Lebanese prisons: changing a "pro-harm" environment through harm reduction

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Presentation Outline

- Brief History of AJEM
- Drug users situation in prison
- AJEMs history of Harm Reduction initiatives
- Current Harm Reduction Project
- Activities carried out
- Results
Portrait

- Founded in 1996
- Multidisciplinary team
- 45 permanent personnel and specialized volunteers
AJEM IS A Lebanese NGO Which:

- supports and promotes the rights of inmates
- enhances the conditions of detention
- facilitates their socio-professional reinsertion
- Develop and implement rehab and educational programs
- Offer protection of refugees & victims of torture during custody & incarceration
Where we work

• Central Prison and 21 regional prisons
• Rehabilitation center in prison
• Holding cells
• Drop-in Center

Roumieh Central Prison, Google Earth, Aug 2010
Situation of drug users and vulnerable inmates in Lebanese prisons

- Large amounts of detained drug users
  
  +/- 6 months of imprisonment
  
  118 new/month
  
  Age 18-28 years

Central Prison (AJEM - May/September 2009)
Situation of drug users & vulnerable inmates in Lebanese prisons

Culture and structure focus on punishment rather than retribution

VS
Why harm reduction in Lebanese prisons

Substances within the prison
High risks of *increase transmitted* and contagious diseases:

- Sharing sharp instruments (shaving material, toothbrush...)
- Drug use material sharing
- Tattoos
- Sexual relation without condom use
- Proximity between inmates caused by overpopulation
- Delay in providing medical care & Lack in pathologies screening
- Stigmatization & isolation of contaminated inmates
1998 AJEM started working with HIV/AIDS inmates within Central prison
1999 AJEM conducted with the Saint Joseph University a rapid assessment about the health situation of drug users in Lebanese prisons

2006 AJEM opened a cognitive-behavioral rehabilitation center within the prison
Trained its nurses on VCT
Trained ISF staff working in prison

2006 AJEM established a database about substance abuse through its reception service of all new entering inmates; (more than 34% of new comers are drug addicted, among which around 37% are IDU)

AJEM’s experience with Harm Reduction (1/2)
• 2007 Participated with the American University of Beirut to a research about HIV and drug addiction within prisons
• 2008 AJEM conducted a case study to evaluate the educational needs of drug users to prevent transmissible diseases.

• AJEM participated in the creation and is an active member of a special task force with MOPH for the introduction of OST in Lebanon.
• Active member of the Multi-sectorial Task Force for HIV prevention in prison settings created by MOPH.
• 2010 AJEM conducted Educational sessions to IDU users with the participation of WHO

• 2010-2011 AJEM conducted more than 50 sessions on HIV prevention for the inmates and (ISF) in coordination with National AIDS Program (NAP).
• 2011 AJEM conducted a research with IDU drug users to study the prevalence of hepatitis C and the Human Papilloma Virus In Roumieh prison.
SITUATION OF DRUG USERS AND VULNERABLE INMATES IN LEBANESE PRISONS

91%
• IDU participated in the study

6%
• IDU inside prison

65%
• Tattoo inside prison

Ajem (2008-2011)
Situation of IDU’s in Lebanese prisons

- 35% Several sexual partners
- 35% Needles sharing
- 17% Anal sexual relations
- 50% Ignorance about diseases
- 32% Trafficking sexual relations

Ajem (2008-2011)
SITUATION OF DRUG USERS AND VULNERABLE INMATES IN LEBANESE PRISONS

3% Syphilis

3% Ghonorrhea

6% Chlamydia

33% Hepatitis C

0% HIV

Ajem (2008-2011)
AJEM’s Harm Reduction project in the collaboration with Menahra

A multi-country HIV proposal addressing HIV prevention, treatment and care among drug users including injecting drug users (DU/IDU) through a Harm reduction approach.

- MENAHRA’s mission:
  - Support, development, advocacy for harm reduction approaches in the field of drug use, HIV/AIDS, public health, and social exclusion by following the principles of humanity, tolerance and partnership with respect to human rights and freedoms, in the MENA region.
The project

- To create a favorable environment for the harm reduction interventions
- To Establish a framework and an agreement with the penitentiary authorities
- Enhance NGO’s and ISF personnel's knowledge on how to deliver harm reduction services for drug-users in prison
The project

- **Duration**: one-year project

- **Targets**:
  - IDU inmates
  - NGO’s working in prison
  - ISF working in prison
  - Stakeholders and decision makers in criminal justice
Multidisciplinary Team

This project was possible by the collaboration of a multidisciplinary team:

- Produce material of education
- Give the educational sessions
- Monitor and evaluate the impact of the project
  - Psychiatrist
  - Psychologists
  - Nurses
  - Social workers
  - Lawyers
Rational of the Harm Reduction Approach in prisons
An Ecological-System Approach

- **Macrosystem**: beliefs, values, norms and ideology of the society
- **Exosystem**: Ministries, stakeholders
- **Mesosystem**: Relations prisoners, ISF, NGO
- **Microsystem**: The prison
- **Ontosystem**: The prisoner
Projects goals and objectives

- **Objective 1**: to institutionalize the policies of harm reduction within prisons.

- **Target 1**: Establishment of a framework and a written agreement with ISF for harm reduction in prisons

- **Target 2**: VCT use in prison
Target 3: Stakeholders seminar

Objectives:
- Inform policy makers on the issue of infectious diseases in prisons among IDU’s inmates.
- Suggest ways of prevention
- Propose modalities for treating and monitoring inmates and those at risk

Target audience:
- Ministry of Public Health
- Ministry of interior
- Ministry of justice
- Ministry of Social Affairs
- Deputies, College of Physician and pharmacist
Training sessions to AJEM and other NGO’s staff members working in prisons

The training sessions are based on three successful models for AIDS prevention and for drug users’ awareness:

1. **BCC model**

   - Behavior
   - Comunication
   - Change

   - Promoting + behaviors appropriate to their settings

   - Provide a supportive environment

   - Develop communication strategies
Training sessions to AJEM and other NGO’s staff members working in prisons

2)
Training sessions to AJEM and other NGO’s staff members working in prisons

3) Peer education
Training sessions to AJEM and other NGO’s staff members working in prisons

- **Objectives:**
  - To strengthen skills in developing strategies to improve and/or change health behaviors among IDU inmates
  - To form specialized and trained teams in the usage of BCC materials and peer education
  - To promote knowledge on harm reduction strategies.
  - To enhance NGO’s cooperation and networking
Target 1-B Training sessions for ISF staff prison

**Objectives:**

- To develop knowledge about infectious and contaminating diseases, about the harm reduction strategy and the substitution treatment.
- To propose changes to be made in the administrative functions in prisons to support the successful implementation of harm reduction.
Target 1-B Training sessions for ISF staff prison

- **Target audience:**
  - 20 ISF members of the administrative staff of the prisons
  - 20 ISF members of the Health staff in prisons
Objective 3: to increase knowledge of IDU inmates about harm reduction strategies

- **Target 1**: to conduct IEC sessions within different prisons
- **Number of participant**: 300 IDU inmates in central and regional prisons
- **Sessions content**:  
  1. HIV  
  2. Hepatitis  
  3. STD  
  4. Drugs
1. Individual assessment
2. Pre-test
3. Session attendance
4. Post-test
5. VCT sessions
6. Hygiene kit distribution
7. Orientation and counseling
VCT sessions available within the prisons

- Target: 150 VCT IDU inmates
- The VCT services were suggested to the inmates directly after the HIV and hepatitis sessions.
- Nurses trained for the VCT.
- High demand
- Tattoo in prison
Individual counseling orientation and orientation

Inmates referral within Roumieh prison to our rehabilitation center

Inmates out of prison, the referral was decided upon the need and motivation.
Challenges

- Gouvernement does not see the importance of initiating or funding rehabilitation programs
  - Absence of laws supporting rehabilitation
  - Security is the main objective of the incarceration
  - Prison’s conditions

- Lack of ressources since the project is over
Conclusion

- This project encompassed several aspects of harm reduction.

- It was an essential stepping stone to promote harm reduction strategies and changing Lebanese prisons from a pro-harm environment to the reduction of harm.

- AJEM will continue its work with the project, hoping for a deeper collaboration between members of ISF, stakeholders and NGOs in order to raise awareness and adapt international harm reduction policies.
التهابات الكبد (ب) والسيدا والأمراض المنقلة جنسياً
طرق الانتقال والحماية

أ) لا تنتقل عبر
- علاقة حميمة غير محمية
- الدم الملوث
- الجلد (.randn ببعض الأمراض المنقلة جنسياً)

ب) داخل العلاقة الحميمة
(إمنع/أخلي/استعمل الواقي)
- عبر الجلد
(لا تشارك المناشف/الثياب الداخلية/القرشة...)
- عبر الدم
(لا تشارك/طهر المهادات الخادعة...)
- لقاح التهاب الكبد (ب)
(جرعات على ثلاثة مراحل)

في جميع الأحوال:
في حال وجود أي شكل: استشر طبيبك لإجراء الفحوصات اللازمة وأخذ العلاج ولا تنسى حماية شريكك، وتحفيزه لإجراء الفحوصات وأخذ العلاج.

إن التعرض لمرض منقول جنسياً والشفاء منه لا يكسب مناعة ضده