practices in the previous 6 months (re-using other IDU’s injecting equipment without effective disinfection) and high-risk sexual behaviour in the last 6 months (multiple partners, unless none was IDU and condoms were always used). Analysis excluding IDU who claimed to be seropositive from previous testing.

Imprisonment was significantly associated with current HIV status [odds ratio (OR), 1.70; 95% confidence interval (CI), 1.2-2.87]. High-risk drug-use practices were significantly associated with current HIV status in respondents not previously tested (OR 2.86; 95% CI, 1.09-7.35) but not in respondents claiming to be seronegative. No significant association was found for high-risk sexual behaviour.

Our experience supports the validity of retrospective investigation of behaviour in a population that is notoriously difficult to study. However, any interpretation of the apparently different association of HIV status with high-risk sexual behaviour and high-risk drug-use practices must consider factors tending to attenuate the correlations may operate differently in these two areas.

KEY WORDS: drugs, injecting behaviour, HIV

HIV AND AIDS IN THE COMMUNITY AND IN CUSTODY

Known cases of HIV and AIDS are monitored by the Communicable Disease Surveillance Centre (CDSC) and the Communicable Disease (Scotland) Unit. The results, which are broken down by gender, sexual orientation, age, route of transmission and geographic distribution, are published weekly in the Communicable Disease Report (CDR).

The data do not reveal anything about incidence of HIV in the custodial population, it only indicates who may not be at most risk for HIV infection. Particular vulnerabilities revealed in the prison profile, taboos surrounding HIV in prison and the lack of access to precautionary measures combine to exacerbate the risks in custody. Additionally, there is a constant and natural overlap between the custodial population and the general population.


**KEY WORDS:** HIV, women, drugs, sexual behaviours, tattooing

167.
**PRISON: SHIELD FROM THREAT, OR THREAT TO SURVIVAL?**

There is unequivocal evidence from published and unpublished Home Office statistics that the philosophy and pattern of provision to opiate dependent subjects by the prison medical service diverges considerably from the consensus position adopted by drug dependency clinics in the NHS. An extrapolation of this problem is that the reality for an opiate dependent prisoner admitted in 1992 was that he or she has less than a 5% chance of being offered any methadone at all (and of this 5%, the vast majority would have been offered the accelerated maximum seven day course).

In an environment where heroin is said to be very widely available at prices which, although variable, can reach as low as £5 a gram or even zero (outside prison heroin usually costs about £80 a gram) the temptation to use illegal heroin must be very great indeed. Furthermore, the prescribing of very short courses of methadone does not seem to form part of a coherent clinical strategy to address the individual drug misusing prisoner’s clinical needs.

A more direct remedy would be for the prison service to implement the sort of treatment programme that is standard practice in NHS drugs dependency treatment centres and certain general practices, as recommended by the Department of Health. The expected time course for recovery from a methadone dependent state is six to seven weeks. There is considerable evidence that the treatment of drug misuse is effective – 30-40% of subjects become abstinent as a result of treatment. The restraints of the prison environment, with the severing of previous social contacts, should present an opportunity to achieve an even more favourable outcome.

Instead of exploiting this opportunity to motivate or reinforce existing motivation of prisoners to reconsider their past lifestyle, the prison medical service’s monopoly provision of care and non-standard treatment regimens, combine with what we regard as the abuse of the concept of doctor’s “clinical freedom”, leaves prisoners disenfranchised to the point of suffering serious avoidable morbidity.

The hitherto successful campaign by the chief medical officer and the Department of Health draws attention to the fact that the most potent factors which spread the HIV virus are denial, hypocrisy, prejudice and neglect. To avoid an HIV epidemic, this message cannot be ignored by any agency with a responsibility for the medical care of high risk patients.


**KEY WORDS:** opiates, HIV, methadone, evaluation

UK
168.
HIV TESTING, HIV INFECTION AND ASSOCIATED RISK FACTORS AMONG INMATES IN SOUTH-EASTERN FRENCH PRISONS.
This study reports on a cross-sectional survey of HIV seroprevalences rates and associated risk factors at the two main remand and short-stay prisons of south-eastern France. Questionnaires were completed by inmates, both men and women. 65% of the inmates were tested for HIV infection and it was found that HIV seroprevalence was slightly higher than that estimated by periodic surveys and above the national average for 1992 reported by the French prison administration. HIV seroprevalence was significantly higher among recidivist inmates and the rate of HIV infection was particularly high among IVDU. In addition, more female non-IVDU than male non-IVDU were infected with HIV. This study demonstrates the high prevalence of HIV infection in French prisons, especially among IVDU. The rates may be related to the high prevalence of risky drug practices and to delays in the development of HIV prevention programmes for IVDU in France. The higher seroprevalence among recidivist inmates may be the result of risk behaviours during imprisonment, or it may be the result of risk behaviours during imprisonment, or it may be that recidivist inmates are at greater risk of HIV infection because of higher levels of drug use.
KEY WORDS: Recidivism, injecting behaviours, HIV, prevalence of HIV
FRANCE

169.
RISK BEHAVIOURS OF INMATES IN SOUTH-EASTERN FRANCE
This study was set up to compare risk behaviours between injecting drug users (IDU) and non-IVDU inmates, and to elicit the differences of preventive and risk behaviours according to sex among the IDUs. Male and female inmates of Baumettes Prison, France, were interviewed using a self-questionnaire checked by medical staff. Of the 20% of the participants who were IDU (heroin) half of them reported sharing needles. The injecting drug users also reported a significantly higher number of sexual partners and reported using condoms more frequently than the non-IDUs.
Multidimensional analysis showed that more female inmates had been HIV tested, had sexual intercourse with an IDU and shared syringes than their male counterparts. The above mentioned data confirms that apart from drug taking, sexual behaviours can be an additional risk factor among IDU inmates, especially among women.
Rotily, M., Galinier, Pujol, A., & Vernay Vaisse, C., 1995, AIDS-Care, 7, 89-93,
KEY WORDS: injecting behaviours, HIV, sexual behaviours, women, drugs
FRANCE

170.
IS SYRINGE EXCHANGE FEASIBLE IN A PRISON SETTING? AN EXPLORATORY STUDY OF THE ISSUES
A number of HIV prevention measures have been established in the community in recent years. Several, such as needle exchange and methadone treatment, have been demonstrated to be effective. Few effective HIV prevention measures have been implemented in prisons anywhere in the world. There are only two (pilot) syringe exchange programmes existing in the
world, both in Switzerland. As yet, no assessment of the issues involved in implementation or feasibility of a Prison Syringe Exchange (PSE) has been made in Australia. This study was conducted to consider the issues raised by PSE and assess possible benefits, possible adverse consequences and the feasibility of implementing PSE.

The feasibility of PSE was examined by documenting issues raised by key stakeholders in New South Wales (NSW) prison system generated in facilitated discussion groups. Groups made up of individuals doing similar work pertinent to the NSW prison system were asked to discuss problems in the correctional context associated with syringe use, effectiveness of and problems associated with existing HIV and hepatitis prevention measures, and possible benefits and costs of establishing and evaluating a pilot syringe exchange programme in prisons.

The views of stakeholders will directly influence the operation of a PSE. Groups comprising prison officers, prison medical staff and ex-inmates provided information on likely safety issues associated with a PSE, emphasising the necessity for effective, broad-range treatment and harm minimisation programmes in prisons for injecting drug users. Groups, including prison staff, questioned the implementation and effectiveness of existing HIV prevention programmes. Groups comprising community agencies and politicians addressed the likely wider community impact.

Based on these discussions, we conclude that a pilot PSE programme in a prison setting would only be feasible provided there were certain strict limitations. The primary concern of all groups was the current policy of the Department of Correctional Services which opposes the introduction or exchange of syringes in any capacity. Prison officers were also unanimously opposed to PSE. This issue would need to be negotiated and co-operation of prison staff before implementation of any pilot PSE could be considered.


KEY WORDS: syringe-exchange, HIV, drugs, methadone, injecting behaviours

AUSTRALIA

171.
AIDS PREVENTION IN EUROPEAN PRISONS
[FRENCH]
The principle of equivalence of preventive measures and health care between prison and the outside community require prison authorities to strive to prevent HIV transmission among inmates. It emerges from information collected on HIV/AIDS from 32 prison systems in 17 European countries that though there have been major developments in effective prevention programmes in the community, less progress has been made within the prison systems.

Although condoms and information on AIDS are distributed to inmates in almost all the prison systems, none have adopted a syringe/needle distribution or exchange. Though in some prison systems, the distribution of a disinfectant (diluted bleach) with instructions on cleaning injection materials has been initiated. Different regimes of preventive care measures and health care inside and outside prison persist despite clear recommendations issued by international bodies in 1987/88 and, in addition, discrimination and segregation (restricted access to workshops and, especially, work in kitchens) still remains widespread in 1992.


KEY WORDS: HIV, drugs, injecting behaviours, harm reduction, policy
EUROPE
172. HIV-RELATED RISK REDUCTION AMONG WOMEN OFFENDERS IN JAIL AND IN THE COMMUNITY.

Women drug users account for a growing proportion in jails and prisons, and HIV seroprevalence rates of incarcerated women are higher than those of their male counterparts. This study tests the efficacy of a group intervention, combining skills-building and social support, and designed to reduce HIV risk behaviour among drug-abusing female offenders. Derived from socio-behavioural theories and from developmental work with the target population, the intervention consists of 8 group sessions in prison and 8 individual post-release sessions in the community. Women with recent drug abuse, approaching release from a 3-12 month sentence, are recruited in Rikers Island jail, New York City.

More than 300 women have thus far been randomly assigned to the skills-building/social support intervention or to a single AIDS information session. Measurement includes baseline, and follow-up at 1, 3, 6 and 12 months. In a logistic regression model controlling for demographic variables and number of sessions attended, preliminary findings (N=159) favour skill/social participants on indicators of condom use improvement (OR=3.92, p<.07) coping skills improvement (OR=2.14, p<1), and emotional support improvement (OR=2.42, p<.05), but not sex trading. Early results lend some support to group skills-building interventions to reduce HIV risk behaviour among female offenders.


KEY WORDS: HIV, women, drugs, evaluation

USA

173. GUIDANCE MANAGEMENT OF HIV/AIDS PRISONERS

This booklet provides guidance on the management of HIV/AIDS prisoners. It sets out the practices which are expected to follow, and explains the background to the Scottish Prison Service’s policy on HIV/AIDS.


KEY WORDS: management of HIV, policy

UK

174. MORTALITY FROM OVERDOSE AMONG INJECTING DRUG USERS RECENTLY RELEASED FROM PRISON: DATABASE LINKAGE STUDY

The objective was to assess whether injecting drug users have a higher than usual risk of death from overdose in the 2 weeks after release from prison. Soundex coding of surnames and information on date of birth were used to link entry and release dates from the local prison between 1983 and 1994 with clinical data from Edinburgh City Hospital’s cohort of male injecting drug users who are infected with HIV. 316/332 male injecting drug users infected with HIV in the City Hospital HIV cohort were the subjects. 16 were excluded because they were enrolled after developing AIDS or because their precise date of death was not available. The main outcome measure was a relative risk of dying from overdose before developing AIDS during the 2 weeks after release from prison. This was compared with relative risks of death during other time at liberty.

238/316 (75%) injecting drug users served time in prison between 1983 and 1994. 33 out of 316 injecting drug users who were infected with HIV died before developing AIDS during
517,177 days at risk. 20 of these men died of an overdose; 6 of these deaths occurred within 2 weeks of release during 5903 days at risk. Death rates from overdose before the development of AIDS were 1.02/1000 days during the 2 weeks after release (recently released) and 0.029/1000 days during other times of liberty. The relative risk of death from overdose became 7.7 (1.5 to 39.1) after temporal matching (when the comparison was limited to the first 2 weeks after release v the next 10 weeks). The crude relative risk in an analysis combining stratified prison term and the 2 weeks after release was 4.5 (1.7 to 11.7) for death from overdose. After temporal matching these risks became 1.8 (0.4 to 9.2).

Prisons should evaluate interventions to reduce the risk of death from overdose after release.


KEY WORDS: HIV, drugs, overdose

UK

175.
AIDS MANAGEMENT IN PRISONS: FACTORS LEADING TO EFFECTIVE HEALTH CARE FOR PRISONERS
This research project, which was commissioned by the National AIDS and Prisons Forum, examined the experiences of people working in AIDS Management Teams in seven prisons and the experiences of other people involved in HIV related activities in the prisons. Issues are specific to HIV management, but not exclusive. A key issue is whether HIV related work should be integrated with other health issues, and if so, can it be done without HIV losing its place on the agenda. A number of suggestions concerning effective health care for prisoners regarding HIV are given.


KEY WORDS: HIV, HIV management

UK

176.
BEHAVIOURAL CHANGE AMONG DRUG INJECTORS IN SCOTTISH PRISONS
A study of injecting behaviour among a sample of drug users in Scottish prisons found that 32% had reported injecting prior to the current sentence, however, the percentage of those who were injecting during their current prison sentence (i.e. inside the prison) had fallen to 11%. Of those who were injecting prior to imprisonment 24% reported sharing injecting equipment. However, out of those who were injecting in prison 76% reported sharing equipment. Overall, therefore, there were fewer injectors in prison, but a higher percentage of these drug injectors shared needles. The factors most closely identified with current sharing of injecting in prison were having injected a wide range of drugs, the frequency of Temgesic use and, finally, the discontinuation of methadone prescriptions once in prison.

Shewan, D., Gemmell, M., & Davies, J., 1994, Social Science and Medicine, 39, 1585-1586.

KEY WORDS: HIV, drugs, injecting behaviours, methadone

UK

177.
PATTERNS OF INJECTING AND SHARING IN A SCOTTISH PRISON
Although the potential for prisons to act as the setting for HIV transmission has been recognised, there is an enduring lack of knowledge in this area. This study presents data on
patterns of injecting and sharing needles in an Edinburgh prison during 1993-1994. There was a relatively low level of injecting in the Edinburgh prison during this time, with only 13% of the sample of drug users having injected at some point during their current sentence. The majority of those who had injected had shared injecting equipment and where this had taken place the level of HIV risk was variable, but would have been even higher had cleaning fluids not been available within the prison, or had they not been used by the sharers. The implications of this study for drug service provision for prisons is discussed further.


**KEY WORDS:** HIV, drugs, injecting behaviours

**UK**

178.

**CONDUCTING HIV OUTREACH AND RESEARCH AMONG INCARCERATED DRUG ABUSERS: A CASE STUDY OF ETHICAL CONCERNS AND DILEMMAS**

This case involves the examination of an ethically problematic even that arose while we were conducting an outreach/early intervention research demonstration project targeted at women who exchange sex for drugs. Subjects were drug abusers—primarily crack-cocaine smokers—recruited by outreach workers on “the street” and in jail. Participants were offered counselling, HIV and syphilis screening, and risk-reduction education. A woman who was a jail inmate tested positive for HIV. In order to obtain medical and other assistance, she would have to reveal her serostatus to jail officials. This could result in isolation and the possibility of harm from others in the jail once the information about her circulated. The case highlights the problems inherent in HIV testing of incarcerated drug abusers, especially in low HIV seroprevalence areas. We recommend that a community empanel a committee composed of substance abuse treatment and medical professionals, civil rights advocates, criminal justice personnel, and ethicists to formulate humane and effective policy in light of its drug abuse and HIV problems at its resources.


**KEY WORDS:** HIV, prisoner’s rights, HIV testing, women, drugs, sexual behaviours ethics

**USA**

179.

**ALCOHOL AND DRUG ABUSE-DEPENDENCE DISORDERS IN PSYCHOPATHIC AND NON-PSYCHOPATHIC CRIMINAL OFFENDERS**

Criminality is strongly associated with alcoholism and other forms of substance abuse. In addition, significantly higher prevalence of alcoholism and drug abuse are found in offenders with antisocial personality disorders. Co-occurrence of psychopathy (assessed with the Psychopathy Checklist) and lifetime Diagnostic and Statistical Manual of Mental Disorders (3rd ed.) alcohol and drug disorders (assessed with the National Institute of Mental Health and Diagnostic Interview Schedule) was examined in a sample of 360 inmates.

The results of the co-occurrence analyses clearly indicate that incarcerated psychopaths are at increased risk for lifetime alcohol and drug disorders. In addition, a higher percentage of psychopaths have abused multiple types of drugs compared with non-psychopaths. The results are generally consistent with findings reported for the co-occurrence of DSM-III ASP with alcohol and drug disorders. These co-occurrence estimates are important to document given the implications of serious substance abuse for the diagnosis and treatment of
psychopaths. The results provide evidence that drug and alcohol abuse-dependence in psychopaths is pervasive enough to warrant investigation of their possibility confounding influences on measures used in psychopathy research. Recent work on the biological basis of deviance and other research that links substance abuse with inherited predispositions to engage in disinhibited behaviour suggests that further research on biopsychological factors holds promise. Prospective studies that focus on identifying predisposing biological and psychological risk factors for various syndromes of disinhibition are obviously necessary to address more adequately for the complex, possibly multifactorial, etiological basis of psychopathy, substance abuse, and related disorders.

KEY WORDS: alcohol, drugs, mental health, crime

USA

180.
CHANGE IN HIV-ANTIBODY SEROPREVALENCE RATES IN IVDU DRUG DEPENDENT PRISONERS

Since 1982, when the acquired immune deficiency syndrome (AIDS) was first diagnosed in intravenous (IV) drug users the further development of the epidemic in this population at risk has shown remarkable differences between Europe and America as well as between different European countries and cities. Various different factors may account for the varying prevalence rates of the HIV antibodies in drug injectors. On the one hand geographical isolation might have implications such as in Great Britain, where overall prevalence rates are rather low with the exception of Edinburgh, where the rapid spread of HIV infection was observed.

In 1985, a high HIV seroprevalence (44.2%) was found in a cohort of parental drug addicted prisoners in Innsbruck, Austria. In a longitudinal study from March 1985 to March 1989 the epidemiology of HIV-infection as well as possible changes in the drug taking behaviour of this defined population at risk was investigated. During the study HIV-seroprevalence rates in drug dependent prisoners showed a statistical decrease to 30%.

After the first screenings in 1985 had demonstrated high HIV-seroprevalence rates, several preventative measures were indicated. In addition to the comprehensive information provided during imprisonment, the psychiatric outpatient department was extended and efforts were made to improve the co-operation between the psychiatric clinic, social workers and other private and public drug treatment facilities. Drug abusers were either brought into contact with social workers of the various programmes already while serving their prison sentence or else they were advised to contact the different supporting facilities after having been discharged.

Since the number of people at risk is rather small the growing social and therapeutic network significantly improved the contact with the addicts and the care for them. The onset of these preventative measures as well as a rising fear of AIDS caused by the growing information in general may provide the reasons for the decrease of seroprevalence rates during the first year observed. In 1986 the continuation of declining seroprevalence rates seems to have been augmented by the legislation of an unrestricted supply of needles and syringes in drug stores.


KEY WORDS: HIV, HIV testing, syringe-exchange, prevalence of HIV

AUSTRIA
181.
THE LINK BETWEEN Identity AND CRIME FOR THE HEROIN ADdict IN METHADONE TREATMENT
The relationship between identity and involvement in crime for the heroin addict enrolled in methadone treatment is the focus of this paper. Hypothesised is the idea that crime during treatment is related to the maintenance of an identity appropriate to the role of the active street hustler. Data derived from interviews with addicts in methadone treatment in the New York City area. Findings suggest that the majority of heroin misusers in methadone treatment undergo identity change and come to define themselves in terms of the new role as “methadone patient”. Methadone treatment will, however, eliminate or interrupt the criminal activity of only about half of these individuals. The other half will continue to engage in low risk, small profit crimes such as dealing in stolen merchandise, shoplifting, selling drugs, and dealing tranquillisers. The major findings suggest that addicts who had the street-oriented identities were more likely than those with model patient-based identities to be involved in crime, particularly property crime.
KEY WORDS: identity, crime, methadone
USA

182.
DETERMINANTS OF HIV INFECTION AND RECENT RISK BEHAVIOUR AMONG INJECTING DRUG USERS IN BERLIN BY SITE OF RECRUITMENT
This study investigated the differences in prevalence and determinants of HIV infection in recent risk behaviour among injecting drug users (IDUs) using different types of services in Berlin. Participants were recruited from drug-free long-term treatment centres, a storefront agency and a syringe exchange bus. HIV seroprevalence was lowest (3.9%) at the treatment centres and highest among IDUs at the storefront agency (20.7%)

Independent risk factors for HIV infection were highlighted as the duration of injecting drug use, the sharing of syringes in prison, sex with HIV-positive partners and prostitution. Syringe sharing in prison was found to be the most important independent determinant of HIV infection among all three subpopulations of IDUs. While the site of recruitment was independently associated with the recent sharing of syringes, injection of drugs other than heroin, and injecting in prisons, were also important predictors of recent borrowing.

The results indicate that IDUs entering treatment form an important target group for health education. There is a need for AIDS prevention measures in prisons and the comparatively low levels of recent injection risk behaviour among IDUs at the syringe exchange bus suggest that this type of intervention may be effective in harm reduction
KEY WORDS: HIV, drugs, syringe-exchange, injecting behaviours, harm reduction
GERMANY

183.
PREVALENCE AND DETERMINANTS OF ANTI-HCV SEROPOSITIVITY OF HCV GENOTYPE AMONG INTRAVENOUS DRUG USERS IN BERLIN
A cross-sectional study was carried out on 405 intravenous drug users to identify risk factors for antibodies against the hepatitis C virus (HCV), and to assess the distribution and
determinants of HCV genotypes among IVDUs. Serum specimens were tested for seromarkers for HCV, HIV, hepatitis B virus (HBV) and syphilis.

Of the IVDUs, 83% were anti-HCV positive, 18% were infected with HIV, and 58% were HBV positive. The study determined that a prolonged period of intravenous drug use, syringe sharing in prison and a higher number of IVDU sexual partners constitute independent risk factors for anti HCV positivity. HCV genotypes 1 (49%) and 3a (44%) were most commonly found, of which the latter is significantly associated with a lack of HIV infection and a higher number of sexual partners.

The results indicate that preventive measures are needed to reduce syringe sharing among intravenous drug users in prison, that sex between IVDUs may play a role in the HCV epidemic and that, in Germany, HCV 3a appears to be much more common among intravenous drug users than among other HCV risk groups (i.e. transfusion recipients and haemophiliacs).

KEY WORDS: Hepatitis B, Hepatitis C, Sexual behaviours, injecting behaviours, prevalence of HIV

184.
KDM PILOT-PROJECT: ‘NO DRUGS MORE’ (‘KEINE DROGEN MEHR’)
The illusion of fighting drug problems within prison walls on a voluntary basis sounded almost ridiculous. A visit to HMP Downview, England opened new perspectives in handling problems applying educational base lines.

It is a fact that the majority part of inmates have no problem with drugs until their arrest. However, being in this community of coercion they become acquainted with addiction and abuse. It becomes their primary purpose in life, which creates a new and unknown problem. This emerging issue forced us to create a drug-free environment in this institution of coercion. We know now what we want and what we need: “No more drugs” within prisons.

KEY WORDS: drug free units, drugs

GERMANY

185.
THE OUTSIDER
Drug agencies working in prisons have to deal with many issues which are not encountered by their peers in the community. Most significant is the fact that they are working in an institutional setting defined by rules and regulations, but there is also often an absence of resources or support within the prisons and a blurring of the boundaries between treatment and punishment. Despite this, there is room for mutually beneficial partnerships in prison.

KEY WORDS: drugs

UK

186.
INFEKTIONSPROPHYLAXE IM STRAFCOLLZUG
This text examines infectious diseases in prisons. In the last twenty years, drug users have become a steadily increasing sub-population among prison inmates. Those who are not able or willing to stop i.v. drug use run the risk of contracting various infectious diseases. In prison, syringes are not allowed; therefore the sharing of needles is widespread. That is why pathogenic agents (HIV, HBV, HCV) are easily transmitted. Many addicts are imprisoned repeatedly during their drug using careers, and prisons are a significant place for the transmission of life-threatening infectious diseases such as HIV and hepatitis. This book gives some conclusive illustrations of these facts.

In this book, various German and Swiss authors deal with the following three topics: the prevalence of illicit drug use and viral infection in prison; the necessity of infectious disease prevention services; and the reasons prison authorities refuse such health measures, in spite of the evident problem. Emphasis is given to the second topic.


KEY WORDS: HIV, drugs, prevalence of drug use, injecting behaviours

187. CLEAN NEEDLES FOR SAXON PRISONERS
A dirty needles exchange has been introduced for drug users in Lower Saxony at the women’s prison in Vechta and at the men’s prison in Lingen. Vechta has approximately 170 prisoners and Lingen approximately 230. in both jails about half of the prisoners are believed to be injecting drug users.

The pilot project is intended to run for two years. It will be overseen by prison doctors and monitored by researchers at Oldenburg University, who will evaluate the project after its completion. They will be looking at the workability of the measure, and how these innovative preventative measures have affected drug consumption and lifestyle. Needle exchange schemes had already proved effective outside prisons, with a marked decrease in the number of newly infected drug addicts in areas where the schemes were operating.

The investigation is aimed at analysing the different attitudes and behavioural patterns of all the groups involved in the project. It is planned to correlate the social-scientific findings with the medical results obtained. The data gathered will be treated in strict confidence.


KEY WORDS: HIV, syringe-exchange, drugs

188. PREVALENCE OF HEPATITIS B VIRUS MARKERS AMONG INTRAVENOUS DRUG ABUSERS IN STOCKHOLM: IMPACT OF HETEROSEXUAL TRANSMISSION
In order to study the importance of sexual transmission of hepatitis B virus (HBV) among intravenous drug abusers (IVDUs), and from IVDAs to others, we consecutively interviewed 171 IVDAs detained at the Stockholm Remand Prison during 4 months in 1990. sexual histories revealed that 77% reported > 3 sexual partners during the lat three years, 64% had had a sexual partner who did not inject drugs, and 61% reported a prior STD. The prevalence of HBV markers was 75%. In a multiple logistic regression analysis, a high risk for HBV markers was associated with an increasing number of drug injecting sexual partners during the last 3 years, indicating that sexual transmission, along with sharing of needles, may contribute to the high prevalence of HBV markers within this group. It is suggested that an adequate
sexual history must be obtained from IVDAs with acute viral hepatitis in order to identify sexual partners who should be offered postexposure prophylaxis, and that non-immune IVDUs should be vaccinated against viral hepatitis A and B.


**KEY WORDS:** drugs, hepatitis B, sexual behaviours, injecting behaviours

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**189. OUTBREAK OF HININFECTION IN A SCOTTISH PRISON**

The objective was to investigate the possible spread of HIV infection and its route of infection among prison inmates. In response to an outbreak of acute clinical hepatitis B and two seroconversions to HIV infection, counselling and testing for HIV were offered to all inmates over a two week period in July 1993. Information was sought about drug injecting, sexual behaviour, and previous HIV testing.

The subjects were all male prisoners from HM Prison Glenochil in Scotland. The main outcome measures were the uptake of HIV counselling and testing, and occurrence and mode of HIV transmission within the prison.

Of a total 378 inmates, 227 (60%) were counselled and 162 (43%) tested for HIV. Twelve (7%) of those tested were positive for antibody to HIV. One-third (76) of those counselled had injected drugs at some time, of whom 33 (43%) had injected in Glenochil; all 12 seropositive men belonged to this latter group. Thirty-two of these 33 had shared needles and syringes in prison. A further two inmates who injected in prison were diagnosed as positive for HIV two months previously. Evidence based on sequential results and time of entry into prison indicated that eight transmissions definitely occurred within the prison in the first half of 1993.

This is the first report of an outbreak of HIV infection occurring within a prison. Restricted access to injecting equipment resulted in random sharing and placed injectors at high risk of becoming infected with HIV. Measures to prevent further spread of infection among prison injectors are urgently required.


**KEYWORDS** HIV, injecting behaviours, drugs

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**190. NSW PRISON HIV PEER EDUCATION PROGRAM: AN EVALUATION**

One of the core components of the strategies adopted by the prison AIDS project (PAP) was the development of an inmate prison peer education program (PPEP). This program trains selected inmates about all aspects of HIV, and provides them with skills to be able to take this knowledge back to their peers – hence the term “peer educators”.

The prison HIV Peer Education Program (PPEP) was established by 1991 and this evaluation was instigated in order to assess the effectiveness of the program in meeting its objectives. Various strategies were used to address each of the objectives for the evaluation, these ranges from the analysis of pre/post course questionnaires completed by inmates and random surveys conducted with officers and inmates; to a review of the train the trainer component of the program and a detailed review of the program materials. Overall the
evaluation resulted in thirty-eight recommendations being made for the ongoing refinement of the program and to improve its effectiveness.

**KEY WORDS:** HIV, education, self-help

AUSTRALIA

191.

**TESTING FOR DRUGS**
The author summarises the main findings from her dissertation entitled ‘Mandatory Drug Testing in Prison – a Shop in the Arm or a Shot in the Foot?’. A main concern is the inconsistency between punishment for drug misuse in prison, and those in the community. In the community, possession of a small amount of cannabis leads to a caution, whereas in prison the maximum penalty for the same offence can be equivalent to a three month sentence.

**KEY WORDS:** drug testing

UK

192.

**PSYCHIATRIC AND SUBSTANCE ABUSE DISORDERS AMONG MALE URBAN JAIL DETAINNEES**
This paper presents prevalence rates by race/ethnicity and age for nine psychiatric and substance use disorders found in a random sample of 728 male jail detainees. Two thirds of the sample detainees had had a disorder other than antisocial personality during their lifetimes; half of these had had an episode within two weeks of the interview. More than 30% currently had either a severe mental disorder or a substance abuse disorder. Detainees with severe mental disorders or substance use disorders were most often in jail because they had committed non-violent crimes. Jails are, unfortunately, not equipped to provide treatment. Many jail detainees have multiple disorders further complicating their treatment. The jail is a crucial point of intervention for persons whose psychiatric and substance abuse problems may lead them to commit minor offences. Despite the legal mandate to treat disordered jail detainees, few jails have adequate resources to treat either the mentally ill or substance abusers. Drug and alcohol treatment services are urgently needed. A recent nationwide survey of 1737 jails showed that only 28% provided any drug treatment services, and only 7% provided a comprehensive level of treatment. Unfortunately, existing services are insufficient, especially for substance abuse.

**KEY WORDS:** drugs, mental health, prevalence of drug use, prevalence of mental illness

USA

193.

**EXPERIENCES WITH DRUG-SUBSTITUTION DURING EXECUTION OF SENTENCE IN HAMBURG FROM 1990 TILL TODAY**
In 1990 the Senate of Hamburg provided the basis for starting substitution with Levomethadone/D/L-Methadone during the execution of sentence. From may 1990 until today (10/31/1995) 646 inmates (including 101 females) have been substituted with Levomethadone/D/L-Methadone during their imprisonment and treatment has been continued
after their release. 25 inmates (including 2 females) finished their substitution with Levomethadone/D/L-Methadone during the period mentioned above. From June 1990 onward drug tests ordered by the Criminal Justice System of Hamburg have been done in their own laboratory.


**KEY WORDS:** methadone, drugs, women

**GERMANY**

194.

**HIV/AIDS IN PRISONS**

Defining a problem is in itself problematic. Appropriate responses to the perceived problem involve the recognition of its nature and scope. “Official” Home Office data and ministerial statements indicate that drug use and unprotected anal intercourse are not considered to be major problems in the prisons of England and Wales. “Unofficial” information regarding these high risk activities leads to a contrary conclusion. Lack of adequate “official” information suppresses the required recognition of and response to HIV/AIDS and thereby places prisoners at greater risk of infection.


**KEY WORDS:** HIV, drugs, injecting behaviour, sexual behaviour

**UK**

195.

**HEALTH CARE OR PUNISHMENT? PRISONERS WITH HIV/AIDS**

Current changes in the prison medical service in England and Wales are reviewed, making a special note that while civil society increasingly seeks redress through law, prisoners are ill equipped and relatively ineffective in using the courts. It is suggested that a medical paradigm might be an empowering process by which prisoners could improve their quality of life. Delivery of an efficient health care service is a prisoner’s right, particularly in the case of HIV/AIDS prisoners, for whom the standard of health care is literally a matter of life and death.


**KEY WORDS:** HIV, policy, prisoner’s rights

**UK**

196.

**THE AIDS PANDEMIC AND HUMAN RIGHTS**

There is a section in which the protection of groups vulnerable to violation of human rights is addressed. The WHO stated that the same AIDS prevention and control strategy should be applied in prisons and in other parts of society. In particular, prisoners should have the same access to information and educational programmes that aim to minimise the spread of HIV. Among other suggestions the WHO advises that the testing of prisoners for HIV should comply with the same conditions that apply to persons at liberty, namely consent, confidentiality, and pre- and post-test counselling.


**KEY WORDS:** HIV, prisoner’s rights

**THE NETHERLANDS**
197. **HIV/AIDS: RESPONDING TO A CAPTIVE AUDIENCE**

The prison population with the UK is continually rising, therefore causing an increased necessity to promote HIV education and prevention. The prisons are predominantly made up of young males, a group which is likely to be sexually active and use drugs. Because the population in the prison system is always changing due to movements within the system and leaving the system, the risks and behaviours practiced in prison will have an impact on the general public.

Healthcare in prison, demand for drugs, educational programmes, and support teams are areas of prison life that need to be addressed. Prisoners need to feel that they can confidentially seek help. Also, it is necessary that HIV-related programmes will not disappear due to structural changes in health service or insufficient funding.


**KEY WORDS:** education, HIV

**UK**

198. **PRISONS, HIV AND AIDS**

Interviews with ex-prisoners that were contacted within 3 months of release covered prison experiences and pre- and post-prison behaviour. Interviews were conducted in 11 towns and cities in England between May and October 1990. Prevalence of HIV infection, drug use and infecting in prison, sexual activity in prison, HIV testing in prison and care of HIV positive prisoners were issues addressed.

Evidence of the level of HIV infection, the occurrence of risk behaviour in prison and the negative treatment of HIV+ prisoners, indicate that the Prison Department must reassess the policies of prevention of HIV transmission and the care given to HIV positive prisoners.


**KEY WORD:** HIV, drugs, HIV testing

**UK**

199. **HIV TESTING AND THE CARE AND TREATMENT OF HIV POSITIVE PEOPLE IN ENGLISH PRISONS**

In a study of 452 ex-prisoners, aged between 14-62 years, in England in 1990, 15% reported that they were tested for HIV when last in prison. 36% of those tested found it an unpleasant experience. 17% had not taken the test voluntarily and 55% said they received no counselling.

Most of those who were seropositive were accommodated in a “special location”, were not allowed to associate with other prisoners and denied access to work or recreational facilities. These data highlight the difficulties arising from the policy of Viral Infectivity Restrictions, a set of regulations applied to the management of prisoners with HIV in English prisons.


**KEY WORDS:** HIV, HIV testing

**UK**
200. “JUST USING OLD WORKS”: INJECTING RISK BEHAVIOUR IN PRISON

A minority of injecting drug users engage in high risk injecting behaviours when in prison. In the United Kingdom between a quarter and a third of injectors who enter prison inject when in prison, and of these about three-quarters share needles and syringes. In the present study, 44 drug injectors who had been released from prison for no longer than 6 months were recruited and interviewed in three geographical areas in England. Interviewees were asked to recount their experiences of drug use during their most recent period of imprisonment. The majority of interviewees were male (38/44), had a mean age of 28 years, with a mean age of 16 years at first drug use, were primarily opiate users (39) and had multiple imprisonments. All respondents reported drug use when imprisoned and drug injecting was reported by 16 interviewees, most injected at irregular intervals and at a reduced level, compared with injecting when in the community. Nine reported using needles and syringes that others had previously used. When considering other injecting equipment, more sharing occurred than was actually reported. Much re-use of equipment was viewed simply as “using old works”. The sharing of “cookers” and “filters”, and drug sharing by “backloading” and “frontloading” were common. The concept of “sharing” tended to be understood by respondents as relating to the tool of injection (needles and syringes rather than other equipment); the use of tools in the art of injection (rather than for mixing drugs); proximity (multiple use of needles and syringes in the presence of others); temporality (shorter time elapse between consecutive use of needles and syringes previously used by another) and source (hired rather than borrowed or bought). We conclude that syringe sharing is an integral part of drug use and drug injecting in prison. Many of those interviewed displayed a restricted understanding of what denotes syringe sharing. Our data reinforce the need for interventions and initiatives to be developed within prisons to deal with the considerable risk posed by continued injecting drug use.


KEY WORDS: HIV, injecting behaviours, drugs, prevalence of risk behaviour

UK

201. DRUG USE IN PRISON

The author comments on the Ross et al. article Prison: shield from death, or threat to survival? Previous studies of injecting drug users has have consistently shown that the majority will at some point by imprisoned and that one-third of this group will inject while in prison, of who three-quarters will share needles and syringes. The author’s current data show that there is no improvement in the situation.


KEY WORDS: injecting behaviours, drugs

UK

202. PREVALENCE OF HIV INFECTION AMONG EX-PRISONERS IN ENGLAND

Discussions about HIV and AIDS in prisons have been hampered by the lack of data on the prevalence of HIV among prisoners and their risk behaviour. In 1990, 425 ex-prisoners in England were recruited within three months of release from prison. A structured interview was administered covering sexual and drug injecting behaviour before, during and after imprisonment and experiences of imprisonment. Saliva samples were collected by use of a
salivette and tested for HIV antibodies, thus providing an estimate of the HIV status of the sample when in prison.

Extrapolation from the data of Madel et al that about 2540 men in the sentenced prison population injected drugs in the six months before arrest. If it is assumed from the data in this study that 8% of them were HIV positive and gives an estimated total of 203 HIV positive male drug injectors in the sentenced population. The corresponding figures for women (about 168 recent injectors, and 15% HIV positive) suggest a total number of HIV positive prisoners may be about 228 in a sentenced population of about 36,000.

On the basis of the evidence for drug injectors, it is concluded that the prevalence of HIV infection in the prison population is less than about 1 in 158 (0-6%). This estimate must be compared with the prison department's figure of roughly 50 prisoners known to be positive for HIV antibody per year.


KEY WORDS: HIV, epidemiology, drugs, prevalence of HIV

203.

SERVICES FOR DRUG USERS
Drug services in prison are provided by prison service and community based specialist drug agencies. Attitudes toward withdrawal, methadone maintenance and medication tactics varied from prison to prison. There are accounts of instances where prisoners were denied medication or provided medication for an insufficient amount of time. Various strategies were attempted by the inmates to receive medicine. Many individuals tried to conceal their drug use because of several issues which made withdrawal less undesirable than other possibilities.


KEY WORDS: drugs, methadone

204.

PRISONS AND AIDS
Questions such as how the situation has arisen and what can be done to stop the spread of HIV in prison are proposed. Suggestions are given when topics such as drug injecting, sex in prisons, tattooing, overcrowding and harm reduction are addressed.


KEY WORDS: HIV, harm reduction, tattooing, drugs, policy

205.

DRUG FREE UNITS IN DUTCH PRISONS: AN INTERSTING CHALLENGE
Several responses can be given that underline the importance of implementing drug free units (DFUs) for drug addicts in prisons. In the Netherlands in 1996 altogether there exists 20 DFUs with a capacity of 446 cells (total prison capacity is 12,000, an estimated 50% of the prisoners being drug addicted).

The main aims of the DFUs are (1) protection form confrontation with drugs (2) medical and psycho-social treatment for drug-addicted prisoners and (3) guarantee for continuation of therapy after release. Participation at the DFU is voluntary, obligatory urine tests are executed to guarantee a drug free unit, and a multi-professional team executes a
multi-faceted treatment programme. In this team the drug workers of the Consultation Bureau for Alcohol and Drugs play a central role. Further, prison officers who are employed at the DFU are specially trained for contribution to the Therapeutic process.

Evaluation of two DFUs has shown that DFU have a less hostile atmosphere and more open communication, among prisoners as well as with the staff. In comparison with regular regimes in prison DFUs offer better protection from drugs and DFUs offer significantly more continuity of care after release. However, after two years follow-up no differences between DFU-inmates and regular inmates regarding several drug-related life styles could be demonstrated.

Finally, the following recommendations can be made. Firstly, the DFU-concept has to be further implemented and developed. Further, more attention must be given to the appraisal of the multi problem life styles of drug addicted delinquents. The treatment programme is to be adapted more efficiently to the expectations and abilities of the individual. Finally, the idea of creating special prisons exclusively for drug addicts needs serious consideration.


KEY WORDS: drug free units, drugs, evaluation

THE NETHERLANDS

206.

DRUG FREE UNITS IN DUTCH PRISONS: TOWARDS AND EFFECTIVE REHABILITATING INTERVENTION?

Quantitatively, the drug problem has become the number one problem within the Dutch prison system. The proportion of the prison population (which is now 9,000) who are now hard drug users is 50%, an increase of 500% in the last 20 years. Drug use, dealing and smuggling have led to many problems for which the prison system was unprepared. And concern over the social nuisance caused by drug users outside prison has also increased.

The current tendency is to deal with the problem by increasing the number of care and treatment options. In 1985, the prison drug policy, Drug Free Detention, was developed. This policy has two main objectives, the improvement of control in prisons by preventing the use and dealing of drugs and rehabilitation of drug users by offering care and treatment.

The main instrument for realising this second objective has been the creation of drug free units. In Drug Free Units (DFU’s), prisoners participate in groups of 8-12 members. Motivation to change is simulated and supported by the use of rewards and sanctions. Staff and fellow inmates challenge negative behaviours to improve prisoners’ self-awareness and prisoners are given the opportunity to practise pro-social behaviour.

Some DFU’s have introduced “sequence planning” to supplement these group processes. This focuses on the needs and ideas of the individual, using flexible, custom-made programmes, with an emphasis on the importance of continuing care on release. “Sequence planning” involves three elements, firstly a standardised assessment of problem areas, followed by the implementation of a treatment plan negotiated by prisoner and staff and finally; an evaluation process.

In evaluating the DFU programme the following conclusions have been made: DFU’s create a positively valued, more open, less hostile atmosphere than that in the regular units. The use of drugs in DFU’s is lower than in regular units; urine tests are vital in keeping DFU’s drug free. Social pressure alone is not enough: DFU’s are effective in providing continuity of care on release. 42% of DFU graduates continue to receive a treatment process, compares to 8% of prisoners released from regular units despite the consequent expectation the DFU
prisoners would do no better in the long run than others. However, after 2 years there were no
demonstrable differences in drug use, recidivism and psycho-social functioning.
KEY WORDS: drug-free treatment, recidivism, evaluation, care management
THE NETHERLANDS

207.
AIDS PREVENTION AND AIDS-CARE IN DUTCH PENITENTIARIES: THE SUBSTANCE
AND THE SHADOW
The AIDS policy that has been practiced in prison has generally been “prevention is better than
cure”. Prevention, through information related to risk-behaviour, is rarely actually provided.
Information that relates to sexual practice is not based on the situation that occurs in prison; the
situation concerning men who have sex with men, and women with women.
Drug education is aimed at behavioural changes in order to have a long term
importance, particularly through drug free and therapeutic units. Availability of methadone to
drug users is shown to have great importance. Failure to provide methadone leads to hard-drug
use, therefore possibly leading to risks of HIV infection. Absence of methadone maintenance
may lead to withdrawal and influence the development of HIV+ status to active AIDS. Effective
AIDS-prevention and AIDS- care programmes must be developed.
Van Woerkom, J., 1992, Drugs and AIDS in the Netherlands – The Interests of Drug Users,
KEY WORDS: HIV, drugs, methadone, HIV testing, education, harm reduction
THE NETHERLANDS

208
AFTERCARE FOR DRUG USING PRISONERS
This paper is a brief account of a small-scale research project on aftercare. There are four
prisons in the province of Drente. Although the intention has been to interview ex-prisoners,
who had received counselling from our organisation during their detention, locating such ex-
prisoners proved to be almost impossible. Addresses were often incorrect or people had moved
on. Only those who were still imprisoned or who had been imprisoned again were easy to
locate. Because of this 11 of the 18 interviews were held with prisoners while 7 were held with
ex-prisoners. Five of the 18 had been in the DFS at Esserheim or Grittenborgh; the other 13
had had little contact with our organisation.
Half of those interviewed were in contact with counsellors inside or outside the prison.
There was little evidence of continuous aftercare or information about transference between
institutions or on release. However, in this survey there was little opportunity to make a careful
assessment of aftercare-counselling projects due to the small number of ex-prisoners who
could be interviewed.
Some preliminary conclusions include: (1) substance abuse is more common among
those who no longer stay in a penitentiary institution; (2) the majority of ex-prisoners continued
using during detention and stopped using after detention; (3) more than one-third had some
counselling during detention; (4) one-third had been given information about aftercare, although
this was not explicitly mentioned to two-thirds of the interviewees; and (5) clients did feel that
addiction behaviour and the situation of being in prison were too strongly emphasised.
209.
THE CHOICE PROGRAMME: A COMPREHENSIVE RESIDENTIAL TREATMENT PROGRAMME FOR DRUG-INVOLVED FEDERAL OFFENDERS

CHOICE is a comprehensive residential drug treatment programme for offenders who have been seriously involved in drug treatment. This programme establishes a separate residence (housing unit) for offenders involved in drug treatment. However, instead of working to expose and eradicate old defence patterns, the present strategy is designed to assist the individual in constructing a new lifestyle based on education, personal-responsibility, positive reinforcement, and cognitive/life skills development. This ten-month programme is comprised of seven principle elements or components – Intake/Evaluation/ Follow-up, Drug Education, Skills Development, Lifestyle Modification, Wellness, Responsibility and Individualised Counselling/Case Supervision.

The principle objectives of choice are: to encourage responsibility; develop the individuals decision making capabilities; teach the inmate basic social/coping skills; challenge previously held thoughts, beliefs and values; help the individual find a healthy substitute for his or her past drug and criminal lifestyle. These objectives are enacted in the seven programme components that for the nucleus of the CHOICE Programme for Drug-Involved Offenders.


KEY WORDS: cognitive-behavioural, drug-free treatment

USA

210.
KEY INGREDIENTS TO EFFECTIVE ADDICTIONS TREATMENT

Based on previous reviews and recent empirical findings a number of assertions can be made as to what constitutes the active ingredients for the effective treatment of addictive disorders. These key ingredients include the following; easy accessibility of care, treatment flexibility, the involvement of collateral, good therapists, motivated clients, matching treatment to salient client variables, client accountability for their sobriety, focused treatment approaches, and the follow-up of drop-outs and program graduates. A program developed based on these key ingredients showed a 64% abstinence rate among clients in the Action stage of recovery and a 56% abstinence rate for clients in the Contemplation stage. It is proposed that these key ingredients are generic to all effective substance abuse treatment programmes and apply at both a programmatic level and an individual practitioner level.


KEY WORDS: drugs, drug-free treatment, evaluation

USA

211.
INJECTING TROUBLE SHOOTING INTO THE SYSTEM

Mandatory drug testing within the prisons is causing a shift from cannabis use to heroine use in order to avoid detection in tests. Cannabis can be detected for 14-28 days after use, whereas heroin is only present in bodily fluids for two to three days.

KEY WORDS: drug testing, drugs, HIV, hepatitis

UK

212. FINAL REPORT ON THE EUROPEAN UNION PROJECT: EUROPEAN NETWORK ON HIV/AIDS PREVENTION IN PRISONS

The observatoire Regionale de la Santé Provence Alpes Côte d'Azur (ORS, Marseilles) and the Scientific Institute of the German Medical Association (WIAD, Bonn) initiated a European project aimed at setting up an International Network for the prevention of HIV infections in prisons through epidemiological surveillance, the observation of risk behaviours and the development of common strategies for primary prevention in prisons.

This report outlines: (1) the Network’s four general objectives; (2) the First European seminar on HIV in prison, which was held in Marseilles on 21-22 June 1996; (3) Participation in the XI International Conference on AIDS, Vancouver, July 1996; (4) the Feasibility study on HIV/hepatitis epidemiology in prison; and, (5) definitions of the 1997 objectives.


KEY WORDS: HIV, injecting behaviour, sexual behaviour, tattooing, HIV testing

EUROPE

213. BROKEN CHAINS: THE CHANGE FROM CONTROL-ORENTEED TO SUPPLY-ORIENTED ADDICTION-WORK AND ITS IMPORTANCE BY EXAMPLE OF CORRECTIONAL ADDICTION-WORK

The development of drug-working in the last three decades could be distinguished in the following phases: the first phase, starting with the upcoming drug-wave at the end of the sixties, is marked by the dualism of punishment and therapy and is visible in drug-working till today. The slight effect of these measures led to the second phase: more therapeutic nihilism and extension of repressive measures, but also disorientation and experiments.

The third phase walks hand in hand with the beginning of the AIDS-epidemic and includes measure which are targeting harm reduction for the afflicted and society, like substitution programmes. The fourth phase is marked by orientation on quality, the checking of theories and trials.


KEY WORDS: drugs, harm reduction, drug-free treatment

AUSTRIA

214. OUTCOME EVALUATION OF A PRIAON THERAPEUTIC COMMUNITY FOR SUBSTANCE ABUSE TREATMENT

Some persons in the fields of substance abuse and corrections still believe that prison-based rehabilitation is ineffective and that treatment efforts should be reserved for the nonprison community. While correctional institutions are generally hostile environments that impede attempts at both treatment and research, both can be accomplished successfully, even though it is highly difficult to maintain the integrity of treatment programmes and research studies within correctional facilities. This study reports treatment findings for the Stay'n Out therapeutic community (TC), which has operated in the New York State correctional system for over 12 years.
This is the first large-scale study, 1500 involved, that provides convincing evidence that prison-based TC treatment can produce significant reduction in recidivism rates for males and females. The three propositions examined received empirical support. These were that, on the one hand, the Stay’n Out programme was effective in reducing recidivism rates – that is, treatment in Stay’n Out was more effective than no treatment in prison. While on the other hand, the TC approach was more effective than other prison treatment modalities, i.e. milieu therapy or counselling, in reducing recidivism. And finally, the longer the Stay’n Out clients remained in the prison TC programme, the more successful they were after release. Positive completion of parole, no arrest, and time until arrest increased with time spent in Stay’n Out but not in other treatment modalities. Stay’n Out is based upon the classic hierarchical structured treatment environment that emphasises personal development, internalisation of prosocial values and a strong sense of responsibility.

Upon admission, clients are given low-level jobs and granted little status. During the early phases of treatment, they are provided opportunities to earn higher level positions and increased status through sincere involvement in the programme and hard work. When clients have spent 12 months in nonprison TCs, they usually begin the re-entry phase, in which they go into the community and try out their TC “tools” under the guidance of programme staff. Stay’n Out provides an example of a successful programme that is based on social learning theory, employs authority structures with clear rules and sanctions, as well as anticriminal modelling and reinforcement of prosocial behaviour. Clients are trained in pragmatic, personal and social problem solving and empathic relationships between staff and clients, characterised by open communication and trust are encouraged. The programmes also employ ex-offender and ex-addict counsellors to serve as credible role models for successful rehabilitation. Wexler, H., Falkin, G., Lipton, D., 1990, *Criminal Justice and Behaviour*, 17(1), 71-92.

**KEY WORDS:** therapeutic community, evaluation

USA

215. **ARRIVE: AN AIDS EDUCATION/RELAPSE PREVENTION MODEL FOR HIGH-RISK PAROLEES**

An AIDS prevention training programme for parolees recently released from prison with histories of drug injection was developed and evaluated. Key program elements included: a social learning approach to prevention which emphasised resistance skills training; a self-help orientation stressing individual responsibility; therapeutic community principles such as credible role models and community building; and job readiness training for the AIDS prevention/Outreach field. A total of 394 eligible parolees (81% male, 19% female) were recruited, of whom 241 attended the program, including 164 completers. One year follow-up results showed that ARIVE participation significantly decreased certain sexual and drug-related risk behaviours and improved parolees' community adjustment.


**KEY WORDS:** therapeutic community, HIV, injecting behaviours, drugs

USA

216. **METHADONE TREATMENT AND RISK OF HIV INFECTION IN DRUG USERS WITHOUT LEGAL ACCESS TO CLEAN INJECTION EQUIPMENT**
The Swiss canton of Vaud (population 550,000) provides favourable condition to assess the efficiency of a methadone treatment scheme in reducing the risk of HIV infection among drug users. Although the canton has a long tradition of methadone treatment dispensed by medical practitioners, there was no legal access to clean injecting equipment until 1989. The HIV status of the 754 drug users, who had entered at least one course by the end of 1988, was assessed through two surveys conducted by the private practitioners, the screening centres and hospitals and prisons. The findings of this study are discussed taking into account the implications for syringe exchanges.


KEY WORDS: methadone, syringe-exchange, HIV, drugs

SWITZERLAND

217.
WORLD HEALTH ORGANISATION: HEALTH IN PRISONS PROJECT
PAPERS PRESENTED TO THE LISBON MEETING
LISBON, PORTUGAL 27-30 OCTOBER 1996

The papers collected here were presented to a business meeting of the project in Lisbon in October 1996. One important purpose of the meeting was to exchange information on the three main health challenges facing the prison systems of Europe, namely mental health, drugs and communicable diseases. That information is contained in the papers in this publication. Each country has a separate section in which its perspectives and practices are described. The other main purpose of the meeting was to agree the structure and criteria for membership of the project, which is reported separately.


KEY WORDS: drugs, HIV, mental health, policy

EUROPE

218.
MOLECULAR INVESTIGATION INTO OUTBREAK OF HIV IN A SCOTTISH PRISON

The objectives of this study was to support already established epidemiological links between inmates of Glenochil prison positive for HIV infection by using molecular techniques and thus provide evidence of the extent of acquisition during a recent outbreak, and to demonstrate the ability of the methodology to make further links beyond the original outbreak.

Viral sequences obtained from the blood of HIV positive prisoners previously identified by standard epidemiological methods were compared with each other and with sequences from other Scottish patients. Adult inmates from Glenochil prison for men and their possible contacts were the subjects.

Phylogenic analysis of viral sequences in two different genomic regions showed that 13 of the 14 HIV positive prisoners had been infected from a common source. Previous research had shown that six of these had acquired their infection in Glenochil; this number was infected while incarcerated. Virus from two long term HIV positive patients who were in prison at the time of the outbreak but who were not identified in the original or subsequent surveys was sufficiently different to make it unlikely that they were the source. A viral sequence from heterosexual transmission from one inmate showed the ability of these techniques to follow the infection through different routes of infection.
The number of prisoners infected with HIV during the 1993 outbreak within Glenochil prison was more than twice that previously shown. This shows the potential for the spread of bloodborne diseases within prisons by injecting drugs.


KEY WORDS: HIV, injecting behaviours, viral sequencing

UK

219.
THE DILEMMAS OF THE HIV POSITIVE PRISONER
An examination of the approach to the care of HIV positive prisoners is conducted in light of recent arguments about prisoners’ rights. There are four areas examined in great detail, namely, HIV tests, the confidentiality of information concerning HIV positive prisoners, the contrast in care facilities for those with HIV inside prison to those facilities available outside prison, and finally, the involvement of HIV prisoners in experimental drug trials. An additional discussion is made concerning the role of a rights-based analysis when determining policies for the care of these prisoners.


KEY WORDS: HIV, policy, prisoner’s rights, ethics

UK

220.
AIDS PREVENTION PROGRAMME INCLUDING NEEDLE DISTRIBUTION FOR FEMALE PRISONERS: THE HINDELBANK PILOT PROJECT
This study was conducted to offer AIDS and drug prevention programmes, test whether such programmes would work, if it would be accepted (among prisoners and personnel), and to determine how effective the programme proved to be. Interventions included information sessions, information leaflets and needle exchange machines.

Several fears and objections toward the programme were presented. Increased drug consumption, use of needles as weapons and an increase in the number of accidents due to the presence of needles were among the main concerns.

The programme was evaluated quantitatively and qualitatively. It was concluded that the levels of risk behaviour and drug consumption reflect the international situation. There were no arguments against the continuation of the needle exchange. Initial fears were not confirmed and distribution of syringes can be justified in other prisons. Also, abstinence programmes have been reinforced.


KEY WORDS: syringe-exchange, women, drugs, hepatitis, HIV

SWITZERLAND

221.
SWISS HEROIN-ADDICTED FEMALE’S CAREER AND SOCIAL ADJUSTMENT
Studies on gender-related differences among heroin-addicted individuals are uncommon because women usually make up only one quarter of any one sample group. Research on women heroin abusers show that heroin-addicted women of today though probably initiate their
heroin careers under heavier psychosocial pressures than do their male counterparts. It has been hypothesised that they experience disappointment when they realise how difficult it is for them to conform to a socially accepted female-role stereotype. The reasons for this may vary from case to case, but the ensuing ramifications are illustrated by the fact that, in choosing to use illegal drugs, the heroin addicted female is attempting to assume aspects of male stereotype.

The sample group in this study of 248 Swiss-German heroin-addicted individuals from different therapeutic programmes and prisons, 70 were women (28.2%). Follow-up investigations were conducted over a lapse of 2 years, and after a lapse of 7 years, respectively. Men and women appear to differ with respect to why they begin to use drugs, as well as why they relapse back into drug use. Prior to commencement of drug abuse, social background concerns and social adjustment dynamics appear to constitute a heavier burden for women than for men.

Observations of social functioning and adjustment phenomena made during their drug careers and in the follow-up investigations, however, failed to yield significant statistical differences. The predominant effects of drug use appear to eclipse the gender-related role-pattern. On the basis of background data as well as therapeutic experience, it is postulated that for an individual whose sex-role identity is threatened, drug abuse has a stabilising function, and it carries a message.


**KEY WORDS:** women, drugs

**SWITZERLAND**

222. **OFFERS TREATMENT FOR ADDICTS WITHIN JUDICIAL PROCEEDINGS**

The article is about the development of a treatment and therapy system for drug addicts within the largest Austrian prison. The centrepoint is a therapeutic unit, the basic rules are shown in detail. In addition to that concept of adjustment by the inmates to the often very long period of incarceration is shown. We co-operate with other special care units and see great importance in careful preparation for the outside world according to a stepwise more liberal prison sentence.


**KEY WORDS:** drugs, drug-free treatment

**AUSTRIA**

223. **METHADONE MAINTENANCE TREATMENT REDUCES HEROIN INJECTION IN NEW SOUTH WALES PRISONS**

The purpose of this study was to examine whether methadone maintenance treatment reduces injecting risk behaviour among prisoners in New South Wales (NSW), using comparison of retrospective reports of drug use in prisons for people who received standard drug treatment, time-limited methadone treatment and methadone maintenance treatment. The setting for the study was the NSW prison system. One hundred and eighty-five injecting drug users who had been recently released from NSW prisons were recruited in 1993. Self-reported drug use and injecting risk behaviour were compared in inmates who received standard drug treatment (counselling), time-limited methadone treatment and methadone maintenance treatment. HIV status was determined by serology. Intervention comprised high and low dose methadone
treatment and counselling. The groups were similar in terms of most basic demographic characteristics but subjects who had been maintained on methadone reported a significantly lower prevalence of heroin injection, syringe sharing and scored lower on an HIV Risk-taking Behavioural Scale than subjects who received standard drug treatment and time-limited methadone treatment. This study suggests that methadone treatment is associated with reduced injecting risk behaviour in prison with adequate dose and duration in treatment. These treatment conditions are known to increase effectiveness in community-based methadone programmes. Prospective studies are required to evaluate the effectiveness of methadone programmes in the prevention of HIV and other blood-borne viral infections among IDU prisoners.


**KEY WORDS:** methadone, prison, injecting, HIV prevention, syringe sharing

224.

HIGH RATES OF DRUG USE, BUT LOW RATES OF HIV RISK BEHAVIOURS AMONG INJECTING DRUG USERS DURING INCARCERATION IN DUTCH PRISONS

The aim was to determine levels of injecting drug use and sexual risk behaviours in injecting drug users during and immediately following imprisonment in The Netherlands. It was a cross-sectional survey of drug injectors attending methadone clinics, a sexually transmitted disease clinic and a central research site in Amsterdam. The mean age of the 188 participants was 35 years, 78% male and 34% had HIV antibodies.

Findings: A period of imprisonment in the preceding 3 years was reported by 188 (41%) of 463 interviewed drug injectors. Any use of cannabis, heroin or cocaine during imprisonment was reported by 55%, 37% and 20%, respectively. Five injectors (3%) admitted to having injected in prison, but no sharing of needles or syringes was reported. Vaginal or anal sex was reported by two (1%) of the man and none of the women. Relapse to drug injection during the week following release from prison was reported by 78/186 (42%) participants, in the most cases (34%) at the very first day of release. The conclusion was that contrary to findings from other countries, low levels of HIV risk behaviours occur among imprisoned drug injectors in The Netherlands. Intra-prison HIV preventive measures should be considered taking into account the nationally, regionally or locally varying conditions within the existing prisons.


**KEY WORDS:** HIV behaviours, injecting behaviours, drugs

THE NETHERLANDS

225.

AIDS AND DRUG MISUSE IN THE UK – 10 YEARS ON: ACHIEVEMENTS, FAILINGS AND NEW HARM REDUCTION OPPORTUNITIES

1988 saw the publication of the influential first AIDS and Drug Misuse report from the Advisory Council on the Misuse of Drugs (ACMD, 1988) in the UK. Most of the policy documents and developments of practise in the intervening years can be seen as merely following through on the recommendations from this seminal 1988 report. Ten years on, it is appropriate to take stock of the situation and to describe some of the successes, reflect on the failures, and speculate on possible new areas of development in the harm reduction field. This paper comprises four parts. Firstly, what was new about the health risk facing the broader population of drug injectors – and how did this lead to the public health approach that was adopted to
dealing with the problems of HIV amongst injecting drug misusers? Secondly, an examination is required as to how concerns about HIV transmission have brought a new focus to the work of existing treatment services, as well as being the birthright of the new services established in the wake of HIV awareness. Thirdly, the spotlight should be shone on those areas in which we have failed to respond adequately, and a consideration should be made of the reasons underlying these disappointing failures of policy and practise. Fourthly, an exploration is necessary in order to chart some of the new areas in which it may be possible for new harm reduction opportunities to be developed.


**KEY WORDS:** drugs, drug education, harm reduction

UK

### 226.

**INJECTING DRUG USE AMONGST INMATES IN GREEK PRISONS**

We present a national cross-sectional comparative study of injecting drug use amongst male inmates in Greek prisons in relation to demographic and penal variables. A representative sample of 1,000 inmates was randomly selected from ten correctional institutions. 861 questionnaires were included in the analysis. 290 inmates (33.6%) reported injecting drugs, of whom 174 (60%) had injected while in prison, and 146 (50.3%) had shared sometime while in prison. Inmate injectors were predominately aged 25 to 34 years; they were incarcerated mostly due to drug offences (54.7%) and offences against property (30.5%); they were characterised by a multiplicity of previous sentences and a long duration of total time in prison. Most of the injectors had been convicted for drug offences in the past. Injectors, compared to non-injectors, were more likely to have had an HIV blood test. Regarding their sexual behaviour during the twelve months prior to imprisonment, injectors were more likely to have multiple female sexual partners – other than their wives or regular partners. Results are discussed, in the European context in particular, in relation to the apparent relatively low level of injecting drug use among the Greek population in general yet similar rates of injecting drug use among inmates as in other European countries.


**KEY WORDS:** injecting behaviours, HIV, drugs

GREECE

### 227.

**AT-RISK BEHAVIOURS WITH REGARD TO HIV AND ADDICTION AMONG WOMEN IN PRISON**

The bulk of studies pertaining to addiction among delinquents have been conducted on male subjects. However, the few studies examining female inmates show that a significant proportion of them present an addictive disorder. Furthermore, the HIV infection rate is higher among these women than among incarcerated men. This study attempts to verify if women presenting a combination of criminal and addictive behaviours are at a higher risk of developing an earlier and a more severe delinquency than other delinquent women. Another goal is to determine whether women showing this comorbidity present a higher incidence of HIV-related risk behaviours. The study was conducted on a sample of 210 women from the Montreal detention centre. It shows that addicted inmates present earlier onsets of both drug use and criminal behaviours compared to other female inmates. Addicted women also exhibit significantly more HIV-related risky behaviours, both in their drug use and in their sexual practise.
228.
**SURVEY OF FRENCH PRISON FOUND THAT INJECTING DRUG USE AND TATTOOOING OCCURRED.**
Injecting drug use in prison is common in several northern European countries, though the proportion of cases of AIDS attributable to injecting drug behaviour is higher in prisons in southeastern France (42%). In 1996 about a fifth of the 58,000 prisoners in French prisons were injecting drug users. A study in Marseilles prison (2,000 prisoners) in 1992 estimated the seroprevalence of HIV to be 7.1% among male prisoners and 13.1% among female prisoners and showed to be higher among people who had been in prison previously. The authors investigated risk behaviours among injecting drug users in Marseilles prison.
**KEY WORDS:** injecting behaviours, drugs, tattooing, HIV

229.
**EVALUATION OF REINCIDENCE IN DRUG ADDICTS UNDER IN AND OUT PENITENTIARY THERAPEUTIC COMMUNITY**
The drug addictions have a relationship with the offender behaviour and the entry to prison. Actually, there are similar treatments in and out of penitentiary centres of Catalunya. In this study we investigate the possible relationship between the reincidence in the offender behaviour and the treatment of drug addiction. The sample was composed by all the inmates who in 1994 stayed in a therapeutic community, in or out of prison, to carry out the sentence. This data is compared with data of reincidence studies of the penitentiary inmates of Catalunya.
**KEY WORDS:** treatment, therapeutic community, reincidence, penitentiary centers

230.
**ADDICTIVE AND CRIMINAL BEHAVIOUR: AN ANALYSIS OF THEIR RELATION**
The delinquency and addictive behaviour show a high correlation in different studies. This correlation could be interpreted by the causal hypothesis between both behaviours. In last years, there are studies in this area. We will show a first study in a sample of 200 inmates, which are in treatment in a penitentiary center from Catalunya we analyse penitentiary data. We have got a factorial solution of two factors (time in prison and adaptability) with the 63.102% of explained variance. A few aspects should be developed in next works: statistical and the inclusion of toxicological variables. They are a need to develop theoretical models with both behaviours: addictive and criminal.
(available in Spanish only)
Roca, X., & Caixal, G., 1999, *Conducta adictiva y delictiva: análisis de una relación*
**KEY WORDS:** addicts, delinquency, offence, theoretical models
SPAIN

231.
**DRUG USE IN PRISON – PATTERNS OF CHANGE IN THE NETHERLANDS** (a report for the Pompidou Group)

The aim of this report is to answer a number of questions covering the theme of patterns of change in drug use in prison. The answers to these questions are described within the context of the Dutch drug policy and the practise Dutch law enforcement regarding drug users. In this respect two themes emerge: 1) within the criminal justice system there are a number of options to “coerce” drug users into treatment. This occurs from the moment of first entry as well as in later stages of the law enforcement process. 2) Imprisonment is only one of the options available for drug using offenders, besides early intervention, community order, and other alternative measures. The domain of this report – drug users in prison – contains a highly selective population, i.e. those ending up with a prison sentence. Information on patterns of change was collected on the basis of three sources; literature, data of registration systems and interviews with key representatives. Estimates of the prevalence of drug users in prison range between 40-70%; about 50% is accepted as an average estimate.


**KEY WORDS:** drugs, drug behaviours, prevalence of drug use

THE NETHERLANDS

232.
**SUBSTITUTE HARM REDUCTION PRESCRIBING (ShaRP): AN ALTERNATIVE TO NEEDLE EXCHANGE FOR PRISONERS**

Injecting Drug use in prison is dangerous and difficult to control. In the community Needle Exchange, programmes are available to reduce the spread of Blood Borne viruses amongst drug users. In prison needle exchange is currently impractical. The author describes a novel harm-reduction intervention that is both effective and acceptable within the prison environment. Using this intervention a patient with HIV has successfully stopped injecting (and therefore needle sharing) while in the prison without giving up illegal drugs. The patient subsequently entered Methadone treatment: this technique may offer seamless transfer from Harm Reduction to Abstinence from illicit opiates.

Ashworth, A.J., 1999, *Substitute Harm Reduction Prescribing (ShaRP): An alternative to needle exchange for prisoners – Case Report*

**KEY WORDS:** drug misuse, harm reduction, prison, buprenorphine, tbag, hepatitis C, HIV, blood borne viruses, health promotion

SCOTLAND

233.
**DRUG MISUSE IN OFFENDERS IN PRISON AND AFTER RELEASE**

Prisons in many countries hold disproportionate numbers of drug users. Providing drug treatment faces a number of practical, organisational and structural difficulties, as well as a complex range of problems that individual prisoners may have. Many community-based treatment services offer longer-term intervention providing continued support over many months and years whereas help offered to prisoners is often short-term with few opportunities for ongoing support on release. But you have to bear in mind that you cannot simply aim to
replicate strategies used in the community. This document sets out the findings from a survey on drug treatment and aftercare provided by prisons as well as the results of a literature review. Turnbull, P.J., & McSweeney, T., 2000, Drug Misuse in Offenders in Prison and after Release, Council of Europe

KEY WORDS: drugs, drug behaviours, aftercare

UK

234.
DRUGS IN BRITISH PRISONS
The prison service seems to be losing its own “war on drugs”. Blood borne virus transmission continues despite improved access to harm reduction measures: another HIV seroconversion in a Scottish jail occurred in 1997. Moreover, the prison service has failed to meet its 1996-7 key performance indicator on drugs, which was for the rate of positive results from random mandatory drug tests to be lower in the fourth quarter than in the first. Yet the prisons’ key performance indicator on drugs was always misguided, because it avoided real targets, such as reducing the use of opiates inside, reducing the prevalence of injecting inside, and increasing the proportion of accommodation given over to drugs free wings. The main problem is that research inside prisons is not done outside, standards and new policies are not evaluated.

KEY WORDS: policy, drugs, drug testing, harm reduction

UK

235.
A RANDOMIZED CONTROLLED TRIAL OF AURICULAR AUCUPUNCTURE FOR COCAINE DEPENDENCE
The background is partly because of a lack of a conventional, effective treatment for cocaine addiction, auricular acupuncture is used to treat this disorder in numerous drug treatment facilities across the country for both primary cocaine-dependent and opiate-dependent populations. The objective is to evaluate the effectiveness of auricular acupuncture for the treatment of cocaine addiction. Longitudinal analysis of the urine data for the intent-to-treat sample showed that patients assigned to acupuncture were significantly more likely to provide cocaine-negative urine samples relative to both the relaxation control and the needle-insertion control.
Findings from the current study suggest that acupuncture shows promise for the treatment of cocaine dependence. Further investigation of this treatment modality appears to be warranted.

KEY WORDS: drug free treatment, drug therapy

USA

236.
AFTER-CARE FOR DRUG USING PRISONERS IN LONDON
This report looks into the current and proposed provision of after-care services to drug users, following release from prison. The scale of the problem is identified and put in the wider context of drug use in society at large. The main findings of this report are: 1) available studies show that effective after-care is essential to maintain gains made in prison-based treatment, 2)
prisoners have significant difficulties in accessing assessments and payment for treatment on release under community care arrangements, 3) most policy in this area emphasis the importance of after-care, 4) the worst-off group are those prisoners on remand, or serving short sentences (less than 12 months), 5) some progress has been made with the Prison Service introducing a drug strategy and work being funded to tackle drug problems in prisons, 6) co-ordination of these efforts with those of agencies outside is important. The main recommendations are to use this report to influence policy and practise development, to establish a pilot project to facilitate the development of pre-release and after-care packages, based on the London Prisons, and to have such a project funded initially by charitable sources, with the co-operation of potential statutory stakeholders from the beginning, agreeing an exit strategy and funding through mainstream budgets.


KEY WORDS: aftercare, policy

UK

237.

PREScribing of Condoms IN Prison: SURvey REPORT

This report describes the findings of a questionnaire survey into the availability of condoms within prisons which was undertaken by the BMA Foundation for AIDS, in association with the National AIDS and Prisons Forum, between September and November 1996. The BMA Foundation for AIDS believes that condoms should be available in all prisons without the need for direct involvement of health care staff. However, since this has not yet been achieved, the Foundation wished to draw attention to the “Dear Doctor” letter, issued 16 August encouraging prison doctors to prescribe condoms and lubricants to individual prisoners, when there is a known risk of HIV infection through sexual behaviour, and to assess how its guidance has been implemented in practise. It should be stressed that this was not an entirely neutral research exercise, since survey respondents were informed of the Foundation’s views, and the findings should be interpreted against this background.


KEY WORDS: HIV, HIV prevention, harm reduction

UK

238.

FINDING A BETTER WAY

A report on the policies, programs and practises currently being implemented in overseas jurisdictions to deal with HIV/AIDS, hepatitis and drug use issues both within the prison system and the wider community.

This report provides a description of the prison and community policies and program responses to HIV, hepatitis and drug use implemented by Switzerland, Holland, England/Wales and Canada. Information collected from the WHO and UNAIDS on the future and world trends concerning these and related issues is also presented.

The main body of the report contains five sections. Each section commences with a brief description of the county visited, its prison system and basic information on its drug use patterns. References to particular cultural traits of the countries are also introduced, where relevant. This is then followed by a description of the country’s current policies and practises in prisons and the community. Finally, a set of key findings and recommendations based on the
large number of professional consultations held within each country and the previous experience of the author in a range of policy and program developments within the public health, drug treatment and prison systems is presented.

KEY WORDS: HIV, hepatitis, drug behaviours, policy
AUSTRALIA

239.
METHADONE MAINTENANCE TREATMENT AND OTHER OPIOID REPLACEMENT THERAPIES

The 1980s and 1990s have witnessed a worldwide epidemic of heroin addiction, and countries around the world have moved to put in place opiate replacement therapy programs to deal with this problem. While most of these programs use methadone as a substitute drug of choice, most recently, buprenorphine, LAAM (leva acetyl methadol), and heroin have been employed for this purpose. This handbook provides an up-to-date account of treatment research and practise in this growing area. It also includes detailed discussions of assessment issues, appropriate dosage regimes, the role of ancillary social and psychosocial services, the use of opiate replacement therapy in prisons, optimal treatment during pregnancy, and the cost-effectiveness of this form of treatment.

KEY WORDS: methadone, prisons, opiate replacement therapy
AUSTRALIA

240.
THE TRANSFER OF HARM-REDUCTION STRATEGIES INTO PRISONS: NEEDLE EXCHANGE PROGRAMMES IN TWO GERMAN PRISONS

In autumn 1995, the minister of justice of Lower Saxony (a northern state of Germany) gave the green light for the implementation of a 2-year pilot project. This project provided for the distribution of sterile injection equipment and provision of communicative methods of prevention to drug addicted inmates in a women’s prison with 170 inmates (Vechta) and men’s prison with 230 inmates (Lingen). The decision to go ahead with the project was based on positive experiences in Swiss prisons and the supporting recommendations of a panel of experts. The pilot project in Vechta started on 15 April 1996, using five dispensing machines which allow a needle exchange to guarantee an anonymous access. The project in the men’s prison started on 15 July 1996. Here the staff of the drug counselling service and of the health care unit hand out sterile needles to inmates. The social scientific evaluation was carried out by Carl von Ossietzky University in Oldenburg. The study focused on the aim of the project which is to assess the feasibility, usefulness and efficacy of the measures undertaken. Of special interest was whether and how changes occurred in the prison system itself (i.e. acceptance of the measures by staff, medical service and management), and in the drug user’s behaviour and knowledge (i.e. development of needle sharing, change in drug use patterns). The study used a multi-methodological approach: documentation of the project practice, half standardized, longitudinal examination of inmates (n=224) and staff (n=153), qualitative examination of management, selected groups of prisoners, staff and external organisations (AIDS-Help-Groups; n=75) for at least two times. The evaluation intended to be dynamic, process accompanying, in order to communicate the empirical data and developments with the practice
already during the pilot phase. Results of the final report of the study are presented here. Finally this paper discusses shortly what is known so far about the impact of needle exchange programmes in prisons in Germany and Switzerland.


**KEY WORDS**: Injecting drug users, prisons, HIV, hepatitis, risk behaviours

**GERMANY**

241.

**PREVALENCE OF ANTIBODIES TO HEPATITIS B, HEPATITIS C, AND HIV AND RISK FACTORS IN IRISH PRISONERS: RESULTS OF A NATIONAL CROSS SECTIONAL SURVEY**

Objectives of the articles were to determine the prevalence of antibodies to hepatitis B core antigen, hepatitis C virus, and HIV in the prison population of the Republic of Ireland and to examine risk factors for infection.

The design consisted in Cross sectional, anonymous, unlinked survey, with self completed risk factor questionnaire and provision of oral fluid specimen for antibody testing. Setting: nine of the 15 prisons in the Republic of Ireland. Participants: 1366 prisoners, of whom 1205 (57 women) participated. In the smaller prisons all prisoners were surveyed, while in the three largest prisons one half of the population was randomly sampled. Three small prisons believed not to have a problem with injecting drug use were excluded. Main outcome measures: Prevalence of antibodies to hepatitis B core antigen, antibodies to hepatitis C virus, and antibodies to HIV. Self reported risk factor status. Results: Prevalence of antibodies to hepatitis B core antigen was 104/1193 (8.7%; 95% confidence interval 7.2% to 10.5%), to hepatitis C virus, 442/1193 (37%; 34.3% to 39.9%), and to HIV, 24/1193 (2%; 1.3% to 3%). The most important predictor of being positive for hepatitis B and hepatitis C was a history of injecting drug use. Thirty four women (60%) and 474 men (42%) reported ever injecting drugs. A fifth (104) of 501 injecting drug users reported first injecting in prison, and 347 (71%) users reported sharing needles in prison. Conclusions: Infection with hepatitis C secondary to use of injected drugs is endemic in Irish prisons. Better access to harm reduction strategies is needed in this environment.


**KEY WORDS**: HIV, hepatitis, prison

**IRELAND**

242.

**METHADONE MAINTENANCE PROGRAMS IN PRISON (MMP): SOCIALS AND HEALTH CHANGES**

Maintenance methadone programs help addicts who have previously failed in free-drugs programs to have better social behaviour, decreased criminality and legal problems and improved health. Aims: To assess the benefits of methadone treatment in opiate addicts individuals, before and after being included in the program. To assess the effects of the simultaneous consumption of other drugs and illegal methadone. Patients and Methods: A pre-experimental study was designed with a pre-post intervention group. A single interview was performed and information about the situation of patients before and after the methadone treatment was obtained. The patients were a group of 62 prisoners from the Brians Penitentiary Center (Barcelona). Variables to be considered include labour activity, social and economic level, self control and self esteem, legal problems, psychiatric treatment , suicide attempts,
sharing of injecting equipment, prostitution, irritability and drug addiction background. The statistics methods applied were non parametric tests, comparison of proportions for categorical variables, Mc Nemar and Friedman tests for ordinal variables. Results: social and self esteem improved during inclusion of addicts in the treatment program. Cocaine and cannabis consumption diminished significantly. however Alcohol, nicotine, benzodiazepines and designer drug consumption increased during the length of the program. Discussion: Results are compared with those stablished by other authors and published. The conclusion is that methadone maintenance programs are a valid strategy in and out of penitentiary centers, diminish risk behaviour for HIV, hepatitis and other derived pathologies and modify social and legal aspects. (Review's abstract.)

Arroyo A. ; Marron T. ; Coronas D. ; Leal M. J. ; Sole C. ; Laliaga A., Adicciones, 2000, 12, (2), 187-194
KEY WORDS: methadone, prison, risk reduction, health promotion

SPAIN

243.
HIGH DOSE METHADONE REDUCES CRIMINAL RECIDIVISM IN OPIATE ADDICTS.
Inmates accepting high dose (>60 mg) and low dose methadone therapy were identified between 1/1/96 and 7/31/97 in New York City's Correctional system. We studied the duration between release to the community from the first incarceration in the study period until reincarceration or study's end to assess the impact of the higher dose on the criminal recidivism rate. Inmates discharged on high dose methadone were less likely to return to jail than were those on low dose (P<.002) with median time to reincarceration of 253 and 187 days respectively. Controlling for age, gender and race, a Cox proportional hazard model demonstrated a 13% reduction in hazard for reincarceration for those electing high dose. While a fixed higher dose demonstrably reduced recidivism, we advocate routine methadone plasma level monitoring to adjust doses to achieve "blocking dose plasma levels" both in the general community and the jail.
Bellin E. ; Wesson J. ; Tomasino V. ; Nolan J. ; Glick A. J. ; Oquendo S. ; 1999, Addiction Research, 7, (1), 19-29
KEY WORDS: methadone, prison, delinquency
USA

244.
COGNITIVE ENHANCEMENTS OF READINESS FOR CORRECTIONS-BASED TREATMENT FOR DRUG ABUSE
Motivational readiness for engaging in drug treatment is a common problem for probationers mandated to criminal justice programs, particularly those with limited educational experience. This study presents initial findings on the impact of a new four-session treatment readiness program that includes an array of cognitive engagement strategies. Probationers in a four-month mandated residential program were randomly assigned to receive a standard (n = 224) or enhanced treatment readiness program (n = 249). The enhanced program was given favourable overall ratings, and the low education group in this condition rated their midterm improvements in motivation and confidence as being higher than did the group receiving the standard program.
KEY WORDS: Cognitive-Behavioural
UK
245.
**RISK REDUCTION, PRISON AND DRUG ADDICTIONS**
This article discusses the issue of the presence of users of psychotropic drugs in prison and of the mechanism set up to take care of them. It describes the risks connected with the imprisonment of drug users, and then focuses mainly on actions taken to reduce risks and harm by describing the experience of the specialist treatment centre for drug users in Nantes Prison. After this description, we invite you to share our thoughts on treatment for drug users, based on the specific work of this unit.
**KEY WORDS**: risk reduction, prison
FRANCE

246.
**DRUG SUBSTITUTION PRESCRIPTIONS IN CARCERAL SURROUNDINGS**
After recalling carceral regulations, the author describes the different medical practices concerning drug substitution prescriptions. From her personal experience within the FleuryMerogis penitentiary, the author speaks for a sensible and rigorous prescription of methadone and buprenorphine high dosage, as a mean to make use of psychosocial type of treatment, knowing the necessity of relaying it when coming out of jail.
**KEY WORDS**: treatment, methadone, buprenorphine
FRANCE

247.
**ENROLLMENT IN A DRUG-FREE DETENTION PROGRAM: THE PREDICTION OF SUCCESSFUL BEHAVIOR CHANGE OF DRUG-USING INMATES.**
Factors predicting the behaviour change of drug-using detainees were investigated in detainees in two penitentiaries in The Netherlands. Subjects attended either a standard programme or a Drug-Free Detention Programme (DFDP) and were assessed at the beginning of detention, at release/transfer and at two years after the end of detention. Predictors of post-programme contact with treatment agencies and changes in criminal recidivism, substance abuse and psychosocial functioning were investigated using regression analysis. Detainees who started drug use early, without previous DFDP detention and who frequently expressed self-esteem and who had many family problems realised meetings with drug treatment agencies more often. Those with a legal source of income showed decreases in addiction severity and in the number of days in which hard drugs were used. Comparison of the normal programme and the DFDP showed that only for the normal wing could changes in substance use and psychosocial functioning be predicted. Results show the value of multiple-outcome criteria in criminal recidivism and call for more studies investigating change processes.
M. H. M. Breteler, A. A. van den Hurk, G. M. Schippers & G.-J. Meerkerk; 1996, *Addictive Behaviors*; 21(5); 665-669
**KEY WORDS**: Drug free treatment, Prison
THE NETHERLANDS
COMPARATIVE PROFILES OF ADDICTED ADULT POPULATIONS IN REHABILITATION AND CORRECTIONAL SERVICES.

For many years, clinicians, especially those working in rehabilitation centres for alcohol and drug users, have been preoccupied with clients presenting with dual diagnosis: substance abuse and legal problems. Comparative analyses of three groups of addicted men, 553 offenders and 499 non-offenders in treatment for addiction problems and 103 addicted inmates were made to ascertain the biopsychosocial profile of these persons. Results showed that dual diagnosis clients experienced more severe biopsychosocial problems than the non-offending group of subjects. Offenders in prison experienced more social maladjustment than offenders in drug addiction treatment, they were less preoccupied by their drug consumption and less motivated to change. Implications for treatment are discussed.

S. Brochu, L. Guyon & L. Desjardins; Journal of Substance Abuse Treatment, 1999, 16(2); 173-182

KEY WORDS: Dual Diagnosis, Rehabilitation, Prison

249.

SUBSTANCE MISUSE AS A MARKER OF VULNERABILITY AMONG MALE PRISONERS ON REMAND.

More treatment for substance misuse should be provided within prisons. The aims of the study were to examine differences between prisoners on remand with substance misuse problems and other prisoners on remand. The methods used were random selection and interview of unconvicted male prisoners (N = 750, a 9.4 percent sample), plus examination of the prison medical record. Of the sample of 750, 253 subjects (33.7 percent) reported either drug- or alcohol-related health problems or dependency. Compared with other prisoners on remand, they reported more childhood adversity, conduct disorder, self harm, past psychiatric treatment and current mood disorder, and had fewer qualifications, were more likely to be unemployed and have more housing difficulties. One-third of unconvicted men in prison report substance-related problems, and these are a marker for vulnerability within a disadvantaged population. Health care providers should involve this group in treatment and rehabilitation, both inside prison and following release.

D. Brooke, C. Taylor, J. Gunn & A. Maden; British Journal of Psychiatry, 2000, 177(1), 248-251

KEY WORDS: Prisons, Rehabilitation, Treatment UK

250.

METHADONE TREATMENT IS WIDELY ACCEPTED IN PRISONS IN NEW SOUTH WALES

The study by Seaman et al provides the first confirmation of what many have observed for years—that there is strong evidence that appropriate treatment for drug misuse should be made available to all prisoners, especially before release. It is normal practice (and a requirement under international treaties) to provide medical treatment for prisoners that is similar to that which they would receive in the community. Methadone and other treatments for drug dependence should be no different. We know that there are illicit drugs in most prisons. Additionally, the prevalence of infection with HIV and hepatitis B and C is higher in prisoners than in the general population, and risk taking behaviour is widespread.

Methadone treatment was introduced into prisons in New South Wales in 1987 as a pre-release measure. Treatment has since been expanded to become more widely available for voluntary maintenance. Despite some initial misgivings, there has been almost universal acceptance of this treatment by prisoners, staff, and medical authorities. It has been associated
with reduced injecting in prisons, and is currently being studied in relation to the transmission of bloodborne viral infections.


**KEY WORDS:** methadone, prison

UK

251.

**HEPATITIS C VIRUS INFECTION AMONG SHORT-TERM INTRAVENOUS DRUG USERS IN SOUTHERN TAIWAN**

The purpose of this study was to determine the correlation between the prevalence of hepatitis C virus (HCV) infection with duration of drug use and other risk factors among drug users. This survey covered 899 male drug users from Kaohsiung Narcotic Abstention Institute and Kaohsiung prison. The prevalence of positive anti-HCV was 67.2% among intravenous drug users (IVDU) and 14.7% among non-intravenous drug users (non-IVDU). Among intravenous (IV) drug users, age and duration of drug use were independently related to HCV seropositivity. Seroprevalence rate for HCV in the IVDU group increased with increasing duration of injection use within the first seven years of drug use. However, the steepest trajectory in seroprevalence of HCV infection occurred within the first four months. Due to the high rate of HCV infection among drug users, investigation of risk behaviors should be routine in such a group. A high frequency of HCV infection was also found among short-term injectors, which indicated that early risk reduction intervention was an important measure in moderating HCV infection.


**KEY WORDS:** Hepatitis, Injecting drug users, Risk behaviour, Sexual behaviour

252.

**ABOUT SUBUTEX**

Facing the increasing substitution treatments in France and the poor literature since Subutex has come on the market in 1996, we paid attention to the Subutex place in a sample of people detained at the Strasbourg prison. The survey concerned all new entering prisoners in the jail from the 1st of September to the 31st of October 1997. we defined the proportion of people coming into jail taking Subutex, the association of drugs, the common ways of prescription obtention and administration. During the usual medical examination at entrance, the doctors filled up 273 enquiries. Drug addicted people at entrance of the jail at represent 36 % (98/273). Percentage of people taking Subutex reaches 19,4 % (53/273). Among all drug addicted people, 11,2 % say to have used Subutex as main addiction drug (11/98) for an average of 11,3 months. 36 % never have medical prescription to get Subutex. Many association with Subutex are described, particularly associations to heroin, found in 72% of cases, most of these people getting Subutex without any medical prescription. Different ways of use are described 37,7% take Subutex only orally (sublingual) (20/53) ; whereas 34 % inject it (18/53) and 30,2 % sniff it (16/53), in association or not with other ways of administration. Only one person out of 53 uses Subutex orally, without taking any other drugs. So it seemsthat a black market has taken place and that the aim at diminishing risks has not been reached.


**KEY WORDS** : buprenorphine, prison, heroin

FRANCE
253. DRUG-MISUSING OFFENDERS IN PRISON AND AFTER RELEASE

Although prisons are not medical centres, they can provide an opportunity for direct contact with drug-using detainees and a chance to offer them help. The seminar on "Drug-misusing offenders in prison and after release" reviewed the ways in which drug users in prison can be encouraged to undergo treatment and to change their forms of behaviour. This seminar took place on October 1999 and focused on treatment modalities in prison setting, harm-reduction strategies to reduce the transmission of blood-borne infections, drug testing and control of drug abuse in prison and links to aftercare in the community. Aftercare is increasingly being seen as an important component of an integrated treatment programme offered to drug-using prisoners. This book contains the seminar's main reports, presentations and conclusions.


KEY WORDS : prison, treatment, risk behaviours, syringe exchange

FRANCE

254. DRUG USE IN PRISON: THE EXPERIENCE OF YOUNG OFFENDERS.

This article explores young offenders' drug use in prison. Qualitative research with inmates highlighted the importance of understanding drug use in prison as a continuum of behaviour, where inmates' drug use inside was related to their drug use before custody. The inmates made choices and decisions around their drug use inside, considering the compatibility of drugs with the prison environment and their need to seek in the "right high". Availability of drugs was crucial and the article discusses the routes of drug supply into prison via visits and the informal prison economy, where the distribution of drugs was facilitated by close inmate friendship networks.

N. Cope; Drugs: education, prevention and policy, 2000, 7(4), 355-366

KEY WORDS: Juveniles

255. WOMEN INMATES’ RISKY SEX AND DRUG BEHAVIORS: ARE THEY RELATED?

The large concentration of female illicit drug users in state facilities prompted an examination of the associations among different types of drug use and sexual risk factors related to human immunodeficiency virus (HIV) among women inmates. A consecutive sample of 805 women felons admitted to the North Carolina Correctional Institution for Women between July 1991 and November 1992 was interviewed. Of these inmates, 651 had complete information on relevant characteristics. Of the women inmates, 73 percent had used drugs prior to incarceration; most women were crack smokers only (33 percent), followed by non-drug users (27 percent), other drug users (19 percent), crack-smoking injecting drug users (15 percent), and injecting drug users only (6 percent). Inconsistent condom use with multiple sex partners, a history of a diagnosed sexually transmitted disease (STD), a drug-injecting sex partner, or exchanging sex for money or drugs prior to incarceration were reported by 55 percent of women. Sexual risk factors differed across different types of drug users, with crack-smoking injectors being placed at greatest potential risk for exposure to heterosexually transmitted HIV, followed by injecting drug users, crack smokers, and then other drug users. Given the differential associations between sexual risk factors and types of drug use, prison-based
sexual-risk reduction strategies should be tailored to specific types of drug users. In times of limited resources, special attention should be given to crack smokers and/or drug injectors.


**KEY WORDS:** Sexual Risk Behaviours; Women

USA

257.

**DRUG USE AND INJECTION RISK-TAKING AMONG PRISON METHADONE MAINTENANCE PATIENTS**

To examine the drug use and injection risk-taking among incarcerated methadone maintenance patients and to determine the impact of a diagnosis of antisocial personality disorder, the study compares 100 incarcerated patients with 183 community patients. Subjects are interviewed about drug use and needle risk-taking in the previous 6 months and assessed for a diagnosis of antisocial personality disorder. Community patients are more likely to have injected a drug in the preceding 6 months and to have used heroin. Prisoners, are more likely to have borrowed and lent injecting equipment in that time. In conclusion, incarcerated patients injected less frequently than community patients, but they had higher levels of needle risk-taking.

Darke S.; Kaye S.; Finlay-Jones R; 1998, *Addiction*, 93, (8), 1169-1175

**KEY WORDS:** methadone, injecting behaviours, heroin, needle sharing

AUSTRALIA

258.

**ANTISOCIAL PERSONALITY DISORDER, PSYCHOPATHY AND INJECTING HEROIN USE**

Two hundred community-based methadone patients (CM); 200 prison inmates enrolled in prison methadone programmes (PM); and 150 prison inmates with non history of heroine use (PNH) were interviewed to obtain diagnoses of antisocial personality disorder (ASPD) and Psychopathy Checklist-defined psychopathy. Large proportions of subjects in all three groups met the criteria for a diagnosis of ASPD (CM 44%, PM 65%, PNH 31%) with the two methadone groups having significantly higher proportions of ASPD diagnoses than non-heroin users. There were no differences between groups in the proportions diagnoses as psychopathic (CM 4%, PM 9%, PNH 4%). For each group the proportion diagnosed as ASPD were significantly higher than the proportions diagnosed as psychopathic. Implications for the diagnosis of ASPD than the proportions diagnosed as psychopathic. Implications for the diagnosis of ASPD are discussed.


**KEY WORDS:** heroin, prison, injecting behaviour

USA

259.

**THE PROBLEM OF INTERVIEWING DRUG ADDICTS IN CUSTODY: A STUDY OF INTERROGATIVE SUGGESTIBILITY AND COMPLIANCE.**

The interrogation of drug addicts in custody presents a problem. The reliability of confessions made either under the influence of drugs or during drug withdrawal may be adversely affected. This study explores the effect of drug use and drug withdrawal on interrogative suggestibility and compliance. These two psychological factors are relevant to erroneous testimony. The interrogative suggestibility and compliance of heroin addicts on an inpatient drug unit were
measured on opiates, whilst withdrawing from opiates and drug free. The interrogative suggestibility and compliance of the group of subjects as a whole did not differ significantly in these three conditions. However the results did suggest that a subgroup of vulnerable individuals may have been more suggestive when under the influence of opiates. Further work is needed to clarify these results and to aid professionals assessing fitness for interview and cases of retracted confessions.

**KEY WORDS:** addicts, heroin

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260.
**MOTIVATION FOR TREATMENT IN A PRISON-BASED THERAPEUTIC COMMUNITY**

Current research concludes that participation in post-prison aftercare is critical to the effectiveness of prison-based therapeutic community (TC) treatment. This conclusion makes it imperative to understand the client determinants of retention in prison treatment, particularly continuance in post-prison aftercare. Currently, however, little data exist as to client predictors of seeking and remaining in prison-based TCs or entering post-release aftercare. In the present study, significant relationship were obtained between initial motivation, retention, aftercare and outcomes in a sample of substance abusers treated in a prison-based TC programme. Implications are discussed for theory, research and treatment policy.


**KEY WORDS:** aftercare

USA

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261.
**METHADONE PRESCRIPTION IN PRISONS: BETWEEN REALITIES AND COERCIONS**

Despite the increasing number of drug addicts in prison and the evidence of a persistent consumption of drug in those places, the reluctance towards methadon treatments remains strong. The institution of prescription of methadon during sentence in penitentiary establishments in the canton of Vaud has permitted a thought on the sense of such a practice, including all the professionals. The setting up of interdisciplinary procedures has situated such a prescription in a perspective of resocialization which respects assignments of the penitentiary institution and allows a therapeutic progression.


**KEY WORDS:** methadone, prison, treatment

SWITZERLAND

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262.
**HIV RISK BEHAVIOR AND PREVENTION IN PRISON: A BLEACH PROGRAMME FOR INMATES IN NSW**

181 inmates in AIDS education courses were surveyed about their risk behaviour and access to desinfectants for syringe cleaning in 1993. 40% of the respondents reported HIV risk behaviour in prison. 25% reported injecting, of whom 3/4 reported sharing syringes in prison. Most respondents reported cleaning them with desinfectants. 1/6 of respondents reported sharing tattooing equipment, few respondents reported fellatio or anal intercourse. High level of risk behaviour in prison might be reduced by methadone maintenance and condom programmes.
A MATHEMATICAL MODEL OF HIV TRANSMISSION IN NSW PRISONS
A mathematical model was developed to estimate HIV incidence in NSW prisons. Data included duration of imprisonment, number of inmates using each needle, lower and higher number of shared injections per IDU per week, proportion of IDUs using bleach, HIV prevalence and probability of infection. HIV prevalence in IDUs in prison was estimated to have risen from 0.8 to 6.7% over 180 weeks. These figures require confirmation by seroincidence studies.

KEY WORDS: HIV, injecting behaviours, prison, prevalence
AUSTRALIA

AIDS, DRUGS AND RISK BEHAVIOUR IN PRISON: STATE OF THE ART
The study of HIV transmission, risk behaviours and prevention in the prison setting is a difficult but important task. The difficulties lie in gaining access to inmates, obtaining representative samples and reliable reports of risk behaviour, and collecting conclusive evidence of HIV transmission in prison. This area of research is important because the high level of inmate turnover means that HIV transmission in prison threatens HIV control in the community when inmates are released. Research is required to evaluate the effectiveness of HIV prevention measures in prisons as little such evidence exists. Most studies of HIV transmission in prisons have found few cases. This has been interpreted as HIV transmission being low in prisons. Yet there are conditions in most prison systems that are conducive to the transmission of HIV but which also hinder detection of transmission. Approximately one-third of all inmates inject drugs while in prison but they serve short sentences and are therefore under-represented in annual cohort studies of transmission. The dramatic reduction in injecting risk-behaviour in community settings has not occurred in prisons. Efforts to prevent HIV infection will be undermined if concerted efforts do not include prisoners.

Dolan K., 1997, International Journal of Drug Policy, 8(1)
KEY WORDS: risk behaviour, HIV/AIDS, prison

PREVALENCE AND RISK BEHAVIOURS FOR HIV INFECTION AMONG INMATES OF A PROVINCIAL PRISON IN QUEBEC CITY.
OBJECTIVE: To assess HIV prevalence and related risk factors among inmates at the Quebec Detention Centre (QDC). DESIGN: Cross-sectional prevalence study. METHODS: Inmates incarcerated at the QDC in September 1994 were asked to participate in an anonymous survey concerning HIV infection. Volunteers answered a questionnaire and provided a saliva sample during a meeting with an interviewer. RESULTS: The overall participation rate was 95% (618 out of 651). HIV prevalence was 2% (11 out of 499) in men. All HIV-infected men were injecting drug users (IDU) with an HIV prevalence of 9% (11 out of 129) in this group. HIV prevalence was 14% (9/63) among male IDU admitting previous needle-sharing and 3% (two out of 66) among the other IDU (odds ratio, 5.3; P = 0.028). Twelve male inmates admitted injecting
drugs during imprisonment, of whom 11 shared needles and three were HIV-positive. HIV prevalence in men reporting sexual intercourse with men prior to incarceration was 10% (five out of 52). Nine of the 119 women were HIV-infected (8%), seven of whom were IDU (prevalence of 16% in female IDU). One of the two non-IDU had sexual contacts with male IDU, and the other with men who had sex with men. Tattooing was not associated with HIV infection in either men or women. CONCLUSIONS: Prisoners constitute a group at high risk of HIV infection mainly because of the high proportion of them who are IDU. Imprisonment offers a good opportunity to provide education and preventive programs to this specific group that might otherwise be difficult to reach.


KEY WORDS: HIV, prison, risk behaviour

CANADA

266. DEVELOPMENT OF “DETAINED SUPPORT PROJECT TO DRUGS USERS/ABUSERS” IN THE JAIL IN LINHO’

The authors present the detained support project addressed to persons with drugs use/drug addiction problems detained in the jail of Linho, since December 1993 to April 1996. Target population and general aspects of the jail running are described, considering the participation of professionals different groups in its dynamics. Several activities are chronologically described enhancing the most important moments for the project progressive implantation. CRIAR program is presented (structured treatment program) as well as aspects of its evolution. Finally needs for the future are mentioned considering several present components of the project.


KEY WORDS: AIDS, prison

PORTUGAL

267. DUTCH PRISON DRUG POLICY - TOWARDS AN INTERMEDIATE CONNECTION


KEY WORDS: drug, prison

THE NETHERLANDS

268. DETECTION OF DRUG ADDICTS IN JAIL: ILLICIT AND PSYCHOTROPIC DRUGS USE

The use of a physiological maintenance treatment by increasing the level of endogenous opioid peptides, enkephalins, could be an interesting new approach in the treatment of drug abuse. The results obtained in rodents have shown that the complete inhibitors of enkephalin catabolism decreased the severity of the naloxoneneceptitated withdrawal syndrome, and spontaneous withdrawal syndrome in morphine-dependent rats. On the other hand, if
enkephalin-degrading enzyme inhibitors could decrease the discomfort of the patient during acute withdrawal syndrome, they also could ameliorate the protracted opiate abstinence, which may include depressive symptoms. Indeed, antidepressant-like effects were observed after administration of the inhibitors.


**KEY WORDS**: opiates, cannabis, delinquency, prison

**FRANCE**

269. OPPORTUNITIES FOR AIDS PREVENTION IN A RURAL STATE IN CRIMINAL JUSTICE AND DRUG TREATMENT SETTINGS

This study examined the likelihood that drug users would receive HIV/AIDS prevention information and supplies (e.g., condoms and bleach) in the rural state of Kentucky. Despite evidence of high HIV risk among criminal justice and substance-using populations, incarceration and substance-user treatment were only minimally associated with prior HIV prevention exposure or HIV testing. These data strongly support the use of criminal justice and treatment settings to provide AIDS prevention interventions for the high-risk drug-using populations they serve, and to target HIV prevention services in rural as well as urban areas.


**KEY WORDS**: prevention, AIDS, prison

**USA**

270. HIV, HEPATITIS C AND RISK BEHAVIOUR IN A CANADIAN MEDIUM-SECURITY FEDERAL PENITENTIARY

In a voluntary anonymous HIV and hepatitis C serology screen in a Canadian male medium security federal penitentiary, 68% of 520 prisoners volunteered a blood sample and 99% of those giving a blood sample completed a risk behaviour questionnaire which was linked numerically to the blood sample. Compared to previous screenings for HIV (4 years earlier), and hepatitis C (3 years earlier) in the same institution, HIV seroprevalence had risen from 1% to 2% and hepatitis C seroprevalence from 28% to 33%. The overwhelming risk association for hepatitis C was with drug use outside prison, although there was a small group of men who had only ever injected drugs inside prison, over half of whom had been infected with hepatitis C. The proportion of prisoners who had injected drugs in prison rose from 12% in 1995 to 24% in 1998. The proportion of surveyed individuals sharing injection equipment at some time in prison was 19%, and while HIV rates in the prison are currently low, HIV prevalence amongst Canadian street i.v. drug users is rising rapidly, underlining the need for urgent preventative measures in prisons.


**KEY WORDS**: HIV, hepatitis, prison

**CANADA**

271. PRISONERS’ AFTERCARE IN EUROPE: A FOUR-COUNTRY STUDY

The purpose of the study is to identify and describe examples of best practices in prisoner aftercare in several European countries. The overall aim is to broaden the European
perspective on the treatment of drug dependent prisoners upon release. It is too often assumed that existing paradigms are the result of wisely guided evolution—that traditional measures of punishment and rehabilitation are, by virtue of their longevity, the only way. It is hoped that by initiating this process of cross-cultural comparison, more countries will be encourage to research alternatives within their own systems. The report is based in information-gathering trips designed to produce a “snapshot” of the aftercare systems and provision in four countries: Austria, Sweden, the Netherlands, and Scotland. The author describes four aftercare models (mandatory, coerced, voluntary, throughcare); she considers successful aftercare and obstacles to aftercare, and gives some information about examined countries.


KEY WORDS: aftercare, prison probation, methadone, employment programmes.

273.
PREVALENCE OF HEPATITIS C IN PRISONS: WASH-C SURVEILLANCE LINKED TO SELF-REPORTED RISK BEHAVIOURS
The authors used cross-sectional willing anonymous salivary hepatitis C (WASH-C) surveillance linked to self-completed risk-factor questionnaires to estimate the prevalence of salivary hepatitis C antibodies (HepCAbS) in five Scottish prisons from 1994 to 1996. Of 2121 available inmates, 1864 (88%) participated and 1532/1864 (82%) stored samples were suitable for testing. Overall 311/1532 (20.3%, prevalence 95%CI 18.3–22.3%) were HepCAbS-positive: 265/536 (49%, 95%CI 45–54%) injector-inmates but only 27/899 (3%, 95%CI 2–4%) non-injector-inmates. Among injectors, HepCAbS positivity was only slightly higher (p=0.03) in those who had injected inside prison (53%, 162/305) than in those who had not (44%, 98/224). Those who began injecting in 1992–96 were much less likely to be HepCAbS-positive than those who started pre-1992 (31%, 35/114 vs. 55%, 230/422; p<0.001). Even with injectors who began in 1992–96 but had never injected inside prison, the prevalence of hepatitis C carriage was 17/63 (95%CI 16–38%). The prevalence and potential transmissibility of hepatitis C in injector-inmates are both high. Promoting ‘off injecting’ before ‘off drugs’ (both inside and outside prison), methadone prescription during short incarcerations, alternatives to prison, and support of HepCAbS-positive inmates in becoming eligible for treatment, all warrant urgent consideration.


KEY WORDS: hepatitis.

274.
DRUG INJECTION AND HIV PREVALENCE IN INMATES OF GLENOCHIL PRISON
Objective of the authors is to determine the prevalence of HIV infection and drug injecting behaviour among inmates of Glenochil Prison on a specified date a year after an outbreak of hepatitis B and HIV infection. The design of the research is cross sectional: voluntary, anonymous HIV salivary antibody surveillance and linked self completion questionnaire on risk factors. Setting: Glenochil prison, Scotland, a year after an outbreak of hepatitis B and HIV transmission related to drug injection. Subjects: 352 prisoners, of whom 295 (84%) took part; 284 questionnaires (96%) passed logical checks. Main outcome measures: HIV prevalence; proportion of all inmates who had
ever injected drugs, had ever injected inside prison, had started injecting drugs while inside prison. Results: More than half (150/284) the current inmates were also in Glenochil Prison during the critical period of January to June 1993, when hepatitis B and HIV were transmitted. Similar proportions of current inmates and men who were also in Glenochil during the critical period were drug users (27% (75/278) v 30% (44/149)). A quarter of injecting drug users (18/72) had first injected inside prison, irrespective of whether they were in Glenochil in January to June 1993 and regardless of the calendar period when they first injected. Significantly more inmates from Glasgow (41%; 56/138) than from Edinburgh (21%; 7/34) or elsewhere (11%; 12/106) were injecting drug users. On testing for HIV, seven saliva samples out of 293 gave positive results--four were presumed to be from inmates known to be infected with HIV, and the others from injecting drug users from Glasgow, all of whom had been in Glenochil during January to June 1993, when two of the three had injected drugs and had been tested for HIV, with negative results. The ratio of overall (2.4%) to disclosed (1.4%) HIV prevalence was 1.7. For men who had injected drugs in Glenochil during January to June 1993, HIV prevalence was estimated at 29%. Conclusion: Between a quarter and a third of prisoners who injected drugs in Glenochil in January to June 1993 were infected with HIV. There is widespread ongoing risk of bloodborne virus infection within prisons, which is probably long standing but demands urgent attention.


KEY WORDS: HIV prevalence, prison, injection.

UK

275.

STUDY SIZE AND DOCUMENTATION TO DETECT INJECTION-RELATED HEPATITIS C IN PRISON

The authors used existing data on hepatitis C prevalence, injection-related hepatitis C transmission and needle use in prisons and new data on infectiousness, to estimate the size of study required to detect injection-related hepatitis C in UK prisons. A pilot study of 500 prisoners followed for 10 weeks would have a 65% chance of detecting a hepatitis C seroconversion, conservatively assuming one injection per prisoner per week, and a 3% transmission rate per injection, but uncertainty might persist as to whether transmission had occurred during a short incarceration or before it. If the actual transmission rate was 10%, as recently documented, then such a study would have more adequate statistical power. A definitive study of 3000 prisoners for 10 weeks would expect to detect about six seroconversions, even with conservative estimates of injection frequency and transmission rate. Adequate design and power of these studies is important because of the complacency that could result from false-negative findings. We suggest six risk-factor themes that studies should document.

SM Gore, AG Bird, 1998, QJM, Vol. 91, Issue 5 353-357,

KEY WORDS: hepatitis C, prison

UK

276.

DRUG USE IN PRISON

Methadone maintenance in prison needs to be evaluated. Kate Dolan and colleagues claim, on the basis of inadequate data, that methadone maintenance reduces injecting in prison. This claim is based on recall of the number of injections in prison per week by a subgroup (number
not stated) of ex-prisoners who—inside prison—both had received a maximum methadone dose exceeding 60 mg and had not defaulted from the programme. The efficacy of methadone maintenance in prison should be evaluated prospectively in randomised controlled trials analysed on an intention to treat basis. For modest targets—such as a reduction from 70% recidivism to 60% in the year after discharge from the index sentence and a reduction of 25% in the median number of days' incarceration for recidivists (down from 88 to 66 days)—to be identifiable in tests of significance, the consent of some 800 inmates who inject drugs would be required.

Any trial of methadone maintenance in prison should take into account the fact that 35% of prison terms for injecting drug users may last for less than 10 days and only 20% for more than 100 days (unpublished findings based on a study of 300 injecting drug users with a median of four (range one to 28) terms in Saughton prison, Edinburgh, between 1983 and 1994). If the data from Edinburgh are typical, methadone maintenance in prison is mostly of short duration. The efficacy of this is unclear because most studies in the outside community have been of longer programmes (and have been non-randomised and inadequate in size) and have excluded defaulters from analysis.

Gore S.M., Seaman S., 1996, British Medical Journal; 313:429

KEY WORDS: methadone maintenance, prison.

277. THE RESPONSE OF DRUG ABUSER PAROLEES TO A COMBINATION OF TREATMENT AND INTENSIVE SUPERVISION

Of 237 male and female drug abuser parolees assigned to parole procedures enhanced by weekly drug abuse counselling and urine monitoring, 118 were considered successes and 119 were considered failures at the end of one year on the basis of whether they had received a major sanction during the year. Success and failure cases were distinguishable on the basis of both concurrent (while on parole) and past characteristics. Greater treatment retention and amount of time employed during parole and greater amount of time employed and less deviance displayed prior to the first (ever) episode of heavy drug use were the principal correlates of success. The correspondence generally found between intensity of supervision and amount of deviance detected, the variability of the impact of detected drug use on the determination of sanctions and the relationship of parole outcome to gender are discussed.


KEYWORDS: Treatment, mandatory drug testing

USA

278. DO PRISONS NEED SPECIAL HEALTH POLICIES AND PROGRAMMES?

Prison medicine has a strange identity, stranded in a no man's land between two major social systems, that of health delivery and that of criminal justice. The uncomfortable and marginal status of the discipline is not the result of choices nor orientations of prison health care staff. It is caused by pressures created by criminal justice policy - especially prisons' policy - and decades of neglect by the "health establishment": ministries of health, medical associations and faculties of medicine have regarded prisons as extra-territorial, as far as health care is concerned. Until the AIDS epidemic, the World Health Organization had not devoted one single activity, consultation or study to the prison environment. Until ten years ago, major medical journals almost never carried articles about health or medical care in prisons. The failures of
prison health care have led to serious public health concerns within many prison systems. Concentrating on these failures may obscure an important consideration that prison medicine might be a false and misleading concept. Places of detention present such a degree of diversity in terms of population, length of stay, regimen and factors affecting health that "prison medicine" could usefully be subdivided into a number of component parts: health care for marginal groups; health provision in situations of rupture; combating environments conducive to transmission of airborne diseases; psychiatric care under conditions of security, etc. Prison medicine should wither away and be replaced by the pervasive presence of appropriate elements of public health, preventive measures and health care delivery.


**KEY WORDS:** Prison

### 280.

**DRUG ABUSE AND INCARCERATED WOMEN. A RESEARCH REVIEW**

Drug abuse is the primary reason women enter prison and is the primary health problem of women in prison. There has been little research conducted specifically with this population. Information must be drawn from studies with non-incarcerated addicted women and incarcerated addicted men. The purpose of this paper is to review what is known about the treatment and aftercare needs of this group (including relapse and recidivism prevention) and to propose an agenda for future research.


**KEY WORDS:** Women, treatment

**USA**

### 281.

**HARM-REDUCTION STRATEGIES FOR I.V. DRUG USERS AND PERSONNEL IN CUSTODY. A SAFER-USE TRAINING PROGRAM**

Based on the short inventory of health status of i.v. drug users in prisons, prevention strategies are developed, which might help to avoid damages for drug users themselves as well as for personnel. To these damages belong the relatively high rate of cases of drug deaths in custody as immediately after release and the irreversible damages of HIV and hepatitis. Also for the personnel risk potentials do exist e.g. needle stick injuries. In the last years the treatment system has been differentiated and developed towards three aims: abstinence oriented treatment, medico-psycho-social care within maintenance treatment, harm-reduction strategies for active drug users.


**KEY WORDS:** HIV, hepatitis, harm reduction, prison

**GERMANY**

### 282.

**RISK FACTORS THAT PREDICT DROPOUT FROM CORRECTIONS-BASED TREATMENT FOR DRUG ABUSE.**

Early dropout or failure to engage in drug abuse treatment is a common problem in correctional settings. This study presents findings from 339 felony probationers mandated to a six-month modified therapeutic community in lieu of imprisonment. Early dropout was related to cocaine dependence, having a history of psychiatric treatment, being unemployed before adjudication to treatment, and to higher levels of depression, anxiety, and hostility. Dropout rates also were
higher for probationers with deviant peer networks and lower ratings of self efficacy. However, multivariate analyses showed that scoring high on a criminality risk index was the strongest predictor of leaving treatment early and appears to represent a good composite risk measure. These findings can help identify who needs residential treatment, and who is at greatest risk for not completing it.


KEYWORDS: Treatment, prison

283.

PRISON-BASED SUBSTANCE ABUSE TREATMENT, RESIDENTIAL AFTERCARE AND RECIDIVISM

This study examined the impact of residential aftercare on recidivism following prison-based treatment for drug-involved offenders. Design. A matched group quasi-experimental design. Survival regression analyses were used to predict time until rearrest. A logistic regression model was constructed for predicting aftercare completion. Setting. A 9-month in-prison therapeutic community (ITC) and several community-based transitional therapeutic communities (TTCs). Participants. Data were collected from 396 male inmates (293 treated, 103 untreated). Measurements. Background information (gender, ethnicity, age, education level, criminal history and risk for recidivism) was abstracted from the state criminal justice databases and a structured interview led by clinical staff. During treatment process measures were based on inmate self-ratings of their counsellors, program and peers. A post-treatment interview conducted by field research staff assessed satisfaction with transitional aftercare. Post-release recidivism was based on state-maintained computerized criminal history records. Findings. ITC treatment, especially when followed by residential aftercare, was effective for reducing post-release recidivism rates. Lower satisfaction with transitional aftercare treatment was associated with not completing the residential phase of community-based aftercare. Conclusions. Corrections-based treatment policy should emphasize a continuum of care model (from institution to community) with high quality programs and services.


KEY WORDS: prison, therapeutic communities, residential aftercare, recidivism

USA

284.

DRUG INJECTORS AND THE CLEANING OF NEEDLES AND SYRINGES

When people are needles and syringes they risk transmitting human immunodeficiency virus (HIV) and other infections including hepatitis B virus (HBV) and hepatitis C virus (HCV). Cleaning needles and syringes can help to reduce, although not eliminate, these risks. This article begins by engaging with some of the literature on the cleaning of needles and syringes. Drawing on qualitative research conducted with drug injectors in England, the article then goes on to explore drug injectors’ perceptions and experiences of cleaning needles and syringes inside and outside prison. The article concludes by highlighting the implications for future research and policy making. Ultimately there should be a stronger policy response to reduce the risks associated with sharing needles and syringes inside prison, which should include the piloting of prison needle and syringe exchange schemes. (Author’s abstract.)

Hughes R.A., 2000, European Addiction Research, 6, 20-30

KEY WORDS: drugs, syringes sharing, risk reduction, prison, Public Health, injecting drug user

UK
285.  
**DRUG INJECTORS AND PRISON MANDATORY DRUG TESTING**  
Mandatory drug testing (MDT) is a policy that requires people in prison to provide a sample to be tested for the use of illicit drugs. Drug injectors are one group of individuals who spend time in prison. Drawing on qualitative research carried out with male and female drug injectors, this article considers their views and experiences of MDT. Five broad themes arose from the analysis of these data. These themes include people’s experiences of the test, their strategies to evade drug detection, punishments for testing positive, the effect of MDT on patterns of drug use, and, finally, the notions of power and risk are considered in relation to MDT. The article concludes with a discussion on the worth of this policy.  
**KEY WORDS:** Mandatory Drug Testing; Prison

286.  
**LOST OPPORTUNITIES? PRISON NEEDLE AND SYRINGE EXCHANGE SCHEMES.**  
Community needle and syringe exchange schemes (CNSES) have become an established part of harm reduction strategies in the UK. However, prison needle and syringe exchange schemes (PNSES) have not been afforded the same attention. This article explores some of the pertinent issues that surround PNSES debates. The focus is on the UK, although it draws on international sources as the issues presented transcend international borders. To represent the range of considerations that surround PNSES debates the following six questions will be addressed: Are PNSES unrealistic and unpopular? Do PNSES conflict with the duties and principles of the prison service and its staff? Do PNSES affect levels of drug use and drug injection in prison? Would PNSES affect levels of infections? Will drug injectors use PNSES? Will PNSES affect safety and security? This article concludes with a call for a much fuller debate on the issue of PNSES.  
Hughes R., 2000, *Drugs: education, prevention and policy*, 7(1), 75-86  
**KEY WORDS:** Needle Exchanges; Prisons; UK

288.  
**THE TRANSFER OF HARM-REDUCTION STRATEGIES INTO PRISONS: NEEDLE EXCHANGE PROGRAMMES IN TWO GERMAN PRISONS**  
In Autumn 1995, the Minister of Justice of Lower Saxony (a northern state of Germany) gave the green light for the implementation of a two-year pilot project. This project provided for the distribution of sterile injection equipment and provision of communicative methods of prevention to drug addicted inmates in a women’s prison with 170 inmates (Vectha) and a men’s prison with 230 inmates (Lingen). The pilot project in Vectha started on 15 April 1996, using five dispensing machines which allow a needle exchange to guarantee an anonymous access. The project in the men’s prison started on 15 July 1996. Here the staff of the drug counselling service and of the health care unit hand out sterile syringes to inmates. The study focused on the aim of the project which is to assess the feasibility, usefulness and efficacy of the measures undertaken. Of special interest was whether and how changes occurred in the prison system itself (i.e. acceptance of the measures by staff, medical service and management), and in the drug user’s behaviour and knowledge (i.e. development of needle sharing, change in drug use patterns). The study used a multi-methodological approach: documentation of the project practice, half standardised, longitudinal examination of inmates
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

(N=224) and staff (N=153), qualitative examination of management, selected groups of prisoners, staff and external organization (AIDS-Help-Group) (N=75) for at least two times. Results of the final report of the study are presented here. Finally this paper discusses shortly what is known of far about the impact of needle exchange programmes in prison in Germany and Switzerland.


KEY WORDS: needle exchange, prison, harm reduction

GERMANY

289.

DRUG USE AND INFECTION RISKS IN PRISONS. EMPIRICAL DATA BASED ON A PILOT PROJECT

Despite an increase of the proportion of drug users among prisoners, only little empirically proven knowledge does exist about their living conditions and pattern of drug use in custody. An improved knowledge of these phenomenons is of great importance for concepts of intervention and modes of management of penal institutions. An improved knowledge is also necessary to support offers and networking of the in-prison and out-prison drug services, but in more qualitative sense, for the contents of the system.


KEY WORDS: injecting drug user, prison, risk reduction

GERMANY

290.

DRUG USERS IN CUSTODY: BETWEEN HELP, EXECUTIVE CONTROL AND PERSONNEL ABILITIES. TOWARD A “HEALTHY PRISONS” MOVEMENT

During the last 30 years, the use of illegal drugs has increased in European prisons. Drug users are highly overrepresented in prisons and mostly in bad health. Addiction treatment normally cannot be provided. The personnal and material resources are restricted and the prison is not a suitable setting for causal-oriented measures. Treatment in prisons often oscillates between help and control. An overview on the situation of drug-using prisoners and their health and social risks is given and diverse strategies of support are described.


KEY WORDS: drug addiction, prison, injection, prevention, health promotion

GERMANY

291.

PROBATION, RACE, AND THE WAR ON DRUGS: AN EMPIRICAL ANALYSIS OF DRUG AND NON-DRUG FELONY PROBATION OUTCOMES

During the recent war on drugs, large numbers of drug offenders were sentenced to probation. Critics of this policy argued that drug offenders belonged in prison. This analysis uses logistic regression to compare 1993 individual level data on felony and non-drug felony probationers. The results of this analysis provide some justification for the general fear presented in the public media that felony drug probationers threaten communities. However, when the performance of African-American men on probation for felony drug offenses is partitioned, analysis results indicate that they are not the threat to public safety to the extent indicated by the media or envisioned by the American public.

292. RESPONDING TO AIDS AND DRUG USE IN PRISONS IN CANADA
HIV/AIDS and drug use in prisons is seen as a priority concern by the Canadian AIDS and harm-reduction movements. Two reports, both of which have been distributed in more than 2000 copies and have attracted longterm national media attention, have been instrumental in keeping issues raised by HIV/AIDS and drug use in prisons high on political agendas across the country. However, other factors have been equally important: community activism, research, the involvement of the federal ministry of health, and legal action undertaken by prisoners. Taken together, these factors have made some positive developments in the area of HIV/AIDS and drug use in prisons possible: condoms and bleach are being made available in an increasing number of prison systems; in two provinces, methadone treatment is available to some inmates; and there is some hope that a needle-exchange programme will be piloted in at least one prison. Nevertheless, much remains to be done. Reducing drug-related harm in society means reducing such harm in prisons too, and in that regard there has so far been only limited success.


**KEY WORDS**: HIV/AIDS, prison, drug use.

293. THE ADDICTION TREATMENT UNIT: A DUAL DIAGNOSIS PROGRAM AT THE CALIFORNIAN MEDICAL FACILITY. A DESCRIPTIVE REPORT
The Addiction Treatment Unit is a dual diagnosis program which exists in the California Department of Corrections. It is housed in the California Medical Facility in Vacaville, California. Program residents must meet the diagnostic criteria of having a major mental disorder substantiated by a DSM-IV Axis I diagnosis and also meet the criteria for a substance abuse/dependence disorder. All patients are housed in one wing of the facility, which is based on the format of a modified therapeutic community and focuses on the concept of recovery. A multidisciplinary treatment team comprised of a psychiatrist, a psychologist, a social worker and a psychiatric technician delivers clinical interventions, including individual and group therapy as well as medication management. The focus of the drug treatment aspect is an Alcoholics Anonymous/Narcotics Anonymous approach based on 12-Step philosophy. Research involving other therapeutic communities running in prisons is discussed as is the aspect of dual diagnosis programs. Logistical and environmental constraints which pose challenges to running the Addiction Treatment Unit are considered. A summary section reflects on aspects which have been successful, what has not worked or has been changed and upcoming program revisions.


**KEY WORDS**: treatment, therapeutic communities, prison, dual diagnosis

294. DRUG USE AMONG PRISONERS BEFORE, DURING AND AFTER CUSTODY
This study examines the use of drugs in a Welsh prison within the context of drug use in the community as a whole. It involves a survey of custodial and non-custodial drug use among male inmates in a local prison population reporting drug use before custody and a different group of ex-prisoners on probation reporting drug use in prison and post-custody. In prison 75% used drugs; in the community 74% used drugs before and 82% after custody. The results identify a minority of "hard" drug users and a majority of users of other drugs in prison. Risk behaviours are high. 27.5% of the study population as a whole injected a range of drugs in the community and 14% did so in custody, where 9% reported sharing needles and syringes.


**KEY WORDS:** prison, needle sharing, amphetamine, cannabis, probation, risk behaviour

UK

295.

THE VALIDITY OF SELF-REPORTED COCAINE USE IN A CRIMINAL JUSTICE TREATMENT SAMPLE.

Recent studies comparing self-admitted cocaine use with hair and urine test results have raised concerns about underreporting due to variations across situations and settings. Because of the frequent need for self-report data in conducting treatment evaluations, more information is needed on factors that affect the credibility of this information. The present study examines records of cocaine use collected as part of an evaluation of prison-based treatment (n = 396). Specifically, self-reported cocaine use from six-month post-release follow-up interviews, completed with treatment graduates and a comparison sample of parolees who were eligible but not sent to treatment, was examined in relation to urine and hair test results. Overall, cocaine use was underreported when compared to hair test results, but underreporting was lower for program graduates than for the untreated comparison group. Furthermore, program graduates originally admitted to prison on a drug-related arrest were the most likely to underreport cocaine use, seemingly due to a heightened concern about potential consequences, such as returning to prison on another drug-related charge. Given that the validity of self-report for high-risk individuals varies greatly and is difficult to predict across studies, future research with criminal justice samples should continue to assess the validity of these measures under specific research conditions and for diverse types of individuals.


**KEYWORDS:** Cocaine; Prison; Self-reports; Urine Testing

296.

EVALUATING CORRECTIONS-BASED TREATMENT FOR THE DRUG-ABUSING CRIMINAL OFFENDER

The recent increase in drug abusers in the criminal justice system has led to the expansion of corrections-based drug treatment facilities. Although three key evaluations have provided consistent support for the effectiveness of drug treatment within the criminal justice system, direct comparisons of outcomes across these evaluations are limited by variations in their measurement systems and the structure of official records on which they are based. This article addresses some of the issues relating to the assessment of treatment outcomes for the drug-abusing offender and provides several recommendations for future research.


**KEYWORDS:** Drug Abuse Treatment; Prison
297. THREE-YEAR REINCARCERATION OUTCOMES FOR IN-PRISON THERAPEUTIC COMMUNITY TREATMENT IN TEXAS.

Longer term in-prison therapeutic community (ITC) outcome studies are needed along with more attention on who benefits most from these programs. This study examined reincarceration records for 394 non-violent offenders during three years following prison. Those who completed both ITC and aftercare were the least likely to be reincarcerated (25 percent), compared to 64 percent of the aftercare dropouts and 42 percent of the untreated comparison groups. Furthermore, high severity aftercare completers were reincarcerated only half as often as those in the aftercare dropout and comparison groups (25 percent vs. 66 percent and 52 percent). The findings support the effectiveness of intensive treatment when it is integrated with aftercare, and the benefits are most apparent for offenders with more serious crime and drug-related problems.


**KEYWORDS:** Crime; Prison; Therapeutic Community

298. INJECTING DRUG USE AMONGST INMATES IN GREEK PRISONS

We present a national cross sectional comparative study of injecting drug use amongst male inmates in Greek prisons in relation to demographic and penal variables. A representative sample of 1,000 inmates were randomly selected from ten correctional institutions. 861 questionnaires were included in the analysis. 290 inmates (33.6%) reported injecting drugs, of whom 174 (60%) had injected while in prison, and 146 (50.3%) had shared sometime while in prison. Inmate injectors were predominately aged 25 to 34 years; they were incarcerated mostly due to drug offences (54.7%) and offences against property (30.5%); they were characterised by a multiplicity of previous sentences and a long duration of total time in prison. Most of the injectors had been convicted for drug offences in the past. Injectors, compared to non-injectors, were more likely to have had an HIV blood test. Regarding, their sexual behaviour during the twelve months prior to imprisonment, injectors were more likely to have multiple female sexual partners - other than their wives or regular partners. Results are discussed, in the European context in particular, in relation to the apparent relatively low level of injecting drug use among the Greek population in general yet similar rates of injecting drug use among inmates as in other European countries.


**KEY WORDS:** drug users, prison, HIV, injection

GREECE

299. PREDICTING RETENTION IN A RESIDENTIAL DRUG TREATMENT ALTERNATIVE TO PRISON PROGRAM

One hundred and fifty felony drug offenders diverted from prison to community-based, residential drug treatment alternative to prison programme completed a comprehensive interview as part of a longitudinal study. Treatment completion predictors were sought
examining intake data (demographics, family, social, employment, medical, psychological, criminal, sexual behaviour, drug use and treatment histories). Logistic regression results found completers had more social conformity and close friends, and less need for employment counselling, felony drug convictions, drug dealing income, and unprotected sex than dropouts. Completers were also less likely to encounter recent problems with significant other, have a psychiatric history, experience gunshot or stabbing, and commenced heroin use at older ages than dropouts. However, completers reported higher alcohol use than counterparts. Further analyses explored subcategory models: "life choice" (substance use, criminal and sexual behaviour), static (background and dispositional), and dynamic situational influences (employment, psychological state, recent and past encounters). Treatment implications considering findings are discussed.


**KEYWORDS:** Treatment

USA

300.

**RISKS OF SYRINGE EXCHANGE PROGRAMMES IN PRISONS PREVAIL (HEALTH EFFECTS IN PRISONS)**

Since 1998, 203,366 prisoners in Bavaria have been tested for HIV when placed under detention; 1,379 prisoners were diagnosed for the first time as being infected with HIV. During the course of their detention around 35,000 inmates have been tested, predominantly drug addicts; only one serum conversion has been found.

An inquiry last year by the doctors in the largest of the 37 Bavarian prisons (12,300 inmates) did not find any case of acute clinical hepatitis C during the course of detention. A survey in four prisons containing 3,710 prisoners found that between 11.9% and 22.2% of all prisoners and between 61% and 75% of intravenous drug users were positive for antibodies to hepatitis C virus on entry to prison. In two prisons 213 prisoners were systematically examined on their release, and one case of serum conversion was found. Examination of the case files on 130 inmates at Nuremberg's prison who were positive for hepatitis C virus showed that two prisoners may have been infected during the course of their detention, one of them in a "blood brother" ritual. Many studies show that drug users are most likely to become infected with hepatitis C virus at the beginning of their addiction. In Germany, this phenomenon may clearly be seen among young immigrants of German background from parts of the former Soviet Union. Most of them have lived in Germany for only a few years. Having begun misusing drugs intravenously, they become infected with hepatitis C virus before their first prison sentence in an alarming number of cases.

Detention protects against infection according to the results of a study of serum conversion in Maryland. Evaluation of a syringe exchange programme in a prison in Hamburg found that many prison inmates who had stopped misusing drugs started misusing them again. Also, many inmates went from inhaling drugs back to intravenous drug misuse while sharing needles regularly. The decisive factor in the incidence of hepatitis C in prisons has been the availability of heroin. In Bavarian prisons a strict zero tolerance policy is followed in relation to drugs. Under these circumstances a syringe exchange programme would be misunderstood as accepting drugs. Prisons would be flooded with heroin immediately. The situation would be out of control and infection rates would rise considerably.


**KEY WORDS:** syringes exchange, prison.

GERMANY
301. DRUG DEPENDENCY AND HIV TESTING AMONG STATE PRISONERS
HIV and drug use are higher among prisoners than the general US population. This study examines drug dependency / use and differences between prisoners who volunteered for HIV testing and those who did not in a less densely populated state. It was hypothesized that prisoners who volunteered for HIV testing were engaged in more drug use and other risky behaviours than those who did not. Survey data were collected from 600 randomly selected inmates from 15 state prisons. Subjects were male (95%), white (63%), never married (43%), and 44% volunteered for an HIV test since entering prison. Ninety-two percent of inmates met DSM criteria for drug dependence in their lifetime. Those who volunteered for HIV testing were 2.6 times more likely to ever have used PCP; 1.5 times more likely to ever have used cocaine; 1.4 times more likely to have used opiates, and 1.6 times more likely to report having been sexually or physically abused. Implications for interventions are discussed.
KEY WORDS: drug misuse, HIV testing, prisoners
USA

302. THE PEGGY PROGRAM. PREVENTING DRUG ADDICTION AMONG PRISONERS
In this article, we describe the different practical and theoretical steps of an experimental program intended to prevent drug addiction among prisoners. The purpose of this program was to question the meaning of the consumption of drugs at the level of the individuals, of work organisation and of the institution. The authors tried to avoid technical language and they wanted to place the "drug addict" and the professional in the centre of the operation. How does the drug addict's behavior articulate and interact with the functioning of the prison? Which role can an outsider so-called "expert in drug addiction" play? It's to these questions that the authors try to bring a few answers.
Libert V.; Pelsser V.; 1999, *Thérapie Familiale*, 20, (1), 81-99
KEY WORDS: prison, therapy
BELGIUM

303. WOMEN AND CRACK-COCAINe USE: A STUDY OF SOCIAL NETWORKS AND HIV RISK IN AN ALABAMA JAIL SAMPLE
Although the crack-cocaine 'epidemic' has been well documented in the USA, little is known about its prevalence in the rural south. Crime statistics, anecdotal evidence and drug treatment reports indicate that crack-cocaine use has emerged as a significant social phenomenon in Alabama (USA). The increase in paediatric and heterosexually-transmitted HIV/AIDS among African-Americans in Alabama suggests that the increase in crack-cocaine use and HIV/AIDS may be linked. This study sought to investigate the link between crack-cocaine use and HIV transmission in a small group of incarcerated Alabama women jailed for illicit drug use or drug-related crimes. The study was organised into focus group interviews consisting of three to six women (total 18), who discussed the topics of drug use, initiation and distribution, sexual activity, condom use and social networks in audiotaped sessions. The ratio of African-American to Caucasian women was 3:1, with ages ranging from 18 to 58 years. The use of crack-cocaine
was said to be prompted by male intimates, with co-factors such as "rite of passage" (African-American women) and "life trauma" (Caucasian women) also reported. While drug distribution networks were primarily the domain of men, women reported being given more or better quality crack-cocaine and being assigned the role of purchaser for male friends and partners. Sexual exchange or barter was commonplace; however, condom use was sporadic or the prerogative of men. While condoms were most often used in sexual activity with strangers, they were rarely used in sex with friends or regular partners. Social networks consisted primarily of male intimates and men identified as "drug buddies'. Relationships between women were frankly distrustful and few subjects cited women as their friends. Relationships with family members were likely to be strained or fractured, with fathers reported as being absent or dead. The frequently cited finding that women who use crack-cocaine risk HIV transmission through unprotected sexual exchange is confirmed in this study. A broader investigation into the HIV-related risks associated with crack-cocaine use is recommended for both men and women in Alabama.


**KEYWORDS:** Crack Cocaine, HIV behaviour, sexual behaviour, Prison, Women

USA

304.

**DRUG AND PRISONERS: TREATMENT NEEDS ON ENTERING PRISON**

An interview study was conducted among a group of incoming prisoners. "Incoming prisoners" refers to individuals who were being transferred from this county jail to the state prison system. Marijuana and cocaine were the most commonly tried illegal drugs among the subjects as well as the drugs of choice during the month prior to imprisonment. Based on the criteria of DSM-IV diagnoses, 57.5% of those interviewed had exhibited drug dependency at some point in their lives, and 51% were currently dependent on some substance. Thus, more than half of the incoming prisoners were in need of treatment for use of at least one substance. Cocaine dependence was the greatest problem facing this group of inmates, with an especially notable problem among the older females. Younger males were more likely to have current marijuana dependence. The study found that individuals currently dependent on cocaine or opiates perceived that they had a need for drug treatment, while those currently dependent on marijuana did not share this perception.


**KEY WORDS:** prison, cocaine, cannabis, treatment

USA

305.

**SUBSTANCE USE AND INTIMATE VIOLENCE AMONG INCARCERATED MALES**

The purpose of this study was to examine substance use patterns among a sample of incarcerated males who report engaging in levels of intimate violence, as well as identifying similarities and differences in demographic, economic status, mental health, criminal justice involvement, relationships, and treatment factors for three groups of incarcerated males – those who report perpetrating low intimate violence, those who report perpetrating moderate intimate violence, and those who report perpetrating extreme intimate violence the year preceding their current incarceration. Findings indicated that low intimate violence group’s perpetration consisted almost exclusively of emotional abuse. Moderately intimate violent males and extremely intimate violent males, however, report not only high rates of emotional abuse but physical abuse as well. The distinction between moderate and extremely violent
groups was substantial. Findings also indicated that perpetrators at different levels of violence in this study did not vary significantly in age, employment history, marital status, or race. However, the three groups showed significant differences in three main areas: (1) cocaine and alcohol use patterns, (2) stranger violence perpetration and victimization experiences, and (3) emotional discomfort. Implications for substance abuse and mental health treatment interventions and for future research are discussed.


**KEYWORDS:** violence, substance use, incarcerated males, prison population

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### 306. METHODOLOGICAL CHALLENGES IN STUDIES OF PRISONERS’ SEXUAL ACTIVITY AND DRUG USE

Prisons and jails are far from ideal places to talk about sex and drug use. Indeed, undertaking a study of prisoners’ high-risk behaviours invites many methodological, logistical and ethical challenges. These challenges stem primarily from three aspects of prisoners’ lives: correctional facilities are by nature coercive environments; sex and drug use violate correctional regulations; and, sexual behavior involves identity issues that often spur shame and a fear of homophobic violence from other inmates. Not surprisingly, studies of prisoners' high-risk acts are relatively small in number. They are also concentrated in a few countries, particularly England, Australia, Canada, and, most recently, the United States of America. This article briefly outlines and discusses the methodological challenges of performing research on prisoners' sexual and drug-related activities and the limitations that these hurdles may place on the gathered data. At first blush, research methodology may seem to be of little significance (and interest) to harm reduction advocates. Yet, in a field such this, where resources - be they funds or the number of knowledgeable and committed researchers - are so scarce, ensuring the maximum veracity and reliability of research results as well as their accessibility to advocates is critically important. For, advocates must thoroughly understand the nature and limitations of research in order to effectively employ it to advocate for programmes.


**KEY WORDS:** sex abuse, drug misuse, prison

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### 307. A SURVEY OF BLOODBORNE VIRUSES AND ASSOCIATED RISK BEHAVIOURS IN GREEK PRISONS

The aim of the present article is to determine HIV and hepatitis infection and correlates with risk behaviours among 544 drug users imprisoned for drug related offences. All completed the questionnaire and 533 blood samples were collected. Of the blood samples tested, one was positive for anti-HIV-1, 58.2 % for anti-HCV, 57.6 % for anti HBe and 2.3 % for anti HDV. Prevalence rates for injected drug users (IDUs) only were 0.27 % for HIV-1, 80.6 % for hepatitis C, 62.7 % for hepatitis B and 3.3 % for hepatitis D. 92 % of IDUs injecting in prison shared needles. The epidemic of hepatitis B and C among imprisoned IDUs constitutes a major public health problem. Prevention programmes are necessary in order to prevent a further spread.


**KEY WORDS** : injection, prison, risk behaviours, hepatitis, HIV

GREECE
308. SEROEPIDEMIOLOGY AND RISK FACTORS FOR HIV INFECTION AMONG INCARCERATED MEN IN SOROCABA, BRAZIL

We describe prevalence and risk factors for HIV infection among 1,059 inmates in two prisons in Sorocaba, Brazil. Sociodemographics, prison history, and sexual and drug exposures were assessed by interviewer-administered questionnaire. HIV infection was detected in 115 (12.6%) inmates. Seroprevalence was 35% among those with a history of IDU (OR = 11.4, 95% CI 5.58–23.5). Sex with female visitors was reported by 66%, and homosexual practices with other inmates by 10%. Independent predictors of HIV infection were age <35 years (OR = 1.9, 95% CI 1.1–3.4), birthplace (natives of Sorocaba; OR = 2.1, 95% CI 1.2–3.8), and number of previous incarcerations (1 compared to 0) (OR = 1.7, 95% CI 1.07–2.7). Prevalence of HIV infection among these inmates is comparable to rates in metropolitan Sao Paulo and other prison populations internationally. The use of injecting drugs is the most important risk exposure in this population. These findings indicate an urgent need to institute prevention programs for this population both inside and outside prisons.


KEYWORDS: HIV infection, prison, prevalence

309. PREDICTIVE FACTORS OF HIV-INFECTED INJECING DRUG USERS UPON INCARCERATION

Objective: To identify predictors of HIV-infection in injecting drug users upon incarceration. Patients and methods: We studied 639 IDU or ex-IDU prisoners admitted to a provincial prison of Northwestern Spain between 1 January, 1991 and 31 December, 1995. Each was interviewed by health personnel and tested for HIV-infection (ELISA followed by immunoblot confirmation in positive cases). Statistical analysis was based on logistic regression. Results: The prevalence of HIV-infection was 46.9% (95% CI: 43.1%–50.8%). No decreasing tendency in annual prevalence of HIV-infection was observed (p=0.88); however, for those incarcerated for the first time prevalence fell from 38% in 1991 to 19% in 1995 (p=0.20). Gypsies (OR: 0.43; 95% CI: 0.23–0.80) and prisoners who were older upon first incarceration (OR: 0.94; 95% CI: 0.90–0.99) were associated with lesser risk of HIV-infection. Women (OR: 2.17; 95% CI: 1.29–3.65), older prisoners (OR: 1.06; 95% CI: 1.02–1.11), those with multiple incarceration histories (OR: 1.06; 95% CI: 1.01–1.11) and long-term prisoners (OR: 1.01; 95% CI: 1.00–1.02) were associated with higher risk. Conclusions: The high prevalence of HIV-infection, especially in women, younger prisoners, repeat offenders and long-term prisoners, suggests that prevention measures directed toward the most marginal IDU have not been very effective. Harm-reduction programs must be made to reach the IDU population, both in and outside prison walls.


KEYWORDS: Drugs, HIV, Prisons

SPAIN
THREE-YEAR OUTCOMES OF THERAPEUTIC COMMUNITY TREATMENT FOR DRUG-INVOLVED OFFENDERS IN DELAWARE: FROM PRISON TO WORK RELEASE TO AFTERCARE

Delaware researchers have argued for a continuum of primary (in prison), secondary (work release), and tertiary (aftercare) therapeutic community (TC) treatment for drug involved offenders. Previous work has demonstrated significant reductions in relapse and recidivism for offenders who received primary and secondary TC treatment one year after leaving work release. However, much of the effect declines significantly when the time at risk moves to three years after release. Further analyses reveal that program effects remain significant when the model takes into account not simply exposure to the TC program, but, more importantly, program participation, program completion, and aftercare. Clients who complete secondary treatment do better than those with no treatment or program dropouts, and those who receive aftercare do even better in remaining drug-and arrest-free.


**KEY WORDS**: aftercare, prison, therapeutic community

311.

SEROPREVALENCE OF HIV, HCV AND SYPHILIS IN BRAZILIAN PRISONERS: PREPONDERANCE OF PARENTERAL TRANSMISSION

Between November 1993 and April 1994, our physicians' team interviewed and took blood samples of 631 prisoners randomly drawn from the largest prison of South America, which counted about 4700 inmates at that time. The interview consisted of questions related to risk behaviour for HIV infection, and the subjects were asked to provide blood for serological tests for HIV, hepatitis C and syphilis. Our main purpose was to investigate the relationship between HCV and injecting drug use as related to HIV seropositivity. Participation in the study was voluntary and confidentiality was guaranteed. Overall prevalences found were as follows: HIV: 16% (95% confidence interval (CI): 13–19%); HCV: 34% (95% CI: 30–38%), and syphilis: 18% (95% CI: 15–21%). Acknowledged use of ever injecting drug was 22% and no other parenteral risk was reported. Our results, as compared with other studies in the same prison, suggest that HIV prevalence has been stable in recent years, and that the major risk factor for HIV infection in this population is parenteral exposure by injecting drug use.


**KEYWORDS**: AIDS, Hepatitis, Injecting drug users, Prisoners

312.

LEGITIMACY OF PUNISHMENT SYSTEMS SHOULD BE ADDRESSED (HEALTH EFFECTS IN PRISONS)

Given findings that 21% of drug using prisoners started injecting in prison and a dose-response relation between time in prison and risk of hepatitis C infection, the author asks some questions to challenge the medical profession. Should the medical profession support widespread punishment by imprisonment in our society? Should the profession take the lead in conducting an assessment of the health impact of imprisonment? Given that many of the factors predicting poor health and other disadvantage also predict imprisonment, an assessment of the impact of health inequalities is needed. It seems safe to assume that no large political party will make this
debate a priority in the near future. According to the author, if the medical profession in the United Kingdom, and the BMJ as its most representative journal, has a duty to the health of the worst off in our society then they must take a lead in this area.


KEY WORDS: punishment system

UK

313.

HOW DOES SYRINGE DISTRIBUTION IN PRISON AFFECT CONSUMPTION OF ILLEGAL DRUGS BY PRISONERS?

Drug injection and syringe sharing is common among IDUs in prison. As a consequence, the prevalence of blood-borne viral infections is several-fold higher in prison than in the corresponding communities. Prisoners have been denied access to syringe exchange programmes, even though they have been proven to be highly effective in community settings. A 12-month harm reduction programme which included syringe exchange was introduced into the only female prison (Hindelbank) in Switzerland. The programme was studied for 12 months (pilot phase). After the programme was completed, there was follow-up 12 months later (follow-up phase). Baseline data were collected on 137 of 161 prisoners. Follow-up data were collected on 57 of 64 prisoners. Participants were interviewed several times about their use and injection of drugs and their shared use of syringes. Additional data on the number of syringes exchanged were also collected. Reports of drug use and injection in prison did not increase. The exchange of syringes was related to drug availability. Frequency of drug use increased in relation to duration of incarceration. Frequency of drug use decreased the longer the project had been implemented. None of the main arguments raised against the introduction of syringe distribution into prison, such as assault or an increase in drug injecting, was evident in this study. The results, although limited by the nature and the size of the prison, suggest that syringe exchange has a role in the prison setting.


KEY WORDS: heroin, injection, cocaine, prison

SWITZERLAND

314.

PROVISION OF SYRINGES: THE CUTTING EDGE OF HARM REDUCTION IN PRISON?

When, in the summer of 1994, a pilot project on prevention of drug use and transmission of HIV was launched in Hindelbank, a Swiss prison for women, not many outsiders paid attention to it. Yet only a few months later, the prison director received repeated calls from television stations, newspapers, and drug experts asking how the project was developing. We describe how this high level of public interest in a small prison (around 85 inmates, 100 entries and releases per year) came about.

Summary points: Prisons play a pivotal role in the spread of infectious diseases. Distribution of syringes reduces drug-related harm in the community, but its effect in prisons has not been reported. Automatic syringe exchange dispensers were installed in a Swiss prison for women in the framework of a pilot project on drug and HIV prevention. Ongoing evaluation provided some evidence that syringe distribution in prison did not encourage drug consumption, and syringe sharing among inmates virtually disappeared. Other prisons in Switzerland and Germany are conducting prevention projects that include syringe distribution.


KEY WORDS: syringes exchange, prison, harm reduction.
315. POSITIVE EFFECTS ON LIFE SKILLS MOTIVATION AND SELF-EFFICACY: NODE-LINK MAPS IN A MODIFIED THERAPEUTIC COMMUNITY

In recent years, one response to drug abuse problems has been to provide treatment in prison and probation settings. Results are promising, although the need for improving mandated treatment has been expressed. The Cognitive Enhancements for Treatment of Probationers (CETOP) project is investigating cognitive enhancements in a modified therapeutic community (TC) setting. One enhancement is node-link mapping, a visual graphing strategy. Map "nodes' contain ideas, actions, and feelings; these are connected by links that illustrate meaningful relationships. Current findings indicate increases in group participation, ratings of session depth, and positive ratings of co-residents, counsellors and security staff. The present study extends this research by comparing mapping-enhanced counselling to standard counselling on self-efficacy and motivation for basic psychosocial skills (e.g., emotional control). Probationers (n = 381) in a 16-week residential program were assigned randomly to conditions in 12 TCs (n = 30-35). Motivation and self-efficacy were assessed by two self-report questionnaires, one mid-way and one at the end of treatment. A five factor solution was produced from each questionnaire. With community as the unit of analysis, means of enhanced counselling were higher in all cases. Wilcoxon tests indicated four significant differences at midterm for mapping on motivation and self-efficacy of communication and emotional control (p < .05). At the end of treatment, mapping was higher for motivation of cogniton and emotional control and self-efficacy was higher for communication. Discussing Bandura's model, these findings provide evidence that maps may enhance psychosocial skills, which have been associated with maintaining recovery.


KEYWORDS: Motivation; Therapeutic Community; Treatment

USA

316. THE CULTURAL AND SOCIAL CONSEQUENCES AND EFFECT ON FAMILIES OF WOMEN'S INVOLVEMENT IN DRUG TRAFFICKING IN CAMEROON: CRIME AND IMPRISONMENT

The aim of the Idole Foundation, which was established in June 1993, is to help women discharged from prison. To achieve that aim, it has opened a centre where women are provided with free accommodation and training of various kinds, including sewing, dyeing, embroidery, soap-making, cooking and sex education. It has been observed that 30 percent of these former prisoners were drug dependent and another 30 percent had had contact with drugs without becoming dependent. These women continue to consume drugs while in prison, where they resort to a number of strategies to satisfy their craving and on release, their addiction forces them into violent milieux, where they are subjected to sexual slavery. Forced to share their earnings with procurers, they are obliged, in order to continue their drug habit, to change partners and submit to increasingly depraved demands, including the introduction of sometimes very dangerous substances into their genital organs.


KEYWORDS: Crime; Prison; Trafficking; Women
317.
COINFECTIONS BY HIV, HEPATITIS B AND HEPATITIS C IN IMPRISONED INJECTING DRUG USERS

In order to know the prevalence and risk factors for coinfections by human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) among injecting drug users (IDUs), a cross-sectional study was carried out in two prisons of the province of Cantabria, northern Spain. Three hundred and sixty-two IDU inmates were recruited. All inmates were interviewed and their blood tested for HIV, HBV and HCV. Crude and multiple risk factor adjusted for (by polychotomous logistic regression) odds ratios were calculated. Prevalence of HBV-HCV coinfection (42.5%) was higher than HIV-HBV-HCV coinfection (37.3%), whereas monoinfections were very uncommon (overall: 13%). Long-term injectors and reincarceration were the foremost risk factors for both coinfections, showing a trend between the degree of association and the number of viruses infecting a patient. No significant relationship between coinfection status and sexual practices was observed. The results related to coinfections are consistent with previous studies of prevalence and risk factors for HIV, HBV and HCV, in indicating that the high rates of coinfections among IDU inmates emphasise the need to harm-reduction policy across prisons in Spain.


KEYWORDS: Hepatitis, HIV, Injecting drug users

318.
A META-ANALYTIC REVIEW OF THE EFFECTIVENESS OF CORRECTIONS-BASED TREATMENTS FOR DRUG ABUSE.

The Correctional Drug Abuse Treatment Effectiveness project obtained and coded evaluation research studies (unpublished as well as published) or treatment/intervention programs reported from 1968 to 1996. Meta-analysis was used to examine evidence for their effectiveness in reducing recidivism for incarcerated offenders who are drug abusers. Results supported the effectiveness of therapeutic community programs but not of boot camps and drug-focused counselling. Evaluations of other interventions were based on too few studies to draw strong conclusions, but promising treatments that warrant further attention include use of methadone maintenance treatment, substance abuse education, 12-step programs, and cognitive behavioural therapy for offender populations.


KEY WORDS: 12-step Programs; Therapeutic Community

319.
EFFECTIVENESS OF SCREENING INSTRUMENTS IN DETECTING SUBSTANCE USE DISORDERS AMONG PRISONERS

This study examined the effectiveness of several screening instruments in detecting substance use disorders among prison inmates. A sample of 400 male inmates were administered eight different substance abuse screening instruments and the Structured Clinical Interview for DSM-IV (SCID-IV), Version 2.0, Substance Abuse Disorders module. The latter was used as a diagnostic criterion measure to determine the presence of substance use disorders. Based on
positive predictive value, sensitivity, and overall accuracy, the Texas Christian University Drug Screen, the Simple Screening Instrument, and a combined instrument-Alcohol Dependence Scale/Addiction Severity Index-Drug Use section were found to be the most effective in identifying substance abuse and dependence disorders.


**KEY WORDS:** drug test, misuse, alcohol, prison

USA

### 320.

**MULTI-SITE SAMPLES OF INJECTING DRUG USERS IN EDINBURGH: PREVALENCE AND CORRELATES OF RISKY INJECTING PRACTICES**

The study aim was to estimate the frequency of injecting and prevalence of equipment sharing and other risky injecting practices among intravenous drug users (IDUs) and to identify correlates of these behaviours. Using three cross-sectional surveys of IDUs by face-to-face interview in the years 1992-94, at multiple treatment and non-treatment sites throughout the city of Edinburgh, Scotland, UK. Participants were 634 interviews of 480 IDUs, who reported having injected a drug in the previous six months. Measurements were self-reports of drug-taking behaviours, service contact, sexual behaviour and HIV knowledge and anonymous testing of saliva for HIV antibodies. Only 18 percent had injected at least daily. Thirty-five percent had accepted or passed on used equipment. Eighty-five percent of subjects recruited from non-treatment sites were receiving treatment for their drug taking. Multivariate analyses indicated that risky injecting was associated with a consistent history of sharing, polydrug injecting, injecting in prison, having recently started injecting and recent experience of methadone detoxification. Injecting frequency and equipment sharing have declined substantially in Edinburgh during the past ten years and are low compared to other cities in the United Kingdom and elsewhere. These improvements have occurred in the context of remarkably high levels of drug treatment service contact. The authors' findings support the international evidence indicating that IDUs have modified their injecting habits significantly without completely eliminating this form of HIV risk. High levels of service contact in Edinburgh provide ample opportunities to instigate further HIV prevention measures which target identifiable subgroups of IDUs who persist in risky injecting.


**KEYWORDS:** Injecting Drug Users; Risk Behaviours; Syringes Sharing

SCOTLAND

### 321.

**PREVALENCE OF DSM-IV SUBSTANCE ABUSE AND DEPENDENCE DISORDERS AMONG PRISON INMATES**

The study examined the 30- day and lifetime prevalence of DSM-IV alcohol and drug disorders among state prison inmates. A sample of 400 inmates consecutively admitted to a state prison reception centre were assessed for alcohol and drug disorders using the Structured Clinical Interview for DSM-IV (SCID-IV). Test-retest reliabilities were calculated for the SCID-IV. Lifetime substance abuse or dependence disorders were detected among 74 percent of inmates, including over half of the sample who were dependent on alcohol and drugs. For the 30 days prior to incarceration, over half of the sample was diagnosed as having substance abuse or dependence disorders, including 46 percent who were dependent on alcohol and drugs. Black inmates were significantly less likely to be diagnosed as alcohol dependent than
whites or Hispanics. The high rates of substance use disorders are consistent with previous findings from other studies conducted in correctional settings and reflect the need to expand treatment capacity in prison.


**KEY WORDS**: alcohol, ethnicity, prison, USA

322.

**TREATMENT OF SUBSTANCE-ABUSING JAIL INMATES. EXAMINATION OF GENDER DIFFERENCES**

Females incarcerated for drug-related offenses represent one of the fastest growing populations within jails and prisons. The current study examined intake assessment results from a sample of 1,655 substance-involved jail inmates referred to jail treatment program in Tampa, Florida, including 26% female and 74% male inmates. The study was designed to identify gender differences in psychosocial characteristics and substance abuse treatment needs among jail inmates. Results indicate that female inmates more frequently experienced employment problems, had lower incomes, more frequently reported cocaine as the primary drug of choice, and were more likely to report depression, anxiety, suicidal behavior, and a history of physical and sexual abuse. Implications for developing specialized treatment approaches for female offenders are discussed, including use of integrated treatment strategies.


**KEY WORDS**: prison, women, treatment.
USA

323.

**EXAMINING THE SUBSTANCE USE PATTERNS AND TREATMENT NEEDS OF INCARCERATED SEX OFFENDERS**

Using data from a Bureau of Justice Statistics’ national prison inmate survey, this paper analyzes alcohol and drug use and abuse patterns among men incarcerated in state prison for sex crimes. Of the 13,986 inmates in the sample, 11.5% were incarcerated for a sex offense. Two thirds were substance-involved, meaning that they were under the influence of alcohol or drugs at the time of their crime, had committed a crime to get money for drugs, had histories of regular illegal drug use, had received treatment for alcoholism, or shared some combination of these characteristics. The level and type of substance-involvement was related to age and race, to history of victimization, and to victim characteristics. We discuss the implications of these findings for correctional program interventions, including assessing drug and alcohol problems, availability of substance abuse treatment for sex offenders, and the conjunction of such treatment with other programs.


**KEYWORDS**: sex offenders, alcohol, drug, crime
USA

324.
A COMPARISON OF SUBSTANCE USE BETWEEN FEMALE INMATES AND FEMALE SUBSTANCE MISUSERS IN TREATMENT

Recent literature documents extensive substance misuse histories among US female prison inmates. The primary purpose of the present study was to determine whether histories of personal and familial substance misuse distinguished female inmates from substance misusers in treatment. After accounting for drug-related offences, the authors hypothesised that the inmates would have more extensive histories of personal and familial substance misuse and that they would have initiated substance use at an earlier age. Contrary to the authors' expectations, the two samples were similar on many measures of alcohol and drug use. Similarly, differences in family histories of substance misuse were not in the predicted direction. As hypothesised, however, the inmates did report earlier age at onset of drinking. Of particular clinical relevance was the finding that, despite similar alcohol consumption levels, inmates reported fewer alcohol-related adverse medical, legal, and psychosocial consequences than did the treatment sample.


KEY WORDS: Alcohol; women; Prison

USA

RESIDENTIAL DRUG ABUSE TREATMENT FOR PROBATIONERS. USE OF NODE-LINK MAPPING TO ENHANCE PARTICIPATION AND PROGRESS

Node-link mapping, a graphic representation tool, was used to enhance substance-abuse treatment in a 4-month residential criminal justice program. Twelve communities of 30 to 35 probationers ("residents") were randomly assigned to either mapping communities collaborated to develop node-link maps representing critical issues. Counsellors in standard communities used their own methods. Treatment motivation was assessed at intake and was used to categorize residents into three levels. Treatment involvement was measured at the middle and at the end of the program. Residents, as well as their counsellors, rated those in mapping communities as participating more in group sessions than those in standard communities. Mapping residents also reported better personal progress toward treatment goals, more positive affective responses to treatment, and greater treatment engagement. Residents with higher motivation at intake had higher treatment involvement scores regardless of type of counselling received.


KEY WORDS: group therapy, treatment, motivation, probation

USA

CORRELATES OF HIV/AIDS KNOWLEDGE IN A SCOTTISH PRISON SAMPLE.

A sample of 559 inmates in Scottish prisons were administered a 48-item HIV/AIDS knowledge questionnaire. High levels of HIV-related knowledge were associated with: a history of drug offences, having had an HIV test, knowing someone who has had an HIV test, knowing someone who is HIV seropositive, a history of injecting drug use and having a sexual partner who is also an injecting drug user. Inmates who are objectively at high risk of contracting HIV by virtue of their drug injecting and sexual behaviour are also amongst the most knowledgeable inmates, with regard to HIV/AIDS. Unfortunately, such knowledge does not result in the
adoption of risk reduction behaviours. Results are discussed in relation to the heterogeneity of inmate populations and the diversity of their educational needs.


**KEYWORDS:** HIV; risk behaviour; prisons

**SCOTLAND**

327.

**INPATIENT CARE OF MENTALLY ILL PEOPLE IN PRISON: RESULTS OF A YEAR'S PROGRAMME OF SEMISTRUCTURED INSPECTIONS**

Objective of the article is to investigate the facilities for inpatient care of mentally disordered people in prison. Semistructured inspections was conducted by doctor and nurse. Expected standards were based on healthcare quality standards published by the Prison Service or the NHS. The Setting consists of 13 prisons with inpatient beds in England and Wales subject to the prison inspectorate's routine inspection programme during 1997-8. Main outcomes measures were appraisals of quality of care against published standards. Results: The 13 prisons had 348 beds, 20% of all beds in prisons. Inpatient units had between 3 and 75 beds. No doctor in charge of inpatients had completed specialist psychiatric training. 24% of nursing staff had mental health training; 32% were non-nursing trained healthcare officers. Only one prison had occupational therapy input; two had input from a clinical psychologist. Most patients were unlocked for about 3.5 hours a day and none for more than nine hours a day. Four prisons provided statistics on the use of seclusion. The average length of an episode of seclusion was 50 hours. Conclusion: The quality of services for mentally ill prisoners fell far below the standards in the NHS. Patients' lives were unacceptably restricted and therapy limited. The present policy dividing inpatient care of mentally disordered prisoners between the prison service and the NHS needs reconsideration.


**KEY WORDS:** mentally ill, prison

**UK**

328.

**THE QUALITY OF HEALTH CARE IN PRISON: RESULTS OF A YEAR'S PROGRAMME OF SEMISTRUCTURED INSPECTIONS**

Objectives of the authors were to assess, as part of wider inspections by HM Inspectorate of Prisons, the extent and quality of health care in prisons in England and Wales. Design: Inspections based on a set of "expectations" derived mainly from existing healthcare quality standards published by the prison service and existing ethical guidelines; questionnaire survey of prisoners. Subjects: 19 prisons in England and Wales, 1996-7. Main outcome measures: Appraisals of needs assessment and the commissioning and delivery of health care against the inspectorate's expectations. Results: The quality of health care varied greatly. A few prisons provided health care broadly equivalent to NHS care, but in many the health care was of low quality, some doctors were not adequately trained to do the work they faced, and some care failed to meet proper ethical standards. Little professional support was available to healthcare staff. Conclusions: The current policy for improving health care in prisons is not likely to achieve its objectives and is potentially wasteful. The prison service needs to recognise that expertise in the commissioning and delivery of health care is overwhelmingly based in the NHS. The current review of the provision of health care in prisons offers an opportunity to ensure that prisoners are not excluded from high quality health care.
329. LISTENING TO THE SUBCONSCIOUS IN A PRISON ENVIRONMENT
A study to re-examine care for drug users in Martinique was set up in 1987. The need to listen to drug users in prison became vital in 1990. Long and detailed work involving research and surveys led to the creation of a mechanism for psychotherapy in prison. Firstly, we specify the objectives and methods. Secondly, we raise the thorny issue of demand via a few clinical illustrations. For example, could the absence of drugs in prison, combined with the lack of freedom, engender a different kind of dependency, which would encourage the emergence of a different demand: that of the subject? Finally, we specify the particularity of our position as therapists in relation to the judicial institution, a condition essential to our work ethic.
KEY WORDS: prison, mental health
FRANCE

330. INTERPRETATION OF INDETERMINATE HIV SEROLOGY RESULTS IN AN INCARCERATED POPULATION
The objective of this study was to evaluate the significance of indeterminate HIV test results in the prison setting. No specific information or guidelines are currently available to direct counselling of incarcerated persons with an indeterminate HIV test. A medical chart review was conducted on all incarcerated inmates at the Rhode Island State Prison who received indeterminate HIV test results between the inception of mandatory testing in 1990 and October 1996. Thirty-five inmates had an indeterminate HIV Western Blot (WB) result, and 31 had follow-up HIV testing. Twenty-three of 31 of the prisoners with follow-up tests seroconverted. Drug/alcohol use, including crack cocaine and injection drug use, was strongly associated with seroconversion. This is the highest rate of seroconversion ever reported for persons with indeterminate WB test results. Prison inmates with indeterminate HIV serology should be counselled that in all likelihood they are HIV-infected, and confirmatory viral load testing should be conducted immediately.
KEY WORDS: HIV, testing, prison, crack-cocaine, injection, risk factors
USA

331. HIV TESTING, HIV INFECTION AND ASSOCIATED RISK FACTORS AMONG INMATES IN SOUTH-EASTERN FRENCH PRISONS
Objectives of the article are to estimate HIV seroprevalence in the two main remand and short-stay prisons of south-eastern France and to gather linked anonymous risk-factor information. The setting is the Baumettes prison, Marseille, France between 16 November and 21 December 1992. Using a self-administered questionnaire about HIV testing and risk factors for HIV infection, 295 male and 137 female inmates were interviewed. The response rate was 96% (100 and 90% for men and women, respectively). At the same time, 279 of a total of 432 (65%)
inmates were serologically tested for HIV; 153 (35%) declined to provide a blood sample.

DESIGN: Anonymous cross-sectional and surveillance survey. Twenty per cent of participants (84 out of 432) were intravenous drug (heroin) users (IVDU), 51% of whom reported needle-sharing prior to incarceration; 23% reported more than two sexual partners during the last year, and 13% sexual intercourse with an IVDU during the last 5 years. HIV status was available for 356 inmates (82%; 65% from blood samples and 17% from the questionnaire); 39 were HIV-infected (10.9%; 95% confidence interval, 7.7-14.2). The inmates not tested for HIV reported proportionally less risky behaviours than non-HIV-infected inmates. HIV seroprevalence was significantly higher among recidivist inmates (19.9 versus 4.4%; P < 0.0001). The rate of HIV infection was particularly high among IVDU (34 out of 84; 40%). More female non-IVDU were HIV-infected than male non-IVDU (4.1 versus 0.6%; P = 0.04). This study demonstrates the high prevalence of HIV infection in south-eastern French prisons, especially among IVDU. The rates may be related to the high prevalence of risky drug practices and to delays in the development of HIV prevention programmes for IVDU in France. The higher seroprevalence rate among recidivist inmates might be the result of risk behaviours during imprisonment. Another hypothesis is that recidivist inmates are at greater risk of HIV infection because of higher levels of drug use.


KEY WORDS: HIV, prison

FRANCE

332.
EFFECTIVENESS OF A DRUG-FREE DETENTION TREATMENT PROGRAM IN A DUTCH PRISON

Several Dutch penitentiaries, which have relatively severe drug-use related problems, experimented with drug-free detention treatment programs (DVA). These programs aim at controlling drug use by offering a therapeutic atmosphere and serve as linkage to detention post-treatment. In a Rotterdam jail (335 cells), ca. 10% were the DVA. Information was gathered from 86 male inmates who volunteered to enter the program, and 42 from other wings. After 1 year the drug-free detention group more actively searched and accepted treatment. No differences were found in drug use, recidivism, or physical, social, and psychological problems.


KEY WORDS: treatment, prison, evaluation, motivation

NETHERLANDS

333.
PROPERLY EXECUTED VACCINATION PROGRAMME MIGHT MINIMISE HARM (HEALTH EFFECTS IN PRISONS)

In 1999 the authors carried out an unselected prospective study of a proportion (132/550 patients positive for hepatitis C virus) of the Sheffield hepatitis C virus cohort (M L Schmid et al, sixth meeting of the Federation of Infection Societies, Manchester, December 1999). Most of the 132 were injecting drug users or former injecting drug users (>80%), and a significant proportion of these had previously been incarcerated in prison (over 40% admitted to prison sentence). Serological testing showed 60% had no evidence of previous exposure to hepatitis B virus. Only 20% of the 132 had protective antibody levels against hepatitis B virus.
Minimisation of harm should start with a properly executed vaccination programme targeting all prisoners, thus minimising the risk of acquiring or disseminating hepatitis B virus and reducing the risk of more aggressive liver disease. Furthermore, vaccination for hepatitis A may also be worth considering for similar reasons.


KEY WORDS: hepatitis, prison.
UK

334.
HIV INFECTION IN PRISONS
Most drug injectors stop injecting on entry to prison
Previous research in Scottish prisons indicates the following basic principles: the extent and pattern of injecting and needle sharing vary among prisons; that most people who inject before imprisonment stop injecting when they enter prison; and that the minority who inject in prison are much more likely to share injecting equipment than are drug injectors in the community. Drug services provided in prisons should take account of the finding that while there is a high level of sharing among those who inject in prison, most users stop injecting on entry to prison. It seems circumspect, therefore, initially to introduce options such as cleaning fluids, advice on reducing harm, and counselling in parallel with programmes offering reduction prescribing of opiates and benzodiazepines. Monitoring and evaluation of such initiatives would determine whether further measures—such as needle exchange—should be introduced to minimise the risk of transmission of HIV. While the Scottish Prison Service, for example, has become increasingly accepting of harm reduction goals, needle exchange is unlikely to be acceptable as a first level option to the service’s management, or to staff in Scottish prisons. Furthermore, previous research has indicated that not all prisoners—including those currently injecting in prison—would be in favour of needle exchange in prison. While prison and public health authorities should always be alert to the potential for transmission of HIV, implementation of the appropriate preventive measures in a particular prison should take account of the characteristics of drug using behaviour within that prison and within the prison catchment area. It is important that prisons and public health authorities work collectively to address transmission of HIV in prisons and avoid polarisation and conflict of interest that could be identified as detrimental to the successful implementation of drug services in prison.

David Shewan, Margaret Reid, Alexander Macpherson, John B Davies, 1995 British Medical Journal;310:1264

KEY WORDS: HIV, prison
UK

335.
ILLICIT DRUG USE AMONG "FALSE CONFESSORS": A STUDY AMONG ICELANDIC PRISON INMATES
In this study the illicit drug use of 62 prison inmates who claimed to have made a "false confession" during police interrogation sometime in their lives was compared with those of other inmates. The results showed that the "false confessors" were significantly more frequent users of illicit drugs than the other inmates and had more serious drug abuse problems, including intravenous drug use. Twenty-five percent of the false confessors and ten percent of the other inmates were heavily dependent on drugs. The difference was highly significant. The drug-
dependent false confessors were particularly likely to have confessed falsely to protect someone else from being arrested and prosecuted.


**KEYWORDS:** Prison

ICELAND

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336.

**MANY INJECTORS STOP INJECTING WHILE IMPRISONED (HEALTH EFFECTS IN PRISON)**

The author supports the principle that imprisonment should not deprive an individual of access to services that are proved to reduce harm. Examination of the currently available research evidence, however, indicates that provision of needle exchange could possibly cause an increase in transmission of bloodborne viral infection in prisons. In an Irish prison study, 51% of injecting drug users had not injected in the month before interview. In the German study, 53% of injectors had never injected while in prison. An Australian study, examining incidence of hepatitis C among prisoners, found that longer stay in prison (with no access to needle exchange) protected injectors against infection. One plausible interpretation of this research evidence is the following: injectors who inject in prison tend to do so unsafely, but as so many injectors cease injecting during their sentence, the incidence of infection (and other adverse events such as accidental overdose) drops among the total population of imprisoned injectors. There has been insufficient examination of the reasons why so many injectors cease or curtail injecting while in prison. There are many possible explanations for this finding, but the absence of available sterile injecting equipment could be an important factor. Although there is no evidence that provision of needle exchange encourages individuals to start injecting in the community, implementation of such a service could cause many more of these established injectors to opt to continue injecting while in prison. The introduction of needle exchange in prison could ultimately be shown to have a beneficial effect in reducing harm, but its introduction now would be premature while we have a poor understanding of the factors that mediate the observed reduction of injecting in this setting.


**KEY WORDS:** injectors, prison, harm reduction

UK

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337.

**HISTORY OF SYRINGE SHARING IN PRISON AND RISK OF HEPATITIS B VIRUS, HEPATITIS C VIRUS, AND HUMAN IMMUNODEFICIENCY VIRUS INFECTION AMONG INJECTING DRUG USERS IN BERLIN**

Injecting drug users (IDU) are at risk of parenterally transmitted diseases such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) infection. We investigated whether a history of syringe sharing in prison is a risk factor for these infections. In the longitudinal part of the study, HBV, HCV, and HIV seroincidence rates were determined.

**METHODS:** The participants were recruited by multisite-sampling at different agencies for IDU. Data on risk behaviour were obtained by a standardized questionnaire. Serological markers for HBV, HCV, and HIV were determined. Logistic regression analysis was performed to adjust for confounding effects.

**RESULTS:** A history of syringe sharing in prison was significantly associated with HBV (adjusted prevalence odds ratio [POR] = 3.9, 95% confidence interval [CI]: 2-10), HCV (POR = 9.7, 95% CI: 3-33), and HIV infection (POR = 10.4, 95% CI: 4-29). The HIV seroincidence rate was 5.9 per 100 person-years. None of the IDU receiving methadone
maintenance treatment (MMT) seroconverted whereas the HIV incidence was 8.5 among IDU not in MMT (P = 0.01). CONCLUSIONS: The increased risk of HBV, HCV, and HIV infection among IDU who had shared syringes in prison warrants specific preventive action. The longitudinal data suggest that IDU in MMT have a lower risk of HIV infection.


KEY WORDS: syringe exchange, prison, hepatitis risk, HIV.

GERMANY

338.
METHADONE MAINTENANCE TREATMENT AND HIV RISK-TAKING BEHAVIOUR AMONG INJECTING DRUG USERS IN BERLIN

The study objective was to determine whether methadone maintenance treatment (MMT) is effective in reducing the levels of HIV risk-taking behaviour (borrowing and lending of injection equipment, irregular condom use) among injecting drug users (IDUs) and to identify independent predictors of the borrowing of used syringes. The 612 IDUs were recruited at different services for drug users such as treatment centres, walk in agencies, a hospital and on the streets. Of all IDUs, 41 percent had borrowed and 34 percent had passed on used injection equipment in the previous six months. In univariate analysis, IDUs receiving MMT had injected less frequently and were significantly less likely to borrow and lend syringes. In logistic regression analysis, MMT was protective against the borrowing of syringes (adjusted odds ratio 0.36, 95 percent confidence interval 0.2, 0.8), but not against syringe lending nor against sexual risk behaviour (i.e. numbers of sex partners, lack of condom use). Important independent predictors of the borrowing of syringes were injecting drug use in prison, use of sedatives and sex with another IDU in the previous six months. MMT may play a significant role in reducing the levels of borrowing of syringes among IDUs. However, additional prevention measures are needed which should specifically address sexual risk behaviour and target subgroups of IDUs with high levels of needle sharing, such as IDUs who have been in prison and those who are sedative users.


KEYWORDS: Injecting Drug Users; Methadone; Prison; Syringe Sharing

GERMANY

339.
HIV PREVALENCE AND RISK BEHAVIOUR IN INJECTING DRUG USERS IN BERLIN

In injecting drug users newly entering drug treatment centres in Berlin, HIV seroprevalence continuously decreased from 1985 through 1992. A recent cross-sectional study with multi-site sampling (n=472) showed significantly differing HIV prevalences by site of recruitment (treatment centres 6%, storefront units 20% infectious disease clinic 56%). In multivariate analysis, the borrowing of syringes in prison was the strongest independent predictor of HIV infection.


KEY WORDS: HIV, risk behaviour

GERMANY

340.
STUDY ON ASSISTANCE TO DRUG USERS IN PRISON
This report has been commissioned by the European Monitoring Centre for Drug and Drug Addiction, EMCDDA.
The author analyses some instruments to cope with drug addiction in prison. Information has been collected from prison services, Ministries of Justice, international organizations and networks working in the field (drug and HIV/AIDS service providers), data bases (penlex/UK, EMCDDA), scientific or professional experts in the field, literature review, universities and archives.
The report deals with prevention and treatment offers like provision of condoms; counselling at various stages of imprisonment; abstinence-oriented treatment; substitution treatment – in specific methadone prescription.
Harm reduction measures are presented, including training and seminars, prison peer education, vaccination programmes, HIV post-Exposure Prophylaxis, provision of disinfectants, needle exchange programmes. Some pilot projects are reported.
The author also treats Self-help groups, auricular acupuncture, pre-release units and release, aftercare and training of doctors and staff.
Specific target groups are considered (women, migrants, young offenders).
A basic consideration in the report concerns the principle of equivalence. It means that the health care measures (medical and psychosocial) successfully proven and applied outside prison should also be applied inside. The differentiation of the drug service system outside is not implemented in the prison setting yet. The wide range of drug services developed in most European countries is mainly reduced to drug free services. These services seem to be extremely helpful for those who successfully manage to abstain from drugs.
There are indications that treatment measures are successful when followed by aftercare after release either in Therapeutic Communities or in other community drug services.
If imprisonment itself couldn't be avoided or diversion measures have failed, then treatment and preventive steps have to be taken from the first day of imprisonment. “Through-care” includes comprehensive medical care as well as access to health and social worker both from inside prison and community services in order to plan the individual psychosocial perspectives.
This dual intervention of inside and outside drug services seems to be a successful strategy in tackling the health problems of drug users in prison and afterwards.
KEY WORDS: treatment, prison, harm reduction, needle exchange, HIV, methadone
EUROPE

341.
MANUAL ON HARM REDUCTION IN PRISON
The manual finds his beginning from the results of phase 3 of the European Peer Support Project, “Risk reduction activities in prison”.
The manual describes what can be done to reduce drug related health risks in prison.
It integrates the results of various projects done in this field. Besides basic information on drugs, drug use, infectious diseases and risk reduction strategies, it contains modules of training seminars for staff and inmates.
The manual is primarily addressed to professionals in health services working either within the prison or outside. They may be employed as civil servants within state agencies or in Non-Governmental Organizations. Moreover, social workers, prison officers, peer leaders or inmates can use this book as a source of practical information. The central matter is risk situations for prisoners and staff members.
The major objectives of this manual are: to raise awareness of health problems connected to drug use and drug-related infectious diseases; to initiate and support a discussion about risk reduction as response to these health problems; to contribute to knowledge, skills and insight into the problems and encourage a positive attitude towards risk reduction activities by both inmates and personnel; to disseminate information relevant for health promotion by a range of means; to stimulate and support the realisation of risk reduction activities for inmates as well as for staff members.

The manual also contains information for prison staff about health and safety at work, drugs, addiction, infectious diseases and the services needed. For inmates, it includes information about risk situations and risky conditions within the prison setting. It gives technical and organizational advice on how to raise certain topics and how to initiate risk reduction activities in a prison context.


KEY WORDS: harm reduction, infections, prison.

EUROPE

342.
METHADONE TREATMENT IN THE GERMAN PENAL SYSTEM
The problems of a lot of penal institutions not only in Germany are characterized by drug addicted inmates, the spread of drugs and of infectious diseases. The necessity of differenciated social and health care offers for drug users is growing. A differentiation of the social and health care offers means for penal institutions, that beside offers which are aimed at information/education, counselling and transfer into drug free in-patient treatment, those strategies should be adopted that aim at harm reduction. This includes methadone treatment as well as offers to prevent the spread of infectious diseases. This contribution gives an overview over the current practice in the different states of Germany.


KEY WORDS: methadone, treatment, risk reduction

GERMANY

343.
REGIONAL VARIATIONS IN PRE-IMPRISONMENT DRUG USE AMONG FEMALE INMATES OF A SCOTTISH PRISON
The present study aimed to assess regional variations in the pattern of pre-imprisonment drug use and its correlates among female inmates. A consecutive sample of 3,389 admissions to Scotland’s only exclusively female prison were assessed as to their pre-imprisonment drug use in the six-months period prior to custody. Type of drug, method of administration, offence type, pre-imprisonment area of residence HIV and hepatitis status, and history of drug-withdrawal related epileptic seizure were recorded. A sample of 709 inmates reported a history of drug use in the six months prior to imprisonment. Full data were available for a subsample of 616 subjects who indicated a level of drug dependence. Marked regional variations occurred in that a significantly larger proportion of drug users (88.7 percent) in comparison with non-drug users (53.5 percent) were resident in Glasgow prior to incarceration. Drug users from Glasgow, in comparison with drug users from other areas of Scotland, were significantly more likely to have used heroin with temazepam, less likely to have used dihydrocodeine, far less likely to have used methadone, and more likely to have been imprisoned for prostitution. Individuals who had used heroin and temazepam especially were more likely to have experienced drug-
induced epileptic seizures. Results are discussed in relation to the possible precipitating factors associated with regional variations.


**KEY WORDS:** hepatitis, HIV, prison, prostitution, temazepam, women.

**SCOTLAND**

344.

**FINAL THOUGHTS IN IMPACT: A FEDERALLY FUNDED, JAIL-BASED, DRUG-USER-TREATMENT PROGRAM**

A federal demonstration project in the Cook County Jail, called IMPACT (Intensive Multiphased Program of Assessment and Comprehensive Treatment), provided residential drug-user treatment to more than 3,000 inmates during its 5 years of operation between January 1991 and October 1995. In that time, much was learned about initiating and conducting a complex, intensive, longer-term drug-user-treatment program in a jail setting. This article describes IMPACT and summarizes the results of a process and an outcome evaluation of the program and a series of focus groups. Based on these studies, we recommend ways to improve the design and implementation of drug-user treatment programs in jails.


**KEY WORDS:** prison, treatment

**USA**

345.

**AIDS IN PRISON**

This book on AIDS and HIV in prison carries a unique collection of comparative data and associated analysis written by experts from eleven countries. The laws and procedures and the true extent of their application within the prison systems are reviewed. In addition, the book covers the controversial issues of drug usage by prisoners, homosexual practices, early release, drug-free units, education, and the availability of condoms and bleach. Official discourse is compared and contrasted with the daily experiences of prisoners, thereby isolating the "reality gap" that exists between institutional statements made of public consumption and the practices of prison inmates.

Thomas A.P., Moerings M., 1994, Dartmouth, Aldershot

**KEY WORDS:** drug, prison, HIV/AIDS

**EUROPE**

346.

**EVALUATION OF AN INNOVATIVE PROGRAM TO ADDRESS THE HEALTH AND SOCIAL SERVICE NEEDS OF DRUG-USING WOMEN WITH OR AT RISK FOR HIV INFECTION**

Drug-using women with or at risk for HIV infection have many competing unmet needs, especially for social services, drug treatment, and medical care. High-risk drug-using women were recruited through street outreach, at needle exchange sites, a prison, and local community based organizations in New Haven, Connecticut for a study of the service needs of out-of-treatment drug users and the ability of an interactive case management intervention (ICM) to address those needs. These women were administered baseline and follow-up interviews to identify their health and social service needs and the degree to which these needs were resolved. The women who chose to enroll in the interactive case management intervention (n = 38) did not differ demographically nor in their HIV risk behaviors from those
not receiving case management (n = 73). Provision of ICM was most successful in meeting needs for supportive mental health counseling, basic services, and long term housing. The impact of interactive case management was less evident for the acquisition of medical and dental services, which were accessed comparably by women not receiving the intervention. Overall, the women who enrolled in the ICM intervention showed a significant decrease in the number of unmet service needs as compared to those who did not enroll. Multiple contacts were required by the case manager to establish trust and to resolve the unmet service needs of these high-risk women. Women with or at risk for HIV infection can be effectively engaged in an ICM intervention in order to meet their multiple unmet service needs, although such interventions are time-and-labor intensive.


KEY WORDS: HIV, women, drug

347.

**DRUG AND DEATH IN CUSTODY: TWO FATAL OVERDOSES**

Two fatalities by substitution drugs (methadone, buprenorphine) in prisoners are presented. Both cases also involve an intake of benzodiazepines. The discussion focuses on toxicological considerations (interpretation problems in deaths resulting from substitution drugs), as well as on the epidemiological and sociological aspects of these observations, that tragically highlight the problem of drug supply and abuse in French prisons.


KEY WORDS : methadone, buprenorphine, prison, benzodiazepine

FRANCE

348.

**DEMAND REDUCTION ACTIVITIES IN THE CRIMINAL JUSTICE SYSTEM IN THE EUROPEAN UNION**

With increased prisoner numbers, many European Union member states have begun to consider the possibility of drug demand reduction interventions within the criminal justice system. In this paper the results of a six month study of drug demand reduction activity within the criminal justice system (CJS) of the member states of the European Union are presented. The extent of activity at the arrest stage varies widely between states. The two most common objectives of interventions aimed at drug using arrestees are to provide information and to encourage contact with treatment services. The extent of activity at the court stage was difficult to establish, however, in many countries legislation exists which extends the possibility of drug treatment as an alternative to a legal sanction. There is a considerable and increasing range of interventions focused on drug users in prison. All countries provide some form of demand reduction activity within this context. Many respondents indicated a very low level of drug demand reduction activity targeted at released prisoners. Despite the existence of many interventions, no member state has an extensive programme of demand reduction activities at every stage of the criminal justice system. Further, activities are rarely available throughout all geographical areas of a country.


KEYWORDS: drugs, Prisoner

EUROPE
349. **DRUG PREVENTION OUTSIDE AND INSIDE PRISON WALLS**

The risk for developing substance dependence is increased in the prison milieu, due to stress factors, to the availability of drugs and to an over-representation of persons dependent on drugs among the prison population. Recent overviews on projects for primary prevention against substance abuse in European countries are summarised and some evaluation results are discussed (especially prevention programmes in the school milieu and in community settings). The main messages are that knowledge and attitudes can be improved, but with unreliable impact on consumption behaviour, that short programmes are not effective and that most programmes cannot adequately reach those who are most in need for them. These messages have to be considered when it comes to prevention in the prison milieu. The specific prevention goals for prison populations are identified, and selected strategies mentioned (including control measures, therapeutic and harm reduction measures). Evaluation of such prevention strategies and programmes is rare; a few examples are given. More pilot projects are recommended, focusing on relapse prevention of those already dependent, adequate networking with after-care and other agencies outside, and active participation by inmates in order to improve compliance with the programme.


**KEYWORDS:** prisons
EUROPE

350. **INFECTION WITH HIV AND HEPATITIS C VIRUS AMONG INJECTING DRUG USERS IN A PREVENTION SETTING: RETROSPECTIVE COHORT STUDY**

Objectives are to estimate the incidence of HIV and hepatitis C virus and risk factors for seroconversion among a cohort of injecting drug users. Setting was a primary healthcare facility in central Sydney. Subjects: Injecting drug users tested for HIV-1 antibody (n=1179) and antibodies to hepatitis C virus (n=1078) from February 1992 to October 1995. Main outcome measures: Incidence of HIV-1 and hepatitis C virus among seronegative subjects who injected drugs and underwent repeat testing. Demographic and behavioural risk factors for hepatitis C seroconversion. Results: Incidence of HIV-1 among 426 initially seronegative injecting drug users was 0.17/100 person years (two seroconversions) compared with an incidence of hepatitis C virus of 20.9/100 person years (31 seroconversions) among 152 injecting drug users initially negative for hepatitis C virus. Incidence of hepatitis C virus among injecting drug users aged less than 20 years was 75.6/100 person years. Independent risk factors for hepatitis C virus seroconversion were age less than 20 years and a history of imprisonment. Conclusions: In a setting where prevention measures have contributed to the maintenance of low prevalence and incidence of HIV-1, transmission of hepatitis C virus continues at extremely high levels, particularly among young injecting drug users.


**KEY WORDS:** HIV, prison, risk factors.
AUSTRALIA
EVALUATION OF A METHADONE PROGRAM IN PRISON. PRELIMINARY RESULTS
Eight month after beginning a program of maintenance with methadone "low umbral", 151 men and 90 women have been treated. We studied the most relevant characteristics of this program and the profile of persons that used it. The subjects for this study came from various sources, 109 came from Methadone Program Centre and 132 came from this Centre-Jail. The subjects average age is 31.9 years and have used heroin on average of 14.3 years. 77.8% are HIV Positive and 33.2% have less than 200 CD4/mm3. The medium dosage of methadone averages 73.7 mg/daily. During this Methadone Program conflict inside the prison has not increased. It has permitted better contact with the patients away from other therapeutics resources. Has decreased the use of drugs and the risk associated with this practice, and intravenous use has decreased from 32.2% to 8.7%.
KEY WORDS: prison, treatment, methadone, evaluation, HIV, risk reduction
SPAIN

352. PREVALENCE AND INCIDENCE OF HEPATITIS C VIRUS INFECTION AMONG MALE PRISON INMATES IN MARYLAND.
To identify incidence of antibody to hepatitis C virus among 265 male prison inmates, we assayed paired serum specimens obtained at intake in 1985-1986 with follow-up specimens in 1987. Intake prevalence was 38 percent. Seroincidence was 1.1/100 person years in prison. This finding might reflect saturation of high-risk subgroups or possibly reduced frequency of exposures following incarceration.
KEY WORDS: hepatitis, prison
USA

353. HUMAN IMMUNODEFICIENCY VIRUS INFECTION CARE IS UNAVAILABLE TO INMATES ON RELEASE FROM JAIL.
The human immunodeficiency virus (HIV) seroprevalence in urban jails is higher than that in the general community. METHODS: We interviewed a cohort of HIV-infected inmates in a jail in New York, NY, during incarceration and after release to assess the accessibility of medical and social services. RESULTS Of the 170 inmates who were interviewed and released into the community, 40 (24%) came to a follow-up interview. Of the 40, 25 (62%) had not received an appointment with an infectious disease clinic by the time of the new interview. Only eight (27%) of the 32 who received zidovudine in jail obtained zidovudine; and only one of the 13 who received isoniazid prophylaxis in jail obtained isoniazid prophylaxis. Twenty (65%) had applied for but not yet received Medicaid. CONCLUSION: Inmates infected with HIV may encounter difficulties obtaining medical care and social services on release into the community, which can potentially lead to active infectious tuberculosis. Family physicians may encounter HIV-positive patients who are newly released from jail and who need follow-up medical care, and they must help address the needs of HIV-positive, formerly incarcerated people.
KEY WORDS: HIV, prison
A NOVEL OPIOID MAINTENANCE PROGRAM FOR PRISONERS: PRELIMINARY FINDINGS.

Effective postincarceration treatment for individuals with preincarceration heroin dependence is urgently needed because relapse typically follows release. This article presents first-year findings from a unique 2-year pilot study of opioid agonist maintenance treatment initiated in prison and continued in the community. Incarcerated males with preincarceration heroin dependence were randomly assigned to Levo-alpha-acetylmethadol (LAAM) maintenance or control conditions 3 months before release. Approximately 92% of eligible inmates volunteered to participate; 36 of 58 subjects who were eligible and randomly assigned to LAAM maintenance successfully initiated treatment. Twenty-eight of these continued on LAAM until release; 22 (78.6%) entered community-based maintenance treatment; and 11 (50%) remained in treatment at least 6 months postrelease. Changes in LAAM's labelling because of its association with cardiac arrhythmias now makes it a second-line treatment for heroin dependence, unsuitable for treatment initiation. Nonetheless, study findings may also be applicable to methadone maintenance treatment, suggesting such treatment may be a promising means of engaging prisoners with preincarceration heroin dependence into continuing treatment.

Kinlock TW, Battjes RJ, Schwartz RP., J Subst Abuse Treat 2002 Apr;22(3):141-7

KEY WORDS: heroin, prison, LAAM

ASSESSING THE INFLUENCE OF NEED TO INJECT AND DRUG WITHDRAWAL ON DRUG INJECTORS' PERCEPTIONS OF HIV RISK BEHAVIOR.

This article aims to assess the influence of the need to inject and drug withdrawal on drug injectors' perceptions of human immunodeficiency virus (HIV) risk behaviour inside and outside prison. Complementary qualitative research methods were used with 24 drug injectors in England. It was found that when sterile injecting equipment was unavailable the need to inject and drug withdrawal were important factors on the reported readiness to share injecting equipment. This finding was broadly consistent both outside and inside prison. However, different patterns of responses between these two environments were influenced by the social context in which HIV risk was considered. These perceptions of HIV risk are situationally specific, but the influence of the need for a drug injection and drug withdrawal on HIV risk behaviour transcends social settings. Thus, HIV risk reduction strategies should be consistent outside and inside prison.

Hughes RA., J Psychoactive Drugs 2001 Apr-Jun;33(2):185-9

KEY WORDS: HIV, syringe sharing

CORRECTIONAL OFFICERS' INTENTION OF ACCEPTING OR REFUSING TO MAKE HIV PREVENTIVE TOOLS ACCESSIBLE TO INMATES.

The aim of this study was to identify the factors which explain correctional officers' intention of accepting or refusing to make HIV preventive tools (condoms, bleach, tattooing equipment, and
syringes) accessible to inmates. A total of 957 officers completed a questionnaire that took into account determinants from several social-cognitive behaviour theories. The results indicated that only 21.4% of officers were favourable toward making accessible all of the preventive tools. The theoretical model explained 87% of the intention variance, $p < .0001$. Self-efficacy (beta = .35), personal normative belief (beta = .29), social determinants (beta = .21) and the affective dimension of attitude (beta = .19) were significant determinants. Moreover, officers with a high level of intention differed from those with a low level of intention on several points of the theoretical model. In conclusion, the results clearly indicated that several difficulties must be overcome before HIV preventive tools as a whole can be made accessible to inmates.


**KEY WORDS:** HIV prevention, policy, prison

**357.**

**CORRECTIONAL OFFICERS AND PREVENTION OF HIV TRANSMISSION AMONG PRISONERS.**

The problem of HIV transmission in prisons in Quebec and elsewhere is increasingly urgent and requires the attention of federal and provincial authorities. Prison officers are among the key players who should be kept in mind when preventive measures are being developed. We reprint the executive summary of a study conducted in federal and provincial prisons in Quebec. The goal of the study was to identify the factors influencing prison officers, with respect to whether they would agree or refuse to make accessible the tools needed for the prevention of HIV transmission among inmates (i.e., condoms, bleach, tattooing equipment, and needles). Among the factors studied are officers' perceptions and beliefs as well as their attitudes, perceived social norms, emotions, and perceived barriers with respect to making preventive tools accessible.


**KEY WORDS:** HIV prevention, policy, prison

**358.**

**COST-EFFECTIVENESS OF HIV COUNSELING AND TESTING IN US PRISONS.**

The prevalence of human immunodeficiency virus (HIV) in correctional facilities is much higher than in the general population. However, HIV prevention resources are limited, making it important to evaluate different prevention programs in prison settings. Our study presents the cost-effectiveness of offering HIV counselling and testing (CT) to soon-to-be-released inmates in US prisons. A decision model was used to estimate the costs and benefits (averted HIV cases) of HIV testing and counselling compared to no CT from a societal perspective. Model parameters were HIV prevalence among otherwise untested inmates (1%); acceptance of CT (50%); risk for HIV transmission from infected individuals (7%); risk of HIV acquisition for uninfected individuals (0.3%); and reduction of risk after counselling for those infected (25%) and uninfected (20%). Marginal costs of testing and counselling per person were used (no fixed costs). If infected, the cost was $78.17; if uninfected, it was $24.63. A lifetime treatment cost of $186,900 was used to estimate the benefits of prevented HIV infections. Sensitivity and threshold analysis were done to test the robustness of these parameters. Our baseline model shows that, compared to no CT, offering CT to 10,000 inmates detects 50 new or previously undiagnosed infections and averts 4 future cases of HIV at a cost of $125,000 to prison systems. However, this will save society over $550,000. Increase in HIV prevalence, risk of
transmission, or effectiveness of counselling increased societal savings. As prevalence increases, focusing on HIV-infected inmates prevents additional future infections; however, when HIV prevalence is less than 5%, testing and counselling of both infected and uninfected inmates are important for HIV prevention.

Varghese B, Peterman TA., J Urban Health 2001 Jun;78(2):304-12
KEY WORDS: HIV prevention, cost-benefit, counselling, prison USA

359.

Inmate contact with the correctional health care system provides public health professionals an opportunity to offer HIV screening to a population that might prove difficult to reach otherwise. We report on publicly funded human immunodeficiency virus (HIV) voluntary counselling, testing, and referral (VCTR) services provided to incarcerated persons in the United States. Incarcerated persons seeking VCTR services received pretest counselling and gave a blood specimen for HIV antibody testing. Specimens were considered positive if the enzyme immunoassays were repeatedly reactive and the Western blot or immunofluorescent assay was reactive. Demographics, HIV risk information, and laboratory test results were collected from each test episode. Additional counselling sessions provided more data. From 1992 to 1998, there were 527,937 records available from correctional facilities from 48 project areas; 484,277 records included a test result and 459,155 (87.0%) tests came with complete data. Overall, 3.4% (16,797) of all tests were reactive for HIV antibodies. Of reactive tests accompanied by self-reports of previous HIV test results (15,888), previous test results were 44% positive, 23% negative, 6% inconclusive or unspecified, and 27% no previous test. This indicates that 56% of positive tests were newly identified. During the study period, the number of tests per year increased three-fold. Testing increased among all racial/ethnic groups and both sexes. The largest increase was for heterosexuals who reported no other risk, followed by persons with a sex partner at risk. Overall, the greatest number of tests was reported for injection drug users (IDUs) (128,262), followed by men who have sex with men (MSM) (19,928); however, episodes for MSM doubled during the study, while for IDUs, they increased 74%. The absolute number of HIV-positive (HIV+) tests increased 50%; however, the percentage of all tests that were HIV+ decreased nearly 50% due to the increased number of tests performed. HIV+ tests fell 50% among blacks (7.6% to 3.7%), Hispanics (6.7% to 2.5%), and males (5.1% to 2.5%); 33% among females (4.5% to 3.1%); 95% among IDUs (8.6% to 4.4%); and 64% among MSM (19.3% to 11.8%). Among HIV+ episodes, those for IDUs dropped from 61.5% to 36.6%, while episodes for heterosexuals with no reported risk factor increased from 4.3% to 18.2%. The use of VCTR services by incarcerated persons rose steadily from 1992 to 1998, and 56% of HIV+ tests were newly identified. High numbers of tests that recorded risk behaviours for contracting HIV indicate that correctional facilities provide an important access point for prevention efforts.

KEY WORDS: voluntary HIV testing, counselling, prison USA

360.
DIFFERENTIAL CHARACTERISTICS OF HIV-INFECTED PENITENTIARY PATIENTS AND HIV-INFECTED COMMUNITY PATIENTS.
PURPOSE: To identify particular characteristics of HIV+ patients from correctional facilities (CF) compared with an HIV+ population from the community to better detect variables for intervention. METHOD: In our hospital, HIV+ patients are admitted to an infectious diseases ward (IDW) when they come from the community or to a penitentiary unit (PU) when they are transferred from CF. We retrospectively reviewed admissions of those patients in both areas during 1999. RESULTS: Admissions of HIV+ patients to IDW and PU generate 2.3% and 53.4% of hospital and PU stays, respectively. Both populations were equivalent in terms of mean age, CD4 count, viral load, prophylaxis for opportunistic infections, average stay, and death during stay. Male sex (91% vs. 74%), previous or current intravenous drug use (88% vs. 77%), and hepatitis C virus (HCV) seropositivity (97% vs. 82.6%) were more frequent in the PU than in the IDW. Multivariate analysis identified three factors as being independently related to admission from prison: longer time of known HIV infection (average 3.3 years; 95% CI 1.9-4.6), no previous antiretroviral treatment (odds ratio [OR] 2.95; 95% CI 1.46-6.0), and admission due to tuberculosis (OR 2.5; 95% CI 1.03-6.0). CONCLUSION: HIV infection is still a serious medical problem in CF. Although imprisonment can provide access to health programs, HIV-infected prison patients suffer more frequently from tuberculosis and take less antiretroviral treatment.


**KEY WORDS:** HIV, evaluation

SPAIN

361.

**SOCIAL CHARACTERISTICS, HIV/AIDS KNOWLEDGE, PREVENTIVE PRACTICES AND RISK FACTORS ELICITATION AMONG PRISONERS IN LAGOS, NIGERIA.**

BACKGROUND: Although many behavioural research studies and public enlightenment campaigns have been undertaken by both government and non-governmental organizations in the general public, no such study has been documented on prison inmates in Nigeria. This study aimed at documenting the social characteristics, HIV/AIDS knowledge and preventive practices of selected prisoners in Nigeria. It also elicited risk factors HIV/AIDS transmission in Nigeria prisons. METHODS: A cross-sectional study of prison inmates using an anonymous risk-factors identification questionnaire was undertaken in January 1997. The Kiri-kiri (maximum, medium and female) prisons were selected by balloting. Thereafter, two hundred and fifty two inmates were selected by systematic random sampling method using the full listing of all inmates as at the time of the survey. The study comprised of an interview session using a well structured questionnaire to seek information about their social data, their knowledge about HIV/AIDS including its transmission and preventive social data, and their indulgence in HIV/AIDS risky behaviour. RESULTS: The majority (53.6%) of the respondents were in the age group 20-29 years, 18 (7.1%) were less than 20 years old one of whom was in the maximum-security prison and three were females (table 1). The majority (52%) had secondary education while 9.9% had tertiary education and 7.1% had no formal education. About 97.2% of the study population had heard about AIDS although only 20.6% had known or seen someone with AIDS before and about 34.1% knew the causative agent of AIDS. 60.3% knew the correct mode of transmission of AIDS. 15.5% claimed fidelity and 12.7 % claimed use of condom for casual sexual contact, were measures that could help prevent AIDS but 7.9% did not know any preventive measure. Since hearing about AIDS, 59.5% claimed to have taken steps to protect themselves. 42.7% of the 89 who had not taken any protective steps against AIDS had no knowledge of how to protect themselves. About 56.3% claimed to have used condom before although only 38.7% used it for their last sexual exposure while 28.2% claimed they used it for
all casual sexual intercourse. Many (42.8%) said they knew that homosexuality was the most prevalent sexual practice in the prison while 28.6% claimed there was no sexual practice and 13.1% feigned ignorance of any sexual practices in the prisons. Many (53.2%) claimed to have multiple sexual partners although 94.8% denied any sexual practice whilst still in prison.

CONCLUSION: This study demonstrated that (i) almost all THE prisoners studied had heard of AIDS although only a few had seen or known a case of AIDS; (ii) despite the fact that many of them knew the correct modes of transmission, many indulged in high risk behaviours for AIDS transmission; (iii) there is a considerable proportion of receptive naive inmates who stand the risk of being infected due to their high level of ignorance about HIV/AIDS. Well designed information, education and communication (IEC) programmes on AIDS with such formidable support structures as the provision of harm-reduction devices and risk-reduction counselling are urgently recommended for the Nigerian prisoners to effectively combat the imminent HIV/AIDS epidemic among the prison inmates.


KEY WORDS: AIDS, evaluation, prison

NIGERIA

362.

**DRUGS IN PRISON: A BREAK IN THE PATHWAY.**

The use of psychoactive substances by offenders is a major preoccupation among correctional network clinicians, researchers and administrators. However, very little is known about this phenomenon during incarceration. The research presented here explores patterns of inmate drug use during imprisonment. Selected at random, 317 respondents in 10 Canadian penitentiaries were interviewed in 1999 to complete self-reported questionnaires. The data indicate various types of important changes, notably with regard to substances used, frequency of use, motivations for use, and inmates' perception of their psychological state during periods of intoxication.


KEY WORDS: drugs, prison

CANADA

363.

**FEDERAL PRISON RESIDENTIAL DRUG TREATMENT REDUCES SUBSTANCE USE AND ARRESTS AFTER RELEASE.**

OBJECTIVE: The effectiveness of federal prison-based residential drug and alcohol treatment programs was evaluated using event history procedures that addressed the problem of selection bias and included a wide range of control variables. METHODS: The sample comprised 760 treatment subjects and 809 comparison subjects. Treatment subjects were from 20 different prisons of medium, low, and minimum security levels. Comparison subjects were drawn from over 30 prisons. RESULTS: The results indicated that individuals who entered and completed in-prison residential treatment were less likely to experience the critical postrelease outcomes of new arrests and substance use during the first 6 months following release. CONCLUSIONS: Without controlling for selection bias, the effects of treatment would most likely have been attenuated. The results have greater generalizability than other studies of prison-based treatment. This study occurred within a multisite context of 20 programs serving both male and female inmates and operating within different security levels and different geographic regions.
364. GENDER DIFFERENCES AMONG PRISONERS IN DRUG TREATMENT.
PURPOSE: Nearly all prison-based substance abuse treatment programs have been designed with male prisoners in mind. Administering these male-oriented programs to women prisoners has been the standard correctional practice. Recently, this practice has received considerable criticism. Critics argue that female prisoners have special needs that are not met by programs originally designed for male prisoners. However, most of the empirical support for the existence of such special needs rely on two inappropriate samples: prisoners who are not in treatment and treatment participants who are not incarcerated. Findings from these two different groups may not be generalizable to the population of prisoners in treatment. METHODS: This paper directly addresses this generalizability problem with an examination of gender differences among 1,326 male and 318 female federal prisoners who were enrolled in a substance abuse treatment program. RESULTS: Women used drugs more frequently, used harder drugs, and used them for different reasons than men. Women also confronted more difficulties than men in areas linked to substance abuse such as educational background, childhood family environment, adult social environment, mental health, and physical health. CONCLUSION: We find support for the argument that substance abuse treatment programs which were originally designed for men may be inappropriate for the treatment of women.
Langan NP, Pelissier BM., J Subst Abuse 2001;13(3):291-301
KEY WORDS: drug therapy, women, prison
USA

365. 'GETTING CHECKED AND HAVING THE TEST': DRUG INJECTORS' PERCEPTIONS OF HIV TESTING - FINDINGS FROM QUALITATIVE RESEARCH CONDUCTED IN ENGLAND.
If HIV and AIDS policy initiatives are to be successful in tackling the spread of infection it is important to understand more about the ways in which people perceive HIV and AIDS. HIV testing is a policy initiative that will work when people take the test and make appropriate changes to their behaviour as a result. This paper is based on a study that used in-depth interviews and a vignette with drug injectors to explore drug injectors' perceptions of HIV risk outside and inside prison. HIV testing was an integral part of drug injectors' perceptions of risk. Three main themes emerged from the analysis of these data: first, reasons for not taking a test; second, reasons for taking a test; and third, the impact of testing upon subsequent behaviour. The paper ends with a summary and conclusions highlighting implications for future research and policy development.
KEY WORDS: HIV testing, drug education
UK

366. HIV/AIDS BEHIND BARS: AN AVENUE FOR CULTURALLY SENSITIVE INTERVENTIONS.
The prevalence of HIV infection and the incidence of AIDS are higher among prison inmates
compared to the general population. Although African Americans and Hispanics constitute approximately 13% and 12.5% of the population, respectively, they are over-represented among the prison population. The current trend in the adult/adolescent AIDS cases among African Americans and Hispanics outpaces that of the white population. The sociodemographic data of HIV/AIDS looks similar to the sociodemographics of U.S. prisons. This suggests that there may be a link between HIV transmission in prison and the current AIDS epidemic in the community. In addition, this high incidence is also a reflection of the high-risk lifestyle of the incarcerated population. High-risk behaviour common among the incarcerated and inner city minority communities includes injection drug use, sharing of drugs and drug paraphernalia, and multiple sex partners. HIV transmission risk-reduction efforts such as mandatory screening of inmates, preventive HIV/AIDS education, and appropriate and adequate therapeutic management are essential to curtail the epidemic. However, any HIV/AIDS reduction program for minority communities must include culturally sensitive interventions.


**KEY WORDS:** HIV prevention, evaluation, minorities, prison

**USA**

367. **HIV/AIDS KNOWLEDGE, ATTITUDES AND BELIEFS BASED PREDICTION MODELS FOR PRACTICES IN PRISON INMATES, SINDH, PAKISTAN.**

This study was conducted on prison inmates in Sindh to determine whether HIV/AIDS related knowledge, attitudes and beliefs can predict their practices which risk HIV infection. A pre-designed questionnaire was administered in this cross-sectional study to collect the data on HIV/AIDS related knowledge, attitudes, beliefs, practices and demographic variables in a systematic sample of 3,395 prison inmates during July 1994. The data on responses of inmates to HIV/AIDS related knowledge, attitudes, and beliefs were analyzed and a clear interpretable factor structure emerged for each set of questions labelled as knowledge, attitude and beliefs. Similarly based on responses of inmates to practice questions, three factors emerged and were labelled as heterosexuality, homosexuality and drugs. The standardized factor scores of inmates for each of these six factors were computed and used in further analyses. Multiple linear regression analyses were carried out separately using heterosexuality, homosexuality and drugs factors score as dependent variables to identify if any of the independent variables (demographic variables, knowledge beliefs and attitude) predict these practice factors. The model for heterosexuality explained 23% of the variance and included HIV/AIDS related knowledge, beliefs, age, ethnicity and marital status and duration of imprisonment (F = 84.33, p < 0.001; R²= 23.0). The predictors in the model for homosexuality together explained 10% of the variance and included significant contribution by belief, marital status, ethnicity, education, age and duration of imprisonment (F = 24.76, p < 0.001; R²= 0.10). The model for drugs had significant contributions from HIV/AIDS related beliefs, marital status and ethnicity (F = 20.10, p < 0.001; R²= 0.03). Implications of prevention program based on these results are considered.


**KEY WORDS:** HIV, evaluation, prison

**PAKISTAN**

368. **HIV/AIDS PREVENTION IN PRISONS: EXPERIENCE OF PARTICIPATORY PLANNING**

Objective: To describe the application of participatory methodology in the prison setting for the
determination of the most appropriate contents and methods of a HIV/AIDS prevention program. Methods: Community study in the Centro de Cumplimiento del Establecimiento Penitenciario in Valencia (1250 inmates) in Spain. The study was carried out in two phases: identification of key informants and collection of information. In the second phase, a community forum composed of the center's male and female inmates was created, personal interviews with convicted female prisoners were carried out and a self-administered questionnaire was distributed to the center's health professionals and management as well as to health promotion experts. Results: Community forum. The following proposals for HIV/AIDS prevention were made by the male and female prisoners: a) those directed at the prisoners themselves: increasing preventive measures in material used in injection and in sexual relationships; b) those directed at the prison management: increased distribution of condoms, safety razors and bleach and the introduction of sterile injection material. In the personal interviews, agreement on a future prevention program was high among the female inmates and the other key informants. Preferred measures were the acquisition of information on the mechanisms of HIV transmission and prevention and on the differences between HIV carriers and those suffering from AIDS and the acquisition of skills for disinfecting material used for drug injection and in negotiating the use of condoms with partners. The preferred methodology was based on groups that would allow for an interchange of experience and would deal with the difficulties of putting preventive measures into practice. Conclusions: The participation of the prison's inmates and staff supplied information that facilitated the design (choice of aims, measures, methods and resources) of an HIV prevention program adapted to the needs and preferences of all the interested parties.


KEY WORDS: HIV prevention, policy, prison

369.
HIV AND AIDS SURVEILLANCE AMONG INMATES IN MARYLAND PRISONS.
The prevalence of those with human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) is higher among inmates of correctional facilities than among the general population. This raises the need to identify inmates living with or at risk of HIV/AIDS and to provide counselling and appropriate services for HIV treatment and prevention. The Maryland Division of Corrections (DOC) offers voluntary testing to all inmates on entry and tests inmates when clinically indicated. We reviewed all 1998 HIV antibody tests and confirmed AIDS cases in the Maryland DOC. Inmate demographics, testing acceptance, rates of seropositivity, and AIDS cases and comparisons based on gender, race/ethnicity, and age were examined. Comparisons were also made to HIV testing and AIDS cases from the no incarcerated Maryland population. Trends in DOC AIDS diagnoses and AIDS-related deaths over time were also examined. Of the inmates, 39% were voluntarily tested for HIV on entry to the Maryland DOC in 1998 (38% of males and 49% of females). Overall, HIV seropositivity was 3.3% (5% for females and 3% for males). The 888 cumulative AIDS cases diagnosed in the DOC inmate population were concentrated among males (90% vs. 77% state-wide), African Americans (91% vs. 75% state-wide), and among IDUs (84% vs. 39% state-wide). Due to high rates of HIV and AIDS, inmate populations are a crucial audience for HIV/AIDS testing, treatment, and prevention efforts, especially women. Prison-based programs can identify significant numbers of HIV and AIDS cases and bring HIV prevention interventions to a population characterized by frequent high-risk behaviour.

370.
PREVALENCE OF ANTIBODIES TO HEPATITIS B, HEPATITIS C, AND HIV AND RISK FACTORS IN ENTRANTS TO IRISH PRISONS: A NATIONAL CROSS SECTIONAL SURVEY.
OBJECTIVES: To determine the prevalence of antibodies to hepatitis B core antigen, hepatitis C virus, and HIV in entrants to Irish prisons and to examine risk factors for infection. DESIGN: Cross sectional, anonymous survey, with self-completed risk factor questionnaire and oral fluid specimen for antibody testing. SETTING: Five of seven committal prisons in the Republic of Ireland. Participants: 607 of the 718 consecutive prison entrants from 6 April to 1 May 1999. MAIN OUTCOME MEASURES: Prevalence of antibodies to hepatitis B core antigen, hepatitis C virus, and HIV in prison entrants, and self reported risk factor status. RESULTS: Prevalence of antibodies to hepatitis B core antigen was 37/596 (6%; 95% confidence interval 4% to 9%), to hepatitis C virus was 130/596 (22%; 19% to 25%), and to HIV was 12/596 (2%; 1% to 4%). A third of the respondents had never previously been in prison; these had the lowest prevalence of antibodies to hepatitis B core antigen (4/197, 2%), to hepatitis C (6/197, 3%), and to HIV (0/197). In total 29% of respondents (173/593) reported ever injecting drugs, but only 7% (14/197) of those entering prison for the first time reported doing so compared with 40% (157/394) of those previously in prison. Use of injected drugs was the most important predictor of antibodies to hepatitis B core antigen and hepatitis C virus. CONCLUSIONS: Use of injected drugs and infection with hepatitis C virus are endemic in Irish prisons. A third of prison entrants were committed to prison for the first time. Only a small number of first time entrants were infected with one or more of the viruses. These findings confirm the need for increased infection control and harm reduction measures in Irish prisons.
KEY WORD: HIV, hepatitis, evaluation, prison
IRELAND

371.
HIV, HPV, AND SYPHILIS PREVALENCE IN A WOMEN'S PENITENTIARY IN THE CITY OF SAO PAULO, 1997-1998
Incarcerated women as a group are particularly vulnerable to infections. The lack of public programs for prevention, early diagnosis, and treatment contribute to the increase in the incidence and prevalence of diseases in general and especially sexually transmitted diseases. This article aims to estimate the prevalence of infection by the human immunodeficiency virus (HIV), human papillomavirus (HPV), and syphilis among inmates at the Women's Penitentiary in the State capital of Sao Paulo, Brazil. All inmates were invited to participate in the study, which was divided into two stages: 1. STD/AIDS preventive workshops including interviews and 2. laboratory tests. The interview covered knowledge of STD/AIDS, risk behaviour, and individual reproductive health history. A total of 262 women, with a mean age of 32.4 years and limited schooling, participated in more than one stage of the study. Prevalence rates were 14.5% for HIV, 16.3% for high-oncogenic-risk HPV probes, 4.8% for low-oncogenic-risk HPV probes, and 5.7% for syphilis. The authors conclude that STD/HIV constitute a serious health problem in the prison system, requiring urgent preventive measures.
372. HIV INFECTION AMONG BRAZILIAN TRANSVESTITES IN A PRISON POPULATION.
Eighty-two male transvestites imprisoned in Casa de Detencao (Sao Paulo, Brazil) were tested for HIV antibodies, and completed a questionnaire investigating their demographics, arrest and imprisonment records, sexual practices, and drug use. Data were then analyzed to evaluate the incidence of HIV infection and its association with various behavioural and other factors. Sixty-four of 82 (78%, 95% confidence interval [CI], 67-87%) transvestites were positive for HIV infection. The factors associated with significant differences in positivity among these individuals were the time spent in prison and the number of sexual partners during the previous year. It appears that the high rate of infection in this group obscured the importance of other risk factors and behavioural patterns potentially associated with infection. Given the social environment and the high rate of HIV infection among imprisoned transvestites, their role as "vectors" for dissemination of HIV in urban areas of Brazil may be significant.

373. DEVELOPING EFFECTIVE HIV PREVENTION PROGRAMS FOR INMATES: RESULTS FROM AN ONTARIO-WIDE SURVEY.
Many studies of the characteristics, behaviours, and prevalence of HIV among those admitted to Canadian correctional facilities indicate that inmates are at increased risk for HIV infection and that they be targeted for HIV interventions. Yet the development and implementation of these programs has been much too slow and, at times, inappropriate to the prison environment. Further, the effectiveness of current and proposed policies and programs must be evaluated to ensure that the goal of reducing HIV transmission is achieved. To address these issues, a team of University of Toronto researchers undertook a study entitled "The Social and Structural Determinants of HIV-Related Risk Behaviours among Prisoners: Implications for Prevention." This study surveyed adult males and females incarcerated in six provincial correctional centres in Ontario. The following provides a brief overview of the study and its results.

374. HIV PREVENTION IN PRISONS. DO INTERNATIONAL GUIDELINES MATTER?
BACKGROUND: In spite of the availability of international guidelines, HIV prevention and management of care in prison is still unsatisfactory in many countries. Factors affecting the
quality of HIV prevention policies in prison have not yet been elucidated. The present study had
two aims: i) to assess national HIV prevention policies in prison in a selected group of
countries; and ii) to determine which factors influenced such policies at the country level.
METHODS: HIV prevention policies in prison were reviewed comparatively in Moldova,
Hungary, Nizhni Novgorod region of the Russian Federation, Switzerland and Italy. The review
of HIV prevention policies in prison was conducted through interviews with government
officials, non-governmental organizations, professionals involved in this field, and visits to
selected prisons. Information on the health of prisoners, including tuberculosis, sexually
transmitted diseases, and other infectious diseases has also been collected. RESULTS: The
results indicated that all countries had adopted a policy, irrespective of the burden of HIV
infection in the prison system. The content of the policy mirrored the philosophy and strategies
of HIV prevention and care in the community. The 1993 WHO Guidelines were fully
implemented only in one country out of four (Switzerland), and partially in two (Italy and
Hungary). CONCLUSIONS: A greater effort aimed at dissemination of information, provision of
technical know-how and material resources could be the answer to at least part of the problems
identified. In addition, greater national and international efforts are needed to stimulate the
debate and build consensus on harm reduction activities in prison.
KEY WORDS: HIV prevention, policy, prison
EUROPE

375.
HIV SEROPREVALENCE AMONG NEWLY INCARCERATED INMATES IN THE TEXAS
CORRECTIONAL SYSTEM.
PURPOSE: The seroprevalence of HIV infection was examined among a sample of incoming
inmates in the Texas Department of Criminal Justice prison system. Rates were compared
across sociodemographic factors and three types of prison facilities: substance abuse felony
punishment units (SAFPs), state jails, and prisons. METHODS: The study sample consisted of
4386 incoming inmates incarcerated for any duration, dating from November 1, 1998, to May
31, 1999. RESULTS: Among males, inmates entering state jails had a higher HIV infection rate
(3.7%) than either inmates entering prisons (1.9%) or those entering SAFP (0.5%). Among
females, inmates entering prisons had a higher rate of infection (9.3%) than those entering
state jails (2.5%) or SAFP (4.5%). CONCLUSIONS: Although a number of blinded HIV
seroprevalence studies have been conducted in U.S. prison systems, scarce information is
currently available on HIV infection rates in alternative correctional facilities. The present study
shows that HIV seropositivity varied substantially according to race, gender, and prison facility
type. Given the shorter incarceration periods for inmates held in alternative facilities,
understanding how infection rates vary according to type of incarceration facility holds
particular public health relevance.
KEY WORDS: HIV, evaluation, prison
USA

376.
VOLUNTARY TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN A PRISON
POPULATION WITH A HIGH PREVALENCE OF HIV.
This study evaluated voluntary testing for human immunodeficiency virus (HIV) in a prison
population with a high HIV seroprevalence. Data on demographic variables and participation in
voluntary testing were linked to a blinded HIV serosurvey of consecutive Maryland prison entrants (April-July 1991). Among 2,842 entrants, HIV seroprevalence was 8.5% (men, 7.9%; women, 15.3%). Voluntary testing was accepted by 47% of the entrants, and it identified 34% of the HIV-seropositive inmates detected by serosurvey. Refusers of testing were more likely to test HIV-seropositive than were accepters (adjusted odds ratio (OR) = 1.84, 95% confidence interval (CI) 1.58-2.16). Refusers and accepters of testing had similar risk factors for HIV infection, chiefly current syphilis infection (adjusted OR = 5.96, 95% CI 3.15-10.27) and prior injected drug use (adjusted OR = 4.26, 95% CI 3.15-5.76). Among 100 entrants asked why they refused testing, primary reasons given included low risk of HIV, fear of testing HIV-seropositive, and lack of interest. Voluntary testing appears only moderately successful in identifying HIV-seropositive inmates in a high-seroprevalence prison population. However, the alternative, mandatory HIV testing of prisoners, can be construed as discriminatory and unethical when similar screening is not imposed on the population at large. Data presented here suggest strategies to improve acceptance of voluntary testing, especially by high risk inmates.

Behrendt C; Kendig N; Dambita C; Horman J; Lawlor J; Vlahov D, Am J Epidemiol; 139(9):918-26, 1994 May 1

KEY WORDS: HIV prevention, voluntary HIV testing, prisoner’s rights

USA

377.

USING A JAIL-BASED SURVEY TO MONITOR HIV AND RISK BEHAVIORS AMONG SEATTLE AREA INJECTION DRUG USERS.

Routine monitoring of human immunodeficiency virus (HIV) and risk behaviours among injection drug users (IDUs) is difficult outside drug treatment settings. We developed and implemented a survey of recently arrested IDUs to describe the prevalence of HIV, drug use, and sexual behaviours among them. A probability sampling survey was instituted in the King County Correctional Facility in Seattle, Washington, to sample recently arrested IDUs at the time of booking and in the jail health clinic between 1998 and 1999. Following HIV risk assessment and blood draw, additional information on drug use practices was gathered using a standardized questionnaire. Potential participants who were released from jail early could complete the study at a nearby research storefront office. Of the 4,344 persons intercepted at booking, 503 (12%) reported injection drug use, and 201 of the IDUs (40%) participated in the study. An additional 161 IDUs were enrolled in the study from the jail health clinic. Among the 348 unduplicated subjects, HIV prevalence was 2%; in the past 6 months, 69% reported two or more shooting partners, 72% used a cooker after someone else, 60% shared a syringe to divide up drugs, and 62% injected with used needles. Only 37% reported being hepatitis C seropositive, and 8% reported hepatitis B vaccination. It was feasible to conduct a jail-based survey of recently arrested IDUs that yielded useful information. The high prevalence of reported risky drug use practices warrants ongoing monitoring and illustrates the need for improving prevention programs for HIV and hepatitis B and C in this population, including expansion of hepatitis C screening and provision of hepatitis B vaccination at the jail health clinic.


KEY WORDS: HIV, prison

USA

378.
KNOWLEDGE AND ATTITUDES OF PRISON STAFF TOWARDS HIV/AIDS: A EUROPEAN STUDY

The goal of this European pilot study was to evaluate the knowledge, attitudes and beliefs of prison staff from five countries towards HIV infection and to identify factors related to the potential discrimination of HIV-positive inmates. The survey revealed that the levels of knowledge with regard to HIV transmission and the degrees of tolerance varied significantly between prisons. A large proportion of staff overestimated the prevalence of HIV in their prison and feared being contaminated. The willingness of the staff to know the inmates’ HIV seropositive status was negatively correlated to their level of tolerance; however, it was positively correlated to their knowledge of the modes of HIV transmission. This study underlines the necessity to improve HIV/AIDS prevention policy for prison staff in order to strengthen good practice in terms of managing the risk of contamination and hindering discrimination.

Article in French
KEY WORDS: HIV, prison
EUROPE

PILOT STUDY OF RISK BEHAVIOUR, VOLUNTARY HIV COUNSELLING AND HIV ANTIBODY TESTING FROM SALIVA AMONG INMATES OF PRISONS IN SLOVAKIA.

OBJECTIVE: To implement a pilot study of risk behaviour and HIV infection using HIV antibody testing from saliva to improve the situation as regards HIV/AIDS infection in prison institutions in the Slovak Republic. MATERIAL AND METHODS: The study comprised adult and juvenile males of grade one correction categories and prisoners from the prison for juveniles in Martin, as well as females prisoners in Nitra. Preventive activities were implemented in May 1998 in the form of discussions concerning topics related to HIV/AIDS infection. Saliva was collected for the presence of HIV antibodies and a questionnaire regarding sexual practice was completed. RESULTS: 32 persons [8 adult males (25%), 6 juvenile males (18.7%) and 18 females (56%)] were voluntarily tested for the presence of HIV antibodies in saliva. Nobody was HIV-positive. 75 persons (20 adult males, 30 juvenile males and 25 females) were involved in the study of risk behaviour. 40.8% participants had primary education, 28.2% secondary education, 2.8% were students of universitities and 28.2% were apprentices. 60% inmates (mostly females) were religious. Juvenile males reported the highest number of partners while females the smallest (p < 0.001). The more partners were reported by respondents, the lower was condom usage (p < 0.07). 47.6% females relied on credibility of partners, while 75% adult males and 50% adolescent males did not use protection. 0% females, 5% adult males and 10.3% juvenile males reported to have homosexual contacts outside prison while 19%, 5.6% and 8.3% in the prison, respectively. Paid sexual services were offered by 9.1% females, 15.8% adult males and 25% juvenile males. Outside prison adult and juvenile males used non-sterile used syringes as well as tattooing more often than females (p < 0.07 and p < 0.04, respectively). CONCLUSION: The present study provides information on the results of HIV-antibody testing in saliva. The results are based on a study of risk behaviour and difficulties linked with HIV/AIDS prevention among prisoners.

KEY WORDS: HIV, evaluation, prison
SLOVAKIA
380.
PROPORTIONAL HAZARDS MODEL FOR INTERVAL-CENSORED FAILURE TIMES AND TIME-DEPENDENT COVARIATES: APPLICATION TO HAZARD OF HIV INFECTION OF INJECTING DRUG USERS IN PRISON.

Interval-censored survival data are data in which the failure times are not known precisely, but are known to lie within an interval. Such data can be analysed using a proportional hazards model with piecewise-exponential baseline hazard, a model which can be fitted by an EM algorithm easily programmed in standard statistical software. In this paper we extend the model to allow for time-dependent covariates and left-truncation, and demonstrate its use by assessing the effect of imprisonment on hazard of HIV infection in a cohort of injecting drug users from Edinburgh. No conclusive effect of incarceration on hazard of HIV infection was found, but there was a suggestion that imprisonment might have been a significant relative risk factor for infection in the later period, when risk behaviour among drug users in the community was reduced.


KEY WORDS: HIV, evaluation, prison

UK

381.
REDUCING POSTRELEASE RISK BEHAVIOR AMONG HIV SEROPOSITIVE PRISON INMATES: THE HEALTH PROMOTION PROGRAM.

The prevalence of AIDS is five times higher among prison inmates than in the general population. Because recidivism is common and many inmates are serving short sentences for parole violation, HIV-seropositive inmates move frequently between prison and their home communities. We designed an eight-session prerelease intervention for HIV seropositive inmates to decrease sexual and drug-related risk behaviour and to increase use of community resources after release. The intervention sessions were delivered at the prison by community service providers. We found that a prerelease risk reduction intervention for HIV seropositive inmates was feasible. Descriptive results support the effectiveness of the program in reducing sexual and drug-related behaviours and in increasing use of community resources after release. Compared with men who signed up for the intervention but were unable to attend, men who received the intervention reported more use of community resources and less sexual and drug-related risk behaviour in the months following release. We recommend dissemination and continued evaluation of this risk-reduction intervention.


KEY WORDS: HIV prevention, HIV behaviours

USA

382.
THE ROLE OF PRISONS IN THE HIV EPIDEMIC AMONG FEMALE INJECTING DRUG USERS.

The objective of this study was to describe factors associated with imprisonment of female injecting drug users (IDUs) and to assess if female IDUs who have been in prison have different HIV risk behaviours when compared to females IDUs who have never been incarcerated. A seroepidemiological survey was conducted of 304 female IDUs recruited in outreach and treatment programmes in Madrid, Spain. Data on sociodemographic...
characteristics and recent and lifetime risk factors, sexual and reproductive history and history of imprisonment were collected. Bivariate analysis and a logistic regression model were used to identify factors associated with imprisonment. Risk factors for imprisonment were having illegal sources of income, not having a fixed address, leaving education before finishing primary school and starting injection of drugs early in adolescence. HIV risk behaviours were highly prevalent among this population of female IDUs and drug injection in prison was reported by more than one-third of those who had ever been imprisoned. In addition, recent HIV risk behaviour indicators were not associated with imprisonment, suggesting that incarceration did not lead to risk reduction after release from prison. Female IDUs who have been in prison have substantial reproductive health problems that require gynaecological care. These results point to the urgent need for prevention programmes, which address HIV and other blood-borne infections using gender specific approaches for women IDUs incarcerated in Spanish prisons.


**KEY WORDS:** HIV, women, prison

**SPAIN**

383.

SURVEILLANCE OF HIV INFECTION AND RELATED RISK BEHAVIOUR IN EUROPEAN PRISONS. A MULTICENTRE PILOT STUDY.

BACKGROUND: In order to demonstrate the feasibility of human immunodeficiency virus (HIV) infection and related risk behaviour surveillance in European prisons, a multicentre pilot study was undertaken. METHODS: A cross-sectional survey was carried out in six European prisons (France, Germany, Italy, The Netherlands, Scotland and Sweden). Inmates were invited to complete a self-administered and anonymous questionnaire and to give a saliva sample in order to test for HIV antibodies. RESULTS: Eight hundred and forty-seven out of 1,124 inmates participated in the survey (response rate 75%). Saliva from 817 inmates (73%) was collected and processed for HIV antibodies. Twenty-seven per cent reported that they had ever injected drugs and 49% of these reported they had injected whilst in prison. Eighteen per cent of inmates reported that they had been tattooed whilst in prison, which was found to be higher among injecting drug users (IDUs). One and sixteen per cent reported that they had ever had homosexual and heterosexual intercourse in prison respectively. The HIV prevalence among IDUs was 4% (versus 1% among non-IDUs) (p = 0.02). The proportions of inmates previously tested for hepatitis C and vaccinated against hepatitis B were 24 and 16% respectively.

CONCLUSION: This survey demonstrates the feasibility of cross-sectional surveys in European prison inmates and highlights the importance of surveillance of HIV prevalence and related risk behaviour among inmates. The continuing high HIV prevalence and potential for HIV spread in prisons should encourage decision makers in implementing or enhancing harm reduction and education programmes and substance abuse treatment services in prison.


**KEY WORDS:** HIV, evaluation, prison

**EUROPE**

384.

A BLEACH PROGRAM FOR INMATES IN NSW: AN HIV PREVENTION STRATEGY.

Syringe cleaning guidelines for injecting drug users (IDUs) were revised in 1993. This paper examines efforts by IDUs in NSW prisons to adopt the revised guidelines in 1994. Consecutive
inmates (229) nearing release were visited and asked to call a toll free number for an interview once released. Respondents (102) did not differ from non-respondents (127). Many respondents (64%) reported ever injecting and many of these reported injecting (58%), sharing (48%) and syringe cleaning (46%) when last in prison. Some (23%) respondents reported adopting the revised syringe cleaning guidelines. Tattooing (38%) was reported more often than sexual activity in prison (4%). A new methodology for prison research was found to be feasible in this study. The potential for HIV to spread in prison still poses major public health challenges.


KEY WORDS: HIV prevention, injecting drug user, prison

AUSTRALIA

385.

A LASTING PUBLIC HEALTH RESPONSE TO AN OUTBREAK OF HIV INFECTION IN A SCOTTISH PRISON?

Between April and June 1993, 8 cases of acute clinical hepatitis B infection and 2 seroconversions to HIV infection were detected among drug injecting inmates of HM Prison Glenochil in Scotland. To prevent the further spread of infection, an initiative which involved counselling and voluntary attributable HIV testing was conducted over a 10-day period commencing at the end of June. A team of 18 counsellors and phlebotomists was brought together rapidly as part of a unique organizational exercise in the field of public health. Fourteen cases of HIV infection were identified of which 13 were almost certainly infected in Glenochil. Following the exercise, a range of harm reduction measures for injecting prisoners was introduced; these included the availability of hepatitis B vaccine, provision of bleach tablets which could be used to clean injecting equipment, a methadone detoxification programme, increased training for prison officers and improved access to drug and harm minimization counselling for inmates. By mid-1996 all these measures had been sustained and several could be found in many other prisons throughout Scotland. Follow-up investigations showed no evidence of epidemic spread of HIV during the 12 months after the initiative. While the frequency of injecting and needle/syringe sharing may have decreased over the last 3 years, these activities are still being reported and it is highly likely that transmissions of blood borne infections, in particular hepatitis C, continue to occur. The surveillance and prevention of infections associated with injecting drug use in the prison setting remain a high public health priority.


KEY WORDS: HIV prevention

UK

386.

ACCEPTANCE AND ADHERENCE WITH ANTIRETROVIRAL THERAPY AMONG HIV-INFECTED WOMEN IN A CORRECTIONAL FACILITY.

We examined attitudinal and demographic correlates of antiretroviral acceptance and adherence among incarcerated HIV-infected women. Structured interviews were conducted with 102 HIV-infected female prisoners eligible for antiretroviral therapy. Three quarters of the women were currently taking antiretroviral agents, of whom 62% were adherent to therapy. Satisfaction was very high with the HIV care offered at the prison; 67% had been first offered antiretroviral agents while in prison. Univariate and multivariate analyses showed acceptance
of the first offer of antiretroviral therapy to be associated with trust in medication safety, lower educational level, and non-black race. Current acceptance of therapy was associated with trust in the medication's efficacy and safety. Medication adherence was correlated with the patient-physician relationship and presence of emotional supports. Nearly one half of these HIV-seropositive women were willing to take experimental HIV medications in prison. This was correlated with satisfaction with existing health care, the presence of HIV-related social supports, and perceived susceptibility to a worsening condition. Acceptance and adherence with antiretroviral agents appear to be significantly associated with trust in medications, trust in the health care system, and interpersonal relationships with physicians and peers. Development of models of care that encourage and support such relationships is essential for improving adherence to antiretroviral therapy, especially for populations that have historically been marginalized from mainstream medical care systems.

Mostashari F, Riley E, Selwyn PA, Altice FL., J Acquir Immune Defic Syndr Hum Retrovirol 1998 Aug 1;18

KEY WORDS: HIV, women, prison

USA

387.

ACE: A PEER EDUCATION AND COUNSELING PROGRAM MEETS THE NEEDS OF INCARCERATED WOMEN WITH HIV/AIDS ISSUES.
In this article, female prisoners who are peer educators and counsellors in an HIV/AIDS program at Bedford Hills Correctional Facility, New York State's only maximum security prison for women, describe the positive role of a peer support program. Using examples from their own experiences, the women discuss the strengths of the AIDS Counselling and Education Program (ACE) in meeting the medical and psychosocial needs of the prison population concerning HIV/AIDS. The role of nurses in a correctional setting is discussed throughout the article and a final section discusses how nurses working together with peer health workers can create an effective team to meet the challenges of the AIDS epidemic within a correctional setting.


KEY WORDS: HIV, self-help, prison

USA

388.

ADDICTION PROBLEMS BEHIND PRISON WALLS--VIEW OF THE PRISON ADMINISTRATION.
As Head of the Prison Administration of Saxony, the author describes the difficulties and problems that exist in the care and treatment of prisoners who are addicted to drugs or alcohol. Up to now, these problems have been dealt with in a manner that was too much concentrated on ideas and aspects of security by using systems of control and restrictions. Social contacts inside and outside of the prison and a sense of freedom are, however, the requirements of the legal concept of resettling prisoners. There is a great need for more counselling and therapy. It should also be attempted to improve the conditions for the individual prisoners, e.g. by setting up drug-free units and, thus, provide a environment to the addicts that enables them to live their lives without the daily struggle for drugs and alcohol.


Article in German
ANONYMOUS HIV SURVEILLANCE WITH RISK-FACTOR ELICITATION: AT PERTH (FOR MEN) AND CORNTON VALE (FOR WOMEN) PRISONS IN SCOTLAND.

434 male and 145 female prisoners were available to participate in cross-sectional, voluntary anonymous HIV surveillance (using saliva samples) with linked self-completion questionnaire at HMP (Her Majesty's Prison) Perth on 17 May and at HMP Cornton Vale on 18 May 1995. Three hundred and four men (70%) and 136 women (94%) completed a risk-factor questionnaire and 304 and 135 samples were received for HIV antibody testing. Two hundred and eighty-two and 132 questionnaires passed logical checks. Six saliva samples from Perth (all injectors) out of 304 and none from Cornton Vale out of 134 tested were HIV antibody positive. Four were presumptively from known HIV-infected male inmates; the other 2 were local men, under 26 years, who began injecting in 1989-91, and both reported having had a recent HIV test. Overall HIV prevalence was estimated at 2% compared to a known prevalence of 1.4% (6/434), giving a 1.5 ratio of overall: disclosed HIV prevalence at HMP Perth. HIV prevalence was estimated at 7% (6/82) for injector-participants and 14% (5/35) for local injector participants. At Cornton Vale, where both known HIV-infected inmates abstained, overall and disclosed HIV prevalence, were equal at 1.4%. At Perth Prison, 29% of prisoners had injected drugs (82/278); 85% of injector-inmates reported having injected inside (some prison and 31% (25/80) had started to inject while inside, 7 during their present sentence. Of all 21 injector-inmates who first injected after 1991, 10 had started to inject inside, including one of 69 male inmates who had never been inside before. The corresponding figures for Cornton Vale, where 46% of inmates were injectors (58/132), were that 57% of injector-inmates had injected inside (32/56) but only one woman, for whom this was not her first sentence, had started to inject inside. Twenty-eight per cent of male prisoners (78/277) and 57% of male injector-inmates (47/82) had had a personal HIV test since January 1993, as had 35% of female prisoners (43/124) and 57% of female injector-inmates (30/53). A much higher proportion of Glasgow's female prisoners (64%: 38/60) were injectors than of women prisoners from the Edinburgh, Dundee and Fife area (21%: 5/26) or from elsewhere (34%: 15/45). Rape was reported by 23% of female injector-inmates (11/57) and was acknowledged by one other woman. However, only 5% of women (6/130) reported ever having been treated for an STD.

390.
ASSESSING THE RELATIONSHIP BETWEEN CHILD SEXUAL ABUSE AND MARGINAL LIVING CONDITIONS ON HIV/AIDS-RELATED RISK BEHAVIOR AMONG WOMEN PRISONERS.

OBJECTIVE: There were two aims in this research. First, to examine the relationships between childhood sexual abuse and HIV drug and sexual risk taking behaviours among female prisoners, and second, to examine the relationship between a marginal adult living context and HIV drug and sexual risk taking behaviour among female prisoners. METHOD: The data were...
collected through face-to-face interviews with a random sample of 500 women at admission to prison in 1994. Differences between women who were sexually abused while growing up (n = 130) were compared to women who reported no sexual abuse (n = 370) along various demographic, and HIV drug and sexual risk taking dimensions. RESULTS: A history of sexual abuse while growing up was associated with increased sexual risk taking behaviours in adulthood. A marginal adult living situation also emerged as an important factor increasing the risk for HIV infection. Examining the co-occurrence of both childhood sexual abuse and adult marginal living context revealed a strong relationship between these two factors and HIV risk taking activities. CONCLUSIONS: The findings indicate that childhood sexual abuse may be a predictor for HIV sexual risk taking behaviours among incarcerated women. The marginal and chaotic adult living style of these women was also associated the extent of their HIV drug and sexual risk taking behaviours. Our research suggests that the co-occurrence of sexual victimization and marginality is a stronger predictor of HIV risk than each variable alone.


**KEY WORDS:** HIV, sexual abuse, women, prison

USA

391. CAN METHADONE MAINTENANCE FOR HEROIN-DEPENDENT PATIENTS RETAINED IN GENERAL PRACTICE REDUCE CRIMINAL CONVICTION RATES AND TIME SPENT IN PRISON?

A retrospective analysis was made of the criminal records of 57 patients successfully retained in methadone maintenance at two general practices in Sheffield. Their criminal conviction rates and time spent in prison per year were compared for the periods before and after the start of their methadone programme. Overall, patients retained on methadone programmes in the general practices studied had significantly fewer convictions and cautions, and spent significantly less time in prison than they had before the start of treatment.


**KEY WORDS:** heroin, methadone, prison

UK

392. COLLABORATIVE RESEARCH TO PREVENT HIV AMONG MALE PRISON INMATES AND THEIR FEMALE PARTNERS.

Despite the need for targeted HIV prevention interventions for prison inmates, institutional and access barriers have impeded development and evaluation of such programs. Over the past 6 years, the authors have developed a unique collaborative relationship to develop and evaluate HIV prevention interventions for prison inmates. The collaboration includes an academic research institution (the Center for AIDS Prevention Studies at the University of California, San Francisco), a community-based organization (Centerforce), and the staff and inmate peer educators inside a state prison. In this ongoing collaboration, the authors have developed and evaluated a series of HIV prevention interventions for prison inmates and for women who visit prison inmates. Results of these studies support the feasibility and effectiveness of HIV prevention programs for inmates and their partners both in prison and in the community. Access and institutional barriers to HIV intervention research in prisons can be overcome through the development of collaborative research partnerships.

393. COMPLETING THE MOLECULAR INVESTIGATION INTO THE HIV OUTBREAK AT GLENOCHIL PRISON.

In a molecular investigation into the outbreak of HIV in Glenochil during the first 6 months of 1993, we previously demonstrated that 13 out of the 14 HIV positive inmates were infected with a virtually identical strain, and discounted 2 others as potential sources. Here we investigate a further 8 potential contacts and 4 potential sources which were identified in the companion paper. We were able to examine viral sequence from all but one of these 12 and results have revealed them to be distinct both from each other and the original 14. Thus, despite an intensive follow-up investigation, we have been unable to identify any further HIV infections that might have been part of the 1993 outbreak. It is possible that persons who were infected at that time remain undetected; however this and the companion report strongly suggest that if this were the case the likely numbers would be few.


KEY WORDS: HIV, prison

UK

394. COMPREHENSIVE MEDICAL CARE AMONG HIV-POSITIVE INCARCERATED WOMEN: THE RHODE ISLAND EXPERIENCE.

Our objective was to characterize the clinical presentation of human immunodeficiency virus (HIV) infection among incarcerated women in a program that provides HIV testing and primary care to all state prisoners in Rhode Island. A retrospective medical chart review on all HIV-seropositive women who were incarcerated between 1989 and 1994 and had at least two medical visits with an HIV medical care provider was used. At the Rhode Island Adult Correctional Institution (ACI), under mandatory testing laws between 1989 and 1994, 28% (172 of 623) of all women were identified with HIV infection. Of the 172 women who tested seropositive in prison, 110 were included in the study. Of the 110 women followed, 84% reported injection drug use (IDU) as their primary risk factor, and 30% reported both IDU and sex work. The median CD4 count was 596/mm3, with 60% having a CD4 count >500 cells/mm3. The most common medical conditions were vaginal candidiasis, oral candidiasis, and bronchitis. Antiretroviral therapy was well accepted and followed community standards. Continuity of medical care after release was facilitated by the same physician caring for the patient in the community setting, with 83% of women following up for HIV care after release. The medical conditions noted reflect that these women are early in the course of their HIV disease when they are initially diagnosed. This comprehensive program in Rhode Island's state prison plays a central role in the diagnosis of HIV-seropositive women and provides counselling, primary medical and gynecological care, and linkage to community resources after release.


KEY WORDS: HIV, women, prison

USA
395. CORRELATION BETWEEN HIV AND HCV IN BRAZILIAN PRISONERS: EVIDENCE FOR PARENTERAL TRANSMISSION INSIDE PRISON.

OBJECTIVE: It is an accepted fact that confinement conditions increase the risk of some infections related to sexual and/or injecting drugs practices. Mathematical techniques were applied to estimate time-dependent incidence densities of HIV infection among inmates.

METHODS: A total of 631 prisoners from a Brazilian prison with 4,900 inmates at that time were interviewed and their blood drawn. Risky behaviour for HIV infection was analyzed, and serological tests for HIV, hepatitis C and syphilis were performed, intended as surrogates for parenteral and sexual HIV transmission, respectively. Mathematical techniques were used to estimate the incidence density ratio, as related to the time of imprisonment.

RESULTS: Prevalence were: HIV - 16%; HCV - 34%; and syphilis - 18%. The main risk behaviours related to HIV infection were HCV prevalence (OR=10.49) and the acknowledged use of injecting drugs (OR=3.36). Incidence density ratio derivation showed that the risk of acquiring HIV infection increases with the time of imprisonment, peaking around three years after incarceration.

CONCLUSIONS: The correlation between HIV and HCV seroprevalence and the results of the mathematical analysis suggest that HIV transmission in this population is predominantly due to parenteral exposure by injecting drug, and that it increases with time of imprisonment.


KEY WORDS: HIV testing, prison BRAZIL

396. DETERMINANTS OF HIV-RELATED SURVIVAL AMONG TEXAS PRISON INMATES.

Research indicates that being incarcerated adversely affects disease progression and overall health status. Because HIV infection is a growing problem among prison populations in the United States, understanding how incarceration affects HIV-related survival patterns is critical. The present study examined determinants of HIV-related survival in a cohort of 2380 Texas Department of Criminal Justice (TDCJ) inmates who were treated for HIV/AIDS, dating from January 1, 1992 and June 31, 1997. Assessment of the study factors indicated that there were no substantial violations of the assumptions of the Cox's proportional hazards (PH) model in the present study population. Furthermore, to address the potential problem of censoring-related bias, mortality information was collected on all inmates who were paroled on the basis of disease status. The present study's findings indicate that the following factors were associated with significant decreases in HIV-related survival in the TDCJ prison population: male gender, older age, self-report of no known HIV transmission risk factors, and presence of cytomegalovirus (CMV), Mycobacterium avium complex (MAC), and Pneumocystis carinii pneumonia. Moreover, survival decreased in a monotonic fashion with decrease in baseline CD4 count. While the majority of the present study's findings were consistent with those reported for non-incarcerated populations, it will be important for investigators to assess whether these findings persist among future cohorts of prison inmates.


KEY WORDS: HIV, evaluation, prison USA
397. DRUG ABUSE AND INCARCERATED WOMEN. A RESEARCH REVIEW. 
Drug abuse is the primary reason women enter prison and is the primary health problem of women in prison. There has been little research conducted specifically with this population; information must be drawn from studies with nonincarcerated addicted women and incarcerated addicted men. The purpose of this paper is to review what is known about the treatment and aftercare needs of this group (including relapse and recidivism prevention) and to propose an agenda for future research. 
KEY WORDS: drugs, women, prison
USA

398. DRUG ABUSE OF FINNISH MALE PRISONERS IN 1995. 
The purpose of the present research was to estimate the extent and variety of abuse of illegal drugs, use and misuse of hypnotics and sedatives and anabolic steroids in the Finnish prison population. The study was undertaken during October-November 1995 at four prisons, three of which were closed institutions and one an open prison; one of the three closed institutions was a juvenile prison. There was a total of 707 inmates in the prisons selected for the study. Questionnaires were given personally to all prisoners in the open prison and in the young prisoners' division in the juvenile prison, but in two large central prisons only some divisions were selected for the study. The questionnaires were completed by 354 prisoners; 75 prisoners refused to respond. A total of 27.7% of subjects reported taking illegal drugs while in their current prison and 70.1% had sometimes used them. Of those who were drug-free before their first imprisonment, 21.7% began using drugs in prison. At present hypnotics and sedatives were reported as in use by 41.8% of subjects, one-third as prescribed drugs and about 10% illicitly. A total of 3.7% of subjects reported taking anabolic steroids in the current prison. Cannabis and amphetamine were the most common illegal drugs reported. Intravenous drug use was reported by 19.2% of the respondents at some point in their lives, and 10.7% of prisoners had injected drugs in their current prison. Use of illegal drugs and misuse of drugs were significantly higher among young prisoners (< or = 25 years of age). 
KEY WORDS: drugs, evaluation, prison
FINLAND

399. DRUG ABUSE PROBLEMS BEHIND PRISON WALLS--VIEW OF THE TRIAL LAWYERS
This article reports problems of drug abuse in prison from the view of the trial lawyer. Alcohol abuse in prison is demonstrated in more detail since alcohol is the oldest drug in these institutions. Options of treatment and drug withdrawal are explained. 
Bode HM., Z Arztl Fortbild Qualitatssich 2000 Apr;94(4):305-8
KEY WORDS: drugs, alcohol, prison
GERMANY

400. DRUG TESTING IN CANADIAN JAILS: TO WHAT END? 
Since 1995, Corrections Services Canada (CSC) has conducted randomized urinalysis
screening of a minimum of 5% of the federal inmate population on a monthly basis. Urine samples are screened for a broad range of psychoactive substances. The stated purpose of such screening is to reduce substance use in federal jails. Analysis of data provided by CSC for testing between 1994 and 1998 reveals small but statistically significant increases in the percentage of all urine samples that tested positive over that time. Analysis of the results of screening for opiates, cocaine and THC from data provided by CSC for the same time period, shows steady rates of opiate and cocaine detection at maximum and medium levels of security, decreases in opiate and cocaine detection in minimum security, and statistically significant increases in THC detection at all levels of security. The implications of these findings are discussed.

Kendall PR, Pearce M., Can J Public Health 2000 Jan-Feb;91(1):26-8

KEY WORDS: mandatory drug testing, prison

CANADA

401.

DRUG-ADDICTED PRISONERS: SEROPREVALENCE OF HUMAN IMMUNODEFICIENCY VIRUS AND HEPATITIS B AND C VIRUS SOON AFTER THE MARKETING OF BUPRENORPHINE.

PURPOSE: Considering the importance to public health and the frequency with which drug addicts are imprisoned, we studied the prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), as well as drug addiction of patients admitted to the Elsau prison in Strasbourg (France).

METHODS: The prospective study included all entering inmates from 1 September to 31 October 1997 (270 persons) to whom HIV, HBV and HCV blood tests were offered as well as a questionnaire on their drug addiction.

RESULTS: Thirty-six percent of the entering inmates were drug addicts, of whom 1% were HIV positive, 11.2% HBV positive and 30% HCV positive, compared to, respectively, 0.6, 9.9 and 6.4% for non-drug addicts. Ninety-five of the 98 patients used several drugs, including buprenorphine for 53 patients. At the beginning of this study, buprenorphine had been available in France for 9 months.

CONCLUSION: The results are to be taken seriously regarding the misuse of this product in this selected population (intravenous use, multiple drug use, dealing).


Article in French

KEY WORDS: drugs, HIV, hepatitis, buprenorphine, prison

FRANCE

402.


BACKGROUND: Inmates of Spanish prisons include a high number of intravenous drug users (IVDUs) and other people whose practices entail the risk of infection with the human immunodeficiency virus (HIV). The aim of this work is to find out the evolution of the prevalence of HIV infection at the time of admission to prison and the factors associated with it in this population group. This may enable us to form an idea of the effectiveness of risk reduction strategies and help to improve them.

METHODS: All those people who were placed in a provincial penal institution in the northwest of Spain between 1991 and 1995. Socio-demographic, penal and HIV risk factor variables were gathered. The HIV infection test (ELISA and Western-blot) was carried out with the consent of the subjects.

RESULTS: Of the 1,663
people studied, 19.4% were HIV-positive. The prevalence HIV infection was particularly marked statistically in: women (26.0%), the 25-34 age group (29.1%), whites (20.9%), single people (22.8%), those people with a tattoo (29.9%), those people with a background in self-inflicted injuries (42.2%), IVDUs (46.3%), those who admitted sharing syringes (61.5%) and those with a prison record of one or more years (37.3%). Logistical regression analysis showed the following as predictors of HIV infection: IVDUs, those who went to prison in 1992, women, the 25-34 and 35-44 age group, tattooed men, those with a background in self-inflicted injuries and those with a prison record, of more than one year. The gypsy ethnic group revealed a lower probability of HIV infection. The HIV infection time trend, stratified according to the prison record showed an almost significant drop (P = 0.064). The infection trend per IVDU did not show any modification (P = 0.16). CONCLUSIONS: A high prevalence of HIV infection was detected in a prison located in a region, which has not been particularly affected by AIDS. IVDUs and some characteristics that may be related to this population group have an enormous influence on this phenomenon. The time trend for this infection in this population group has decreased through the lower number of IVDUs that are admitted to prison although very high levels of prevalence of the infection were maintained in this group over the five years of the study. It is recommended that risk-reduction programmes in prisons be fostered (methadone maintenance programmes, syringe exchange pilot programmes).

Article in Spanish
KEY WORDS: HIV, evaluation, prison
SPAIN

403.
HBV AND HIV SCREENING, AND HEPATITIS B IMMUNIZATION PROGRAMME IN THE PRISON OF MARSEILLE, FRANCE.
This study estimated the prevalence of hepatitis B virus (HBV) and human immunodeficiency virus (HIV) serological markers among inmates and evaluated inmates’ compliance with an HBV immunization programme. During the mandatory consultation at the sexually transmitted disease (STD) clinic of the Marseille Prison (HIV counselling, and syphilis/HIV screening), physicians offered serological testing (anti-HBs, anti-HBc, HbsAg, anti-HIV) and Engerix B vaccination to each entrant. The number participating in the survey is 391/411 (89%); 75% were aged 18 to 35 years and 79% were men; 42% reported having had multiple sexual partners during the last 12 months. Report of an intravenous drug user (IDU) sexual partner was more frequent among women than men (22% vs 8%). Injecting drug use over lifetime was reported by 23%; 27% declared having shared their injection equipment during the last 12 months. 124/267 (32%) had an HBV marker: anti-HBs + only (immunized): 2.3%; anti-HBs + and anti-HBc +: 21.7%; anti-HBc + only: 6.4%; HbsAg +: 1.3%. The HIV seroprevalence was 6% (21% among IDUs). This survey underlines the high HBV and HIV seroprevalence among prisoners and the high proportion of inmates at risk for these infections. There is an urgent need for immunization and education programmes in this population. It demonstrates an HBV immunization programme is feasible and accepted by inmates and staff members.
KEY WORDS: HIV, hepatitis, prison
FRANCE
404. HEPATITIS C VIRUS INFECTION AMONG SHORT-TERM INTRAVENOUS DRUG USERS IN SOUTHERN TAIWAN.
The purpose of this study was to determine the correlation between the prevalence of hepatitis C virus (HCV) infection with duration of drug use and other risk factors among drug users. This survey covered 899 male drug users from Kaohsiung Narcotic Abstinence Institute and Kaohsiung prison. The prevalence of positive anti-HCV was 67.2% among intravenous drug users (IVDU) and 14.7% among non-intravenous drug users (non-IVDU). Among intravenous (IV) drug users, age and duration of drug use were independently related to HCV seropositivity. Seroprevalence rate for HCV in the IVDU group increased with increasing duration of injection use within the first seven years of drug use. However, the steepest trajectory in seroprevalence of HCV infection occurred within the first four months. Due to the high rate of HCV infection among drug users, investigation of risk behaviours should be routine in such a group. A high frequency of HCV infection was also found among short-term injectors, which indicated that early risk reduction intervention was an important measure in moderating HCV infection.
KEY WORDS: hepatitis, drugs, prison
TAIWAN

405. HIGH PREVALENCE OF SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS AMONGST THE INMATES OF A DISTRICT JAIL IN NORTHERN INDIA.
Two hundred and forty male and 9 female jail inmates confined for various crimes in a district jail near Delhi were screened for sexually transmitted and blood-borne diseases including HIV, syphilis and hepatitis B and C viral infections, skin diseases etc. The inmates were aged 15-50 years with a mean of 24.8+/-0.11. Their alleged criminal background, period of stay in the jail, drug addiction, education, birth place, marital status, sexual activity, and clinical complaints were recorded by an anonymous questionnaire. Serum samples were tested for antibodies against HIV (1+2), hepatitis C (HCV), Treponema pallidum and for hepatitis B surface antigen (HBsAg). Sputum examination was done for acid-fast bacilli. Out of the 240 men, 115 were married and 125 unmarried. One hundred and eighty-four (76.6%) men gave history of penetrative sex. Of the 184, 53 (28.8%) were homosexuals or bisexuals and 131 (71.2%) had sex with women only. Sixty of the 131 (45.8%) were faithful to their partners while 124 gave a history of having multiple sexual partners and 100 of them (80.6%) had unprotected sex. Eighty-three of these 100 also had had sex with commercial sex workers (CSWs). One hundred and twenty-six were addicted for alcohol, 44 for smack/charas and 8 had a history of intravenous drug abuse. One hundred and seventy-four were not aware of AIDS. On examination 28 of the 240 (11.6%) had active hepatitis with or without a history of jaundice in the last 2 years, 25 (10.4%) active pulmonary tuberculosis (TB) and 11 (4.6%) had syphilitic ulcers on the penis. Four-fifths of the teenagers confined to a particular barrack had moderate to severe scabies. Three males (1.3%) were found to be Western blot confirmed HIV-1 positive while 28 (11.1%) men and 2 (22.2%) women were positive for HBsAg. Twelve (5.0%) men but no women, were found to be positive for anti-HCV antibodies. Out of the 3 HIV-positive persons, one was an intravenous drug user (IVDU), second was a drug addict and frequent CSW visitor while the third was a homosexual. This pilot study gives an indication that sexually transmitted and blood-borne infections are highly prevalent in jail premises and pose a threat of rapid spread of these infections through IVDU and homosexuality.
406. HISTORICAL HIV PREVALENCE IN EDINBURGH PRISON: A DATABASE-LINKAGE STUDY.

BACKGROUND: The prevalence of HIV in prisons is often higher than in the surrounding community, because prisons contain a high proportion of injecting drug users (IDUs). Reliable estimation of HIV prevalence in UK prisons only began in the 1990s. Edinburgh, Scotland, experienced a major IDU-related HIV epidemic which began in 1983. We sought retrospectively to estimate HIV prevalence in Edinburgh Prison over the period 1983-94. METHODS: Prison records of all 477 male HIV-positive patients (332 IDUs) in the Edinburgh City Hospital Cohort (believed to include three-quarters of HIV-positive Edinburgh IDUs) were abstracted from Edinburgh Prison. Using this information and the seroconversion intervals of the patients, the number of person-years spent inside the prison by these individuals while HIV-positive was estimated for each calendar month. From this, HIV prevalence was inferred. RESULTS: HIV prevalence in the prison rose from January 1983, as prevalence among Edinburgh IDUs increased, reaching a peak of 8% in December 1984. Prevalence during 1985-86 was 5-6% and then gradually declined, as the surviving HIV-infected IDUs spent less time in the prison. DISCUSSION: These figures are probably underestimates, as some HIV-positive prisoners are not in the cohort. However, the degree of underestimation should not be great and trends over time are reliable. Our estimate for August 1991, 4.1%, compares favourably with the estimate 4.5%, from an anonymous unlinked survey conducted in the prison that month. Prevalence estimates from other UK prisons are reviewed and suggestions made for other uses of database linkage in HIV and IDU epidemiology.


KEY WORDS: HIV, prison

407. HISTORY OF SYRINGE SHARING IN PRISON AND RISK OF HEPATITIS B VIRUS, HEPATITIS C VIRUS, AND HUMAN IMMUNODEFICIENCY VIRUS INFECTION AMONG INJECTING DRUG USERS IN BERLIN.

BACKGROUND: Injecting drug users (IDU) are at risk of parenterally transmitted diseases such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) infection. We investigated whether a history of syringe sharing in prison is a risk factor for these infections. In the longitudinal part of the study, HBV, HCV, and HIV seroincidence rates were determined. METHODS: The participants were recruited by multisite-sampling at different agencies for IDU. Data on risk behaviour were obtained by a standardized questionnaire. Serological markers for HBV, HCV, and HIV were determined. Logistic regression analysis was performed to adjust for confounding effects. RESULTS: A history of syringe sharing in prison was significantly associated with HBV (adjusted prevalence odds ratio [POR] = 3.9, 95% confidence interval [CI]: 2-10), HCV (POR = 9.7, 95% CI: 3-33), and HIV infection (POR = 10.4, 95% CI: 4-29). The HIV seroincidence rate was 5.9 per 100 person-years. None of the IDU receiving methadone maintenance treatment (MMT) seroconverted whereas the HIV incidence was 8.5 among IDU not in MMT (P = 0.01). CONCLUSIONS: The increased risk of HBV, HCV, and HIV infection among IDU who had shared syringes in prison warrants specific preventive action. The longitudinal data suggest that IDU in MMT have a lower risk of HIV infection.
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

**KEY WORDS:** HIV, hepatitis, syringe sharing, injecting drug user, prison

GERMANY

408.
**HIV/AIDS AND HUMAN RIGHTS IN PRISON. THE COSTA RICAN EXPERIENCE.**
HIV and AIDS issues deal directly with Human Rights and Public Health. Four basic principles have been acknowledged internationally in connection with HIV/AIDS: Autonomy, confidentiality, right to health and non-discrimination. According to these principles, it is not possible to adopt illegal or unethical measures toward HIV-infected persons. However, these may rarely be necessary in the case of prisoners, taking into account the possibilities of unpredictable behaviour, violence and use of drugs, which are common in prisons. The World Health Organization as well as the United Nations have established the possibility of taking measures, different from those outside the jail, that may be illegal but necessary in order to protect the human rights of inmates, the general prison population and the security of the penitentiary system. Therefore coercive measures such as isolation may be imposed upon an inmate infected by HIV when he or she deliberately may try to infect others. This paper examines different types of situations dealing with HIV/AIDS in prison and reviews the international recommendations and the way the Costa Rican legal and penitentiary system have adopted them in accordance with its legal system and national prison characteristics.
**KEY WORDS:** HIV, prisoner’s rights
COSTA RICA

409.
**HIV INFECTION AMONG INCARCERATED WOMEN: EPIDEMIC BEHIND BARS.**
Approximately 1 in 109 adult women was under the care, custody, or control of adult criminal justice authorities on any given day in 1998, the year for which the most recent statistics on women in correctional institutions are available. Of the 84,400 women who were in prison in 1998, a large percentage—37% in state facilities and 72% in federal prisons—were charged with drug-related offences. Besides drug use, an additional determinant of HIV infection among incarcerated women may be prior exposure to physical and sexual abuse. Linkages among histories of childhood sexual abuse, physical abuse, drug use, and sex work are believed to explain the disproportionately high prevalence of HIV infection among incarcerated women. Historically, HIV services have had to compete with other demands on correctional budgets for funding and personnel time, even though the correctional health care unit is a unique and highly cost-effective access point for providing HIV prevention and care for high-risk populations of women. Coalition building between correctional staff and medical staff (and, in some cases, departments of public health) has enabled some correctional institutions for women to establish outstanding programs for HIV-infected women. By diagnosing HIV and instituting a plan for treatment, correctional facilities for women can play a critically important role in the reduction of morbidity and mortality among HIV-infected women in high-risk populations.
De Groot AS., *AIDS Read* 2000 May;10(5):287-95
**KEY WORDS:** HIV, women, prison
USA
**410. HIV INFECTION AMONG MALE PRISONERS IN SOUTH AUSTRALIA, 1989 TO 1994.**
The prevalence of human immunodeficiency virus (HIV) in male prisoners in South Australia from July 1989 to June 1994 was ascertained from a repeated cross-sectional study. We also compared the criminological and demographic characteristics and histories of drug use of 39 HIV-infected prisoners and a randomly selected sample of 86 uninfected prisoners admitted at the same time. The numbers of HIV-infected prisoners in prison in any month ranged from 4 to 12. Prevalence among the total prison population ranged from 0.4 per cent to 1.4 per cent, and among the subpopulation of injecting drug users from 1.25 per cent to 4.36 per cent. Many HIV-infected prisoners continued after their diagnosis to have lifestyles that resulted in imprisonment. Infected prisoners were significantly older, had spent longer in prison and were more likely to be users of heroin (OR = 13.1) and methadone (OR = 25.4) than controls. Infection with HIV among South Australian prisoners has been continuous since at least the mid-1980s. The recidivism among many of the infected prisoners contributes to the variation in prevalence but also raises concerns about their management. Greater effort to minimize the recidivism of the HIV-infected prisoners could reduce the prevalence of HIV in the prison population.


**KEY WORDS:** HIV, recidivism, prison

**AUSTRALIA**

**411. HIV INFECTION IN U.S. CORRECTIONAL SYSTEMS: ITS EFFECT ON THE COMMUNITY.**
Increased rates of HIV infection and risk-taking behaviors among incarcerated men and women make the fight against HIV within the prison and jail systems an especially critical issue in community health. Overcrowded conditions impact on the rotation of inmates in and out of the correctional system. This revolving door phenomenon has implications for disease prevention and control within the community into which the inmates are released. As more people pass in and out of jails and prisons, more problems and diseases associated with incarceration pass into the community. The special needs of the prison population must be taken into consideration not only by nurses but also by all health care workers and correctional officials when planning and implementing control and prevention strategies.


**KEY WORDS:** HIV prevention, prison

**USA**

**412. HIV PREVALENCE AT RECEPTION INTO AUSTRALIAN PRISONS, 1991-1997.**
**OBJECTIVE:** To measure the extent and outcome of HIV antibody testing at reception into Australian prisons.
**DESIGN:** Cross-sectional survey at reception into prison.
**PARTICIPANTS AND SETTING:** People received into Australian prisons from 1991 to 1997. MAIN OUTCOME MEASURES: Number of people tested for HIV infection and prevalence of diagnosed HIV infection. RESULTS: In 1991-1997, HIV antibody testing was carried out for 72% of prison entrants in Australia; the percentage tested declined significantly from 76% in 1991 to 67% in 1997 (P < 0.001). In New South Wales, the percentage of entrants tested at reception into prison dropped from almost 100% in 1991-1994 to 45% in 1997, whereas in the Northern Territory, South Australia and Western Australia the extent of testing increased significantly (P
< 0.001). HIV prevalence was 0.2% among people received into Australian prisons in 1991-1997, and did not differ by sex. Most people with HIV infection (242/378; 64%) received into prison in 1991-1997 had been diagnosed at a previous entry; 136 people (36% of the total number of diagnoses) were newly diagnosed at reception into prison. CONCLUSIONS: A national monitoring system in place from 1991 indicates generally high rates of HIV antibody testing and a low prevalence of HIV infection among people entering Australian prisons. In each year, people not previously known to the prison health service to have HIV infection were received into prison, indicating continuing HIV infection in the population entering Australian prisons.


KEY WORDS: HIV, prison

AUSTRALIA

413.
HIV RISK BEHAVIOR IN PRISON AND FACTORS ASSOCIATED WITH REINCARCERATION OF INJECTION DRUG USERS

OBJECTIVES: The aim of this study was to estimate the frequency of risk behaviour for HIV transmission in prison and to identify the factors associated with reincarceration. PATIENTS AND METHODS: An epidemiologic study was carried out in the penitentiary center of Marseilles between December 1995 and March 1997. Five hundred and seventy-four prisoners answered an anonymous voluntary questionnaire managed by independent interviewers.

RESULTS: Among the 574 prisoners, 133 (23%) reported they had injected drugs (intravenous drug users, IDU) including 71 (53%) who had injected drugs during the three months preceding incarceration. Seven percent of the IDU received opiate substitutes before their imprisonment. Nine prisoners of the 120 who have responded to the question (7.5%; 3.7-14.2 95% CI) stated they had injected drugs during the first three months of incarceration. Multivariate analysis showed that reincarceration was significantly more frequent among men, HIV-infected and unemployed prisoners, and prisoners not receiving opiate substitutes at the time of their imprisonment. DISCUSSION: This study show that risk behaviours of HIV and hepatitis virus transmission are frequent among intravenous drug users, including during their incarceration. The relationship between opiate substitution treatment and reincarceration deserves to be studied further on larger samples in order to better evaluate its impact on social rehabilitation of drug addicts. This data also underline the need to strengthen prevention programs in prisons and the importance of social and health policies targeted on drug users especially opiate substitution programs.


Article in French

KEY WORDS: HIV, prison

FRANCE

414.
HIV RISK BEHAVIOUR CORRELATES AMONG INJECTING DRUG USERS IN GREEK PRISONS.

AIMS: To identify the correlates of injecting drug use within prison. DESIGN: A national cross-sectional study, participation being voluntary and anonymous. SETTING: Ten Greek prisons. PARTICIPANTS: A representative sample of 1000 male inmates; 861 questionnaires were
completed and analysed. MEASUREMENT: A self-report questionnaire for demographics, penal history, drug use and sharing injecting equipment. FINDINGS: Two hundred and ninety inmates (33.7%) reported injecting drugs at some time in their lives, of whom 174 (60%) had injected while imprisoned. Among those who had injected while imprisoned, 145 (83%) had shared equipment while incarcerated. Logistic regression analysis suggested that total time in prison, previous drug conviction, being a convict (as opposed to on remand) and having multiple female sexual partners 1 year before incarceration were significant HIV risk behaviour correlates. For every year of imprisonment, the risk of injection in prison increased by about 17% [OR = 1.17 (95% CI: 1.07-1.27)]. Inmates with a previous drug-related conviction were about twice as likely to inject within prison [OR = 1.97 (95% CI: 1.16-3.33)]. Finally, convicted inmates were marginally significantly more prone to inject in prison [OR = 1.58 (95% CI: 0.92-2.74)]. CONCLUSIONS: Variables related to the inmates' prison career influence HIV risk behaviours within prison. There is a need to assist IDUs in reducing the likelihood of high-risk behaviour by considering factors such as frequency of incarceration, length of time incarcerated and availability of detoxification programmes within prison.

KEY WORDS: HIV, injecting drug user, prison
GREECE

415.
HIV RISK REDUCTION FOR INCARCERATED WOMEN: A COMPARISON OF BRIEF INTERVENTIONS BASED ON TWO THEORETICAL MODELS.
Although female inmates are seropositive at rates that exceed those of male inmates, few studies, have evaluated HIV risk reduction interventions for incarcerated women. This demonstration project compared an intervention based on social cognitive theory against a comparison condition based on the theory of gender and power. Incarcerated women (N = 90) were assessed at baseline, postintervention, and again 6 months later. Both interventions produced increased self efficacy, self-esteem, Attitudes Toward Prevention Scale scores, AIDS knowledge, communication skill, and condom application skills that maintained through the 6-month follow-up period. Participants in the intervention based on social cognitive theory showed greater improvement in condom application skills, and women in the program based on the theory of gender and power evidenced greater commitment to change. The results suggests brief interventions in prison settings are feasible and beneficial. However, it is not yet known whether the changes will generalize into the natural environment after the women's release into the community.
KEY WORDS: HIV, women, prison
USA

416.
HIV SEROPREVALENCE AND RISK FACTORS IN A BRAZILIAN PRISON.
The burden of the AIDS epidemic in Brazil is characterized by high prevalence rates in specific groups, including prison populations. Reports o HIV seroprevalence rates from several, prisons in different countries have varied widely. Those rates have usually reflected the HIV seroprevalence in the community served by the correctional facility studied and the risk factors of inmates for HIV infection. The present study was designed: 1) to determine the HIV seroprevalence among inmates of Casa de Detencao de Sao Paulo; 2) to identify independent
risk factors for HIV acquisition; and 3) to determine the relevance of transmission of HIV infection within the prison. From December 20, 1993, through January 5, 1994, 780 inmates were interviewed using a standardized questionnaire and had their blood drawn for HIV testing by ELISA with confirmatory Western Blot. Out of 766 inmates tested, 637 (83.1%) were negative for HIV, 105 (13.7%) were positive, and 24 (3.1%) had indeterminate test results. Multivariate logistic regression analysis identified the following variables as independent risk factors for HIV seropositivity: 1) age less than 29 years-old; 2) previous incarceration in Casa de Detenca; 3) more than one sexual partner in the last year in Casa de Detenca; and 4) intravenous drug use before admission to Casa de Detenca. We conclude from this study that HIV infection among prisoners is high (13.7%) and that several risk factors are responsible. Of these, intravenous drug use before imprisonment is the most likely factor, but HIV transmission can also occur during incarceration.


**KEY WORDS:** HIV, prison

**BRAZIL**

417.

**HIV SEROPREVALENCE AMONG MALE PRISON INMATES IN THE WISCONSIN CORRECTIONAL SYSTEM.**

**OBJECTIVE:** To estimate HIV seroprevalence and the acceptance of voluntary HIV testing among male inmates entering the Wisconsin Correctional System during July 1, 1994-June 30, 1995, and compare these estimates with similar data obtained in 1987-1988. **METHODS:** A blinded HIV seroprevalence survey concurrent with a review of voluntary HIV antibody testing records. **RESULTS:** HIV test results were obtained for 3,681 (89%) male prison entrants during the study period; 26 (0.7%) were HIV-1 seropositive. Based on this estimate and the total number of male prison entrants (4,134), an estimated 29 HIV-1 seropositive male inmates entered the Wisconsin Correctional System during the study period. Eighty-four percent of all inmates were tested voluntarily. Among inmates testing HIV-1 seropositive, 69% were tested voluntarily. **CONCLUSIONS:** These data suggest that HIV-1 seroprevalence among male prison inmates in Wisconsin is low, and is unchanged from the late 1980s; however, a large increase in the prison population has resulted in a substantial increase in the absolute number of HIV-1 seropositive inmates entering the correctional system. Although overall acceptance of voluntary HIV testing is high, nearly one third of HIV-1 seropositive inmates declined voluntary HIV testing.


**KEY WORDS:** voluntary HIV testing, prison

**USA**

418.

**HIV TRANSMISSION IN A PRISON SYSTEM IN AN AUSTRALIAN STATE.**

**OBJECTIVE:** To investigate possible HIV transmission among prison inmates. **SETTING:** A prison system in an Australian State. **PARTICIPANTS:** 13 ex-prisoners and their prison contacts. **METHODS:** Ex-prisoners who claimed to have been infected with HIV in prison and their prison contacts were interviewed about HIV risk behaviour. Entries in prison and community medical records were used by a three-member expert panel to establish the likelihood of primary HIV infection and its possible timing and location. **MAIN OUTCOME MEASURES:** Determination of whether HIV infection probably occurred in prison. **RESULTS:** There was a very high probability that at least four of 13 ex-prisoners investigated acquired HIV infection.
in prison from shared injection equipment. Another two ex-prisoners most probably acquired HIV infection outside prison. The location of infection for the remaining seven could not be determined. CONCLUSIONS: HIV transmission in prison has substantial public health implications as most drug-using prisoners soon return to the community. HIV prevention strategies known to be effective in community settings, such as methadone maintenance treatment and syringe exchange schemes, should be considered for prisoners.


KEY WORDS: HIV, prison

AUSTRALIA

419. HOW MANY DRUG REHABILITATION PLACES ARE NEEDED IN PRISONS TO REDUCE THE RISK OF BLOODBORNE VIRUS INFECTION? Transmission of HIV and hepatitis B virus infection has been recognised in prisons, and injecting drug use is a major route of infection. Combined results of two pilot health care surveys showed that 47% of prisoners with a history of injecting drug use wanted help to give up class A drugs but only 11% of non-injecting drug users expressed a similar wish. It would therefore seem appropriate for prisons to estimate the number of inmates with a history of injecting drug use and provide drug rehabilitation places for half that number (47% rounded up). Data from three prisons in England and Scotland for which the numbers of drug rehabilitation places were known showed that they provided less than quarter of the minimum requirement based on this formula. The proportion of inmates with a history of injecting or of non-injecting drug use who want help to give up class A drugs requires further investigation in order to refine the needs formula.


KEY WORDS: HIV, hepatitis, drugs, prison

UK

420. HUMAN IMMUNODEFICIENCY VIRUS SEROPREVALENCE AMONG INMATES OF THE PENITENTIARY COMPLEX OF THE REGION OF CAMPINAS, STATE OF SAO PAULO, BRAZIL. Six hundred and ninety three male inmates from three penitentiaries, two (A and B) maximum-security systems and one (C) minimum-security facility, located in Campinas, State of Sao Paulo, Brazil were studied for the presence of human immunodeficiency virus (HIV) antibodies, using a cross-sectional design. The search for anti-HIV antibodies in 693 samples of sera collected was carried out by two serological tests: (a) the Microparticle enzyme immunoassay-HIV-1 and HIV-2 (MEIA) (Abbott Laboratories) and (b) the Western Blot-HIV-1 (WB) (Cambridge Biotech Corporation) to confirm positive results with MEIA. Sera reactivity for HIV antibodies was 14.4%. The highest frequency of anti-HIV antibodies was found in the A and B maximum-security prisons: 17% and 21.5%, respectively. In prison C, the frequency of reagents was 10.9%. Seventy three inmates, initially negative in the MEIA test, were checked again five and seven months later. Three of them, all from the maximum-security facilities, became reactive in the MEIA test, with confirmation in the WB, suggesting that serological conversion had occurred after imprisonment.


KEY WORDS: HIV testing, prison
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

BRAZIL

421. HUMAN PAPILLOMAVIRUS AND HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS AS RISK FACTORS FOR CERVIX CANCER IN WOMEN PRISONERS

BACKGROUND: The identification of high risk groups for genital human papillomavirus (HPV) infection may contribute to cervical cancer prevention. The study was designed to estimate the prevalence of HPV infection and the related risk of cervical cancer among imprisoned women.

PATIENTS AND METHODS: 157 women were visited at the Medical Office of a prison in Barcelona, Spain. Women underwent a structured interview, determination of HIV serostatus and detection of HPV cervical infection by means of PCR. RESULTS: The prevalence of HPV infection was 46%. Prostitution was reported by 38.2% and intravenous drug use by 64.3%. HIV infection was detected in 56.1%. Cervical cytology revealed 19 women with ASCUS and 28 with squamous intraepithelial lesions (SIL) (all grades). HPV infection was associated with an increased risk of intravenous drug use for more than 10 years (prevalence odds ratio [POR] = 2.9) and seropositivity to HIV (POR = 4.7). The increase in risk for SIL related to HIV was explained by the presence of HPV. HIV positive women with low CD4 counts may increase the risk for SIL independently of HPV. CONCLUSION: HIV positive women are at high risk for HPV infection and as a consequence, for developing SIL. HIV positive women should be closely monitored for cervical cancer.


Article in Spanish

KEY WORDS: HIV, women, cancer

SPAIN

422. IDENTIFYING BARRIERS TO THE ADMINISTRATION OF HIV MEDICATIONS TO COUNTY CORRECTIONAL FACILITY INMATES.

The purpose of this study was to investigate the process of HIV medication administration at a county correctional facility. Anecdotal data suggested serious barriers to the process. Professional and licensed practical nursing staff practicing at a New Jersey county correctional facility participated in focus group interviews designed to discuss the process of medication administration and potential barriers to that process. Analysis of data revealed five contextual themes: uniqueness of the county correctional facility setting, barriers perceived by nursing staff, inmates' perceptions of HIV infection, internal systems' barriers, and the role of systems external to the correctional facility.

Miller SK, Rundio A Jr., Clin Excell Nurse Pract 1999 Sep;3(5):286-90

KEY WORDS: HIV management, prison

USA

423. IMMUNOLOGIC PREDICTORS OF HIV-RELATED SURVIVAL AMONG TEXAS PRISON INMATES.

Research indicates that being incarcerated adversely affects overall health status. Because HIV-infection is a growing problem among the U.S. prison population, understanding how incarceration affects HIV-related survival holds particular clinical and public health relevance.
Moreover, while the prognostic roles of CD4 and CD8 lymphocyte count have been well documented in noninstitutionalized populations, little is known about how these factors operate to predict survival among prison populations. The present study examined immunologic determinants of HIV-related survival in a cohort of 752 Texas Department of Criminal Justice (TDCJ) inmates who were treated for HIV/AIDS between 1993 and 1996 at a large southwestern medical center. Survival analysis using proportional hazards modeling showed that: (1) the prognostic role of CD4 count among inmates was similar to previous findings among non-incarcerated populations; (2) the prognostic role of CD8 count was slightly weaker than that previously reported for non-incarcerated populations; and (3) inmates who exhibited high levels of both CD4 and CD8 count had a survival advantage over those who had a high score on only one of the two factors.


KEY WORD: HIV, prison

USA

424.

KNOWLEDGE, BELIEFS AND ATTITUDES OF INMATES TOWARDS AIDS AND HIV INFECTION: A SURVEY IN A MARSEILLE PENITENTIARY CENTER

BACKGROUND: The objectives of our study were to evaluate knowledge, attitudes and beliefs of inmates toward HIV infection, and to compare them with those reported in the general population and according to injecting drug use. METHODS: Three hundred and seventy persons incarcerated in the prison of Marseille were invited, between December 1995 and March 1997, to answer a voluntary questionnaire offered by an independent staff. Odds ratios were estimated by logistic regression models adjusting for age, sex and type of questionnaire (self-administered for literate, face-to-face for illiterate inmates). The average scores among injecting and non injecting drug users (IDUs) were compared by analysis of variance adjusting for age, sex and type of questionnaire. These scores were also compared with those reported in a national survey (ACSF 1994), after adjustment for age, sex and educational level.

RESULTS: The participation rate was 55%. Among the 202 participants, 152 answered a self-administered and 50 a face-to-face questionnaire; 45/202 (22%) were IDUs. The average scores of knowledge and tolerance towards HIV infected people were lower among inmates than in the general population. Furthermore, the scores of uncertainty towards HIV risk and unfavourable opinions about condom were higher than in the general population. While the average scores of knowledge, uncertainty towards HIV risk and unfavourable opinions did not differ between IDUs and non-IDUs, the score of tolerance towards HIV infected people was lower among non-IDUs than IDUs. CONCLUSION: That study shows that in spite of the high prevalence of at risk behaviours among people who are incarcerated, that population is not targeted enough by HIV prevention programs. Furthermore, the low level of tolerance towards HIV infected people among inmates, especially non-IDUs, is very likely an obstacle to health care management in that population with a high HIV prevalence. It is urgent to enhance the equality of access to care and prevention policy inside and outside prison.


Article in French

KEY WORDS: HIV, injecting drug user, prison

FRANCE

425.
LINKING WOMEN IN JAIL TO COMMUNITY SERVICES: FACTORS ASSOCIATED WITH REARREST AND RETENTION OF DRUG-USING WOMEN FOLLOWING RELEASE FROM JAIL.

Women in jail experience high rates of many health and social problems. This study examined the effects of preexisting social and health characteristics and the type of services received on retention in community aftercare for 193 drug-using women released from the New York City jail to two low-income communities. Rearrest rates for program participants were compared to a group of women not eligible for services because of their residence outside the target communities. Women who enrolled in residential programs with on-site drug treatment and other social services after release were compared to women who enrolled in less comprehensive services. The residential treatment group participated in the program significantly longer (276 v 180 days, p = .02) than women in other types of services. Women in residential programs were significantly more likely to have used crack or cocaine in the 30 days prior to arrest than women in other types of programs (84% v 59%, p = .001), but few other prior differences among the different treatment groups were noted. Therefore, differences in outcome are unlikely to be attributed to preexisting differences in risk profile. Women who participated in postrelease services were significantly less likely to be rearrested in the year after release than a comparable group of women who participated in jail services, but were not eligible for postrelease services (38% v 59%, p = .02).


KEY WORDS: drugs, women, recidivism, prison

USA

426.

LITTLE HIV RISK BEHAVIOR IN DRUG USERS DURING DETENTION IN DUTCH PENITENTIARIES.

OBJECTIVE: To assess levels of HIV risk behaviour in injecting drug users during and immediately following prison terms in the Netherlands. DESIGN: Descriptive. SETTING: Municipal Health Service, Amsterdam, the Netherlands. METHODS: Injecting drug users taking part in a follow-up study on HIV infection were interviewed on injecting drug use and vaginal and anal sexual contact during their last prison term in the 3 years preceding the interview and on injecting drug use in the week following release from prison. RESULTS: A prison term in the preceding 3 years was reported by 188 (41%) of 463 interviewed drug injectors. The mean age of the 188 was 35.5 years: 146 (78%) were males, 63 (34%) had HIV antibodies, and the mean duration of latest prison term was 3.6 months. Some use of cannabis, heroin, or cocaine in prison was reported by 104 (55%), 69 (37%), and 38 (20%) respectively. Five injectors (3%) reported having injected in prison: in 4 cases once and in 1 case 3 times. No sharing of needles and syringes was reported. Vaginal or anal sex was reported by 2 (1%) of the men and none of the women. Relapse to drug injecting during the week following release from prison was reported by 78/186 (42%) participants, in most cases (34%) on the very day of release. CONCLUSION: Contrary to findings from other countries, low levels of HIV risk behaviour occur among imprisoned drug injectors in the Netherlands. Although noninjecting drug use in prison is common, drug injecting and the sharing of injecting equipment is rare. There appear to be no grounds for making clean needles and syringes available in Dutch prisons.

van Haastrecht HJ, Bax JS, van den Hoek JA., Ned Tijdschr Geneeskd 1997 Mar 1;141(9):429-33

Article in Dutch

KEY WORDS: HIV, drugs, prison
NETHERLANDS

427. METHOD USED TO IDENTIFY PREVIOUSLY UNDIAGNOSED INFECTIONS IN THE HIV OUTBREAK AT GLENOCHIL PRISON.
Four years after the occurrence of an outbreak of hepatitis B and HIV infection among injecting drug user inmates at Her Majesty's Prison Glenochil in Scotland, a study design was developed to complete the epidemiological account of the HIV outbreak. Our aim was to identify potential cases of (1) HIV transmission not diagnosed during the original outbreak investigation and (2) the source(s) of the outbreak. Scotland's HIV positive case register was searched for matches to a soundexed list of 636 Glenochil inmates imprisoned during January-June 1993. Eight HIV infections that may have been acquired in Glenochil and four possible sources of the outbreak were identified. The second stage of follow-up molecular epidemiological techniques used on stored sera samples from identified individuals is described in the companion paper. Without breach of medical or prisoner confidentiality, indirect and anonymous follow-up has proved possible for the Hutchinson SJ, Gore SM, Goldberg DJ, Yirrell DL, McGregor J, Bird AG, Leigh-Brown AJ., Glenochil inmates. Epidemiol Infect 1999 Oct;123(2):271-5
KEY WORDS: HIV, hepatitis, epidemiology, prison
UK

428. PREVALENCE AND INCIDENCE OF HIV AMONG INCARCERATED AND REINCARCERATED WOMEN IN RHODE ISLAND.
This study explores recent temporal trends in HIV prevalence among women entering prison and the incidence and associated risk factors among women reincarcerated in Rhode Island. Results from mandatory HIV testing from 1992 to 1996 for all incarcerated women were examined. In addition, a case control study was conducted on all seroconverters from 1989 to 1997. In all, 5836 HIV tests were performed on incarceration in 3146 women, 105 of whom tested positive (prevalence, 3.3%). Between 1992 and 1996, the annual prevalence of HIV among all women known to be HIV-positive was stable (p = .12). Age >25 years, nonwhite race, and prior incarceration were associated with seropositivity. Of 1081 initially seronegative women who were retested on reincarceration, 12 seroconverted during 1885 person-years (PY) of follow-up (incidence, 0.6/100 PY). Self-reported injection drug use (IDU; odds ratio [OR], 3.7; 95% confidence interval [CI], 1.3-10.1) was significantly associated with seroconversion, but sexual risk was not (OR, 1.1; 95% CI, 0.4-3.5). Incarceration serves as an opportunity for initiation of treatment and linkage to community services for a population that is at high risk for HIV infection.
KEY WORDS: HIV, women, prison
USA

429. PREVALENCE OF HIV-1/2, HTLV-I/II, HEPATITIS B VIRUS (HBV), HEPATITIS C VIRUS (HCV), TREPONEMA PALLIDUM AND TRYPANOSOMA CRUZI AMONG PRISON INMATES AT MANHUACU, MINAS GERAIS STATE, BRAZIL.
The purpose of this study was to determine the seroprevalence of human immunodeficiency
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

430.
PREVALENCE OF HIV, HEPATITIS B, AND HEPATITIS C ANTIBODIES IN PRISONERS IN ENGLAND AND WALES: A NATIONAL SURVEY.

Prisoners in eight of the 135 prisons in England and Wales were surveyed in 1997 and 1998 to study the prevalence of and risk factors for transmission of bloodborne viruses in prison. Subjects voluntarily completed a risk factor questionnaire and provided oral fluid specimens for unlinked anonymous testing for the presence of antibodies to HIV, hepatitis C virus (HCV), and the core antigen of hepatitis B virus (HBC). Almost 8% (4778) of the total of 60,561 prisoners were eligible and four fifths (3942) of those eligible took part. Among all those tested (3930) 0.4% (14) were positive for anti-HIV, 8% (308) for anti-HBC, and 7% (293) for anti-HCV (the anti-HBC and anti-HCV prevalences were not adjusted for assay sensitivities of 82% and 80%, respectively). Twenty-four per cent (777/3176) of adult prisoners reported ever having injected drugs, 30% of whom (224/747) reported having injected in prison. Three quarters of those who injected in prison (167/224) shared needles or syringes. Among adult injecting drug users, 0.5% (4/775) had anti-HIV, 31% (240/775) anti-HCV, and 20% (158/775) anti-HBc. The presence of anti-HCV and anti-HBc was associated with injecting inside prison and number of previous times in prison. The results suggest that hepatitis viruses are probably being transmitted in prisons through sharing non-sterile injecting equipment and that a risk of HIV transmission exists. Harm minimisation measures for the 6% of prisoners who continue to inject while in prison should be strengthened.


KEY WORDS: anonymous HIV testing, hepatits, evaluation, prison

UK

431.
PREVALENCE PATTERNS AND GENOTYPES OF GB VIRUS C/HEPATITIS G VIRUS AMONG IMPRISONED INTRAVENOUS DRUG USERS.

An RT-PCR assay using primers from the 5'-UTR of the GBV-C/HGV genome was used to detect viremia, and a serological assay was used to detect past exposure to GBV-C/HGV, in sera from 106 imprisoned Greek intravenous drug users. High seroprevalence rates indicative of the parenteral route of transmission of the virus were found (32.1% for GBV-C RNA and 46.2% for anti-GBV-C E2). These rates were nonetheless lower in comparison to the
corresponding rates of HCV infection markers (64.2% for HCV RNA and 77.4% for anti-HCV). Statistically significant univariate associations were observed between GBV-C-RNA positivity and younger age (P=0.006) and HCV-RNA positivity (P=0.024), as well as with higher serum alanine aminotransferase levels (P<0.001); this latter association was shown to be independent of coinfection with HCV and of age by a multiple logistic regression model. Apparently, GBV-C/HGV had spread readily by needle-sharing in prison, while causing acute subclinical hepatitis in infected inmates. Phylogenetic analysis of the partial 5'-UTR of the GBV-C/HGV genome from 16 seropositive individuals, which delineated their grouping within genotype 2, also revealed a close genetic relationship between two sets of sequences from 4 drug addicts, 3 of whom admitted to sharing needles while imprisoned.


KEY WORDS: hepatitis, injecting drug user, prison
GREECE

432.
PRISONERS' VIEWS ABOUT THE DRUGS PROBLEM IN PRISONS, AND THE NEW PRISON SERVICE DRUG STRATEGY.

Three hundred and seventy-five out of 575 prisoners (222/299 drug users and 153/267 non-users) who responded to a self-completion health care questionnaire at two prisons in 1997 commented on drugs in prisons. One hundred and forty-eight out of 176 responses expressed negative opinions about mandatory drugs testing (MDT), and 107 said that MDT promoted switching to or increased use of heroin/hard drugs'. Sixty-two prisoners suggested that more help/counselling was needed for drug users, 52 segregation of drug users/drug-free wings, and 50 more security on visits/in corridors after medication. The new Prison Service drug strategy has revised random MDT. It targets those who supply drugs, and supports those who want to stop using drugs, and accords with prisoners' views about the heroin problem in prisons.

Gore SM, Bird AG, Cassidy J., Commun Dis Public Health 1999 Sep;2(3):196-7

KEY WORDS: drugs, mandatory drug testing, prison
UK

433.
PRISONS AND PUBLIC HEALTH: EMERGING ISSUES IN HIV TREATMENT ADHERENCE.

Correctional facilities in the United States are faced with challenges in providing appropriate and timely HIV treatment to incarcerated HIV-infected inmates. Prison and jails, due to their structure, operation, and staff, may present many barriers to HIV treatment and adherence to complicated and expensive HIV treatment regimens. Changes and modifications of prison health care delivery are required to accommodate the needs of HIV-infected inmates. Approaches to improving correctional HIV care and treatment include training health care personnel, prevention education for inmates, increasing access to voluntary HIV testing, comprehensive treatment planning, and continuity of care. Policy changes for correctional systems include adopting current HIV care standards and immediate evaluation for and access to HIV treatment upon entry into the institution. These changes can have a significant impact on the quality of care for inmates, ultimately improving their quality of life and reducing the morbidity and mortality of HIV disease for incarcerated populations.

Frank L., J Assoc Nurses AIDS Care 1999 Nov-Dec;10(6):24-32

KEY WORDS: HIV, prison
USA
434.
PROBLEMS OF ADDICTION BEHIND PRISON WALLS--EXPERIENCES FROM PRISON MEDICAL PRACTICE
The difficult task of medical practice behind prison walls is illustrated by examples. The medical practitioner is often challenged by the task of combining ethics, law, the needs of the client, public opinion and political policy without getting much recognition and/or support. Co-morbidity of addiction and psychological-psychiatric disorders is an additional problem. Often it appears as a "hen or egg" problem, what was first? Clients needing psychiatric treatment often remain imprisoned in care with the medical practitioner because of the difficult circumstances mentioned above. Almost like the medical practitioner finding himself "imprisoned" with the clients managing the situation as good as possible (or not) with limited resources.
Article in German
KEY WORDS: addicts, prison
GERMANY

435.
PSYCHIATRIC CO-MORBIDITY AMONG MALE HEROIN ADDICTS: DIFFERENCES BETWEEN HOSPITAL AND INCARCERATED SUBJECTS IN TAIWAN.
AIMS: To examine the differences in psychiatric co-morbidity between hospital and incarcerated groups of heroin addicts in Taiwan. DESIGN: Life-time prevalence of DSM-III-R-based coexisting psychiatric disorders, including personality disorders, were surveyed. SETTINGS: A psychiatric hospital and two prisons. PARTICIPANTS: Two hundred and sixty heroin users who were incarcerated in prisons, and 47 heroin users who voluntarily sought help in a psychiatric hospital were interviewed by board-certified psychiatrists. MEASUREMENTS: Using two psychometric instruments, the Psychiatric Diagnostic Assessment (PDA) and the Structured Interview for DSM-III-R Personality Disorders (SIPD-R), psychiatric co-morbidity was assessed. FINDINGS: Different life-time rates of coexisting psychiatric disorders among heroin addicts in different settings were found: 83% of hospital subjects and 66% of incarcerated subjects were diagnosed as having at least one coexisting axis I or II disorder. The most prevalent coexisting DSM-III-R defined axis I disorders were additional substance use disorders (alcohol and methamphetamine), while the axis II disorder was antisocial personality disorder. The hospital group had a significantly higher prevalence rate of mood disorder (p < 0.001), paranoid personality disorder (p < 0.05) and antisocial personality disorder (p < 0.001) than the incarcerated group. CONCLUSIONS: We suggest that heroin addicts with coexisting psychiatric disorders receive relevant psychiatric treatment. Those with personality disorders, especially the antisocial type, should be considered for specialized therapeutic community programmes instead of incarceration.
Chen CC, Tsai SY, Su LW, Yang TW, Tsai CJ, Hwu HG., Addiction 1999 Jun;94(6):825-32
KEY WORDS: heroin, mental illness
TAIWAN

436.
REFERRAL AND SCREENING FOR SUBSTANCE ABUSE TREATMENT IN JAILS.
As jails and prisons have become filled to capacity with inmates arrested and convicted for drug-related offences, efforts have intensified to reduce subsequent drug use, drug-related
crime, and recidivism among this population. Faced with the drug abuse epidemic, treatment resources in the community have expanded more quickly than in detention and corrections facilities. Many large jails and prisons do not presently have a substance abuse treatment program despite clear evidence of widespread drug and alcohol dependence problems among inmate populations. Where substance abuse treatment resources are available, administrators face difficult choices in determining which inmates will receive services. This paper provides a discussion of issues related to referral and screening procedures for in-jail substance abuse treatment programs. Referral and screening systems implemented in several jails across the country are reviewed.

Peters RH., J Ment Health Adm 1992 Spring;19(1):53-75

KEY WORDS: drug testing, drug therapy, prison

USA

437.
REVISITING THE DEBATE OF VOLUNTARY VERSUS MANDATORY HIV/AIDS TESTING IN U.S. PRISONS.

Many studies examine HIV/AIDS and often there is a lack of consensus among researchers and policy-makers regarding the importance of mandatory or voluntary testing within a prison setting. This article revisits and extends this discussion by presenting arguments and issues related to testing inmates. A comparison of selected factors indicated that mandatory testing is an important adjunct to minimizing the impact of the spread of the virus both within prison and in the non-offender population. An important policy implication for adopting mandatory testing is that such a policy allows health care providers to intervene early and control the spread of the disease. Potential implications for future research and policy are discussed.

Amankwaa AA, Amankwaa LC, Ochie CO Sr., J Health Hum Serv Adm 1999 Fall;22(2):220-36

KEY WORDS: mandatory drug testing, voluntary drug testing, prison

USA

438.
RISKS INCURRED BY FIRST-INJECTION INTRAVENOUS DRUG USERS.

Aims. - The objectives of the study were to describe the circumstances surrounding the initiation of intravenous drug use, the role of the introducer and to evaluate intravenous drug users risk behaviours at the first injection of drug. Design. - In 1997, we conducted a cross-sectional survey using a structured questionnaire concerning the initiation process into intravenous drug abuse. IDUs were interviewed in four treatment drug abuse and psychosocial centers in Paris and in one prison. Participants. - Of the 152 consecutive IDUs interviewed, 143 completed the questionnaire, 83 were male. Findings. - The mean age at first opiate use and at first injection were 19 years (SD: 4.3) and 20 years (SD: 4.3). At first injection, heroin was the main used drug (91%), the subject was with others persons (91%), asked himself for injection (70%) albeit had not planned this injection (40%). The subject injected at a friend's home (31%). The introducer was an IDU (93%), mean age 23.4 (SD: 5.2). He or she was a friend (61%) or a sexual partner (14%). The preparation of the first injection and the injection were made by the introducer in 72% and 74% of cases. The injecting equipment had been borrowed (22%) from an IDU whose HIV status and HCV status were unknown in 83% and 85% of cases.

Conclusion. - Our study shows novel results about the first injection, they are of prime importance for harm reduction. The introducer plays a major role in preventing risk-behaviour at the first injection and for education about safe injecting practices.
439. SEROEPIDEMIOLOGY OF HEPATITIS C VIRUS INFECTION AMONG DRUG ABUSERS IN SOUTHERN TAIWAN.

The purpose of this study was to determine the risk factors for hepatitis C virus (HCV) infection among drug abusers in southern Taiwan. This survey included 935 drug abusers from Kaohsiung Narcotic Abstention Institute and Kaohsiung prison. The prevalence of anti-HCV antibody was 29.1% among male drug abusers and 19.4% among female drug abusers. The seroprevalence of anti-HCV antibody was 66.4% among intravenous drug abusers and 14.4% among nonintravenous drug abusers. Intravenous drug use, a history of hepatitis, having tattoos, and age were independently related to HCV seropositivity among drug abusers. The prevalence of anti-HCV antibody concentrations significantly increased (10.8-fold) with intravenous drug abuse and with having tattoos (1.7-fold). These findings suggest that hepatitis C virus is mainly transmitted by the parenteral route among drug abusers in southern Taiwan. Due to the high rate of HCV infection among drug abusers, investigation of high-risk behaviour should be routine in this group. To prevent HCV infection, emphasis on the use of sterile needles and aseptic procedures in tattooing is important in Taiwan.


KEY WORDS: drugs, hepatitis, prison

TAIWAN

440. SEXUALLY TRANSMITTED DISEASES AMONG FEMALE PRISONERS IN BRAZIL: PREVALENCE AND RISK FACTORS.

BACKGROUND: Sexually transmitted diseases (STDs) have become an important medical problem in prisons. GOAL: To determine the prevalence of and risk factors for STDs among female inmates in a Brazilian prison. STUDY DESIGN: All female prisoners at the Espirito Santo State Prison were offered enrollment in this cross-sectional study. An interview exploring demographics, criminal charges, and risk behaviour was conducted. Blood and genital specimens were collected for STD testing. RESULTS: Of 122 eligible women, 121 (99%) agreed to participate. Prevalence rates were: HIV 9.9%, human T-cell lymphotrophic virus type I 4.1%, hepatitis B virus 7.4%, hepatitis C virus 19%, syphilis 16%, gonorrhea 7.6%, chlamydial infection 11%, human papillomavirus-related cytologic changes 9.3%, trichomoniasis 30%, and bacterial vaginosis 15%. Previous or current drug abuse (54%), injection drug use (11%), and blood transfusion (16%) were associated with at least one STD. Condom use was infrequent. CONCLUSION: The prevalence of STDs and of behaviours leading to ongoing transmission are high among female inmates in Vitoria, Brazil, and demonstrate the potential importance of prevention activities targeting this population.


KEY WORDS: STD, women, prison

BRAZIL
441. SUBSTANCE MISUSERS REMANDED TO PRISON--A TREATMENT OPPORTUNITY?
AIMS: To describe self-reported levels of substance misuse before arrest among remanded prisoners (unconvicted prisoners awaiting trial), to assess their degree of dependency on opiates and stimulants and to record their experiences of treatment in prison. DESIGN: Random selection of subjects from prisons chosen to give a geographical spread across England and Wales; self-report at semi-structured interview, plus examination of the prison medical record. SETTING: Thirteen male prisons, three Young Offenders' Institutions and three women's prisons. PARTICIPANTS: Nine hundred and ninety-five consenting, unconvicted prisoners, randomly selected from all locations within the prisons: 750 men (9.4% sample) and 245 women (82.2% of all remanded women). MEASUREMENTS: CAGE Questionnaire, Severity of Dependence Scales (SDS) for daily users of opiates and/or stimulants. FINDINGS: Before arrest, 145 (19.3%) men and 72 (29.4%) women had been dependent on street drugs; 91 (12.1%) men and 16 (6.5%) women were solely dependent on alcohol. Seventeen (2.3%) men and four (1.6%) women reported injecting drugs during this imprisonment. Mean SDS scores were 10.6 for opiate and 7.7 for stimulant users. 244 (25%) of all subjects described withdrawal symptoms on reception into custody; 157 (16%) reported being prescribed some symptomatic relief; 235 (24%) requested treatment at interview. CONCLUSIONS: By extrapolation, 1905 people--23% of all unconvicted prisoners--want treatment for substance misuse. This apparent shortfall in provision must be addressed; the rapidity with which remanded prisoners return to the community dictates that prison and community services should be closely linked.
KEY WORDS: drugs, opiates, prison
UK

442. SUBSTANCE USE DISORDERS AMONG MEN IN PRISON: A NEW ZEALAND STUDY.
OBJECTIVE: This study set out to determine the extent of alcohol and drug disorder among male prisoners prior to their incarceration in a New Zealand prison. METHOD: Sections of the Diagnostic Interview Schedule that assess alcohol and drug disorders according to DSM-III criteria were administered to 100 sequential new arrivals at a male medium/minimum security prison. RESULTS: Eighty-one percent of the prisoners had a lifetime alcohol disorder, and 39% of them had symptoms in the 6 months prior to incarceration. Half of the prisoners had met criteria for an alcohol-dependence syndrome. Thirty percent had a lifetime drug use disorder with 14% showing symptoms in the last 6 months prior to incarceration. One-quarter had been drug dependent. After adjustment of the lifetime prevalence estimates for the differing age distribution within the prison, alcohol disorder was more than twice as common among prisoners as in the general population, and drug use disorder was eight times as common. CONCLUSIONS: Since high rates of alcohol and drug disorder are found among sentenced prisoners, both in the 6 months prior to incarceration and over their lifetime, resources within the prison may need to be directed towards minimising the harm from substance use disorder and associated risk behaviour.
KEY WORDS: alcohol, drugs, prison
NEW ZEALAND

443.
SURVEY OF RISK BEHAVIOUR AND HIV PREVALENCE IN AN ENGLISH PRISON.
An anonymous, voluntary, linked cohort study was undertaken to determine the prevalence of HIV infection and identify risk factors for the spread of infection in an English prison. Three hundred and seventy-eight (68%) of the inmates participated. The HIV point prevalence was 0.26%.Injecting drug use (IDU) was the most significant HIV risk factor within 20% admitting IDU at any time, of whom 58% injected whilst in prison. Of those injecting in prison 73% shared needles. Two inmates admitted having sex with a male partner in prison. This study demonstrates that the potential exists in this setting for an outbreak of blood-borne virus infection; hepatitis B virus (HBV), hepatitis C virus (HCV) and HIV infection. Injecting drug use and needle sharing represent the greatest risk.


KEY WORDS: HIV, injecting drug user, prison

UK

THE DEVELOPMENT OF GOOD PRACTICE AND TREATMENT IN THE REHABILITATION OF ALCOHOLIC AND DRUG-ADDICTED INMATES IN HER MAJESTY'S PRISONS.
This paper describes the philosophy and development of the Substance Abuse Treatment Programme (SATP), which is now operated by the Rehabilitation of Addicted Prisoners Trust (RAPt) (formerly the Addicted Diseases Trust, ADT) in Her Majesty's Prisons Downview, Coldingley, Pentonville, Wandsworth, and Norwich. The SATP treats inmates whose chronic alcohol, drug, and gambling addictions have been a major contributor to their offending history. Reference to 'addicts' in this paper will be deemed to include all of these groups. Inmates participating in the programme are referred to as Members. The essential elements of the programme are briefly described, as is its outcome.

Bond P., *Alcohol Alcohol* 1998 Jan-Feb;33(1):83-8

KEY WORDS: alcohol, drug therapy, prison

UK

THE LIVES OF INCARCERATED WOMEN: VIOLENCE, SUBSTANCE ABUSE, AND AT RISK FOR HIV.
High rates of human immunodeficiency virus (HIV) infection and sexually transmitted diseases (STDs) are seen in women prisoners. These high rates may be related to the nature of their lives, which may include violence, substance abuse, promiscuity, prostitution, and exchange of sex for drugs—all of which increase their risk for acquiring HIV. The purpose of this study was to examine the HIV-related risk behaviours and protective practices of women prisoners in a rural southern state and factors related to these behaviours. The sample included 57 women incarcerated in a medium-to-maximum security prison. Key findings included high rates of substance abuse, extensive past and current violent experiences including sexual abuse, high percentage of multiple partners, and low use of condoms. Additionally, women in this sample did not perceive themselves to be at risk for HIV infection. Practical suggestions for reducing the HIV risks of incarcerated women are offered.


KEY WORDS: HIV, STD, women, prison

USA
446. THE RELATIONSHIP BETWEEN THE QUALITY OF DRUG USER TREATMENT AND PROGRAM COMPLETION: UNDERSTANDING THE PERCEPTIONS OF WOMEN IN A PRISON-BASED PROGRAM.

To determine why some women offenders complete prison-based drug user treatment and others leave early, clients' (N = 101) perceptions of various aspects of the quality of the treatment experience were compared. Analyses of both quantitative and qualitative data indicate that clients who completed the program had a more favourable perception of staff and felt empowered by the experience in treatment. Most of the clients who left early did so because of conflicts or disagreements with the program's rules. We discuss how a supportive approach to personal development may enhance client perceptions of program quality and increase retention rates.


KEY WORDS: drug therapy, women, prison

USA

447. THE RESULTS OF A JOINT PROJECT OF THE STATE DEPARTMENT OF UKRAINE ON THE IMPLEMENTATION OF PUNISHMENTS AND UNAIDS TO DECREASE THE RISK OF THE SPREAD OF HIV IN THE PRISONS OF UKRAINE.

During the period of 1987-1999 altogether 7,800 cases of HIV infection were detected among the prisoners of the penitentiary institutions of the Ukraine. In 1997 the penitentiary system of the Ukraine abolished the mandatory testing and isolation of HIV-positive persons. In April 1998 the realization of measures aimed at reducing the spread of HIV infection started in the penitentiary system. The main trends in the activities aimed at the realization of the Project were information and educational work among prisoners both during investigative detention and after conviction, as well as among the personnel of penitentiary institutions; availability of condoms and disinfectants; ensuring the possibilities of voluntary testing for HIV, as well as pre- and post-test counselling.


Article in Russian

KEY WORDS: HIV, prison

UKRAINE

448. TRANSSEXUAL ORIENTATION IN HIV RISK BEHAVIOURS IN AN ADULT MALE PRISON.

The present study examined the consequences of being a self-reported transsexual male and HIV risk behaviours in a state penal system. The specific research question was whether or not sexual orientation of inmates influences the level to which they evidence HIV risk behaviours. A total of 153 participants volunteered to participate in the study of which 31 described themselves as being transsexual. Based on risk ratios and using transsexual inmates (TIs) as the reference group, they were 13.7 times more likely to have a main sex partner while in prison [95% CI=5.28, 35.58]. Moreover, TIs were 5.8 times more likely than non-transsexual inmates (NTIs) to report having more than one sex partner while in prison [95% CI=2.18, 15.54]. It is obvious from these findings that TIs require more preventive support than their NTI confederates. In addition to TIs being protected from assault and battery by NTIs, they need social support and carefully developed preventive informational materials.

449. VALUE OF DRUG SCREENING IN GRANTING LEAVE OF ABSENCE TO PRISONERS.

Permitting prisoners to leave the prison for a certain time is one basic element of rehabilitation. As a rule, the inmate is not allowed to leave the prison before a psychologist or psychiatrist is consulted. A considerable number of criminals have committed crimes under the influence of addictive drugs. Many of them continue to indulge in drug abuse even in prison. Therefore, a special programme was introduced in the prison of Graz-Karfa in Austria. In the course of this programme, inmates who are about to leave prison are made to undergo a urinarlysis with immunological methods. In 1997, positive results were registered in 95 of 678 tested prisoners. Thus, this method is an effective means of determining whether prisoners may be granted a temporary release. Persons with a positive urine test may be refused permission. At the same time, every inmate with a positive test may avail himself of an appropriate treatment programme. Lapornik R, Zapotoczky HG., Wien Klin Wochenschr 1998 Nov 13;110(21):755-8 Article in German

KEY WORDS: drugs, prison

AUSTRIA

450. VOLUNTARY HIV TESTING IN PRISON: DO WOMEN INMATES AT HIGH RISK FOR HIV ACCEPT HIV TESTING?

This study examined the proportion of women inmates who accepted HIV testing and the sociodemographic, criminal, and HIV-related risk characteristics associated with accepting such testing in a state prison offering voluntary HIV testing. A consecutive sample of 805 women felons admitted to the North Carolina Correctional Institution for Women between July 1991 and November 1992 was interviewed. Of these inmates, 680 (84%) granted permission to access their medical records and had complete information on relevant characteristics. Seventy-one percent of the women inmates accepted HIV testing. In multivariate analysis, the exchange of sex for money or drugs and the conviction for a drug crime were significantly associated with accepting HIV testing. Injection drug use, drug-injecting sex partners, and a history of a sexually transmitted disease were not significantly associated with accepting HIV testing. A prison-based voluntary HIV testing program appears to be reaching a substantial proportion of women inmates potentially at risk for HIV, especially women inmates who exchanged sex for money or drugs.


KEY WORDS: voluntary HIV testing, women, prison

USA

451. WOMEN PRISONERS AND HIV/AIDS.

In the last decade, both the number of female inmates and the average length of their sentences have increased dramatically. A by-product of the recent "confinement era" within criminal justice is the influx of ill and generally unhealthy female offenders into this nation's correctional institutions. As women in prison have different treatment needs and problems than
their male counterparts, there is a need for gender-appropriate programs. The impact of such inmates on correctional health care services represents a potentially critical issue confronting correctional managers and correctional health service administrators. This article highlights the need for correctional policy to address the health care needs of women prisoners with HIV/AIDS.

Zaitzow BH., J Assoc Nurses AIDS Care 1999 Nov-Dec;10(6):78-89

KEY WORDS: HIV, women, prison
USA

452.
A CROSS-SECTIONAL SEROPREVALENCE SURVEY FOR HIV-1 AND HIGH RISK SEXUAL BEHAVIOUR OF SEROPOSITIVES IN A PRISON IN INDIA.
This study was conducted to know whether prisoners constitute a “high risk group” for HIV transmission in India today. A sero-epidemiological period prevalence survey was conducted in Central Prison, Bangalore, South India covering 1007 undertrials and 107 permanent convicts during January to December 1993. Twenty (1.98%) undertrials and none of the permanent convicts were seropositive for HIV infection. All of them were males and 1.6(80%) of them were in the age group of 20-30 years. Low literacy, poor income, sexual promiscuity and low condom usage were observed among the seropositives. Thus, prisoners constitute a high risk group and routine screening and counselling are recommended.


KEY WORDS: HIV, prison
INDIA

453.
AT RISK FOR HIV INFECTION: INCARCERATED WOMEN IN A COUNTY JAIL IN PHILADELPHIA.
This study presents the results of a needs assessment survey conducted with 66 incarcerated women in a large Philadelphia county jail during the winter of 1993. Results indicated that prior to incarceration, these women engaged in very high risk sexual and drug use behaviours, and had experienced a myriad of other problems that may contribute to their risk for HIV infection. Of the 66 women who participated in the study, over three-fourths had used crack cocaine, nearly one-half had traded sex for drugs and money in the six months prior to incarceration, one-third reported a prior history of injection drug use, and one-half report sexual contact with a male partner who injected drugs. In addition, one-fourth of the study sample had been homeless during the year prior to incarceration, one-half reported a prior history of sexual abuse, three-fourths had been physically beaten by a boyfriend or spouse, and nearly one-half had a prior history of syphilis. Although limited in scope, the results of the study have important implications for developing relevant jail-based HIV risk reduction programs for women. The results provide strong evidence for the need for interventions that address not only the HIV-related risk behaviours of incarcerated women, but also the underlying social problems that contribute to their risk of HIV infection.

Bond L, Semaan S., Women Health 1996;24(4):27-45

KEY WORDS: HIV prevention, prison
USA

OBJECTIVE. To describe the cases of AIDS detected in a Barcelona prison. DESIGN. A prospective study. SETTING. A penitentiary for men in Barcelona. PATIENTS. All those inmates who had AIDS or were diagnosed with the illness during their stay in prison during the 36 months between 1/1/1991 and 31/12/93. RESULTS. 220 cases of AIDS (91.7% PVDA), 60% of which were diagnosed in prison. The PVDA were younger (p < 0.0001). There were a greater number of Spaniards among the UDVP (p < 0.01) and among those with tattoos (p < 0.001). The first manifestation of the disease in 53% of the cases was extrapulmonary Tuberculosis. CONCLUSIONS. Prisons are key places in the prevention and monitoring of HIV infection. The use of care programmes, including maintenance programmes using Methadone, for drug-dependent patients are recommended. The continuation of programmes tracking Tuberculosis, the main illness related to HIV infection in prison, is also recommended.

Article in Spanish

KEY WORDS: AIDS, tuberculosis, prison

455.


The prisoner population of the penitentiaries presents an elevated prevalence of hepatitis B virus (HBV) and human immunodeficiency type 1 (HIV-1) infection markers. In the last few years different measures have been developed to prevent infection. This study evaluates whether there have been changes in the prevalence of infection by these virus over the last few years within a penitentiary. A group of prisoners (n = 163) studied in 1985 were therefore compared with another group (n = 750) studied in 1992. Demographic, social, risk and penitentiary factors were included. In each of the subjects studied alanine aminotransferase (ALT), hepatitis B virus (HBsAG, antiHBs and antiHBc) and anti-HIV-1 markers were determined. It was globally observed that following the 7 years between the two studies there was a decrease in the prevalence of HBV (X = 14.63, p = 0.0001, OR = 2; CI 95%: 1.38-2.9), which was mainly observed in the group of prisoners with no drug addiction habits. No differences were observed with regard to the prevalence of anti-HIV-1 which remained similar among the IV drug consumers and not consumers (64% and 66.6% in 1985 and 1992, respectively). In conclusion, from 1985 to 1992 a decrease has been observed in the prevalence of hepatitis B virus infection in the penitentiary population while the prevalence of anti-HIV-1 has remained unchanged.

Article in Spanish

KEY WORDS: HIV, hepatitis, prison

456.

DRUG SCREENING IN AN AUSTRIAN PRISON.
In the Austrian prison Graz, a randomized group of 64 prisoners (12.5% out of 512 total) was selected to investigate patterns of drug abuse. From this group, 60 consented to drug-screening in urine. While opiates, cocaine, alcohol and amphetamines screened negative, cannabis (in 8.4%) and benzodiazepines (in 20%) had positive results.

Article in German
KEY WORDS: drugs, prison
AUSTRIA

457.
HIV PREVENTION IN PRISONS AND JAILS: OBSTACLES AND OPPORTUNITIES.
High rates of human immunodeficiency virus (HIV) infection among jail and prison inmates suggest that HIV prevention efforts should focus on incarcerated populations. Overcrowding, the high prevalence of injection drug use, and other high-risk behaviours among inmates create a prime opportunity for public health officials to affect the course of the HIV epidemic if they can remedy these problems. Yet, along with the opportunity, there are certain obstacles that correctional institutions present to public health efforts. The various jurisdictions have differing approaches to HIV prevention and control. Whether testing should be mandatory or voluntary, whether housing should be integrated or segregated by HIV serostatus, and whether condoms, bleach, or clean needles should be made available to the prisoners, are questions hotly debated by public health and correctional officials. Even accurate assessment of risk-taking within the institutions leads to controversy, as asking questions could imply acceptance of the very behaviours correctional officials are trying to prevent. Education and risk-reduction counseling are the least controversial and most widely employed modes of prevention, but the effectiveness of current prevention efforts in reducing HIV transmission in this high-risk population is largely undetermined.

KEY WORDS: HIV prevention, prison
USA

458.
PAST AND CURRENT DRUG USE AMONG CANADIAN CORRECTIONAL OFFICERS.
Current and past drug use was assessed in a sample of 77 Canadian correctional officers working in two medium-security penitentiaries. 58% of correctional officers indicated past illicit drug use. This compares with 20% of Canadians who indicate illicit drug use. Correctional officers were more likely than the general population to have used marijuana and cocaine.

KEY WORDS: drugs, prison
CANADA

459.
PREVALENCE OF HIV INFECTION IN PROVINCIAL PRISONS IN BRITISH COLUMBIA.
OBJECTIVE: To ascertain the prevalence of HIV infection among people entering provincial adult prisons in British Columbia and to study associations between HIV infection and specific
demographic and behavioural characteristics. DESIGN: Prospective, unlinked, voluntary survey involving HIV antibody testing of saliva specimens. SETTING: All adult provincial prisons in British Columbia through which inmates are admitted to the provincial correctional system. PARTICIPANTS: All adult inmates admitted to provincial prisons in British Columbia between Oct. 1 and Dec. 31, 1992. OUTCOME MEASURES: Rate of HIV positivity. Independent variables included sex, native status (native or non-native), self-reported HIV status, age group and history of injection drug use. RESULTS: A total of 2482 (91.3%) of 2719 eligible inmates volunteered for testing. Refusal was not associated with sex, native status, self-reported HIV status or age group; inmates who reported a history of injection drug use were more likely than the others to refuse HIV antibody testing (12.9% v. 6.8%; p < 0.001). The 2482 inmates who were tested for HIV were similar to the general inmate population with regard to sex, native status and age group. A total of 28 inmates were confirmed to be HIV positive, for an overall prevalence rate in the study population of 1.1% (95% confidence interval 0.8% to 1.6%). The prevalence rates were higher among the women than among the men (3.3% v. 1.0%; p = 0.023, Fisher's exact test) and among the inmates who reported a history of injection drug use than among those who did not report such a history (2.4% v. 0.6%; p < 0.001). There was no association between HIV status and native status or age group. Logistic regression analysis revealed the higher prevalence rate among the women to be explained by more of the women than of the men reporting a history of injection drug use. Of the 30 people who stated that they were HIV positive and who were tested, 19 (63.3%) had a negative result; conversely, 17 who reported that they were HIV negative or had not been tested had a positive result. CONCLUSIONS: Unlinked, voluntary HIV antibody testing of inmates can achieve high participation rates. The overall prevalence rate of 1.1% and the rate among the female inmates of 3.3% confirm that HIV infection is a reality in prisons and that the virus has established a clear foothold in inmate populations. Harm-reduction interventions should include a comprehensive education program for inmates on infectious diseases, the availability of condoms throughout prisons and the distribution of bleach for sterilizing needles and syringes. From a public health perspective, these data suggest an urgent need for access to sterile injection equipment in addition to other preventive measures.

Rothon DA, Mathias RG, Schechter MT., CMAJ 1994 Sep 15;151(6):781-7

KEY WORDS: voluntary HIV testing, prison

Canada

460.

SELF-REPORTED HIGH-RISK BEHAVIORAL HISTORY OF HIV POSITIVE PRISON INMATES.
30 male HIV positive prison inmates tended to deny high-risk behaviour for infection, most notably homosexuality. The public health implications are that the veracity of such denial should not be assumed.


KEY WORDS: HIV behaviours, prison

USA

461.

SYPHILIS AND HIV INFECTION AMONG PRISONERS IN MAPUTO, MOZAMBIQUE.
A cross-sectional study was carried out among 1284 male and 54 female prisoners to assess the prevalence of and risk factors for sexually transmitted diseases (STD) in 4 correctional institutions of Maputo, Mozambique. Among the men, 32% reported a history of prostitute
contact and 41% reported a history of STD. Only 9% reported having ever used condoms.
Seventy (5.5%) men reported having had sexual intercourse while in prison, in all but one
instance this involved sex with another man. There was no reported intravenous drug use. One
hundred and four (7.8%) inmates had positive serological tests for syphilis and 8 (0.6%) had
antibodies to HIV. Among men, syphilis was associated with a history of genital ulcer [odds
ratio (OR) = 3.1, 95% confidence interval (CI) = 1.4, 6.4] and uncircumcised status (OR = 1.5,
95% CI = 1.0, 2.5). This study demonstrates that syphilis is common among inmates in Maputo
and that risk behaviours for STD transmission exist within Maputo prisons. There is a need for
STD screening and treatment programmes within prisons in Mozambique and the introduction
of educational interventions, including condom promotion.


**KEY WORDS:** STD, prison

**MOZAMBIQUE.**

462.

**THE EFFECTS OF PEER EDUCATION ON STD AND AIDS KNOWLEDGE AMONG PRISONERS IN MOZAMBIQUE.**

The study was designed to evaluate the impact of education on AIDS knowledge among prison
inmates in Maputo, Mozambique. A 6-month follow-up study was carried out in 1993 among
300 prisoners. A knowledge, attitudes, and practices questionnaire regarding AIDS and STD
was administered to each subject as part of the intake medical examination and after an
educational intervention provided by 30 prisoner ‘activists’. A large proportion of prisoners had
high risk behaviours (65% had 2 or more sexual partners per month and 39% had a history of
STD) and low AIDS knowledge at incarceration. Statistically significant increases in knowledge
occurred after the intervention. Prisoners with less formal education had a poorer performance
on the initial questionnaire (43% vs 69% P < 0.00001) and had a greater improvement after the
intervention (41% vs 24%, P < 0.00001). The results demonstrate that educational
interventions involving peer health educators contribute positively to the acquisition of
knowledge among prisoners.


**KEY WORDS:** HIV, STD, prison

**MOZAMBIQUE.**

463.

**THE SUCCESS OF THERAPEUTIC COMMUNITIES FOR SUBSTANCE ABUSERS IN AMERICAN PRISONS.**

Residential treatment provides opportunities for intensive interventions and support that may
not be present in outpatient settings. In the area of substance abuse treatment, the therapeutic
community (TC) has become synonymous with residential treatment. A growing body of prison
TC outcome research has led to recent acceptance of prison TCs as a major innovation in
American correctional institutions. An overview of prison TC outcome research is provided and
the emergence of the TC as the primary substance abuse treatment modality in prison is
described. The self-help orientation that provides the basis for both residential and 12-Step
substance abuse treatment programs is described and contrasted with the relapse recovery
model. The theoretical principles of the TC model are discussed and two main variants of the
prison TC model are described and contrasted. Finally, recommendations are offered for
expanding the TC approach and increasing its effectiveness by treating comorbid problems that
are prevalent among prison inmates with substance abuse problems.

KEY WORDS: drug therapy, self-help, prison
USA

464.
HIGH RATE OF RESISTANCE TO ANTIRETROVIRAL DRUGS AMONG HIV-INFECTED PRISON INMATES.
BACKGROUND: Resistance to antiretroviral (ARV) drugs represents a major obstacle to the success of HIV therapy. The aim of the study was to examine the prevalence of genotypic resistance to ARV drugs in a large group of HIV-infected individuals incarcerated in penal facilities. MATERIAL/METHODS: We analyzed the reverse transcriptase and protease genes on plasma samples collected from 309 HIV-infected prison inmates in Madrid. In order to compare the prevalence of resistance at different periods and detect any trend over time, half of the samples from ARV-naive and half from pre-treated subjects were randomly collected in 1999 and in 2001. RESULTS: Overall, 63.7% of specimens harbored plasma HIV-RNA above 1000 copies/ml. Genotypic data were obtained in 94.4% of them. Primary resistance mutations among 127 drug-naive subjects were recognized in 13% in 1999 vs. 15% in 2001. In contrast, drug resistance was found in 35% and 59% of 182 pre-treated subjects in 1999 and 2001. CONCLUSIONS: Drug resistance has increased over the last two years among inmates on ARV drugs and currently affects 59% of those failing treatment. A nearly 3-fold increase has been noticed for NNRTI resistance. In comparison with HIV-positive subjects outside jail on ARV drugs, prisoners are more likely to experience virological failure, but show a lower rate of drug resistance; this affects particularly drugs with a low genetic barrier (i.e. NNRTI and 3TC).

 KEY WORDS: HIV treatment, prison
SPAIN

465.
HETEROSEXUAL ACTIVITY OF MALE PRISONERS IN ENGLAND AND WALES.
A random sample of 1009 adult male prison inmates from 13 prisons covering short-, medium- and long-term establishments across England and Wales was interviewed about sexual behaviour, drug use and tattooing, inside and outside of prison. We report here on their heterosexual behaviour. Inmates had had a high number of sexual partners compared to population samples. The majority of sexual partners were casual and there were high levels of sexual involvement with injecting drug users and with prostitutes. Prisoners engaged in more risky sexual practices than did the general population and used condoms infrequently. A high number of prisoners had also injected drugs. Inmates reported a high frequency of past sexually transmitted diseases.

 KEY WORDS: HIV, prison
UK

466.
PRISON ADMISSION HEALTH SCREENING AS A MEASURE OF HEALTH NEEDS.
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

OBJECTIVE: To assess the validity of routine prison screening admission data for measuring health needs and planning health services. DESIGN: Retrospective descriptive study of routinely collected admission data. SETTING: The largest Scottish men’s prison with an annual throughput of around 20,000 men. SUBJECTS: All adult male (> or = 21 years) prisoners admitted during January 1998. RESULTS: Nine hundred and six men were screened in January 1998. Thirty-eight per cent of men entering prison said they currently or had previously used illegal drugs and 22% of all admissions gave a history of intravenous drug use. Six men (0.7%) reported hepatitis C infection and two (0.2%) reported hepatitis B infection. A history of major mental illness was reported by 10% of all prisoners, 7% of drug users and 15% of problem drinkers. Deliberate self-harm was reported by 10% of all prisoners, 9% of drug users and 17% of problem drinkers. CONCLUSION: There is a high prevalence of reported substance misuse and its sequelae and mental illness in prisoners. However, mental illness, substance use and some infectious diseases (such as HIV, hepatitis B and hepatitis C) may be under-reported, possibly because of social stigma or low expectations of treatment in prison. Health screening on admission to prison presents a unique opportunity to identify health needs at an early stage. However, there is a need to improve detection of some stigmatized conditions if individual care and health service planning are to be improved. Morrison DS, Gilchrist G., 2001, Health Bull (Edinb), Mar;59(2):114-9.

KEY WORDS: prison, health screening

467.

CONTINUITY OF MEDICAL CARE AND RISK OF INCARCERATION IN HIV-POSITIVE AND HIGH-RISK HIV-NEGATIVE WOMEN.

OBJECTIVES: Incarceration rates in the United States have tripled over the past two decades and have increased even more rapidly among women than men. To identify risk factors that predict incarceration in HIV-positive (HIV+) and high-risk HIV-negative (HIV-) women and to evaluate the association between continuity of medical care and risk of incarceration, this analysis was conducted. METHODS: This was a prospective cohort study of HIV+ and high-risk HIV- women enrolled between April 1993 and January 1995 at four urban centers: Providence, Rhode Island; New York, New York; Baltimore, Maryland; and Detroit, Michigan. The HIV Epidemiology Research (HER) Study enrolled 871 HIV+ and 439 high-risk HIV-innercity women between the ages of 16 and 55 years. All participants had a history of injection drug use or high-risk sexual behavior. Interviews, including questions on continuity of medical care and incarceration, were administered at baseline and 6 and 12 months after enrollment. Any incarceration in the 1-year period following enrollment was the main outcome measure. Continuity of care was measured as having seen one healthcare provider for at least 2 years, having received medical care from one usual physician or clinic, and having obtained medical care in a primary care setting as opposed to an emergency room or drug treatment center. RESULTS: Twelve percent of women were incarcerated within 1 year postenrollment. Factors associated with incarceration included recent drug use, prior incarceration, lack of college education, engaging in sex for drugs or money, and having multiple unmet basic needs at the time of enrollment in the study. Continuity of care with a single healthcare provider for more than 2 years prior to enrollment in the study was associated with decreased rates of incarceration even after adjusting for possible confounding factors (OR = 0.67, 95% CI = 0.48 - 0.92). HIV serostatus did not correlate with incarceration. CONCLUSIONS: History of prior incarceration and recent drug use were associated with increased risk of incarceration. Continuity of medical care by a single healthcare provider was associated with decreased
likelihood of incarceration, suggesting that the provider may play an important role in designing interventions to prevent incarceration in this high-risk population.


**KEY WORDS:** HIV, women, prison

USA

468.

A COMPARISON OF SUBSTANCE ABUSE AMONG FEMALE OFFENDER SUBTYPES.

The relationship between substance abuse and female criminal offending has been understudied. To aid in clarification of this relation, substance use histories of female offender subtypes were compared. Participants were 152 female prison inmates subgrouped on the basis of offense category: violent (n = 79), property (n = 39), and drug (n = 34). As hypothesized, substance use histories differed across offender subgroups. Violent offenders were most clearly distinguished from other offender subgroups. The data provide evidence linking alcohol, combined cocaine and alcohol, and marijuana misuse with serious violent offending among women and show that violent offenders, compared with other offender subgroups, perceive less association between alcohol consumption and alcohol-related negative consequences.


**KEY WORDS:** drugs, women, prison

USA

469.


AIMS: To assess if 15-35-year-old males released after 14 + days' imprisonment in Scotland, 1996-99, had a higher drugs-related death rate in 2 weeks after release than during subsequent 10 weeks; higher than expected death rate from other causes; and if drugs-related deaths in the first fortnight were three times as many as prison suicides. DESIGN: Confidential linkage of ex-prisoner database against deaths. SETTING: Scotland's male prisons and young offenders' institutions during July to December 1996-99; 19 486 index releases after 14+ days' incarceration. MEASUREMENTS: Relative risk of drugs-related death in the first 2 weeks after release (34 deaths) versus subsequent 10 weeks (23). Other causes of death (21) relative to expectation. Drugs-related deaths in first 2 weeks after release relative to suicides in prison (12). FINDINGS: Drugs-related mortality in 1996-99 was seven times higher (95% CI: 3.3-16.3) in the 2 weeks after release than at other times at liberty and 2.8 times higher than prison suicides (95% CI: 1.5-3.5) by males aged 15-35 years who had been incarcerated for 14+ days. We estimated one drugs-related death in the 2 weeks after release per 200 adult male injectors released from 14 + days' incarceration. Non-drugs-related deaths in the 12 weeks after release were 4.9 times (95% CI: 2.8-7.0) the 4.3 deaths expected. CONCLUSION: Investment in, and evaluation of, prison-based interventions is needed to reduce substantially recently released drugs-related deaths.


**KEY WORDS:** drug-related deaths, prison

UK
470. 
MEASURING THERAPEUTIC ATTITUDES IN THE PRISON ENVIRONMENT: DEVELOPMENT OF THE PRISON ATTITUDE TO DRUGS SCALE. 
AIMS: To develop and test the validity of a scale measuring therapeutic attitudes among prison staff working with drug misusers. DESIGN: A cross-sectional postal questionnaire study using 27 statements with a five-point Likert scale. SETTING: Four prisons in the south-west of England. PARTICIPANTS: A total of 252 prison staff (response rate 70%), including 67 for test-retest (response rate 57%). FINDINGS: The study resulted in a three-dimensional, nine-item scale: the Prison Attitude to Drugs scale (PAD). The three subscales measure confidence in skills (four items), personal rewards (three items) and job satisfaction (two items). Test-retest correlations for the questions were above 0.7, with each factor having an internal coherence (coefficient alpha) of greater than 0.7. CONCLUSIONS: The PAD is a reliable tool that can be used in the prison environment. 
KEY WORDS: drugs, treatment, prison 
UK

471. 
DRUG USE AND INITIATION IN PRISON: RESULTS FROM A NATIONAL PRISON SURVEY IN ENGLAND AND WALES. 
AIMS: To investigate heroin and cocaine use in a sample of British prisoners, and to explore the characteristics of inmates who use these drugs for the first time while in prison. DESIGN, PARTICIPANTS: A cross-sectional survey of all prisons in England and Wales conducted as part of a major national study of psychiatric morbidity. A total of 3142 prisoners (88.2% of those selected) completed a structured interviewer-administered questionnaire. MEASUREMENTS: Interview measures of personal demographics, social history, psychiatric morbidity and drug use. Personality disorders were diagnosed via the Structured Clinical Interview for DSM-IV (SCID-II) and neurotic symptoms were assessed using the revised Clinical Interview Schedule (CIS-R). FINDINGS: More than 60% of the heroin users and cannabis users reported that they had used these drugs in prison compared with less than a quarter of the life-time cocaine users. More than a quarter of the heroin users reported that they had initiated use of this drug in prison. The extent of an individual's experience of prison was related more consistently to heroin and/or cocaine use in and out of prison than other personal background, social history or psychiatric variables assessed. CONCLUSIONS: The findings indicate that prisons are a high-risk environment for heroin and other drug initiation and use. Although related to drug use, psychiatric variables were not generally associated with initiation in prison, which was dominated by prison exposure. There is a need to explore ways of reducing heroin initiation in prison as part of a broader risk-prevention strategy. 
KEY WORDS: drugs, prison

472. 
METHAMPHETAMINE USE AND HIV RISK AMONG SUBSTANCE-ABUSING OFFENDERS IN CALIFORNIA. 
Recent epidemiological surveys of illicit substance use show a particularly high prevalence of methamphetamine use in the western and southwestern United States-most notably California.
Moreover, in their analysis of 1995 Drug Use Forecasting data, Anglin and colleagues (1998) found that methamphetamine was a preferred substance among California arrestees. The present study uses data from 807 state prison inmates in California (32% of whom reported using methamphetamine prior to incarceration) to examine the associations between methamphetamine use and HIV risk behaviors. Methamphetamine users in this sample were significantly more likely than nonusers to have injected drugs during the six months prior to their current incarceration. Among injectors, however, injection-related risks (such as dirty needles and needle sharing, etc.) were not significantly associated with methamphetamine use. However, past six-month sex-related risks were dramatically higher for methamphetamine users. These patterns persisted even after controlling for background differences between the two groups. The results of this study underscore the importance of addressing the higher sex-related HIV/AIDS risk among methamphetamine users undergoing prison-based drug treatment.


KEY WORDS: methamphetamine, HIV

USA

473.
PRISONER RISK TAKING IN THE RUSSIAN FEDERATION.
For a pilot prevention program in Russian prisons, Medecins Sans Frontieres conducted research on prisoner risk behaviors with full support from Russian prison authorities. Analysis of data from 1,044 15-30-year-old prisoners produced evidence of HIV/AIDS risks in prisons. One percent of prisoners surveyed reported all three prison risk activities--engaging in sex, injecting drugs, and getting a tattoo. Two-by-two table analysis consistently showed statistically significant associations between risk activities. These results conservatively describe the presence and nature of such risks: Risks do occur, risks vary and the relationships between risks vary, and Russian prisoners already take steps to reduce risk. This evidence helps to justify and informs HIV/AIDS prevention and health promotion interventions in the Russian prison system.

KEY WORDS: HIV, prison
RUSSIAN FEDERATION

474.
AN OUTCOME EVALUATION OF PRISON-BASED TREATMENT PROGRAMMING FOR SUBSTANCE USERS.
This paper briefly documents the results of a broad-based implementation of substance user treatment programs within the Federal correctional system in Canada.

KEY WORDS: drugs, treatment, prison
CANADA

475.
INNOVATIVE ALCOHOL- AND DRUG-USER TREATMENT OF INMATES IN NEW ZEALAND PRISONS.
The Kowhai Alcohol and Drug Treatment Unit at Rolleston Prison offers an innovative treatment approach for New Zealand inmates. The development of the program has involved local staff from Public Prisons, Psychological Services, and the Community Probation Service (CPS). This presentation outlines the author's impression of this bold innovation. The primary aim of the program is to reduce recidivism. This is achieved by assisting inmates to recognize the thoughts, emotions, and behaviours that are present in the period preceding and/or during the commission of criminal activity--particularly those that are precipitated and/or maintained by alcohol and drug use. This insight, coupled with the learning of specific coping skills and intensive lifestyle and reintegration planning, leads naturally to the follow-up phase that is conducted in the community. The functional relationship between offending and substance use is far more explicitly addressed in this new program compared with past programs that focused more on substance use.


KEY WORDS: drugs, treatment, alcohol, prison

NEW ZELAND

476.

ACCEPTABILITY OF CONDOM AVAILABILITY IN A U.S. JAIL.

Studies have documented the transmission of HIV in incarcerated populations resulting from injection drug use or sexual activity. Less than 1% of the jails and prisons in the United States allow inmates access to condoms, and none allows access to needles. Results of a survey to measure the acceptability of a condom distribution program at the Washington, DC. Central Detention Facility, where condoms are available to inmates, are presented here. Three hundred seven inmates and 100 correctional officers were surveyed from October 2000 through October 2001. The surveys demonstrate that the program is generally supported and thought to be important by inmates and correctional staff. The program has not resulted in any major security infractions and could be replicated in other correctional settings.


KEY WORDS: HIV prevention, prison

USA

477.

RESEARCH CAPACITY BUILDING AND COLLABORATION BETWEEN SOUTH AFRICAN AND AMERICAN PARTNERS: THE ADAPTATION OF AN INTERVENTION MODEL FOR HIV/AIDS PREVENTION IN CORRECTIONS RESEARCH.

This article examines a partnership between researchers from the United States who are involved in corrections health issues and scientists from South Africa who conduct prison health research, a previously underresearched area in South Africa. The article discusses some of the challenges as well as opportunities for knowledge and skills exchange via capacity building and collaboration strategies. Through historical and contemporary perspectives, it also discusses barriers and benefits of collaboration when forging links between researchers from developed and less developed nations. A focus on conducting public health research in South Africa, and on HIV/AIDS studies in particular, is placed within the context of the 2001 document of the Council on Health Research for Development. The South African prison health study represents a collaborative between the South African National Health Promotion Research and Development Group of the Medical Research Council, the South African Department of Correctional Services, and Emory University in Atlanta, Georgia. The article illuminates the
process of adapting a model for a postapartheid prison study from one designed for use in the American correctional system.  
**KEY WORDS:** HIV prevention, prison  
SOUTH AFRICA

478.  
**HIV/AIDS IN CORRECTIONAL SETTINGS: A SALIENT PRIORITY FOR THE CDC AND HRSA.**  
Correctional facilities constitute an excellent opportunity to provide treatment, care, and prevention services for a population that may not otherwise access these services. The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) recognize the public health importance of correctional settings and have begun to develop formal strategies to address the HIV/AIDS-relevant needs of incarcerated individuals. The Centers for Disease Control and Prevention and HRSA have implemented policies, activities, and strategic plans to reduce the HIV/AIDS disease burden among the high-risk populations that pass through the nation's prisons and jails. They have also collaborated to address the HIV/AIDS needs of incarcerated populations and have initiated processes for expanding collaboration on these issues to include other federal agencies and prevention partners.  
**KEY WORDS:** HIV, prison  
USA

479.  
**INTRAPRISON HIV TRANSMISSION: AN ASSESSMENT OF WHETHER IT OCCURS, HOW IT OCCURS, AND WHO IS AT RISK.**  
The prevalence of AIDS infection is approximately five times higher in state and federal prisons than among the general U.S. population. It is also apparent that high-risk HIV transmission behaviors occur inside prison; however, data validly documenting instances of intraprison HIV transmission are rare. This study validly identifies 33 inmates in a large sample of state prison inmates who contracted HIV inside prison and presents data on how they likely contracted HIV. It further compares these inmates to inmates who did not contract HIV inside prison in terms of age, race, and level of education. Documenting the burden posed by HIV transmission inside prison, providing insight into how they contract HIV inside prison, and what types of inmates are at risk will help public and correctional health officials reform their current education and prevention practices and ultimately reduce or prevent HIV transmission both inside and outside prison.  
**KEY WORDS:** HIV transmission, prison  
USA

480.  
**BUILDING AN HIV CONTINUUM FOR INMATES: NEW YORK STATE'S CRIMINAL JUSTICE INITIATIVE.**
The benefits of public health, corrections, and community-based organization (CBO) collaboration to meet HIV prevention needs of inmates are recognized. Each year over 100,000 inmates, most of whom have a history that put them at HIV risk, pass through the New York State (NYS) prison system. The NYS Department of Health AIDS Institute, the NYS Department of Correctional Services, the NYS Division of Parole, and a statewide network of CBOs collaborate to meet HIV prevention and support services needs of inmates and parolees through a continuum of interventions and services. This article describes the evolution of the prevention, supportive services, and transitional planning continuum within the NYS prison system. It identifies other agencies involved, obstacles to service delivery, describes approaches to overcome them, discusses ways to meet capacity building and technical assistance needs of CBOs, identifies challenges remaining, and provides practical advice from actual experience in NYS.


**KEY WORDS:** HIV, policy, prison

USA

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**REARREST: DOES HIV SEROSTATUS MAKE A DIFFERENCE?**

Correctional facilities have become collection and containment centres for HIV-seropositive individuals. This is due to factors that affect incarceration in general: past criminal behaviour, age and crime type. In addition, the sex trade industry, intravenous drug use and community instability are likely factors affecting this particular population. The objective of this study was to determine whether HIV-positive offenders have higher rates of rearrest than HIV-negative offenders. A sample of HIV-positive offenders (n = 57) were seen for mental health evaluation at the King County Correctional Facility (KCCF) in Seattle Washington. They were compared to a historical sample (n = 254) of HIV-negative individuals also from the KCCF. After three months, 50% of both samples had been rearrested. Using the log rank test in Kaplan-Meier survival analysis, statistical difference in the relative risk of rearrest occurred for the HIV-positive group (logrank = 0.03). Statistical adjustment for mental illness, age, race, ethnicity, substance abuse history and past criminal history did not affect rearrest significantly. Nonetheless, HIV-positive individuals who presented with mental health needs appeared to be significantly more vulnerable to rearrest after the first three months of release into the community.


**KEY WORDS:** HIV, recidivism

USA

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**PRISON-BASED SYRINGE EXCHANGE PROGRAMMES: A REVIEW OF INTERNATIONAL RESEARCH AND DEVELOPMENT.**

Journal publications and conference presentations on prison-based syringe exchange (PSE) programmes were identified by a comprehensive search of electronic databases. Experts involved with development and evaluation of current PSE programmes or policy were contacted for reports, documents and unpublished material. Spanish information on PSE was translated for this review. We identified 14 papers specifically on PSE programmes in Switzerland (six papers), Germany (four) and Spain (four). The first PSE programme started in 1992 in Switzerland. As of December 2000, seven PSEs were operating in Switzerland, seven...
in Germany and five in Spain. There have been six evaluations of prison syringe exchange programmes and all have been favourable. Reports of drug use decreased or remained stable over time. Reports of syringe sharing declined dramatically. No new cases of HIV, hepatitis B or hepatitis C transmission were reported. The evaluations found no reports of serious unintended negative events, such as initiation of injection or of the use of needles as weapons. Staff attitudes were generally positive but response rates to these surveys varied. Overall, this review indicated that prison syringe exchange programmes are feasible and do provide benefit in the reduction of risk behaviour and the transmission of blood-borne infection without any unintended negative consequences.


KEY WORDS: prison, syringe exchange

AUSTRALIA

483.
SEXUALLY TRANSMITTED DISEASES SURVEILLANCE AMONG INCARCERATED MEN WHO HAVE SEX WITH MEN--AN OPPORTUNITY FOR HIV PREVENTION.
There is an urgent need for behavioral surveillance and prevention strategies specifically designed for men who have sex with men (MSM) who exhibit high-risk behavior. This report describes a sentinel screening program designed to identify sexually transmitted infections among incarcerated MSM. Approximately 2,200 inmates were screened for HIV, syphilis, gonorrhea, and chlamydia from a segregated unit of men who have sex with men in Los Angeles County Men's Central Jail. A convenience sample of 217 participants was offered a survey to assess risk behaviors. Screening activities yielded a 12.4% HIV, 3.1% chlamydia, 1.5% gonorrhea, and 0.3% early syphilis prevalence. The high HIV prevalence found in this population indicates the opportunity for HIV prevention within sexually transmitted disease (STD) screening of incarcerated MSM. Bridging HIV prevention into STD screening will require the integration of primary and secondary prevention services within the jail including case management, early treatment, and referral services.


KEY WORDS: STDs, prison

USA

484.
GAPS BETWEEN HIV/AIDS POLICIES AND TREATMENT IN CORRECTIONAL FACILITIES.
In this article the authors examined correctional policy and its impact on the incidence of HIV/AIDS in prison population. Using data from the Florida Correctional System, they find that HIV/AIDS is still the leading cause of death. Improved treatment and care may have led to declines in AIDS-related mortality but the prison population continues to experience a much higher risk of mortality than the general population in spite of changes in the treatment and provision of care to infected patients. The dominance of HIV-related deaths indicates that treatment and voluntary testing policy have been ineffective. The authors argue that the persistence of HIV infections and AIDS-related deaths is largely attributable to continuing unequal distribution of health care resources between identified and unidentified HIV-infected inmates. Their analysis suggests that future changes in HIV/AIDS policy in testing and treatment can contribute to improvement in health conditions of infected inmates.


KEY WORDS: HIV, policy, prison

USA
485.
**VOLUNTARY HIV TESTING AMONG INMATES: SOCIODEMOGRAPHIC, BEHAVIORAL RISK, AND ATTITUINAL CORRELATES.**

We sought to determine the prevalence and correlates of self-reported HIV testing among inmates in correctional centers in Ontario, Canada. A cross-sectional survey was conducted with a stratified random sample of 597 male and female adult inmates. The participation rate was 89%. Descriptive statistics and multiple logistic regression were used to analyze HIV testing. Fifty-eight percent had ever been tested, and 21% had voluntarily tested while incarcerated in the past year. Having ever been tested was more common among those at risk for HIV through injection drug use (IDU) or sexual behavior. Testing while incarcerated in the past year was independently associated with being single (OR = 2.6), frequent IDU (OR = 4.0), not having casual sex partners prior to incarceration (OR = 0.53), a history of hepatitis (OR = 2.4), previous HIV testing (OR = 3.7), a close relationship with an HIV-positive person in the outside community (OR = 1.7), knowing an HIV-positive person inside (OR = 2.7), a perceived chance of being infected during incarceration (OR = 2.2), and support of mandatory testing (OR = 2.0). The predominant motivations for testing while incarcerated were IDU or fears of infection inside, possibly through contact with blood, during fights, or even by casual contact. Voluntary HIV testing in prison should be encouraged, and inmates should receive appropriate counseling and information to allow realistic assessment of risk.


**KEY WORDS:** voluntary HIV testing, prison

Canada

486.
**MALE PRISONERS AND HIV PREVENTION: A CALL FOR ACTION IGNORED.**

US prison inmates are disproportionately indigent young men of color. These individuals are severely affected by HIV/AIDS, largely owing to the high-risk behavior that they engage in prior to incarceration. Researchers and practitioners have issued a call for the importance of offering HIV prevention services in prison settings. However, this call has largely been ignored. In this article, we outline reasons why these recommendations have been largely ignored, discuss innovative HIV prevention programs that are currently being implemented in prison settings, and offer recommendations for securing support for HIV prevention services in correctional settings.


**KEY WORDS:** HIV prevention, prison

USA

487.
**HEPATITIS C TRANSMISSION AND HIV POST-EXPOSURE PROPHYLAXIS AFTER NEEDLE- AND SYRINGE-SHARING IN AUSTRALIAN PRISONS.**

OBJECTIVES: To determine whether infection with human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) occurred after two potential episodes of exposure through needle- and syringe-sharing in Australian prisons, and to examine use of post-exposure prophylaxis (PEP) against HIV infection in the prison setting. DESIGN: Cohort study of potential contacts of two prisoners infected with HIV, HBV and HCV followed up for up
to 14 months. SETTING: Two Australian prisons between November 2000 (time of exposure) and December 2001. PARTICIPANTS: Two index patients (both infected with HIV and HCV; one also infectious for HBV) from two different prisons, and 104 inmates who shared needles and syringes. MAIN OUTCOME MEASURES: Seroconversions to HIV, HBV and HCV related to the high-risk exposure and uptake and completion of HIV PEP determined from medical records of inmates. RESULTS: There were four seroconversions to HCV within 14 months of the potential exposure (14% of those susceptible in the cohort), but no recorded HIV or HBV seroconversions. Forty-six inmates (82% of those eligible) were offered PEP, and 34 of these (74%) elected to receive it. Only eight (24% of the 34) completed the full PEP course. CONCLUSIONS: HCV transmission in the prison setting is related to high-risk needle- and syringe-sharing. Administering HIV PEP in the prison setting is complicated by challenging risk assessment and follow-up.


KEY WORDS: hepatitis, HIV, needle sharing, prison

AUSTRALIA

488.

ADHERENCE TO DIRECTLY OBSERVED ANTIRETROVIRAL THERAPY AMONG HUMAN IMMUNODEFICIENCY VIRUS-INFECTED PRISON INMATES.

Directly observed therapy (DOT) for human immunodeficiency virus (HIV) infection is commonly used in correctional settings; however, the efficacy of DOT for treating HIV infection has not been determined. We prospectively assessed adherence to antiretroviral therapy regimens among 31 HIV-infected prison inmates who were receiving ≥1 antiretrovirals via DOT. Adherence was measured by self-report, pill count, electronic monitoring caps, and, for DOT only, medication administration records. Overall, median adherence was 90%, as measured by pill count; 86%, by electronic monitoring caps; and 100%, by self-report. Adherence, as measured by electronic monitoring caps, was >90% in 32% of the subjects. In 91% of cases, adherence, as measured by medication administration records, was greater than that recorded by electronic monitoring caps for the same medications administered by DOT. Objective methods of measurement revealed that adherence to antiretroviral regimens administered wholly or in part by DOT was <or=90% in more than one-half of the patients. Different methods used to measure adherence revealed significantly different levels of adherence. These findings suggest that use of DOT does not ensure adherence to antiretroviral therapy.


KEY WORDS: HIV, therapy, prison

USA

489.

EXTENSIVE TRANSMISSION OF MYCOBACTERIUM TUBERCULOSIS AMONG CONGREGATED, HIV-INFECTED PRISON INMATES IN SOUTH CAROLINA, UNITED STATES.

BACKGROUND: In August 1999, a prison inmate infected with the human immunodeficiency virus (HIV) was diagnosed with pulmonary tuberculosis (TB). This source patient lived in a prison dormitory housing over 300 HIV-infected men, and was symptomatic for at least 2 months prior to diagnosis. We report a large outbreak of TB in HIV-infected prison inmates with
subsequent transmission of Mycobacterium tuberculosis outside the prison. METHODS: Exposed inmates were screened by symptom review, chest radiograph and tuberculin skin test (TST) in September and December 1999. We recorded CD4 cell counts, viral loads and receipt of highly active antiretroviral therapy (HAART). RESULTS: The source patient lived on the right side of a two-sided dormitory exclusively housing HIV-infected men. Of 114 men tested from the right side, 75 (66%) had documented TST conversions. Of 96 converters overall, 82 (85%) had TSTs measuring > or = 15 mm. Within 6 months of diagnosis of TB in the source patient, 30 additional inmates and a healthcare worker who cared for the source patient developed TB disease. Two other inmates developed TB disease in spring of 2001. CONCLUSIONS: We describe extensive transmission of M. tuberculosis in a group of HIV-infected prison inmates with high TST conversion rates and subsequent transmission in the community. In settings where HIV-infected persons are congregated, the consequences of TB outbreaks are magnified.


KEY WORDS: tuberculosis, prison, HIV

490.
COMMUNITY-BASED ORGANIZATIONS AND HIV PREVENTION FOR INCARCERATED POPULATIONS: THREE HIV PREVENTION PROGRAM MODELS.
Inevitably, challenges result from the disconnect between the objectives of correctional facilities, which are safety and conformity, and community-based organizations (CBOs), whose primary function is to provide inmates with primary and secondary HIV prevention and information. This is cause for concern because prisons have a high potential for serving as a reservoir for HIV transmission. CBOs, when accessible, may be the only source of HIV/AIDS prevention, education, and information for incarcerated populations. People living with HIV/AIDS in correctional settings face unique challenges. Among other populations, condoms and bleach kits have been successful in reducing HIV transmission. However, because these prevention tools are not available to incarcerated populations, new HIV prevention strategies are needed. This article focuses on successful intervention practices such as peer-led education and discharge planning services that have been essential components of HIV prevention and provides a context for operating such programs within correctional facilities. The article also highlights the challenges CBOs encounter in providing HIV prevention in various correctional institutions throughout the United States.


KEY WORDS: HIV prevention, prison, CBOs

491.
THE IMPORTANCE OF ROUTINE HIV TESTING IN THE INCARCERATED POPULATION: THE RHODE ISLAND EXPERIENCE.
Routine HIV testing in the correctional setting offered to all inmates at entry has played an important role in the diagnosis of HIV in Rhode Island. Diagnosis and treatment of HIV in prisons can further public health goals of HIV control, prevention, and education. Routine HIV testing can be incorporated into primary and secondary prevention programs in correctional facilities. In Rhode Island, where HIV testing is routine at entry into the correctional facility, approximately one third of all persons who test positive are identified in the correctional facility.
The proportion of males and females testing positive in the correctional facility versus those testing positive in other facilities has shown a gradual decrease, with positive female HIV tests declining more substantially in recent years. Specific groups, such as males, African Americans, and injection drug users continue to be more likely diagnosed in the state correctional facility than in other testing sites. These differences may reflect barriers to health care access that other community initiatives have failed to address.


**KEY WORDS:** HIV testing, prison

USA

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492.

**A REVIEW OF THE LEGAL AND ETHICAL ISSUES FOR THE CONDUCT OF HIV-RELATED RESEARCH IN PRISONS.**

This article sets the stage for future discussions of expanding prisoners’ access to clinical trials in an effort to move from commentary and recommendations to changes in practice. It describes barriers to access to clinical trials, the demographics of HIV/AIDS in prisons, the unique situation posed by the potential for HIV-related research in prisons, and examines briefly the history of prisoner research in the U.S. The article considers both ethical and legal responses to clinical trials in prisons, noting the potential for and limitations of legal actions. Finally, it makes recommendations for conditions necessary to conduct ethical research in prisons and calls for more cooperation between prison systems and HIV/AIDS clinical trials researchers to make expanded access to clinical trials a reality.


**KEY WORDS:** HIV, prison, research

USA

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493.

**HOSPICE CARE FOR THE INCARCERATED IN THE UNITED STATES: AN INTRODUCTION.**

Prison populations throughout the United States are growing; the 1990s saw an average 6.5% per year increase. Average inmate age is increasing, as are both the number and rate of inmate deaths. Aging inmates experience health concerns typical of the general, free, aging population. Inmates have higher incidence of health complications associated with various circumstances, risk behaviors, and associated medical conditions. These circumstances include prison violence, incarceration-related constraints on exercise, and diet. Inmates are more likely to have a history of alcohol abuse, substance abuse or addiction and sex industry work. Risk-behavior conditions include human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), hepatitis B and C, liver disease, tuberculosis, endocarditis, and cardiomyopathy. Hospice is increasingly the preferred response to the health and care needs of terminally ill inmates. Implementing hospice behind bars has some unique challenges in addition to those inherent in hospice work. This series will provide an in-depth look at four hospice programs for inmates in the United States.


**KEY WORDS:** health, prison

USA
494.
PRISON BASED DETOXIFICATION FOR OPIOID DEPENDENCE: A RANDOMISED DOUBLE BLIND CONTROLLED TRIAL OF LOFEXIDINE AND METHADONE.
This paper reports results from the first controlled trial of opioid withdrawal treatment in the UK using lofexidine in a prison setting. Seventy-four opioid dependent male inmates at a Southern England prison were randomised to receive either methadone (the standard prison treatment) or lofexidine using a randomised double-blind design. No significant statistical difference between the treatment groups was found in relation to the primary variable of severity of withdrawal symptoms (effect size=0.12). No discernible difference was found in the sitting blood pressure or heart rate of the two groups during the trial. These results provide support for the use of lofexidine for the management of opioid detoxification in the prison setting.
KEY WORDS: substitution, prison, lofexidine, methadone, opiates
UK

495
FREQUENCY OF RE-INCARCERATIONS IN THE SAME DETENTION CENTER: ROLE OF SUBSTITUTION THERAPY. A PRELIMINARY RETROSPECTIVE ANALYSIS.
A retrospective study was carried out using 3 606 medical files of nine detention centers in France, over a three-month period (May to July 1997). The files were analyzed to determine, age, type of addiction and subsequent type of therapy proposed: methadone, high-dose buprenorphine or abstinence. A comparison was then made to determine whether or not there exists a statistical relationship between the type of therapy given in prison for drug abuse and subsequent recurrent use during the following three and a half years, until December 2000.
Article in French
KEY WORDS: recidivism, substitution
FRANCE

496.
ACTIVE AND FORMER INJECTION DRUG USERS REPORT OF HIV RISK BEHAVIORS DURING PERIODS OF INCARCERATION.
American prisons have increasing numbers of inmates incarcerated for drug offenses. This population is at high risk for HIV-infection and may continue HIV transmission risk behaviors while incarcerated. We find that 31% of injection drug users with a history of imprisonment had used illicit drugs in prison, and nearly half of these persons had injected drugs while incarcerated. Male gender and number of times incarcerated were associated with drug use in prison. Interventions for drug-using prisoners that are advocated in some European prisons, such as needle exchange programs and methadone maintenance, need attention in the United States.
KEY WORDS: injecting drug users, HIV, risk behaviors
USA
497. PRISONER SETTLES CASE FOR RIGHT TO START METHADONE IN PRISON.
In July 1999, Dwight Lowe, an inmate at Kent Institution previously using heroin, settled his case against Correctional Service Canada (CSC) in which he challenged as unconstitutional CSC's refusal to permit him to initiate methadone maintenance treatment while in prison.
**KEY WORDS:** methadone, prison

498. PSYCHOSIS AND DRUG DEPENDENCE: RESULTS FROM A NATIONAL SURVEY OF PRISONERS.
**BACKGROUND:** The links between drug use and psychosis are of major aetiological and prognostic significance. Psychosis and drug dependence frequently co-occur within the prison population, providing the opportunity to study this link more closely. **AIMS:** To explore the relationship between psychosis and drug dependence in a sample of prisoners. **METHOD:** A total of 3142 prisoners were surveyed nationally, and structured clinical data were obtained from a subsample of 503 respondents. Psychiatric assessment was based on the Schedules for Clinical Assessment in Neuropsychiatry (version 1.0). Measures of amphetamine, cannabis, cocaine and heroin use and dependence were obtained through self-report. **RESULTS:** Logistic regression analyses indicated that first use of amphetamines or cocaine before the age of 16 years and severe cannabis or cocaine dependence were related to an increased risk of psychosis. In contrast, severe dependence on heroin was associated with a reduced risk of this classification. **CONCLUSIONS:** Severe dependence on cannabis and psychostimulants is associated with a higher risk of psychosis and is in contrast to severe dependence on heroin, which has a negative relationship with psychosis.
**KEY WORDS:** prison, mental illness, drugs

499. CHANGES IN HIGH-DOSE BUPRENORPHIN MAINTENANCE THERAPY AT THE FLEURY-MEROGIS (FRANCE) PRISON SINCE 1996
Since the law of January 1994, the ministry of Health is responsible for inmate health in France. This law created medical wards inside French prisons by conventions between hospitals and prisons. Since July 1995, Fleury-Merogis state-prison is linked to the Sud-Francilien Hospital. During the last few years, more and more IV drug users have been incarcerated and the number of infectious diseases has increased (AIDS, hepatitis C and B). Risk behavior is rather frequent and it has become a major concern of public authorities to fight this evolution. Prisons are part of structures having to take care of IV drug users. A few months after the authorization of buprenorphine in France (March 1996), the ministry of Health decided to give access to this treatment for incarcerated IV drug users. The aim of this study is to present the evolution of maintenance medication by high dose buprenorphine in a big state-prison and to explain the difficulties we have to face. The aim of this study was also to present how this treatment can contribute to reducing infectious risks. Surveying prescription is under the control of the Pharmacy since 1995. We have studied since 1996 the number of prescriptions, segregating initialized inside the prison and prescriptions continued. We have also studied and evaluated
the number of psychotropic drugs for each prescription since 1996 in "two test buildings". Evolution of self mutilations and reducing infectious risks support measures have also been studied.
Article in French
KEY WORDS: buprenophine, substitution, prison
FRANCE

500.
METHADONE IN PROVINCIAL PRISONS IN BRITISH COLUMBIA.
AIDS: The British Columbia Corrections Branch adopted a policy in 1996 of continuing methadone treatments for prisoners who were already enrolled in community methadone treatment programs prior to their incarceration. Continuing methadone treatment had been the standard of care for pregnant women for years, however, this is the first instance of maintenance therapy being made available to prisoners in Canada. Previously, patients on methadone treatment were withdrawn from the programs once they were incarcerated, as it was assumed that they were at an increased risk of using injection drugs while in prison. This program is a progressive, largely harm-reduction approach, and came after a two-year consultation with experts in the addiction and communicable disease specialties. The BC Corrections Harm Reduction Committee took the initiative of reviewing world literature on the topic and after working through their widely divergent views, came up with recommendations for the prison system. Needle exchange received unanimous support from the committee. The methadone program has followed 200 patients on continued treatment after incarceration.
KEY WORDS: methadone, prison
CANADA

501.
IRISH PRISON GUARDS CALL FOR EXPANSION OF METHADONE ACCESS.
In many Western countries, including Canada, seroprevalence rates in prisons have reached epidemic levels, with infection rates among prisoners many times higher than among people outside prisons.
KEY WORDS: methadone, prison
IRELAND

502.
ARRESTEES' PERCEIVED NEEDS FOR SUBSTANCE-SPECIFIC TREATMENT: EXPLORING URBAN-RURAL DIFFERENCES.
An interview study among a group of arrestees in seven county jails was conducted in the state of Ohio between June 1999 and September 2001, examining the prevalence of alcohol and drug dependence within the group and assessing the need for substance-abuse treatment. Four of the county jails where interviews were conducted are in urban areas, and three are in rural areas. The present study focused on demographic variables, situation-related factors, current drug dependence diagnoses, past treatment experience, and jail location-rural or urban. It sought to assess whether these factors predicted arrestees' perceived needs for substance-specific treatment (for alcohol, marijuana, cocaine, and/or opiate addiction); and, further,
whether any predictors of a perceived need for treatment would be identical for arrestees housed in rural jails and those housed in urban jails. The results show that some of the factors assessed do exert differential effects on rural and urban arrestees’ perceived needs for substance-specific treatment. Future treatment policy within the criminal justice system should perhaps take into account inmates’ individual characteristics and the rural or urban location of the jail initiating their processing. It may be possible, by paying attention to these variables, to enhance inmates’ motivation to enter treatment programs, leading ultimately to drug-use cessation.


KEY WORDS: drugs, therapy, prison

USA

503.

SUBSTANCE ABUSE MONITORING BY THE CORRECTIONAL SERVICE OF CANADA.
The Correctional Service of Canada implemented a urine drug-testing program over a decade ago. Offenders residing in federal correctional institutions and living in the community on conditional release were subject to urine drug testing. The objective of this study is to describe this testing program and the extent of drug use by conditional release offenders in 2000. Urine specimens were tested for drugs of abuse and prescription drugs including amphetamines, cannabinoids, cocaine metabolite, opiates, phencyclidine, benzodiazepines, methyl phenidate, meperidine, pentazocine and fluoxetine by immunoassay screening followed by GC-MS confirmation. Ethyl alcohol was analyzed when specifically requested. Alternative screening and confirmation methods with lower cut-off values were used whenever urine specimens were dilute (creatinine <20 mg/dL and specific gravity <or=1.003). Total number of urine specimens analyzed in 2000 was 38,431 (6.7% were dilute). The positive rate for one or more drugs was 27.2% in 2000 in conditional release offenders. In the community setting 28,076 normally concentrated (nondilute) specimens were tested (9.6% were positive for cannabinoids and 3.3% positive for cocaine metabolite). In the 1,270 dilute specimens collected from conditional release offenders in 2000, 12.8% were positive for cannabinoids and 10.6% were positive for cocaine metabolite. The authors conclude that forensic urine drug testing provides an objective measure of drug use when assessing offenders living in the community on conditional release from correctional institutions in Canada.


KEY WORDS: drug testing, prison

CANADA

504.

HIV/AIDS, PRISONS AND THE HUMAN RIGHTS ACT.
This article considers current practice in the treatment of HIV positive prisoners, in light of the rights contained in the Human Rights Act, and of international standards. In particular, the article considers the current practice of the prison service in relation to measures to prevent the spread of HIV, including the provision of condoms, and needle exchange programmes, and considers the extent of positive obligations on the prison service to take such preventative measures. The adequacy of medical care available to HIV positive prisoners, and the obligations on the prison service in relation to medical confidentiality, are also examined. The author assesses the possibilities for legal challenges under the Human Rights Act, and suggests that the Convention may be a useful tool for policy development in this area.

505. EXPANSION OF LONG-TERM CARE IN THE PRISON SYSTEM: AN AGING INMATE POPULATION POSES POLICY AND PROGRAMMATIC QUESTIONS.
Throughout the United States, departments of corrections are experiencing increases in their inmate populations. More specifically, the number of aging inmates is increasing and will continue to grow as younger prisoners who have long sentences with no possibility of parole age in prison. In addition, the number of younger inmates with illnesses such as AIDS has increased. Although long-term care can be required by individuals of any age, the need for such assistance tends to increase with age. Long-term care, therefore, can be seen as an issue confronting prisons with aging inmate populations. Yet, little is known about the nature or extent of the need. This paper focuses on older inmates and includes reasons for the increased need for long-term care in the prison setting. The standard for prison health care, the long-term-care status of older inmates, and examples of long-term-care services and facilities are described. Key questions related to furnishing long-term care to an older incarcerated population are identified. Recommendations are presented for both corrections and long-term-care providers and policymakers as they develop strategies to address this challenge.
KEY WORDS: prison, health
USA

506. ALTERNATIVES TO CURRENT HIV/AIDS POLICIES AND PRACTICES IN SOUTH AFRICAN PRISONS.
Prisoners in South Africa face problems of overcrowding, violence and poor nutrition. Added to this burden in recent times is the increased threat from HIV. The HIV epidemic has been relatively late in coming to South Africa but infection rates are now 20% in the adult population. However, there is no data available on the level of HIV infection in the prison population. Overseas studies suggest that the characteristics of prisoners place them at much greater risk of HIV infection. Factors which contribute to increased levels of HIV infection include poor health care facilities, lack of condoms and lack of disinfectants. Current policies and practices on HIV in prison attempt to balance the constraints of limited resources with the need to preserve prisoner human rights. The outcomes include: mass testing not freely available, HIV education is limited, and early release of prisoners with advanced AIDS is not allowed. Constraints on the implementation of effective HIV prevention strategies include: bureaucratic inefficiency, lack of resources, and a reluctance by prison authorities to address the issue of HIV in prison. These problems can possibly be overcome by addressing the issue from both management and prisoner perspectives. On the management side, increased resources, increased training of prison officials, and increased political commitment to address the issue are required. Outside partnerships are probably required for an effective response. Prisoners require better nutrition, better living conditions, better health care, freely available condoms and disinfectants.
KEY WORDS: HIV, policy, prison
SOUTH AFRICA
507.
OBJECTIVES: This study developed national estimates of the burden of selected infectious diseases among correctional inmates and releases during 1997. METHODS: Data from surveys, surveillance, and other reports were synthesized to develop these estimates. RESULTS: During 1997, 20% to 26% of all people living with HIV in the United States, 29% to 43% of all those infected with the hepatitis C virus, and 40% of all those who had tuberculosis disease in that year passed through a correctional facility. CONCLUSIONS: Correctional facilities are critical settings for the efficient delivery of prevention and treatment interventions for infectious diseases. Such interventions stand to benefit not only inmates, their families, and partners, but also the public health of the communities to which inmates return. Hammett TM, Harmon MP, Rhodes W., 2002, *Am J Public Health*, Nov;92(11):1789-94.
KEY WORDS: health, prison
USA

508.
AIDS IN PRISONS.
PIP: This article highlights the prevalence of HIV inside prisons in Senegal, Africa. There is a general presumption that HIV rates are higher in prisons than in the surrounding population. Organizations have conducted an inquiry on the statistics of HIV infection among prisoners and results revealed that there are existing projects done outside Western Europe and the US. It was observed that prison conditions in Africa do not meet the international norms nor the standards of human rights organizations in their treatment of detainees. One problem that had risen during the Dakar conference was the inaccessibility of condoms among detainees. Furthermore, despite the customs and morale of Zimbabwe regarding same sex activities, there are still reported cases of sodomy without the use of condom. The question presented in this article focuses on the so-called rights of prisoners in practicing safe sex through use of condoms and provision of medical treatment among those infected. Winsbury R., 1999, *AIDS Anal Afr*, Oct-Nov;10(3):10-1.
KEY WORDS: AIDS, prison
ZIMBABWE

509.
ASSOCIATION BETWEEN FIRST INJECTION RISK BEHAVIORS AND HEPATITIS C SEROPOSITIVITY AMONG INJECTING DRUG USERS.
HCV infection is rapidly acquired after drug addicts first inject drug intravenously. The risk behaviors accompanying the first intravenous substance injection are not well known. We used in 1997 a structured questionnaire to investigate the relationships between risk behaviors at the first injection and current reported HCV status. We interviewed 151 injecting drug users from four treatment centers and one prison in Paris. Risk markers for reported HCV seroconversion were explored by use of logistic regression models. One hundred and forty-three injecting drug users (95%) agreed to participate in the study. At the first injection, 50% shared preparation equipment; 22% borrowed and 26% lent injecting equipment. At the time of the study, 46% reported that they were HCV-positive. Sharing preparation equipment (odds ratio=3.1; 95% confidence interval: 1.2-7.8) and lending injection equipment (odds ratio=3.0; 95% confidence interval: 1.1-8.5) during the first injection were independently associated with reported HCV
seropositivity. The high-risk behaviors accompanying the first intravenous injection of drugs justifies the implementation of specific prevention measures, aimed at young drug users who have not started to inject.


**KEY WORDS:** injecting drug users, risk behaviours, hepatitis

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**510.**

**PREDICTORS OF HEPATITIS B AND C INFECTION IN INJECTING DRUG USERS BOTH IN AND OUT OF DRUG TREATMENT.**

**AIMS:** To assess prevalence of, and behavioural risk factors for, hepatitis B and C in drug users both in and out of contact with drugs services. **DESIGN:** Cross-sectional survey of hepatitis B and C prevalence using blood samples and self-completed risk factor questionnaires. **PARTICIPANTS:** Three hundred and sixty injecting drug users (IDUs) in treatment for their drug use, attending syringe exchange schemes (SES), and not in contact with any services in Wirral and Manchester between 1997 and 1999, for whom test results were available for 334 (hepatitis B) and 341 (hepatitis C). **FINDINGS:** Hepatitis B prevalence differed between groups, from 19% of those not in contact to 41% of those presenting to request a test (p = 0.040). Prevalence of hepatitis C ranged from 48% (SES) to 62% among those presenting for a test (p = 0.233). After multivariate adjustment, hepatitis B was predicted by prison stays (p = 0.030) and injecting for longer (p = 0.003). For hepatitis C, length of injecting career (p = 0.036), having been to prison (p = 0.034), having injected more than one drug type (p < 0.001) and being female (p = 0.037) predicted infection. Overall, 38% had shared some form of injecting equipment in the previous 4 weeks. People recently starting injecting were more likely to share, and sharing was more likely to occur when injecting with only one other user rather than in larger groups. Those who had previously presented for a hepatitis C test, regardless of the result, were less likely to have recently shared injecting equipment. **CONCLUSIONS:** Behaviours associated with transmission of hepatitis B and C are common among IDUs. In particular, sharing of injecting equipment was more likely in small groups and in those recently beginning injecting. More broadly, chaotic drug use and time in prison were also risk factors for hepatitis infections. When assessing prevalence of hepatitis B and C, our results suggest that figures cannot be extrapolated from those in service contact to those in the wider drug-using population.


**KEY WORDS:** injecting drug users, hepatitis

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**511.**

**PREVALENCE OF HBV AND HCV INFECTIONS AND INCIDENCE OF HCV INFECTION AFTER 3, 6 AND 12 MONTHS DETENTION IN LA SANTE PRISON, PARIS.**

The concentration of a marginal population (35% drug addicts) in prisons necessitates systematic and rigorous screening for hepatitis B and hepatitis C in subjects at risk. In June 1998, a screening program was initiated to determine the prevalence of HBV and HBC infections in prisoners and to determine the incidence after 3, 6 and 12 months detention. The screening program was proposed to 900 prisoners in a Paris prison (Maison d'arret de Paris-La Sante) from June 3 to November 10, 1998. The program included hepatitis B and hepatitis C
serology at incarceration. For prisoners who were seronegative for HCV at incarceration, a new HCV serology was proposed after 3, 6 and 12 months detention. It was postulated that HCV contamination could occur during incarceration (syringe sharing, tattooing). After one year of incarceration, no seroconversions for HCV were observed among the prisoners participating in this study. These findings should be interpreted with caution due to the particular detention conditions at the prison involved, raising important methodology interrogations concerning this type of survey.


**KEY WORDS:** hepatitis, prison, FRANCE

512.
**TREATMENT OF CHRONIC HEPATITIS C IN A STATE CORRECTIONAL FACILITY.**

**BACKGROUND:** Approximately 1 in 4 of the nearly 2 million individuals in state and federal correctional facilities are infected with hepatitis C virus (HCV). Currently, there are few reports of treatment outcomes of this common infection in this setting. **OBJECTIVE:** To describe HCV therapy in the incarcerated setting. **DESIGN:** Retrospective, descriptive observational study. **SETTING:** Rhode Island Department of Corrections, Cranston, Rhode Island. **PATIENTS:** 93 inmates with chronic HCV infection. **INTERVENTION:** Interferon-alpha with ribavirin. **MEASUREMENTS:** HCV RNA levels 6 months after treatment. **RESULTS:** Response rates are similar to previously published rates achieved in the community; 63% (50 of 79) of patients achieved viral clearance after 6 months of therapy, and 46% (26 of 57) achieved sustained response 6 months after treatment. **CONCLUSION:** The incarcerated population (which is disproportionately affected by addiction and psychiatric illness) can be effectively treated for HCV infection with interferon and ribavirin. The correctional setting may provide an opportunity to safely treat patients with these two challenging comorbid conditions.


**KEY WORDS:** hepatitis, prison

USA

513.
**PREVENTION AND CONTROL OF INFECTIONS WITH HEPATITIS VIRUSES IN CORRECTIONAL SETTINGS. CENTERS FOR DISEASE CONTROL AND PREVENTION.**

This report consolidates previous recommendations and adds new ones for preventing and controlling infections with hepatitis viruses in correctional settings. These recommendations provide guidelines for juvenile and adult correctional systems regarding 1) identification and investigation of acute viral hepatitis; 2) preexposure and postexposure immunization for hepatitis A and hepatitis B; 3) prevention of hepatitis C virus infection and its consequences; 4) health education; and 5) release planning. Implementation of these recommendations can reduce transmission of infections with hepatitis viruses among adults at risk in both correctional facilities and the outside community. These recommendations were developed after consultation with other federal agencies and specialists in the fields of corrections, correctional health care, and public health at a meeting in Atlanta, March 5-7, 2001. This report can serve as a resource for those involved in planning and implementing health-care programs for incarcerated persons.

**KEY WORDS:** health, prison, hepatitis

**USA**

514.

**SEXUALLY TRANSMITTED INFECTIONS AMONG PRISON INMATES IN A RURAL DISTRICT OF MALAWI.**

As part of a comprehensive human immunodeficiency virus (HIV) prevention strategy targeting high-risk groups, sexually transmitted infection (STI) clinics are offered to all prisoners in Thyolo district, southern Malawi. Prison inmates are not, however, allowed access to condoms as it is felt that such an intervention might encourage homosexuality which is illegal in Malawi. A study was conducted between January 2000 and December 2001 in order to determine the prevalence, incidence, and patterns of STIs among male inmates of 2 prisons in this rural district. A total of 4229 inmates were entered into the study during a 2-year period. Of these, 178 (4.2%) were diagnosed with an STI. This included 83 (46%) inmates with urethral discharge, 60 (34%) with genital ulcer disease (GUD), and 35 (20%) inmates with epididymo-orchitis. Fifty (28%) STIs were considered incident cases acquired within the prisons (incidence risk 12 cases/1000 inmates/year). GUD was the most common STI in this group comprising 52% of all STI. This study shows that a considerable proportion of STIs among inmates are acquired within prison. In a setting of same-sex inmates, this suggests inter-prisoner same-sex sexual activity. The findings have implications for HIV transmission and might help in developing more rational policies on STI control and condom access within Malawi prisons.


**KEY WORDS:** health, prison

**MALAWI**

515.

**SWEAT LODGE CEREMONIES FOR JAIL-BASED TREATMENT.**

Sweat lodge ceremonies (SLCs) have been an integral part of Navajo culture for hundreds of year. The Dine' Center for Substance Abuse Treatment staff utilized SLCs as a modality for jail-based treatment. Data were collected from the Spring of 1996 through the Spring of 1999 from 190 men ranging in age from 18 to 64. These inmate/patients (IPs) provided information at intake on a broad range of questions which were important in understanding the problems these men were having with alcohol and other drugs. Experiential data were collected from 123 IPs after each SLC. Several cultural variables showed improvement in the IP's world view following the SLCs. Even though there were few areas where data were statistically significant, several drinking measures changed in a positive direction. For example, among those subjects who were followed-up, analysis revealed a decrease in the number of drinks consumed in drinking sessions from a mean of 6.7 drinks at intake to a mean of 5.3 drinks. This article examines the role of SLCs in traditional counseling in jail-based treatment of alcohol abuse.


**KEY WORDS:** drugs, treatment, prison, SLCs

**USA**
516. HEPATITIS C SEROPREVALENCE AMONG NEWLY INCARCERATED INMATES IN THE TEXAS CORRECTIONAL SYSTEM.

The seroprevalence of hepatitis C (HCV) infection was examined among a sample of incoming inmates in the Texas Department of Criminal Justice (TDCJ) prison system. Rates were compared across demographic factors and three types of prison facilities: substance abuse felony punishment units (SAFPs), state jails and prisons. The study sample consisted of 3712 incoming inmates incarcerated for any duration, dating from 1 November 1998 to 31 May 1999. Among males, inmates entering SAFP and state jails had comparable HCV infection rates (29.7 and 27.0%, respectively) to those entering prisons (27.3%). Among females, inmates entering prisons had a higher rate of infection (48.6%) than those entering state jails (35.1%) or SAFP (38.3%). For both genders, blacks exhibited a lower overall infection rate than whites and Hispanics, and HCV seroprevalence increased in a stepwise fashion with age. All subgroups of TDCJ inmates, including those held in alternative correctional facilities, exhibited HCV infection rates that were comparable with previous reports of inmate populations, but dramatically higher than general community samples. Given that most inmates held in alternative facilities will return to the general community in a short period of time, understanding the HCV infection rates in these subgroups holds particular public health relevance.


KEY WORDS: hepatitis, prison.
USA

517. PREVALENCE OF HEPATITIS C VIRUS INFECTION AND RISK FACTORS IN AN INCARCERATED JUVENILE POPULATION: A PILOT STUDY.

OBJECTIVE: Hepatitis C virus (HCV) infection is the leading cause of liver failure in adulthood. Although the prevalence of HCV is reportedly as high as 80% in incarcerated adult populations, little is known about the prevalence of HCV in incarcerated juvenile populations. The purpose of this study was to determine the prevalence of HCV and high-risk behaviors in a population of incarcerated youths. METHODS: We conducted a cross-sectional prevalence study of HCV infection in youths who were admitted to a juvenile detention center between September 1999 and January 2001. Subjects were asked questions regarding behaviors that might put them at risk for acquiring HCV, and blood was drawn for HCV antibody testing. Qualitative HCV RNA testing was performed on antibody-positive subjects. RESULTS: Seventy-four percent (n = 305) of youths consented to participate in the seroprevalence study. HCV risk behaviors were common in this population: sexual activity (70%), intravenous drug use (6%), intranasal drug use (32%), body piercing (53%), and tattoos (33%). Six study youths (2%) were HCV antibody positive; 4 of these subjects were also HCV RNA positive. HCV-positive status was significantly associated with history of intravenous drug use and having had a sexually transmitted disease. Only 17% of study participants could correctly identify behaviors that might put them at risk for HCV. CONCLUSIONS: The prevalence of HCV in incarcerated youths is higher than in the general pediatric population but not yet at adult levels of prevalence. Given the high prevalence of risk factors in this population, future studies should address the need for targeted HCV screening and education of incarcerated youths regarding risks for HCV.


KEY WORDS: juveniles, risk behaviours, hepatitis, prison
USA
518. JAILS AS IMPORTANT BUT CONSTRAINED VENUES FOR ADDRESSING WOMEN'S HEALTH.

Women in US jails have many social and health risks that merit attention from public health agencies. This article: (1) reviews national and local data on this population for indicators of social disadvantage and of several health risks/conditions (substance abuse, risky sex, and mental illness), (2) describes the impact of federal mandatory sentencing for drug violations and recent developments in states on the numbers of incarcerated women, (3) outlines the similarities and differences between jails and prisons, focusing on characteristics of jails that facilitate and constrain intervention and evaluation activities, and (4) adds lessons learned in six years of experience in county and state jails in Texas.


KEY WORDS: prison, women, health

USA

519. THE INTERRELATIONSHIP BETWEEN VIOLENCE, HIV/AIDS, AND DRUG USE IN INCARCERATED WOMEN.

The purpose of this study was to examine how violence co-occurs with drug use and HIV/AIDS high-risk behaviors among women incarcerated for drug use. This study was a supplement to a larger, experimental study designed to reduce HIV/AIDS high-risk behaviors among incarcerated female drug users. The women who participated (N = 170) reported that violence was a major part of their lives and affected many of their behaviors. Among these 170 women, 26.6% used condoms for oral sex, 46.4% for vaginal intercourse, and 65% were either sexually or physically abused. Intimate partner abuse was reported by 33.9% of the women. About 16% reported forced sexual activity, and 17.5% feared their partners. Women who refused to give oral sex to their male partners and those who insisted on condom use during oral sex prior to jail were more likely to be sexually or physically abused (chi² = 4.104; chi² = 3.886, p < .05, respectively). Although statistically significant interrelationships were not found among the three variables, significant bivariate relationships were found between intimate violence and HIV/AIDS high-risk behaviors.


KEY WORDS: violence, risk behaviours, prison, women, HIV

USA

520. ELEMENTS OF WELL-BEING AFFECTED BY CRIMINALIZING THE DRUG USER.

OBJECTIVE: The authors examine the possible adverse consequences of incarceration on drug offenders, their families, and their communities. OBSERVATIONS: State and federal policies on drug felons may affect eight elements of personal and community well-being: children and families, access to health benefits, access to housing benefits, access to assistance for higher education, immigration status, employment, eligibility to vote, and drug use or recidivism. CONCLUSIONS: Minorities have a high chance of felony conviction and an increasing lack of access to resources, suggesting that patterns of drug conviction and health
disparities may be mutually reinforcing. Large numbers of people sent to prison for drug offenses are now completing their terms and reentering communities. Their reentry will disproportionately affect minority communities. Without resources (education, job opportunities, insurance, health care, housing, and the right to vote) drug abusers face a higher risk of recidivism and increase the burden on their communities.


KEY WORDS: drugs, prison, community USA

521. PSYCHIATRIC COMORBIDITY IN RISK GROUPS OF OPIOID ADDICTION: A COMPARISON BETWEEN OPIOID DEPENDENT AND NON-OPIOID DEPENDENT PRISONERS (IN JAIL DUE TO THE GERMAN NARCOTICS LAW)

Individuals who do not develop opioid dependence although they have access to opioids might differ with regard to psychiatric risk factors from opioid-exposed subjects who developed opioid dependence. To test this assumption, the present investigation compared individuals who were in jail due to the German "Dangerous Drugs Act" (i.e. particular risk group due to facilitated opioid availability) according to presence or absence of opioid dependence and psychiatric comorbidity in each group. This study design is in line with the assumption that in addition to the (postulated) environmental risk factor of facilitated availability of opioids, psychiatric risk factors enhance the likelihood for the development of opioid dependence. Opioid addicts represent a risk group, not only for other forms of substance dependence, but also psychiatric disorders like anxiety disorders, suicide attempts and specific forms of personality disorders. However the difference between opioid dependent subjects and non-opioid dependent controls was less marked than initially postulated. Alcoholism of non-opioid dependent prisoners also was associated with depressive episodes, anxiety disorders as well as cocaine dependence. Despite the high frequency of life-time psychiatric comorbidity in the opioid dependent sample, this increased comorbidity was not paralleled by psychiatric treatment. In general, the sample of prisoners investigated here, was characterized by a high frequency of psychiatric disorders including substance dependence.


Article in German

KEY WORDS: opiates, prison GERMANY

522. HUMAN IMMUNODEFICIENCY VIRUS IN CORRECTIONAL FACILITIES: A REVIEW.

It is estimated that up to one-fourth of the people living with human immunodeficiency virus (HIV) infection in the United States pass through a correctional facility each year. The majority of persons who enter a correctional facility today will return home in the near future. Most inmates with HIV infection acquire it in the outside community; prison does not seem to be an amplifying reservoir. How correctional health services deal with the HIV-infected person has important implications to the overall care of HIV-infected people in the community. Routine HIV testing is well accepted. Combination antiretroviral therapy has been associated with a reduction in mortality in prisons. A link between area HIV specialists and correctional health
care providers is an important partnership for ensuring that HIV-infected patients have optimal care both inside prison and after release.


KEY WORDS: HIV, prison
USA

523.
A COLLABORATIVE EFFORT TO ENHANCE HIV/STI SCREENING IN FIVE COUNTY JAILS.

Funding from the Centers for Disease Control and Prevention and the Health Resources and Services Administration (HRSA) supports collaborations among health departments (CA, FL, GA, IL, MA, NJ, NY), correctional facilities, and community-based organizations to improve services to HIV-infected inmates, particularly as they return to the community. Additionally, HRSA funded the Evaluation and Program Support Center to guide the implementation of a multi-site evaluation of the Corrections Demonstration Project (CDP). The authors present a model approach to the problem of health disparities that involves forging collaborations among federal funders, public health departments, corrections, community-based organizations, and the scientific research community. They show how such collaboration can promote the reduction of racial/ethnic health disparities. The authors examined disease screening activities in five county jails. Screening for HIV and other sexually transmitted infections (STIs) was offered during the medical intake process and during HIV prevention education sessions. One thousand twenty inmates were tested from July 1, 2000, through December 31, 2000, for HIV infection, and 171 (17%) positive cases were identified (largely due to confirmatory testing). Of HIV-positive inmates, 83 (49%) were started on antiretroviral treatment. Additionally, 2,160 were tested for chlamydia, 1,327 for gonorrhea (largely duplicated), and 937 (duplicated) for syphilis. Across all three STIs, 78% of those who tested positive were treated. The remaining 22% either declined treatment, were released prior to notification of results, or were released prior to starting treatment. The CDP offers a model approach for addressing the poor health status of members of racial/ethnic minority groups by developing collaborations between corrections, public health departments, community-based organizations, and academia. An outgrowth of this collaboration is the improved capacity to detect and treat disease, which is a necessary component of a comprehensive HIV risk reduction program.


KEY WORDS: HIV testing, prison
USA

524.
EVALUATING COMPONENT EFFECTS OF A PRISON-BASED TREATMENT CONTINUUM.

A continuum of correctional-based therapeutic community (TC) treatment programs for drug-involved offenders has been functioning for several years in Delaware. Previous evaluations have shown the efficacy of the full continuum for up to three years post-treatment, though there has been some question of the benefits of treatment within prison. The particular focus here is on the relative impact of the within-prison, transitional, and aftercare treatment components upon criminal recidivism and relapse to illicit drug use. The relative benefit of participation in each component is supported, over and above the effects of differences in demographics and histories of criminal behavior and illicit substance use. However, the residential transitional
Program effects are generally larger and more long lasting. Additionally, the two outcomes appear differentially sensitive to the degree of completion of the continuum.


**KEY WORDS:** prison, drugs, treatment

USA

525.

**HIV AND AIDS RISK BEHAVIORS AMONG FEMALE JAIL DETAINERS: IMPLICATIONS FOR PUBLIC HEALTH POLICY.**

OBJECTIVES: We examined the sexual and injection drug use HIV and AIDS risk behaviors of female jail detainees. METHODS: The sample (n = 948) was stratified by charge type (felony vs misdemeanor) and race/ethnicity (African American, non-Hispanic White, Hispanic, other). RESULTS: Non-Hispanic White women, women arrested for less serious charges, women who had prior arrests, women arrested on drug charges, and women with severe mental disorders were at especially high risk for sexual and injection drug transmission of HIV and AIDS. CONCLUSIONS: Many women at risk for HIV and AIDS--women who use drugs, women who trade sex for money or drugs, homeless women, and women with mental disorders--eventually will cycle through jail. Because most jail detainees return to their communities within days, providing HIV and AIDS education in jail must become a public health priority.


**KEY WORDS:** women, HIV, risk behaviours, prison

USA

526.

**METHADONE MAINTENANCE EXPANDS INSIDE FEDERAL PRISONS**

In an attempt to curb rising HIV and hepatitis C infection rates and to lower recidivism rates, federal prisons have begun offering methadone maintenance treatment (MMT) to any prisoner with an opiate addiction. The article reviews the effectiveness of such treatments in lowering recidivism and HIV & hepatitis infection rates in Canadian correctional facilities.

Barbara Sibbald, 2002, *CMAJ*, November 12; 167 (10)

**KEY WORDS:** methadone, prison

CANADA

527.

**RISK OF PREVALENT HIV INFECTION ASSOCIATED WITH INCARCERATION AMONG INJECTING DRUG USERS IN BANGKOK, THAILAND: CASE-CONTROL STUDY**

Objectives: To identify risks for HIV infection related to incarceration among injecting drug users in Bangkok, Thailand.

Design: Case-control study of sexual and parenteral exposures occurring before, during, and after the most recent incarceration.

Setting: Metropolitan Bangkok.

Participants: Non-prison based injecting drug users formerly incarcerated for at least six months in the previous five years, with documented HIV serostatus since their most recent release; 175 HIV positive cases and 172 HIV negative controls from methadone clinics.

Main outcome measure: Injection of heroin and methamphetamine, sharing of needles, sexual behaviour, and tattooing before, during, and after incarceration.
Results: In the month before incarceration cases were more likely than controls to have injected methamphetamine and to have borrowed needles. More cases than controls reported using drugs (60% v 45%; P=0.005) and sharing needles (50% v 31%; P<0.01) in the holding cell before incarceration. Independent risk factors for prevalent HIV infection included injection of methamphetamine before detention (adjusted odds ratio 3.3, 95% confidence interval 1.01 to 10.7), sharing needles in the holding cell (1.9, 1.2 to 3.0), being tattooed while in prison (2.1, 1.3 to 3.4), and borrowing needles after release (2.5, 1.3 to 4.4).

Conclusions: Injecting drug users in Bangkok are at significantly increased risk of HIV infection through sharing needles with multiple partners while in holding cells before incarceration. The time spent in holding cells is an important opportunity to provide risk reduction counselling and intervention to reduce the incidence of HIV.


KEY WORDS: HIV, injecting drug users, risk behaviours, prison
THAILAND

528.
DECEPTION IN PRISON ASSESSMENT OF SUBSTANCE ABUSE.

The relationship of The Paulhus Deception Scales (PDS; ) to the Texas Christian University Drug Screen I was investigated in participants screened for a voluntary in-prison substance abuse treatment program. Mean PDS scores for 35 female and 277 male prison inmates were significantly higher than the inmate norms in the test manual. All three PDS scale scores were negatively related to symptom endorsement and to the diagnosis of drug dependence. Almost 37% of participants produced protocols of questionable validity, with 22% faking-good and 14.7% faking-bad. However, over 90% of participants obtained scores that were not covered by the manual's profile typology. These findings underline the importance of deception to correctional assessment and the need for more information on the psychometrics and operating characteristics of the PDS in correctional settings.


KEY WORDS: substance use, prison
USA

529.
THERAPEUTIC COMMUNITIES AND PRISON MANAGEMENT: AN EXAMINATION OF THE EFFECTS OF OPERATING AN IN-PRISON THERAPEUTIC COMMUNITY ON LEVELS OF INSTITUTIONAL DISORDER.

There is a growing emphasis in corrections on the treatment of inmates with drug problems. The typical method of evaluating drug treatment programs is to examine how the treatment affects the inmate in terms of relapse and recidivism. This study examines the institutional consequences of operating a therapeutic community located in a medium/high-security male institution. The effect on management is examined from a perspective of institutional disorder. Disorders, from less severe inmate rule violations to more serious assaults, and rates of grievance filing are examined within the treatment unit and compared with rates in the general population. The inmate's perception of the environment, whether in treatment or non-treatment, is also examined. Findings indicate that in-prison therapeutic communities have lower levels of disorder than nontreatment housing units and tend to produce more positive perceptions of the
living environment among the inmates living there. The impact of these findings for prison management is discussed.

**KEY WORDS:** prison, therapy
USA

530.
**COMPARING INMATE PERCEPTIONS OF TWO RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS.**
Drug and alcohol abuse by criminal offenders remains at an all time high. Residential substance abuse and treatment (RSAT) programs were developed to address the drug and alcohol treatment needs of inmates in prisons. Typically, such programs range in length from 6 to 12 months, have an Alcoholics Anonymous and/or Narcotics Anonymous component, and occur in a therapeutic community environment. Some programs also include a cognitive self-change component. Inmate participation in their programming is crucial to the success of a therapeutic community treatment environment, yet there is little research on the perceptions of RSAT inmates regarding their programming. In this research, the authors describe, compare, and contrast the perceptions of inmate clients of two RSAT programs in a rural mountain state.

**KEY WORDS:** prison, drugs, treatment
USA

531.
**THE MARYLAND DIVISION OF CORRECTION HOSPICE PROGRAM.**
The Maryland Division of Correction houses 24,000 inmates in 27 geographically disparate facilities. The inmate population increasingly includes a frail, elderly component, as well as many inmates with chronic or progressive diseases. The Division houses about 900 human immunodeficiency virus (HIV)-positive detainees, almost one quarter with an acquired immune deficiency syndrome (AIDS) diagnosis. A Ryan White Special Project of National Significance (SPNS) grant and the interest of a community hospice helped transform prison hospice from idea to reality. One site is operational and a second site is due to open in the future. Both facilities serve only male inmates, who comprise more than 95% of Maryland’s incarcerated.
"Medical parole" is still the preferred course for terminally ill inmates; a number have been sent to various local community inpatient hospices or released to the care of their families. There will always be some who cannot be medically paroled, for whom hospice is appropriate. Maryland’s prison hospice program requires a prognosis of 6 months or less to live, a do-not-resuscitate (DNR) order and patient consent. At times, the latter two of these have been problematic. Maintaining the best balance between security requirements and hospice services to dying inmates takes continual communication, coordination and cooperation. Significant complications in some areas remain: visitation to dying inmates by family and fellow prisoners; meeting special dietary requirements; what role, if any, will be played by inmate volunteers. Hospice in Maryland’s Division of Correction is a work in progress.

**KEY WORDS:** prison, health
USA
532.
TUBERCULOSIS IN THAI PRISONS: MAGNITUDE, TRANSMISSION AND DRUG SUSCEPTIBILITY.
BACKGROUND: Because of the human immunodeficiency virus (HIV) epidemic, tuberculosis has reemerged as a major public health problem in Thailand. Prison inmates are at high risk for developing tuberculosis because of the high prevalence of HIV infection. OBJECTIVES: To determine the magnitude, transmission, and drug susceptibility of tuberculosis in Thai prisons. SETTINGS: Four provincial prisons in Southern Thailand. DESIGN: Cross-sectional, descriptive, clinical and molecular study. RESULTS: Miniature chest roentgenograms were performed on 304 (6.4%) of 4751 inmates screened for a ≥ 2 week history of chronic cough and fever. At least 17 (35%) of 49 inmates who had a miniature chest roentgenogram compatible with tuberculosis were HIV-positive. The prevalence of smear-positive pulmonary tuberculosis was 568 per 100,000 inmates, which was eight times higher than that in the general population. Eight (38%) of 21 culture-positive Mycobacterium tuberculosis isolates had DNA fingerprints matching those of another inmate who was housed in the same room or in the same dormitory unit; 39% of the M. tuberculosis isolates were resistant to isoniazid; three of these isolates were also borderline resistant to rifampicin. CONCLUSION: The prevalence of pulmonary tuberculosis in these prisons was high. A substantial proportion were acquired in the prisons. Isoniazid (INH) resistance was common, and theoretically precludes the use of INH-preventive therapy for contacts of these cases. Active case finding should be done and directly observed therapy implemented to prevent the spread of tuberculosis into the community.
KEY WORDS: prison, tuberculosis, HIV
THAILAND

533.
TUBERCULOSIS OUTBREAK IN A HOUSING UNIT FOR HUMAN IMMUNODEFICIENCY VIRUS-INFECTED PATIENTS IN A CORRECTIONAL FACILITY: TRANSMISSION RISK FACTORS AND EFFECTIVE OUTBREAK CONTROL.
In 1995, an outbreak of tuberculosis (TB) occurred among residents of a correctional-facility housing unit for inmates infected with human immunodeficiency virus (HIV). We isolated and treated patients who were suspected to have TB. To determine risk factors for in-prison transmission of TB, we conducted a case-control study to compare inmate case patients infected with a distinct outbreak strain of TB with control subjects who resided in the HIV unit. We identified 15 case patients during a 4-month period. Among inmates with a CD4 count of <100 cells/mm(3), case patients were more likely than control subjects to spend ≥20 hours per week in a communal day room (odds ratio, 42; P=.002) and were less likely to have a television in their single-person room (odds ratio, 0.10; P=.003). The communal day room was a likely site of transmission. Successful collaboration between the correctional system and public health departments halted the outbreak.
KEY WORDS: prison, HIV, tuberculosis
USA

534.
'BEHIND WALLS': A STUDY OF HIV RISK BEHAVIOURS AND SEROPREVALENCE IN PRISONS IN ZAMBIA.

Inmate populations include a large number of individuals at risk of HIV infection. However, there is insufficient data about HIV/AIDS epidemiology in prisons. Our study, conducted in Zambia, a sub-Saharan African nation with an estimated HIV prevalence of 19% in adults, was designed to address this shortfall.


KEY WORDS: HIV, prison

ZAMBIA

535.

DRUGS: DILEMMAS AND CHOICES

The book summarises major research findings and discusses various policy options, ranging from trying to keep the status quo to different degrees of legalisation, concerning the drug problem. It describes the most popular drugs, summarises the history of drug use and reviews the effectiveness of various methods of drug treatment and drug prevention, suggesting a greater importance of modern treatment methods (like the methadone therapy) in comparison to increased effort on law enforcement and drug interception by customs and police officers, as a way of controlling the substance abuse problem.

Working party of the Royal College of Psychiatrists and the Royal College of Physicians, 2000, Gaskell, pp 291

KEY WORDS: drug prevention, drugs, treatment, policies

UK

536.

NALTREXONE PHARMACOTHERAPY FOR OPIOID DEPENDENT FEDERAL PROBATIONERS.

Federal probationers or parolees with a history of opioid addiction were referred by themselves or their probation/parole officer for a naltrexone treatment study. Participation was voluntary and subjects could drop out of the study at any time without adverse consequences. Following orientation and informed consent, 51 volunteers were randomly assigned in a 2:1 ratio to a 6-month program of probation plus naltrexone and brief drug counseling, or probation plus counseling alone. Naltrexone subjects received medication and counseling twice a week; controls received counseling at similar intervals. All therapy and medication were administered in an office located adjacent to the federal probation department. Fifty-two percent of subjects in the naltrexone group continued for 6 months and 33% remained in the control group. Opioid use was significantly lower in the naltrexone group. The overall mean percent of opioid positive urine tests among the naltrexone subjects was 8%, versus 30% for control subjects (p < .05). Fifty-six percent of the controls and 26% of the naltrexone group (p < .05) had their probation status revoked within the 6-month study period and returned to prison. Treatment with naltrexone and brief drug counseling can be integrated into the Federal Probation/Parole system with favorable results on both opioid use and re-arrest rates.


KEY WORDS: naltrexone, substitution

USA
537.
**DRUG USE AND PRISONS: AN INTERNATIONAL PERSPECTIVE**

The book contains case reports from several countries showing that prisons are not doing all they could and should. It has chapters describing the situation in Australia, Brazil, Germany, the Netherlands, Switzerland, sub-Saharan Africa, Britain, and the United States. The responses to drug problems vary greatly, from the high tolerance Swiss model to the zero-tolerance USA policy (which, in turn, creates a thriving prison black market for drugs), as do the therapies offered to incarcerated addicts and the harm reduction methods available for them. The review of the different policies makes for a comprehensive, albeit somewhat burdensome lecture.

Editors David Shewan, John B Davies, 2000, *Harwood Academic*, pp 256

**KEY WORDS:** drugs, prison

INTERNATIONAL

538.
**RUSSIA: NEW CRIMINAL PROCESS CODE PROMISES A MORE TOLERANT INCARCERATION POLICY.**

The population of Russian prisons is one of the largest in the world: as of 1 April 2002, there were 1,220,368 people living in prisons in the country. Some data suggest that 15 to 20 percent of all people living with HIV/AIDS in Russia are in prisons and detention facilities.


**KEY WORDS:** policy, prison

RUSSIAN FEDERATION

539.
**PRIOR OPIATE INJECTION AND INCARCERATION HISTORY PREDICT INJECTION DRUG USE AMONG INMATES.**

AIMS: To describe injection drug use among inmates, and to identify correlates of drug injection while incarcerated. DESIGN: Cross-sectional survey. SETTING: Six provincial correctional centres in Ontario, Canada. PARTICIPANTS: Face-to-face interviews were conducted with a random sample of 439 adult males and 158 females. MEASUREMENTS: Inmates were asked about drug use in their lifetime, outside the year prior to their current incarceration, and while incarcerated in the past year. Among the 32% (189 / 597) with a prior history of drug injection, independent correlates of injection while incarcerated in the past year were identified using multiple logistic regression. FINDINGS: Among all inmates while incarcerated in the past year, 45% (269 / 597) used drugs and 19% (113 / 596) used non-cannabis drugs. Among those with a prior history of drug injection, independent correlates of injection while incarcerated in the past year were injection of heroin (OR = 6.4) or other opiates (OR = 7.9) and not injecting with used needles (OR = 0.20) outside in the year prior to incarceration, and ever being incarcerated in a federal prison (OR = 5.3). CONCLUSIONS: The possibility of transmission of human immunodeficiency virus (HIV), hepatitis C (HCV) or other blood-borne diseases exists in Ontario correctional centres. In this setting, drug injection while incarcerated is primarily related to opiate use prior to incarceration. The correlation between injecting and extensive incarceration history suggests missed opportunities to improve inmates' health.

540.
SEXUALLY TRANSMITTED INFECTIONS IN A YOUNG OFFENDERS INSTITUTION IN THE UK.
According to the recently published National Strategy for Sexual Health and HIV, prisoners need targeted sexual health information. However, there is a paucity of published data on incidence of sexually transmitted infections (STIs) among prisoners in the UK. The aim of this study was to assess the sexual behaviour and spectrum of STI in a young offenders institution (YOI) in the UK. Case notes of all patients seen in a male YOI in Reading over a one-year period were reviewed. All were either self-referrals or referred by the prison staff. Age- and sex-matched patients attending the genitourinary medicine (GUM) clinic at the Royal Berkshire Hospital Reading during the same period served as a control group. A total of 177 patients aged 17-20 were seen in the YOI during the study period. Ninety (51.72%) had STI vs 95 (54.91%) in the control group (P = 0.5942). Three YOI patients and four GUM attendees declined STI screening. Twenty-nine (16.38%) patients in the YOI had \( \geq 2 \) sexual partners in the preceding three months vs 41 (23.16%) in the control group (P = 0.0811). Fourteen (7.90%) YOI patients had a previous history of STI vs 25 (14.12%) in the GUM clinic population (P = 0.0618). Thirty-five (20.11%) YOI patients gave a history of having injected drugs vs none amongst GUM clinic attendees. Of the 35 patients with a history of intravenous drug use four were hepatitis C-antibody positive. This study showed high rates of STI in a YOI. Past history of high risk behaviour was common and a significant number had been intravenous drug users. This study strongly supports the need for immediate care, targeted sexual health information and STI prevention in YOI in the UK.
KEY WORDS: STDs, juveniles
UK

541.
HISTORY OF PRIOR TB INFECTION AND HIV/AIDS RISK BEHAVIOURS AMONG A SAMPLE OF MALE INMATES IN THE USA.
This study looked at inmates' self-reported data on prior treatment for tuberculosis (TB) and HIV/AIDS risk among a sample of inmates in a medium security prison. Contingency tables were used and risk ratios were computed to provide an estimate of relative risk for inmates with a history of being treated for TB in opposition to inmates without a history of being treated for TB. Findings suggest that inmates who reported being treated for TB were more likely to have had sex with a man while in prison and to report that, while in prison, they had a main sex partner. They were also 1.15 times more likely to have had sex with a person from the transgender community while in prison and 2.53 times more likely to report having been forced to have sex while in prison than those without a past history of being treated for TB. Future studies should attempt to determine the extent to which having an infectious disease such as TB impacts behavioural change with respect to behaviours practised by inmates.
KEY WORDS: HIV, risk behaviours, tuberculosis
USA
542. WE NEED EVIDENCE OF THE RISKS AND BENEFITS OF INTRODUCING NEEDLE EXCHANGE SCHEMES IN PRISON.
The letter concerns the link between injecting drug use and hepatitis during imprisonment. The author suggests that, in the present setting, the provision of needle exchange for incarcerated IDUs may actually cause an increase in the rates of hepatitis infection, by encouraging IDUs in correctional facilities to continue taking drugs. While the author does not negate the possible overall effect of greater harm reduction through the introduction of needle exchange, he suggests that further investigation into the factors concerning drug use in prison might be necessary before undertaking such an endeavour.
KEY WORDS: injecting drug users, needle exchange, prison
IRELAND

543. HIGH PREVALENCE OF VIRAL AND OTHER SEXUALLY TRANSMITTED DISEASES WAS FOUND IN INDIAN PRISONS
The letter describes a study of viral and sexually transmitted diseases in Indian prisons. It indicates a high prevalence of such diseases, most noticeably hepatitis B, hepatitis C and HIV, caused mostly by homosexual activities. Injecting drug use was a far less significant factor, mainly due to the low number of IDUs among the Indian prison population. The letter stresses the need for activities promoting increased STD awareness in Indian prisons.
KEY WORDS: prison, STDs
INDIA

544. STUDY IN ZAMBIA SHOWED THAT ROBUST RESPONSE IS NEEDED IN PRISONS
The article reviews the threat of bloodborne diseases in Zambian prisons, indicating a high HIV seroprevalence, caused mainly by sexual transmission and with a very limited availability of harm reduction measures. The authors suggests an intensification of harm-reduction policies as a means of preventing HIV transmission in Zambian correctional facilities.
KEY WORDS: prison, HIV
ZAMBIA

545. DRUG USERS RECEIVE WORSE CARE IN PRISON THAN IN THE COMMUNITY
The article reviews services available for incarcerated drug users throughout the European Union, as well as the scale of drug usage through out European prisons. It indicates the vast differences in policies concerning drug users throughout the EU and in drug-treatment and harm-reduction strategies.
KEY WORDS: drugs, treatment, prison, community
INTERNATIONAL
546. 
**PRISON RIGHTS: MANDATORY DRUGS TESTS AND PERFORMANCE INDICATORS FOR PRISONS**

The article reviews potential policies for mandatory drug testing in correctional settings and the strategies required to prevent incarcerated drug users from switching from ‘soft drugs’ (cannabis) to ‘hard drugs’ (like heroin), including all the health risks following such a change (increased HIV and hepatitis infection rates through intravenous use, etc.).


**KEY WORDS:** prison, mandatory drug testing

UK

547. 
**METHADONE MAINTENANCE REDUCES INJECTING IN PRISON**

The letter reviews the effects of methadone treatment in correctional setting in lowering intravenous drug use. The authors suggest that methadone treatment is an effective method of lowering drug usage in prison, as it is in community settings, provided, however, that two conditions are met: the daily dosage of methadone must be at least 60 mg and the treatment must continue for the entire length of the incarceration.

Kate Dolan, Wayne Hall, Alex Wodak, 1996, *BMJ*, 312:1162

**KEY WORDS:** methadone, prison

UK

548. 
**DRUG USE AND OFFENDING: SUMMARY RESULTS OF THE THREE YEAR ADAM PROGRAMME**

The New English and Welsh Arrestee Drug Abuse Monitoring (NEW-ADAM) programme is a national research study of interviews and voluntary urine tests designed to establish the prevalence of drug use among arrestees (suspected offenders arrested by the police). This rolling programme covers 16 locations in England and Wales and each data collection cycle lasts two years (8 sites were visited in Year 1 and the remaining 8 sites in Year 2). The first eight sites were revisited in Year 3. The survey data collected provide information on the characteristics, drug use and offending behavior of adults entering the Criminal Justice System. Summary data are presented from the 16 custody suites visited in the first two years. As interviewed arrestees are also asked about their offending behavior (focusing on acquisitive crime), the relationship between drug use and certain types of criminal activity can be explored. 3,091 arrestees were interviewed across the 16 locations, and 95% of these provided a urine sample for scientific testing. The first eight locations were revisited in 2001–2002 to assess any early changes in drug use and crime at these specific sites over the 3-year period.

**Drug use was measured in two ways:**
- urine samples (urinalysis)
- self-reported information provided by arrestees.

**Key points of this study are:**
- Urine tests of arrestees revealed that 69% of arrestees tested positive for one or more illegal drugs, and 36% tested positive for two or more such substances.
- 38% of arrestees tested positive for opiates (including heroin) &/or cocaine (including crack).
- 18% of the interviewed arrestees were repeat offenders, regularly using heroin &/or cocaine &/or crack (HCC).
• Average expenditure on drugs, by those who had reported using drugs and spending money on them in the last 12 months, was highest for those consuming heroin and cocaine and crack, at £323 in the last seven days compared with £190 for drug users generally.
• Arrestees who reported using heroin and cocaine and crack in the last 12 months represented just over one-tenth of the arrestees interviewed, yet they were responsible for nearly one-third (31%) of the illegal income reported. On average, arrestees who had generated illegal income and who used heroin and cocaine and crack in the last 12 months reported an average illegal income of more than £24,000 per year (median £12,490).
• 60% of arrestees who reported using one or more illegal drugs in the last 12 months and committing one or more acquisitive crimes acknowledged a link between their drug use and offending behavior. This proportion rose to 89% among arrestees who said that they had committed one or more acquisitive crimes and that they had used heroin and cocaine and crack in the last 12 months.


**KEY WORDS:** drug use, arrestees, offenders, trends

549.

**EVALUATION OF DRUG TESTING IN CRIMINAL JUSTICE SYSTEM IN NINE PILOT AREAS**

The Criminal Justice and Court Services Act 2000 gave the police the power to drug test detainees in police custody and the courts the power to order pre-sentence drug tests and drug testing of offenders under the supervision of the probation service. The testing is for specified Class A drugs for individuals aged 18 and over who have been charged, or convicted of ‘trigger offences’ (these include property crime, robbery and specified Class A drug offences). The nine pilot areas reported in this research are– Hackney, Nottingham, Stafford, Cannock, Bedford, Blackpool, Doncaster, Torquay, Wirral, and Wrexham and Mold. The objectives of the drug testing powers are to deter drug misuse while under criminal justice supervision and to identify offenders who should be receiving treatment and monitoring their progress. It is part of a wider government programme delivered through the National Drugs Strategy to tackle drug related crime. The aims of the evaluation are to monitor the progress of the pilots, identify good practice and assess overall effectiveness. Data collection and analysis across all nine sites up to October 2002 included: monitoring data, 736 initial offender interviews across a selection of sites, 297 interviews with those involved in testing in the police and probation service, 59 observation days, case tracking of 28 individuals, attendance at and analysis of steering group meetings, informal local site visits, national and local document reviews. Validation workshops have been held with all nine sites.

**Key points**

The police carried out 6,264 tests across the nine sites. There were 34 pre-sentence tests requested, 26 drug abstinence orders, 483 drug abstinence requirements and 137 offenders released from prison on license or on notice of supervision with a drug testing condition.

Initial interviews with detainees suggest that police testing alone will not affect behavior. However, the expectation that test results will affect court decisions appeared to be a potential deterrent for some offenders. Also, police testing appears to support engagement with arrest referral schemes.
A majority of offenders reported at the first interview that they expected probation testing would help them reduce or stop drug taking and offending. They also thought it would make them more likely to seek help for drug problems if needed.

There is little evidence to suggest that police testing affects decisions relating to a prison sentence. However, evidence from probation testing suggests that a proportion of those who breach drug abstinence orders/requirements are re-sentenced to custody, as are all those who breach who are being tested on license.

Implementation issues have been raised concerning monitoring and quality assurance, early identification of eligible prisoners for license testing, integration with arrest referral and communication to courts of the results of testing at charge.


KEY WORDS: drug testing, criminal justice system, offenders, evaluation, treatment

UK

550.

DRUG-RELATED MORTALITY AMONG NEWLY RELEASED OFFENDERS

There is considerable concern about increasing rates of drug-related mortality in the UK. Evidence has suggested that recently released offenders are at a high risk of dying from drug-related causes. This study provides estimates of the rates of mortality amongst recently released prisoners in England and Wales and provides some evidence of the risk factors associated with this group. The sampling exercise was undertaken prior to the implementation of the revised prison service drug strategy which brought in a considerable expansion in the provision of treatment and support for drug misusers.

Key points

• From a sample of 12,438 prisoners discharged in June or December 1999, 79 drug-related deaths and 58 deaths from other causes were recorded in the study period up to 31 January 2001.
• There was a high rate of death from all causes in the immediate post-release period:
  • 13 deaths in the first week after release (55 deaths per thousand per annum)
  • 6 in the second week (25 deaths per thousand per annum)
  • 3 – 4 per week in the third and fourth weeks (15 deaths per thousand per annum). After this, the rate of death declined to a steady rate of about two deaths per week (between 5 and 10 deaths per thousand per annum).
• In the week following release, prisoners in the sample were about 40 times more likely to die than the general population. In this period, immediately post-release, most of these deaths (over 90%) were associated with drug-related causes.
• The age of the prisoner at the time of release was associated with the risk of death from both drugs-related and other causes. Prisoners aged 25 to 39 at the time of release were most at risk.
• Of the 79 drug-related deaths, just over half (53%) were recorded as involving only one drug.
A single drug with alcohol was recorded in 13% of cases, mixed drugs without alcohol in 19% and mixed drugs with alcohol in 14% of cases. In 71% of all cases, heroin/morphine were specifically mentioned either by the coroner or in the toxicology report.
• In a small group of prisoners interviewed while in prison as part of a survey of the mental health of prisoners carried out in 1997, risk factors for drug-related death included:
• living off crime before coming to prison
• having a small primary support group (3 people or fewer)
• being in prison for a sex offence (main offence)
• a history of illicit use of tranquilizers
• use of drugs in the months before coming to prison.


KEY WORDS: drug use, mortality, released offenders, treatment

UK

551.

PRISONERS’ DRUG USE AND TREATMENT: SEVEN STUDIES

This finding brings together some initial work on the Prison Service drug strategy. Seven different studies provide insights into drug use on the part of prisoners before, during and after custody. The studies cover: the international literature on drug treatment in prisons; the treatment needs of female prisoners; the impact of treatment on reoffending; and the initial development of the strategy. From the late 1990s, the Prison Service of England and Wales has systematically developed its drug strategy. The strategy includes Mandatory Drug Testing and ‘supply-side’ measures to curb the use and availability of drugs. It also involves a substantial programme of treatment. Such treatment is designed both to meet health needs and to help reduce reoffending, given that persistent drug offending can cause or exacerbate crime against property in particular. A programme of research and evaluation has been taking place. Early results from these studies are presented below.

Key points:
A large survey of recently-sentenced male prisoners revealed extensive drug use in the 12 months when last at liberty. The Criminality Survey 2000 showed that almost half had used heroin or crack or cocaine. Heroin was the drug most likely to have been used on a daily basis. Altogether, 73% of respondents had taken an illegal drug in the 12 months pre-prison; of these, over half (55%) reported that they had committed offences connected to their drug taking. The need for money to buy drugs was the most commonly cited factor. In a linked study (reported here), drug users identified in the Criminality Survey were interviewed again later, in custody and after release. During imprisonment there was less use of drugs than before or afterwards. In particular, there was relatively little use of stimulants such as cocaine or crack. Substantial minorities of drug-using prisoners received various types of treatment. On release, those ex-prisoners who continued to use drugs tended to be relatively prolific offenders, liable to reconviction.

Another study looked at the treatment needs of female prisoners. White female prisoners had particularly high rates of dependency (usually involving opiates). Black and mixed race female prisoners had lower rates of dependency (typically involving crack). In general, the prevalence and frequency of pre-prison drug use by female prisoners matched or even exceeded that of male prisoners. A review of the international literature on drug treatment for prisoners examined key studies. It is clear that good-quality treatment can be effective in reducing reoffending, particularly when it is of adequate length, meets individual needs and is followed through by aftercare. In England, the treatment programme already evaluated is the ‘12-step’, abstinence-based model delivered by RAPT (Rehabilitation of Addicted Prisoners Trust). A fresh study (reported here) brings together the results of published and previously unpublished work. Everything points to RAPT graduates achieving reductions in drug use and offending on their release.
Two other studies reviewed the early development of the drug strategy in prison. One, based on fieldwork in three prisons in Leicestershire in 1996–97, discusses some of the complex issues involved in delivering drug treatment in prison. The other, based on research originally carried out across much of England and Wales in 1996–98, concludes that the project was making good progress at a time when prison population pressures were reaching unprecedented levels.


**KEY WORDS:** prisoners, drug use, treatment, aftercare, reoffending

**UK**

552.

**THE IMPACT OF DRUG TREATMENT AND TESTING ORDERS ON OFFENDING: TWO YEAR RECONVICTION RESULTS**

Drug Treatment and Testing Orders (DTTOs) were introduced as a new community sentence under the Crime and Disorder Act 1998. They were designed as a response to the growing evidence of links between problem drug use and persistent acquisitive offending. The order was originally piloted at three sites – in Croydon, Gloucestershire and Liverpool – over an 18-month period, beginning in late 1998. This report summarizes the impact of the order on reconviction rates two years after the start of the order.

The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).

**Key points:** Overall two-year reconviction rates were 80% for the 174 DTTO offenders for whom criminal records were located on the Home Office’s Offenders Index database. Completion rates for DTTOs were low: of the 161 offenders for whom outcome information is available, 30% finished their orders successfully and 67% had their orders revoked. There were statistically significant differences in reconviction rates between those whose orders were revoked (91%) and those who completed their orders (53%).

Those who completed their orders reduced their annual conviction rate to levels well below those of the previous five years. The DTTO sample had more serious criminal histories and was older than a comparison sample sentenced to 1A(6) probation orders, which were forerunners of the new order. Those serving 1A(6) orders had significantly higher reconviction rates (91%) and had a higher average number of convictions in the year after the order than they did in the previous year. The challenge facing DTTOs is to improve retention rates, so that the proportion completing their order rises. This will involve the provision of more timely, more responsive and more appropriate treatment than was often the case in the pilot projects.


**KEY WORDS:** drug treatment, testing orders, problem drug use, reconviction

**UK**

553.

**HIV/AIDS IN PRISONS: FINAL REPORT ON THE EXPERT COMMITTEE ON AIDS AND PRISONS**

One of the most comprehensive reports on issues raised by HIV/AIDS and by drug use in prisons. It contains 88 recommendations on how to prevent HIV transmission in prisons and on care for prisoners with HIV/AIDS. Still extremely relevant, but must be read together with
Jürgens, 1996, infra. Also available: HIV/AIDS in Prisons: Summary Report and Recommendations (the summary version of the report); and HIV/AIDS in Prisons: Background Materials (includes a review of Canadian legal cases dealing with issues raised by HIV/AIDS in prison, a summary of the prison policies of Canadian provinces and territories and of selected foreign countries, and an analysis of the legal and ethical issues raised by protecting confidential medical information pertaining to prisoners). The results of a CSC survey of 4285 inmates, confirming that a high proportion of inmates engage in high-risk behaviors.


KEY WORDS: HIV/AIDS, prisons, recommendations

554.
PRISONERS WITH HIV/AIDS SUPPORT ACTION NETWORK. HIV/AIDS IN THE MALE-TO-FEMALE TRANSEXUAL AND TRANSGENDER PRISON POPULATION: A COMPREHENSIVE STUDY

Discusses the risk of HIV infection for transsexual and transgender prisoners, summarizes the major issues confronting male-to-female transsexual and transgender prisoners, and makes recommendations for action in the following areas: prevention of HIV transmission; injection drug use and HIV; medical and support services; human rights and confidentiality; and aftercare.


KEY WORDS: HIV/AIDS, transsexual, transgender, prison population

555.
HIV/AIDS IN PRISONS: FINAL REPORT

A comprehensive 150-page report, summarizing the history of HIV/AIDS in prisons in Canada and internationally. Includes sections on prevalence of risk behaviors in prisons, HIV transmission behind bars, needle-exchange programs, methadone maintenance treatment, and more. Argues that prison systems have a moral and legal obligation to act to reduce the risk of further spread of HIV behind bars, and to provide appropriate care, treatment, and support. Includes hundreds of references and a substantial bibliography.


KEYWORDS: HIV/AIDS, prisons

556.
THE CRISIS IN CORRECTIONAL HEALTH CARE: THE IMPACT OF THE NATIONAL DRUG CONTROL STRATEGY ON CORRECTIONAL HEALTH SERVICES

A joint position paper pointing out how existing problems in prisons in the US have been exacerbated by the war on drugs. The paper recommends that the drug-control strategy, with its emphasis on incarceration, be reconsidered; that correctional health-care budgets reflect the growing needs of the inmate population; that correctional health care be recognized as an
integral part of the public health sector; that correctional care evolve from its present reactive “sick call” model into a proactive system that emphasizes early disease detection and treatment, health promotion, and disease prevention.


KEY WORDS: correctional health care, national drug control, inmate population, health promotion, diseases prevention

USA

557.
HIV IN PRISON. A READER WITH PARTICULAR RELEVANCE TO THE NEWLY INDEPENDENT STATES

“Prisoners are sent to prison as punishment, and not for punishment”. Exposing prisoners to often fatal diseases is not part of their sentences and is unacceptable. HIV/AIDS are a more concentrated and aggressive threat in prisons than outside, and prisons are serving as foci for the development of high levels of drug-resistant communicable diseases. This book has been written as a manual for prison staff in the countries of the former Soviet Union. It is also extremely useful for other prison systems as well. In addition, it is written with the purpose of preventing unnecessary death and misery among prisoners and their families, prison staff and everyone going into prisons, and helping to avoid the spread of disease from prisons. It is designed in the first place for prison medical staff, particularly for the newly independent states and aims to pass on the most up-to-date and best knowledge and ethical standards in responding to HIV/AIDS in prison setting. The authors are leading experts in prison health and communicable diseases.

The book was made possible through cooperation between the Penal Reform International, Medecins sans Frontiers and the WHO Regional Office for Europe, as well as many other institutions (Russian Prison Administration-GUIN) and individuals.


KEY WORDS: HIV/AIDS, prisons

WORLD

558.
PRISONS AND AIDS: A PUBLIC HEALTH CHALLENGE

Provides information about the frequency of sexual contact, drug use, needle sharing, and tattooing in prisons in the US; analyzes existing educational and prevention efforts; and recommends strategies for developing improved prevention programs, including for young offenders and for ethnic-minority inmates. Includes a guide to education and prevention resources in the US.


KEY WORDS: prisons, aids, public health, sexual contact, needle sharing, tattooing

USA
559. AN INTERNATIONAL REVIEW OF METHADONE PROVISIONS IN PRISONS
Few papers have appeared documenting the provision of methadone in prison systems. This is probably the most comprehensive review, based on correspondence with prison authorities in a number of countries.
KEY WORDS: prisons, methadone
WORLD

560. PRISONS AND AIDS: UNAIDS TECHNICAL UPDATE
In April 1997, the Joint United Nations Programme on HIV/AIDS (UNAIDS) published an extremely useful set of two documents on HIV/AIDS and drug use in prisons around the world, with basic information about the issues, challenges, responses, resources, and UNAIDS’ point of view. This is probably the best summary available on HIV/AIDS and drug use in prisons.
KEY WORDS: prisons, HIV/AIDS, drug use
WORLD

561. HARM REDUCTION IN PRISONS: STRATEGIES AGAINST DRUGS, AIDS AND RISK BEHAVIOUR
A summary of the proceedings of a symposium on harm reduction in prisons, held in Berne, Switzerland, in March 1996. At the symposium, the initial results of the first scientifically evaluated needle-exchange project in prison were presented and discussed to “prepare a scientific basis for subsequent political decisions.”
KEYWORDS: Harm reduction, risk behavior, prisons, drugs
SWITZERLAND

562. PREVENTING HIV TRANSMISSION IN PRISON: A TALE ON MEDICAL DISOBEDIENCE AND SWISS PRAGMATISM
Describes how Dr Franz Probst, a part-time medical officer working at Oberschöngrün prison in the Swiss canton of Solothurn, began distributing sterile injection material without informing the prison director: the world’s first distribution of injection material inside prison began as an act of medical disobedience.
KEYWORDS: HIV/AIDS, prisons, medical disobedience
SWITZERLAND

563.
IS SYRINGE EXCHANGE FEASIBLE IN A PRISON SETTING? AN EXPLORATION OF THE ISSUES

A study conducted to consider the issues raised by syringe-exchange programs in prison and to assess their possible benefits, adverse consequences, and the feasibility of implementing them. The study found that needle and syringe exchange is feasible in Australian prisons.


KEYWORDS: Syringe exchange programmes, prisons, needle exchange programmes

AUSTRALIA

564.

DRUG USE AND PRISONS: AN INTERNATIONAL PERSPECTIVE

Prisons today contain large proportion of drug users. Drug use and Prisons provides the first comprehensive account of patterns of drug use and risk behaviors in prisons, and of the different responses to this feature of prison life. Contains articles from Europe, North and South America, Africa, and Australia and experts from a variety of professional backgrounds provide an international perspective to this ongoing problem. In the past prisoners were one of the ‘hidden population’ of drug users. But with increasing recognition of the potential for the prison setting to act as a conduit for HIV within the prisoner population and thence into the community, failure to face this prospect is no longer an option for public health researchers or policy makers, nor for those working in the prison system.


KEYWORDS: Drug use, prisons

WORLD

565.

QUEBEC REPORT ON HIV PREVENTION IN PROVINCIAL PRISONS

After a year of work, including consultations with numerous experts in the area of HIV/AIDS and drug use, a working group established by the Québec ministry of public security released a report in June 1997. Its recommendations include better education programs for inmates and staff in Québec provincial prisons, wider and more discreet access to condoms, increased access to bleach, continuation of methadone maintenance for prisoners who were on such treatment on the outside, and education about safe tattooing techniques.

The recommendations are consistent with those made by other Canadian and international agencies and groups of experts. They are nevertheless noteworthy because they were made by a group consisting entirely of persons from within the prison system and the Québec government, with the majority coming from various provincial prisons. Acknowledging that "it is doubtless not realistic to target the complete elimination of risk behaviors among inmates," the group recommended that the Québec prison system "take a harm-reduction approach to health issues, in accordance with the public health approach recommended by the WHO." In a breathtaking departure from the otherwise well-reasoned and -argued report, the section on needle exchange in prisons is characterized by an absence of logic. Looking for reasons to refuse making sterile injection equipment available to inmates, the group argued that since access to sterile needles was limited outside prisons, the prison system should not make them available to inmates. The group rightly states that injection drug use among those using outside diminishes in prison. But no reference is made, for example, to the results of a study undertaken in a prison in Québec that showed that 11 of the 12 inmates in the study who
admitted injecting in prison also admitted to sharing syringes – with obvious transmission risks. Nevertheless, the report, which unfortunately is available in French only, should be read by staff and officials of prison systems in Canada and outside. Ministry of Public Security report (1997). Quebec report on HIV prevention in provincial prisons. Québec, Canada.

**KEYWORDS:** HIV/AIDS, prevention, drug use, public security, services in prisons

**CANADA**

566.

CONSELING AND TESTING SERVICES IN TWO PROVINCIAL PRISONS IN QUEBEC

This report on the evaluation of the counseling and testing services offered in two provincial prisons in Montréal - a prison for men and a prison for women – concludes that "maintaining, even improving, access to HIV testing and counseling services is justified ... in all provincial correctional establishments." In the two prisons studied, testing and counseling services have been offered since 1994 by the local public health clinic. Between November 1995 and June 1996, the period covered by the evaluation, 197 inmates used the counseling service. Sixty-five percent of them responded to a questionnaire developed for the evaluation and 24 inmates also participated in an individual interview. In addition, focus groups were undertaken with inmates who did not use the services offered, to identify barriers to use.

The evaluation showed that the services reach a clientele at high risk of HIV infection:
- 52 percent of the men and 56 percent of the women who used the services had injected drugs during the 12 months before imprisonment;
- 10 percent of the men and 67 percent of the women had engaged in prostitution;
- 8 percent of the men and 46 percent of the women had both risk factors; and
- 41 percent of the men and 34 percent of the women had sexual partners who were IDUs.

In addition, the evaluation showed that many of the clients reached had not used counseling and testing services on the outside: 63 percent of the male and 43 of the female clients were at their first HIV test.

The report suggests ways to further improve testing and counseling service in prisons. It concludes that we need to reach those who continue, inside prison, to expose themselves to the risks of HIV infection. In particular, access to the means of protecting oneself (sterile syringes, condoms, methadone maintenance treatment, etc) have to be made available as part of a general HIV prevention strategy in prisons.


**KEYWORDS:** HIV/AIDS, prevention, drug use, public security, services in prisons

**CANADA**

567.

HARM REDUCTION IN PRISONS

Available under this title is a summary of the proceedings of the symposium on harm reduction in prisons that took place in Berne from 28 February to 1 March 1996. At the symposium, the first results of the first scientifically evaluated needle exchange project in prison were presented and discussed to "prepare a scientific basis for subsequent political decisions." About the project, Dr. J. Nelles, who conducted the evaluation, writes in the introduction of the book: The results of this 12-month project are now available. The outcomes, entirely positive, allay all the fears described before the project start. Most importantly, the exchange of used syringes
between drug dependents all but disappeared. According to Nelles and Fuhrer, what characterizes this project [and the heroin prescription project at Oberschöngrünic, described elsewhere in this issue of the Newsletter is the fact that they were both initiated by concerned prison personnel and subsequently won the commitment of an active public health authority which guaranteed systematic project design, scientific supervision, and funding of the project implementation. In the final analysis, it is this combination of courageous action, circumspect support and scientific appraisal that has made the projects politically acceptable and practicable.

The book makes the results of the Swiss projects available for wider discussion and is essential reading for everyone interested in HIV/AIDS and drug use in prisons, particularly policymakers. It is to be hoped that the results will be taken into account in political decisions and in the planning and implementation of further projects.


KEY WORDS: Harm reduction, prisons, HIV/AIDS, policy

SWITZERLAND

568.
BELGIAN REPORT ON AIDS IN PRISONS
This is another of the growing number of reports on HIV/AIDS and drug use in prisons in a particular country that analyzes the situation in the prison system(s) of the country and makes recommendations about how to deal with the issues raised. In this case the country is Belgium. The recommendations are the same as in most of the other reports, including that a pilot study of distribution of sterile injection equipment be undertaken. The problem, in Belgium as elsewhere, will be to convince prison authorities to implement the recommendations.


KEYWORDS: HIV/AIDS, prisons, drug use, prison systems

BELGIUM

569.
UNDERSTANDING HIV-RELATED RISK BEHAVIOUR IN PRISONS: THE INMATES’ PERSPECTIVE
This report contains the results of a small exploratory pilot study undertaken in 1994 to gain an understanding of the potential for HIV transmission among inmates in federal institutions in Canada. Although the small sample size (n=39, 20 men and 19 women) limits the extent to which conclusions can be drawn from the study, the information collected shows that inmates engage in high-risk behavior and that many do not use the harm reduction tools available to them. The structure of prison life and prison culture are barriers to their use. If existing and proposed HIV interventions are to be more effective, they must be adapted to the unique prison environment. Since the study was undertaken, the Correctional Service of Canada released the results of its survey of 4285 inmates, providing evidence that at least 26 percent of inmates had engaged in "risky practices" at their current institution.


KEYWORDS: HIV, risk behavior, prisons, inmates

CANADA
570.
KNOWLEDGE MAPPING: A PSYCHOEDUCATIONAL TOOL IN DRUG ABUSE RELAPSE PREVENTION TRAINING
This study examined the effectiveness of relapse prevention training (RPT), a part of an outpatient-drug education program for a group of 83 drug addicted probationers, with special attention to the use of "knowledge maps" as supplemental instructional materials. In general, it was found that program participation by probationers improved during the use of RPT, as indicated by higher completion rates compared to social skills curriculum used the previous year. In addition, persons who successfully completed RPT sessions had lower rates of drug use after RPT (based on urinalysis results) and higher test scores on lesson materials. Finally, the randomly-assigned group of probationers who were trained using maps scored significantly higher on knowledge tests administered after each lesson, showing that the maps aided in enhancing immediate processing and recall of the information presented in the lesson. The results therefore suggest that manual-driven lessons dealing with relapse prevention issues can be used effectively with probationers. Since it appears to enrich group presentations by increasing participation in discussion as well as by improving understanding and application of information, "knowledge mapping" is also recommended as a technique for enhancing instructional materials.
KEYWORDS: relapse prevention training, psychoeducational tools, drug use, drug dependent probationers
USA

571.
MOTIVATION AS A PREDICTOR OF THERAPEUTIC ENGAGEMENT IN MANDATED RESIDENTIAL SUBSTANCE ABUSE TREATMENT
Studies of community-based substance abuse treatment indicate that motivation for treatment is critical for retaining clients in the program and for their becoming therapeutically engaged in the recovery process. Relatively little work, however, has examined the effect of motivation on therapeutic engagement in criminal justice settings. Baseline and during-treatment data were collected prospectively from 419 probationers remanded to a 6-month modified therapeutic community. Findings showed that desire for help and treatment readiness were associated with indicators of therapeutic engagement even after statistically controlling for additional factors that could have confounded these relationships. Targeted readiness and induction interventions are therefore recommended for offenders with low motivation who are remanded to treatment in correctional settings.
KEYWORDS: community-based substance use treatment, therapeutic community, treatment in correctional settings, prisons, drug use
USA

572.
SITUATIONAL INFLUENCES ON THE IMPLEMENTATION OF A PRISON-BASED THERAPEUTIC COMMUNITY
Therapeutic communities (TCs) are emerging as one of the primary approaches for the treatment of substance abuse for criminal offenders. However, the achievement of positive TC outcomes is predicated on their successful implementation. This study examines the effect of two situational influences on the implementation of a TC program in a state prison - the enactment of a smoking ban and a change in treatment providers. Results suggest that the smoking ban led to a loss of inmates' focus on treatment goals and strained inmate-custody staff relationships, whereas the change in treatment providers resulted in an immediate turnover of one third of the counselors and a disruption of relationships between custody and treatment staff.


KEY WORDS: Therapeutic communities, treatment programmes, substance use, criminal offenders

USA

573.
MEASURING SELF-EFFICACY AMONG DRUG-INVOLVED PROBATIONERS

Self-efficacy has been shown to be related to outcomes from interventions for alcohol and tobacco abuse but relatively little attention has been focused on it in evaluations of treatment for illicit drug abuse. Almost no research has examined offenders involved with drugs. The current study, therefore, adapted the Alcohol Abstinence Self-efficacy Scale of DiClemente, Carbonari, Montgomery, and Hughes and administered it to 250 probationers mandated to 6 months of residential treatment. With some modifications, confirmatory factory models replicated four previously reported dimensions, e.g., Negative Affect, Social/Positive, Physical and Other Concerns, Cravings and Urges. Findings also indicated high construct validity for the Alcohol Abstinence Self-efficacy Scale as adapted here. Studies are needed to examine the use of self-efficacy as a prospective measure of treatment progress and to explore its association with outcomes from corrections-based treatment.


KEY WORDS: drug-involved probationers, offenders, Self-efficacy Scale, evaluation of treatment

USA

574.
THREE YEAR REINCARCERATION OUTCOMES FOR IN-PRISON THERAPEUTIC COMMUNITY TREATMENT IN TEXAS

Longer term in-prison therapeutic community (ITC) outcome studies are needed, along with more attention on who benefits most from these programs. This study examined reincarceration records for 394 nonviolent offenders during the 3 years following prison. Those who completed both ITC and aftercare were the least likely to be reincarcerated (25%), compared to 64% of the aftercare dropouts and 42% of the untreated comparison groups. Furthermore, high-severity aftercare completers were reincarcerated only half as often as those in the aftercare dropout and comparison groups (26% vs. 66% and 52%). The findings support the effectiveness of intensive treatment when it is integrated with aftercare, and the benefits are most apparent for offenders with more serious crime and drug-related problems.

**575. EVALUATING CORRECTIONS-BASED TREATMENT FOR THE DRUG-ABUSING CRIMINAL OFFENDER**

The recent increase in drug abusers in the criminal justice system has led to the expansion of corrections-based drug treatment facilities. Although three key evaluations have provided consistent support for the effectiveness of drug treatment within the criminal justice system, direct comparisons of outcomes across these evaluations are limited by variations in their measurement systems and the structure of official records on which they are based. This article addresses some of the issues relating to the assessment of treatment outcomes for the drug-abusing offender and provides several recommendations for future research.


**KEY WORDS:** Correctional treatment; drug abuse treatment; prison-based treatment

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**576. RISK FACTORS THAT PREDICT DROPOUT FROM CORRECTIONS-BASED TREATMENT FOR DRUG ABUSE**

Early dropout or failure to engage in drug abuse treatment is a common problem in correctional settings. This study presents findings from 339 felony probationers mandated to a 6-month modified therapeutic community in lieu of imprisonment. Early dropout was related to cocaine dependence, having a history of psychiatric treatment, being unemployed before adjudication to treatment, and to higher levels of depression, anxiety, and hostility. Dropout rates also were higher for probationers with deviant peer networks and lower ratings of self-efficacy. However, multivariate analyses showed that scoring high on a criminality risk index was the strongest predictor of leaving treatment early and appears to represent a good composite risk measure. These findings can help identify who needs residential treatment, and who is at greatest risk for not completing it.


**KEY WORDS:** Risk factors, dropout, corrections-based treatment, imprisonment, drug use

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**577. A COST-EFFECTIVENESS ANALYSIS OF IN-PRISON THERAPEUTIC COMMUNITY TREATMENT AND RISK CLASSIFICATION**

Policy makers need scientifically based information to help them to determine which correctional treatment alternatives are effective and economically viable. Three-year outcome data from 394 parolees (291 treated, 103 untreated comparison) were examined to determine the relative cost-effectiveness of prison-based treatment and aftercare, controlling for risk of recidivism. Findings showed that intensive services were cost-effective only when the entire treatment continuum was completed, and that the largest economic impact was evident among high-risk cases. Therefore, assignments to correctional treatment should consider an offender's
problem severity level, and every effort should be made to engage them in aftercare upon release from prison.


**KEY WORDS:** in-prison therapeutic community treatment, policy making, correctional treatment, cost-effectiveness

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**578.**

**A CLIENT-CENTERED MODEL: DISCHARGE PLANNING IN JUVENILE JUSTICE CENTERS IN NEW SOUTH WALES, AUSTRALIA**

Health care delivered in Juvenile Justice Centers in New South Wales, Australia, leads to improvement in the health status of detainees while in custody but these declines on discharge and is contributed to by a breakdown in continuity of care. In an effort to halt this decline in health status, a model of interdisciplinary discharge planning is proposed to address the interface between Juvenile Justice Centers and adult correctional facilities and the community. Key features of the process are: collaboration through the development of links by establishment of a community liaison co-coordinator position; open and continuous communication between service providers; continuous involvement of detainees and their significant others; and ongoing support to detainees once discharged. Evaluation of the discharge-planning process ensures that the process is appropriate to meet the needs of this specific and diverse population of young people and supplies feedback to all service providers. The trusting relationship that is developed between detainees and registered nurses within centers leaves nurses ideally placed to co-ordinate the discharge-planning process.


**KEYWORDS:** juvenile justice centers, correctional facilities, community, health care, service providers

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**579.**

**PEER EDUCATION PROGRAMME FOR JUVENILES JAIL DETAINES-A UNIQUE EXPERIENCE**

Issue: The marginalized population of prisoners is a known risk group for HIV and other STIs throughout the world. Several social, economic and psychological factors are responsible for their increased vulnerability to HIV/AIDS and other STIs in and out of prisons, compounded by general lack of awareness regarding the problem. Description: To increase awareness among this population Peer Education Program was started in the Juvenile Jail, Karachi with financial and technical support from UNICEF and Sindh AIDS Control Program. Out of an average total of 570 prisoners, 190 were trained as peer educators through 7 workshops conducted by the master trainers in the jail premises during the year 2001. The issues focused were 1) Increasing awareness about HIV/AIDS & STIs, 2) Educating the Adolescent inmates regarding the modes of transmission and ways of prevention, 3) Changing the risky behaviors, 4) motivating them for adopting safe practices and 5) creating awareness about the use of condom for disease prevention. Lessons Learned: The strategy was quite successful in reducing the vulnerability of the juvenile jail detainees through increasing awareness, change in...
behaviors and improvement in practices because of the fact that 1) Peer educators were available for longer periods of times to disseminate the information through formal and informal discussions and 2) the conducive environment of the jail providing them the opportunity to discuss the issues openly. Recommendations: The same intervention strategy should be continued on regular basis and may be replicated in other jails in different parts of the country and the world as well to get the optimum results.


KEYWORDS: peer education, marginalized prison population, risk groups, HIV/AIDS

PAKISTAN

580.

OLDER OFFENDERS, SUBSTANCE ABUSE AND TREATMENT

OBJECTIVE: The adoption of more stringent truth-in-sentencing laws and the aging of the United States population in general has led to an increase in the proportion of prison inmates age 55 years and older. Recent judicial rulings require prisoners to receive adequate medical and mental health care. Care for substance abuse is often included to reduce recidivism. However, little systematic research has been conducted on the mental health and substance abuse treatment needs of older prisoners. METHODS: The authors examined age differences in substance abuse history provided by 10,952 offenders as part of their orientation and evaluation on entry into prison. Trained substance abuse counselors interviewed each offender and recorded data in an institutional database. RESULTS: Seventy-one percent of older inmates reported a substance abuse problem. When compared with younger inmates, older offenders were more likely to abuse alcohol only. Those older inmates with abuse problems had used substances for over 40 years, yet more than one-third had never received treatment. CONCLUSION: Like younger inmates, most older offenders would benefit from substance abuse treatment. The treatment may need to be tailored to age and lack of previous treatment experience and should be sensitive to this high-risk group’s additional medical needs.

Arndt, S., Turvey, C. L., Flaum, M., (2002). “Older offenders, substance abuse and treatment”. Department of Psychiatry, College of Medicine, University of Iowa, Iowa City 52242, USA. Am J Geriatric Psychiatry, Nov-Dec;10(6):733-9

KEYWORDS: older offenders, substance abuse, treatment

USA

581.

CLINICAL AND BEHAVIORAL RISK FACTORS FOR HIV-1-ASSOCIATED DEMENTIA IN AN INCARCERATED POPULATION

Background: HIV-Associated Dementia (HAD) is a progressive neurological and AIDS-defining disorder characterized by cognitive impairment, psychomotor slowing, and behavior abnormalities affecting 25 to 65% of AIDS patients and up to 15% of asymptomatic HIV-1-infected persons. HAD is particularly challenging for the incarcerated, and has not previously been studied in this population. Methods: Male HIV-1-infected inmates (n=239) were assessed for HAD using HIV Dementia Scale (HDS) and Executive Interview (EXIT) neuropsychological screening. Demographic, behavioral, and clinical risk assessment surveys and medical chart abstractions were completed. Results: Ninety-two (38.5%) and 22 (16.3%) of patients screened positive for HAD by HDS and EXIT respectively. Contrary to previous findings, both HDS and EXIT scores were highly influenced by education level (p<0.0001). Patient–reported daily
alcohol use was significantly associated with poorer EXIT performance (p=0.02). In univariate analyses HDS and EXIT scores were not significantly associated with having an AIDS diagnosis, current or nadir CD4 counts, current or past HAART or AZT therapy, HCV co-infection, history of head trauma, psychiatric diagnoses, or intravenous drug use. Bivariate and multivariate analyses continue. Conclusion: The discrepancy between HDS and EXIT and the higher than expected prevalence of HAD estimated by HDS, given the correctional facility's directly observed antiretroviral therapy, are likely due to lower education and other confounding factors common in incarcerated populations. HDS and EXIT cut-off scores validated in predominantly white, highly educated populations are not appropriate for use in an incarcerated population. We recommend standardization of HDS and EXIT cut-off scores using incarcerated HIV-seronegative controls. Learning Objectives: At the conclusion of the session, the participant (learner) in this session will be able to: 1. List and describe the three major symptoms of HIV-associated dementia. 2. Describe neuropsychological screening for HIV-associated dementia, providing examples of test items from the HIV Dementia Scale and Exit Interview screening instruments. 3. Discuss the behavioral and clinical characteristics of incarcerated HIV-infected patients which may place them at increased risk for HIV-associated dementia.


KEY WORDS: Dementia, Correctional Health Care

USA

582.

ALCOHOL USE AND INCARCERATION ADVERSELY AFFECT HIV-1 RNA SUPPRESSION AMONG INJECTION DRUG USERS STARTING ANTIRETROVIRAL THERAPY

We conducted this study among HIV-infected injection drug users to determine the effect of self-reported alcohol use and prior incarceration at the time of initiating antiretroviral therapy on subsequent HIV-1 RNA suppression. We examined the demographics, recent incarceration history, and drug and alcohol use history from the Vancouver Injection Drug User Study (VIDUS) questionnaire closest to the date of initiating antiretroviral therapy. We linked these data to the HIV/AIDS Drug Treatment Program. There were 234 VIDUS participants who accessed antiretroviral therapy through the Drug Treatment Program from August 1, 1996, to July 31, 2001. In terms of illicit drug use, 196 (84%) reported injecting heroin and cocaine at the time of initiating antiretroviral therapy. Multiple logistic regression revealed that in the 6 months prior to initiating antiretroviral therapy, alcohol use (adjusted odds ratio [AOR] 0.32; 95% CI 0.13-0.81) and incarceration (AOR 0.22; 95% CI 0.09-0.58) were independently associated with lower odds of HIV-1 RNA suppression. Factors positively associated with HIV-1 RNA suppression included: adherence (AOR 1.27; 95% CI 1.06-1.51); lower baseline HIV-1 RNA (AOR 1.30; 95% CI 1.01-1.66); highly active antiretroviral therapy (AOR 4.10; 95% CI 1.56-10.6); months on therapy (AOR 1.1; 95% CI 1.06-1.14). Among HIV-infected injection drug users who were on antiretroviral therapy, any alcohol use and incarceration in the 6 months prior to initiating antiretroviral therapy were negatively associated with achieving HIV-1 RNA suppression. In addition to addiction treatment for active heroin and cocaine use, the identification and treatment of alcohol problems should be supported in this setting. As well, increased outreach to HIV-infected drug users recently released from prison to ensure continuity of care needs to be further developed.
583.
A RANDOMIZED CONTROLLED TRIAL OF METHADONE MAINTENANCE TREATMENT VERSUS WAIT LIST CONTROL IN AN AUSTRALIAN PRISON SYSTEM

OBJECTIVES: The aim was to determine whether methadone maintenance treatment reduced heroin use, syringe sharing and HIV or hepatitis C incidence among prisoners.

METHODS: All eligible prisoners seeking drug treatment were randomized to methadone or a waitlist control group from 1997 to 1998 and followed up after 4 months. Heroin use was measured by hair analysis and self-report; drugs used and injected and syringe sharing were measured by self-report. Hepatitis C and HIV incidence was measured by serology.

RESULTS: Of 593 eligible prisoners, 382 (64%) were randomized to MMT (n=191) or control (n=191). 129 treated and 124 control subjects were followed up at 5 months. Heroin use was significantly lower among treated than control subjects at follow up. Treated subjects reported lower levels of drug injection and syringe sharing at follow up. There was no difference in HIV or hepatitis C incidence.

CONCLUSIONS: Consideration should be given to the introduction of prison methadone programs particular where community based programs exist.


KEYWORDS: methadone treatment, prisons, heroin use, syringe, HIV, hepatitis C

AUSTRALIA

584.
PRISON-BASED SYRINGE EXCHANGE PROGRAMMES: A REVIEW OF INTERNATIONAL RESEARCH AND DEVELOPMENT

Journal publications and conference presentations on prison-based syringe exchange (PSE) programmes were identified by a comprehensive search of electronic databases. Experts involved with development and evaluation of current PSE programmes or policy were contacted for reports, documents and unpublished material. Spanish information on PSE was translated for this review. We identified 14 papers specifically on PSE programmes in Switzerland (six papers), Germany (four) and Spain (four). The first PSE programme started in 1992 in Switzerland. As of December 2000, seven PSEs were operating in Switzerland, seven in Germany and five in Spain. There have been six evaluations of prison syringe exchange programmes and all have been favorable. Reports of drug use decreased or remained stable over time. Reports of syringe sharing declined dramatically. No new cases of HIV, hepatitis B or hepatitis C transmission were reported. The evaluations found no reports of serious unintended negative events, such as initiation of injection or of the use of needles as weapons. Staff attitudes were generally positive but response rates to these surveys varied. Overall, this review indicated that prison syringe exchange programmes are feasible and do provide benefit in the reduction of risk behavior and the transmission of blood-borne infection without any unintended negative consequences.

**KEYWORDS:** prison, syringe based exchange programme

585.

**A SHORT REPORT: SELF-REPORTED DRUG USE VS. URINALYSIS IN A SAMPLE OF ARRESTEES IN SOUTH AFRICA**

Self-reported drug use and urinalysis results were compared in a sample of approximately a thousand arrestees interviewed in three major cities in South Africa during 2000. Results showed that only 54% of the arrestees who tested positive for cannabis reported using the drug in the past thirty days, 32% of those who tested positive for Mandrax (methaqualone) and 35% of those who tested positive for cocaine reported having used the respective drug in the past three days. Implications for use of self-report measures alone in research on arrestees and other populations are discussed and the South African findings are compared to those presented in the NEW-ADAM study in the UK.


**KEYWORDS:** drug use, urinalysis, arrestees

586.

**TREATMENT NEED AND UTILIZATION AMONG YOUTH ENTERING THE JUVENILE CORRECTIONS SYSTEM**

Relatively little is known about the substance abuse treatment need patterns and experiences of youth incarcerated in the United States juvenile justice system. To address this issue, four analytic questions concerned with understanding the predictors of treatment need and utilization patterns among adolescents entering the juvenile corrections system are examined.

Data analyzed were collected as part of a face-to-face survey of 401 youth who entered the Illinois juvenile correctional system in mid-2000. Overall, need for treatment and treatment utilization each were predicted by sets of social environmental and personal characteristics, in addition to several sociodemographic variables. Less than half of youth with an identified need for treatment reported receiving treatment. Considerable variability in the effects of demographic and social environmental indicators on treatment need and utilization across race groups also was observed. These findings underscore the need for the continual development of the cultural competence of treatment providers and the expansion of onsite provision of substance abuse treatment services to incarcerated juveniles.


**KEY WORDS:** Substance abuse treatment need; Adolescents; Criminal justice; Race/ethnicity; Service utilization

USA
587. PREDICTING TREATMENT NONCOMPLIANCE AMONG CRIMINAL JUSTICE-MANDATED CLIENTS: A THEORETICAL AND EMPIRICAL EXPLORATION

Compliance with therapeutic regimens constitutes an important but infrequently studied precursor of treatment engagement and is a necessary condition of successful treatment. This study builds on recent treatment process research and provides a theory-driven analysis of treatment compliance. Five hypotheses are formulated to predict treatment noncompliance among criminal justice-mandated clients. These hypotheses tap different determinants of treatment progress, including physical prime, supportive social network, conventional social involvement, treatment motivation, and risk-taking propensity. Data from 150 addicted felons participating in a diversion program are analyzed to test the hypotheses. Predictors related to these hypotheses correctly identify 58% of the fully compliant clients and 55–88% of the noncompliant clients. Most hypotheses are at least partially corroborated and a few strong correlates emerge across analyses. Clients in their physical prime, those with poorer social support, and those lacking internal desires for change were found especially likely to violate treatment program rules. Clinical implications are discussed.


KEY WORDS: Treatment compliance; Treatment engagement; Mandated treatment; Criminal justice clients; Treatment progress

USA

588. EXAMINING THE RELATIONSHIP BETWEEN PROBLEM HISTORY AND VIOLENT OFFENDING IN HIGH-RISK YOUTH

Researchers, policy-makers, and practitioners continually attempt to develop and implement strategies that address the onset and continuance of violent behavior in young people. Researchers in multiple disciplines have identified risk factors that predispose young people to later violent offending (e.g., school performance, demographic characteristics). It is now recognized that many youth who have contact with the juvenile justice system also have mental health and/or substance abuse disorders. A study of 2,312 youth examines the relationships between mental health and substance abuse history and violent offending. Mental health and co-occurring disorder histories are related to higher levels of later violent offending, while substance abuse history is related to lower levels of violent offending. Overall, it is difficult to untangle the predictive effects of problem history from those of more traditional criminological risk factors.


KEY WORDS: Mental health, substance abuse, violence, juvenile delinquency, multi-problem youth

WORLD

589. TO PUNISH OR TO TREAT: SUBSTANCE ABUSE WITHIN THE CONTEXT OF OSCILLATING ATTITUDES TOWARD CORRECTIONAL REHABILITATION
Although its remote origins can be traced to the end of prohibition with the repeal of the Volstead Act in 1933, the nation's "war on drugs" gathered massive strength in the early days of the Reagan administration. During the 1980s and 1990s, the decision of the nation, expressed through its legislators, seemed to "criminalize" drug use or abuse through imposition of harsh penalties for what had earlier been statutorily defined as relatively minor offenses and by eliminating judicial discretion in sentencing, so that mandatory incarceration was required for many offenses. Yet by 2000, the Voters of California, the Governor and criminal court judges of New York, and even the nation's "drug czar" had decided that they would rather, as described by the New York Times, "treat than fight." This paper situates that sea change in posture within a context of oscillation toward the goals of corrections generally during an era in which "therapeutic nihilism" and "just deserts" appeared to have carried the day.


**KEYWORDS:** Drug abuse, criminal sanctions, therapeutic nihilism, “just deserts”, voter rebellion, public policy

USA

590.

**TREATING SUBSTANCE ABUSERS IN CORRECTIONAL CONTEXTS: NEW UNDERSTANDING, NEW MODALITIES**

Treating Substance Abusers in Correctional Contexts: New Understandings, New Modalities analyzes the shift in policy and attitude away from two decades of the harsh punishment that characterized the war on drugs toward a more treatment-oriented “medicalization” of the problem. Edited by Dr. Nathaniel J. Pallone, editor of the Journal of Offender Rehabilitation (Haworth), the book presents an overview of new and emerging models for treatment of drug-involved offenders in a variety of settings. An international panel of authors examines the “rather treat than fight” approach to the war on drugs proposed by the voters of California, the Governor and criminal court judges of New York, and Gen. Barry McCaffrey, former Director of the White House Office of National Drug Control Policy.

Treating Substance Abusers in Correctional Contexts looks at treatment modalities available to offenders inside and outside correctional institutions, with community organizations and mental health and social service agencies enlisted in a continuum of care as the courts and criminal justice system provide oversight—and often, funding. The book explores types of treatment that operate under the surveillance of courts and the criminal justice system, ranging from in-house programs for offenders under confinement in prisons and jails to residential substance abuse treatment (RSAT) and substance abuse treatment (SAT) programs in the community. Through qualitative, exploratory, and descriptive studies, outcome assessments, event-history analysis, and intensive interviews, the book examines recovery relapse prevention, rehabilitation, diversion, therapeutic justice, and the impact of prison-based substance abuse treatment programs.

Treating Substance Abusers in Correctional Contexts also examines:

- the impact of deterrence versus rehabilitation on recidivism in the Drug Treatment Alternative-to-Incarceration Program (DTAP) in a major metropolitan area
- criminal violence and drug use in residential treatment facilities
- Residential Substance Abuse Treatment (RSAT) programs for young offenders
- the long-term effectiveness of an adult drug court program
• illicit drug and injecting equipment markets inside English prisons
• and a clinical case report on children exposed in utero to crack cocaine


KEY WORDS: deterrence versus rehabilitation, recidivism, drug treatment, residential treatment, prisons

USA

591.

SUBSTANCE ABUSE TREATMENT WITH CORRECTIONAL CLIENTS: PRACTICAL IMPLICATIONS FOR INSTITUTIONAL AND COMMUNITY SETTINGS

Explore the possibilities for successfully treating incarcerated or community-based substance abusers

Substance Abuse Treatment with Correctional Clients: Practical Implications for Institutional and Community Settings provides key research findings and policy implications for treating alcohol- and drug-addicted correctional clients. This book addresses a range of critical issues associated with delivering treatment in institutional and community settings. The critical thinking questions, tables, extensive bibliographies, and name and subject index will help academics and practitioners in criminal justice, sociology, counseling/psychology, and public policy.

In Substance Abuse Treatment with Correctional Clients you will gain practical knowledge from researchers as well as practitioners in the fields of drug and alcohol addictions, substance abuse counseling, and criminal justice. The first section provides a review of the theoretical explanations for substance abuse, “best practice” treatment programs for substance abusers, and the use of coerced/mandated treatment. The second section addresses the substance-addicted offender in the institutional setting, and Part III includes works that describe community-based treatment programs and the problems associated with them.

In Substance Abuse Treatment with Correctional Clients, you will find:

• reviews of various types of treatment programs being used to treat substance-addicted individuals
• a study of the predictors of success and/or failure in corrections-based substance abuse programming—how to identify and use the predictors to prevent relapse
• arguments for and against coerced treatment in the correctional environment, and the concept of “motivation”
• a thorough investigation of the therapeutic community (TC) program for institutional-based substance abusers
• descriptions of treatment programming designed specifically for substance abusing community corrections clients—drug courts and Pennsylvania’s Restrictive Intermediate Punishment treatment program

Substance Abuse Treatment with Correctional Clients guides you through the major policy issues faced by those who provide substance abuse treatment under what can only be described as coercive circumstances. In this important resource, you will discover major treatment modules as well as advice for working with adult, juvenile, and male or female offenders. This book provides you with the techniques that treatment communities need for helping offenders stay clean after they re-enter the community environment.

KEY WORDS: treatment, modules, offenders, drug abuse, treatment communities

USA

592.

PERCEPTIONS OF A PRISON-BASED SUBSTANCE ABUSE TREATMENT PROGRAM AMONG SOME STAFF AND PARTICIPANTS

Almost 90% of all State and Federal prisons in the U.S. offer some form of substance abuse counseling, and one in eight prisoners have participated in a substance abuse treatment program while incarcerated. Evidence indicates that these programs can be successful in stopping prisoners’ substance abuse. While some data are available about the success of these programs, little is known about program administrators', counselors' and participants' experiences with and perceptions of these treatment programs. These experiences and perceptions remain important because they may be helpful for understanding areas of agreement and conflict in staff-participant relationships. The more understanding we have for these relationships, the more likely it is that we will be able to improve staff-participant communications, program effectiveness, and participant success. The results suggest similarities and differences between staff and participants in the areas of participant motivation, staff-participant communication, race, institutional support, and counselor contacts. Implications of the results of this inquiry for prison-based substance abuse treatment programs are discussed.


KEYWORDS: Substance abuse treatment, prison, perceptions, qualitative

USA

593.

ILlicit DRUG AND INJECTING EQUIPMENT MARKETS INSIDE ENGLISH PRISONS: A QUALITATIVE STUDY

In recent years, disrupting the supply on illicit drugs and injecting equipment inside Her Majesty's (HM) prisons has become an important focus for prison drug policy. This paper presents findings from qualitative research, which invited 24 drug injectors with prison experience to discuss the role and operation of illicit drug and injecting equipment markets inside prison. These data were obtained from in-depth interviews and small group discussions. The analyses of these findings are group under three broad themes. First, why and how drugs and injecting equipment enter prison from outside. Second, the maintenance of supplies inside prison. Third, the availability of drugs and injecting equipment with a special focus on the quality of injecting equipment. These findings raise important implications, not the least public health concerns with the transmission of infection. Prison policy should take a much stronger lead in reducing the harms caused by operation of prison drug and injecting equipment markets.

MULTIPLE MEASURES OF OUTCOME IN ASSESSING A PRISON-BASED DRUG TREATMENT PROGRAM

Evaluations of prison-based drug treatment programs typically focus on one or two dichotomous outcome variables related to recidivism. In contrast, this paper uses multiple measures of outcomes related to crime and drug use to examine the impact of prison treatment. Crime variables included self-report data of time to first illegal activity, arrest type, and number of months incarcerated. Days to first reincarceration and type of reincarceration are based on official records. Drug use variables included self-report data of the time to first use and drug testing results. Prisoners randomly assigned to treatment performed significantly better than controls on: days to first illegal activity, days to first incarceration, days to first use, type of reincarceration, and mean number of months incarcerated. No differences were found in type of first arrest or in drug test results. Subjects who completed both prison-based and community-based treatment performed significantly better than subjects who received lesser amounts of treatment on every measure. Survival analysis suggested that subjects were most vulnerable to recidivism in the 60 days after release. Although the overall results from the analyses presented support the effectiveness of prison-based treatment, conclusions about the effectiveness of a treatment program may vary depending on which outcomes are selected. The results of this study argue for including more than fewer outcomes in assessing the impact of prison-based substance abuse treatment.


KEYWORDS: Recidivism, prisons, parole, drug abuse, outcome assessment

DIFFERENTIAL IMPACT OF DETERRENCE VS. REHABILITATION AS DRUG INTERVENTIONS ON RECIDIVISM AFTER 36 MONTHS

Deterrence through pain infliction and rehabilitation through therapy and training are often conceptualized as competing practices in crime control with the resurgence of the diversion movement and therapeutic justice, increasingly more offenders are exposed to a particular combination of incarceration and treatment. Even for offenders diverted into community-based treatment, incarceration remains a central part of their criminal justice experiences. Do incarceration and treatment exercise complementary or conflicting crime reduction effects in drug-addicted offenders who have been both incarcerated and treated? Data from 263 participants of Brooklyn's Drug Treatment Alternative-to-Incarceration program showed that although all subjects were exposed to both incarceration and residential drug treatment, only treatment decreased the likelihood of recidivism. No evidence of deterrence was found, and there were some indications of the criminogenic influence of incarceration among studied subjects. Policy implications are discussed.

**KEYWORDS:** Deterrence, rehabilitation, drug offenders, drug treatment, DTAP, diversion, recidivism

USA

596.

**CRIMINAL VIOLENCE AND DRUG USE: AN EXPLORATORY STUDY AMONG SUBSTANCE ABUSERS IN RESIDENTIAL TREATMENT**

This study examined the relationship between criminal violence and type of substance abuse among 184 current and former residents of an inpatient non-hospital drug and alcohol treatment facility. The criminal justice system functioned as the source of referral into the program for 89% of the subjects while only 11% came to treatment voluntarily. Neither multiple regression, stepwise regression, nor factor analysis found criminal violence to be predicted by substance abuse, drug dealing activity, or a collection of demographic variables often theoretically linked to violence (i.e., youthfulness, having an early onset of criminal activity, and being male, minority, unmarried, and dually diagnosed). Alternatively, a significant link between poly-drug use and poly-criminality allude to shared underlying causal mechanisms for both substance abuse and violence.


**KEYWORDS:** Drugs, substance abuse, violence, addict, residential treatment, self-report

WORLD

597.

**RSAT PROGRAMS FOR YOUNG OFFENDERS IN CALIFORNIA: A DESCRIPTIVE STUDY**

The present study sought to identify drug treatment issues unique to corrections-based residential drug treatment programs for youthful offenders. Based upon qualitative data collected from program administrators and wards at three institution-based substance abuse treatment programs in California, four themes were identified which hold important implications for the delivery of substance abuse treatment services in these settings: screening/assessment, quality and intensity of services, appropriateness of program elements, and anticipated problems once paroled. Our data revealed a substantial amount of overlap in perceptions shared by program administrators and wards, as well as across programs. Of particular concern were low treatment intensity within the institution and insufficient social support upon release.


**KEYWORDS:** Incarcerated youths, youthful offenders, adolescents, corrections-based treatment, drug abuse

USA
598.
PREDICTING RETENTION OF DRUG COURT PARTICIPANTS USING EVENT HISTORY ANALYSIS

This paper presents the results of a discrete-time event-history analysis of the relationships between client and program characteristics and the length and outcome of participation in a drug court program. We identify factors associated with both successful completion and premature termination. Having an African-American case manager, being older, having little criminal history, and not being a user of crack cocaine are strongly predictive of successfully completing the program. Predicted probabilities of successful completion ranged from 0.16, in the most pessimistic scenario, to 0.88 for the most optimistic scenario.


KEYWORDS: Drug courts, substance abuse treatment, treatment retention, case management, event history analysis, logistic regression

USA

599.
TREATING SUBSTANCE ABUSE OFFENDERS IN SOUTHWESTERN UNITED STATES: A REPORT EVALUATING THE LONG-TERM EFFECTIVENESS OF THE YUMA COUNTY ADULT DRUG COURT

This report summarizes data gathered from the 64 graduates of the Yuma County Drug Court from 1998 to 2001. Those who agreed to participate were interviewed at 3, 6, 12, and/or 18 months after graduation. Instruments used included the Addiction Severity Index, the CSAT GPRA Client Outcomes Measure for Discretionary Programs and a questionnaire developed to assess how well relapse prevention plans were followed. Rather than increased ELAPSED time from treatment, the variables that appeared to relapse were family problems, lack of social support and employment difficulty. ASI severity scales did not differ significantly over time for those studies, but the instrument did appear to be a useful tool in predicting relapse. The majority of graduates studies were able to successfully carry out their relapse prevention plans and graduation plans. Criminal involvement after graduation appeared to be significantly less than that of offenders who have not been treated in a drug court model and, for those who did recidivate, time to first arrest appeared to be longer for graduates than for non-graduates.


KEYWORDS: Drug court, rehabilitation, cognitive behavioral treatment

USA

600.
GENDER DIFFERENCES AMONG PRISONERS IN DRUG TREATMENT

Purpose: Nearly all prison-based substance abuse treatment programs have been designed with male prisoners in mind. Administering these male-oriented programs to women prisoners has been the standard correctional practice. Recently, this practice has received considerable criticism. Critics argue that female prisoners have special needs that are not met by programs originally designed for male prisoners. However, most of the empirical support for the existence
of such special needs rely on two inappropriate samples: prisoners who are not in treatment and treatment participants who are not incarcerated. Findings from these two different groups may not be generalizable to the population of prisoners in treatment. **Methods:** This paper directly addresses this generalizability problem with an examination of gender differences among 1326 male and 318 female federal prisoners who were enrolled in a substance abuse treatment program. **Results:** Women used drugs more frequently, used harder drugs, and used them for different reasons than men. Women also confronted more difficulties than men in areas linked to substance abuse such as educational background, childhood family environment, adult social environment, mental health, and physical health. **Conclusion:** We find support for the argument that substance abuse treatment programs which were originally designed for men may be inappropriate for the treatment of women.


**KEYWORDS:** Human sex differences; Substance abuse treatment; Prisoner; Correctional rehabilitation; Drug abuse

**USA 601. EVALUATING COMPONENT EFFECTS OF A PRISON-BASED TREATMENT CONTINUUM**

A continuum of correctional-based therapeutic community (TC) treatment programs for drug-involved offenders has been functioning for several years in Delaware. Previous evaluations have shown the efficacy of the full continuum for up to three years post treatment, though there has been some question of the benefits of treatment within prison. The particular focus here is on the relative impact of the within-prison, transitional, and aftercare treatment components upon criminal recidivism and relapse to illicit drug use. The relative benefit of participation in each component is supported, over and above the effects of differences in demographics and histories of criminal behavior and illicit substance use. However, the residential transitional program effects are generally larger and more long lasting. Additionally, the two outcomes appear differentially sensitive to the degree of completion of the continuum. Butzin C., Martin S., Inciardi J. (2002). “Evaluating component effects of a prison-based treatment continuum”. Center for Drug and Alcohol Studies, University of Delaware, Newark, DE 19716. Journal of Substance Abuse Treatment Volume 22, Issue 2, March 2002, Pages 63-69

**KEYWORDS:** Treatment outcomes; Drug abuse; Relapse; Prison treatment

**USA 602. THE RELATIONSHIP BETWEEN DRUG USE AND CRIME: A PUZZLE INSIDE AN ENIGMA**

The recreational/dependent drug use dichotomy has very quickly become the established wisdom within drugs literature. The paper uses the concept of ‘drug career’ to demonstrate that this bipolar distinction is problematic. The research it reports suggests that, alongside ‘recreational drug use’ and ‘dependent drug use’, a third form or ‘episode’ of drug use can be observed: what we call here ‘persistent drug use’. Following this exploration of drug careers, the article examines the interaction between drug use and crime. It is purported that a simple unilateral causal explanation is overly simplistic as the relationship is not consistent throughout the career of a drug user and through the qualitative exploration of drug careers the nuances of this relationship are identified. It is therefore suggested that both classifications of drugs and
the relationship between drug use and crime are products of local social contexts and environments.


**KEYWORDS:** Drug careers; Drugs–crime nexus; Drug patterns; UK

603.

**DRUG OFFENDING AND CRIMINAL JUSTICE RESPONSES: PRACTITIONERS’ PERSPECTIVE**

This paper describes the perspectives of 35 senior criminal justice professionals from Melbourne, Canberra and Sydney who were interviewed in 1998/99, as part of a much larger study that examined illicit drug issues in the context of a multicultural community. Key informants worked across a range of areas within the criminal justice sector—national intelligence, inter-agency drug task forces, state and federal police, corrections, juvenile justice, judiciary, and academic—each observing illicit drug issues from different perspectives. Despite being from different areas within the criminal justice sector there were many similarities in perceptions about illicit drug use and current policy approaches to the problem. Many had private views that were at variance with the policy position adopted by their agencies. The majority of those interviewed believed that the response to drug users—many of whom also sell drugs—should primarily be one of health and most were in favor of imaginative and liberal approaches designed to minimize the harms associated with illicit drugs.


**KEYWORDS:** Illicit drugs; Harm reduction; Criminal justice; Ethnicity; Race; Youth; Drug policy

604.

**HEPATITIS C INFECTION AND INCARCERATED POPULATIONS**

We are currently experiencing a worldwide pandemic of hepatitis C virus (HCV) infection. We reviewed the international medical literature, describing the prevalence and incidence of HCV in incarcerated populations. Injection drug use is the predominant risk behavior for transmission. As most injection drug users (IDUs) are eventually incarcerated, it is not surprising that HCV is likely to be found in incarcerated populations. It is not clear how common HCV transmission is during incarceration. Given the high prevalence of hepatitis C in incarcerated populations, prisons provide a unique setting for HCV disease prevention, surveillance and treatment. Policies to expand HCV surveillance, diagnosis, prevention and treatment in the incarcerated setting are needed.


**KEY WORDS:** Hepatitis C; Prison; Jail; Injection drug use

INDIA, INDONESIA, USA

605.
PRISONERS’ VIEW OF INJECTING DRUG USE AND HARM REDUCTION IN IRISH PRISONS
Drug misuse and hepatitis C are known to be endemic in Irish prisons. Using a grounded theory approach, this qualitative study sought to examine prisoners’ views of drug injecting practices and harm reduction interventions in Dublin prisons. Thirty-one male prisoners were interviewed (16 injecting drug users and 15 non-injectors). Two themes relevant to drug use practices emerged. Respondents described increased health risks related to injecting drug use during detention and associated with a prison environment. These included: the low availability of heroin which encouraged a shift from smoking to injecting; the scarcity of injecting equipment which fostered sharing networks far wider than outside prison; inadequate injecting equipment cleaning practices; and the rent of needles and syringes in exchange for the drugs. Both non-injectors and injectors interviewed supported harm reduction interventions in prison and felt that the range of drug services available in prison should mirror those currently available in the community, although half opposed or had reservations about syringe exchange in prison. Prisoners’ viewed their time in prison as an opportunity to address substance misuse related problems; health professionals should not miss this opportunity.

KEYWORDS: Prisoners; injecting drug use; Blood-borne viruses; Harm reduction

PREVALENCE OF HIV INFECTION AND OTHER BLOOD-BORNE INFECTIONS IN INCARCERATED AND NON-INCARCERATED INJECTION DRUG USERS (IDUs) IN MASHHAD, IRAN
Objectives: To estimate the prevalence of HIV infection and other blood-borne infections in incarcerated and non-incarcerated IDUs, to compare them with those of volunteer blood donors, and to compare the demographic and risk behavior profiles of HIV+ and HIV− incarcerated IDUs. Methods: This study was conducted in 2001–2002 in Mashhad, Iran. The study population consisted of a convenience sample of 101 incarcerated IDUs and 222 IDUs in a voluntary drug treatment center. Information on demographics and HIV-related risk behaviors were obtained through either an interviewer-assisted questionnaire or chart reviews. Results: Of the 101 incarcerated IDUs, 7 (7%) were found to be HIV+. None of the IDUs in the drug treatment center were found to be HIV+. HIV+ IDUs were more likely to report sharing of syringes or needles (100%) compared to HIV− IDUs (44.7%, P=0.005). In addition, among the 101 incarcerated IDUs tested, the seroprevalence of HCV, HBV (HBs-Ag) and HTLV1 was 60, 3 and 52%, respectively. Conclusions: This is one of the first prevalence studies of HIV infection among IDUs in Iran. The high rates of blood-borne infections among incarcerated IDUs, compounded by the growing problem of drug injection in the country, dictate an urgent need for effective harm reduction programs, particularly among incarcerated IDUs.

KEYWORDS: HIV; Incarcerated injection drug users; Iran; Prison

IRAN
607. TEN YEARS OF EXPERIENCE WITH NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN EUROPEAN PRISONS

Results of needle and syringe exchange programmes (SEPs) in prisons based on 10 years experience in Switzerland, Germany, Spain and Moldova are presented. SEPs have been introduced in 46 European prisons, predominantly as pilot projects. Forty-three of these projects were still operating at the time of writing. In 11 prisons, SEPs were evaluated to assess feasibility and efficacy. Results did not support fears that commonly arise in the start-up of implementation of SEPs. Syringe distribution was not followed by an increase in drug use or injection drug use. Syringes were not misused, and disposal of used syringes was uncomplicated. Sharing of syringes among drug users reduced. Based on these experiences, it can be concluded that in these settings harm reduction measures, including syringe exchange, were not only feasible but efficient. Despite these positive results, syringe exchange in prison is far from general acceptance. However, a governmental decree released in Spain in 2001 that all prisons in the country are required to provide drug users with sterile injection equipment may lead to a breakthrough of this harm reduction measure in the future. The discrepancy concerning the success of SEPs in prisons on the one hand and its low acceptance on the other hand is striking. Suggestions for the installation of SEPs in prison are given to assist a more objective discussion.


KEY WORDS: Prison; Syringe exchange; HIV; injecting drug use

EUROPE

608. DRUG WAR HERESIES

This book provides the first multidisciplinary and nonpartisan analysis of how the United States should decide on the legal status of cocaine, heroin and marijuana. It draws on data about the experiences of Western European nations with less punitive drug policies as well as new analyses of America's experience with legal cocaine and heroin a century ago, and of America's efforts to regulate gambling, prostitution, alcohol and cigarettes. It offers projections on the likely consequences of a number of different legalization regimes and shows that the choice about how to regulate drugs involves complicated tradeoffs among goals and conflict among social groups. The book presents a sophisticated discussion of how society should deal with the uncertainty about the consequences of legal change. Finally, it explains, in terms of individual attitudes toward risk, why it is so difficult to accomplish substantial reform of drug policy in America.

KEYWORDS: drugs, experiences, legal change,

WORLD (CEE)

609. DUBLIN DECLARATION ON HIV/AIDS IN PRISONS IN EUROPE AND CENTRAL ASIA
HIV/AIDS is a serious problem for prison populations across Europe and Central Asia. In most countries, rates of HIV infection are many times higher amongst prisoners than amongst the population outside prisons. This situation is often exacerbated by high rates of Hepatitis C and/or (multi-drug resistant) Tuberculosis in many countries. In most cases, high rates of HIV infection are linked to the sharing of injecting equipment both inside and outside prison walls and to unprotected sexual encounters in prison. In a majority of countries, adequate preventive measures have not been introduced in prisons, although they have been successfully introduced in other prison systems and shown to be effective. As a result, people in prison are placed at increased risk of HIV infection, and prisoners living with HIV/AIDS are placed at increased risk of health decline, of co-infection with Hepatitis C and/or TB, and of early death.

The failure to implement comprehensive programmes that are known to reduce the risk of HIV transmission in prisons and to promote the health of prisoners living with HIV/AIDS is often due to lack of political will or to policies that prioritize zero tolerance to drug use over zero-tolerance to HIV/AIDS. In some cases, it is the result of a lack of state resources and technology to meet the overwhelming need. In some cases it is both.

This public health crisis requires urgent attention and action from all governments. Under national and international law, governments have a moral and ethical obligation to prevent the spread of HIV/AIDS in prisons, and to provide proper and compassionate care, treatment, and support for those infected. What needs to be done is clear: policies and programmes that effectively reduce the spread of HIV in prisons and provide care, treatment and support for prisoners living with HIV/AIDS already exist in several countries and should be replicated elsewhere.

People in prison have the same right to health as people outside, and the lives and health of people in prison are connected to those of people outside prison in many ways. If we protect them, we also protect our broader communities. Protecting prisoners will also protect prison staff, who also have a right to be protected against HIV/AIDS, Hepatitis C, and TB in prisons, and whose needs are entirely compatible to those of the prisoners in this respect.

As the representatives of 55 governments from Europe and Central Asia gather in Dublin this week to discuss “Breaking the Barriers” in the fight against HIV/AIDS, we call upon them to begin by breaking down the barriers over which they have total control – the barriers that have thus far prevented comprehensive HIV/AIDS services from being implemented in prisons. This Declaration provides a framework for mounting an effective response to HIV/AIDS in the prisons of Europe and Central Asia. The Principles and Articles outlined herein are based upon recognized international best practice, scientific evidence, and the fundamental human rights of people in prison and the obligations of States to fulfill those rights.

Dublin declaration on HIV/AIDS in prisons in Europe and Central Asia (February 23, 2004).

“Prison Health is Public Health”. Dublin, Ireland

KEY WORDS: HIV/AIDS, prisons, risk, infection
WORLD (EUROPE AND ASIA)
The study documents the specific needs of federal women prisoners regarding HIV/HCV prevention, care, treatment, and support. Drawing upon the women’s experiences, the report explores the current response of both correctional and community services, addressing issues such as need, accessibility, quality, satisfaction level, and trust. Research was conducted during 2001/02, and involved interviews with 156 federal women prisoners housed in 9 different facilities across Canada. The research found that high-risk behaviours for the transmission of HIV and HCV are common among incarcerated women. It also found that the current response from both the Correctional Service of Canada and from community-based health organizations in terms of prevention education/harm reduction programs and care, treatment, and support/counseling services for women living with HIV and/or HCV is failing to meet the needs of this population in many significant areas.

In many cases, the research found that current programs and services were marked by inconsistent implementation and accessibility, both within individual institutions and across the system as a whole. Concerns about confidentiality were pervasive, and affected program participation and access throughout the various topic areas examined. The data also identified areas where new or innovative initiatives were required in order to effectively meet the needs identified among study participants.

The report documents these gaps in the current response among correctional and community stakeholders.

In addition to identifying gaps in service, the report identifies elements of good practice in the provision of HIV and HCV services. These guidelines are drawn from the information provided by the women themselves, as well as from national and international recommendations and experience.

Based upon these findings, the report provides a series of recommendations for the Correctional Service of Canada, Health Canada, public health departments, community health centers, and community-based organizations. These recommendations are intended to assist in the development and implementation of a “best practice” framework in this sector, and ensure that the diverse needs of incarcerated women living with HIV and/or HCV are met in a comprehensive and compassionate manner.


KEY WORDS: incarcerated women, prisons, HIV, hepatitis C, prevention, care, treatment CANADA

611.

WOMEN PRISONERS AND CORRECTIONAL PROGRAMS

This paper discusses trends in the incarceration of women and intervention programs available to women in prison. The data demonstrate that incarceration rates for women have been increasing over the last decade and that women are often imprisoned for property, violence and drug offences. Correctional facilities in Australia, in common with many other jurisdictions, administer programs that address offending behavior. Such programs, especially those dealing with behavioral and drug issues, are vital if prisons are to reduce recidivism.

Currently, there is considerable interest and creativity in the design and delivery of interventions for prisoners with drug abuse problems. However, although women are often unemployed at the time of incarceration and tend to be poorly educated, comparatively little attention is paid to employment and education programs. Engagement in education and employment are important for reducing recidivism.

This paper examines drug intervention programs and employment and education programs for women and finds that they are often delivered without consideration of their effectiveness.

KEYWORDS: women prisoners, correctional programmes, facilities

AUSTRALIA

612.

ADDRESSING THE USE OF DRUGS IN PRISONS: PREVALENCE, NATURE AND CONTEXT

This study was commissioned by the Alcohol and other drug services and the HIV and Health promotion unit (AOD/HHPU) of the department as a part of biennial data collection series on illicit drug use in the New South Wales prison population. Continuation of the series has been supported through the 1999 New South Wales drug summit. The first report was published in 2000 using a sample drawn in 1998. The primary aim of the data collection was to obtain ongoing data on the extend, level and type of drug use practiced by inmates prior to and while serving a custodial sentence. A supplementary aim of the study was to provide a greater understanding of contextual/cultural factors associated with drug use in prisons. This statistical and contextual information will be used to develop and prioritize treatment and operational initiatives to reduce both the demand for and the harm caused by drugs and also to reduce the supply of drugs within the New South Wales correctional system.

The survey sample consisted of 288 (254 males and 34 females) full time inmates serving sentence of at least one month who were shortly to be released in the community. The data were collected by way of personal interview during 2001. The sample was representative of the population of inmates who were released within the study’s time frame and captured more than one quarter of the actual discharged population. The study recorded a low refusal rate of 5.5%.

Kevin, M., (June 2003). “Addressing the use of drugs in prisons: prevalence, nature and context”. Research publication No. 45. NSW Department of corrective services.

KEY WORDS: drug use in prisons, prevalence, nature, context, contextual/cultural factors

NEW SOUTH WALES

613.

ANTISOCIAL PERSONALITY AND DEPRESSION AMONG INCARCERATED DRUG TREATMENT PARTICIPANTS

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not. A related area of interest is to examine comorbidity patterns among incarcerated populations who are substance dependent in order to understand the treatment needs of this population. Substance use disorders are the most commonly co-occurring psychiatric disorders in the general population as well as in incarcerated populations. Two diagnoses are of particular concern in studying comorbidity patterns within an incarcerated substance using population: antisocial personality (APD) and depression. The prevalence rates for these two diagnostic categories are higher in incarcerated populations than in the general population. In addition, previous research on comorbidity patterns among various populations has consistently found that those with a substance use disorder have higher rates of APD and depression than those without a substance use disorder. In order to increase our understanding of an incarcerated population,
this study examined the co-occurrence of antisocial personality (APD) and depression among drug dependent individuals treated in Federal prison-based drug and alcohol treatment programs. The Diagnostic Interview Schedule (DIS) was used to obtain lifetime DSM-III-R diagnostic information on a sample of 609 men and women participating in in-prison drug treatment. We examined DSM-III-R drug dependence patterns both by the number of drugs of dependence and by type of drug dependence pattern. We did separate analyses for each gender and controlled for background characteristics such as age, race, ethnicity, and level of education. Similar percentages of drug dependent men and women have a diagnosis of APD. Thirty-eight percent of the male inmates dependent on one or more drugs had a diagnosis of APD as compared with 43% of the drug dependent women. In contrast, women were more likely to have a diagnosis of depression. Seventeen percent of the drug dependent males had a lifetime diagnosis of depression compared with one-third of the drug dependent female inmates. We found that both the number of drugs of dependency as well as the type of drug dependence pattern were related to prevalence patterns for both diagnoses. Among both men and women, those dependent on one drug only were less likely to have a diagnosis of APD than all the drug dependent individuals on average. In addition, those who were dependent on five or more drugs were significantly more likely to have an APD diagnosis. Among men, 27% of those dependent on one drug had an APD diagnosis as compared with 61% of those dependent on 5 or more drugs (see Figure 1). Among women, 18% of those dependent on one drug had an APD diagnosis as compared with 73% of those dependent on 5 or more drugs. We found this same general pattern in the relationship between number of drugs of dependency and depression but only among men. For women we were unable to identify any significant comorbidity pattern between number of drugs of dependency and depression. Our analysis of comorbidity based on type of drugs of dependency was limited to men because of the small sample sizes in several drug categories for women. Male inmates who were dependent on opiates and alcohol were more likely to be diagnosed as APD. The opposite was found for those inmates dependent on alcohol only. That is, the alcohol only group was less likely to meet the criteria for APD. No other drug dependency patterns were significantly related to the diagnosis of APD. The results for the diagnosis of depression showed no significant pattern. Federal Bureau of Prisons’ residential drug abuse program DAP (2002). Treating Inmates Addicted to Drugs (TRIAD) study. “Antisocial personality and depression among incarcerated drug treatment participants”. The Office of Research and Evaluation. KEY WORDS: antisocial personality, prisons, drug treatment, depression, residential drug abuse treatment
USA

614. COMPARISON OF BACKGROUND CHARACTERISTICS AND BEHAVIOURS OF AFRICAN AMERICAN, HISPANIC, AND WHITE SUBSTANCE ABUSERS TREATED IN FEDERAL PRISON: RESULTS FROM THE TRIAD STUDY
Consistent with other drug treatment outcome evaluations, the results from the Treating Inmates Addicted to Drugs (TRIAD) study indicated that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects’ release from prison. The TRIAD study improved upon previous research by considering the effects of self-selection into treatment and comparing the outcomes for those who entered and completed treatment to those who did not. In addition to treatment outcomes research, describing the various subgroups who participate in treatment programs is an important research area. There is currently little information
available about minority substance abusers who enter treatment. In an effort to increase the information available about minorities in drug treatment, this study described and compared selected behaviors and characteristics of adult male African American, Hispanic, and white substance abusers in the TRIAD study who entered residential treatment. The sample included 279 African American, 72 Hispanic, and 512 white male substance abusers who were treated in 16 prison-based residential drug treatment programs from 1991 to 1995. A wide range of background characteristics, including family background, criminal behavior, drug use history, and social environment were examined.

There were numerous significant differences in demographic, family background, and criminal history characteristics but few differences in pre-incarceration behaviors and social environment among African American, Hispanic, and white inmates treated in the DAP program (see Tables 1 and 2). The most pronounced differences were between African American and white participants, with the former appearing to come from substantially more disadvantaged backgrounds than the latter. Hispanic participants reported some experiences that were more similar to African American participants and others which were more similar to white participants. Compared to white participants, African Americans were younger, less educated, less likely to be legally employed prior to incarceration, and more likely to meet diagnostic criteria for antisocial personality disorder. In contrast, African Americans were less likely to meet criteria for a diagnosis of depression. White participants differed from African American participants in that they were more likely to have a family background characterized by parents who first married then divorced, a father who was in the workforce, an immediate family member who had an alcohol problem, and personal experience of physical abuse before age 18.

Hispanic participants were distinguished from the other groups by a higher proportion who were incarcerated for a drug offense, and by a lower proportion who reported divorced parents, working mothers, daily drug or alcohol use, and prior drug treatment.

The three racial and ethnic groups did not differ in their pre-incarceration social network.

All groups reported similar levels of association with friends or family members who used illegal drugs and similar levels of opposition of drug use by family members. There were no differences in the proportion reporting being under the influence of illegal drugs or attempting to get money for drugs at the time of their arrest. Regarding criminal history there were no differences in history of incarceration or age first involved in criminal activity.

Federal Bureau of Prisons’ residential drug abuse program DAP (2002). Treating Inmates Addicted to Drugs (TRIAD) study “Comparison of background characteristics and behaviors of African American, Hispanic and white substance abusers treated in federal prison: results from the TRIAD study”. The Office of Research and Evaluation.

KEY WORDS: comparative research, cultural background, substance misuse, prisoners, prisons, treatment

THE EFFECT OF THE BOP’S RESIDENTIAL DRUG ABUSE TREATMENT PROGRAM ON PRISONER MISCONDUCT

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in the six months following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not.
Researchers and prison administrators are also interested in the impact of the DAP program on in-prison misconduct - defined as an infraction of a law or administrative rule by a prison inmate - because inmate misconduct disrupts the order of the institution, endangers the lives of both inmates and staff, and results in considerable economic costs.

Although the purpose of the DAP program has never been explicitly related to the reduction of misconduct, this study tested the hypothesis that the DAP program, which was originally intended to affect post-release behaviors, also reduces in-prison inmate misconduct. If this is true, then these programs should be acknowledged for providing an effective inmate management tool for correctional administrators.

The study sample consisted of 826 treated men, 1,534 untreated men (comparison subjects), 126 treated women, and 276 untreated women (comparison subjects). Approximately one-third of the subjects had committed at least one misconduct during the course of their incarceration prior to treatment. Treatment graduates were included in the study if they had at least 30 days in prison after completing treatment. Treatment subjects graduated between June 1992 and August 1996 from one of 20 programs located in minimum, low and medium security institutions and remained in prison for an average of 14 months following treatment completion. Comparison subjects were selected during the same time period from among inmates with a history of drug use who either did not have treatment available to them or who had treatment available but chose not to volunteer for treatment. Although comparison subjects did not "graduate" from treatment, we observed the behavior of both sets of subjects for a similar time period. We did so by matching comparison subjects and treatment subjects by time served and assigning a "faux" graduation date to comparison subjects.

We assessed whether treatment subjects experienced a greater decline in misconduct after graduation than did comparison subjects, taking into account the effects of a variety of other factors which prior research has shown to be correlated with prison misconduct. These factors included age, race, severity of current offense, previous commitments, sentence length, history of violence, and history of previous misconduct. We also assessed whether there were gender differences and controlled for self-selection into treatment.

The results showed that the probability of engaging in misconduct after treatment was reduced by 74% for substance abuse treatment program graduates compared to untreated subjects. The probability of post-treatment misconduct was 9% for treatment graduates as compared with 27% for comparison subjects. Consistent with prior research, younger inmates, those with more time in prison following treatment, and those who committed more infractions prior to treatment were more likely to commit an infraction following treatment. Male treatment graduates were not any more or less likely than female graduates to engage in misconduct after treatment. The magnitude of this treatment benefit suggests that prison-based substance abuse treatment serves as an effective management tool for both men and women within the prison environment.


**KEY WORDS:** residential drug abuse treatment, prisons, misconduct, offenders

USA

616.

**FEDERAL PRISON RESIDENTIAL DRUG TREATMENT: GENDER COMPARISON IN THREE-YEAR OUTCOMES**

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in both
the six months and the three years following subjects’ release from prison, taking into account
the effects of self-selection into treatment. The TRIAD study improved upon previous research
by considering the entire population of eligible subjects in comparing the outcomes for those
who entered and completed treatment and those who did not.
An important step in this evaluation was to evaluate the effects of treatment by gender. Despite
the large body of literature discussing the special treatment needs of women, treatment
outcome studies, particularly prison-based studies, seldom examine gender differences. In
general, literature on gender differences among drug users has consistently found that women
have different life problems than men before they enter treatment. Women are more likely to
have psychiatric problems, employment problems, and histories of physical abuse. However,
the literature on treatment outcomes by gender is mixed. Based on the available research, it is
clear that we do not know enough about how treatment impacts women and what other factors
affect women’s behavioral outcomes following treatment. Therefore, this study examined
gender similarities and differences in the effectiveness of treatment and in predictors of post-
release outcomes.
The study used a sample of 1,842 male subjects and 473 female subjects, which included
1,193 treatment subjects and 1,122 untreated comparison subjects. Our predictor measures
included demographic characteristics, substance use and treatment history, psychiatric
diagnoses, history of mental health treatment, employment history, behavior during
incarceration (e.g., disciplinary infractions in the 6 months prior to release from prison), and
post-release living conditions. Three-year follow-up data included two outcome measures –
recidivism and drug use. Recidivism. Twenty-eight percent of the women recidivated within the
3-year follow-up period as compared with 49% of the men. Although both men and women who
were treated were less likely to recidivate, the results also indicated that women had lower
recidivism rates than did men three years following release from prison. There were gender
similarities as well as differences among the other predictors of the two post-release outcomes.
Having a prior commitment and the occurrence of one or more serious disciplinary infractions in
the six months before release were associated with recidivism after release for both men and
women. However, men but not women, who lived with a spouse after release were less likely to
recidivate. Drug Use. With respect to drug use, 40% of the women had evidence of post-
release drug use as compared with 55% of the men. In addition, both men and women who
were treated were less likely to use drugs after release. We found both similarities and
differences between men and women when looking at the predictors of post-release drug. For
both men and women, a history of prior commitments, African American race, and a drug
related disciplinary infraction before release were associated with a higher likelihood of drug
use, while older age at release was associated with a lower likelihood of drug use. Women, but
not men, who had a history of previous mental health treatment were less likely to engage in
post-release drug use. Clinical Implications Despite the small number of gender differences in
factors predictive of post-release outcomes, we cannot clearly conclude that men and women
have similar recovery processes. Rather, similarities and differences in predictive factors must
be assessed within the context of both the initial differences in the background characteristics
and in rates of post-release success. Women had lower rates of recidivism and post-release
drug use than did men.
Residential Drug Treatment: Gender Comparisons in Three-Year Outcomes”. The Office of
Research and Evaluation.
KEY WORDS: Drug treatment, prisons, residential treatment, gender comparison, recidivism
USA
GENDER DIFFERENCES AMONG PRISONERS ENTERING DRUG TREATMENT

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not.

Nearly all prison-based substance abuse treatment programs have been designed with male prisoners in mind. Administering these male oriented programs to women prisoners has been the standard correctional practice. Recently, this practice has received considerable criticism. Critics argue that female prisoners have special needs which are not met by programs originally designed for male prisoners. However, most of the empirical support for the existence of such special needs relies on two inappropriate samples: prisoners who are not in treatment and treatment participants who are not incarcerated. Findings from these two different groups may not be generalizable to the population of prisoners in treatment. This paper directly addresses this generalizability problem with an examination of gender differences between male and female federal prisoners who were enrolled in a substance abuse treatment program. The study used a sample of 1,326 male and 318 female treatment subjects who participated in DAP between June 1992 and January 1996. We compared and contrasted the history of drug use, the history of previous substance abuse treatment, criminal history, employment history, and family characteristics of men and women. Our study also included information on DSM-III-R diagnoses of lifetime major depression and antisocial personality. Because of gender differences in the demographic profile which could be related to the characteristics of interest, our analyses controlled for age, race, ethnicity, prior commitments and marital status.

The results indicated that, net of group differences in demographic characteristics, women were statistically significantly different from men for 14 of the 17 items examined. The results concerning drug use history indicated that women were significantly more likely to have used drugs daily, to have engaged in daily use of two or more hard drugs, to have engaged in daily use of heroin and cocaine, and to say they used drugs to alleviate physical or emotional pain (men were more likely to report that they used drugs because they “enjoyed it”). Notably, there was no gender difference in having used marijuana on a daily basis in the year before incarceration or in the likelihood of being alcohol dependent.

An examination of gender differences for education and employment stability indicated that women were less likely to have completed the twelfth grade or to have obtained a GED. However, there was no difference with respect to the number of periods of previous unemployment – defined as a period of unemployment which lasted 30 days or longer - reported by each gender.

Gender comparisons of childhood family backgrounds showed that women were more likely to have grown up in homes where drug use was present, and were more likely to have experienced physical or sexual abuse in those homes. We also found gender differences in adult social environment. Women were more likely to report that prior to their arrest they had a close friend with a drug problem and that they had a spouse with a drug problem.

An examination of mental health indicators showed that women were more likely to have a diagnosis of depression. In contrast, women and men were equally likely to have a diagnosis of antisocial personality. Lastly, we examined gender differences in physical health and responsibility for children. We found that women were more likely to give an unfavorable report about their physical health and that they were more likely to report plans for living with their children after release from prison.

KEY WORDS: gender differences, drug treatment, prisoners, mental health

USA

618.

SELF-EFFICACY, DRUG TREATMENT AND RELAPSE: A SAMPLE OF FEDERAL PRISONERS

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced relapse to drug use in the six months following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not.

Theory-driven program evaluation holds that effective treatment programs help their clients by having a direct impact on "proximal" or short-term outcomes (e.g., behavior changes that occur during treatment), and that, in turn, the proximal outcomes mediate the program’s impact on the "distal" or long-term outcomes (e.g., behavior changes that occur after treatment) of interest. The causal link between treatment and outcomes is strengthened when there is a strong association between proximal outcomes and distal outcomes. To follow the principles of theory-driven evaluation, this study tested the hypothesis that the DAP program was successful in increasing drug-taking self-efficacy (proximal outcome) and that this had the effect of reducing post-release drug use (distal outcome).

The sample consisted of 234 male and female residential drug abuse treatment program (DAP) graduates who had at least one urinalysis test in the first six months after release. Self-efficacy was measured at the beginning and end of treatment with the Drug-Taking Confidence Questionnaire (DTCQ) and post-release drug use was assessed by probation officers using urinalyses techniques during the 6 months following release. The DTCQ asks individuals to rate their confidence in resisting the urge to use drugs in 50 different situations. The response scale for each item ranged from zero to 100 percent confidence and the total score represented the average confidence levels across all items. We assessed the extent to which DTCQ scores were associated with post-release drug use, taking into account the effects of a variety of other factors thought to be related to post-release drug use such as gender, race, age, degree of drug dependence, previous history of violence, and prior commitment.

The results indicated that 29% of subjects relapsed during the 6-month follow-up period and that subjects’ self-efficacy increased during the course of treatment from an average of 77 to 86. Although the numerical increase in self-efficacy was not associated with a reduction in the likelihood of relapse, the self-efficacy levels reported at the end of treatment were associated with relapse. Individuals with higher levels of self-efficacy at the end of treatment were less likely to relapse following release from prison. These results represent the first examination of the relationship between self-efficacy and relapse among incarcerated offenders in prison-based treatment programs.


KEY WORDS: self-efficacy, drug treatment, relapse, prisons, prisoners

USA
STAYING IN TREATMENT: HOW MUCH DIFFERENCE IS THERE FROM PRISON TO PRISON?

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not. Previous research clearly indicates that the longer participants remain in drug treatment the better their treatment outcomes, with some studies suggesting a minimum threshold of 90 days in treatment for clinically significant improvement in behavior. While there is some research which examines individual characteristics which predict treatment retention, this research has been completed primarily in community-based programs. Furthermore, whereas there is increasing attention being paid to program characteristics related to treatment retention, there are no multi-site studies of retention with prison-based settings. The purpose of this study was to provide knowledge about treatment retention within a prison-based setting by assessing (1) whether there were differences between the types of participants who voluntarily left treatment and those who were expelled because of disciplinary infractions, and (2) whether there were program variations across the different types of program non-completion, and if so (3), what program factors were associated with each type of treatment non-completion. The total sample size consisted of 1,446 individuals, 1,175 men and 271 women treated at 19 treatment programs. Characteristics of individuals used as predictors in our models included race, ethnicity, age at time of admission to treatment, educational level (highest grade completed), ever legally married, prior commitments, history of violence, employment status in the month before incarceration, type of drug used on a daily basis in the year before arrest and history of previous drug treatment. DSM-III-R diagnoses of antisocial personality and depression as well as measures of internal motivation and external incentives (e.g., the year off provision) were included. Information on program characteristics were obtained from yearly staff surveys administered to treatment staff. The program characteristics were chosen if there was variation across programs and if a particular program had very similar ratings across the two or more years for which data was examined. These characteristics included staff experience, several indicators of participants’ levels of therapeutic involvement and support provided by staff, and several indicators of the degree of program emphasis on adherence to program rules and treatment goals. There was a greater percentage of non-completers who were discharged for disciplinary reasons (10 percent) than who voluntarily dropped out of treatment (6 percent). Almost half (45%) of those who were disciplinary discharges were removed from the program within the first 5 months of entering treatment, and some were discharged in the last few months of treatment. In contrast, those who dropped out did so sooner, as more than half dropped out within the first 3 months of treatment. There were different predictors of these two types of treatment attrition, both at the individual level and at the program level. At the individual level, younger individuals, those with a history of violence, and those with a diagnosis of antisocial personality disorder were more likely to be discharged for disciplinary reasons. In contrast, women and individuals with lower levels of motivation for change were more likely to leave treatment voluntarily. With respect to program differences, the results indicated that there was program variation in both types of attrition after controlling for individual level characteristics. Only one program level factor – “greater emphasis placed on discharge for violation of program rules” – was found to be predictive of disciplinary discharge. No program level factor was predictive of voluntarily leaving treatment. However, the results showed that there was additional variation at the program level in both types of treatment attrition which needs to be explained.

KEY WORDS: prison differences, drug treatment, prisoners, behaviour

USA

620.
TREATMENT ENTRY AND RETENTION: FINDINGS FROM TRIAD STUDY
Federal Bureau of Prisons’ residential drug abuse program (DAP) reduced arrests and drug use in both the six months and the three years following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not. Consistent with previous research, the results of the study indicated that those who stayed in and completed treatment did better following incarceration. Most studies that address the impact of retention in treatment on treatment outcomes limit their comparisons to treatment subjects who complete treatment versus treatment subjects who do not complete treatment. To further understand the evaluation results, gender similarities and differences in background and attitudinal factors associated with treatment entry and with the combination of treatment entry and completion were studied. In addition, we compared the predictors of treatment entry with those of the combination of treatment entry and completion. Methods. We made gender comparisons among all subjects in our sample who were eligible for treatment (whether they entered or not) by dividing them into two separate sets of groups. The first set of groups was used to identify predictors of treatment entry and consisted of (1) those eligible for treatment who entered treatment (1,189 men and 300 women) compared to (2) those who did not enter treatment (545 men and 185 women). The second set of groups was used to identify the predictors of the combination of treatment entry and retention until completion and consisted of (1) those who did not enter treatment together with those who entered treatment but did not complete treatment (802 men and 292 women) compared to (2) those who entered and completed treatment (932 men and 193 women). In this way, we simultaneously learned about what types of incarcerated individuals were attracted to treatment and the characteristics of those who came to treatment and stayed until completion. Predictors included dynamic attitudinal characteristics as well as background characteristics. These predictors included measures of motivation to change (Change Assessment Scale of Prochaska and DiClemente, 1986), DSM-III-R diagnoses of antisocial personality and depression, an indicator of treatment incentives (availability of a one-year sentence reduction after passage of the Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994), substance use history, and a variety of other background characteristics. Gender Comparisons on Predictors of Treatment Entry Only. Table 1 indicates that there were both gender similarities and differences in predictors of treatment entry, and that motivation to change was the most consistent attitudinal predictor for both genders. The four factors of the 32-item Change Assessment Scale provide an indication of an individual’s level of recognition of a problem and the person’s motivation to do something to change the problem. For both men and women, an increased likelihood to enter treatment was associated with 1) higher scores on the maintenance factor of the Change Assessment Scale, and 2) plans to live with minor children after release, while a decreased likelihood to enter treatment was associated with 1) higher educational levels and 2) higher scores on the precontemplation factor of the Change Assessment Scale. Gender differences in predictors of treatment entry were such that for men, average/good family ties was associated with a decreased likelihood
and having an instant offense of a moderate severity level was associated with an increased likelihood of entering treatment, but for both predictors the reverse was true for women. The remaining gender-specific predictors indicated that an increased likelihood of entering treatment for females was associated with: 1) older age at first arrest, 2) physical abuse before age 18, 3) unemployment in the month before incarceration, 4) daily use of alcohol only prior to arrest, and 5) no diagnosis of either depression or antisocial personality disorder. In contrast, women who 1) used marijuana only on a daily basis in the year prior to arrest, and 2) who were diagnosed with depression only or antisocial personality disorder only were less likely to enter treatment. For men, an increased likelihood of entering treatment was also associated with higher contemplation factor scores on the Change Assessment Scale, and men who had treatment available after passage of VCCLEA but were not eligible for a sentence reduction and those who had a potential reduction of only 1 to 5.5 months were less likely to enter treatment.


KEY WORDS: treatment, drugs, prisons, retention, residential drug abuse programmes USA

621. WHAT IS YOUR ATTITUDE: FEMALE AND MALE DRUG USERS EXECUTIVE SUMMARY-2003

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons' residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects’ release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not. There is a large body of literature which discusses the gender specific treatment needs of women who use drugs. Some of these different treatment needs are supported by research indicating gender differences among drug users in sociodemographic and other background characteristics. However, studies generally do not systematically examine gender differences in motivations and other attitudinal characteristics. Evaluation of similarities and differences between men and women across a variety of attitudes at admission to drug treatment would likely clarify issues related to gender-specific treatment needs and may be helpful to the development of gender-specific programming. A first step in furthering our understanding of gender-specific treatment needs is to study attitudes related to the theoretical underpinnings of the treatment programs. The purpose of this study was to provide a comparative profile of men’s and women’s attitudes and motivations at the time they entered in-prison residential drug treatment programs.

The sample consisted of the treatment subjects who volunteered for treatment between 1991 and 1995. There were 1,189 men from 16 treatment programs and 300 women from 4 treatment programs. Three types of measures were examined: self-efficacy, coping style, and motivation. The first two – self-efficacy and coping style – are concepts which underlie relapse prevention theory, a major theoretical component of the DAP programs. Self-efficacy is a cognitive concept based on social learning theory and is defined as confidence regarding one’s ability to engage in a behavior in a particular situation. The third type of measure – motivation – has consistently been shown to be related to treatment volunteerism as well as treatment completion. Self-efficacy measures included the specific domain of drug use, as well as two general indicators. Self-efficacy, as it relates to the specific domain of drug use was measured
by the Drug-Taking Confidence Questionnaire (DTCQ). The general measures of self-efficacy consisted of the Attributional Style Questionnaire and the Hope Scale. Coping skills were measured using the Ways of Coping Questionnaire and motivation was measured using the Change Assessment Scale.

In order to ensure that the attitudinal differences were not the result of gender differences in background characteristics, these factors were controlled. Thus, the gender differences are those which were found when controlling for race, ethnicity, age at time of admission to treatment and history of prior commitments. The results showed that there were gender differences for at least one of the subscales of each attitudinal measure and that these results were significant even after controlling for background characteristics. The means and standard deviations for each measure are provided by gender in Table 1. The specific measure of self-efficacy – the Drug-Taking Confidence Questionnaire – is a 50-item survey which assesses an individual's self-reported confidence in his or her ability to resist using drugs in a variety of high-risk situations which include physical and emotional states. The overall mean scores range from 0 to 100 with a 0 representing the lowest level of self-efficacy and 100 representing the highest level. Individuals completed the DTCQ once for their primary illegal drug as well as a second time if they also had alcohol as a primary drug. Some individuals did not have an illegal drug as a primary drug. Eighty-three percent (n=1232) of the sample had a DTCQ score for an illegal drug and 17% (n=257) had a score for alcohol only. The results for the DTCQ showed that women had significantly lower scores than did men, indicating that women had less confidence in the ability to resist the urge to use drugs in a variety of situations. The results were consistent for those whose primary drug was an illegal drug as well as for those whose primary drug was alcohol.


KEY WORDS: female drug users, male drug users, treatment, level of resistance, confidence

622.

THE EFFECT OF DRUG TREATMENT ON INMATE MISCONDUCT IN FEDERAL PRISONS

This paper employs a large sample to empirically evaluate the Federal Bureau of Prisons’ substance abuse treatment program’s effectiveness in reducing prisoner misconduct. Results show that program graduates are 74 percent less likely to engage in misconduct over a 14-month period than a comparison group. This benefit is shared by male and female inmates alike. The substantial magnitude of the effect shows that prison-based substance abuse treatment programs provide an effective management tool to correctional administrators.


KEYWORDS: Misconduct, Prisoner, Drug Treatment, Correctional Rehabilitation

623.

GENDER DIFFERENCES AMONG PRISONERS IN DRUG TREATMENT

Purpose: Nearly all prison-based substance abuse treatment programs have been designed with male prisoners in mind. Some argue that female prisoners have special needs which are not met by programs originally designed for male prisoners. However, most of the empirical support for the existence of such special needs relies on two inappropriate samples: prisoners who are not in treatment and treatment participants who are not incarcerated. Findings from these two different groups may not be generalizable to the population of prisoners in treatment.
The purpose of this paper is to document special needs for females in the population of interest: prisoners in treatment. **Methods:** A comparison of gender differences among 1,326 male and 318 female federal prisoners who were enrolled in a substance abuse treatment program. **Results:** Women used drugs more frequently, used harder drugs and used for different reasons than men. Women also confronted more difficulties than men in areas linked to substance abuse such as educational background, childhood family environment, adult social environment, mental health and physical health. **Conclusion:** We find support for the argument that substance abuse treatment programs which were originally designed for men may be inappropriate for the treatment of women.


**KEYWORDS:** Human-Sex-Differences, Substance-Abuse-Treatment, Prisoner, Correctional-Rehabilitation, Drug-Abuse

624.

**GENDER DIFFERENCES IN TREATMENT ENTRY AND RETENTION AMONG PRISONERS WITH SUBSTANCE USE HISTORIES**

**Objectives:** This paper examined gender similarities and differences in the predictors of treatment entry and the combination of treatment entry and completion. **Methods:** The sample consisted of 2,219 male and female program participants. Maximum likelihood probit estimation was used to identify background and attitudinal characteristics predictive of treatment entry and retention. **Results:** There were gender similarities and differences in predictors of treatment entry and the combination of treatment entry and completion. Many of the factors which attract individuals to treatment are the same which keep individuals in treatment. **Conclusions:** The greatest consistency in results when making gender comparisons and when comparing predictors of treatment entry to predictors of treatment entry and completion was for attitudinal predictors, namely motivation to change.


**KEY WORDS:** Treatment entry, Treatment retention, Drug treatment, Incarcerated drug users

625.

**TRIAD DRUG TREATMENT EVALUATION PROJECT FINAL REPORT OF THREE-YEAR OUTCOMES**

The Federal Bureau of Prisons (BOP) has provided drug abuse treatment in various forms for almost two decades. The current residential drug abuse treatment programs (DAP) were developed following passage of the Anti-Drug Abuse Acts of 1986 and 1988, both of which reflected an increased emphasis on and resources for alcohol and drug abuse treatment. Participation in DAP compels inmates to identify, confront, and alter the attitudes, values, and thinking patterns that lead to criminal and drug-using behavior. The current residential treatment program also includes a transitional component that keeps inmates engaged in treatment as they return to their home communities.

The Bureau of Prisons undertook an evaluation of its residential drug abuse treatment program by assessing the post-release outcomes of inmates who had been released from BOP custody. The evaluation, conducted with funding and assistance from the National Institute on Drug Abuse, reveals that offenders who completed the residential drug abuse treatment program and had been released to the community for three years were less likely to be re-arrested or to be detected for drug use than were similar inmates who did not participate in the drug abuse
treatment program. Specifically, 44.3 percent of male inmates who completed the residential drug abuse treatment program were likely to be re-arrested or revoked within three years after release to supervision in the community, compared to 52.5 percent of those inmates who did not receive such treatment.

For women, 24.5 percent of those who completed the residential drug abuse treatment program were arrested or revoked within three years after release, compared to 29.7 percent of the untreated women. With respect to drug use, 49.4 percent of men who completed residential drug abuse treatment were likely to use drugs within 3 years following release, compared to 58.5 percent of those who did not receive treatment. Among female inmates who completed the residential drug abuse treatment, 35.2 percent were likely to use drugs within the three-year post release period in the community, compared to 42.6 percent of those who did not receive such treatment. Overall, females are less likely to relapse or recidivate regardless of treatment.

We also found that women who completed residential drug treatment were employed for 70.5 percent of their post-release period, whereas untreated women were employed for 59.1 percent of the time. No statistically significant effect was found among the men.

The findings for recidivism and drug use 3 years after release are consistent with the positive results reported in our preliminary report based on 6 months following release. Drug treatment provided to incarcerated offenders reduces the likelihood of future criminal conduct and drug use as well as increasing the employment rate among women. This study is consistent with the results of other evaluations of prison drug treatment; however, these findings are bolstered by the use of multiple treatment sites, a rigorous research design, a large sample size (2,315), and the opportunity to examine the effects of drug treatment on men and women separately. We note that the effects of treatment in reducing recidivism and drug use were less clear for women than for men. There are several plausible explanations, including methodological reasons (i.e., smaller sample size, lower overall rates) and substantive differences between the causes of drug abuse in men and women and their respective responses to existing treatment programs. Our treatment curriculum is currently being modified to better address these differing treatment needs.


KEY WORDS: Drug treatment, evaluation project, post-released outcomes

USA

626.

METHODOLOGICAL CHALLENGES IN STUDIES OF PRISONERS’ SEXUAL ACTIVITY AND DRUG USE

Prisons and jails are far from ideal places to talk about sex and drug use. Indeed, undertaking a study of prisoners' high-risk behaviors invites many methodological, logistical and ethical challenges. These challenges stem primarily from three aspects of prisoners' lives: correctional facilities are by nature coercive environments; sex and drug use violate correctional regulations; and, sexual behavior involves identity issues that often spur shame and a fear of homophobic violence from other inmates. Not surprisingly, studies of prisoners' high-risk acts are relatively small in number. They are also concentrated in a few countries, particularly England, Australia, Canada, and, most recently, the United States of America. This article briefly outlines and discusses the methodological challenges of performing research on prisoners' sexual and drug-related activities and the limitations that these hurdles may place on the gathered data. At first blush, research methodology may seem to be of little significance
(and interest) to harm reduction advocates. Yet, in a field such this, where resources - be they funds or the number of knowledgeable and committed researchers - are so scarce, ensuring the maximum veracity and reliability of research results as well as their accessibility to advocates is critically important. For, advocates must thoroughly understand the nature and limitations of research in order to effectively employ it to advocate for programmes. Methodological barriers that researchers and, by extension, advocates face in learning about prisoners' lives could be seen only as hurdles that must be surpassed in order to attain the information sought. Yet, the obstacles that researchers face also shape prisoners' daily lives. Thus, to truly understand prisoners' behaviours and environment, and the circumstances under which harm reduction providers may in the future deliver services, researchers, advocates, and service providers alike must understand the barriers to gathering valid information on prisoners' sexual activity and drug use.


KEY WORDS: methodological challenges, prisons, prisoners, sexual behavior, drug use

WORLD 627.

HIV TRANSMISSION AND PREVENTION IN PRISONS

Prisoners are at exceptional risk for infection with HIV, because of the connection between injection drug use and incarceration. Women prisoners who have practiced prostitution, which is frequently associated with injection drug use and contact with HIV-infected sex partners, are at additional risk for HIV infection. This chapter reviews the following issues associated with HIV infection in prisoners: epidemiology, prevalence, and transmission; the growing coincidence of tuberculosis; institutional issues, including prison policies and practices, confidentiality, informed consent, and medical research; the extensive involvement of the legal system in the area of HIV in prisoners; and prevention and the role of educational programs.

Numerous activities known to occur among prisoners pose a risk for HIV infection. Several studies have identified transmission of HIV in prison, based on serial serotesting for HIV antibody, some identifying seroconversion in inmates after more than 5 years of continuous incarceration. Molecular analysis of 14 HIV-positive inmates in Glenochil prison in Scotland in 1993 found sequencing similarities and clinical histories in 13 of the 14 indicating that transmission had occurred at the institution.

No confirmed cases of HIV infection among U.S. prison staff have been attributed to contact with inmates. There is a report from Australia of seroconversion of an officer who was injected by an infected inmate with a syringe full of his own blood.

Sexual activity between male inmates is not uncommon in prisons and jails. A Federal Bureau of Prisons study in 1982 reported that 30% of federal prison inmates engaged in homosexual activity while incarcerated. In a 1984 study of Tennessee inmates, 17% reported homosexual activity in prison. Former prisoners surveyed in New York reported use of makeshift devices for safer sex, such as fingers of latex gloves, when condoms were not available.

The frequency of homosexual rape in jails and prisons is extremely difficult to estimate. The victim who reports rape in prison faces a probability of further suffering and worse injury. The Federal Bureau of Prisons study reported that 9-20% of federal inmates, especially new or homosexual inmates were victims of rape. The text of the Prison Rape Reduction Act of 2002 states that the best expert estimate of the number of individuals sexually attacked at least one time during their incarceration is a national median of 13.6%. (The act establishes standards for identifying, investigating, and eliminating prison rape in the United States; S. 2619, HR. 4943).
Other incidents of interpersonal violence (including fights involving lacerations, bites, and bleeding in two or more participants) present some risks for HIV transmission. These risk activities in prisons and jails do not involve consenting participants, and condoms or educational programs are not likely to prevent HIV transmission in these situations. Prison authorities prevent violence among prisoners with adequate staffing, supervision, programming, and housing. Housing more than one inmate per cell, common now in crowded institutions, is a major contributing factor to incidents of violence and sexual assault.


**KEY WORDS:** HIV transmission, prevention programs, drugs, prisons, prison rape, infections, injections

USA

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**628. TUBERCULOSIS OUTBREAKS IN PRISON HOUSING UNITS FOR HIV-INFECTED INMATES—CALIFORNIA**

During 1995-1996, staff from the California departments of corrections and health services and local health departments investigated two outbreaks of drug-susceptible tuberculosis (TB). The outbreaks occurred in two state correctional institutions with dedicated HIV housing units. In each outbreak, all cases were linked by IS6110-based DNA fingerprinting of Mycobacterium tuberculosis isolates. This report describes the investigations of both outbreaks; the findings indicated that M. tuberculosis can spread rapidly among HIV-infected inmates and be transmitted to their visitors and prison employees, with secondary spread to the community.

In both of the investigations, a positive tuberculin skin test (TST) was defined as an induration of greater than or equal to 5 mm in contacts and/or HIV-infected persons. A TST conversion in a contact was defined as an increase of greater than or equal to 5 mm from a documented negative to a positive TST within the previous 2 years. Only culture-positive pulmonary cases were considered infectious, and the infectious period was considered to begin 6 weeks before the date the culture-positive specimen was obtained (if the patient was asymptomatic) or the date of onset of symptoms consistent with TB.

This report demonstrates that M. tuberculosis can spread rapidly among HIV-infected inmates in congregate living situations and to their visitors; disease developing in a visitor and a parolee may have led to secondary transmission in their household contacts. Containment required efforts of correctional and health department staff at the state and local levels to address the unique medical, custody, public health, and fiscal challenges posed by the outbreaks.

Updated policies and procedures for managing possible TB cases and their contacts are under development and implementation in correctional facilities and the community. The changes are to ensure that HIV-infected inmates with new radiographic abnormalities consistent with TB are placed in respiratory isolation, reported to the local health department and the central public health system of the prisons as having suspected TB, and started on multidrug therapy for TB even when another pulmonary process is diagnosed. These procedures will minimize the likelihood that HIV-infected persons with undiagnosed infectious TB (such as the index case-patient in the prison B outbreak) are transferred from jails, hospitals, or the community into prisons. The clinical course of the index case-patient in the prison A outbreak illustrates the challenge of detecting TB disease that develops in HIV-infected inmates after they have been cleared of having TB disease at entry to prison but develop it later. A TB evaluation should be initiated for HIV-infected inmates with respiratory symptoms who are diagnosed initially with conditions other than TB (1), even if TB has been excluded recently.
The use of preventive therapy may need to be expanded beyond TST-positive inmates to certain HIV-infected persons with a negative TST. HIV-infected persons with a history of untreated or inadequately treated TB that healed should receive TB preventive treatment regardless of their age or results of TSTs (2). Primary prophylaxis for TST-negative HIV-infected persons with an ongoing and unavoidable high risk of exposure to M. tuberculosis should be considered. Following the TB outbreaks described in this report, the California Department of Corrections has recommended routine use of INH preventive therapy for all HIV-infected inmates with CD4 counts less than 100 cells/μL, provided that such therapy is not contraindicated (7). The risks and benefits associated with primary prophylaxis in these settings need to be evaluated.


KEY WORDS: tuberculosis, prison housing units, HIV infection, inmates, prisons USA

629.

MANDATORY DRUG TESTING IN PRISONS

The White Paper Tackling Drugs Together (HM Government, 1995) sets out the strategy of HM Prison Services for the control of drug misuse in prison. It involves a two-pronged approach:

• ‘tough’ control measures;
• provision of access for drug users to appropriate services and treatment programmes.

A research project was undertaken at one large local prison to explore the strategy and to consider, in detail, the impact of mandatory drug testing (MDT).

The general aims of the research were to:

• obtain information about the misuse of drugs by the prison population and to consider changes in drug misuse in the light of the introduction of mandatory drug testing;
• collect views from prison staff and prisoners about the supply of drugs in the prison;
• discover prisoners’ and prison staff’s understanding about drug misuse and the risk of viral infection;
• assess the arrangements currently available for the treatment of prisoners who have a drug problem.

The prison population of England and Wales is currently rising and is set to continue to rise during the rest of this decade. Events within the prison, for example, sharing needles and unprotected sex, have a direct bearing on the spread of the HIV virus within the wider community. The issue of drugs in prison, with the associated risks can no longer be ignored and the government has begun to take the issue of drugs in prison more seriously than in the past.

The Government’s main objective is to reduce the level of drug misuse within prisons. HM Prison Service has developed an action plan for use in prisons which includes effective measures to control supply, implementation of mandatory testing, training for multi-disciplinary teams of staff and participation in local multi-agency partnerships to tackle drug misuse.


KEY WORDS: drug testing, prisons, prison population, treatment UK
630.
HARM REDUCTION IN ITALIAN AND UK PRISONS: THE GAP BETWEEN POLICY AND IMPLEMENTATION FOR HIV AND DRUGS
The notion of equivalence of health care provided for in International Guidelines (WHO and EU), is undermined in the prison system by the application of prison rules, structural impediments and political ambivalence. In addition, the initiatives which seek to address other priorities, notably the crime rate and Government strategy to combat drug use exacerbate the difficulties of applying sensitive and effective drugs and HIV prevention and treatment measures in prison.
This presentation, drawing on research in both prison systems, will discuss the current situation in Italian and UK prisons regarding the implementation of harm reduction materials and drug treatments available to prisoners. Both prison systems have a high number of prisoners who have drug problems and related issues with communicable diseases. The acknowledgement of the extent of drug use and HIV in prison differs between the two countries. Italy acknowledges that there are a high number of prisoners who are HIV-positive but does not officially acknowledge that there is extensive drug use within prisons. This is somewhat ironic when contrasted with the cases of prisoners who have died from heroin overdoses whilst in prison, the fact that syringes are found in prison and the deployment of ‘drug dogs’ used to find drugs! It is interesting to note that research has been commissioned by the Italian Prison Department (DAP) to study the prevalence and incidence of the use of drugs within prison (in two sample prisons). The results from this study are, as yet, not available. Whereas the English and Welsh prison service do acknowledge drug use in prison but underplay the extent of HIV. This has resulted in different approaches to drugs and HIV and other communicable diseases evolving in the two prison systems.
KEY WORDS: harm reduction, prisons, policy implementation, HIV, drugs, prison rules

631.
DRUG USE IN PRISONS
The Recommendation No. (98) 7 of the Committee of Ministers of the Council of Europe to member states concerning the ethical organizational aspects of health care in prison was adopted by the Committee of Ministers on 8 April 1998. The opening gambit of this document makes the following recommendation: that the medical practice in the community and in prison should be guided by the same ethical principles. Finally, the Health in Prisons Project (HIPP) operated by WHO turned their attention to their third priority area, drug misuse, around February 1999. It would appear that they are going to make use of the principles and recommendations such as harm reduction, drug free units and substitution treatment, needle exchange and peer support put forward by the European Network of Drug and HIV/AIDS Services in Prison.
In the light of these activities and the recommendations made by the Committee of Ministers of the Council of Europe it became evident that drug use in prison seemed to be a prevailing phenomenon, yet no information is available to date on the possible effect of incarceration on drug use. Approval by the Permanent Correspondents of the Pompidou Group for the Drug Use in Prison project was first sought in 1997. The project in its entirety was put forward by Ms. Luisa Machado Rodrigues (P-PG/Epid (98) 16 rev) and approval was given at the 40th
meeting of the Permanent Correspondents (October 1997). Since that time two informal meetings of the group have taken place, one in Lisbon in July 1998, and the other at the first Project Group Meeting in the field of Epidemiology (30 November-1 December 1998). To date there have also been two working group meetings; the first took place in Paris in March 1999, a report of which was forwarded to all interested parties by Ms. Luisa Machado Rodrigues (P-PG/Epid (99) 9 E). The major outcome of that meeting was that a key list of words or guidelines be provided to each member by the co-ordinator for discussion at the second working group meeting (P-PG/Epid (99) 12 E). This meeting was held in Strasbourg in June 1999 and following long but positive discussions it was agreed by the group that each member produce a summary of Drug use in Prison of their respective countries along the following guidelines (P-PG/Epid (99) 14 E). The key question to be addressed was that of: "What impact does prison have on drug use?"


KEY WORDS: drug use, prison, policy

WORLD

632.

PRISONS, DRUGS AND SOCIETY

It is insufficiently recognized that much more can be done within our prison systems to reduce the harm from drugs and to treat successfully a large number of those prisoners who are addicted to drugs. The promotion of health in prisons can make a major contribution to national strategies for tackling the problems of drugs (including alcohol) in society. Current national strategies to deal with the ill effects of illicit drugs are based upon laws aimed at the reduction of supply, demand, use and harm resulting from drugs. A rising proportion of those imprisoned are there because of breaking these laws relating to drugs. Experience in the WHO Regional Office for Europe’s Health in Prisons Project has shown that any national strategy for reducing the harm from illicit drugs must include how to tackle the drugs issues in prisons. Many of those sent to prison are already addicted and require treatment and assistance to reduce the harm from their drug use. Prison is a unique opportunity to address these health issues while also addressing the causes of offending behaviour. This Consensus Statement is based on the accumulated experience and advice of member country representatives of the WHO Health in Prisons Project and the Pompidou Group of the Council of Europe, together with advice from selected experts from many parts of Europe. It was finalized after discussions held by delegates at the WHO/Council of Europe conference on Prisons, Drugs and Society held in Berne, Switzerland in September 2001, hosted by the Federal Government of Switzerland.

It has been produced for consideration by those in government and non-governmental organizations who influence the development of health-related policies in prisons. It offers the prospect of significant health gain for some of the most disadvantaged and socially excluded groups in Europe. It is important that each country considers the recommendations from a position relating to its own legal, economic and cultural circumstances. As effective implementation is the goal, this Statement should be brought to the attention of all relevant staff and, where appropriate, also to prisoners themselves, as sustainable progress will only be made if desired policies are understood and accepted by the key people involved. Underlying the Statement are the guiding principles of the WHO (Regional Office for Europe) Health in Prisons Project. Imprisonment must be seen as taking away the freedom of inmates as the sole legally decided punishment. Imprisonment must not remove the dignity and remaining autonomy of prisoners, or their self-respect and sense of responsibility for their future health and welfare. Many of them are already from those groups in society that are most deprived,
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

lacking in education, with low self-esteem, suffering the effects of poverty, lack of employment and often with poor mental health. In recommending high priority for the circulation, consideration and implementation of this Statement, the sponsors of this document wish to emphasize that all recommendations are based on current best practice. In several countries in Europe, many of the recommendations are already implemented and are known to work. Europe should strive to be the first WHO Region to have comprehensively and successfully tackled the problems of drugs in prisons, and in so doing contributed considerably to harm reduction from illicit drugs throughout society.


KEY WORDS: prisons, drug, policy, society, best practices

633. DRUG PREFERENCES IN ILLICIT DRUG ABUSERS WITH A CHILDHOOD TENDENCY OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER: A STUDY USING THE WENDER UTAH RATING SCALE IN A JAPANESE PRISON.

Abstract The purpose of this study is to clarify the relationship between childhood tendencies of attention deficit/hyperactivity disorder (AD/HD) and illicit drug abuse in Japanese prisoners, and to clarify whether drug abusers with AD/HD prefer methamphetamine (MAP) more than other illicit drugs. The Japanese version of the Wender Utah Rating Scale (WURS), which is a self-reporting instrument to retrospectively identify childhood tendencies of AD/HD tendencies, was carried given to 413 prisoners without a drug addiction and 282 prisoners with a drug addiction (192, MAP; 53, toluene; and 37, cannabis). WURS scores were compared between prisoners with and without a drug addiction, and between MAP, toluene, and cannabis abusers.

Consequently, prisoners with a drug addiction showed significantly higher WURS scores than those without the addiction (P < 0.001). Toluene abusers showed significantly higher WURS scores than cannabis abusers (P < 0.001), and included a higher proportion with scores over cut-off than MAP or cannabis abusers (P = 0.005). In conclusion, a close relationship existed between illicit drug abuse and childhood AD/HD tendencies. Drug-abusing prisoners with AD/HD tendencies were not prone to choose MAP over other illicit drugs.


KEY WORDS: mental health, substance use

634. SUBSTANCE ABUSE, CONDUCT DISORDER AND CRIME: ASSESSMENT IN A JUVENILE DETENTION HOUSE IN ISTANBUL, TURKEY.

The purpose of the present study was to determine the rate of substance abuse in the juvenile detention house and to determine the relationship between crime and substance abuse and conduct disorder. Two hundred and thirty cases in the biggest juvenile detention house in Istanbul, Turkey were assessed according to Diagnostic and Statistical Manual of Mental Disorders (4th edn; DSM-IV) criteria. Law files and data of crime were examined. A total of 80 out of 230 juvenile detainees (34.8%) were found to have substance abuse excluding nicotine and alcohol. The substances abused in preferential order were cannabis (72.5%), volatile substances (21.3% bally and 3.7% thinner; 25%) and sedative hypnotic drugs and biperidents.
The rate of conduct disorder was 46.3% in substance abusers and 25.3% in the others (odds ratio: 2.536). The rate of substance abuse was 48.5% in the juveniles who had committed multiple crimes and 14.1% in the others (odds ratio: 5.735). The study shows that conduct disorder was very high in juvenile detainees. Conduct disorder was higher in substance-abusing than in non-abusing juvenile detainees. Substance-abusing juvenile detainees were found to have a higher detention rate than non-abusing juvenile detainees. There was a close relation between conduct disorder and substance abuse and multiple crimes. In the light of these results, diagnosis and treatment for conduct disorder in juvenile detainees are of great importance.


KEY WORDS: substance use, juveniles

TURKEY

635.

DRUG USE AND RISK OF BLOODBORNE INFECTIONS: A SURVEY OF FEMALE PRISONERS IN BRITISH COLUMBIA.

BACKGROUND: Clinicians working in a women's prison in British Columbia observed hepatitis C sero-conversion among inmates, prompting this study to determine: the characteristics of women who do and do not report illicit drug use in prison; patterns of drug use inside prison; factors associated with illicit drug use that might contribute to bloodborne transmission inside prison. METHODS: A cross-sectional observational data set was created using an anonymous 61-item self-administered survey. RESULTS: Eighty-three percent (104/126) of eligible inmates participated. Seventy-four percent (77/104) reported their current prison sentence was related to illicit drug use and 25% (26/104) reported their ethnicity as Aboriginal. Ninety-three percent (97/104) reported a prior history of illicit drug use, of whom 70% (68/97) reported a history of injection drug use. Thirty-six percent (37/104) reported illicit drug use in prison, and 21% (22/104) reported injection drug use in prison. Fifty-two percent (54/104) reported hepatitis C sero-positivity, and 8% (8/104) reported HIV sero-positivity. Of the 22 women who reported prison injection drug use, 91% (20/22) reported hepatitis C infection and 86% (19/22) reported injecting with shared needles inside prison, with or without bleach cleaning. Women were more likely to report illicit drug use in prison if they had had illegal sources of income prior to incarceration (p=0.0081, OR 3.19), had previously injected drugs (p=0.036, OR 2.97), and had first injected drugs at a friend's house (p=0.066, OR 2.70). INTERPRETATION: The majority of women reporting prison injection drug use also reported hepatitis C sero-positivity and shared needle use. Canadian prisons are risk situations for transmission of bloodborne pathogens, and provide opportunities for harm reduction strategies.


KEY WORDS: substance use, blood borne viruses, women

CANADA

636.

A MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE FOR A YOUTH DETENTION CENTRE.

OBJECTIVES: To describe a new programme, the Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) at the Brisbane Youth Detention Centre, which aims to provide young people in detention with the same quality of mental health and substance dependency services that would normally be available to them in the community. CONCLUSIONS: Young
people in detention suffer from considerable mental health and substance abuse problems. MHATODS seeks to address the specific needs of this group of young people. Its innovative structure recognizes the limitations of the prevailing paradigm of separate service delivery for mental health and drug and alcohol treatment, and has created an integrated treatment service for young people in detention.

KEY WORDS: therapy, juveniles AUSTRALIA

637.
HEPATITIS A VACCINATION--A PRISON-BASED SOLUTION FOR A COMMUNITY-BASED OUTBREAK?
In December 2001, an increase in cases of hepatitis A was observed in South Yorkshire. Cases were predominantly young males who reported injecting drug use. A community-based vaccination programme was introduced in November 2002, but new cases continued to occur. In March 2003, a vaccination campaign was implemented in the local prison for a four-week period. One thousand two hundred and thirty-six (91%) prisoners were vaccinated. Two thirds (895/1,363) of the prisoners came from the area affected by the outbreak and 52% (465/895) reported injecting drugs. The median age of injectors was 25 years. Notifications of cases of hepatitis A from South Yorkshire ceased in August 2003. Although on this occasion the prison vaccination campaign was probably implemented too late to have had a significant impact on the local outbreak, a large number of young male injectors from the local area were successfully vaccinated. This suggests that a prison-based intervention offers a potentially effective way of immunising the IDU population and interrupting a community-based outbreak.
KEY WORDS: hepatitis, prison UK

638.
CORRELATES OF DRUG TREATMENT OUTCOMES FOR AFRICAN AMERICAN AND WHITE MALE FEDERAL PRISONERS: RESULTS FROM THE TRIAD STUDY.
The purpose of this study was to compare the effects of family background and preincarceration socioenvironmental variables on three-year post-release drug use for African American and white prison-based drug treatment participants in order to explain the previously found disparities in rates of three-year post-release drug use between the two groups. There were two hypotheses: 1) for both groups, family background and preincarceration socioenvironmental variables would predict postrelease drug use more strongly than sociodemographic characteristics and preincarceration behaviors, and 2) the predictors would be different for each group. The sample included 279 African American and 512 white male treatment participants who were supervised by a U.S. probation officer following incarceration. Event history analyses were used to model time to first drug use during postrelease supervision. The results indicated that none of the family background factors or socioenvironmental variables predicted postrelease drug use. The variables predictive of drug use for one or both racial groups were limited to sociodemographic characteristics and preincarceration behaviors such as age at release, prior commitments, and preincarceration employment. Yet, there were no significant between-group differences for these predictors. The authors concluded that future assessment of the effects of socioenvironmental variables on
postrelease drug use likely requires evaluation of the postrelease social environment at the time of release.
KEY WORDS: drug behaviours, treatments
USA

A QUALITATIVE STUDY OF SUBSTANCE USE AND SEXUAL BEHAVIOR AMONG 18- TO 29-YEAR-OLD MEN WHILE INCARCERATED IN THE UNITED STATES.
The article describes men's perceptions of and experience with substance use and sexual behavior during incarceration. Grounded theory content analyses were performed on qualitative interviews conducted with 80 men, aged 18 to 29, in four U.S. states. Participants believed that drugs were easily available in prison. Half reported using substances, primarily marijuana or alcohol, while incarcerated. Key themes included the role of correctional personnel in the flow of substances in prison and the economic significance of substance trafficking. With regard to sexual behavior, most men acknowledged that it occurred but were hesitant to talk in-depth about it. There was a strong belief in "don't look, don't tell," and sex in prison was often associated with homosexual behavior or identity. Sex during incarceration was reported by 12 men, mostly with female partners. Participants were pessimistic about HIV/STD/hepatitis prevention efforts inside correctional facilities. These findings highlight the need for risk reduction programs for incarcerated men.
KEY WORDS: substance use, prison
USA

FOUR-YEAR FOLLOW-UP OF IMPRISONED MALE HEROIN USERS AND METHADONE TREATMENT: MORTALITY, RE-INCARCERATION AND HEPATITIS C INFECTION.
AIMS: To examine the long-term impact of methadone maintenance treatment (MMT) on mortality, re-incarceration and hepatitis C seroconversion in imprisoned male heroin users.
DESIGN, SETTING AND PARTICIPANTS: The study cohort comprised 382 imprisoned male heroin users who had participated in a randomized controlled trial of prison-based MMT in 1997/98. Subjects were followed-up between 1998 and 2002 either in the general community or in prison. MEASUREMENTS: All-cause mortality, re-incarceration, hepatitis C and HIV serostatus and MMT retention. FINDINGS: There were no deaths recorded while subjects were enrolled in MMT. Seventeen subjects died while out of MMT, representing an untreated mortality rate of 2.0 per 100 person-years (95% CI, 1.2-3.2). Re-incarceration risk was lowest during MMT episodes of 8 months or longer (adjusted hazard ratio 0.3 (95% CI, 0.2-0.5; P < 0.001), although MMT periods 2 months or less were associated with greatest risk of re-incarceration (P < 0.001). Increased risk of hepatitis C seroconversion was significantly associated with prison sentences of less than 2 months [adjusted hazard ratio 20 (95% CI, 5-76; < P = 0.001)] and MMT episodes less than 5 months [adjusted hazard ratio 4.2 (95% CI, 1.4-12.6; P = 0.01)]. Subjects were at greatest risk of MMT dropout during short prison sentences of 1 month or less (adjusted hazard ratio 10.4 (95% CI, 7.0-15.7; P < 0.001). HIV incidence was 0.3 per 100 person-years (95% CI, 0.03-0.99). CONCLUSIONS: Retention in MMT was associated with reduced mortality, re-incarceration rates and hepatitis C infection.
Prison-based MMT programmes are integral to the continuity of treatment needed to ensure optimal outcomes for individual and public health.


**KEY WORDS:** methadone, recidivism, re-incidence

AUSTRALIA

641. MENTAL HEALTH IN PRISON POPULATIONS. A REVIEW--WITH SPECIAL EMPHASIS ON A STUDY OF DANISH PRISONERS ON REMAND.

**OBJECTIVE:** To review the literature on mental health and psychiatric morbidity in prison populations and relate findings to a Danish study on remand prisoners.

**METHOD:** The literature is reviewed and subdivided in the following section: validity of psychometrics in prison populations, prevalence of psychiatric disorders prior to imprisonment, incidence of psychiatric disorders during imprisonment, psychopathy related to psychiatric comorbidity, dependence syndromes with special emphasis on different administrations of heroin use (smoke vs. injection). The results are compared with a longitudinal Danish study on remand prisoners in either solitary confinement (SC) or non-SC.

**RESULTS:** Many factors must be taken into consideration when dealing with prisoners and mental health, e.g. international differences, the prison setting, demographics and methodological issues. The prison populations in general are increasing worldwide. Psychometrics may perform differently in prison populations compared with general populations with the General Health Questionnaire-28 having a low validity in remand prisoners. Psychiatric morbidity including schizophrenia is higher and perhaps increasing in prison populations compared with general populations with dependence syndromes being the most frequent disorders. The early phase of imprisonment is a vulnerable period with a moderately high incidence of adjustment disorders and twice the incidence in SC compared with non-SC. Prevalence of psychopathy is lower in European than North American prisons. Medium to high scores of psychopathy is related to higher psychiatric comorbidity. Opioid dependence is the most frequent drug disorder with subjects using injection representing a more dysfunctional group than subjects using smoke administration. Many mentally ill prisoners remain undetected and undertreated.

**CONCLUSION:** There is a growing population of mentally ill prisoners being insufficiently detected and treated.


**KEY WORDS:** mental health, prison

DENMARK

642. ADHERENCE TO ANTIRETROVIRAL THERAPY AMONG HIV-INFECTED PRISON INMATES (SPAIN).

This cross-sectional study was carried out in two Spanish prisons. A group of 177 HIV-infected prison inmates were interviewed. Standardized personal interviews using a structured questionnaire were conducted to assess sociodemographic features and prison setting characteristics, clinical variables, social support and drug consumption. A simplified four-item questionnaire for self-reported adherence was used. A total of 24.3% were non-adherent. Predictors of non-adherence in the multivariate analysis included poor or lack of ability to follow the prescribed treatment regimen, no visits in a month, anxious and/or depressed mood, difficulty in taking medication, receiving methadone treatment, cannabis consumption and robbery as the reason for imprisonment. Adherence to antiretroviral therapy was higher than in the wider community. However, other variables related to the correctional setting, such as
assignments within the facility, adaptability of the prison system to authorize the cell being
opened in the event of missed medication, or legal situation had no effect on adherence for
inmates with HIV disease.
**KEY WORDS:** HIV management, prison
SPAIN

643.
**ATTITUDES AND PRACTICES REGARDING THE USE OF METHADONE IN US STATE
AND FEDERAL PRISONS.**
In the United States, vigorous enforcement of drug laws and stricter sentencing guidelines over
the past 20 years have contributed to an expanded incarcerated population with a high rate of
drug use. One in five state prisoners reports a history of injection drug use, and many are
opioid dependent. For over 35 years, methadone maintenance therapy has been an effective
treatment for opioid dependence; however, its use among opioid-dependent inmates in the
United States is limited. In June 2003, we conducted a survey of the medical directors of all 50
US states and the federal prison system to describe their attitudes and practices regarding
methadone. Of the 40 respondents, having jurisdiction over 88% (n =1,266,759) of US
prisoners, 48% use methadone, predominately for pregnant inmates or for short-term
detoxification. Only 8% of respondents refer opioid-dependent inmates to methadone programs
upon release. The results highlight the need to destigmatize the use of methadone in the
incarcerated setting, expand access to methadone during incarceration, and to improve linkage
to methadone treatment for opioid-dependent offenders who return to the community.
**KEY WORDS:** methadone, prison, policy
USA

644.
**HIGH-DOSE BUPRENORPHINE SUBSTITUTION DURING INCARCERATION.
MANAGEMENT OF OPIATE ADDICTS.**
[FRENCH]
**OBJECTIVE:** To describe the social and medical profiles of incarcerated (in detention or after
sentencing) opioid addicts, whether or not they had already begun substitution treatment at
arrival, and assess the impact of high-dose buprenorphine substitution therapy on the health of
prisoners and the course of their incarceration. **METHODS:** A prospective survey was
conducted on opioid addicts on admission to prison and after 2 months of incarceration, from
December 2001 to February 2003, in 6 prison centres in the South East of France. **RESULTS:**
During incarceration, no significant difference (other than in medical follow-up) appeared
between the prisoners receiving substitution treatment and those who went through withdrawal
on arrival. The first group differed from the second in several respects: their occupational
history before incarceration was less stable, their history of drug addiction and incarceration
was more serious (injection, psychotropic use, number of prior incarcerations, early age at first
incarceration). The buprenorphine patients also differed in their more intense use of medical
follow-up before incarceration. **CONCLUSION:** The impact of buprenorphine substitution
therapy during incarceration could not be demonstrated, but prisoners receiving this treatment
had a substantially different profile than those who were not receiving treatment when they
arrived in prison.
645.
CORRELATES OF MYCOBACTERIUM TUBERCULOSIS INFECTION IN A PRISON POPULATION.
Prisons represent a crucial setting for tuberculosis control. Currently, there is scarce information concerning Mycobacterium tuberculosis (MT) infection in European prisons, and no data are available for Italy. This study aims to describe the prevalence and correlates of MT infection in an Italian prison population. In this multicentre cross-sectional study, 1,247 inmates from nine prisons were recruited and asked to undergo questioning regarding socio-economic and demographic variables, tuberculin skin testing (TST), chest radiographs and testing for HIV, hepatitis B and hepatitis C virus infection. TST was positive in 17.9% of the 448 evaluable subjects. With multivariate logistic regression (performed among male inmates), MT infection was correlated with age (adjusted odds ratio (OR) 4.12 for inmates aged 31-40 yrs; 3.78 for those aged >40 yrs), being foreign-born (OR = 4.9), education </=5 yrs (OR = 1.88) and length of detention (increased risk per yr: 11%). As with elsewhere in the world, the prison system in Italy features a population with an increased rate of Mycobacterium tuberculosis infection and at-risk rate for Mycobacterium tuberculosis transmission. Improved tuberculosis surveillance and control measures are deemed necessary in correctional facilities nationwide, especially for subjects with the above risk factors and those who are HIV infected, in whom the tuberculin skin testing can be misleading. The screening of entrants is particularly important to avoid undiagnosed smear-positive tuberculosis cases.

KEY WORDS: tuberculosis, prison
ITALY

646.
HARM REDUCTION AND WOMEN IN THE CANADIAN NATIONAL PRISON SYSTEM: POLICY OR PRACTICE?
Applying the principles of harm reduction within the context of incarcerated populations raises a number of challenges. Although some access to harm reduction strategies has been promoted in general society, a divide between what is available and what is advocated continues to exist within the prison system. This paper explores the perceptions and lived experiences of a sample of nationally incarcerated women in Canada regarding their perceptions and experiences in accessing HIV and Hepatitis C prevention, care, treatment and support. In-depth interviews were conducted with 156 women in Canadian national prisons. Q.S.R.Nuist was used to assist with data management. A constant comparison method was used to derive categories, patterns, and themes. Emergent themes highlighted a gap between access to harm reduction in policy and in practice. Despite the implementation of some harm reduction techniques, women in Canadian prisons reported variable access to both education and methods of reducing HIV/HCV transmission. Concerns were also raised about pre- and post-test counseling for HIV/HCV testing. Best practices are suggested for implementing harm reduction strategies within prisons for women in Canada.

CORRELATES OF HIV, HBV, AND HCV INFECTIONS IN A PRISON INMATE POPULATION: RESULTS FROM A MULTICENTRE STUDY IN ITALY.

A cross-sectional study was undertaken on the correlates of infection for the human immunodeficiency virus (HIV) and hepatitis viruses B and C (HBV and HCV) in a sample of inmates from eight Italian prisons. A total of 973 inmates were enrolled [87.0% males, median age of 36 years, 30.4% intravenous drug users (IDUs), 0.6% men who have sex with men (MSWM)]. In this sample, high seroprevalence rates were found (HIV: 7.5%; HCV: 38.0%; anti-HBc: 52.7%; HBsAg: 6.7%). HIV and HCV seropositivity were associated strongly with intravenous drug use (OR: 5.9 for HIV; 10.5 for HCV); after excluding IDUs and male homosexuals, the HIV prevalence remained nonetheless relatively high (2.6%). HIV prevalence was higher for persons from Northern Italy and Sardinia. The age effect was U-shaped for HIV and HCV infections; HBV prevalence increased with age. Tattoos were associated with HCV positivity (OR: 2.9). The number of imprisonments was associated with HIV infection, whereas the duration of imprisonment was only associated with anti-HBc. The probability of being HIV-seropositive was higher for HCV-seropositive individuals, especially if IDUs. In conclusion, a high prevalence of HIV, HCV, and HBV infections among inmates was observed: these high rates are in part attributable to the high proportion of IDUs. Frequencies of imprisonment and tattoos were associated, respectively, with HIV and HCV positivity. Although it is possible that the study population is not representative of Italy's prison inmate population, the results stress the need to improve infection control measures users was prisons.


KEY WORDS: HIV, hepatitis, risk behaviours

PRISON HEALTH IN RUSSIA: THE LARGER PICTURE

Russia, despite recent legal reforms, still has one of the highest rates of imprisonment in the world. There are many reports of the adverse conditions in Russian prisons, often highlighting the consequences for health, in particular, risks of HIV, tuberculosis, and other infectious diseases. However, there are no reviews of the broader health issues in the Russian penal system. This paper reviews the available information on the health of the imprisoned population in Russia and the factors underlying it. It was undertaken by means of a search of Russian and international literature, including unpublished sources, supplemented by in-depth interviews with 27 key informants from the Ministry of Justice, prison administration, and non-governmental organizations. Published and unpublished data from the ministries of health and justice were used to describe the demographic characteristics of the imprisoned population and compare it with the general population. Although convicts are drawn disproportionately from disadvantaged groups in society and are detained in adverse physical conditions, the standardized mortality ratio from all causes is slightly over one-third of that in the overall Russian male population. This is mainly explained by an eight-fold lower mortality from external causes and a more than two-fold lower mortality from cardiovascular disease. These far outweigh the increased mortality from infectious diseases. The chances of survival of young
men in Russia may actually be improved by being in prison, highlighting the need for policies that reduce the overall level of violence and other external risks, such as dangerous driving habits, in Russian society. Yet while conditions are improving in Russian prisons, with death rates falling, there are still many avoidable deaths and high levels of mental illness and infectious disease. There is also much that is not known about the health of Russian convicts, with what is available reflecting what is measured rather than what is important.


**KEY WORDS:** health, prison

RUSSIAN FEDERATION

649.

**INITIATING HIGHLY ACTIVE ANTIRETROVIRAL THERAPY AND CONTINUITY OF HIV CARE: THE IMPACT OF INCARCERATION AND PRISON RELEASE ON ADHERENCE AND HIV TREATMENT OUTCOMES.**

OBJECTIVE: To examine the effect of incarceration within 12 months of initiating highly active antiretroviral therapy (HAART) on non-adherence and HIV-1 RNA suppression. METHODS: We compared the adherence and virological outcomes among participants in a population-based HIV/AIDS Drug Treatment Program in British Columbia, Canada, by history of incarceration in a provincial prison. Participants who were HIV-infected, naive to HAART and who were prescribed treatment between 1 July 1997 and 1 March 2002 were eligible for this study. Logistic regression was used to determine the factors associated with non-adherence and Cox proportional hazards modelling was used to determine the factors associated with HIV-1 RNA suppression adjusting for age, gender, history of drug use, baseline HIV-1 RNA, baseline CD4 cell count, type of antiretroviral regimen [two nucleosides + protease inhibitor (PI) vs two nucleosides + non-nucleoside reverse transcriptase inhibitor (NNRTI)], physician's HIV-related experience for each subject and adherence as measured by pharmacy refill compliance.

RESULTS: There were 1746 subjects (101 incarcerated/1645 non-incarcerated) who started antiretroviral therapy between 1 July 1997 and 1 March 2002. Of those incarcerated, 50 initiated HAART while in prison and 27 subjects were released but returned to prison in the follow-up period. Subjects received antiretroviral therapy while incarcerated for a median number of 4 months [interquartile range (IQR): 2-10]. Multiple logistic regression results showed that a history of incarceration within 12 months of initiating HAART independently increased the odds of non-adherence [adjusted odds ratio (AOR): 2.40; 95% confidence interval (95% CI): 1.54-3.75]. A history of injected drug use was also associated with non-adherence (AOR: 1.49; 95% CI: 1.17-1.90). The following factors were negatively associated with non-adherence: older age (AOR: 0.81; 95% CI: 0.72-0.91), male sex (AOR: 0.50; 95% CI: 0.38-0.65) and higher physician HIV-related experience (AOR: 0.97; 95% CI: 0.96-0.98). In addition, a history of incarceration within 12 months of initiating HAART reduced the odds of achieving HIV-1 RNA suppression [adjusted hazards ratio (AHR): 0.68; 95% CI: 0.51-0.89]. Other factors negatively associated with viral suppression included a history of drug injection (AHR: 0.79; 95% CI: 0.69-0.91), two nucleosides + PI vs two nucleosides + NNRTI (AHR: 0.77; 95% CI: 0.69-0.87), higher baseline HIV-1 RNA (AHR: 0.66; 95% CI: 0.62-0.70). Higher adherence was positively associated with viral suppression (AHR: 1.38; 95% CI: 1.34-1.42). Among the 101 subjects who were incarcerated in the first year of starting HAART, the time spent in jail was positively associated with HIV-1 RNA suppression (HR: 1.06; 95% CI: 1.02-1.10).

CONCLUSION: HIV-infected subjects with a history of incarceration within 12 months of initiating HAART have higher odds of non-adherence and, consequently, lower probability of achieving HIV-1 RNA suppression. The longer their sentence, however, the higher the probability of virological suppression. The British Columbian provincial prison system provided...
a structured setting for HAART but subjects are unable to continue this level of adherence upon release. Strategies to ensure continuation of HIV/AIDS care for HIV-infected individuals leaving the criminal justice system must be a public health priority.


KEY WORDS: HIV management, prison

CANADA

650.
BANGKOK 2004. PRISONERS’ HEALTH AND HUMAN RIGHTS IN THE HIV/AIDS EPIDEMIC.
Prisoners exist on the margins of society, often without access to HIV prevention, care, treatment, or support. Depriving prisoners of the means to protect themselves from HIV infection, and failing to provide prisoners living with HIV with care, treatment, and support equivalent to that available in the community, offend international human rights norms. This article provides a summary of a draft paper prepared for Human Rights at the Margins: HIV/AIDS, Prisoners, Drug Users and the Law, a satellite meeting held in Bangkok on 9 July 2004, and organized by the Canadian HIV/AIDS Legal Network and the Lawyers Collective HIV/AIDS Unit (India). The full text of the final paper, including references, is available on the Legal Network’s website. The article reviews some of the international laws and instruments that protect the rights of prisoners and that set out minimum standards for treatment of prisoners; outlines activities in the prison setting that place prisoners at risk for HIV; describes some of the policies and societal factors that fuel the HIV/AIDS epidemic in prisons; and proposes a series of specific actions that should be taken now to respond to this epidemic.


KEY WORDS: HIV prevention, prisoner’s rights

THAILAND

651.
PERCEIVED HEALTH AND USE OF HEALTH CARE SERVICES IN INMATES OF AN ANDALUSIAN PRISON, 1999
[SPANISH]
BACKGROUND: The study of the health condition of the populations under confinement in penitentiaries is based on the evidence of a more deteriorated health than the general population and a greater degree of social exclusion, which is associated with worse general health. This study is aimed at ascertaining how the inmates of an Andalusian penitentiary perceive their health condition and the use made thereby of the healthcare services, as well as the factors associated with those variables. METHODS: Descriptive, cross-sectional study. The data was collected with a questionnaire. The sample size was 450 inmates, 90.4% of whom were males. RESULTS: Seventy-two percent of those taking part in the study considered their health to be good or very good, 32.7% stating having seen the doctor once a month or more often. A total 43.1% of the participants stated having chronic illnesses, mainly HIV (19.1%) and hepatitis C (18.2%); 40.9% stating that they take medication. Worse health was perceived among the older inmates, those who have to serve longer than a five-year sentence, those who are repeat offenders and those not having pending trials. Those perceiving their health to have deteriorated over the past year have chronic illnesses and take medication. The regression model for the use of healthcare services shows that they are used to a greater extent by those who are serving a longer than a 5-year sentence, those who have been in prison for less than a
year and those who take medication. CONCLUSIONS: The results show the importance of increasing the monitoring of possible addictive disorders upon entering prison and of the trend and treatment of chronic diseases.


**KEY WORDS:** health policy, prison

**SPAIN**

652.

THE ROLE OF "LONG-TERM" AND "NEW" INJECTORS IN A DECLINING HIV/AIDS EPIDEMIC IN RIO DE JANEIRO, BRAZIL.

BACKGROUND: A substantial decline of HIV prevalence has been observed in injection drug users (IDUs) from Rio de Janeiro, in recent years. Differential characteristics and behaviors of new (injecting for <6 years) and long-term (>=6y) injectors may help to understand recent changes and to implement appropriate prevention strategies. METHODS: Between October 1999 and December 2001, 609 active/ex-IDUs were recruited from different communities, interviewed, and tested for HIV. Contingency table analysis and t-tests were used to assess differences between new and long-term injectors. Multiple logistic regression was used to identify independent predictors of HIV serostatus for long-term and new injectors. RESULTS: HIV prevalence was 11.7% for 309 long-term injectors (95% CI 8.1-15.3) and 4.3% for 300 new injectors (95% CI 2.0-6.6). New injectors reported having engaged in treatment and having received syringes from needle exchange programs (NEPs) more frequently than long-term injectors in the last 6 months, but sharing behaviors remained frequent and even increased vis-a-vis long-term injectors. For male new injectors, "sexual intercourse with another man" was found to be the sole significant risk factor for HIV infection (Adj OR = 8.03; 95% CI 1.52-42.48). Among male long-term injectors, "to have ever injected with anyone infected with HIV" (Adj OR = 3.91; 95% CI 1.09-14.06) and to have "ever been in prison" (Adj OR = 2.56; 95% CI 1.05-6.24) were found to be significantly associated with HIV infection. DISCUSSION: New injectors are seeking help in drug treatment centers or needle exchange programs. They differ from long-term injectors in terms of their risk factors for HIV infection and have lower prevalence levels for HIV. Such differences may help to understand the recent dynamics of HIV/AIDS in this population and highlight the need to reinforce new injectors' help-seeking behavior and to reduce current unacceptably high levels of unprotected sex and syringe sharing in new injectors despite attendance of prevention/treatment programs.


**KEY WORDS:** injecting behaviours, hiv prevention

**BRAZIL**

653.

VACCINATION IN THE COUNTY JAIL AS A STRATEGY TO REACH HIGH RISK ADULTS DURING A COMMUNITY-BASED HEPATITIS A OUTBREAK AMONG METHAMPHETAMINE DRUG USERS.

Illicit drug use (IDU) is an important risk factor for hepatitis A, but implementing vaccination programs among drug users is difficult. During January 2001-July 2002, 403 hepatitis A cases were reported in Polk County, Florida; 48% were drug users and of these, 80% were recently in jail. To assess the county jail as a potential vaccination venue, we interviewed 280 inmates and conducted a serologic survey during July--August 2002. Of these, 227 (81%) reported a past
IDU history. Previous HAV infection was found in 33%. In communities with illicit drug users at risk for hepatitis A and who are frequently jailed, vaccination programs in jails could be an important component of a community-based strategy to control hepatitis A outbreaks among illicit drug users.


**KEY WORDS:** risk management, metamphetamine, hepatitis

**654.**

**ALCOHOL AND OPIATE WITHDRAWAL IN US JAILS.**

We sought to estimate the number of arrestees at risk for inadequately treated drug and alcohol withdrawal in US jails. We used Arrestee Drug Abuse Monitoring Program data to estimate prevalence rates of alcohol and opiate dependence. Our results revealed rates of alcohol and opiate dependency among arrestees of approximately 12% and 4%, respectively; only 28% of jail administrators reported that their institutions had ever detoxified arrestees. Inadequately treated drug and alcohol withdrawal in US jails appears widespread. Our data raise important ethical and constitutional questions.


**KEY WORDS:** withdrawal, prison

**655.**

**THE PREVALENCE AND THE RISK BEHAVIOURS ASSOCIATED WITH THE TRANSMISSION OF HEPATITIS C VIRUS IN AUSTRALIAN CORRECTIONAL FACILITIES.**

This study measured the prevalence and the risk factors associated with HCV antibody-positive prisoners. A total of 630 prisoners completed a questionnaire about risk behaviours associated with HCV transmission and were tested for HCV antibody from a blood test. Of these 362 (57.5%) prisoners were HCV antibody positive. A total of 436 (68.8%) prisoners reported ever injecting drugs and 332 reported injecting drugs in prison. HCV-positive prisoners were more likely to have injected drugs (OR 29.9) and to have injected drugs in prison during their current incarceration (OR 3.0). Tattooing was an independent risk factor for being HCV positive (OR 2.7). This is the first study conducted on prisoners that has identified having a tattoo in prison as a risk factor for HCV. Injecting drugs whilst in prison during this incarceration was also a risk factor for HCV. Our results show prisoners who injected drugs outside of prison continue to inject in prison but in a less safe manner.


**KEY WORDS:** prevalence of risk behaviours, hepatitis

**656.**

**SELF-REPORTED SUBSTANCE MISUSE IN GREEK MALE PRISONERS.**

The aim of this survey was to determine levels and severity of self-reported alcohol and drug misuse and associated physical and mental health problems in Greek male prisoners. The sample consisted of 80 randomly selected convicted and remanded male prisoners in a prison in northern Greece. The Mini International Neuropsychiatric Interview (MINI) was used to assess psychiatric disorders including substance abuse and dependence. All prisoners who
participated completed the Alcohol Use Disorders Identification Test (AUDIT). Those who reported daily use of opiates and stimulants completed the Severity of Dependence Scale (SDS). Information was obtained from medical notes about the prisoners’ hepatitis B and HIV status. The MINI identified 27.5% of the prisoners as dependent on opiates, 26.3% on alcohol and 73.8% as cannabis users, while 13.8% were misusing both alcohol and illicit drugs. Severity of dependence was rated, using SDS, as serious for all opiate and stimulant users. In terms of physical health examination of medical records indicated that no prisoner was HIV-positive but 26.5% were hepatitis-B-positive. Of those who had a previous history of substance misuse, 31.2% fulfilled the criteria for depression and 37.5% for antisocial personality disorder. Similarly, 15% of those misusing substances had a previous history of deliberate self-harm and 16% were assessed to have moderate to high suicide risk.


KEY WORDS: substance use, prison

GREECE

657.

INCIDENCE OF HEPATITIS C VIRUS INFECTION AND ASSOCIATED RISK FACTORS AMONG SCOTTISH PRISON INMATES: A COHORT STUDY.

To gauge the incidence of hepatitis C virus (HCV) infection and associated risk factors among inmates during their imprisonment, the authors recruited adult males in a long-stay Scottish prison into a cohort study between April 1999 and October 2000. On two occasions (at 0 and 6 months), saliva was collected for anonymous HCV antibody testing and risk behavior data were obtained through a self-administered questionnaire. The participation rate was 85% at both initial recruitment (612/719) and follow-up (375/441; 171 men were ineligible for follow-up). For inmates who reported never having injected drugs, ever having injected drugs, having injected drugs during follow-up, and having shared needles/syringes during follow-up, HCV incidences per 100 person-years of incarceration risk were 1, 12, 19, and 27, respectively. Ever having injected drugs (relative risk = 13.0, 95% confidence interval: 1.5, 114.3) and having shared needles/syringes during follow-up (relative risk = 9.0, 95% confidence interval: 1.1, 71.7) were significantly associated with HCV seroconversion. The effectiveness of existing interventions, including the provision of bleach tablets for sterilizing injection equipment, was suboptimal. The development of methadone maintenance programs in prisons and the creation of drug courts to keep offending drug injectors out of prison might help to reduce transmission in this setting.


KEY WORDS: hepatitis, risk factors

SCOTLAND

658.

HIV EDUCATION IN A SIBERIAN PRISON COLONY FOR DRUG DEPENDENT MALES.

AIM: To evaluate the effectiveness of an HIV peer training program conducted in a colony for drug dependent male prisoners in Siberia, Russia. METHOD: Questionnaires were used to collect data pre and post peer training sessions. Three peer training sessions were conducted between questionnaires. Fifteen to twenty inmates were trained as peer educators at each week-long health education training session. RESULTS: In 2000 and 2001, 153 and 124 inmates completed the questionnaire respectively. Respondents in both years reported similar health and injecting histories and comparable levels of sexual activity. Respondents in 2001
were significantly more likely to correctly identify both how HIV can and cannot be transmitted compared to respondents in 2000. The prevalence of tattooing in prison decreased significantly between questionnaires. However, there was virtually no reported use of bleach to clean tattooing or injecting equipment in either 2000 or 2001. Access to condoms increased significantly between questionnaires. CONCLUSIONS: While this training program was associated with improved HIV knowledge, the Ministry of Justice should consider improved and additional harm reduction strategies. These include increased availability of bleach and condoms and the introduction of methadone treatment and syringe exchange in prison.


KEY WORDS: HIV prevention, drug misuse

RUSSIAN FEDERATION

659.
MEDICAL MANAGEMENT OF DRUG ADDICTS IN THE PRISON SYSTEM IN VAUD

Despite the improvement and the diversification of the circuits for care in the city, the number of drug addicts sentenced to prison sentences in the Canton of Vaud in Switzerland has not decreased in recent years. It is therefore imperative for the Prison Medicine and Psychiatry Service (SMPP) to provide a medical follow up which respects as closely as possible the principle of the equivalence of care with the outside environment. This article presents the way in which the SMPP takes its place in the continuity of the therapeutical assistance which drug dependent individuals can take advantage of. In this way, the range of therapeutical protocols in force in the different regimes of detention (preventive detention, custody and the execution of sentence) are examined, whether initial treatment, drug weaning or substitution therapies.


KEY WORDS: therapy, drug misuse

FRANCE

660.
PREVALENCE AND INCIDENCE OF HIV, HEPATITIS B VIRUS, AND HEPATITIS C VIRUS INFECTIONS AMONG MALES IN RHODE ISLAND PRISONS.

OBJECTIVES: We evaluated prevalence and intraprison incidence of HIV, hepatitis B virus, and hepatitis C virus infections among male prison inmates. METHODS: We observed intake prevalence for 4269 sentenced inmates at the Rhode Island Adult Correctional Institute between 1998 and 2000 and incidence among 446 continuously incarcerated inmates (incarcerated for 12 months or more). RESULTS: HIV, hepatitis B virus, and hepatitis C virus prevalences were 1.8%, 20.2%, and 23.1%, respectively. Infections were significantly associated with injection drug use (odds ratio = 10.1, 7.9, and 32.4). Incidence per 100 person-years was 0 for HIV, 2.7 for HBV, and 0.4 for HCV. CONCLUSIONS: High infection prevalence among inmates represents a significant community health issue. General disease prevention efforts must include prevention within correctional facilities. The high observed intraprison incidence of HBV underscores the need to vaccinate prison populations.


KEY WORDS: hiv, hepatitis, prison

USA

661.
PORTUGAL: REPORT RECOMMENDS NEEDLE EXCHANGE OR SAFE INJECTION SITES.
KEY WORDS: policy, needle exchange
PORTUGAL

662.
CANADIAN HUMAN RIGHTS COMMISSION RECOMMENDS PRISON NEEDLE EXCHANGE PROGRAMS.
KEY WORDS: policy, needle exchange
CANADA

663.
DUBLIN DECLARATION ON HIV/AIDS IN PRISONS LAUNCHED.
On 23 February 2004, the Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia was launched. The Declaration focuses on prisons in Europe and Central Asia, but it is also relevant for prisons in other countries, including Canada, which are still far from having adopted a comprehensive approach, based on public health and human rights principles, to HIV/AIDS and hepatitis C in prisons. Jurgens R. 2004, Can HIV AIDS Policy Law Rev. 9(1):40.
KEY WORDS: policy, hiv prevention
UK

664.
RANDOMIZED CONTROLLED TRIAL PROVES EFFECTIVENESS OF METHADONE MAINTENANCE TREATMENT IN PRISON.
A study on methadone maintenance treatment (MMT) undertaken by the Correctional Service of Canada in 2001 demonstrated that MMT has a positive impact on release outcome and on institutional behaviour. Now, a new study undertaken in an Australian prison system has demonstrated that MMT also reduces drug use and injection in prisons. The implications of this study are far reaching. They suggest that in all jurisdictions where community-based programs operate, prison-based methadone programs should be introduced or expanded. Haig T. 2003, Can HIV AIDS Policy Law Rev. 8(3):48.
KEY WORDS: methadone, prison
CANADA

665.
THE INFECTIOUS DISEASE PROFILE OF TEXAS PRISON INMATES.
PURPOSE: Prison inmates present with higher rates of disease morbidity and mortality than the general population. The rates of certain infectious diseases such as hepatitis C, HIV/AIDS,
and tuberculosis are reported to be particularly elevated in prison systems. Scarce information, however, exists on the overall infectious disease profile of inmate populations. The present study examined the prevalence of major infectious diseases in one of the nation's largest prison populations. METHODS: The study population consisted of 336,668 Texas Department of Criminal Justice (TDCJ) inmates who were incarcerated for any duration between January 1, 1999 and December 31, 2001. Information on medical conditions, sentencing factors, and sociodemographic factors was obtained from an institution-wide medical information system. RESULTS: Latent tuberculosis infection constituted the most prevalent infectious disease reported among inmates. This was followed in frequency by hepatitis C, HIV/AIDS, and syphilis. Prevalence estimates for most of the infectious diseases under study exhibited substantial differences across gender, age, and ethnicity. CONCLUSION: The present study shows that the prison population had prevalence rates that were substantially higher for latent TB, HIV/AIDS, and hepatitis C than those reported for the general population and some incarcerated populations. The rate of active TB among TDCJ inmates, however, was comparable to that of the general population and other incarcerated populations. Baillargeon J, Black SA, Leach CT, Jenson H, Pulvino J, Bradshaw P, Murray O. 2005, *Prev Med.* 38(5):607-12.

**KEY WORDS:** research, health

USA

666.

**DRUGS, PRISONS, AND HARM REDUCTION.**

The use of drugs in society raises important considerations for health and social policy. Critical health and social care issues arise when drugs are used inside prisons. This paper argues that there is an urgent need for prison drug policies to adopt the principles of harm reduction. However, current policy orthodoxy emphasises the control of drugs and punishment for drug taking. Key components of harm reduction are operationalised in this article by exploring the potential for harm reduction in prison within the context of English drug policy. Whilst the focus is on English policy debates, the discussion will have wider international resonance. Hughes R., 2003, *J Health Soc Policy.* 18(2):43-54.

**KEY WORDS:** policy, harm reduction

UK

667.

**AUSTRALIAN DISCUSSION PAPER ON PRISON NEEDLE EXCHANGE PROGRAMS RELEASED.**


**KEY WORDS:** needle exchange, harm reduction

AUSTRALIA

668.
INTELLECTUAL ABILITIES AND MOTIVATION TOWARD SUBSTANCE ABUSE TREATMENT IN DRUG-INVOLVED OFFENDERS: A PILOT STUDY IN THE BELGIAN CRIMINAL JUSTICE SYSTEM.
A sample of Belgian drug-involved inmates (N=116) completed the European Addiction Severity Index, the Raven Standard Progressive Matrices (SPM), and the Circumstances, Motivation, and Readiness Scales. The pilot results demonstrate that nearly 50% of the participating drug-involved offenders display low intellectual abilities (SPM score definitely below average). Legal difficulties, drug abuse, and psychological problems are identified as the most severe problem areas for the total group. The participants display low to moderately low scores regarding motivation, readiness, and external reasons to stay in or leave treatment. No to very limited correlations between motivational attributes and other variables such as the length of the prison sentence and the number of violent crimes are found. Participants with high intellectual abilities are less motivated to enter substance abuse treatment compared to their counterparts with average and low intellectual abilities. Implications for treatment are discussed.


KEY WORDS: research, risk behaviours, mental health

669.
ESTIMATING DRUG TREATMENT NEEDS AMONG STATE PRISON INMATES.
Growing prison populations in the U.S. are largely due to drug-related crime and drug abuse. Yet, relatively few inmates receive treatment, existing interventions tend to be short-term or non-clinical, and better methods are needed to match drug-involved inmates to level of care. Using data from the 1997 Survey of Inmates in State Correctional Facilities, a nationally representative sample of 14,285 inmates from 275 state prisons, we present a framework for estimating their levels of treatment need. The framework is drawn partly from the American Society of Addiction Medicine Patient Placement Criteria and other client matching protocols, incorporating drug use severity, drug-related behavioral consequences, and other social and health problems. The results indicate high levels of drug involvement, but considerable variation in severity/recency of use and health and social consequences. We estimate that one-third of male and half of female inmates need residential treatment, but that half of male and one-third of female inmates may need no treatment or short-term interventions. Treatment capacity in state prisons is quite inadequate relative to need, and improvements in assessment, treatment matching, and inmate incentives are needed to conserve scarce treatment resources and facilitate inmate access to different levels of care.

Belenko S, Peugh J. 2005, Drug Alcohol Depend. 77(3):269-81

KEY WORDS: treatment, prison, research

USA

670.
DEVELOPING EMPLOYMENT SERVICES FOR CRIMINAL JUSTICE CLIENTS ENROLLED IN DRUG USER TREATMENT PROGRAMS.
Approximately 80% of parolees have a history of substance abuse and nearly all are unemployed following release from prison. Common stipulations of parole require offenders to obtain employment and to not use mood-altering substances. This article explores a series of strategies implemented from 1999 to 2001 to help offenders paroled to substance user...
treatment to gain employment. A total of 245 paroled offenders enrolled in an outpatient substance abuse treatment program voluntarily agreed to participate in one of four different vocational intervention programs (Job Skill Development and Supported Work, Life Skill Development, Job Training, and Welfare to Work). Programmatic data (e.g., attendance, completion, job acquisition, and wage) were collected and reported for each of the vocational programs. Additionally, a 12-month pilot study examined criminal justice, substance use, and employment outcomes of 36 offenders referred to the job skill development and supported work project. Overall, 78% of the offenders enrolled in the vocational services completed the program and 134/245 (55%) were able to obtain employment. The data showed that completion of vocational services was strongly associated with obtaining employment 12 months postenrollment. Offenders identified the employment services as an integral part of their improved overall functioning. A series of practice recommendations and policy suggestions is offered to develop and manage vocational services for substance-using offenders. Employment services for parolees require considerable coordination of activities with parole officers, vocational programs, substance abuse treatment professionals, and funding systems.


**KEY WORDS:** aftercare, substance use

USA

671.

**RISK FACTORS FOR HEPATITIS C INFECTION AND PERCEPTION OF ANTIBODY STATUS AMONG MALE PRISON INMATES IN THE HEPATITIS C INCIDENCE AND TRANSMISSION IN PRISONS STUDY COHORT, AUSTRALIA.**

The objective of this study was to compare the prevalence of risk factors for hepatitis C virus (HCV) infection among male prison inmates enrolling into a prospective cohort in Australia. We tested 121 inmates who were previously untested or were previously known to be anti-HCV antibody negative for anti-HCV antibodies by enzyme-linked immunosorbent assay. HCV-positive inmates were classified as cases (n = 25) and HCV-negative inmates as controls (n = 96). The study found that cases were less educated than controls and confirmed that prior imprisonment, drug injection, and a longer duration of injecting were risk factors for HCV infection. More than half of those who tested HCV positive perceived that they did not have HCV infection, and 44% were unsure of their HCV status. Those inmates who were incorrect about their HCV status tended to be less educated and were more likely to have been previously imprisoned than those who were correct about their HCV status. Inmates who were unsure of their HCV status were less likely to have been tested for HCV than those who had a clear perception of their HCV status, even if incorrect. Three (12%) inmates who tested positive denied injecting drug use, but reported other risk factors. Prisons are likely to remain an important site for the diagnosis of HCV infection and targeted interventions aimed at risk reduction among inmates with low education levels and a previous imprisonment history.


**KEY WORDS:** hepatitis, risk factors

AUSTRALIA

672.

**NEW POLICY ON METHADONE MAINTENANCE TREATMENT IN PRISONS ESTABLISHED IN ALBERTA.**
The right of a prisoner to access methadone maintenance treatment (MMT) while incarcerated in a correctional institution has recently been raised and examined in the Alberta Court of Queen's Bench case of Milton Cardinal v The Director of the Edmonton Remand Centre and the Director of the Fort Saskatchewan Correctional Centre. This is a significant, precedent-setting case. For the first time, a Canadian court has ordered that a prisoner be provided with MMT during his or her period of incarceration. As a result of the case, and just before it was to proceed to trial, Alberta changed its policy and is now providing MMT to its provincial prisoners-at least when they had been receiving MMT prior to their incarceration.


KEY WORDS: methadone, policy

USA

673.
GET CONNECTED: AN HIV PREVENTION CASE MANAGEMENT PROGRAM FOR MEN AND WOMEN LEAVING CALIFORNIA PRISONS.

Individuals leaving prison face challenges to establishing healthy lives in the community, including opportunities to engage in behavior that puts them at risk for HIV transmission. HIV prevention case management (PCM) can facilitate linkages to services, which in turn can help remove barriers to healthy behavior. As part of a federally funded demonstration project, the community-based organization Centerforce provided 5 months of PCM to individuals leaving 3 state prisons in California. Program effects were measured by assessing changes in risk behavior, access to services, reincarnation, and program completion. Although response rates preclude definitive conclusions, HIV risk behavior did decrease. Regardless of race, age, or gender, those receiving comprehensive health services were significantly more likely to complete the program. PCM appears to facilitate healthy behavior for individuals leaving prison.


KEY WORDS: HIV prevention, aftercare

USA

674.
UNPROTECTED SEX WITH MULTIPLE PARTNERS: IMPLICATIONS FOR HIV PREVENTION AMONG YOUNG MEN WITH A HISTORY OF INCARCERATION.

OBJECTIVES:: The objectives of this study were to describe preincarceration risk behaviors of young men and identify correlates of unprotected sex with multiple partners during the 3 months before incarceration. STUDY:: Data on preincarceration risk behaviors were obtained from 550 men, aged 18 to 29 years, in state prisons in California, Mississippi, Rhode Island, and Wisconsin. Correlates of unprotected sex with multiple partners were determined by logistic regression. RESULTS:: Of 550 participants, 71% had multiple sex partners, 65.1% had sex with a partner they perceived as risky, and 45.3% engaged in unprotected sex with multiple partners. Men who drank heavily (odds ratio [OR], 1.68; 95% confidence interval [CI], 1.11-2.54) or who had a risky partner (OR, 3.90; 95% CI, 2.60-5.85) were more likely to report unprotected sex with multiple partners. Men who attended religious gatherings (OR, 0.66; 95% CI, 0.46-0.96) or lived in stable housing (OR, 0.69; 95% CI, 0.48-1.00) were less likely to report unprotected sex with multiple partners. CONCLUSIONS:: Most participants engaged in behaviors that could result in a sexually transmitted disease, including HIV. Prevention programs should address the relationship between heavy alcohol use and risky sexual behavior. Discharge planning should address housing needs. Faith-based community organizations may play an important role for some young men in their transition to the community.
DIGEST OF RESEARCH ON DRUG USE AND HIV/AIDS IN THE CRIMINAL JUSTICE SYSTEM

KEY WORDS: HIV prevention, sexual behaviours
USA

675.
SEXUAL BEHAVIOIRS OF HIV-SEROPOSITIVE MEN AND WOMEN FOLLOWING RELEASE FROM PRISON.
Twenty-five percent of the US HIV-infected population is released from a prison or jail each year. As the extent of risky sexual behaviours after prison release is largely unknown, we interviewed a cohort (n = 64) of HIV-infected, recently released (mean 45 days, SD 28) prisoners about their current sexual risk behaviours. Almost half (47%, n = 64) of the released prisoners reported sexual activity after release, mostly with regular partners. Although 26% (n = 27) reported engaging in unprotected sexual activity with their regular partners, none (n = 4) reported unprotected sex with their non-regular partners. Furthermore, 33% percent (n = 15) of the releasees with regular partners reported engaging in unprotected sex with HIV-seronegative partners. These results suggest that regular partners of HIV-infected prison releasees are at risk of acquiring HIV infection, and secondary risk-reduction strategies are needed for HIV-infected prison releasees.
KEY WORDS: HIV, sexual behaviours
USA

676.
UK: LEGAL ACTION ON NEEDLE EXCHANGE PROGRAMS IN PRISONS DISMISSED.
In April 2005, a judicial review application against the UK Home Secretary for his failure to introduce needle exchange programs in prisons in England and Wales was dismissed by a judge at the Royal Courts of Justice (Administrative Court Division).
KEY WORDS: needle exchange, policy
UK

677.
DELIVERING THERAPY FOR HEPATITIS C VIRUS INFECTION TO INCARCERATED HIV-SEROPOSITIVE PATIENTS.
The increase in morbidity and mortality due to end-stage liver disease has fueled recent guidelines that recommend consideration of treatment for hepatitis C in human immunodeficiency virus (HIV)-infected patients. Unfortunately, studies indicate that few patients coinfected with HIV and hepatitis C virus (HCV) are treated for their underlying hepatitis because of ongoing substance abuse, depression, chaotic lifestyles, homelessness, and perceived nonadherence. The structured environment of the prison system enables clinicians to provide complicated therapies for HCV to HIV-infected patients in combination with substance abuse programs. Furthermore, adherence to and adverse effects of therapy can be closely monitored. Offering treatment for HCV infection during incarceration to HIV-seropositive persons is highly efficient and targets underserved minority patients who have limited access to care in the community.
INTELLECTUAL ABILITIES AND MOTIVATION TOWARD SUBSTANCE ABUSE TREATMENT IN DRUG-INVOLVED OFFENDERS: A PILOT STUDY IN THE BELGIAN CRIMINAL JUSTICE SYSTEM.

A sample of Belgian drug-involved inmates (N=116) completed the European Addiction Severity Index, the Raven Standard Progressive Matrices (SPM), and the Circumstances, Motivation, and Readiness Scales. The pilot results demonstrate that nearly 50% of the participating drug-involved offenders display low intellectual abilities (SPM score definitely below average). Legal difficulties, drug abuse, and psychological problems are identified as the most severe problem areas for the total group. The participants display low to moderately low scores regarding motivation, readiness, and external reasons to stay in or leave treatment. No to very limited correlations between motivational attributes and other variables such as the length of the prison sentence and the number of violent crimes are found. Participants with high intellectual abilities are less motivated to enter substance abuse treatment compared to their counterparts with average and low intellectual abilities. Implications for treatment are discussed.


KEY WORDS: drug behaviours, research

INITIATION OF OPIATE ADDICTION IN A CANADIAN PRISON: A CASE REPORT.

ABSTRACT: BACKGROUND: In North America, the harms of illicit drug use have been responded to primarily through law enforcement interventions. This strategy has resulted in record populations of addicted individuals being incarcerated in both Canada and the United States. The incarceration of non-violent drug offenders has become increasingly controversial as studies demonstrate the harms, including elevated HIV risk behavior, of incarcerating injection drug users. Other harms, such as the initiation of illicit drug use by prison inmates who previously did not use drugs, have been less commonly described. CASE PRESENTATION: We report on the case of an individual who initiated non-injection opiate use in a Canadian prison and developed an addiction to the drug. Upon release into the community, the individual continued using opiates and sought treatment at a clinic. The patient feared that he might initiate injection use of opiates if his cravings could not be controlled. The patient was placed on methadone maintenance therapy. CONCLUSION: While anecdotal reports indicate that initiation in prison of the use of addictive illicit substances is frequent, documentation through clinical experience is rare, and the public health implications of this behavior have not been given sufficient attention in the literature. Strategies of incarcerating non-violent drug offenders and attempting to keep illicit drugs out of prisons have not reduced the harms and costs of illicit drug use. Effective, practical alternatives are urgently needed; expanded community diversion programs for non-violent drug offenders deserve particular attention.


KEY WORDS: drug misuse, prison, opiates
HEPATITIS B VACCINATION IN CORRECTIONAL HEALTH CARE WORKERS.

BACKGROUND: Data on bloodborne pathogen risk among health care workers (HCWs) employed in the correctional setting are sparse, even though the prevalence of bloodborne infections, including hepatitis B virus (HBV), among inmates is high. To address this, we determined prevalence and correlates of hepatitis B virus vaccination status in correctional health care workers (CHCWs) employed in 3 state correctional health care facilities.

METHODS: A confidential, self-administered cross-sectional survey was performed.

RESULTS: Four hundred eleven (69.8%) of 588 eligible participants completed the survey. Of these, 264 (64.2%) reported receiving a primary hepatitis B (HB) vaccine series. Vaccination rates varied by state and by job category. Parenteral exposures were not uncommon; 8.6% (n = 24) of clinical CHCWs and 2.0% (n = 7) of nonclinical CHCWs reported one or more needlesticks in the 6-month period prior to the study. Among clinical staff, vaccination correlated with licensure (RN or MD) and race (white) and in nonclinical staff with history of close contact with HBV infected inmates and with needlestick injury.

CONCLUSION: Although the HB vaccination rate among CHCWs was generally high, given their potential risk of exposure to HBV, universal vaccination should be encouraged and should include those nonclinicians with job duties that may involve potential exposure to blood/body fluids.


KEY WORDS: hepatitis, health, prison

USA

HIV RISK BEHAVIORS, KNOWLEDGE, AND PREVENTION SERVICE EXPERIENCES AMONG AFRICAN AMERICAN AND OTHER OFFENDERS.

African Americans are at the intersection of the AIDS epidemic and burgeoning prison and offender populations, yet little is known about offenders' HIV knowledge and risk behaviors or ability to access effective services. We present findings from an exploratory study based on 300 interviews with New York City offenders conducted in 2001-2002. The data indicate relatively high rates of HIV infection and HIV risk behaviors among African American and other offenders. There were no clear patterns of risk behaviors by race/ethnicity. Although overall HIV knowledge level is high, important gaps in HIV knowledge remain and there is widespread skepticism among offenders about government information about HIV/AIDS. In the corrections setting, there is inconsistent access to HIV prevention and education services, and an emphasis on more passive learning materials. To reduce HIV infection rates, there is a need to expand peer-led and culturally- and gender-specific interventions, and to improve access to correctional facilities for community-based HIV service providers. HIV interventions must also be expanded for offenders on probation and parole. Mandatory HIV education and harm reduction approaches should be considered.


KEY WORDS: HIV behaviors, minorities, education

USA

PREVENTION OF INFECTIOUS DISEASE TRANSMISSION IN CORRECTIONAL SETTINGS: A REVIEW.

OBJECTIVES: To review studies defining risk factors for infectious disease transmission in
correctional settings, to determine target objectives, and to assemble recommendations for health promotion in prisons and jails. METHODS: Electronic databases were searched, using a specific search strategy, from 1993 to 2003. RESULTS: The principal risk factors in correctional facilities are proximity, high-risk sexual behaviour and injection drug use. Based on the type of disease transmissions and epidemics reported in the literature, four diseases were targeted for which preventive measures should be implemented: tuberculosis, human immunodeficiency virus, hepatitis and sexually transmitted diseases. Knowledge of risk factors helps define effective preventive measures along five main themes of action: information and education, screening, limiting harm from risk behaviour by distributing condoms and exchanging syringes, treatment and vaccinations. CONCLUSIONS: The effectiveness and feasibility of each of these actions have to be assessed in relation to the specificities of the correctional setting.


KEY WORDS: infections, prisons, risk management

INTERNATIONAL

683. ADHERENCE TO ANTIRETROVIRAL TREATMENT IN PRISONS.
The effectiveness of antiretroviral drugs is closely linked to the degree of adherence. The prison environment has specific characteristics that may affect adherence in HIV-positive patients, so that it may not be possible to extrapolate factors associated with nonadherence in HIV+ patients outside prison. The objective was to analyze the prevalence of nonadherence to antiretroviral treatment in three Spanish prisons, and to examine the relation between a large group of factors and nonadherence to the medication. A cross-sectional study of all patients receiving antiretroviral treatment was done. Adherence was evaluated using a validated questionnaire (SMAQ). The prevalence of nonadherence was 54.8%, and the factors independently associated with nonadherence were having difficulties in taking the medication, feeling completely or largely unable to follow the medication, classifying the food as "bad", mentioning not having anyone concerned for them outside prison, suffering anxiety or depression in the last week, and having the flexibility of the prison staff opening their cell in the event of them forgetting their medication.


KEY WORDS: HIV management, prison

SPAIN

684. FEASIBILITY AND OUTCOME OF HCV TREATMENT IN A CANADIAN FEDERAL PRISON POPULATION.
We assessed feasibility and outcome of hepatitis C virus (HCV) treatment in male correctional inmates in British Columbia, Canada. We reviewed the medical charts of 114 treated inmates; 80 had complete data for treatment outcome. Approximately 4 of 5 inmates completed treatment (78.8%); 66.3% achieved sustained virological response. Those who completed treatment, those with injection drug use as a risk factor, and those with genotypes 2 and 3 were significantly more likely to achieve sustained virological response. HCV treatment in correctional inmates is feasible and effective.


KEY WORDS: hepatitis, treatment

CANADA
685.
HIV TRANSMISSION BEHAVIORS IN JAIL/PRISON AMONG PUERTO RICAN DRUG INJECTORS IN NEW YORK AND PUERTO RICO.
This study examined HIV risk behavior in jail/prison among Puerto Rican drug injectors in New York (NY, n = 300) and Puerto Rico (PR, n = 200), and its relationship with later drug and sex risk behaviors. During 3 years prior to interview, 66% of NY and 43% of PR samples were incarcerated at least once. While incarcerated, 5% of NY and 53% of PR injected drugs. Few reported engaging in sex inside jail/prison (5% in both sites). Of those who engaged in risk behaviors in jail/prison, almost all reported having unprotected sex and sharing injection equipment. The impact of jail/prison risk behaviors on risk behaviors after release differed between the two sites: they were more related to subsequent sex risk behaviors in NY, and subsequent injection risk behaviors in PR. The findings indicate a need for effective drug treatment programs inside jail/prisons to reduce HIV-related risk behaviors among drug injectors during incarceration and after release.
KEY WORDS: HIV behaviours, minorities, prison

686.
HIGH HIV, HEPATITIS C AND SEXUAL RISKS AMONG DRUG-USING MEN WHO HAVE SEX WITH MEN IN NORTHERN THAILAND.
BACKGROUND: Men who have sex with men (MSM) and who use drugs have shown high HIV risks in Europe, and the Americas. We investigated MSM-drug user demographics, HIV sexual and drug use risks and behaviors in Chiang Mai, northern Thailand to identify prevention targets. METHODS: A total of 2005 males aged 13 years and older were enrolled during inpatient drug treatment from 1999-2000 and assessed for HIV, hepatitis C virus (HCV), syphilis, and for demographics and risks by questionnaire. Data were analyzed using chi and multiple logistic regression to estimate odds ratios (ORs) and 95% confidence intervals (CIs). RESULTS: Of 2005 males in treatment, 1752 (87.4%) had ever had sex, and 66 of 1752 (3.8%) reported ever having sex with another man; mostly Katoey (transgendered male) partners. MSM had higher HIV rates (OR, 2.32; 95% CI, 1.36-3.96) and were younger (P = 0.002); more likely to be Thai (P < 0.0001); better educated (P < 0.0001); had more lifetime sex partners (P < 0.0001), more female partners (P = 0.002), more female paid partners (P < 0.0001), and been paid for sex (P < 0.0001). MSM were more likely to have ever injected (P < 0.0001), sold drugs, been in prison, injected in prison, used heroin, and to have HCV (OR, 2.59; 95% CI, 1.55-4.34). CONCLUSIONS: Northern Thai MSM-drug users are at high HIV and HCV risk. In addition to sex risks with men, they have more sex with women and sex workers than other men, which fits Thai MSM patterns but not Western ones. Prevention must take into account their high rates of substance use and multiple partner types.
KEY WORDS: risk behaviours, men

687.
COMMUNITY INCIDENCE OF HEPATITIS B AND C AMONG REINCARCERATED WOMEN.
BACKGROUND: The incarceration rate has increased 239% in the United States over the past 2 decades. This increase in incarceration has been fueled by the movement towards a criminal, rather than medical, response to the problem of drug dependence. For women in particular,
incarceration and drug use are interdependent epidemics. Given that incarceration is common among drug-dependent persons, infectious diseases—including hepatitis B virus (HBV) and hepatitis C virus (HCV) infection—are prevalent among incarcerated persons. We sought to determine the incidence of HBV and HCV infection among recidivist women prisoners.

**METHODS:** From 1996 through 1997, excess from serum samples collected during HIV testing of female admittees to a state Department of Corrections facility were tested for HBV and HCV. Multiple samples obtained from women incarcerated multiple times during the study period were compared for incidence. **RESULTS:** Baseline prevalences of markers of HBV and HCV were 36% and 34%, respectively. Incidence rates for HBV and HCV infection among reincarcerated women were 12.2 and 18.2 per 100 person-years, respectively. The majority of the time spent between serial intakes was not spent in the correctional facility; thus, incident infections likely occurred in the community. **CONCLUSIONS:** Incidences of HBV and HCV infection among reincarcerated women were high. Prisons and jails can be efficient locations for the diagnosis, treatment, and prevention of hepatitis B and C through programs such as testing, counseling, education, vaccination, and linkage to medical and drug treatment services.


**KEY WORDS:** women, hepatitis

688.

**REVOLVING DOORS: IMPRISONMENT AMONG THE HOMELESS AND MARGINALLY HOUSED POPULATION.**

**OBJECTIVES:** We studied a sample of homeless and marginally housed adults to examine whether a history of imprisonment was associated with differences in health status, drug use, and sexual behaviors among the homeless. **METHODS:** We interviewed 1426 community-based homeless and marginally housed adults. We used multivariate models to analyze factors associated with a history of imprisonment. **RESULTS:** Almost one fourth of participants (23.1%) had a history of imprisonment. Models that examined lifetime substance use showed cocaine use (odds ratio [OR]=1.67; 95% confidence interval [CI]=1.04, 2.70), heroin use (OR=1.51; 95% CI=1.07, 2.12), mental illness (OR=1.41; 95% CI=1.01, 1.96), HIV infection (OR=1.69; 95% CI=1.07, 2.64), and having had more than 100 sexual partners were associated with a history of imprisonment. Models that examined recent substance use showed past-year heroin use (OR = 1.65; 95% CI = 1.14, 2.38) and methamphetamine use (OR=1.49; 95% CI=1.00, 2.21) were associated with lifetime imprisonment. Currently selling drugs also was associated with lifetime imprisonment. **CONCLUSIONS:** Despite high levels of health risks among all homeless and marginally housed adults, the levels among homeless former prisoners were even higher. Efforts to eradicate homelessness also must include the unmet needs of inmates who are released from prison.


**KEY WORDS:** prison, risk factors

689.

**AN UNANSWERED HEALTH DISPARITY: TUBERCULOSIS AMONG CORRECTIONAL INMATES, 1993 THROUGH 2003.**

**OBJECTIVES:** We sought to describe disparities and trends in tuberculosis (TB) risk factors and treatment outcomes between correctional inmate and noninmate populations. **METHODS:** We analyzed data reported to the national TB surveillance system from 1993 through 2003. We
compared characteristics between inmate and non-inmate men aged 15-64 years. RESULTS: Of the 210976 total US TB cases, 3.8% (7820) were reported from correctional systems. Federal and state prison case rates were 29.4 and 24.2 cases per 100000 inmates, respectively, which were considerably higher than those in the noninmate population (6.7 per 100000 people). Inmates with TB were more likely to have at least 1 TB risk factor compared with noninmates (60.1% vs 42.0%, respectively) and to receive directly observed therapy (65.0% vs 41.0%, respectively); however, they were less likely to complete treatment (76.8% vs 89.4%, respectively). Among inmates, 58.9% completed treatment within 12 months compared with 73.2% of noninmates. CONCLUSIONS: Tuberculosis case rates in prison systems remain higher than in the general population. Inmates with TB are less likely than noninmates to complete treatment.


KEY WORDS: tuberculosis, prison, risk factors

USA

690. HIV, STD, AND HEPATITIS RISK TO PRIMARY FEMALE PARTNERS OF MEN BEING RELEASED FROM PRISON.

Incarcerated men in the US are at increased risk for HIV, STDs and hepatitis, and many men leaving prison have unprotected sex with a primary female partner immediately following release from prison. This paper addresses risk to the primary female partners of men being released from prison (N = 106) by examining the prevalence of men's concurrent unprotected sex with other partners or needle sharing prior to and following release from prison (concurrent risk). Rates of concurrent risk were 46% prior to incarceration, 18% one month post release, and 24% three months post release. Multivariate analysis showed concurrent risk was significantly associated with having a female partner who had one or more HIV/STD risk factors and having a history of injection drug use. Findings demonstrate need for prevention programs for incarcerated men and their female partners.


KEY WORDS: aftercare, risk behaviours, STD

USA

691. DOES ONE SIZE FIT ALL? DRUG RESISTANCE AND STANDARD TREATMENTS: RESULTS OF SIX TUBERCULOSIS PROGRAMMES IN FORMER SOVIET COUNTRIES.

SETTING: After the collapse of the Soviet Union, countries in the region faced a dramatic increase in tuberculosis cases and the emergence of drug resistance. OBJECTIVE: To discuss the relevance of the DOTS strategy in settings with a high prevalence of drug resistance. DESIGN: Retrospective analysis of one-year treatment outcomes of short-course chemotherapy (SCC) and results of drug susceptibility testing (DST) surveys of six programmes located in the former Soviet Union: Kemerovo prison, Russia; Abkhasia, Georgia; Nagorno-Karabagh, Azerbaijan; Karakalpakstan, Uzbekistan; Dashoguz Velayat, Turkmenistan; and South Kazakhstan Oblast, Kazakhstan. Results are reported for new and previously treated smear-positive patients. RESULTS: Treatment outcomes of 3090 patients and DST results of 1383 patients were collected. Treatment success rates ranged between 87% and 61%, in Nagorno-Karabagh and Kemerovo, respectively, and failure rates between 7% and 23%. Any drug resistance ranged between 66% and 31% in the same programmes. MDR rates ranged between 28% in Karakalpakstan and Kemerovo prison and 4% in Nagorno-Karabagh. CONCLUSION: These results show the limits of SCC in settings with a high
prevalence of drug resistance. They demonstrate that adapting treatment according to resistance patterns, access to reliable culture, DST and good quality second-line drugs are necessary.


KEY WORDS: tuberculosis, treatment

692.

Previous research has found that female injecting drug users (IDU) are younger and more likely to be involved in risky behaviours such as needle sharing and sex work than male IDU. Aboriginal female drug users, in particular, are over-represented in IDU and prison populations. These factors place female IDU at increased risk of health problems and complicate issues such as homelessness, unemployment and poverty. Although a substantial body of research exists, little trend analysis has been done in Australia and much of the previous literature has focused on treatment populations. Cross-sectional data from 1996 to 2003 from regular IDU in Sydney interviewed as part of Australia's drug monitoring system, the Illicit Drug Reporting System (IDRS) were examined for trends over time. The demographic characteristics, drug use patterns and self-reported risk behaviours of the most recent sample (2003) were analysed for gender differences. Female IDU were younger in all sample years. Female IDU were more likely to identify as Aboriginal or Torres Strait Islander (ATSI) and engage in sex work. There has been a steady increase in these proportions over time. Female IDU were less likely to have a prison history, although there has been an increase among both male and female IDU over time. There were no gender differences in drug use patterns or frequency of drug use. Larger proportions of females report lending needles. Reports of lending and borrowing needles have decreased over time among both male and female IDU. Female IDU may place themselves at greater risk than male IDU by being more likely to share injecting equipment and engage in sex work. Treatment and other measures to reduce harm may need to be targeted specifically at women and, in particular, indigenous women.


KEY WORDS: gender differences, injecting drug users

693.
TUBERCULOSIS, HIV SEROPREVALENCE AND INTRAVENOUS DRUG ABUSE IN PRISONERS.

High rates of tuberculosis (TB) and HIV are believed to exist in Russian prisons. Prisoners with TB were studied in order to identify the following: 1) prevalence of HIV, and risk factors for HIV and other blood-borne virus infections; and 2) clinical and social factors that might compromise TB treatment effectiveness and/or patient adherence and, hence, encourage treatment failure. A 1-yr cross-sectional prevalence study of 1,345 prisoners with TB was conducted at an in-patient TB facility in Samara, Russian Federation. HIV and hepatitis B and/or C co-infection occurred in 12.2% and 24.1% of prisoners, respectively, and rates were significantly higher than in civilians. Overall, 48.6% of prisoners used drugs, of which 88.3% were intravenous users. Prisoners were more likely to be intravenous drug users and HIV positive compared with civilians with TB, and 40.2% of prisoners shared needles. Two-thirds of prisoners (68.6%) had received previous TB drug therapy (frequently multiple, interrupted courses) and were significantly more likely than civilians to have had previous therapy consistent with the high
drug-resistance rates seen. Prisons are major drivers of the tuberculosis and HIV epidemics. Novel strategies are needed to reduce the spread of blood borne diseases, particularly in intravenous drug users.


**KEY WORDS:** tuberculosis, HIV, drugs, prison

RUSSIAN FEDERATION

694.

HEPATITIS VIRUS AND HIV INFECTIONS IN INMATES OF A STATE CORRECTIONAL FACILITY IN MEXICO.

We sought to determine the prevalence and associated characteristics of hepatitis A, B, C and D viruses and HIV infections in a prison in Durango, Mexico. Sera from 181 inmates were analysed for HAV antibody, hepatitis B core antibody (HbcAb), hepatitis B surface antigen (HBsAg), HCV antibody, HDV antibody, HIV antibody and HCV genotypes. Prevalence of HAV antibody, HbcAb, HBsAg, HCV antibody, HDV antibody and HIV antibody were 99.4, 4.4, 0.0, 10.0, 0.0 and 0.6% respectively. HCV genotype 1a predominated in HCV-infected inmates (62.5%), followed by HCV genotype 1b (25%) and HCV genotype 3 (12.5%). An association between HBV infection and age > 30 years was found. HCV infection was associated with being born in Durango City, history of hepatitis, ear piercing, tattooing, drug abuse history, intravenous drug use and lack of condom use. We concluded that the prevalence of HAV, HBV, HDV and HIV infections in inmates in Durango, Mexico were comparable to those of the Mexican general population and blood donors, but lower than those reported in other prisons around the world. However, HCV infection in inmates was higher than that reported in Mexican blood donors but lower than those reported in other prisons of the world. These results have implications for the optimal planning of preventive and therapeutic measures.


**KEY WORDS:** hepatitis, hiv, prison

MEXICO

695.

SUBSTANTIAL USE OF PRIMARY HEALTH CARE BY PRISONERS: EPIDEMIOLOGICAL DESCRIPTION AND POSSIBLE EXPLANATIONS.

OBJECTIVES: To describe the use of primary care services by a prisoner population so as to understand the great number of demands and therefore to plan services oriented to the specific needs of these patients. DESIGN: Retrospective cohort study of a sample of prisoners' medical records. SETTING: All Belgian prisons (n = 33). PATIENTS: 513 patients over a total of 182 patient years, 3328 general practitioner (GP) contacts, 3655 reasons for encounter. MAIN RESULTS: Prisoners consulted the GP 17 times a year on average (95%CI 15 to 19.4). It is 3.8 times more than a demographically equivalent population in the community. The most common reasons for encounter were administrative procedures (22%) followed by psychological (13.1%), respiratory (12.9%), digestive (12.5%), musculoskeletal (12%), and skin problems (7.7%). Psychological reasons for consultations (n = 481) involved mainly (71%) feeling anxious, sleep disturbance, and prescription of psychoactive drugs. Many other visits concerned common problems that in other circumstances would not require any physician intervention. CONCLUSION: The most probable explanations for the substantial use of primary care in prison are the health status (many similarities noted between health problems at the admission and reasons for consultations during the prison term: mental health problems and health problems related to drug misuse), lack of access to informal health services (many
contacts for common problems), prison rules (many consultations for administrative procedures), and mental health problems related to the difficulties of life in prison.


**KEY WORDS:** epidemiology, health, prison

BELGIUM

696.

COMMUNITY CASE MANAGEMENT FOR FORMER JAIL INMATES: ITS IMPACTS ON REARREST, DRUG USE, AND HIV RISK.

Dramatically increasing incarceration rates in the United States have led to large concentrations of formerly imprisoned people in poverty-stricken urban areas. Therefore, identifying ways to help inmates who exhibit multiple, serious problems and who are at great risk of experiencing poor postrelease outcomes is especially important to urban communities, as well as to service providers and policymakers concerned about these communities. Our research provides evidence about the effectiveness of one strategy, called Health Link, which recruited adult women and adolescent men while they were incarcerated in a New York City jail and offered case management services during the especially challenging first year after release. About 1,400 participants who enrolled during a 3-year period were randomly assigned either to a group that was eligible for intensive discharge planning services and community-based case management services or to a group eligible for less-intensive discharge planning and no community-based services. We investigated whether the availability of these services reduced rates of drug use, HIV risk, and rearrest. Using data from interviews and hair analysis to measure impacts during a 1-year follow-up period after clients' release from jail, we detected increased participation in drug treatment programs and weak evidence for reduced drug use. However, we did not observe reductions in rearrest rates or in activities with high risk of HIV infection. We conclude that a well-executed case management program can make modest differences in a few short-term outcomes of former inmates. However, the intervention did not lead to the hoped-for changes across a range of outcomes that would clearly indicate greater success in community reintegration or improved health.


**KEY WORDS:** community, aftercare

USA

697.

PREVALENCE OF HEPATITIS C VIRUS INFECTION AND ITS RELATED RISK FACTORS IN DRUG ABUSER PRISONERS IN HAMEDAN--IRAN.

Aim: Recent studies in Iran has shown that prevalence of hepatitis C virus (HCV) infection among Iranian prisoners is high, in spite of low HCV seroprevalence in general population.

Methods: This study was carried out in the central prison of Hamedan--Iran, in year 2002. Inmates were interviewed using a standard questionnaire including demographic, imprisonment history and HCV-related risk behaviors items. Thereafter, the sera drawn from the participants were tested for anti-HIV and anti-HCV antibodies. Results: A total number of 427 drug abuser inmates participated in our study. Three hundred and ninety-seven (93%) were men and 30 (7%) were women. Total number of IV drug abusers (IDA) and non-IV drug abusers (NIDA) was 149 (34.9%) and 278 (65.1%), respectively. The overall rate of antibody positivity among inmates was 0.9% for HIV and 30% for HCV. Of all IDAs, 31.5% and of NIDAs, 29.1% had serological evidence of HCV infection. Conclusion: The seroprevalence of HCV infection among drug abuser prisoners in comparison with the general population in Iran, is
very high (30% vs in italics 0.2%). Our results indicate the importance of policies to prevent transmission of HCV infection during and following incarceration.


KEY WORDS: hepatitis, drug misuse

IRAN

698.

SEX WORK, DRUG USE, HIV INFECTION, AND SPREAD OF SEXUALLY TRANSMITTED INFECTIONS IN MOSCOW, RUSSIAN FEDERATION.

Rates of HIV-1 infection are growing rapidly, and the epidemic of sexually transmitted infections is continuing at an alarming rate, in the Russian Federation. We did a cross-sectional study of sexually transmitted infections, HIV infection, and drug use in street youth at a juvenile detention facility, adults at homeless detention centres, and women and men at a remand centre in Moscow. 160 (79%) women at the remand centre were sex workers. 91 (51%) homeless women had syphilis. At least one bacterial sexually transmitted infection was present in 97 (58%) female juvenile detainees, 120 (64%) women at the remand centre, and 133 (75%) homeless women. HIV seroprevalence was high in women at the remand centre (n=7 [4%]), adolescent male detainees (5 [3%]), and homeless women (4 [2%]). In view of the interaction between sexually transmitted infections and HIV infection, these findings of high prevalence of sexually transmitted infections show that these disenfranchised populations have the potential to make a disproportionately high contribution to the explosive growth of the HIV epidemic unless interventions targeting these groups are implemented in the Russian Federation.


KEY WORDS: STD, risk behaviours

RUSSIAN FEDERATION

699.

HEPATITIS C VIRUS INFECTION AMONG PRISONERS IN THE CALIFORNIA STATE CORRECTIONAL SYSTEM.

BACKGROUND: Incarcerated populations are at high risk for hepatitis C virus (HCV) infection, yet prisoners are not routinely screened or treated for HCV infection. Understanding the risk factors of HCV infection among prisoners could help improve HCV interventions. METHODS: Prevalence and risk of HCV infection among 469 prisoners entering California State correctional facilities were assessed using HCV antibody screening, HCV RNA measurement, and structured interviews. Multivariate logistic regression analysis was used to identify independent correlates of HCV infection. RESULTS: The prevalence of HCV infection was 34.3% overall (95% confidence interval [CI], 30%-38%) and was 65.7% among those with a history of injection drug use (IDU), compared with 10.2% among those with no history of IDU (odds ratio [OR], 17.24; 95% CI, 10.52-28.25). Significant differences in HCV antibody positivity were found in association with age at first detention but not with the nature of the crime. Independent correlates of HCV infection included age, history of IDU, cumulative time of incarceration, biological sex (OR for females subjects compared with males subjects, 0.35; 95% CI, 0.13-0.96), and a history of having sex with a male IDU (OR, 4.42; 95% CI, 1.46-13.37). We identified significant differences in risk factors between male and female subjects—notably, that the risk of HCV infection was significantly elevated among female non-IDUs who reported having sexual partners with a history of IDU. Among non-IDUs, correlates of HCV infection included history of receipt of blood products and cumulative years of incarceration. CONCLUSIONS: HCV infection is pervasive among the California prison population, including prisoners who are non-IDUs and women with high-risk sexual behavior. These results should
promote consideration of routine HCV antibody screening and behavioral interventions among incarcerated men and women.


**KEY WORDS:** hepatitis, prison

USA

700.

**INCARCERATION, ADDICTION AND HARM REDUCTION: INMATES EXPERIENCE INJECTING DRUGS IN PRISON.**

Within Canadian prisons HIV/AIDS is becoming more common among inmates. While injection drug use in correctional facilities is documented to be a problem, qualitative research into the HIV risks faced by inmates is lacking. The goal of this research was to qualitatively examine HIV risk associated with injecting inside British Columbia prisons. A sample of 26 former male inmates who had recently used drugs within correctional facilities were recruited from a ongoing cohort study of injection drug users in Vancouver, Canada. Data for this study were collected through in-depth interviews conducted in 2001/2002. Analysis of these data involved identifying emergent themes and then exploring these central concepts in further interviews to confirm the accuracy of interpretation. The harms normally associated with drug addiction, and injection drug use are exacerbated in prison. Interpersonal relationships and the possession of exchangeable resources determine access to scarce syringes. The scarcity of syringes has resulted in patterns of sharing amongst large numbers of persons. Continual reuse of scarce syringes poses serious health hazards and bleach distribution is an inadequate solution. The findings of this study emphasize the need for effective harm reduction programs that provide an appropriate response to the problem of injection drug use among inmates.


**KEY WORDS:** drugs, prison, harm reduction

CANADA

701.

**PATTERNS OF ILLICIT DRUG USE OF PRISONERS IN POLICE CUSTODY IN LONDON, UK.**

**AIMS AND METHODS:** The aims of the study were to explore the current characteristics of drug misusers seen in police custody and identify trends or changes that have taken place in the last decade. A prospective, anonymised, structured questionnaire survey was undertaken of consenting consecutive, self-admitted illicit drug users seen by forensic physicians in police custody within the Metropolitan Police Service in London, UK in 2003. RESULTS: 30% of detainees were dependent on heroin or crack cocaine. Drug users (n=113) were studied in 2003. 95.4% completed the questionnaire. 82% were male, 18% female. Mean age was 28.5 y (range 18-49). 80% were unemployed; significant mental health issues (e.g., schizophrenia) were present in 18%; 15% had alcohol dependence; heroin was the most frequently used drug (93%); crack cocaine -- 87%; mean daily cost of drugs -- heroin GBP 76 (range 20-240), crack GBP 81 (range 20-300). >50% users inject crack and heroin simultaneously. 56% used the intravenous route; 25% had shared needles; 100% had accessible sources of clean needles; 6.4% were hepatitis B positive; 42% were aware of hepatitis prophylaxis; hepatitis C positive -- 20.2%; 3.6% were HIV positive. Mean length of time of drug use was 7.5 y (range 1 month -- 20 years); 82% had served a previous prison sentence; 54% had used drugs in prison; 11% had used needles in prison; 3% of users stated they had started using in prison. 38% had been on rehabilitation programs; 11% had been on Drug Treatment and Testing; Orders (DTTO);
32% had used the services of Drug Arrest Referral Teams in police stations; 10% were in contact with Drug Teams at the time of assessment. CONCLUSIONS: In the last decade, there appears to be a substantial increase in the prevalence of drug use in this population -- particularly of crack cocaine. Treatment interventions are either not readily available, or not followed through. In very general terms, the illicit drug use problem appears to have significantly worsened in the population seen in police custody in London, UK, in the last decade although there is evidence that health education and harm reduction messages appear to have had some positive effects.


KEY WORDS: drug behaviours, prison
UK

702.

DRUG-RESISTANT TUBERCULOSIS, CLINICAL VIRULENCE, AND THE DOMINANCE OF THE BEIJING STRAIN FAMILY IN RUSSIA.

CONTEXT: Tuberculosis and multidrug-resistant tuberculosis is a serious public health problem in Russia. OBJECTIVE: To address the extent of "Beijing strain" transmission in the prison/civil sectors and the association of drug resistance, clinical, and social factors with the Beijing genotype. DESIGN AND SETTING: Cross-sectional population-based molecular epidemiological study of all civilian and penitentiary tuberculosis facilities in the Samara region, Russia. PATIENTS: Consecutively recruited patients with bacteriologically proven tuberculosis (n = 880). MAIN OUTCOME MEASURE: Proportion of Beijing strains and association with drug resistance, human immunodeficiency virus infection, imprisonment, radiological, clinical, and other social factors. RESULTS: Beijing-family strains (identified by spoligotyping and composed of 2 main types by mycobacterial interspersed repetitive unit analysis) were predominant: 586/880 (66.6%; 95% confidence interval [CI], 63.4%-69.7%) with a significantly higher prevalence in the prison population (rate ratio [RR], 1.3; 95% CI, 1.2-1.5) and those aged younger than 35 years (RR, 1.2; 95% CI, 1.0-1.3). Comparable proportions were co-infected with the human immunodeficiency virus (approximately 10%), concurrent hepatitis B and C (21.6%), drank alcohol (approximately 90%), smoked (approximately 90%), and had a similar sexual history. Drug resistance was nearly 2-fold higher in patients infected with Beijing strains compared with non-Beijing strains: multidrug resistance (RR, 2.4; 95% CI, 1.9-3.0), for isoniazid (RR, 1.8; 95% CI, 1.5-2.1), for rifampicin (RR, 2.2; 95% CI, 1.7-2.7), for streptomycin (RR, 1.9; 95% CI, 1.5-2.3), and for ethambutol (RR, 2.2; 95% CI, 1.6-3.2). Univariate analysis demonstrated that male sex (odds ratio [OR], 1.5; 95% CI, 1.1-1.9), advanced radiological abnormalities (OR, 3.3; 95% CI, 1.3-8.4), homelessness (OR, 5.6; 95% CI, 1.1-6.3), and previous imprisonment (OR, 2.0; 95% CI, 1.5-2.7) were strongly associated with Beijing-strain family disease. Multivariate analysis supported previous imprisonment to be a risk factor (OR, 2.0; 95% CI, 1.4-3.3) and night sweats to be less associated (OR 0.7; 95% CI, 0.5-1.0) with Beijing-strain disease. CONCLUSIONS: Drug resistance and previous imprisonment but not human immunodeficiency virus co-infection were significantly associated with Beijing-strain infection. There was evidence that Beijing isolates caused radiologically more advanced disease.


KEY WORDS: tuberculosis, risk factors
RUSSIAN FEDERATION

703.

TREATMENT DURING TRANSITION FROM PRISON TO COMMUNITY AND SUBSEQUENT
ILLICIT DRUG USE.
This study examined the effects of postrelease transitional therapeutic community treatment on the drug use and employment rates of drug involved prisoners in the Delaware corrections system followed for up to 5 years after release. A comparison group received standard postrelease supervision. Abstinence rates were 32.2% in the treatment group and 9.9% in the no-treatment group, and the treatment group had a higher overall proportion of time free of drug use. Time to relapse was a mean of 28.8 months in the treatment group versus 13.2 months in the no-treatment group. Relapse was defined as any use of any drug and was confirmed by urinalysis. Positive effects were seen even for those who did not complete treatment. The treatment group had a significantly higher rate of employment after leaving work release (54.6%) than did the no-treatment group (45.4%). Treatment during the transitional period between prison and community showed substantial and persistent benefits even for a cohort marked with extensive criminal history, low rates of marital bonds, and substantial unemployment.

KEY WORDS: aftercare, relapse prevention, community

704.
HIV IN CORRECTIONAL FACILITIES: ROLE OF SELF-REPORT IN CASE IDENTIFICATION.
For treatment of HIV/AIDS in jails and prisons to be effective, these institutions must identify as many HIV-positive inmates as they can. We compare HIV status among a drug-addicted jail population determined through a physical examination and a voluntary HIV testing program, with self-reported status in an interview. Of 360 subjects interviewed and given physical examinations, approximately one third (110) took the voluntary HIV test and all were negative, and only 1 was identified as HIV-positive in the physical. However, 7 (2%) stated in the interview that they were HIV positive, none of whom took the HIV test. Five of the 7 also self-reported injection drug use and having shared needles. We conclude that inmate self-report is an important pathway for HIV case finding in correctional institutions.

KEY WORDS: HIV, prison

705.
MENTAL DISORDERS IN FEMALE PRISONERS.
Objective: The objective of the study was to investigate the rates of mental disorder among women in prison in Victoria, and to compare with community rates. Design: A midnight census of all women in prison in Victoria was undertaken. Respondents were interviewed with a version of the Composite International Diagnostic Interview (CIDI), an adapted version of the Personality Diagnostic Questionnaire (PDQ-4+) and a demographics questionnaire. Main Outcome Measures: Twelve-month prevalence rates of ICD-10 mental disorders including depressive disorders, anxiety disorders and drug-related disorders were examined. Prevalence of personality disorders was also investigated. Results: Eighty-four per cent of the female prisoners interviewed met the criteria for a mental disorder (including substance harmful use/dependence) in the year prior to interview. This rate was reduced to 66% when drug-related disorders were excluded. Forty-three per cent of subjects were identified as cases on a personality disorder screener. For all disorders, (except obsessive-compulsive disorder and alcohol harmful use) women in prison had a significantly greater likelihood of having met the 12-month diagnostic criteria when compared to women in the community. The most prevalent
disorders among the female prisoners were: drug use disorder (57%), major depression (44%), posttraumatic stress disorder (36%), and personality disorders. Almost a quarter (24%) of respondents were identified as a 'case' on the psychosis screen. Conclusions: In the present study female prisoners had significantly higher rates of the mental disorders investigated (with the exceptions of OCD and alcohol harmful use) when compared with women in the community. The pattern of disorder found among female prisoners is consistent with the abuse literature, suggesting that histories of abuse among the prison population may account for part of the discrepancy. These results highlight the need for improved assessment and treatment resources to meet the demands of this population.


KEY WORDS: women, prison, mental illness

VALUE FOR MONEY IN DRUG TREATMENT: ECONOMIC EVALUATION OF PRISON METHADONE.

BACKGROUND: Although methadone maintenance treatment in community settings is known to reduce heroin use, HIV infection and mortality among injecting drug users (IDU), little is known about prison methadone programs. One reason for this is the complexity of undertaking evaluations in the prison setting. This paper estimates the cost-effectiveness of the New South Wales (NSW) prison methadone program. METHODS: Information from the NSW prison methadone program was used to construct a model of the costs of the program. The information was combined with data from a randomised controlled trial of provision of prison methadone in NSW. The total program cost was estimated from the perspective of the treatment provider/funder. The cost per heroin free day, compared with no prison methadone, was estimated. Assumptions regarding resource use were tested through sensitivity analysis. RESULTS: The annual cost of providing prison methadone in NSW was estimated to be AUD$2.9 million (or $3,234 per inmate per year). The incremental cost effectiveness ratio is AUD $38 per additional heroin free day. CONCLUSIONS: From a treatment perspective, prison methadone is no more costly than community methadone, and provides benefits in terms of reduced heroin use in prisons, with associated reduction in morbidity and mortality.


KEY WORDS: drug therapy, methadone, evaluation, prison

MODELLING THE HEPATITIS B VACCINATION PROGRAMME IN PRISONS.

A vaccination programme offering hepatitis B (HBV) vaccine at reception into prison has been introduced into selected prisons in England and Wales. Over the coming years it is anticipated this vaccination programme will be extended. A model has been developed to assess the potential impact of the programme on the vaccination coverage of prisoners, ex-prisoners, and injecting drug users (IDUs). Under a range of coverage scenarios, the model predicts the change over time in the vaccination status of new entrants to prison, current prisoners and IDUs in the community. The model predicts that at baseline in 2012 57% of the IDU population will be vaccinated with up to 72% being vaccinated depending on the vaccination scenario implemented. These results are sensitive to the size of the IDU population in England and Wales and the average time served by an IDU during each prison visit. IDUs that do not receive HBV vaccine in the community are at increased risk from HBV infection. The HBV vaccination programme in prisons is an effective way of vaccinating this hard-to-reach
population although vaccination coverage on prison reception must be increased to achieve this.
_Epidemiol Infect._, 134(2):231-42.

**KEY WORDS:** hepatitis, health, prison

UK

708.
**DIFFERENCES IN MOTIVATION, COPING STYLE, AND SELF-EFFICACY AMONG INCARCERATED MALE AND FEMALE DRUG USERS.**
This study compared sex differences in theoretically relevant cognitive-behavioral treatment concepts in a sample of 1,189 male and 300 female offenders participating in a prison-based substance abuse treatment program. Multivariate analysis of variance was used to examine the differences between men and women in the areas of motivation, self-efficacy, and coping styles. The results show that the women reported a greater recognition of having a substance use problem, less self-efficacy to remain abstinent in high-risk situations, and greater reliance on the coping strategies of seeking support, accepting responsibility, and escaping as compared with the men. The recognition of potential sex differences in the context of a theoretically driven treatment for substance users is discussed.

**KEY WORDS:** gender differences, prison, drugs

USA

709.
**METHAMPHETAMINE USE, SELF-REPORTED VIOLENT CRIME, AND RECIDIVISM AMONG OFFENDERS IN CALIFORNIA WHO ABUSE SUBSTANCES.**
This study uses data from 641 state prison parolees in California to examine the associations between methamphetamine use and three measures of criminal behavior: (a) self-reported violent criminal behavior, (b) return to prison for a violent offense, and (c) return to prison for any reason during the first 12 months of parole. Methamphetamine use was significantly predictive of self-reported violent criminal behavior and general recidivism (i.e., a return to custody for any reason). However, methamphetamine use was not significantly predictive of being returned to custody for a violent offense. These trends remained even after controlling for involvement in the drug trade (i.e., sales, distribution, or manufacturing).

**KEY WORDS:** methampethamine, violence, recidivism

USA

710.
**PREVALENCE OF DRUG USE AMONG NEW ENTRANTS IN ITALIAN PRISONS**
An epidemiological survey was conducted to evaluate the prevalence of drug use among new entrants in Italian prisons. Overall, 1267 inmates were recruited by 9 prisons. Drug use before imprisonment was reported by 55.8% of the participants. Cocaine was the most commonly used drug (42%), followed by heroin (34%), marijuana/cannabis (33%), ecstasy (7%), hallucinogens (6%), amphetamines (5%); more than one drug was reported by 68% of abusers. Recent use (1 month before imprisonment) was admitted by up to 27% of inmates. Alcohol or tobacco use was reported by 38 and 77% of the inmates, respectively. Our findings indicate that a high proportion of inmates has ever used drugs; adequate intervention is needed to reduce the risk of addictive behaviour in this population group.
HEPATITIS B, HEPATITIS C, AND HIV IN CORRECTIONAL POPULATIONS: A REVIEW OF EPIDEMIOLOGY AND PREVENTION.

The 2 million persons incarcerated in US prisons and jails are disproportionately affected by hepatitis B virus (HBV), hepatitis C virus (HCV) and HIV, with prevalences of infection two to ten times higher than in the general population. Infections are largely due to sex- and drug-related risk behaviors practised outside the correctional setting, although transmission of these infections has also been documented inside jails and prisons. Public health strategies to prevent morbidity and mortality from these infections should include hepatitis B vaccination, HCV and HIV testing and counseling, medical management of infected persons, and substance abuse treatment in incarcerated populations.


PREDICTIVE MODEL FOR COCAINE USE IN PRISONS IN RIO DE JANEIRO, BRAZIL

OBJECTIVE: To identify predictors of and groups vulnerable to cocaine use in prison.

METHODS: We selected 376 inmates with history of cocaine use in prison (cases) and 938 inmates with no history of drug use (controls) serving sentences in the Rio de Janeiro State prison system in 1998. The analysis included exposure variables divided into three hierarchical levels: distal, intermediate, and proximal. We performed bivariate analysis using logistic regression and multivariate analysis using hierarchized regression; results are given in odds ratios. RESULTS: Variables associated with cocaine use in prison in the proximal level were use of alcohol and marijuana and duration of imprisonment in years. The effect of social vulnerability variables (distal level) was intermediated by variables in the next levels. Considering only the distal and intermediate levels, use of marijuana prior to imprisonment (OR=4.50; 95% CI: 3.17-6.41) and offence in order to obtain drugs (OR=2.96; 95% CI: 1.79-4.90) showed the strongest association with the outcome. For every additional year spent in prison, the odds of cocaine use increase by 13% (OR=1.13; 95% CI: 1.06-1.21).

CONCLUSIONS: Considering the distal and intermediate levels, use of marijuana prior to imprisonment and perpetration of offence in order to obtain drugs were the variables with greatest predictive value. The final model showed alcohol and marijuana use in prison and duration of imprisonment as important predictors of the outcome. The prison environment appears as a factor stimulating drug use.


PHARMACOTHERAPY TREATMENT IN SUBSTANCE-DEPENDENT CORRECTIONAL POPULATIONS: A REVIEW.

The number of drug or alcohol dependent inmates has increased dramatically in recent years.
About half of all inmates meet DSM-IV criteria for dependence at the time of their arrest and require substance use treatment or detoxification. Few inmates receive treatment while in prison, increasing the likelihood that they will continue to use substances in prison and after release. While pharmacotherapy interventions have been shown to be effective with substance users in the community, few studies have investigated these treatments with a prison population. Further research is needed to better understand the feasibility and efficacy of providing pharmacotherapies for substance dependence disorders within this population.


KEY WORDS: drug therapy, substance use, prison

INTERNATIONAL

714.
BLACK-WHITE DISPARITIES IN HIV/AIDS: THE ROLE OF DRUG POLICY AND THE CORRECTIONS SYSTEM.

African Americans in the United States are disproportionately affected by HIV/AIDS. We focus in this paper on the structural and contextual sources of HIV/AIDS risk, and suggest that among the most important of these sources are drug policy and the corrections system. In particular, high rates of exposure to the corrections system (including incarceration, probation, and parole) spurred in large part by federal and state governments’ self-styled war on drugs in the United States, have disproportionately affected African Americans. We review a wide range of research literature to suggest how exposure to the corrections system may affect the HIV/AIDS related risks of drug users in general, and the disproportionate HIV risk faced by African Americans in particular. We then discuss the implications of the information reviewed for structural interventions to address African American HIV-related risk. Future research must further our understanding of the relations among drug policy, corrections, and race-based disparities in HIV/AIDS.


KEY WORDS: minorities, HIV, policy

USA

715.
AFRICAN AMERICAN FEMALE DRUG USERS AND HIV RISK REDUCTION CHALLENGES WITH CRIMINAL INVOLVEMENT.

The main objectives of this paper are to examine the prevalence of criminal involvement among a sample of African American female drug users and to identify factors associated with that criminal involvement, where criminal involvement is defined as having been in jail or prison. Data were collected in Atlanta from 333 adult women at two points in time, namely during baseline assessments conducted prior to their enrollment in an HIV risk reduction intervention and at follow-up assessments conducted 6 months after completion of the intervention. The prevalence and period prevalence of criminal involvement were relatively high. At baseline, 86.8% of the women indicated criminal involvement at some point in their lives and over one-third (37.2%) were involved in the year prior to enrolling into the study. During follow-up interviews, 31.5% reported criminal involvement during the 6 months since enrollment. The findings revealed that victimization/abuse and drug use setting might be salient risk factors for criminal involvement. The unique needs of women such as those in this sample must be taken into account when designing intervention and prevention programs, both within and outside the criminal justice system.


KEY WORDS: minorities, HIV behaviours
716. METHADONE MAINTENANCE IN PRISON: EVALUATION OF A PILOT PROGRAM IN PUERTO RICO.

OBJECTIVES: To describe and evaluate a pilot methadone maintenance program for heroin-dependent inmates of Las Malvinas men’s prison in San Juan, Puerto Rico. METHODS: Data from self-report of inmates’ drug use before and during incarceration, attitudes about drug treatment in general and methadone maintenance in particular, and expectations about behaviors upon release from prison and from testing inmates’ urine were analyzed comparing program patients (n=20) and inmates selected at random from the prison population (n=40). Qualitative data obtained by interviewing program staff, the correctional officers and superintendent, and commonwealth officials responsible for establishing and operating the program were analyzed to identify attitudes about methadone and program effectiveness. RESULTS: Heroin use among prisoners not in treatment was common; 58% reported any use while incarcerated and 38% reported use in past 30 days. All patients in the treatment program had used heroin in prison in the 30 days prior to enrolling in treatment. While in treatment, the percentage of patients not using heroin was reduced, according to both self-report and urine testing, to one in 18 (94% reduction) and one in 20 (95% reduction), respectively. Participation in treatment was associated with an increased acceptance of methadone maintenance. Prison personnel and commonwealth officials were supportive of the program. CONCLUSIONS: The program appears to be a success, and prison officials have begun an expansion from the current ceiling of 24 inmates to treat 300 or more inmates.


KEY WORDS: methadone, prison

717. CONTACT SCREENING AND LATENT TB INFECTION TREATMENT IN SINGAPORE CORRECTIONAL FACILITIES.

SETTING: Singapore, a city-state with a tuberculosis (TB) incidence rate of 47 per 100000 population in 2000. OBJECTIVES: 1) To report our experience with contact investigation and latent TB infection (LTBI) treatment in high-risk contacts with unknown human immunodeficiency virus (HIV) status in correctional facilities (CFs) (prisons/drug rehabilitation centres); and 2) to compare the yield of contact screening in this setting with that in the community (household/family) setting. METHODS: The tuberculin skin test (TST) readings of 704 CF contacts screened from 1999 to 2001 were compared with those of 2729 household/family contacts who underwent screening in 2000. RESULTS: Respectively eight (1.1%) and 20 (0.7%) active TB cases were detected among the CF and community contacts. A significantly higher proportion of CF contacts had first (non-conversion) TST readings > or \( \geq 15 \) mm (39% vs. 22%, OR 2.3; 95%CI 1.9-2.7; \( P < 0.001 \)), and 10-14 mm (26% vs. 18%, OR 1.6; 95%CI 1.3-2.0; \( P < 0.001 \)) and TST conversion (43% vs. 20%, OR 2.9; 95%CI 1.7-4.9; \( P < 0.001 \)). LTBI treatment was started in 65% of the CF contacts screened; 87% completed treatment. CONCLUSION: We found a high LTBI rate among CF contacts, presenting an opportunity for intervention.


KEY WORDS: tuberculosis, health screening, prison
718. HIV IN PRISON: WHAT ARE THE RISKS AND WHAT CAN BE DONE?
Prisons are recognised worldwide as important sites for transmission of blood-borne viruses (BBVs). There are two reasons why transmission risks in prison are higher than in the community. First, in most western countries, many prison entrants have histories of injecting drug use, and thus already have high prevalences of BBVs. Second, the lack or under-supply of preventive measures (such as clean needle and syringes or condoms) in most prisons, combined with extreme social conditions, creates extra opportunities for BBV transmission. HIV prevalence in prisoners in more developed countries ranges from 0.2% in Australia to over 10% in some European nations. There are case reports of HIV being transmitted by sharing injecting equipment and sexual activity. Tattooing has been reported as a risk factor for the transmission of BBVs in prison. Access to condoms and needle and syringe programmes in prisons is extremely limited, despite success when they have been introduced. The vast majority of prison inmates are incarcerated for only a few months before returning to the community—thus they are, over the long term, more appropriately regarded as 'citizens' than 'prisoners'. Public health policy must involve all sections of the community, including prison inmates, if we are to reduce transmission of HIV and other BBVs.


KEY WORDS: HIV, prison, risk management

USA

719. MANAGING HIV/AIDS IN CORRECTIONAL SETTINGS.
Approximately one quarter of people living with HIV/AIDS in the United States pass through the correctional system, resulting in a burden of infection on the correctional health care system that has challenged correctional and public health officials. The HIV epidemic behind bars results from the high prevalence of HIV risk behaviors among those incarcerated: illicit drug use, untreated mental illness, prostitution, homelessness, and poverty. Challenges to HIV care in correctional settings include management of comorbid conditions, remoteness from HIV care sites, organizational constraints, and access to effective therapies. Despite these challenges, prisoners with HIV have derived considerable benefit from HIV detection and treatment. In order to achieve parity in HIV outcomes among vulnerable populations, effective prison-release programs that incorporate effective case management with effective drug treatment and adherence strategies are required to extend the benefit of highly active antiretroviral therapy as prisoners transition back to community settings.


KEY WORDS: HIV management, prison

USA

720. PREVALENCE OF INJECTING DRUG USE AND ASSOCIATED RISK BEHAVIOR AMONG REGULAR ECSTASY USERS IN AUSTRALIA.
BACKGROUND: The aim of the study was to investigate the prevalence of injecting drug use and associated risk behaviour among a sentinel sample of ecstasy users. METHODS: Cross-sectional surveys were conducted with regular ecstasy users as part of an annual monitoring study of ecstasy and related drug markets in all Australian capital cities. RESULTS: Twenty-three percent of the sample reported having ever injected a drug and 15% reported injecting in the 6 months preceding interview. Independent predictors of lifetime injection were older age, unemployment and having ever been in prison. Completion of secondary school and identifying as heterosexual was associated with a lower likelihood of having ever injected. Participants
who had recently injected typically did so infrequently; only 9% reported daily injecting. Methamphetamine was the most commonly injected drug. Prevalence of needle sharing was low (6%), although half (47%) reported sharing other injecting equipment in the preceding 6 months. CONCLUSIONS: Ecstasy users who report having injected a drug at some time appear to be demographically different to ecstasy users who have not injected although neither are they typical of other drug injectors. The current investigation suggests that ongoing monitoring of injecting among regular ecstasy users is warranted.


**KEY WORDS:** prevalence of drug use, risk behaviours, ecstasy

**AUSTRALIA**

721.

**A SYRINGE EXCHANGE PROGRAMME IN PRISON AS PREVENTION STRATEGY AGAINST HIV INFECTION AND HEPATITIS B AND C IN BERLIN, GERMANY.**

In two prisons in Berlin, Germany, provision of sterile injection equipment for injecting drug users (IDUs) started in 1998. To assess the programme’s impact, the frequency of injecting drug use and syringe sharing, and the incidence of HIV, HBV, and HCV infection were determined in a follow-up study. Of all IDUs (n=174), 75% continued to inject. After the project start the level of syringe sharing declined from 71% during a 4-month period of previous imprisonment to 11% during the first 4 months of follow-up, and to virtually zero thereafter. Baseline seroprevalences for HIV, HBV, and HCV were 18, 53, and 82%. HIV and HCV seroprevalence at baseline was significantly associated with drug injection in prison prior to the project start. No HIV and HBV seroconversions, but four HCV seroconversions occurred. The provision of syringes for IDUs in appropriate prison settings may contribute to a substantial reduction of syringe sharing. However, the prevention of HCV infection requires additional strategies.


**KEY WORDS:** syringe exchange, HIV prevention, hepatitis

**GERMANY**

722.

**US: DEVELOPMENTS IN THE TREATMENT OF HIV-POSITIVE PRISONERS IN TWO STATES.**

Legal actions have been launched in Alabama and Mississippi to address living conditions and medical care of HIV-positive prisoners in state prisons. These were the only two states to allow complete segregation of HIV-positive prisoners in state prisons into the 1990s. The two cases highlight the ways in which the courts have been involved in supervising prison conditions in the United States.


**KEY WORDS:** policy, drug therapy, prison

**USA**

723.

**MODELLING THE IMPACT OF PRISON VACCINATION ON HEPATITIS B TRANSMISSION WITHIN THE INJECTING DRUG USER POPULATION OF ENGLAND AND WALES.**

A vaccination programme offering hepatitis B (HBV) vaccine at reception into prison has been introduced into selected prisons in England and Wales. The work here considers the impact of prison vaccination on the incidence and prevalence of hepatitis B virus (HBV) in the injecting drug user (IDU) population of England and Wales. A dynamic model of the transmission of HBV
in IDUs is developed with key model assumptions and parameters being subject to sensitivity analyses. The base case model (that assumes that the vaccination coverage on prison reception is 5% in 2002, 10% in 2003 and then increases linearly up to 50% of prison receptions being vaccinated by 2006) predicts that the incidence of HBV in IDUs might be reduced by almost 80% in 12 years, and the HBV prevalence (IDUs ever infected by HBV) may be reduced from approximately 18% in 2002 to 7% in 2015. The model presented here demonstrates that HBV vaccination on prison reception can have a significant impact on the prevalence and incidence of HBV in the IDU population over time.


KEY WORDS: hepatitis, prison

UK

724.
RISK OF HARM: INMATES WHO HARM THEMSELVES WHILE IN PRISON PSYCHIATRIC TREATMENT.
In this study, 242 randomly selected male offenders who were receiving psychiatric treatment in prison were administered psychological and neuropsychological evaluations and were followed during their treatment in a prison psychiatric hospital. Offenders who harmed themselves in treatment were compared to those who did not harm themselves. Eighteen percent of offenders harmed themselves, the severity of which required medical intervention. Young age, drug abuse, absence of Axis I mental disorder but presence of Axis II borderline personality disorder identified offenders who harmed themselves. Psychopathy checklist-revised (PCL-R) total rating >/=30 and PCL-R Factor 2 (antisocial lifestyle) rating also identified offenders who harmed themselves. Additionally, offenders who harmed themselves also were 8.36 times more likely than their cohorts to harm treatment staff. Theoretical understanding of offenders who harm themselves, the importance of considering the environmental context in identifying risk factors for self-harm, and implications for treatment are suggested.

KEY WORDS: violence, prison, therapy

USA

725.
PRISON HEALTH CRISIS--WHAT YOU CAN DO.
Some basics on informing oneself and helping others, in prison or after release.

KEY WORDS: health promotion, prison, aftercare

INTERNATIONAL

726.
SUBSTANCE ABUSE AND DEPENDENCE IN PRISONERS: A SYSTEMATIC REVIEW.
AIMS: To review studies of the prevalence of substance abuse and dependence in prisoners on reception into custody. DESIGN AND METHOD: A systematic review of studies measuring the prevalence of drug and alcohol abuse and dependence in male and female prisoners on reception into prison was conducted. Only studies using standardized diagnostic criteria were included. Relevant information, such as mean age, gender and type of prisoner, was recorded for eligible studies. The prevalence estimates were compared with those from large cross-sectional studies of prevalence in prison populations. FINDINGS: Thirteen studies with a total of 7563 prisoners met the review criteria. There was substantial heterogeneity among the studies. The estimates of prevalence for alcohol abuse and dependence in male prisoners ranged from 18 to 30% and 10 to 24% in female prisoners. The prevalence estimates of drug
abuse and dependence varied from 10 to 48% in male prisoners and 30 to 60% in female prisoners. CONCLUSIONS: The prevalence of substance abuse and dependence, although highly variable, is typically many orders of magnitude higher in prisoners than the general population, particularly for women with drug problems. This highlights the need for screening for substance abuse and dependence at reception into prison, effective treatment while in custody, and follow-up on release. Specialist addiction services for prisoners have the potential to make a considerable impact.


KEY WORDS: substance use, prison

INTERNATIONAL

727.

PREVALENCE OF HIV, HEPATITIS C AND SYPHILIS AMONG INJECTING DRUG USERS IN RUSSIA: A MULTI-CITY STUDY.

OBJECTIVES: To estimate the prevalence of HIV, hepatitis C virus (HCV) and syphilis in injecting drug users (IDUs) in Russia. METHODS: Unlinked anonymous cross-sectional survey of 1473 IDUs recruited from non-treatment settings in Moscow, Volgograd and Barnaul (Siberia), with oral fluid sample collection for HIV, HCV antibody (anti-HIV, anti-HCV) and syphilis testing. RESULTS: Prevalence of antibody to HIV was 14% in Moscow, 3% in Volgograd and 9% in Barnaul. HCV prevalence was 67% in Moscow, 70% in Volgograd and 54% in Barnaul. Prevalence of positive syphilis serology was 8% in Moscow, 20% in Volgograd and 6% in Barnaul. Half of those HIV positive and a third of those HCV positive were unaware of their positive status. Common risk factors associated with HIV and HCV infection across the cities included both direct and indirect sharing of injecting equipment and injection of home-produced drugs. Among environmental risk factors, we found increased odds of anti-HIV associated with being in prison in Moscow, and some association between official registration as a drug user and anti-HIV and anti-HCV. No associations were found between sexual risk behaviours and anti-HIV in any city. CONCLUSIONS: HIV prevalence among IDUs was markedly higher than city routine surveillance data suggests and at potentially critical levels in terms of HIV prevention in two cities. HCV prevalence was high in all cities. Syphilis prevalence highlights the potential for sexual risk and sexual HIV transmission. Despite large-scale testing programmes, knowledge of positive status was poor. The scaling-up of harm reduction for IDUs in Russia, including sexual risk reduction, is an urgent priority.


KEY WORDS: STD, prevalence of HIV

RUSSIAN FEDERATION

728.

TRENDS IN MORTALITY IN A SPANISH PRISON FROM 1994-2004

BACKGROUND: Few works have focused on studying mortality in prisons. The objective here is to study the causes and incidences of mortality in a Spanish prison. METHODS: Descriptive study of the deaths in a prison between 01-01-1994 and 31-12-2004. The following variables were recorded: sex, date of death, HIV serology, number of CD4+ where relevant, and cause of death according to the following classification: death by HIV, by non-HIV disease, suicide, drug overdose and accidents. After indirect standardisation of incidence, we compared mortality in the Centre with the other Spanish prisons. We established mortality rate tendencies by a linear regression model. RESULTS: 42 deaths, 41 men, 1 woman. Median age 33.10 years (27.72-36.12; IQR: 8.40); 30 (71.4%) HIV+, with a median of 177 CD4+ lymphocytes/microl. Twenty patients (45.24%) died from HIV, 15 (38.10%) from non-HIV
diseases, 3 (7.14%) from suicide, 3 (7.14%) from drug overdose and 1 (2.38%) accidentally. Crude mortality rates corresponded to 12.605% per hundred of inmates/year in 1997 and 1.758%, inmates/year in 2003, with a decreasing trend of 0.976 deaths % per hundred, inmates/year (CI 95%: 0.399-1.552; p = 0.004). After standardising rates, we obtain 28.6 expected deaths during the period, with an SMR of 1.4679. CONCLUSIONS: Although it follows a decreasing trend, the mortality rate obtained during the study period was higher than expected. The main cause of mortality was acquired immunodeficiency syndrome. Remartinez EJ, Planelles Ramos MV, Garcia Guerrero J., 2005, Rev Esp Salud Publica. 2005 Nov-Dec;79(6):673-82.

KEY WORDS: mortality, prison
Article in Spanish
SPAIN

729.
CORRELATES OF MYCOBACTERIUM TUBERCULOSIS INFECTION IN A PRISON POPULATION.
Prisons represent a crucial setting for tuberculosis control. Currently, there is scarce information concerning Mycobacterium tuberculosis (MT) infection in European prisons, and no data are available for Italy. This study aims to describe the prevalence and correlates of MT infection in an Italian prison population. In this multicentre cross-sectional study, 1,247 inmates from nine prisons were recruited and asked to undergo questioning regarding socio-economic and demographic variables, tuberculin skin testing (TST), chest radiographs and testing for HIV, hepatitis B and hepatitis C virus infection. TST was positive in 17.9% of the 448 evaluable subjects. With multivariate logistic regression (performed among male inmates), MT infection was correlated with age (adjusted odds ratio (OR) 4.12 for inmates aged 31-40 yrs; 3.78 for those aged >40 yrs), being foreign-born (OR = 4.9), education < or =5 yrs (OR = 1.88) and length of detention (increased risk per yr: 11%). As with elsewhere in the world, the prison system in Italy features a population with an increased rate of Mycobacterium tuberculosis infection and at-risk rate for Mycobacterium tuberculosis transmission. Improved tuberculosis surveillance and control measures are deemed necessary in correctional facilities nationwide, especially for subjects with the above risk factors and those who are HIV infected, in whom the tuberculin skin testing can be misleading. The screening of entrants is particularly important to avoid undiagnosed smear-positive tuberculosis cases. Carbonara S, Babudieri S, Longo B, Starnini G, Monarca R, Brunetti B, Andreoni M, Pastore G, De Marco V, Rezza G, 2005, Eur Respir J., 25(6):1070-6.

KEY WORDS: tuberculosis, prison
EUROPE

730.
FACILITATORS AND BARRIERS TO CONTINUING HEALTHCARE AFTER JAIL: A COMMUNITY-INTEGRATED PROGRAM.
A cooperative, community-oriented "public health model of correctional healthcare" was developed to address the needs of persons temporarily displaced into jail from the community, and to improve the health and safety of the community. It emphasizes 5 key elements: early detection, effective treatment, education, prevention, and continuity of care. In the program, physicians and case managers are "dually based"-they work both at the jail and at community healthcare centers. This, together with discharge planning, promotes continuity of care for inmates with serious and chronic medical conditions. This report characterizes the health status and healthcare in this group, and identifies facilitators and barriers to engagement in primary medical and mental health care after release from jail.
EFFECTIVENESS OF AN HIV PREVENTION INTERVENTION IN PRISON AMONG AFRICAN AMERICANS, HISPANICS, AND CAUCASIANS.

Prisons and prison inmates present important targets for HIV/AIDS prevention interventions. Inmates often have histories of high-risk behavior that place them in danger of contracting HIV/AIDS, and rates of HIV/AIDS tend to be much higher in this population. The goal of this study was to assess the effectiveness of a prison-based HIV/AIDS intervention to change attitudes toward HIV prevention, norms supporting HIV prevention, perceived behavioral control (i.e., self-efficacy) for HIV prevention behaviors, and intentions to engage in HIV prevention behaviors postrelease. The intervention also had the goal of encouraging inmates to become HIV/AIDS peer educators. The intervention appeared most successful at influencing beliefs and behaviors related to peer education and somewhat successful at influencing beliefs and intentions related to condom use. Analyses also showed some significant differences in effectiveness by race/ethnicity. Results are discussed from the perspectives of both research and practice with regard to prison-based HIV prevention efforts.

THE PREVALENCE OF HCV ANTIBODY IN SOUTH AUSTRALIAN PRISONERS.

OBJECTIVES: The study was aimed at identifying the hepatitis C virus (HCV)-antibody status of prisoners incarcerated in South Australia in order to develop an HCV prevalence estimate for the whole prison system. METHODS: The health records of persons incarcerated within eight prisons (accommodating approximately 93% of the jurisdiction's adult incarcerated population) were audited for evidence of HCV infection, age, sex, Indigenous status (Australian Aboriginal or Torres Strait Islander) and date of entry to prison. These data were analysed using both univariate and multivariate techniques. RESULTS: Among 1347 prisoners (1254 males and 93 females), 30.2% were HCV-antibody positive. After excluding those with no history of testing, HCV-antibody prevalence rose to 41.3% (males 39.8%, females 66.1%). HCV-antibody positivity was significantly associated with age, sex and Indigenous status in both univariate and multivariate analyses. CONCLUSIONS: Consistent with the literature, the prevalence of HCV infection in the SA prison system appears to be extremely high. This study suggests that HCV prevention efforts in prison settings should be considered as an important priority.

PREVALENCE INFECTIONS AND RISK FACTORS DUE TO HIV, HEPATITIS B AND C IN A PRISON ESTABLISHMENT IN LEIRIA

The present study emerged due to HIV, Hepatitis B and C test samples that have been taking place in a prison establishment in Leiria. The samples were taken from 788 (77%) of the 1019 prisoners that entered the prison during the periods between February of 1999 to September
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2003. A questionnaire was carried to the transmission of HIV, Hepatitis B and C infections and blood samples were also taken to determine the immunologic situation in relationship to the same viruses. Of the 788 prisoners that participated, 699 (89%) were male and 89 (11%) were female. The average age was 32.3, the oldest person was 70 and the youngest was 16 years old. 294 (40%) prisoners admitted using injectable drugs and 606 (84%) confirmed they had more than one sexual partner. HIV infection were found in 47 (6%) of the prisoners, HCV infection in 326 (42%), HBsAg in 21 (3%), HBsAc in 309 (40%) and HBCAc in 312 (40%) of the prisoners. Statistics confirm a significant relationship between injectable drugs and the presence of HIV infection and HBCAc and between sexual relationships with an infected partner and the presence of HBCAc, anti-HCV and HIV infection. The prevalence of infected prisoners with HIV was 6%, with HBV 40% and with HCV 42%. Hepatitis B and C infected 70% of the prisoner who used injectable drugs. The prevalence of hepatitis B and C and HIV infection that were found compel for the continuation of prevention.
Article in Portuguese
KEY WORDS: HIV, hepatitis, prison
LIERIA

734.
A NOVEL OPIOID MAINTENANCE PROGRAM FOR PRISONERS: REPORT OF POST-RELEASE OUTCOMES.
Because prisoners with preincarceration heroin dependence typically relapse following release, a pilot study examined a novel opioid agonist maintenance program whereby consenting males initiated levo-alpha-acetylmethadol (LAAM) treatment shortly before release from prison with opportunity to continue maintenance in the community. Treated prisoners (experimental group) were compared with controls who received community treatment referral information only and prisoners who withdrew from treatment prior to medication regarding treatment participation and community adjustment during nine months post-release. Nineteen of 20 (95%) prisoners who initiated maintenance in prison entered community treatment, compared with 3 of 31 (10%) controls, and 1 of 13 (8%) who withdrew. Moreover, 53% of experimental participants remained in community treatment at least six months, while no other participants did so. Differences in heroin use and criminal involvement between experimental participants and each of the other two groups, while not consistently statistically significant, uniformly favored the experimental group. Despite study limitations, robust findings regarding treatment attendance suggest that this intervention is highly promising.
KEY WORDS: LAAM, substitution, prison
USA

735.
GUIDELINES FOR SUBSTITUTION TREATMENTS IN PRISON POPULATIONS
Care access for the drug addict patients in prison (in particular for the treatments of substitution) in France is very unequal from one establishment to another. This reflects the great variability of the practices of substitution and especially the absence of consensus on the methods of adaptation of these practices to the prison environment. Because of difficulties expressed by prisoners and medical staff on this subject and of stakes (let us recall that approximately 30% of the prisoners are dependent or abusers of one or more psychoactive substances), the formulation of recommendations or of a good practices guide of substitution in prison appeared necessary. Work that we detail here answers a ordering of the Advisory Commission of the Treatments of Substitution (September 2001) whose authors are members.
It was presented at the session April 2003. It results from the confrontation of a review of the literature (including legal texts and official reports concerning substitution, the organization of the care in prison environment and the lawful framework), with a vast investigation. The latter was carried out near medical staff (22 prisons), penitentiary staff (3 prisons, 27 people met including directors of these establishments) and prisoners (7 establishments, 28 prisoners met) in the form of individual talks (semi-directing interviews with evaluation of the type of existing device and its knowledge by the penitentiary staff and the prisoners; statement of the suggestions, needs and requests of the medical, penitentiary staffs and of the prisoners). In the whole visited prisons, 7.8% (870) of the prisoners received substitution treatments (6.35% by buprenorphine, 1.44% by methadone), representing a proportion of substituted drug addicts (870 substituted for an evaluation of 3,350 prisoners drug addicts among the 11,168 prisoners of the 22 visited prisons) notably lower than that in free environment (56%, ie 96,000 substituted for an evaluated population of drug addicts for heroin of 160,000). There are however considerable variations (from 0 to 16.2%) of the proportion of substituted of one establishment for the other according to the type of prison, of its size, its localization and the type of medical device present. If a consensus exists for methadone (daily delivery with sanitary control), the organization of the care relating to the buprenorphine is extremely variable from one establishment to another, often putting in difficulty as well the medical teams as the prisoners. One recommendation is essential: the formulation of an individualized therapeutic project. Thirteen other recommendations are made in the following fields: renewal of substitution treatments, initiation of substitution treatments, urinary controls, methods of prescription, methods of delivery, co-prescriptions, global care, confidentiality, files, exits and transfers, extractions, formation, accompaniment of the teams. These recommendations being formulated, many medical concerns remain present and several questions open. The report of joint mission IGAS/IGSJ of June 2001 on the health of the prisoners underlines the principal persistent gaps: hygiene and public health, treatment of the mental disorders, the follow-up of the sexual delinquents, handling ageing, handicap and the end of lifetime. In the same way, the difficulties listed in prison environment concerning substitution are only the exacerbation of those existing outside: the misuses and traffics are common in free environment, risk reduction in prison, as outside, handle with obstacles related to the penalization of the drug use and can hardly evolve except questioning the law of 1970. The prison practice opens also questions: that of the "duration" of the substitution, frequently posed by the prisoners; concern to see the prison becoming a privileged place of access to the care, combining sanction and care whereas the law of 1970 allows the alternative (care or sanction); that of the clinic of the misuse, particularly "readable" in prison environment; and finally the question of the shared secrecy, extremely delicate in prison context although clarified by the law of March 04, 2002.


Article in French

KEY WORDS: substitution, policy
FRANCE

736.

CANADIAN DEVELOPMENTS. SAFER TATTOOING PILOTED IN SIX FEDERAL PRISONS.

In January of 2005, Correctional Service Canada (CSC) began implementing a safer tattooing pilot program in six federal prisons, one women’s and five men’s institutions. The pilot phase of the program is expected to last until 31 March 2006.


KEY WORDS: tattooing, prison
CANADA
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C. KEYWORDS

Sorted by abstract number

12-Step – 158, 318
Addicts – 230, 248, 259, 434
Alternative – 282, 690
Aftercare – 71, 86, 90, 157, 163, 208, 233, 236, 260, 271, 283, 310, 571, 670, 673, 696, 703, 725, 730
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