

# 1 Drug use in prison

## 1.1 Epidemiological situation

*Since 1961 nationwide in all prisons imprisonment statistics are prepared, which are analysed and published by the Federal Statistical Office. A census gives socio demographic information on inmates during the execution of prison or youth sentences as well as on offence and type and duration of imprisonment. An annual statistic includes among others information on intake and outtake within the reporting year. According to the recent statistics the execution of sentences (1999) within 217 German prisons at the moment there are 60.800 persons imprisoned and or preventive detention. 96% of them are male (Statistisches Bundesamt 2001a). The number of inmates has been increasing considerably since 1991 and has reached its maximum in 2000. The percentage of sentenced foreigners in 1999 was 26%, the percentage of foreigners sentenced because of the narcotic law with 26% is about the same (Statistisches Bundesamt 2001b)*

*An international, multi centre study on HIV/AIDS and hepatitis prevention in prisons done by Rotily and Weiland (1998) shows, that more than half of all interviewed persons in a Cologne prison have been born in Germany (57%). 22% came from European neighbouring countries, 9% from countries of the Middle East and 11% from Northern Africa, America and other countries. Amongst intravenous drug users the percentage of persons born in Germany was considerably (87%) higher that for non i.v. drug users. (43%) (Table 42)*

**Table 1: Country of birth for imprisoned i.v. drug users (IDU) vs. non i.v. drug users (Non-IDU)**

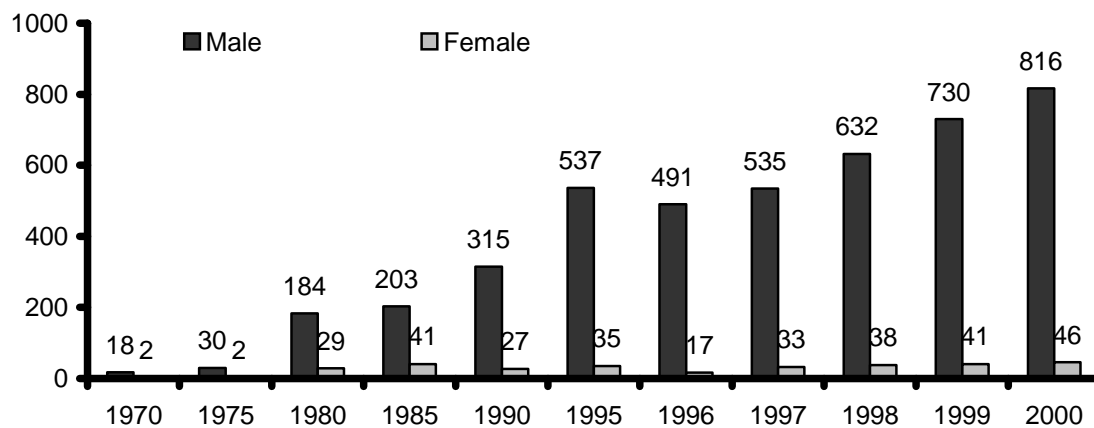
Country of birth	IDU	Non-IDU
Germany	87%	43%
other European countries	8%	29%
Northern Africa/ Middle East	3%	18%
others/ unknown	2%	10%
Total	100%	100%

Source: Rotily & Weiland (1998)

### 1.1.1 Drug use before and in prison

*Epidemiological data on drug use and drug users in prison in Germany are relatively sparse. Within their monitoring of the execution of sentences the Federal Statistical Office annually collects the number of offenders, which have to undergo an withdrawal treatment due to a court's decision. A total of 862 men and women were put into withdrawal institutions during the years 2000 due to a legal decision in accordance with §64 of the penalty law (StGB) because of intoxicating substances (without alcohol) (Figure 30) (Statistisches Bundesamt 2001a). Their number has increased dramatically since 1970 indicating, that in German jurisdiction the principle of "therapy instead of penalty" is also applied more and more on the basis of §64. It should be taken into account in this respect, however, that only a limited number of such treatment slots are available.*

Figure 1: Number of persons in a withdrawal unit on the basis of a courts' decision (§64 StGB) (alcoholism excluded) (2000)



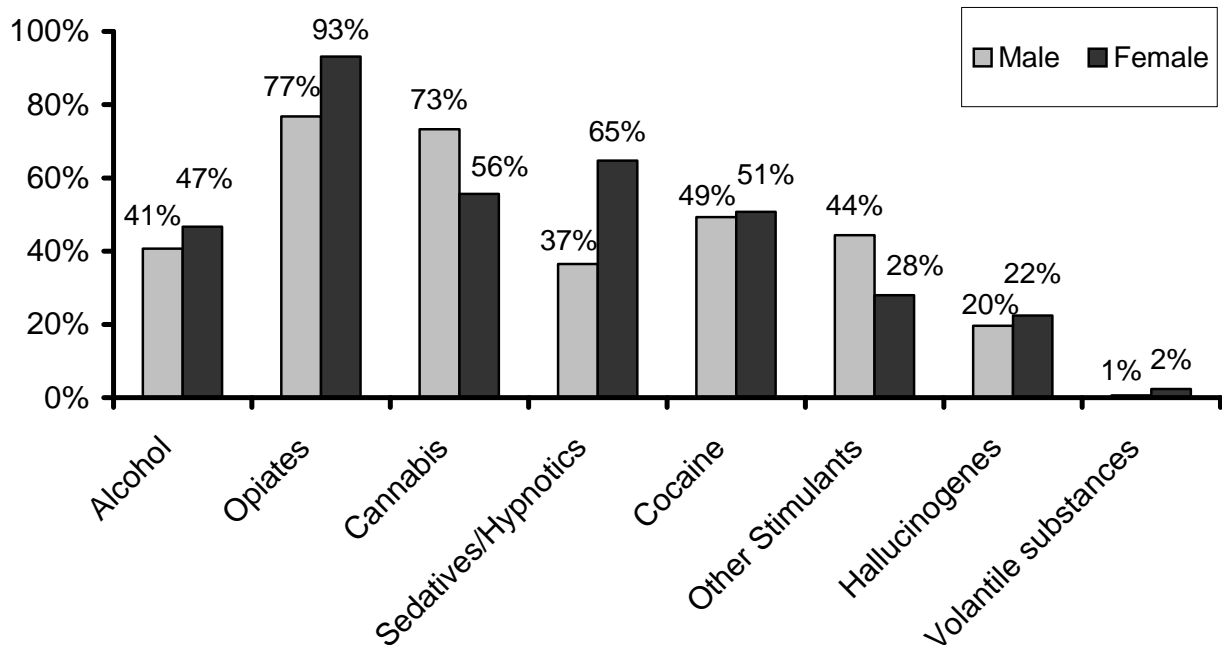
Source Statistisches Bundesamt (2001a)

*There is no regular nationwide monitoring of the drug situation in prisons. During the last years there have been conducted some empirical studies on drug use in prison. Hypotheses, methods and samples vary considerably as well as estimates on the amount of drug addiction in prisons do. They reach from 30% [judgement of "addiction problems with illegal drugs" made by prison staff (Küfner, Beloch, Scharfenberg, Türk 1999; Dolde 1995)] up to at least 50% and even 70-80% for prisons for females (Dolde 1995; Meyenberg, Stöver, Jacob, Pospeschill 1999). On the basis of the total population of prison inmates a total number between 17.200 and 29.200 male and between 700 and 1.900 female (former) drug users can be calculated. The Ministry for Justice in Rhineland-Palatinate reports for the year 2000 on the basis of N = 3.851 prisoners, that 14% (n = 538) of them are addicted to legal substances while 28% (n = 1.085) are addicted to illegal drugs.*

*A high proportion of imprisoned persons with drug problems have used psychoactive substances already before they enter prison. A study done by Küfner et al. (1999) found for males with drug problems, that during 6 months before prison 77% (n = 370)*

of them had used opiates regularly, 73% (n=349) cannabis, 49% (n = 220) cocaine and 44% (n = 174) stimulants. Women with drug problems most likely had used opiates (93%; n = 69), sedatives and hypnotics (65%; n = 35) and cocaine (51%; n = 30).

Figure 2: Regular use of psychotropic substances during six months before start of prison for males and females



Source: Kufner et al. (1999)

**A study on the implementation of machines for syringe exchange (Heinemann & Gross 2001) report on the basis of 2998 males and 21 females the following data: 47% used hard drugs, mostly heroin and cocaine, 41% intravenously.**

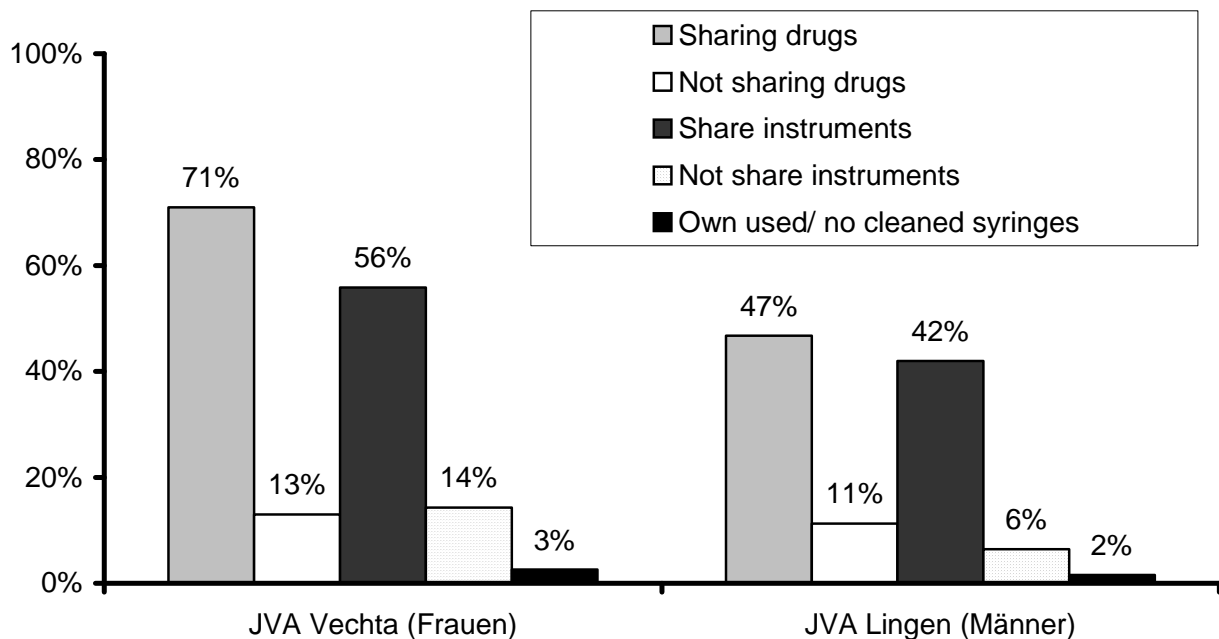
### 1.1.2 Risk behaviour in relation to infections

**Hepatitis B, C and HIV are infectious diseases, which happen frequently amongst drug users as a consequence of i.v. application of the substance. Common use of needles and syringes (“needle sharing”) or sharing drugs by use of a syringe (“drug sharing”) mean a considerable risk to transmit viruses and bacteria through remainders of blood protein at the needle. Lack of hygienic conditions when injecting, for example spoiled spoons, used filters and lack of fresh water are additional sources for germs. The application of tattoos and piercing is usual for a part of the drug addicts. Unclean, non sterile instruments mean further risks to transmit infections.**

**In both prisons where the demonstration project on infection prophylaxis took place (Meyenberg et al. 1999) the substances used most often intravenously were heroin (females= 86%, males = 95%) and cocaine (females = 64%, males 62%). In the multi centre study „European network on HIV / AIDS and hepatitis prevention in prisons“ (Rotily & Weiland 1999) a total of 33% (n = 143) of the interviewed inmates (n = 437) of a Cologne prison reported intravenous drug use before the beginning of imprisonment. The frequency of this risky way of use was about the same for males**

and females. Nearly all of them (92%) said, that they had injected drugs during the last 4 weeks before incarceration. Especially high frequent use , i.e. more than 20 injections within 4 weeks , was reported often (61%). From all subjects with i.v. drug use before prison one third (36%) reported i.v. drug use in prison, 27% had shared injecting material with others. Prevalence of drug and needle sharing was considerably lower in this study than in the demonstration project on infection prophylaxis done by Meyenberg et al. (1999). In this study sharing of drugs was reported by 47% of the interviewed prison inmates, sharing of instruments 42%. Female inmates showed even more readiness to do so (drug sharing 71%, sharing of instruments 56%).

Figure 3: Ways of using drugs amongst prison inmates (Prisons Vechta und Lingen)

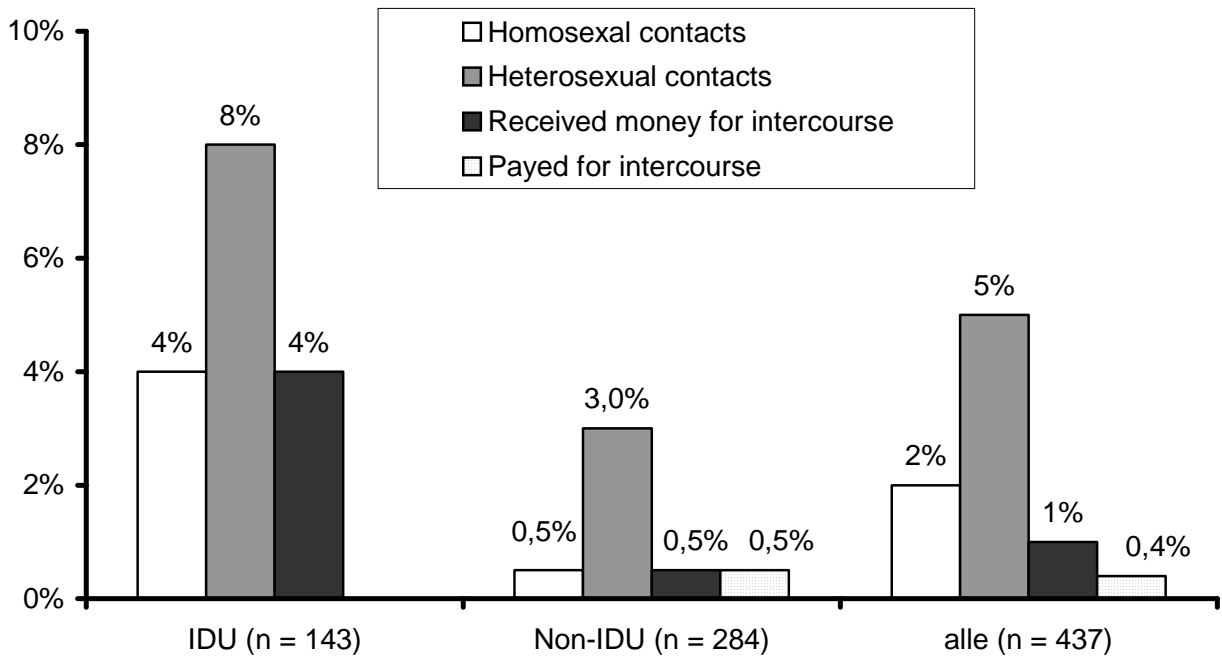


Source: Meyenberg et al. 1999)

The prisoners' sexual behaviour also was part of the multi centre network study (Rotily & Weiland 1999). More than half (55%) of the i.v. drug users reported that they had changed sexual partner several times within the last 12 months before prison. 73% said, that their partner also were applying drugs intravenously, 13% during this period had one or more sexual partners who were HIV-positive. Only 26% of all subjects said, that they had used condoms during the last 12 months before imprisonment. Compared to other European prisons only few inmates of the Cologne institution had sexual contacts during imprisonment, for i.v. drug users (IDU) relatively a little bit more frequent: heterosexual intercourse was reported by 8% of i.v. users and 3% of non-i.v. users (Non-IDU), homosexual contacts by 4% vs. 0,5%. There are no special "visiting rooms" for prisoners in this facility.

15% of the male prisoners and 26% of the male i.v. users report to have done prostitution within 12 month before imprisonment. The figures for female are considerably higher: 28% of all female prisoners and 44% of female i.v. users. Only 4% said, they had done prostitution within prison (figure 34).

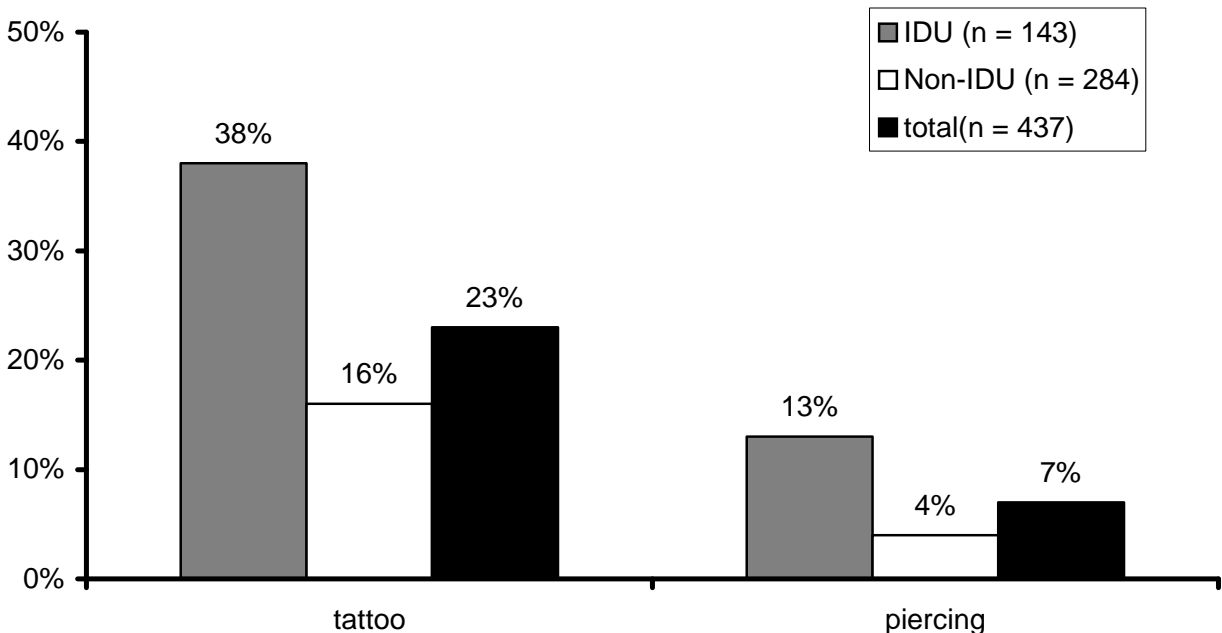
**Figure 4: Sexual behaviour amongst prisoners**



Source: Rotily & Weiland (1998)

**Tattoos and piercing are applied in prison frequently. Unclean, non sterile instruments mean a risk for of transmission of infections. 38% of IDUs and 16% of Non-IDUs reported, that they had let apply a tattoo during the recent imprisonment. 13% of IDUs got a piercing, for non-IDUs this were only 4% (Rotily & Weiland 1998) (Figure 35).**

**Figure 5: Application of tattoos or piercing during the recent imprisonment**



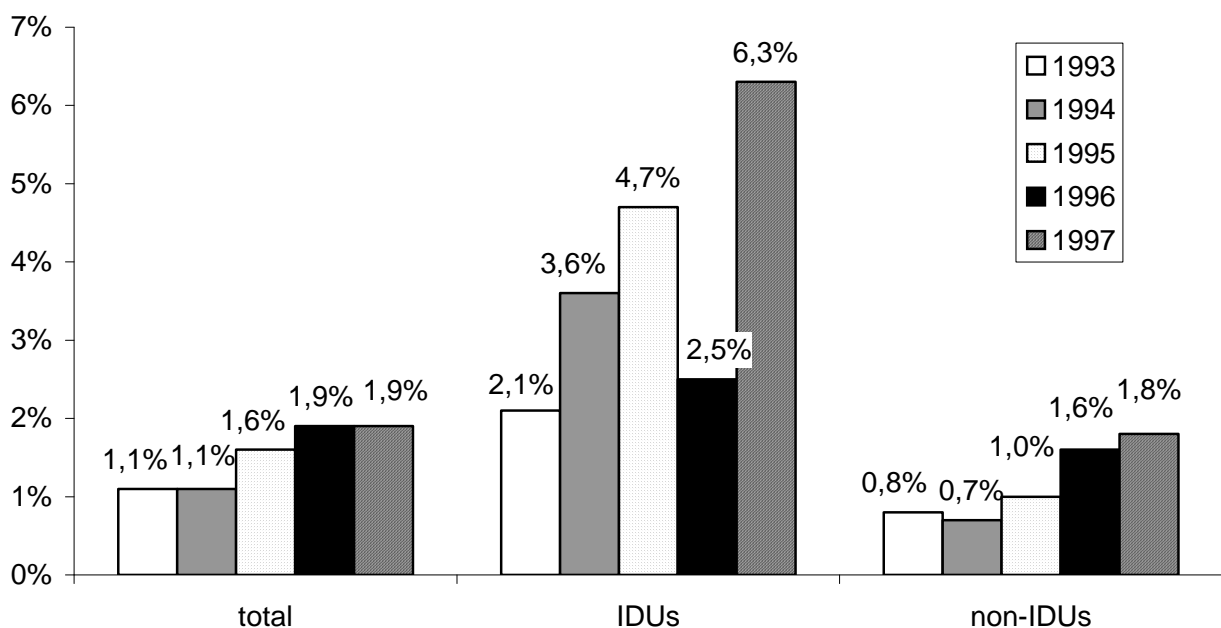
Source: Rotily & Wetland (1998)

### 1.1.3 Prevalence of HIV, HCV and HBC infections

**As imprisonment is under the responsibility of each Federal Land there is no common practise of testing of prisoners in relation to infections. In most Laender HIV-tests are**

done on voluntary basis as part of the medical examination on admission. In the framework of the multi centre European study (Weilandt & Rotily 1998) prison inmates were asked about former HIV and HCV tests. The proportion tested was especially high (87%) amongst IDUs (N = 143). About half (49%) of the non-IDUs (N = 284) also had been tested at least once in their lifetime. Altogether 2% of the IDUs (N = 124) and 3% of the non-IDUs (N = 133) reported to be HIV-positive. 68% of the IDUs (N = 111) and 8% of non-IDUs (N = 51) a positive HCV test. The study also included saliva testing in order to assess prevalence of HIV and HCV. The proportion of HIV positive persons amongst i.v. drug users (n = 143) in a Cologne prison was 1,4%, but only 0,4% amongst non-IDUs. The prevalence of hepatitis C for IDUs was 14%, but only 0,4% for non-IDUs. Prevalence in German prisons, however, was rather low compared to other European prisons, where HIV prevalence ranged up to 28% and HCV prevalence up to 64% for i.v. drug users. From all interviewed subjects 27% were vaccinated against hepatitis B: from the IDUs 13% had all vaccinations, 14% part of them, from non-IDUs 21% were fully vaccinated against hepatitis B and 6% had not got all injections.

Figure 6: HIV-Infection amongst prisoners



Source: Heinemann & Püschel (1999)

The prevalence of the infectious diseases HIV, hepatitis B and C in Hamburg prisons was researched in a prospective longitudinal study by Püschel & Heinemann (199) between 1991 and 1997. It was shown that the total prevalence for HIV infections was between 1,1% and 1,9%. The highest prevalence as well as the most visible increase was found for the group of IDUs. Heinemann & Püschel (1999) could also show that there is a significant effect of the duration of drug use on HIV prevalence for i.v. drug addicts. HIV positive addicts had used drugs about double as long as HIV negative persons given the same age at the beginning of drug use.

The prevalence of hepatitis B (Hepatitis Bc-antibody positive) in 1997 for IDUs was 59,6%, for non-IDUs 36,2% in all Hamburg prisons (N = 6202 tests). The prevalence for

*hepatitis C was 77% for IDUs and 18% for non-IDUs (Heinemann, personal information). More recent data from Hamburg will be available soon. For persons with exclusive ivy. use in prison a study by Heinemann & Gross (2001) found 4% positive for HIV, 84% for hepatitis B, 12% acute before and persisting and 100% for hepatitis C.*

## **1.2 Availability of drugs in prison**

*About the availability of illegal drugs as well as on transport and prices in prison little validated data have been published in Germany until now. Within the institutions structures of demand and supply have been established similar to the drug market outside of them (Trabut 2000, Heinemann & Püschel 1999). The proportion of addict inmates who became criminal and sentenced drug traffickers is high in prison. Altogether 14% (8.772) of all persons incarcerated during the year 2000 have been sentenced because of offences against the narcotic law (Betäubungsmittelgesetz; BtMG). As part of qualitative in-depth interviews participants of the demonstration project on infection prophylaxis (Meyenberg et al. 1999) were asked about the organisation of drug use.*

*Prison inmates report big variations in quality, continuity and price of substances as a consequence of controls and safety measures. Drugs are acquired and financed through an extensively organised exchange business. The intramural drug market is described as a small scale trafficking done by many prisoners as "by chance" business through several channels without central organisation. Due to the shortage and frequent withdrawal states drugs are exchanged and shared. Intravenous modes of application are used to make consumption as effective as possible. Through lack of syringes and insufficient techniques of disinfection high risk practices of use arise. How in prisons offences against regulations are handled, seems to be a delicate question. Kufner et al. (2000) could not derive any clear rules from a review amongst prison staff. For minor offences sanctions are mostly handled individually. Major offences, e.g. the possession of narcotics trigger an charge which is no longer in the realm of the prison.*

## **1.3 Contextual information: organisation and structures in prison**

*The execution of sentences is under the responsibility of the Federal Laender. The organisation of imprisonment, collaboration in law making, financial and staff resources, the fields of safety and building, employment of prisoners is under the responsibility of the respective departments of the Ministries for Justice. In Germany distinction is made between detention and imprisonment for punishment following a sentence. Youth custody concerns persons up to 18, under certain conditions to 21 years. Custody prior to deportation, custody for public order, preventive detention, coercive and enforcement custody as well as imprisonment instead of a fine are based on different laws and have different purposes. In addition are distinction is made between open and closed execution. There are specialised institutions as the so called mother-child-facilities for female offenders, prison hospitals and social therapeutic departments. Many prisons are organised in communities, mostly to increase prison capacities. There are single cells as*

*well as cells for 2 up to 4 prisoners. Frequently within the prisons rooms are closed immediately again through an prison officer (“Umschluss”). Sometimes there are also rooms, which are available during day time and closed at evening. In special lounges prisoners can meet relatives several times per month.*

*An important aspect of re-socialisation as part of the execution of a sentence is the education of prisoners. Many prison inmates are considerably behind non offenders in education, as the Ministry for Justice in Baden-Württemberg reports (<http://www.justiz.baden-wuerttemberg.de/>). Society, family, the world of employment and leisure time are fast developing. To avoid in the first place that the youth offender without professional education “gets lost” and criminal behaviours are consolidated education is offered. On the basis of a differentiated concept besides courses at the level of supportive, elementary of primary schools (focus: reading, mathematics, writing in everyday situations) also courses at the level of junior high school and professional schools (theoretical and practical curricular units) are offered. For foreign prisoners partly further education is offered in their own language as far as possible. Leisure time courses for example inform about alcohol and drugs. First aid, language courses and trainings in text processing as well as IT basic education are also offered. Between 1998 and 2000 in the Laender of Brandenburg, Bremen and Lower Saxony a network for remote cooperation (TELIS) for computer aided learning in prisons has been set up. This network is integrated into a European network together with Spanish, Portuguese, French and English prisons at the moment ) ([www.telis.uni-bremen.de](http://www.telis.uni-bremen.de)).*

*Social training should teach and train competence, new behaviours and attitudes towards problems with other people in family, job, authorities and leisure time. Sport activities have to be offered to prisoners according to the laws on imprisonment, youth court and detention. Most of the bigger prisons have the sports halls and places needed. Beside external sportsmen frequently prison staff is instructed as trainer. Most frequent leisure time activities offered in prisons (N=33) are TV (100%), sports (96,8%), games (75%), creative activities (67,9%) further education (61,5%) and cooking (38,1%) (Küfner et al. 2000).*

#### **1.4 Demand reduction policy in prisons**

*Repression is and has been for a long time the primary strategy of drug policy in prison to handle misuse of and addiction from substances. Through security measures (e.g. video monitoring, guards) controls (e.g. urine samples, prison rooms) followed by consequences (e.g. withdrawal of relieves) drug use should be reduced. External addiction counselling in prisons exists since the mid 80s and seems to become more and more established. Drug use in prisons is no longer generally denied but the aim within prison still is to be drug free. Also within the execution of sentences more and more the paradigm of „addiction as a disease“ is followed. Beside measures or repression in the meantime it is accepted that external and internal offers of counselling are needed to reduce the demand for drugs. Services for users of illegal drugs can be:*



- **Special areas for abstinent and non-addict inmates (drug free departments),**
- **Information, counselling and motivation for therapeutic measures,**
- **Support for the application for abstinence therapy and referral,**
- **harm reduction measures (e.g. syringe exchange),**
- **treatment based on medication (e.g. methadone substitution, treatment with naltrexone),**
- **check possibilities of „treatment instead of punishment“ in accordance to §§ 35, 36 BtMG,**
- **crisis intervention,**
- **single and group contacts during imprisonment**

**Generally quality and quantity of measures can vary considerably. Drug counselling can be done by specialist with a professional education as social pedagogues or psychologist within the staff or through external specialised drug counselling centres on request or on the basis of a defined number of hours. In the Federal Laender of Berlin, Hamburg and Lower Saxony syringe exchange has been tested in demonstration projects in small prisons. Measures for safe use like syringe exchange programmes and the distribution of clean material for syringes were introduced and prisoners and staff were trained in infection prophylaxis (see Meyenberg et al. 1999, Herrmann, Stöver & Knorr 2001). A project in an open prison (Heinemann & Gross 2001) showed an decrease in needle sharing in i.v. use from 51 down to 26% (N=49) through a syringe exchange programme. However, i.v. use amongst prisoners with 30% was still considerably higher than in closed units, where the prisoners had been before (17%).**

**As part of a model project to evaluate addiction counselling in prisons 46 external addiction counsellors were interviewed in Bavaria with a semi-standardised instrument about working conditions and concepts for counselling (Küfner, Beloch, Scharfenberg & Türk 2000). Nearly all counsellors had studied social pedagogues, only one quarter of them had a special training for their prison job. 79% stated, that they had an own office within prison. On the average there was one counsellor for 237 inmates. Information about addiction counselling in prison is usually given orally through the prison social services (98%) of staff (83%).**

**The treatment monitoring system EBIS-B documents psycho-social and therapeutic measures of out-patient and in-patient facilities to help people guilty of a crime and homeless in Germany (see Welsch & Sonntag 2000). In 1999 treatments of 914 clients were monitored within prison care, 94% of them were male and 6% female. Only for 142 clients from 7 facilities information on measures was available, which is 16% of the sample. This does not allow a generalisation of the reported results. The majority (52%) of clients treated in prisoners' care gets social training. Additional 38 clients (27%) do work for the public welfare instead of imprisonment. Measures like the assignment to work, care, offender-victim-compensation, help at the youth courts or to decide about (avoidance of) imprisonment only play a minor role in the facilities.**

**Table 2: Measures during treatment of clients in prisoner care in seven prisons**

Measures during treatment	cases	percentage
Assignment of work	3	2%
Assignment to care	2	1%
Social training	74	52%
Offender-Victim-compensation	1	1%
Help at the youth court	1	1%
Help for decision on imprisonment	5	4%
Work to avoid prison	38	27%
Others	12	9%
<b>Totol</b>	<b>142</b>	<b>100%</b>

\* multiple choice possible

Source: Welsch & Sonntag (2000)

### 1.5 Evaluation of drug users treatment in prison

***By order of the Bavarian State Ministry for Work, Social Order, Family, Women and Health a demonstration project was conducted between June 1997 and September 1998 with the aim to offer addiction treatment through a better networking between prisons in Bavaria (??Untersuchungs- oder Strafhaft). Type and amount of counselling and its influence on prisoners and institution should be assessed and its quality should be increased. Guidelines for a perfect external addiction counselling should be developed. The demonstration project, in which 33 out of 37 prisons and altogether more than 4000 clients participated, was monitored scientifically and an evaluation took place (Küfner, Beloch, Scharfenberg & Türk 2000). External addiction counselling is judged as positive by the clients. But also the prisons perceive it as an important part of the care for prisoners. At the same time it reduces the workload of internal social service and staff. In general, therapists judged the treatment of females to be more helpful and successful.***

***At the beginning of counselling the inmates mentioned the following aims (multiple answers were possible)***

- ***handling addiction problems (80%)***
- ***preparation for therapy (78%)***
- ***referral to therapy instead of punishment (74%)***
- ***motivation for therapy (71%)***

***Especially for the first three mentioned topics, male clients were convinced, that counselling is very helpful in this respect. In addition they hoped it would help to reduce their time in prison.***

***Female inmates most often mentioned as aims of counselling (multiple answers were possible)***

- ***preparation for therapy (72%)***

- *handling of addiction problems (72%)*
- *motivation for therapy (71%)*
- *relief (68%)*

*The general assumption, that females are more open-minded for counselling and psychotherapy than males, could not be supported. In relation to the process of counselling and changes the following results were found:*

- *drug clients during imprisonment got more lengthy and intensive counselling compared e.g. to clients with alcohol problems. This is due to legal options, that narcotic law offers, but also to the fact, that these offers are more targeted towards drug clients*
- *The retention rate for male clients is 69% (referral to other prisons excluded) which is considerably higher than in in-patient or out-patient treatment settings.*
- *in relation to the total change of symptoms males at the end of counselling made the following judgement: 2% stated to be abstinent, 49% found their symptoms improved, 46% unchanged and 2% ??deteriorated. Among female clients 1% stated they would be abstinent, 57% improved, 40% unchanged and 2% deteriorated.*

## **1.6 Methodological issues**

*The registration of drug use in prison targets an illegal behaviour of prison inmates which is followed by sanctions. To conduct such studies always needs the agreement of the prison management and the support of its staff. The temporary withdrawal of freedom from the prisoner through the penalty makes it especially difficult to keep the research outcomes anonymous. On the other side the mistrust of interviewed subjects might be especially high here. Holiday from prison and the reduction of time in prison depend directly on the assessment of the prisoner's behaviour - to confess drug use in prison has a negative impact on that. The amount of denial and the size of the dark field therefore have to be judged especially big in prison studies.*