



MAINline



The study of needs of harm reduction programs (related to drug use, drug-related risky behaviors, drug dependency treatment and risk reduction) in penitentiary system institutions of Georgia

Survey report

March, 2012

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Tanadgoma - Center for Information and Counseling on Reproductive Health

Union “**Alternative Georgia**”

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Abbreviations

| | |
|--------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| EMCDDA | European Monitoring Centre for Drugs and Drug Addiction |
| FGD | Focus group discussion |
| HIV | Human Immunodeficiency Virus |
| SPSS | Statistical Package for Social Sciences |
| SRS | Simple random sampling |
| WHO | World Health Organization |

Executive Summary

Methodology

Quantitative survey was carried out among prisoners in three penitentiary institutions. It was preceded by the qualitative component, results of which were used for planning the quantitative part and in elaboration of the research instrument. Conducted study is an observational, cross-sectional¹ study. Sample size was set as 300 inmates. Inmates at each institution were randomly selected. Number of recruited at each institution were proportionate to the whole population at the given prison. Research instrument was a specially elaborated questionnaire. National Council of Bioethics approved the study. Anonymity and confidentiality were ensured during all interviews conducted without any involvement of other persons. Database was formed and further statistical analysis was performed using SPSS (Statistical Package for Social Sciences) 16th version.

Results

More than half (63%) of respondents are under the age of 40. 214 (72%) respondents have secondary education and 78 (26%) respondents - incomplete or complete higher education.

For majority of the respondents the duration of imprisonment at the moment of the survey was minimum 3 years.

The majority of the respondents have heard of HIV/AIDS. 67% of respondents think that HIV infection is incurable. 84 % of respondents think that having one healthy faithful partner can reduce the risk of HIV infection. 37% of respondents do not consider mosquito bites risky for HIV transmission, and 77% believe that proper use of condoms can prevent HIV. The majority of the respondents consider sharing needles/syringes as risky behavior. Only 25% of respondents is able to correctly answer all 5 questions recommended by UN about main routs of transmission and means of prevention of HIV infection.

114 (40%) prisoners have been tested for HIV and 74 (65%) of them know their test results.

The majority of the respondents (262, 87%) say that they have heard about viral hepatitis B and C.

213 (71%) respondents say they have used narcotic drugs without doctor's prescription at least once. 137 (46%) out of all respondents have injected drugs at least once in their lives. None of respondents responded positively to the question about injecting drug use experience during the last year.

Almost half of injecting drug users says they have shared needles or other injecting equipment at least once in their lives.

55% of injecting drug users and 17% of non-injecting drug users have experience of paying administrative fines for drug use.

41 (30%) of injecting drug users say that they have experienced overdose.

The vast majority of respondents (279, 93%) indicate that they have had sexual relations during one year before imprisonment, 70 (23%) out of them had never used condoms.

59 (43%) of respondents with injecting drug use history indicate that they have experienced withdrawal while being in prison. Only 10 (17%) of them received some medical assistance.

Among injecting drug users (137 respondents) the prioritization of harm reduction programs at the places of pre-trial detention is as follows: 43% assign the first priority to methadone

¹ Observation of all of a population, or a representative subset, at one specific point in time.

detoxification, 39% - to methadone substitution programs, 14% - to psychological rehabilitation and 10% think that the first priority is to have medicament detoxification program.

The prioritization of having harm reduction programs at prisons is the following: 42% assign the first priority to methadone substitution program, 33% - to methadone detoxification, 18% - to psychological rehabilitation and 5% think that the first priority is to have medicament detoxification program.

Main findings and recommendations

Findings and Recommendations regarding knowledge on blood-borne diseases

Overall picture of knowledge about HIV/AIDS is unsatisfactory as only 25% of respondents is able to correctly identify main routes of transmission and means of prevention of HIV infection. The same is in terms of awareness level regarding transmission and prevention of viral hepatitis.

It is highly recommended to conduct educational activities among prisoners in order to provide them with appropriate information about blood-borne diseases. The special focus should be made on the alarming gaps identified in their knowledge. VCT centers that are functioning in prisons could play positive role in terms of strengthening awareness raising measures among prisoners through counseling sessions.

HIV testing rate among prisoners is 40% but only 2/3 of them know their test results. It is worth mentioning that average period since the last HIV test is 2 years.

Efforts should be made to scale up access to client-initiated and provider-initiated HIV testing and counseling programs at any time during their imprisonment. Appropriate system for test results provision should be established throughout penitentiary institution in order to timely provide prisoners about their HIV status, including cases, when prisoner is moved to another institution. Local social workers could play positive role in the process of timely test results notification to the prisoners.

Findings and Recommendations regarding illicit drug use

Data on illicit drug use among prisoners suggests that the places of detention are characterized by high concentration of the drug users.

Quite high is rate of sharing of needles and other injecting equipment among drug users.

It is recommended to expand drug dependency treatment and harm reduction programs in penitentiary institutions. That will be an important step towards dealing with the drug related medical and social problems, including fatal overdoses.

Findings and Recommendations regarding sexual behavior

The majority of respondents indicate having sexual contacts without consistent condom use. Unsafe sex practices are quite widespread among high risk behavior groups.

It is recommended to conduct continuous educational activities among prisoners aimed at reducing one of the major risk factors (unsafe protected sex) for transmission of blood borne diseases.

Providing information about safe sex is becoming more urgent as the penitentiary department granted the prisoners the right of having long-term visits.

It is recommended to increase awareness of prisoners on safe sex issues, among them – on sexually transmitted infections and HIV/AIDS, along with providing them with condoms and lubricants.

Findings and Recommendations regarding attitude towards harm reduction programs

5% of drug users do not know any method for drug dependence treatment. This could determine insufficient skills of health seeking behavior and increase vulnerability of this group.

It is recommended to provide drug user prisoners with the information about necessary medical services.

Only one-third of respondents with injecting drug use history have undergone some kind of drug abuse treatment before imprisonment. There is an urgent need to increase access to effective drug treatment outside prisons in order to contribute to their involvement in the treatment programs and to prevent them from being imprisoned.

Study results suggest, that the problem of withdrawal is neglected at Georgian penitentiary institutions, despite evidence, that physical and psychological problems accompanying withdrawal can lead to serious health problems.

It is recommended to ensure medical treatment of drug withdrawal syndrome. The issues regarding the prisoners' health condition should not become the reason for legal persecution.

The survey revealed very important data regarding priorities of harm reduction programs at the places of detention. The methadone programs (detoxification and substitution) are strongly demanded by prisoners. Attitude towards psychological rehabilitation programs is quite positive, while medicament detoxification method seems to be less popular.

It is recommended to launch and extend the methadone programs at penitentiary institutions. Special attention should be given to extension of psychosocial rehabilitation programs, in order to ensure high involvement of injecting drug users. As for the places of pretrial detention, along with harm reduction programs the medical treatment for withdrawal (e.g. medicament detoxification) should be supported.

Introduction

General overview

As of July, 2011 there were 22 708 prisoners in the Georgian penitentiary system. 1% of all prisoners are juveniles and up to 3% are women. In total, there are 17 different types of institutions under the penitentiary system of Georgia². Two out of them are institutions of medical profile (No18 medical establishment for pre-trial and convicted inmates and No19 TB treatment and rehabilitation clinic). In terms of regimen, there are 3 types of prisons: semi-open, closed and mixed type of institutions. Due to reforms implemented recently security systems in the prisons have been transformed. This raised control level of penetration of illegal items inside prison and security of the perimeter of penitentiary institution.

During the last several years the prisoners had a right of having only short-term visits with frequency of 2-4 per month, each for 2 hours duration. After the rehabilitation of infrastructure in 4 institutions long-term visits were permitted and the prisoners have an opportunity to have a 24 hours meeting with their relatives at maximum four times per year³.

The harm reduction programs and their scale in penitentiary institutions

Despite the low scale of the harm reduction programs in Georgian Penitentiary institutions, the first steps have been already taken. First of all we should mention the methadone detoxification program functioning in Gldani No18 medical establishment for pre-trial and convicted inmates, which has been running since 2008 and is able serve simultaneously up to 50 persons. This program is functioning with the financial support of “The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria” and is being implemented by Georgian Research Institute on Addiction. This is a positive example of existing harm reduction program in Georgian Penitentiary Institution.

One more similar program started functioning in 2011 in Kutaisi No2 penitentiary institution. Despite the success of both of methadone detoxification programs the expansion of these programs in Georgian penitentiary system is very slow. Prisoners still do not have possibility to get involved in the substitution programs, despite international evidence clearly showing the benefits of methadone substitution versus detoxification (WHO, UNODC and UNAIDS 2007b; Jürgens et al. 2009).

Another response to drug dependence and illicit drug use problems in general is existence of psychosocial rehabilitation programs in penitentiary system of Georgia. Since 2005 12 steps rehabilitation program “Atlantis” is implemented in 3 penitentiary institutions (No2 in Kutaisi, No5 female and No6 institutions - in Rustavi). By the time of survey implementation 24 drug addicts were participating in this rehabilitation program.

Although implementation of harm reduction programs in Georgian Penitentiary system is successful, the coverage of prisons and prisoners by these programs is definitely low.

² http://www.penitentiary.ge/index.php?action=page&p_id=50&lang=eng

³ http://www.penitentiary.ge/index.php?action=page&p_id=8&lang=eng

Methodology

Preconditions of the survey

Before the quantitative research, qualitative study was conducted among prisoners, penitentiary medical and security staff. In-depth interviews and focus group discussions were carried out with each of these groups. After analysis of the interviews' and focus-groups' transcripts, and the qualitative research report was finalized (see Annex 3, "Report of qualitative survey"). Information obtained from qualitative study was taken into consideration while planning quantitative research and designing the questionnaire.

Penitentiary institutions selected for the study and criteria for their selection

The following institutions were selected for the research:

- No17 institution - semi open and closed type detention institution;
- No12 institution - semi-open type detention institution;
- No6 institution – semi-open and closed mixed type detention institution.

The selection was done based on the decision of Penitentiary department and in agreement with "Tanadgoma". The following criteria were used: 1. existence of required material-technical resources i.e. free rooms for face-to face interview; 2. Compliance of existing situation in the selected prisons to real picture of the whole penitentiary system.

Characteristic of selected institutions:

- No17 institution – semi-open and closed type detention institution:
 - Number of prisoners - 2963;
 - Location - Rustavi, 33 km away from Tbilisi;
 - Regimen - general and strict;
 - Existence of local medical unit;
 - Reconstruction finished in 2008.
- No12 institution - semi-open type detention institution;
 - Number of prisoners - 764;
 - Location - Tbilisi;
 - Regimen - general and strict;
 - Existence of local medical unit;
 - Reconstruction finished in 2008.
- No6 institution – semi-open and closed mixed type detention institution.
 - Number of prisoners - 1239;
 - Location - close to Rustavi, 35 km away from Tbilisi;
 - Regiment - general and strict;
 - Existence of local medical unit;
 - Reconstruction finished in 2006.

Study design and formation of the study sample

The survey is of observational cross-sectional design. It has been conducted in 3 penitentiary institutions.

To estimate sample size the formula given by WHO was used⁴. For estimating the basic indicator level the information from various surveys conducted in Eastern and Western European countries (EMCDDA 2011) was used. These surveys were done in several developing and developed countries and studied the issue of illicit drug traffic in prisons. According to these surveys, the average indicator for use of illicit drugs in prisons is about 20%. In 2005-2006, based on the data collected through “Tanadgoma” activities in Georgian prisons, this indicator was estimated as 11%⁵. According to Bio-Behavior Surveillance Survey done in 2009 in Georgian prisons the use of illicit drugs was estimated as 2,8%.⁶ Analyzing all these data together gave the level of the basic indicator as 15%. Margin of errors was defined as .05, confidence level: 1.96, response rate: 1.

In case of respondent’s refusal to participate in the survey the next respondent on the list was included in the study.

Despite the fact that random selection of participants is used, those 3 institutions where the survey took place were selected non-randomly. This could have affected validity of the final results. Technically the sampling procedure looks like single-stage cluster sampling, but without random selection of the initial cluster (institutions). To compensate the limitation mentioned above the design effect was estimated as 1.5.

After taking into consideration all parameters mentioned above the final sample size was estimated as 300. Number of recruited respondents at each institution was proportionate to the whole population at the given prison.

The Survey instrument

The survey was conducted using a special questionnaire approved by bioethics committee (see app.1). The questionnaire was designed based on recommendations of qualitative research (FGDs and in depths interviews) carried out among prisoners and penitentiary system medical and security staff (see app. 2).

Ethical issues

National Council on Bioethics reviewed the survey details on 18 may, 2011 (at the 75th Meeting of the Council). The Council approved the survey protocol and gave the permission to start the survey.

Taking into account the specifics of the target group the main requirement for the survey was ensuring high levels of anonymity and confidentiality. The places where the interviews were conducted were isolated from other survey participants. Interviews were lead by prepared “Tanadgoma” personnel with relevant experience in research.

⁴ $n = Z^2 * (P * (1 - P)) * Deff / MOE^2 * ERR$; Z-Level of Confidence Measure; P-Baseline Level of Indicator; Deff-Design Effect; MOE-Margin of Error; ERR-Expected Response Rate.

⁵ Center for Information and Counseling on Reproductive Health – Tanadgoma, project “Healthy Future Initiative“, supported by Cordaid. Annual report 2005-2006. Unpublished.

⁶ Bio-behavioral surveillance surveys among prisoners in Georgia (Tbilisi, Kutaisi, 2008), Study report, Curatio International Foundation, Tanadgoma - Center for Information and Counseling on Reproductive Health, December 2009; <http://www.curatiofoundation.org/?pg=28&cid=28&topicid=19>

No participant names were recorded in the survey documentation (questionnaire, informed consent). The whole research documentation was strictly confidential.

There were no incentives for participation in survey. Also, there were no penalties or other possible negative outcomes for the prisoners in case of refusal to take part in the survey. Prison staff had no influence on the survey.

Recruitment and Interviewing of the Study Participants

Representatives of penitentiary department security services and Tanadgoma staff were involved in recruiting the study participants inside the prisons. They received identification numbers of study participants, and then mobilized the inmates for the survey.

Particular subjects for the study were defined by the simple random sampling, according to the preliminary estimated sample size. In case of refusal by the inmate, the next person on the list was chosen and offered participation.

Data Entry and Statistical Analysis

SPSS (Statistical Package for Social Sciences) 16th version was used for developing the database. The variable labels, descriptive part and the values were set in accordance with the related components of the questionnaire.

After entering the data from the questionnaires into the database, 10% of all questionnaires were revised in order to make sure the data was correct. Then, the base cleaning was carried out following the logical conversion of the questionnaire, and the base was tested on data accuracy and full value. Recordings were checked up with cross tabulation, which was used for identification of incorrect measures within output from the same respondent. In case the error occurred, that data underwent the correction. In case correction was impossible the the variable was ignored during the computation.

Statistical Methods Used

The aim of this survey is to study the needs of harm reduction programs in prisons. So while statistical analysis of the data, the main emphasis was done on association of different variables to the types of drugs used in the past. Association and differences in events and factors revealed through the survey were studied among cohorts of survey participants with the history of injecting drug use, non-injecting drug use and those who did not have drug use experience.

Descriptive statistics were mostly used during the data processing. Confidence Interval (CI) for the division and proportion was calculated using the method described by Kirkwood and Stern (2003).

In case of categorical variables Pearson Chi-square was used for value comparison and detecting the differences that were statistically significant, and Fischer exact modification as well, if needed (when in more than 20% of cells expected frequency was less than 5). In the case of variables set to a continuous scale the same parameters were calculated using Student's T-test or ANOVA (Analisis of Variance). Logistic regression was used for the statement of dependences between the variables. For all methods significance level $p < 0.05$ was set as statistically significant.

Results

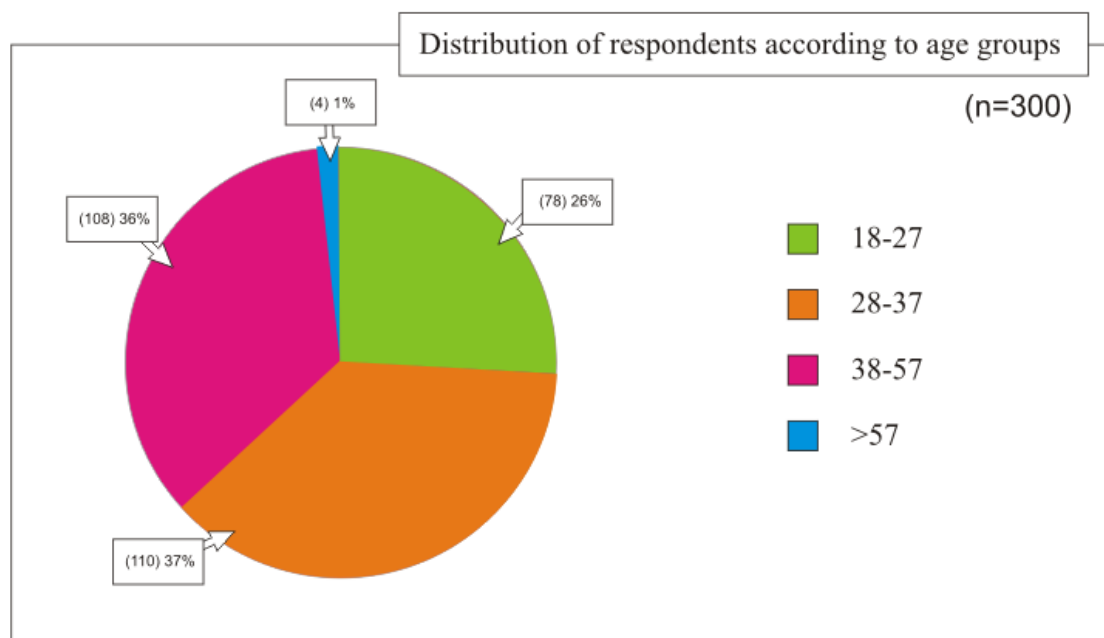
Demographic and Social Characteristics

In total 343 respondents were recruited for the survey. Out from them 43 refused to participate. Reasons for refusal were as follows: 17 (40%) persons were not enthusiastic to participate in the survey, language barrier was indicated by 15 (33%) prisoners and remaining 11 (26%) refused due to health condition.

The study was carried out in 3 penitentiary institutions of the Penitentiary Department of the Ministry of Corrections and Legal Assistance: No17 institution-semi open and closed type detention institution; No12 institution-semi-open type detention institution; No6 institution-semi open and closed mixed type detention institution. All 3 institutions are located in east Georgia. The quantity of respondents in each location were: No12-38 (13%) prisoners, No6- 88 (30%) prisoners and No17- 174 (58%) prisoners. The number of the respondents from each prison is equal to the ratio of the total number of prisoners in these prisons.

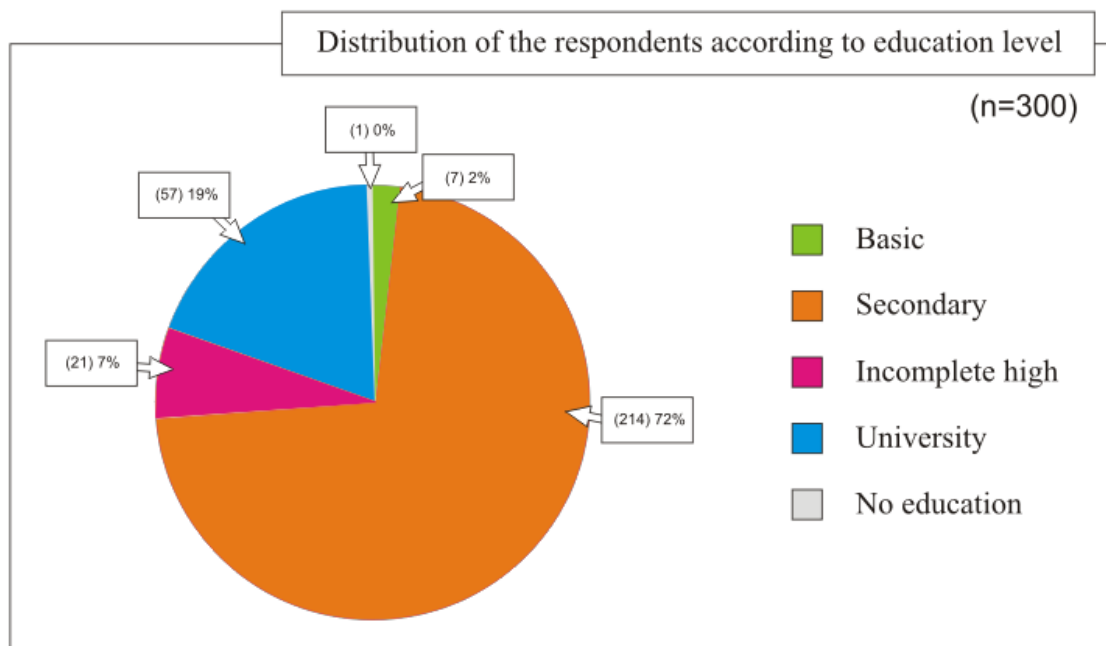
188 respondents (63%) are under the age of 40. There were only 4 participants above 58 years and they represent 1% of the whole cohort. In older inmates it is more common to use injecting drugs while in younger group it is more common to use non injecting drugs. The frequency of injecting drug use among 18-27 years old inmates is 23%, 51% and 57% correspondingly at the age groups 28-37 and 38-57. Distribution of respondents according to the age groups see in Diagram 1.

Diagram 1. Distribution of respondents according to age groups



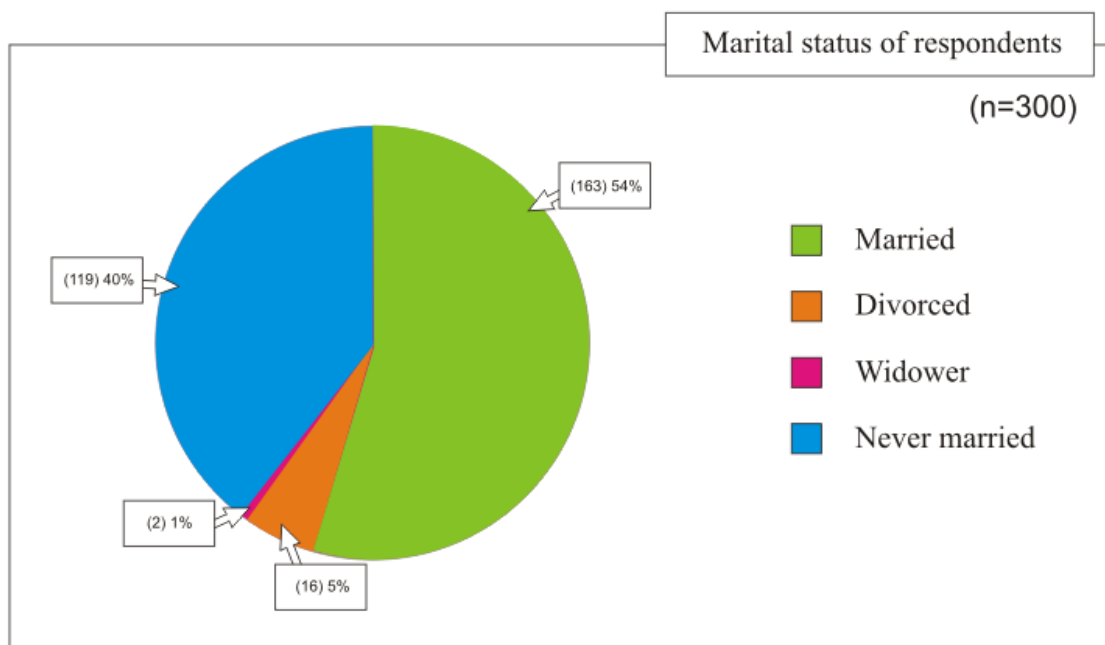
Distribution of participants according to the education level is as follows: the majority of respondents (214 - 72%) received full secondary education, 78 (26%) respondents have incomplete or complete higher university education, 7 (2%) received basic secondary education, only 1 respondent says that he has not received any education at all (see Diagram 2).

Diagram 2. Distribution of the respondents according to education level



163 (54%) respondents are married, 119 (40%) have never been married, 16 (5%) are divorced. Distribution of respondents according to their marital status see in Diagram 3.

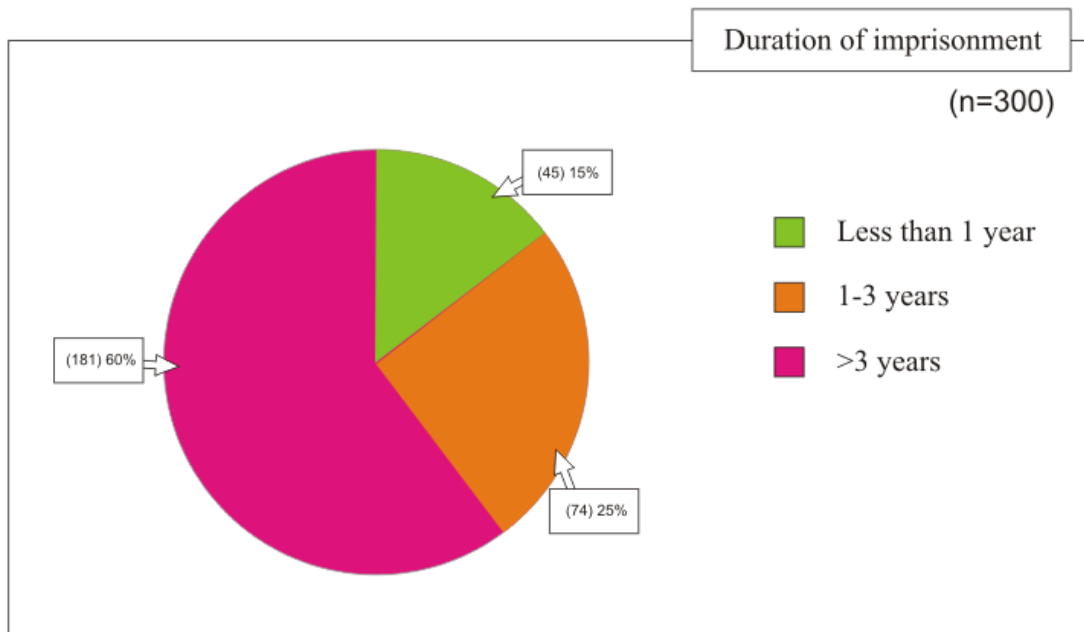
Diagram 3. Distribution of respondent according to their marital status



For majority of the respondents the duration of imprisonment at the moment of the survey was minimum 3 years. For 74 (25%) respondents the period of imprisonment was -3 years, for 45 (15%) – less than 1 year (see Diagram 4).

Duration of imprisonment is higher among the prisoners with the history of injecting drug use, compared to the prisoners with the history of non-injecting drug use or with no drug use history at all (see Annex 1, Table 1).

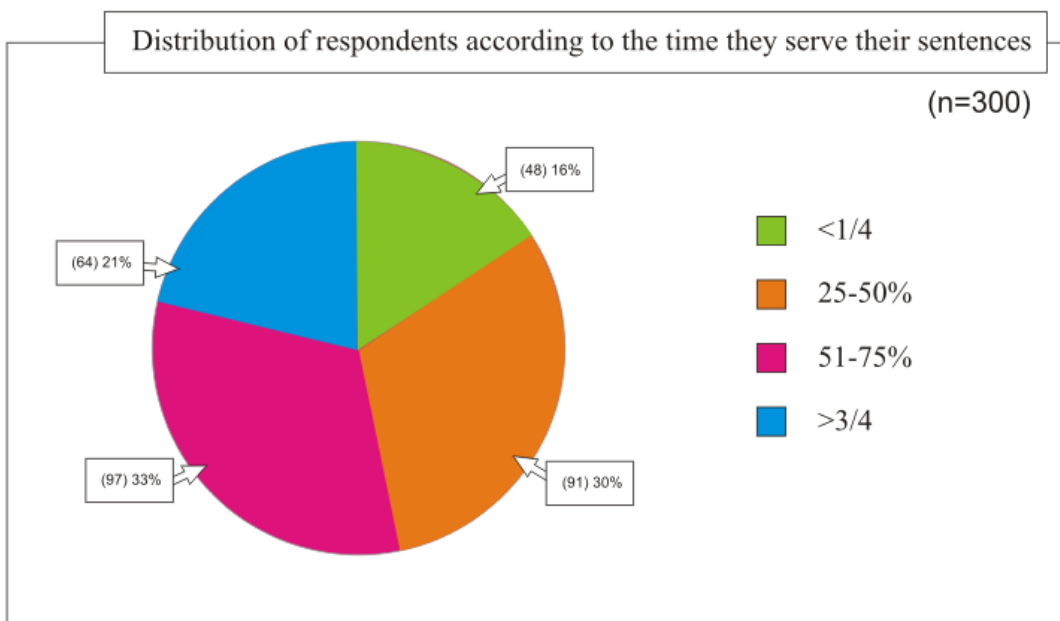
Diagram 4. Distribution of respondents according to the duration of imprisonment



At the moment of the survey 97 (33%) respondents had served 50-75% of their sentences, 91 (30%) – 25-50%, 64 (21%) – $\frac{3}{4}$ of their sentences and 48 (16%) respondents - 25% of their sentences (see Diagram 5).

There is no statistically significant difference between the type of drugs used and the time period participants accomplished at the places of detention.

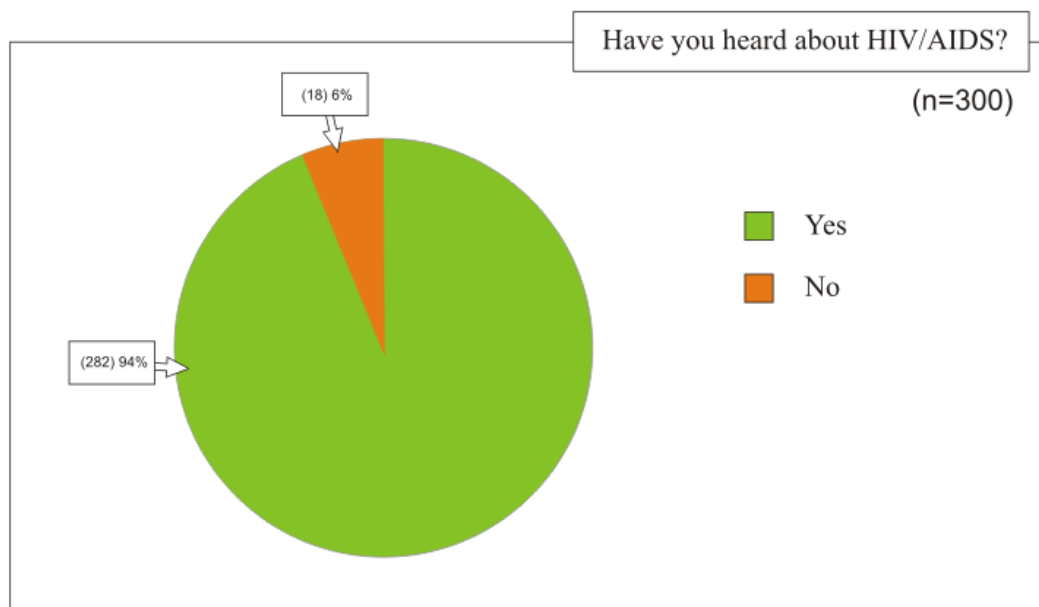
Diagram 5. Distribution of respondents according the time they serve their sentences for current imprisonment



Knowledge regarding blood-borne diseases

The vast majority of the respondents mentioned that they had heard about HIV/AIDS (Diagram 6). The awareness level regarding HIV/AIDS is higher among the prisoners with the history of injecting drug use (135/137, 99%), compared to the prisoners with the history of non-injecting drug use (67/76, 88%) or with no drug use history at all (80/87, 92%). This is statistically significant difference ($p=0.006$). (For more details see Annex 1, Table 2.)

Diagram 6. The awareness level regarding HIV/AIDS



The following questions of this block were asked to the participants 282 (94%) who answered positively to the previous question (B.1. Have you heard about HIV/AIDS?)

The majority of respondents (67%, 190/282) gave correct answer to the question, whether HIV can be completely cured or not. The rest 92 (33%) think that it is possible to cure HIV infection or do not have an answer to this question (Diagram 7).

The knowledge on HIV/AIDS is higher in injecting drug users. 71% of injecting drug users correct answers this question. The same index among non-injecting drug users and drug free respondents are 61% and 56%, correspondingly.

Diagram 7. Is it possible to cure completely HIV infection?

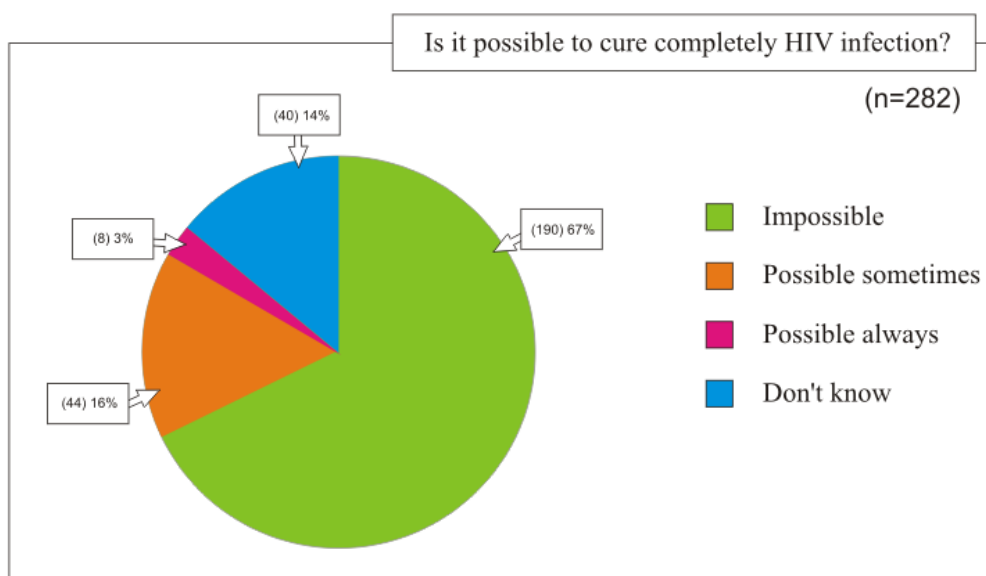


Diagram 8 provides data on the knowledge level regarding HIV transmission and prevention, as well as regarding HIV/AIDS related stereotypes: 84 % of respondents think that having one healthy faithful partner can reduce the risk of HIV infection (question B.3.1⁷); 77% of respondents think that use of condom is a measure of HIV prevention (B.3.3); 37% of respondents answer correctly to the question about HIV transmission through insects' bites.

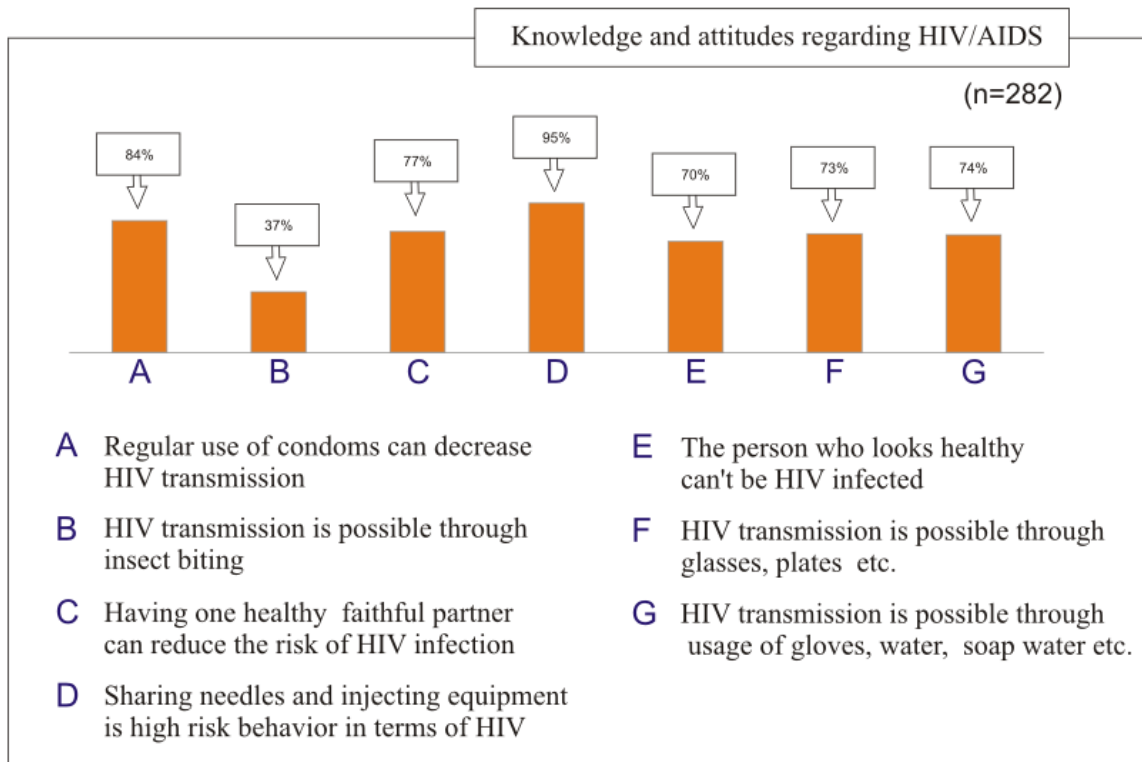
The vast majority of respondents think that sharing needles and injecting equipment represents high risk behavior in terms of HIV transmission (B.3.4). 70% of participants say that it's impossible to tell if a person is HIV positive by appearance (B.3.5). 73% and 74% of prisoners think that sharing utensils and other domestic equipment is not dangerous in terms of HIV transmission (B.3.6 and B.3.7).

Five and more correct answers in this block of questions were given by 81% of injecting drug user prisoners, 75% - by non-injecting drug users and 54 % - by prisoners who had never used any kind of drugs. This difference is statistically significant ($p < 0.001$).

The questions regarding awareness on HIV infection were regrouped according to UN reporting recommendations. The percentage of five correct answers in this case is less and does not exceed 25%. The level of knowledge is higher among injecting drug users and this difference is statistically significant ($p = 0.009$).

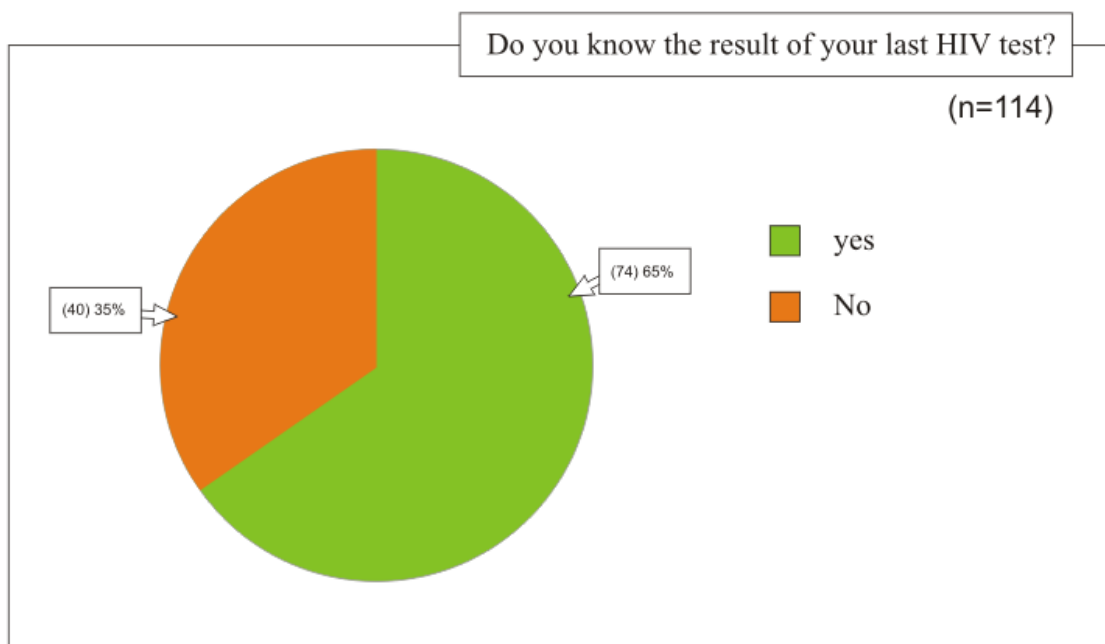
⁷ Full versions of questions see in Annex 2 "Survey questionnaire", section B.3.

Diagram 8. Knowledge and attitudes regarding HIV/AIDS



114 (40%) out of 282 prisoners had been tested on HIV, but only 74 (65%) out of them knew their test results (see Diagram 9). The rate of testing uptake is higher among injecting drug users and this difference is statistically significant ($p < 0.001$). At the same time, the indicator of knowing their test results does not differ among the groups with different drug use history.

Diagram 9. Knowledge of HIV status



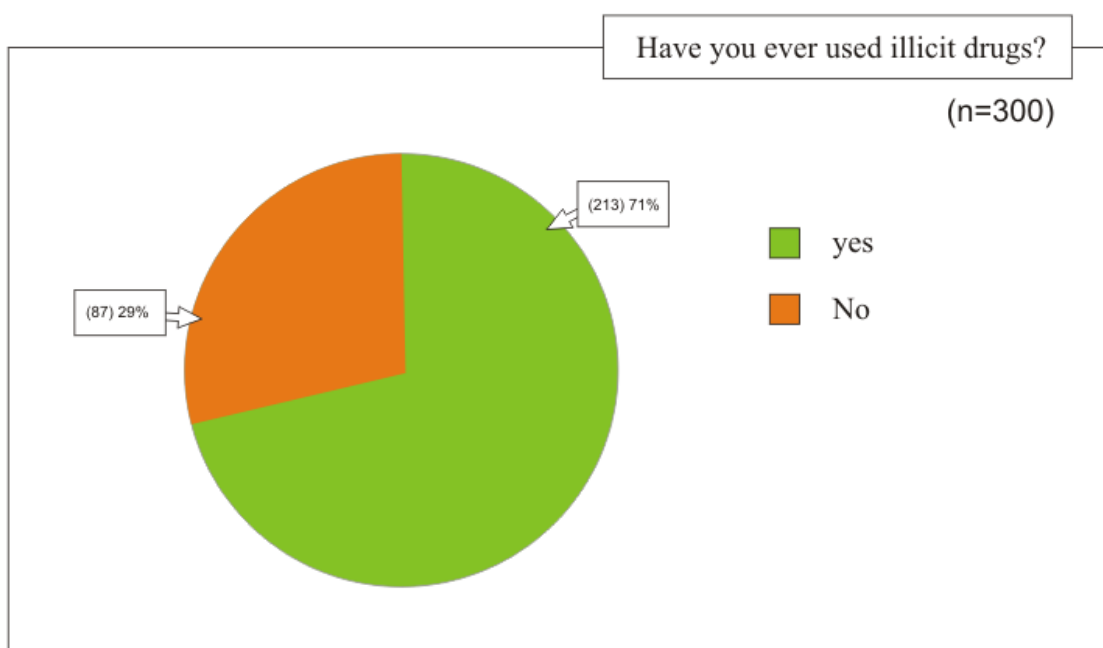
Average of 26 months has passed from the last HIV testing among the surveyed prisoners (Mean - 26.8; S.E mean – 2.8). The time period that has passed from the last HIV test does not differ statistically among the groups with different drug use history.

The majority of the respondents (262, 87%) say that they have heard about viral hepatitis B and C. 76% (212/262) of them think that the transmission of viral hepatitis is possible through sharing needles and syringes. Less respondents 77 (28%) are aware that sharing of other injecting equipment is also high risk in terms of transmission. One third of the respondents believe that unprotected sex, sharing shaving equipment and tattooing with non-sterile instruments can lead to the spread of viral hepatitis C and B. None of the respondents indicated the possibility of viral hepatitis vertical transmission. The majority (215, 78%) thinks that the best way for viral hepatitis prevention is to use new, sterile needles and syringes.

Illicit drug use

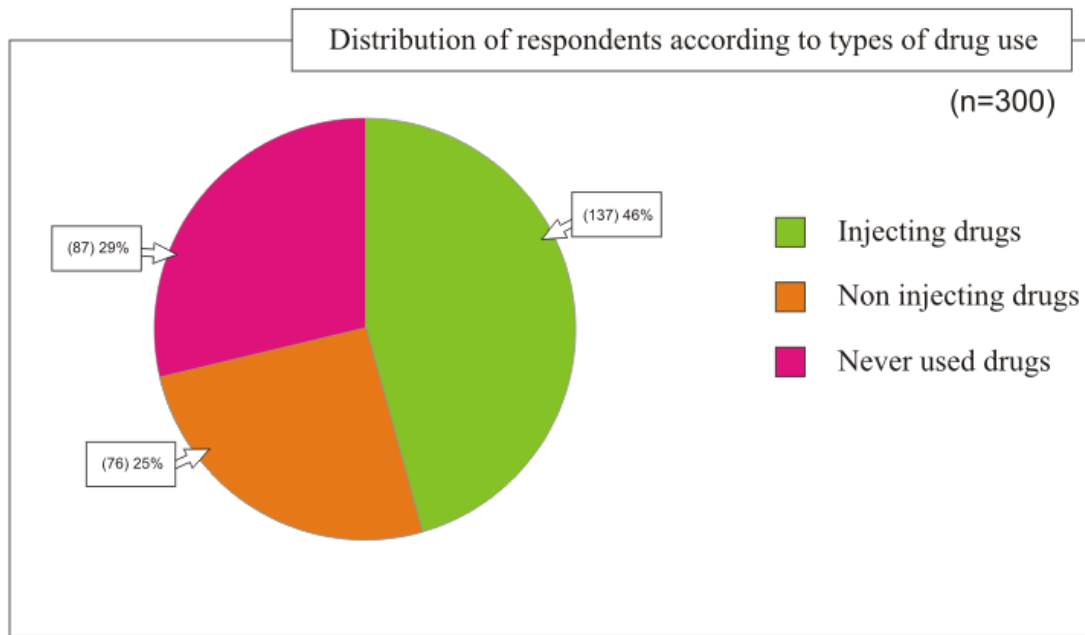
213 (71%) respondents admit that they have used narcotic drugs without doctor’s prescription at least once (see diagram No10).

Diagram 10. Illicit drug use



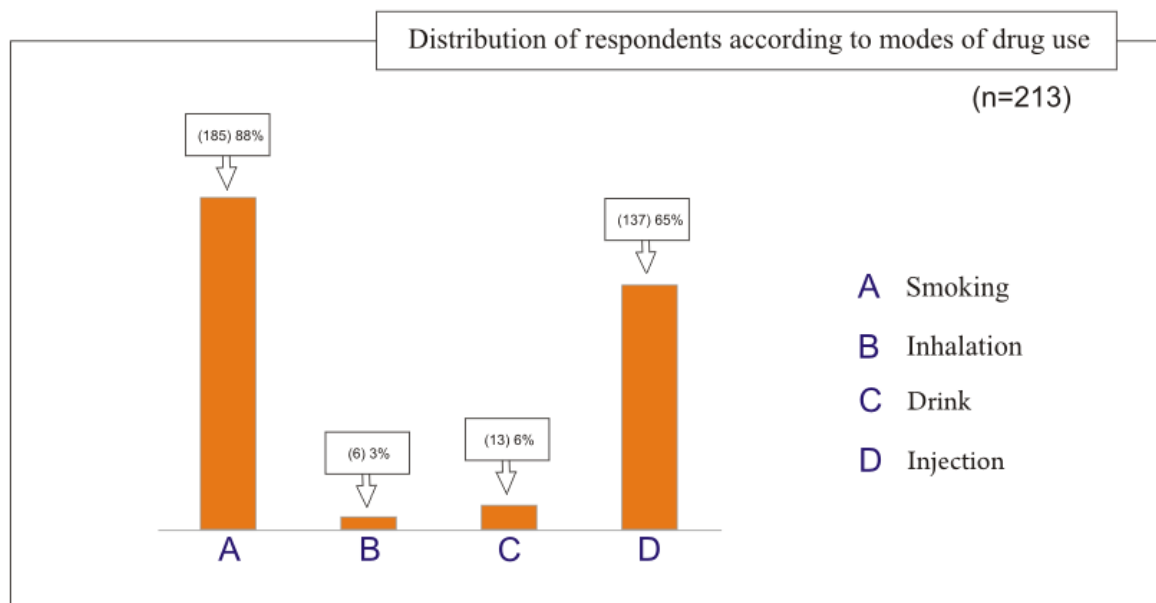
Distribution of respondents according to types of drug use is following: 137 (46%) respondents have taken injecting drugs at least once in their lives; 76 (25%) have used non-injecting drugs; 87 (29%) - have never used any kind of drugs (Diagram 11).

Diagram 11. Distribution of respondents according to types of drug use



Out of those 213 participants who admit use of illicit drugs, the distribution according to ways of consuming drug is as follows: 185 (88%) respondents smoked drugs, 6 (3%) and 13 (6%), respectively, used drugs through drinking or inhalation, and 137 (65%) used injecting drugs⁸ (see Diagram 12).

Diagram 12. Distribution of respondents according to modes of drug use

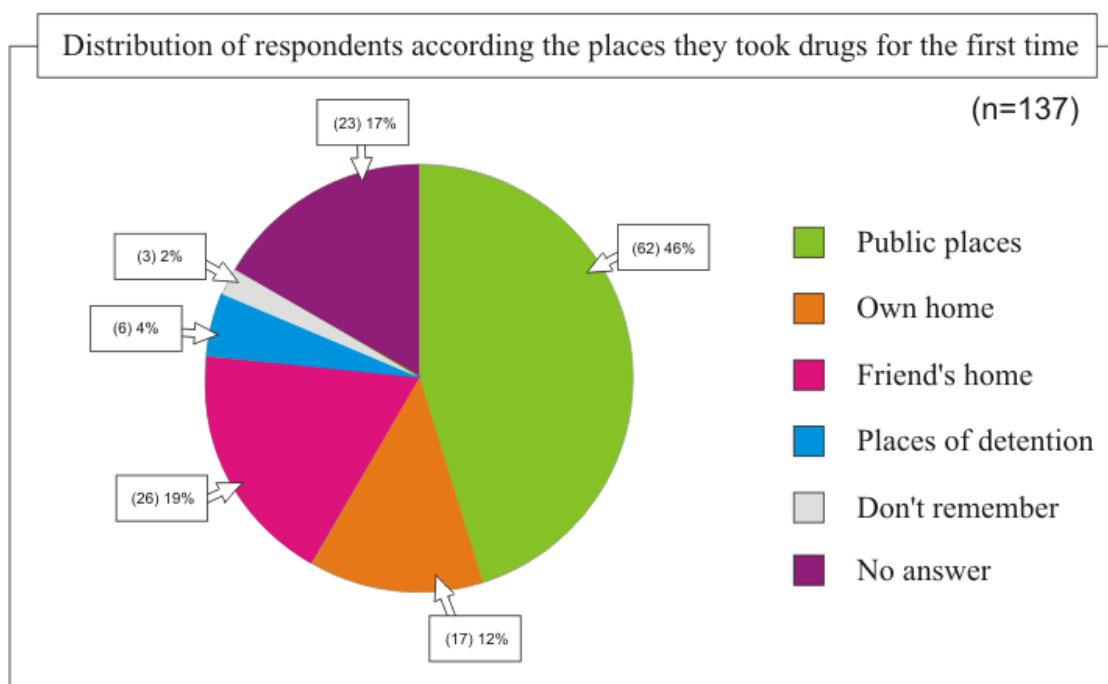


⁸ Distribution index is the result of summary of multiple answers so the total percentage is more than 100.
“Humanity First” Tanadgoma – Center for Information and Counseling on Reproductive Health

The average age of taking illicit drugs for the first time is 17 years (Mean – 17.2; S.E mean - 0.2). There is no statistically significant difference in this indicator among the groups with injecting and non-injecting drug use history.

137 prisoners have injecting drug experience. 62 (46%) out of them injected drugs for the first time at public places, 43 (31%) - at their homes or friends' houses, 6 (4%) - at the places of detention (see Diagram 13).

Diagram 13. Distribution of respondents according the places they took drugs for the first time



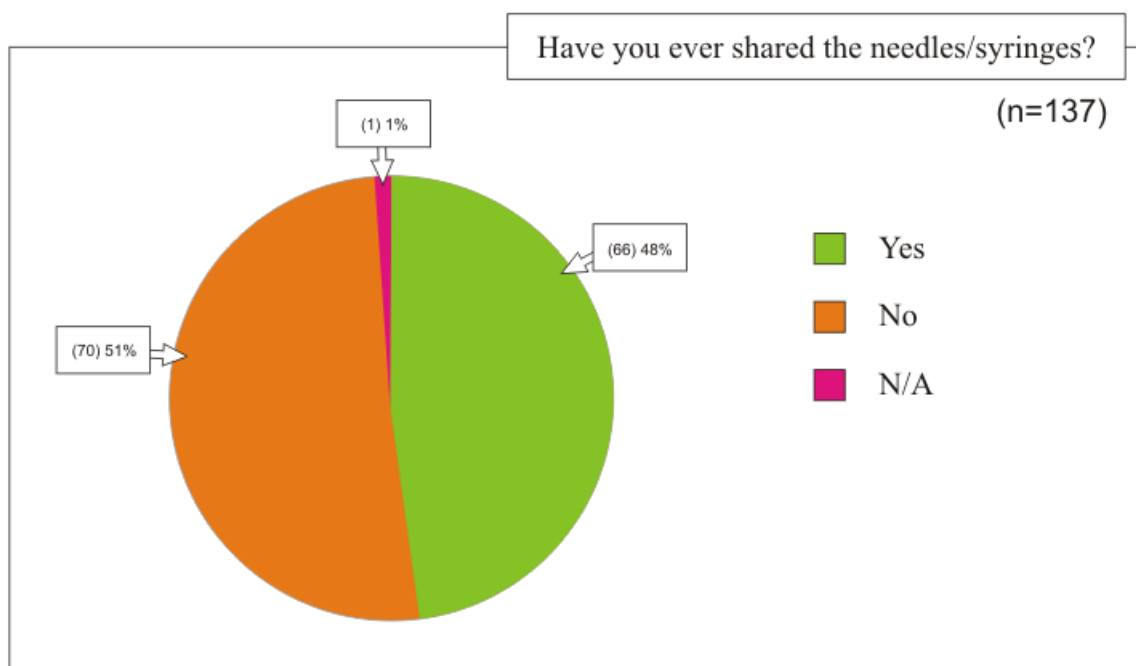
The average age of taking injecting drugs for the first time is 21 years (Mean – 20.7; S.E mean 0.5).

Only 4 prisoners admit the usage of illicit drugs during the last year. All of them indicate that the way of drug taking was smoking.

None of respondents admit usage of injecting drugs during the last year, which would have been indication that there is illegal drug traffic in the penitentiary system. For more detailed information please see Annex 1, Table 3.

Out of those prisoners, who report injecting drug use history, 66 (48%) say that they have shared needles or other injecting equipment at least once in their lives (Diagram 14). 21 out of these reported they had shared needles or/and other injecting equipment during 6 months before their imprisonment.

Diagram 14. Sharing needles/syringes among injecting drug users



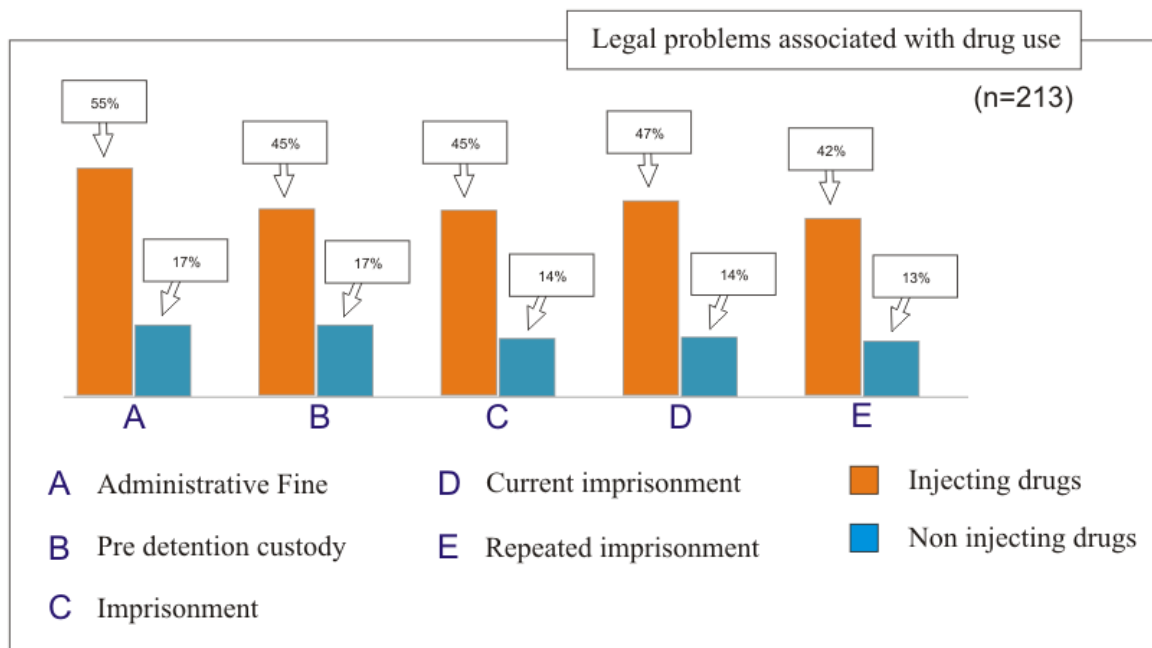
About one fourth of the injecting drug users cases report sharing needles/syringes. At the same time, none of the respondents answered positively the question about sharing needles/syringes during the last year. For more detailed information see Annex 1, Table 3.

Diagram 15 contains data regarding the legal problems drug users (both injecting and non-injecting) face. 55% of injecting drug users and 17% of non-injecting drug users has paid administrative fines due to drug use; therefore use of injecting drugs is associated with high frequency of administrative penalties. This association is statistically significant ($p < 0.001$).

45% of injecting drug users and 17% of non-injecting drug users has been to pre-detention centers. This difference is statistically significant ($p = 0.022$). 45% of injecting drug users and 14% of non-injecting drug users were arrested and sent to prison ($p = 0.006$).

47% of injecting drug users and 14% of non-injecting drug users report that current imprisonment is connected to drug use ($p = 0.002$). The frequency of repeated arrests is quite high both among injecting (42%) and non-injecting (13%) drug users. This difference is statistically significant ($p = 0.007$).

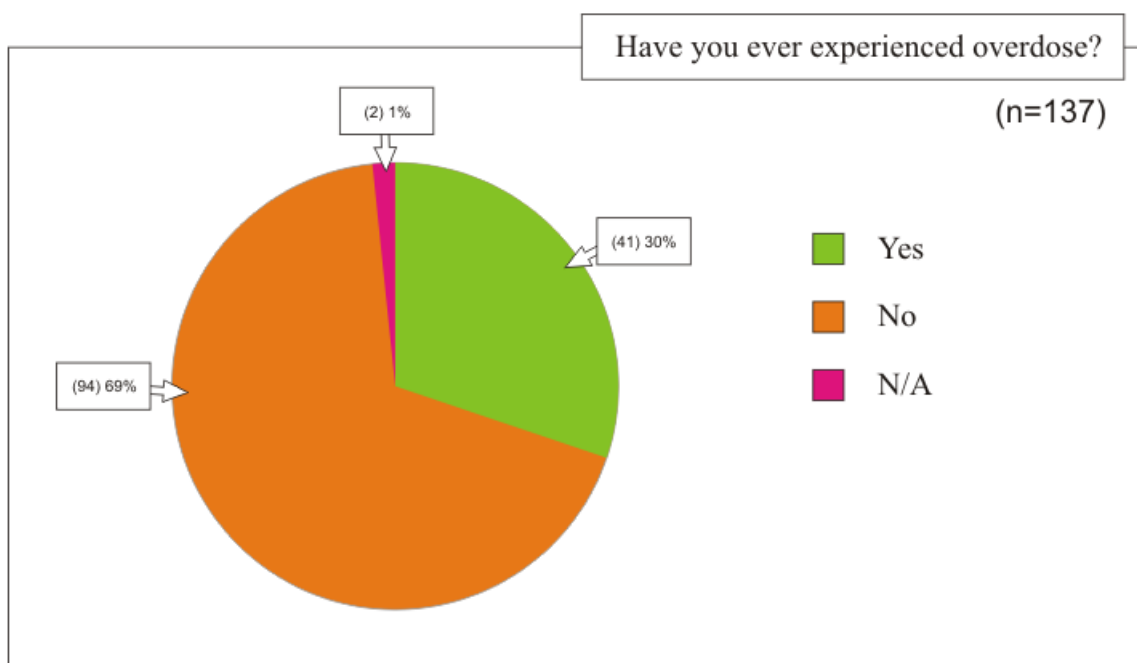
Diagram 15. Legal problems associated with drug use



Before current imprisonment injecting drug users had been arrested at average 3 times (Mean – 3.1, S.E mean – 0.2), the same indicator for non-injecting drug users is 2.7 (Mean – 2.7, S.E mean – 0.3). This difference is not statistically significant (p=0.502).

30% (41) of injecting drug users say that they have experienced overdose cases. Also, 2 persons from the non-injecting drug use history group indicate that they have had the symptoms of overdose.

Diagram 16. Frequency of overdose cases among injecting drug users

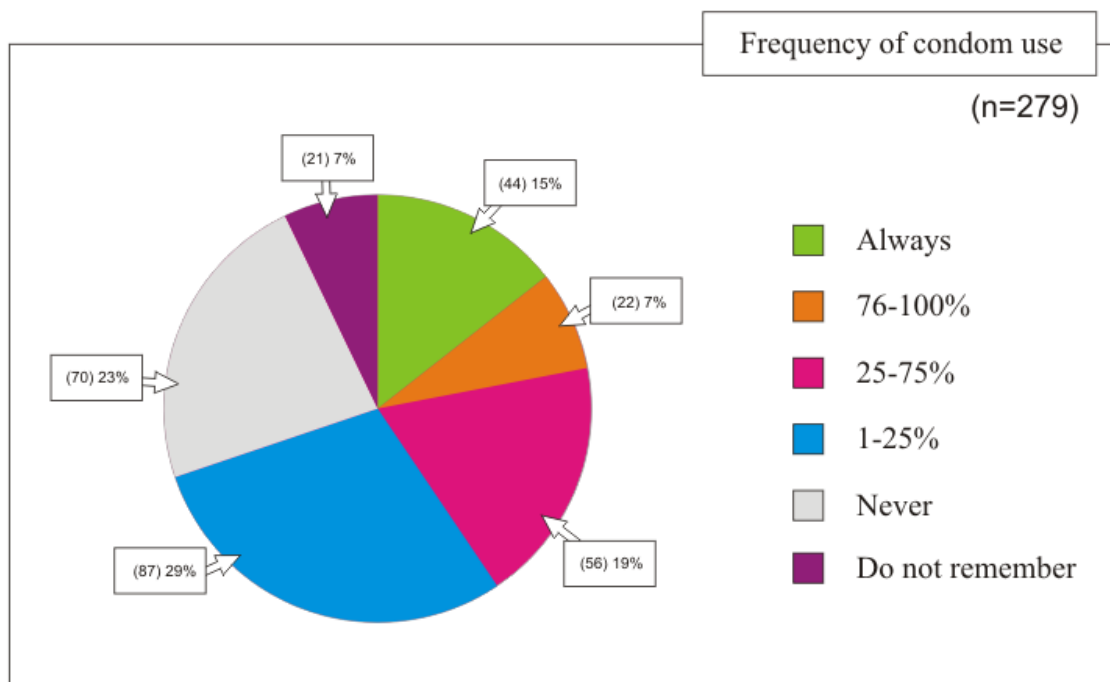


The cause of overdose is taking drugs in doses higher than usual - in 29 (67%) cases, taking drugs together with alcohol - 10 (23%) and taking several drugs at the same time 6 (14%). 4 (10%) respondents from the group of injecting drug use history report that they have experienced overdose at penitentiary institutions. It should be mentioned that one of them indicates that current custody is the first imprisonment for him. Consequently, it can be assumed that the overdose and illegal drug use was in the near future. This particular prisoner has already spent in custody more than 3 years and he has gone through 50-75% of his sentence. As none of the respondents reported illegal drug injection during last year (see above), it is more likely, that the fact of illicit drug use took place more than one year ago. For more detailed information regarding overdose see Annex 1, Table 3.

Sexual behavior

The vast majority of respondents (279/300, 93%) indicate that they have had sexual relations during one year before being imprisoned. Under sexual relations they mean both occasional and regular sexual partners. Out of them 44 (15%) report they were always using condoms, 70 (23%) admit that they never used condoms (Diagram 17). Regular condom use is higher in the group of injecting drug users, than in the group of non-injecting users, but this difference is not statistically significant.

Diagram 17. The frequency of condom use during the last year before the imprisonment



The following question of this section is about the sexual relations during the last year. Only 15 (5%) prisoners reported having sexual contacts during the last year. The long-term visits to the prisons were restricted during the last few years. At the time of the survey the long-term visits were resumed again but were available only at certain institutions (among them institution No17, where the survey took place) and for limited number of prisoners. The prisoner can have a long-term appointment only with close relatives or spouse. Therefore all the cases of sexual

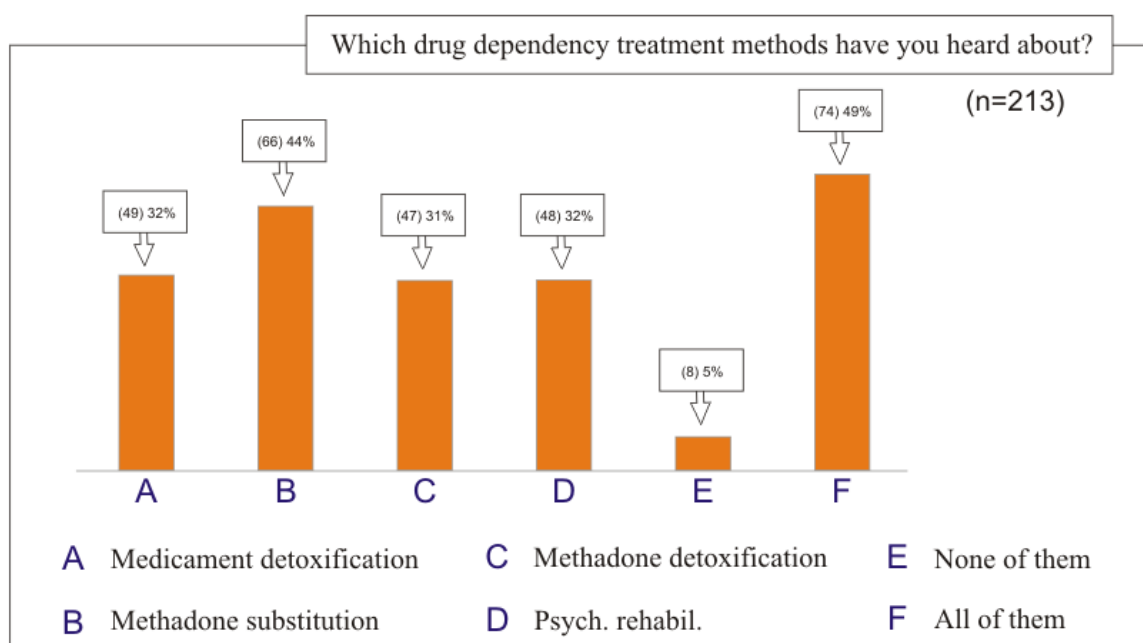
relations mentioned above took place with spouses; consequently, the estimation of risks of these sexual relations cannot be considered as the area of interest for this survey.

None of respondents indicate having homosexual contacts; also they deny the facts of sexual harassments or having sex for money or other kind of remuneration.

Attitudes towards drug dependency treatment methods and harm reduction programs

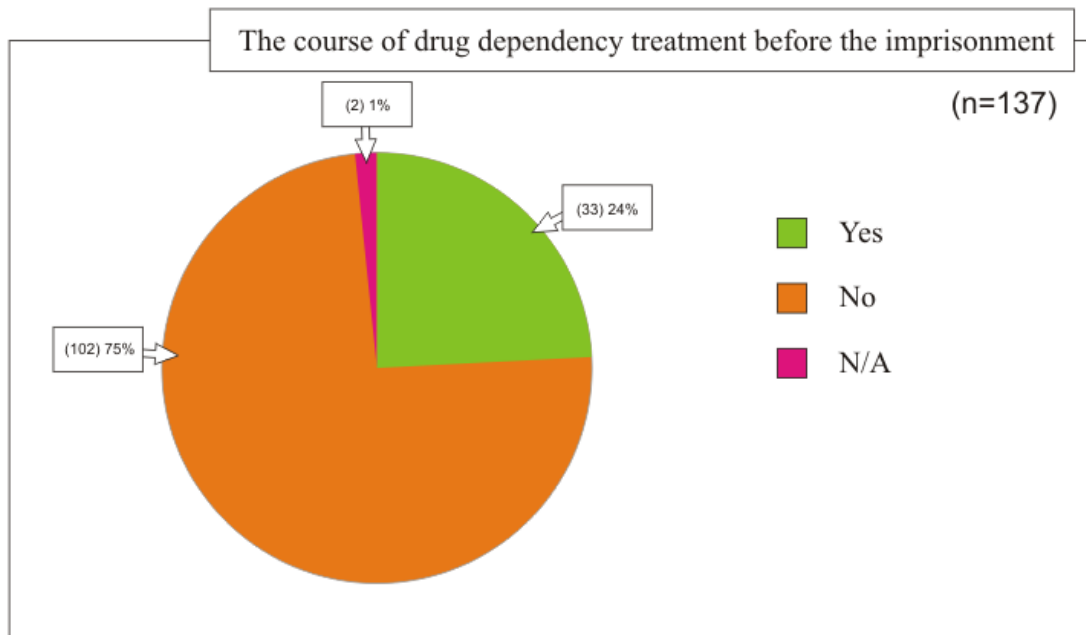
The awareness regarding the drug dependency treatment among the respondents with drug use history is as follows: 66 (44%) respondents with drug use history are familiar with methadone substitution therapy, 49 (32%) - with medicament detoxification therapy, 48 (32%) and 47 (31%) know methadone detoxification and psychological rehabilitation methods. Only 8 (5%) respondents say that none of these methods are familiar to them. On the contrary, 74 (49%) respondents report they have information regarding all mentioned methods (Diagram 18). Injecting drug user respondents are better informed in terms of treatment methods. For more detailed information see Annex 1, Table 3.

Diagram 18. Awareness level regarding the methods of drug dependency treatment



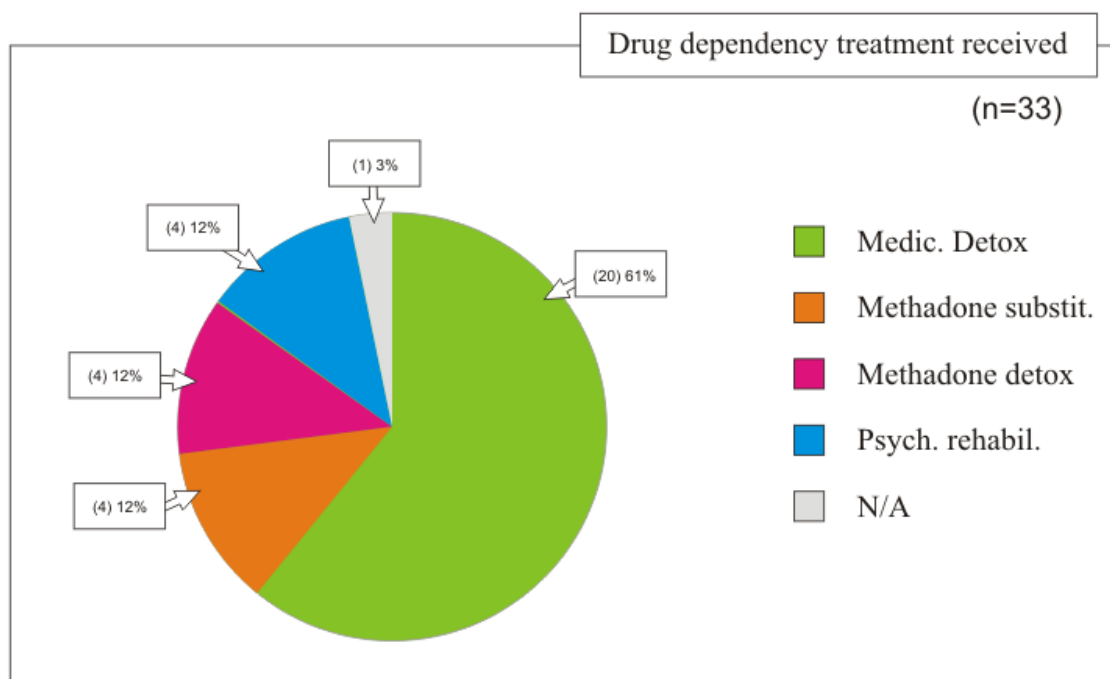
33 (24%) respondents with injecting drug use history say that they have undergone some kind of treatment before imprisonment (see Diagram 19). Only one respondent from the group of non-injecting users reports that he has undergone the treatment course before.

Diagram 19. The course of drug dependency treatment before the imprisonment



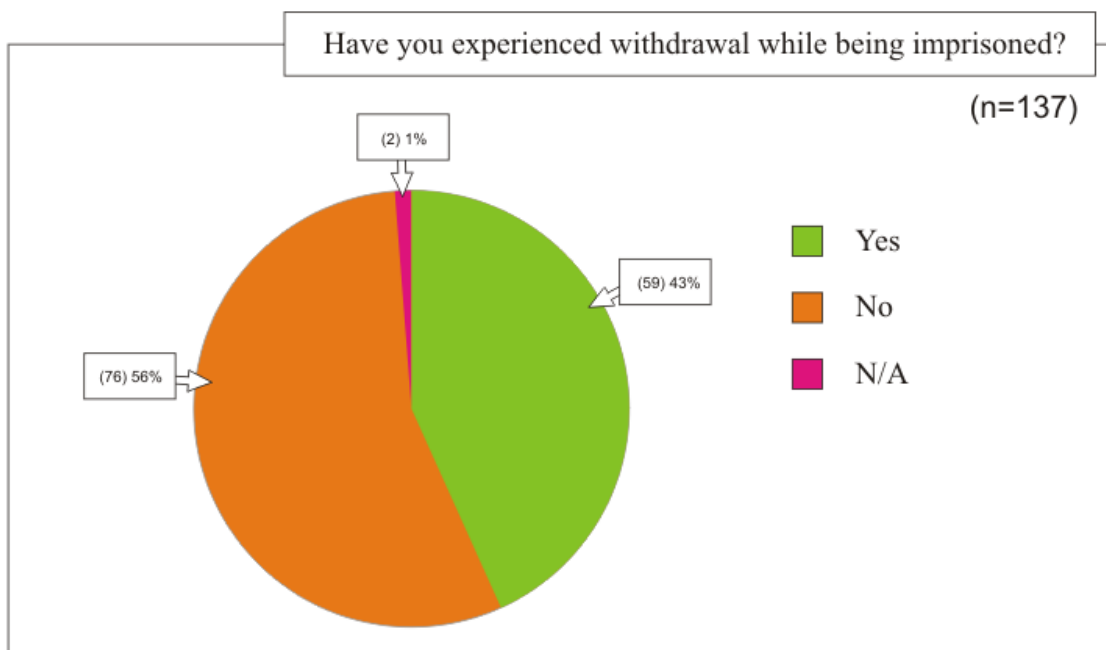
Among those respondents who have undergone dependency treatment before the imprisonment 20 (61%) respondents went through medicament detoxification, 4 (12%) – through methadone substitution, the same number of prisoners had methadone detoxification and psychological rehabilitation (see Diagram 20). One non-injecting drug user respondent took medicament detoxification course.

Diagram 20. Drug dependency treatment received



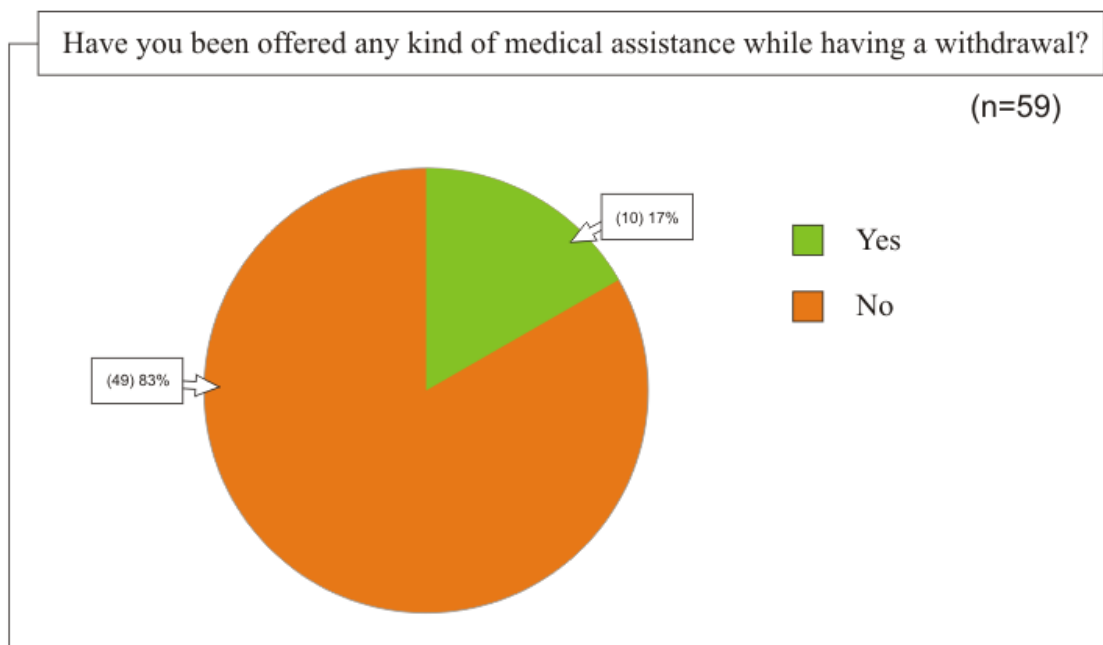
59 (43%) of respondents with injecting drug use history indicate that they have experienced withdrawal while being in prison (Diagram 21).

Diagram 21. Withdrawal experience at the penitentiary institutions



Only 10 (17%) of them who experienced withdrawal received appropriate medical treatment (Diagram 22).

Diagram 22. Provision of medical services while having a withdrawal



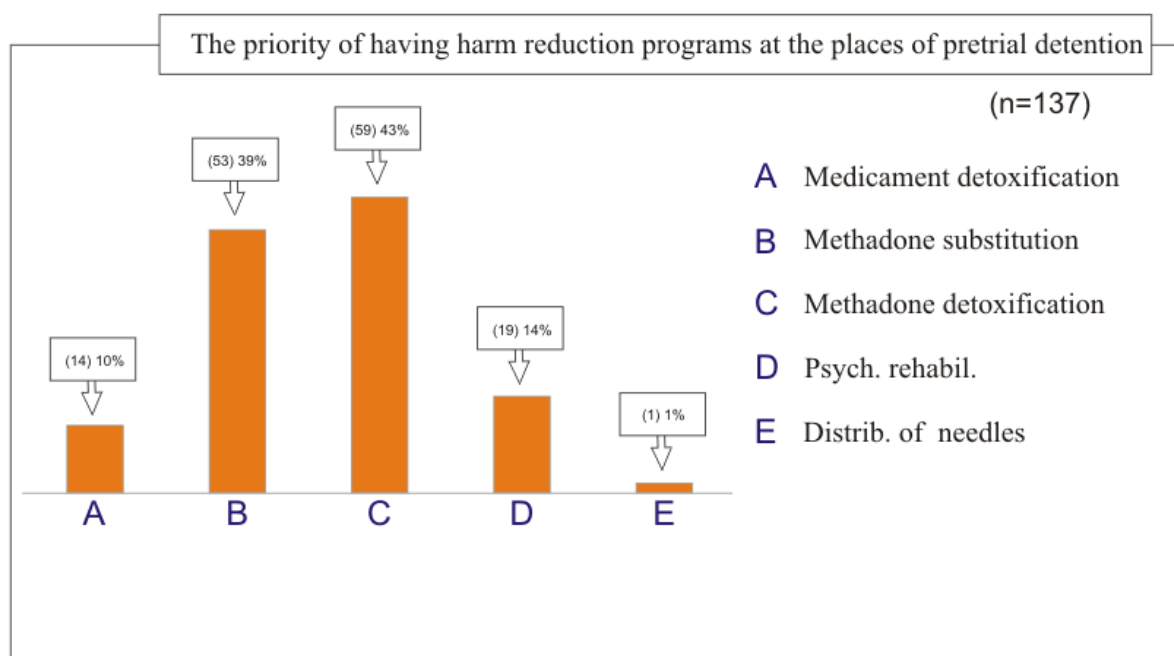
Among those participants who received medical assistance during withdrawal in 2 cases medicament detoxification was carried out, 7 persons received methadone detoxification and 1 - psychological rehabilitation.

All participants with injecting drug use history were asked to prioritize (from the most important to the less important) list of harm reduction programs for two different types of institutions -

prisons and pretrial detention places. This was preconditioned by the fact that the convict is placed in the pre-trial detention in few days after being arrested. Hence, there is higher risk of withdrawal-related acute neurological or physical disorders. As for the prisons, the inmate gets there after several months from the time of imprisonment and faces mainly different psychological and other chronic disorders.

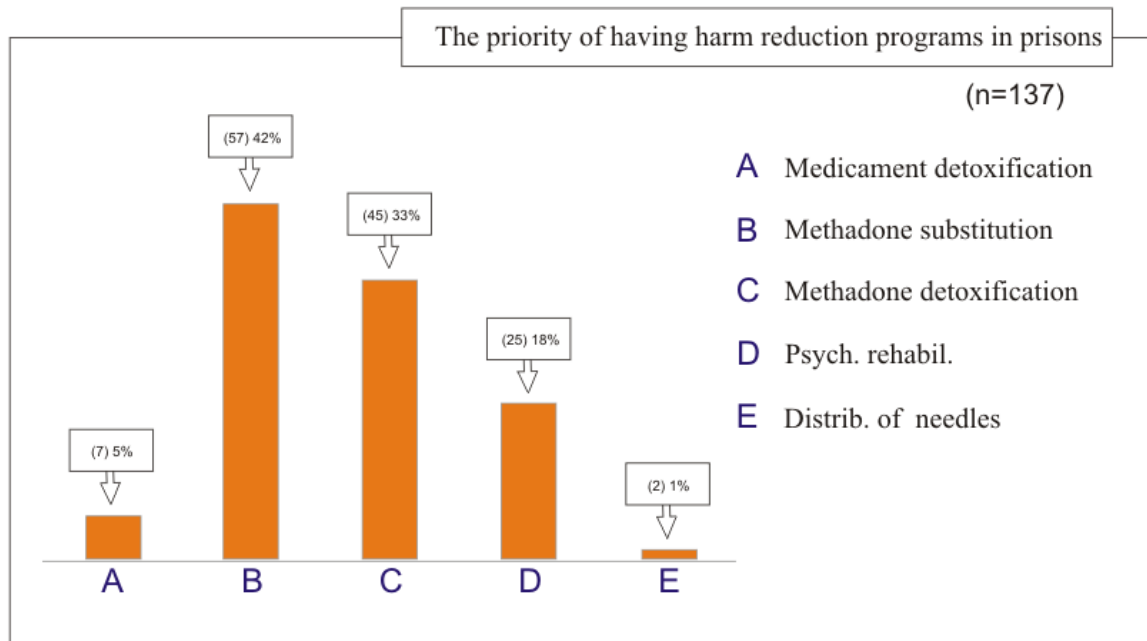
Among injecting drug users (137 respondents) the priority of having harm reduction programs at the places of pre-detention is as follows: 59 (43%; 95% CI - 35 - 51%) give the highest priority to methadone detoxification method, 53 (39%; 95% CI - 31 - 47%) – to methadone substitution program, 19 (14%; 95% CI - 8 - 20%) – to psychological rehabilitation and 14 (10%; 95% CI - 5 - 15%) – to medicament detoxification. Distribution of sterile needles was mentioned by one respondent only (see Diagram 23).

Diagram 23. The priority of having harm reduction programs at the places of pretrial detention



The priority of having harm reduction programs at prisons is as follows: 57 (42%; 95%CI - 34 - 50%) give the highest priority to methadone substitution program, 45 (33%; 95%CI - 25 - 41%) – to methadone detoxification method and psychological rehabilitation, respectively. 7 (5%; 95%CI - 1 - 9%) prisoners assign the highest priority to medicament detoxification program. Distribution of sterile needles was mentioned by two respondents only (Diagram 24).

Diagram 24. The priority of having harm reduction programs in prisons



Conclusions

Demographic and Social Characteristics

The majority of the respondents are under the age of 40. In older inmates it is more common to use injecting drugs while in younger group (18-27 years of age) it is more common to use non-injecting drugs.

The majority of respondents have secondary education. One fourth of the respondents have higher or incomplete higher university education.

More than 50% of respondents are married, 40 % have never been married. Those who are divorced represent 5% of all respondents.

At the moment of the survey majority of the respondents had spent in the prison minimum of 3 years. About 25% of the inmates had spent from 1 to 3 years in penitentiary institutions. In general, there is a tendency that respondents with injecting drug use experience have larger sentences that respondents with non-injecting drug use experience or the group with no drug use history. This could indicate association of the former group with heavier crimes.

One third of respondents have finished 51-75% of their sentences and approximately the same number of prisoners - 25-50% of their sentences. There is no statistically significant association between this indicator and the type of used drugs.

Knowledge regarding blood-borne diseases

The absolute level of knowledge regarding HIV/AIDS is higher among the prisoners with the history of injecting drug use, than among the prisoners with the history of non-injecting drug use or with no drug use history. This difference is statistically significant. Along with that there are 8 respondents who do not have any knowledge regarding HIV/AIDS.

The same type of survey done in Nigeria (Sabitu et al. 2009) revealed that there was quite high awareness regarding HIV/AIDS. 96% of respondents said they had heard about HIV/AIDS.

In the presented survey two thirds of respondents responded correctly that HIV can not be completely cured. The knowledge is higher among injecting drug users, although this is just a tendency, not statistically significant. The same data is obtained from the survey conducted in Lesotho (Akeke et al. 2007) where 88% of respondents mentioned that there was no cure for HIV/AIDS.

The knowledge level regarding HIV transmission and prevention, also regarding HIV/AIDS related stereotypes is quite high. Prisoners give less correct answers to the question about the mosquito bites as a way of HIV transmission. Only 37% of respondents gave correct answers to this question. The vast majority of respondents think that sharing needles and injecting equipment is high risk behavior in terms of HIV transmission. The survey of Akeke et al. (2007) indicates that the awareness level regarding HIV transmission is quite high: 96% know that unsafe sex can increase HIV transmission and 83% think that sharing needles and other injecting equipment is high risk in terms of HIV transmission. These data are quite similar to our survey results.

The respondents were grouped in 2 groups: who answered correctly 5 and more questions and less than 5 questions regarding HIV knowledge and attitudes. The knowledge level is higher among injecting drug users and this difference is statistically significant. The same procedure was done based on UN recommendations and again awareness level was higher among injecting

drug users. This difference is statistically significant too. Despite of this, overall picture of knowledge about routes of transmission on blood borne infections is not satisfactory as only 25% of respondents was able to correctly identify main ways of transmission and means of prevention of HIV infection.

40% of respondents have been tested on HIV. This rate is higher among injecting drug users and difference between groups is statistically significant. As for being informed about their test results, the difference among groups was not statistically significant.

On average 27 months have passed since the last HIV testing (Mean 26.8; S.E mean – 2.8). Among injecting drug users this indicator is 29 months, among non-injecting drug users and drug free respondents - 21 and 24 months, respectively. This difference is not statistically significant.

The majority of the respondents have heard about viral hepatitis B and C. Most of them think that sharing needles and syringes is risky behavior in terms of transmission of viral hepatitis B and C. Only 1/3 of respondents think that sharing needles and other injecting equipment is dangerous in terms of hepatitis transmission. The same proportion of the inmates believe that unprotected sex, sharing shaving equipment and tattooing with non-sterile devices can lead to the spread of viral hepatitis C and B. It is important to mention that none of the respondents indicated the possibility of vertical transmission of viral hepatitis.

The majority of the respondents think that the best way for viral hepatitis prevention is to use new, sterile needles and injecting materials. The awareness level regarding viral hepatitis B and C is higher among the prisoners with the history of injecting drug use, than among the prisoners with the history of non-injecting drug use or drug free respondents, but this difference is not statistically significant.

Illicit drug use

More than 70% of respondents have used illicit drugs, 137 (46%) out of them have used injecting drugs (usually this is combined with use of non-injecting drugs too). 76 respondents have used only non injecting drugs. The same kind of data is obtained from EMCDDA (2002) survey where 29%-85% of prisoners used illicit drugs and 15%-55% among them were injecting drug users.

The average age of taking of illicit drugs for the first time is 17 years. There is no statistically significant difference between the groups of injecting and non-injecting drug users in terms of the age of drug use initiation (implying use of any kind of drugs).

Among injecting drug users the most frequent way of taking drugs (after injection) is smoking, the same way of taking drugs is prevalent among non-injecting drug users.

The average age of taking injecting drugs for the first time is 21 years. About half of the cases of taking injecting drugs for the first time happened at public places, 1/3 - at own or friend's houses.

Needle/syringe sharing practices are quite widespread during injecting drug use in the past. This behavior is reported by 48% of injecting drug users. Every fourth use of injecting drugs is associated with sharing needles/syringes. 21 respondents indicate sharing needles during the last 6 months before the imprisonment.

None of respondents disclose use of injecting drugs during the last year. According to EMCDDA (2011) the use of illicit drugs at penitentiary institutions varies from 1% up to 56%.

According to the same survey more than one third of drug user prisoners started using injecting drugs during detention. Most of the surveys conducted in penitentiary systems reveal existence of illicit drugs to some extent. We failed to observe any participants indicating recent drug use within the prison system.

Data regarding legal problems related to drug use is worth mentioning. Rates of being fined for drug use, as well as rates of being sent to pre-trial detention or to prisons because of drug use are very high both among respondents with injecting drug use history and with non-injecting drug use history. It should be mentioned that the facts of conflict with law are more frequent among injecting drug users than among non-injecting drug users. This difference is statistically significant. The same tendency exists regarding the repeated arrests. The average number of arrests is higher among injecting drug users than among non injecting users.

36% of respondents report that current imprisonment is connected to drug use, for injecting drug users this rate is 47%.

One third of injecting drug users reports having experienced overdose. In most of the cases overdose was caused by taking higher than usual doses of drugs. 10% out of these respondents report that they have experienced overdose at penitentiary institutions. Different surveys reveal that the cases of overdoses in penitentiary systems is quite high (Albizu-García et al. 2009) though the existing data is quite sporadic.

Sexual behavior

The majority of respondents indicate that they have had sexual relations during one year before being imprisoned. Under sexual relations they mean contacts with both occasional and regular sexual partners. Out of them 15% says they were always using condoms. Condom use is higher among injecting drug users than among non-injecting users or drug free prisoners. This difference is not statistically significant.

D.3. and D.5 sections contained the questions regarding safe sexual relations. Due to no possibility for the inmates to have long-term appointments with their sexual partners, it is impossible to obtain necessary information for analysis regarding the risks of heterosexual contacts.

None of respondents indicate having homosexual contacts; also they deny the facts of sexual harassments or having sex for money or other kind of remuneration.

In general sexual relations and especially sexual harassment is very important issue at the places of detention. According to the survey of Hensley et al. (2003), 24 prisoners out of 174 indicate being threatened by sexual violence and two of them report facts of sexual abuse. In our survey we have not revealed any facts of sexual harassment. The reason might be the strict observation of regime violations at Georgian penitentiary system. However, possibility of prisoners hiding information about sexual violence should not be ignored.

Attitudes towards drug dependency treatment methods and harm reduction programs

The respondents with illicit drug use history are familiar with different methods of drug dependency treatment. 30-40% of respondents are aware of such methods as methadone substitution therapy, medicament detoxification therapy, methadone detoxification and psychological rehabilitation methods. Only 5% of respondents say that none of these methods

are familiar to them and about half of the respondents report they have information regarding all mentioned methods.

One fourth of respondents with injecting drug use history say that they have undergone some kind of treatment before imprisonment. The most frequent treatment course was medicament detoxification, followed by methadone substitution, methadone detoxification and psychological rehabilitation. Only one respondent with non-injecting drug use history reported having undergone medicament detoxification therapy.

59 (43%) of respondents with injecting drug use history indicate that they have experienced withdrawal while being in prison. Only 10 (17%) of them received appropriate medical treatment. Among those participants who received medical assistance during withdrawal 2 report receiving medicament detoxification, 7 - methadone detoxification, 1 - psychological rehabilitation.

Abstinence is quite severe medical problem. Leaving it without proper medical assistance could create some risks both for the patient and for the people surrounding him/her. The management of withdrawal issues is very important and difficult for the places of detention. Fiscella et al. (2004) indicate that 4% of all prisoners in US penitentiary system are drug addicts. At the same time, only 28% of penitentiary institutions have medicament detoxification services. 10% of institutions indicate that in case of withdrawal medical assistances has been provided outside the penitentiary system.

The survey of harm reduction needs has demonstrated that, in the prisoners' opinion, the first priority **in the places of pretrial detention** should be given to establishment/expansion of the methadone detoxification programs. This priority was selected by 35-51% of the respondents with injecting drug use history. 31-47% of the prisoners assigned the first priority to methadone substitution program, 8-20% - to psychological rehabilitation and 5-15% - to medicament detoxification method.

All injecting drug users were asked the questions about the need of needle exchange programs. They were given detailed information regarding this program. In the survey instrument the question regarding syringe exchange was modified in the direction of syringe distribution. For elimination of negative attitude among prisoners we tried to get rid of the technical aspects and difficulties of the syringe exchange issue and formulated the question as "provision of sterile single use needles/syringes to the prisoners". Despite attempts to decrease the sensitiveness of the question, the prisoners did not support the idea of having needle exchange program. The need of distribution of sterile needles was mentioned by one respondent only. These results coincide with the results obtained from qualitative research carried out among prisoners and penitentiary department staff. All participants of qualitative survey also indicated that the syringe exchange program is not priority at the moment in the penitentiary system. The majority of respondents indicate that implementation of methadone maintenance, detoxification and psychological rehabilitation programs is of greater importance (see Annex 3, "Report of qualitative survey").

The survey of harm reduction needs **in prisons** has revealed that 34-50% of the respondents assign the first priority to methadone substitution program. Support to methadone detoxification method was reported by 25-41% of the participants; 12-24% identified establishment/expansion of psychological rehabilitation programs as the first priority and 1-9% supported medicament detoxification program. Only two inmates supported the idea of sterile syringe distribution. Again these results coincide with the results of qualitative survey conducted among prisoners and penitentiary department staff. All participants support the idea of having such harm reduction programs as methadone detoxification, methadone substitution and psychological rehabilitation. Need of syringe distribution in the prisons was not identified as high priority (see Annex 3, "Report of qualitative survey").

It should be mentioned, that, when asking respondents about priority of harm reduction programs for different types of penitentiary institutions, the survey did not assess level of knowledge of respondents on particular harm reduction measures.

Methadone detoxification/substitution is widely used at penitentiary institutions all over the world. The threshold, inclusion criteria and other requirements of these programs are different across the countries, but the positive influence of these programs on health-related situation both in penitentiary systems and in the society both is obvious. According to Whitten et al. (2011), the administration of 57% of US penitentiary institutions admit the positive effect of methadone programs among opiate addicts in prisons. Kinlock et al (2009) clearly indicates that launching methadone treatment in prison improves treatment uptake upon release and reduces illicit drug use over the following year. Stallwitz and Stover (2007) found that prison-based methadone maintenance treatment provision can reduce injecting risk behaviors as well as drug-related imprisonment and repeated imprisonment rates.

Based on the survey results it can be concluded: implementation of harm reduction programs are supported by the majority of the drug user prisoners. Methadone programs and psychological rehabilitation programs are assigned high priority. Less priority is given to medicament detoxification, and sterile syringe distribution among prisoners is much less important at the moment, compared to the methadone programs. This attitudes are revealed both among prisoners through quantitative research and among penitentiary medical and regimen staff through qualitative survey.

Recommendations

Recommendations regarding knowledge on blood-borne diseases

The awareness level regarding HIV/AIDS is quite high as 95% of respondents have heard about it and up to 80% correctly identifies main routes of HIV transmission (unprotected sexual contacts and shared needles/syringes and paraphernalia). This trend is more remarkable among injecting drug user prisoners. Despite this, overall picture of HIV-related knowledge is unsatisfactory as only 25% of respondents is able to correctly identify main routes of transmission and means of prevention of HIV infection.

It is likely that HIV voluntary counseling and testing centers, functioning throughout the penitentiary system are playing some positive role in the awareness level raising.

Along with that it should be mentioned that awareness level regarding transmission and prevention of viral hepatitis is quite low. Majority of the respondents is informed about ways of transmission and prevention of viral hepatitis, but none of them mentioned the possibility of vertical transmission of hepatitis B and C.

It is highly recommended to conduct educational activities among prisoners in order to provide them with appropriate information about blood-borne diseases. The special focus should be made on the alarming gaps identified in their knowledge. VCT centers that are functioning in prisons could play positive role in terms of strengthening awareness raising measures among prisoners through counseling sessions.

HIV testing rate among prisoners is 40% but only 2/3 of them know their test results. It is worth mentioning that average period since the last HIV test is 2 years.

Efforts should be made to scale up access to client-initiated and provider-initiated HIV testing and counseling programmes at any time during their imprisonment according to recommendations of international organizations (UNODC/WHO/UNAIDS Policy brief 2009). Appropriate system for test results provision should be established throughout penitentiary institution in order to timely provide prisoners about their HIV status, including cases, when prisoner is moved to another institution. Local social workers could play positive role in the process of timely test results notification to the prisoners.

Recommendations regarding illicit drug use

More than 2/3 of prisoners have used illicit drugs, half of them – through injecting. This means that the places of detention are characterized by high concentration of the drug users. So there is the environment where blood borne diseases can spread easily.

Quite high is the rate of sharing needles and other injecting equipment in the past.

It is remarkable that none of respondents disclose use of injecting drugs during the last year. Anyway, the attitudes towards drug users should be based on humanity and universally acknowledged principles of human rights. Drug user should be considered as a person with health problems, which needs the medical assistance.

It is recommended to expand drug dependency treatment and harm reduction programs in penitentiary institutions. That will be an important step towards dealing with the drug related medical and social problems.

Very important is data regarding conflicts with the drug related policy. More than one third of prisoners admit that the current imprisonment is associated with drug use. The same indicator for injecting drug users is even higher. Strict drug policy in the country may contribute to such result. This policy might decrease drug provision⁹, but at the same time this caused increase in incarceration of drug users. Low availability of drug dependency treatment outside the prisons is contributing to overall picture of drug situation in Georgia.

In general, there is increasing evidence of fatal overdose among prisoners with history of injecting drug use after release (Binswanger et al. 2007). Study conducted in Taiwan showed, that prisoners with injecting drug use practice involved in methadone maintenance treatment programs are less likely to die from overdose, compared to those who were not enrolled in such programs (Huang, Y.F 2011). Therefore, pre- and post-release programs that link prisoners about to be released to community treatment programs and other social support are critical and should be available, together with the programs upon release.

Recommendations regarding sexual behavior

The majority of respondents indicate having sexual contacts without consistent condom use. Unsafe sex practices are quite widespread among high risk behavior groups.

It is recommended to conduct continuous educational activities among prisoners aimed at reducing one of the major risk factors (unsafe protected sex) for transmission of blood borne diseases.

Providing information about safe sex is becoming more urgent as the penitentiary department granted the prisoners the right of having long-term visits.

It is recommended to increase awareness of prisoners on safe sex issues, among them – on sexually transmitted infections and HIV/AIDS, along with providing them with condoms and lubricants.

Recommendations regarding attitude towards harm reduction programs

The respondents are aware of some drug dependency treatment methods. One fourth of injecting drug users has referred for medical assistance due to drug addiction. However, 5% of drug users do not know any method of drug dependency treatment. That means that awareness level among them is extremely low, which could determine insufficient skills of health seeking behavior and increase vulnerability of this group.

It is recommended to provide drug user prisoners with the information about necessary medical services.

The fact that so few of the prisoners underwent treatment before imprisonment indicates that there is an urgent need to increase access to effective drug treatment outside prisons in order to contribute to their involvement in the treatment programs and to prevent them from being imprisoned.

Different surveys conducted in different countries reveal that withdrawal is a widespread issue in penitentiary systems. In our survey 59 respondents with injecting drug use history indicate that they have experienced withdrawal while being in prison. Only 10 of them received

⁹ http://www.police.ge/uploads/images/2012/narkodanaSauli_2011.pdf

appropriate medical treatment. Study results suggest, that the problem of withdrawal is neglected at Georgian penitentiary institutions. Abstinence might not be a fatal condition, yet there is evidence, that physical and psychological problems accompanying withdrawal can lead to suicide.

It is to be taken into consideration that admitting having withdrawal symptoms at the places of detention can lead to additional investigation and deteriorate the legal situation of the prisoner. That can result in hiding of facts of withdrawal from the prisoners.

It is recommended to ensure medical treatment of drug withdrawal syndrome. The issues regarding the prisoners' health condition should not become the reason for legal persecution.

Very important is the data regarding priorities of harm reduction programs at the places of detention. In general, the methadone programs (detoxification and substitution) are demanded by prisoners. Medicament detoxification is somewhat less popular. Demand for medicament detoxification is higher for pretrial detention places, than for prisons. Also attitude towards psychosocial rehabilitation programs is quite positive among the prisoners. Data reveal that such programs are on the same demand as methadone detoxification programs.

It is recommended to launch and extend the methadone programs at penitentiary institutions. Special attention should be given to extension of psychosocial rehabilitation programs, in order to ensure high involvement of injecting drug users. As for the places of pretrial detention, along with harm reduction programs the medical treatment for withdrawal (e.g. medicament detoxification) should be supported.

In general, study demonstrated potential for an explosive outbreak of HIV among Georgian injecting drug users. This study observed a high level of syringe sharing in the community; gaps in HIV/AIDS knowledge; low levels of access to evidence-based drug treatment such as methadone substitution programs; inconsistent condom use patterns; and insufficient HIV testing uptake. Although the study did not observe any reports of illicit drug use within prison system, the whole range of needs have been revealed, that should be addressed in an adequate and prompt manner.

Limitations

The presented survey has several limitations that should be taken into consideration:

First of all non-random selection of institutions enrolled into survey should be mentioned. This could have influenced validity of the data. We raised sample size of the study to compensate negative effect of non-random selection, but concerns about extrapolation of study results on whole prison population remains questionable.

43 respondents refused to participate in the survey, which represents 13% of all recruited respondents. 17 (40%) persons were not enthusiastic to participate in the survey, language barrier was indicated by 15 (33%) prisoners and remaining 11 (26%) refused due to health condition.

Despite the fact that all interviews were been conducted without presence of prison staff, in an isolated room, there is possibility, that study participants have given socially desirable answers, especially to the questions recent injecting drug use in prison settings.

Annex No 1. Tables

Table No 1. Socio-demographic characteristics

| | Injecting drug user n (%) | Non injecting drug user n (%) | Never used drugs n (%) | Total n (%) |
|--|--------------------------------------|--|-----------------------------------|------------------------|
| Total number | 137 (46) | 76 (25) | 87 (29) | 300 (100) |
| A 1. Age | | | | |
| 18-27 y.o. | 18 (13) | 36 (47) | 24 (28) | 78 (26) |
| 28-37 y.o. | 57 (42) | 31 (41) | 22 (25) | 110 (37) |
| 38-57 y.o. | 62 (45) | 8 (11) | 38 (44) | 108 (36) |
| 58 y.o. and above | 0 (0) | 1 (1) | 3 (3) | 4 (1) |
| A 2. Education | n=137 | n=76 | n=87 | n=300 |
| Basic | 2 (1) | 5 (7) | 0 (0) | 7 (2) |
| Secondary | 87 (64) | 57 (75) | 70 (80) | 214 (71) |
| Incomplete high | 11 (8) | 7 (9) | 3 (3) | 21 (7) |
| Complete high | 36 (26) | 7 (9) | 14 (16) | 57 (19) |
| No education | 1 (1) | 0 (0) | 0 (0) | 1 (0.3) |
| A 3. Marital status | n=137 | n=76 | n=87 | n=300 |
| Married | 82 (60) | 28 (37) | 53 (61) | 163 (54) |
| Divorced | 9 (7) | 3 (4) | 4 (5) | 16 (5) |
| Widower | 1 (1) | 1 (1) | 0 (0) | 2 (1) |
| Never been married | 45 (33) | 44 (58) | 30 (34) | 119 (40) |
| A 4. Duration of current imprisonment | n=137 | n=76 | n=87 | n=300 |
| Less than 1 year | 15 (11) | 15 (20) | 15 (17) | 45 (15) |
| 1-3 years | 31 (23) | 18 (24) | 25 (29) | 74 (25) |
| >3 years | 91 (66) | 43 (57) | 47 (54) | 181 (60) |
| A 5. How much of your sentence have you finished? | n=137 | n=76 | n=87 | n=300 |
| Less than 1/4 | 21 (15) | 12 (16) | 15 (17) | 48 (16) |
| 25-50% | 48 (35) | 22 (29) | 21 (24) | 91 (30) |
| 51-75% | 41 (30) | 28 (37) | 28 (32) | 97 (32) |
| More than 3/4 | 27 (20) | 14 (18) | 23 (26) | 64 (21) |

Table No 2. Knowledge regarding blood borne diseases

| | Injecting drug user n (%) | Non injecting drug user n (%) | Never used drugs n (%) | Total n (%) | p-value |
|--|------------------------------|----------------------------------|---------------------------|----------------|---------|
| B 1. Have you heard about HIV/AIDS? | n=137 | n=76 | n=87 | n=300 | |
| Yes | 135 (99) | 67 (88) | 80 (92) | 282 (94) | 0.006 |
| No | 2 (1) | 9 (12) | 7 (8) | 18 (6) | |
| B 2. Is it possible to cure HIV completely? | n=135 | n=67 | n=80 | n=282 | |
| Impossible | 97 (72) | 44 (66) | 49 (61) | 190 (67) | |
| Sometimes it's possible | 19 (14) | 11 (16) | 14 (18) | 44 (16) | |
| Always possible | 2 (1) | 2 (3) | 4 (5) | 8 (3) | |
| Do not know | 17 (13) | 10 (15) | 13 (16) | 40 (14) | |
| Impossible | 97 (72) | 44 (66) | 49 (61) | 190 (67) | 0.261 |
| Sometimes/always/ don't know | 38 (28) | 23 (34) | 31 (39) | 92 (33) | |
| B 3. Please tell us your opinion (right, wrong, don't know) | n=135 | n=67 | n=80 | n=282 | |
| B3.1. Does regular condom use prevent from HIV? (correct answer) | 122 (89) | 63 (83) | 66 (76) | 251 (84) | |
| B3.2. Can human become infected through the insect bite? (correct answer) | 58 (42) | 30 (39) | 24 (28) | 112 (37) | |
| B3.3. Can HIV be prevented having the one faithful healthy partner? (correct answer) | 111 (81) | 56 (74) | 63 (72) | 230 (77) | |
| B3.4. Is it possible getting infected using the needles/syringes or paraphernalia with HIV infected person? (correct answer) | 133 (97) | 68 (89) | 83 (95) | 284 (95) | |
| B3.5. the person who looks healthy can't be HIV infected! (correct answer) | 109 (80) | 48 (63) | 53 (61) | 210 (70) | |
| B3.6. Is it possible getting infected using the shared utensils with HIV infected person while eating? (correct answer) | 116 (85) | 55 (72) | 49 (56) | 220 (73) | |
| B3.7. HIV infection is possible through using gloves, soap, water etc. (correct answer) | 115 (84) | 55 (72) | 51 (59) | 221 (74) | |
| 5 correct answers and more | 109 (81) | 49 (73) | 43 (54) | 201 (71) | <0.001 |
| Less than 5 correct answers | 26 (19) | 18 (27) | 37 (46) | 81 (29) | |
| 5 correct answers* | 44 (32) | 20 (26) | 12 (14) | 76 (25) | 0.009 |
| Less than 5 correct answers* | 93 (68) | 56 (74) | 75 (86) | 224 (75) | |

| B 4. | Have you ever been tested on HIV/AIDS? | n=135 | n=67 | n=80 | n=282 | |
|--------------|--|--------------|-------------|-------------|--------------|--------|
| | Yes | 72 (53) | 19 (28) | 23 (29) | 114 (40) | <0.001 |
| | No | 62 (46) | 48 (72) | 57 (71) | 167 (59) | |
| | Don't know | 1 (1) | 0 (0) | 0 (0) | 1 (0) | |
| B 4.1 | Period (months) passed since last testing on HIV? Mean (S.E mean) | 29.4 (3.9) | 21.3 (3.8) | 23.5 (7.6) | 26.8 (2.8) | 0.604 |
| B 5. | Do you know the result of your last testing? | n=72 | n=19 | n=23 | n=114 | |
| | Yes | 49 (68) | 10 (53) | 15 (65) | 74 (65) | 0.401 |
| | No | 23 (32) | 9 (47) | 8 (35) | 40 (35) | |
| B 6. | Have you heard about hepatitis B and C ? | n=137 | n=76 | n=87 | n=300 | |
| | Yes | 130 (95) | 64 (84) | 68 (78) | 262 (87) | |
| | No | 6 (4) | 11 (14) | 18 (21) | 35 (12) | |
| | No answer | 1 (1) | 1 (1) | 1 (1) | 3 (1) | |
| B 7. | How hepatitis B and C can be transmitted? | n=130 | n=64 | n=68 | n=262 | |
| | Unprotected sexual intercourse | 55 (42) | 25 (36) | 13 (17) | 93 (33) | |
| | Transfusing the unverified blood | 56 (42) | 26 (38) | 25 (32) | 107 (38) | |
| | Using the shared syringe | 112 (85) | 53 (77) | 47 (61) | 212 (76) | |
| | Using the shared injecting accessories | 41 (31) | 25 (36) | 11 (14) | 77 (28) | |
| | Shared razor | 36 (27) | 25 (36) | 16 (21) | 77 (28) | |
| | Tattooing using non sterile needle | 5 (4) | 6 (9) | 6 (8) | 17 (6) | |
| | Mother-to-child | 0 (0) | 0 (0) | 0 (0) | 0 (0) | |
| | Don't know | 9 (7) | 10 (14) | 24 (31) | 43 (15) | |
| B 8. | How hepatitis B and C can be prevented? | n=130 | n=64 | n=68 | n=262 | |
| | Regular condom use | 44 (34) | 18 (26) | 5 (7) | 67 (24) | |
| | Using individual sterile syringes/needles and other medical devices | 117 (89) | 55 (80) | 43 (57) | 215 (78) | |
| | Using sterile devices while tattooing | 15 (11) | 5 (7) | 7 (9) | 27 (10) | |
| | Don't know | 13 (10) | 14 (20) | 33 (44) | 60 (22) | |

*- Criteria recommended by UN

Table No 3. Illicit drug use

| | Injecting drug user n (%) | Non injecting drug user n (%) | Never used drugs n (%) | Total n (%) | p-value |
|--|--------------------------------------|--|-----------------------------------|------------------------|----------------|
| C 1. Have you ever taken any illicit drugs? | n=137 | n=76 | n=87 | n=300 | |
| Yes | 137 (46) | 76 (25) | 0 (0) | 213 (71) | |
| No | 0 (0) | 0 (0) | 87 (29) | 87 (29) | |
| C 1.1 Age of taking drugs at first time Mean (S.E mean) | 17.3 (0.3) | 17.0 (0.3) | 0 (0) | 17.2 (0.2) | 0.242 |
| C 2. How did you take drugs?* | n=137 | n=76 | Not relevant | n=213 | |
| Smoking | 111 (81) | 74 (97) | 0 (0) | 185 (87) | |
| Inhalation | 5 (4) | 1 (1) | 0 (0) | 6 (3) | |
| drinking | 10 (7) | 3 (4) | 0 (0) | 13 (6) | |
| Injection | 137 (100) | 0 (0) | 0 (0) | 137 (65) | |
| Don't know | 0 (0) | 0 (0) | 0 (0) | 0 (0) | |
| C 2.1 Age of first injection of drugs MMean (S.E mean) | 20.7 (0.5) | – | – | 20.7 (0.5) | |
| C 2.2 Where did you injected drugs for the first time? | n=137 | Not relevant | Not relevant | n=137 | |
| At public place | 62 (46) | - | | 62 (46) | |
| At home (my own or family member's) | 17 (12) | | | 17 (12) | |
| Friend's home/flat | 26 (19) | | | 26 (19) | |
| Prison/place of detention | 6 (4) | | | 6 (4) | |
| Don't know | 3 (2) | | | 3 (2) | |
| No answer | 23 (17) | | | 23 (17) | |
| C3. Have you used drugs during last one year | n=137 | n=76 | Not relevant | n=213 | |
| Yes | 2 (1) | 2 (3) | – | 4 (2) | |
| No | 133 (97) | 49 (64) | – | 182 (85) | |
| No answer | 2 (1) | 25 (33) | – | 27 (13) | |
| C4. How did you use drugs? | n=137 | n=76 | Not relevant | n=213 | |
| Smoking | 2 (1) | 2 (3) | – | 4 (2) | |
| Inhalation | 0 (0) | 0 (0) | 0 (0) | 0 (0) | |
| drinking | 0 (0) | 0 (0) | 0 (0) | 0 (0) | |
| Injection | 0 (0) | 0 (0) | 0 (0) | 0 (0) | |
| Don't know | 0 (0) | 0 (0) | 0 (0) | 0 (0) | |
| C5. Have you used drugs during last 1 month? | n=2 | n=2 | Not relevant | n=4 | |
| Yes | 0 (0) | 0 (0) | – | 0 (0) | |
| No | 2 (100) | 2 (100) | – | 4 (100) | |
| C7. Have you ever used shared needles or other injecting equipment? | n=137 | Not relevant | Not relevant | n=137 | |
| Yes | 66 (48) | – | – | 66 (48) | |
| No | 70 (51) | – | – | 70 (51) | |
| No answer | 1 (1) | – | – | 1 (1) | |

| | | | | | |
|-------------|--|---------------------|---------------------|---------------------|---------------------|
| C8. | Had you used shared needle or other injecting equipment for taking illicit drugs during 6 months before your imprisonment? | n=66 | Not relevant | Not relevant | n=66 |
| | Yes | 21 (32) | – | – | 21 (32) |
| | No | 44 (67) | – | – | 44 (67) |
| | No answer | 1 (2) | – | – | 1 (2) |
| C8.1 | If yes, how often you used shared needles/equipment? | n=21 | Not relevant | Not relevant | n=21 |
| | Always | – | – | – | – |
| | Almost always | 1 (5) | – | – | 1 (5) |
| | Often | 1 (5) | – | – | 1 (5) |
| | Rarely | 19 (90) | – | – | 19 (90) |
| | Never | 0 (0) | – | – | 0 (0) |
| | Can't remember/ don't know/prefer not to answer | 0 (0) | – | – | 0 (0) |
| C8.2 | How often did you allow others to use your used needle/injecting equipment? | n=21 | Not relevant | Not relevant | n=21 |
| | Always | 0 (0) | – | – | 0 (0) |
| | Almost always | 0 (0) | – | – | 0 (0) |
| | Often | 1 (5) | – | – | 1 (5) |
| | Rarely | 11 (52) | – | – | 11 (52) |
| | Never | 7 (33) | – | – | 7 (33) |
| | Can't remember/ don't know/prefer not to answer | 2 (10) | – | – | 2 (10) |
| C9. | Have you used shared needle or other injecting equipment for taking illicit drugs during last 1 year? | n=66 | Not relevant | Not relevant | n=66 |
| | Yes | 0 (0) | – | – | 0 (0) |
| | No | 23 (35) | – | – | 23 (35) |
| | No answer | 43 (65) | – | – | 43 (65) |
| C10. | The last time you injected with a needle, where did you get it? (if C9. 'Yes') | Not relevant | Not relevant | Not relevant | Not relevant |
| C11. | The last time you injected with a needle, did you use someone else's bottle, spoon, cotton wool/filter? (if C9. 'Yes') | Not relevant | Not relevant | Not relevant | Not relevant |
| C12. | Some prisons have needle exchanges or needle distribution machines where prisoners can confidentially return used syringes and obtain sterile syringes in order to protect their health. If such a program was offered in this prison, would you use it? (if C9. 'Yes') | Not relevant | Not relevant | Not relevant | Not relevant |
| C13. | Have you got administrative fine (or other penalty) due to illicit drug? | n=137 | n=76 | Not relevant | n=213 |
| | Yes | 76 (55) | 13 (17) | – | 89 (42) <0.001 |
| | No | 61 (45) | 39 (51) | – | 100 (47) |
| | No answer | 0 (0) | 24 (32) | – | 24 (11) |

| | | | | | | |
|--------------|--|--------------|-------------|---------------------|--------------|-------|
| C14. | Have you been sent to the pre detention place because of drug use? | n=137 | n=76 | Not relevant | n=213 | |
| | Yes | 62 (45) | 13 (17) | – | 75 (35) | 0.022 |
| | No | 75 (55) | 36 (47) | – | 111 (52) | |
| | No answer | 0 (0) | 27 (36) | – | 27 (13) | |
| C15. | Have you been sent to prison because of drug use? | n=137 | n=76 | Not relevant | n=213 | |
| | Yes | 61 (45) | 11 (14) | – | 72 (34) | 0.006 |
| | No | 76 (55) | 38 (50) | – | 114 (54) | |
| | No answer | – | 27 (36) | – | 27 (13) | |
| C16. | Is current imprisonment associated with drug use? | n=137 | n=76 | Not relevant | n=213 | |
| | Yes | 65 (47) | 11 (14) | – | 76 (36) | 0.002 |
| | No | 72 (53) | 38 (50) | – | 110 (52) | |
| | No answer | – | 27 (36) | – | 27 (13) | |
| C17. | It that your first imprisonment ? | n=137 | n=76 | Not relevant | n=213 | |
| | Yes | 78 (57) | 38 (50) | – | 116 (54) | 0.007 |
| | No | 58 (42) | 10 (13) | – | 68 (32) | |
| | No answer | 1 (1) | 28 (37) | – | 29 (14) | |
| C17.1 | How many times you have been imprisoned? Mean (S.E mean) | 3.1 (0.2) | 2.7 (0.3) | – | 3.1 (0.2) | |
| C18. | Have you ever had overdose or any other negative effects because of drug use (like unconsciousness etc) | n=137 | n=76 | Not relevant | n=213 | |
| | Yes | 41 (30) | 2 (3) | – | 43 (20) | |
| | No | 94 (69) | 10 (13) | – | 104 (49) | |
| | No answer | 2 (1) | 64 (84) | – | 66 (31) | |
| C19. | Last time you experienced overdose did you have any of factors mentioned below? * | n=44 | n=2 | Not relevant | n=46 | |
| | Taking drugs in larger quantities than usual | 27 (66) | 2 (100) | – | 29 (67) | |
| | With alcohol | 10 (24) | 0 (0) | – | 10 (23) | |
| | Using more than 1 drugs | 6 (15) | 0 (0) | – | 6 (14) | |
| | Using drugs at public place | 0 (0) | 0 (0) | – | 0 (0) | |
| | Using drug at unfamiliar place | 0 (0) | 0 (0) | – | 0 (0) | |
| | leaving medical center 2 weeks before this fact | 1 (2) | 0 (0) | – | 1 (2) | |
| C20. | Have you experienced overdose during 2 weeks after leaving the medical center? | n=41 | n=2 | Not relevant | n=43 | |
| | Yes | 1 (2) | 1 (50) | – | 2 (5) | |
| | No | 39 (95) | 1 (50) | – | 40 (93) | |
| | No answer | 1 (2) | 0 (0) | – | 1 (2) | |
| C21. | Have you ever experienced overdose in prison? | n=41 | n=2 | Not relevant | n=43 | |
| | Yes | 4 (10) | 0 (0) | – | 4 (9) | |

| | | | | |
|-----------|---------|---------|---|---------|
| No | 34 (83) | 2 (100) | – | 36 (84) |
| No answer | 3 (7) | 0 (0) | – | 3 (7) |

C22. Have you heard about the facts of using illicit drugs in prison during last 1 year?

| | n=137 | n=76 | n=87 | n=300 |
|-----------|----------|---------|---------|----------|
| Yes | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| No | 129 (94) | 69 (91) | 72 (83) | 270 (90) |
| No answer | 8 (6) | 7 (9) | 15 (17) | 30 (10) |

* multiple answers

Table No 4. Sexual behavior

| | Injecting drug user n (%) | Non injecting drug user n (%) | Never used drugs n (%) | Total n (%) | p-value |
|--|------------------------------|----------------------------------|---------------------------|----------------|---------|
| D1. Before your imprisonment during last 1 year did you have sexual relations? Under this we mean sexual relations with spouse, permanent or casual sexual partners | n=137 | n=76 | n=87 | n=300 | |
| Yes | 132 (96) | 71 (93) | 76 (87) | 279 (93) | |
| No | 5 (4) | 5 (7) | 10 (11) | 20 (7) | |
| No answer | 0 (0) | 0 (0) | 1 (1) | 1 (0) | |
| D2. How often did you use condoms during this time? | n=137 | n=76 | n=87 | n=300 | |
| Always (100% of cases) | 22 (16) | 15 (20) | 7 (8) | 44 (15) | |
| Almost always (76-99%) | 9 (7) | 9 (12) | 4 (5) | 22 (7) | |
| Often (25-75%) | 28 (20) | 13 (17) | 15 (17) | 56 (19) | |
| Rarely (1-24%) | 42 (31) | 21 (28) | 24 (28) | 87 (29) | |
| Never | 30 (22) | 15 (20) | 25 (29) | 70 (23) | |
| Can't remember/ don't know/prefer not to answer | 6 (4) | 3 (4) | 12 (14) | 21 (7) | |
| Always | 22 (16) | 15 (20) | 7 (8) | 44 (15) | 0.090 |
| Not always | 115 (84) | 61 (80) | 80 (92) | 156 (85) | |
| D3. Have you had any kind of non-compulsory sexual contact during last 1 year? | n=137 | n=76 | n=87 | n=300 | |
| Yes | 6 (4) | 5 (7) | 4 (5) | 15 (5) | |
| No | 129 (94) | 67 (88) | 77 (89) | 273 (91) | |
| No answer | 2 (1) | 4 (5) | 6 (7) | 12 (4) | |
| D6. Has someone forced you any kind of sexual contacts during last 1 year? | n=6 | n=5 | n=4 | n=15 | |
| Yes | – | – | – | – | |
| No | 6 (100) | 5 (100) | 4 (100) | 15 (100) | |

D7. Have you had any kind of sexual contact for money or other kind of incentive?

| | n=6 | n=5 | n=4 | n=15 |
|-----|---------|---------|---------|----------|
| Yes | – | – | – | – |
| No | 6 (100) | 5 (100) | 4 (100) | 15 (100) |

Table No 5. Attitudes towards drug dependency treatment and harm reduction programs

| | Injecting drug user n (%) | Non injecting drug user n (%) | Never used drugs n (%) | Total n (%) | CI (95%) |
|---|------------------------------|----------------------------------|---------------------------|----------------|----------|
| E1. What kind of dependency treatment you have heard about in terms of illicit drug use ?* | n=137 | n=76 | Not relevant | n=213 | |
| Medic. Detoxication | 47 (34) | 2 (14) | – | 49 (32) | |
| Methadone substitution | 60 (44) | 6 (43) | – | 66 (44) | |
| Methad. Detoxication | 44 (32) | 3 (21) | – | 47 (31) | |
| Psychol. Rehabilitation | 46 (34) | 2 (14) | – | 48 (32) | |
| None of them | 7 (5) | 1 (7) | – | 8 (5) | |
| All of them | 68 (50) | 6 (43) | – | 74 (49) | |
| E2. Have you undergone to any kind of treatment before imprisonment? | n=137 | n=76 | Not relevant | n=213 | |
| Yes | 33 (24) | 1 (1) | – | 34 (16) | |
| No | 102 (74) | 75 (99) | – | 177 (83) | |
| No answer | 2 (1) | – | – | 2 (1) | |
| E2.1. If yes, what kind of treatment it was? * | n=33 | n=1 | Not relevant | n=34 | |
| Medic. Detoxification | 20 (61) | 1 (100) | – | 21 (62) | |
| Methadone substitution | 4 (12) | 0 (0) | – | 4 (12) | |
| Methad. Detoxication | 4 (12) | 0 (0) | – | 4 (12) | |
| Psychol. Rehabilitation | 4 (12) | 0 (0) | – | 4 (12) | |
| No answer | 1 (3) | 0 (0) | – | 1 (3) | |
| E2.2. How long this treatment lasted? Mean (S.E mean) | 60.3 (26.7) | 45.0 (–) | – | – | |
| E2.3. If no, why you did not take the course of treatment? | n=102 | n=10 | Not relevant | n=112 | |
| I do not have any problems in terms of drug use | 62 (64) | 9 (90) | – | 71 (66) | |
| Treatments is not available for me | 13 (13) | 0 (0) | – | 13 (12) | |
| I do not want to take any course of treatment | 1 (1) | 0 (0) | – | 1 (1) | |
| I can manage my problems myself | 23 (24) | 2 (20) | – | 25 (23) | |
| I don't know what kind of results I get after this kind of | 3 (3) | 0 (0) | – | 3 (3) | |

| | | | | | | |
|----------------|---|--------------|---------------------|---------------------|--|-------------------|
| | treatment | | | | | |
| | There was no a place in treatment program | 0 (0) | 0 (0) | – | | 0 (0) |
| | The treatment is too expensive for me | 4 (4) | 0 (0) | – | | 4 (4) |
| E3. | Have you ever experienced a withdrawal at the places of detention? | n=137 | n=76 | Not relevant | | n=213 |
| | Yes | 59 (43) | 1 (1) | – | | 60 (28) |
| | No | 76 (55) | 10 (13) | – | | 86 (40) |
| | No answer | 2 (1) | 65 (86) | – | | 67 (31) |
| E3.1. | If yes, were you offered any kind of medical assistance? | n=59 | n=1 | Not relevant | | n=60 |
| | Yes | 10 (17) | 1 (100) | – | | 11 (18) |
| | No | 49 (83) | 0 (0) | – | | 49 (82) |
| E3.1.1. | What kind of treatment it was? | n=10 | n=1 | Not relevant | | n=11 |
| | Medic. Detoxication | 2 (20) | 0 (0) | – | | 2 (18) |
| | Methad. Detoxication | 7 (70) | 1 (100) | – | | 8 (73) |
| | Psychol. Rehabilitation | 1 (10) | 0 (0) | – | | 1 (9) |
| E4. | Priorities for the places of pre detention (first place) | n=137 | Not relevant | Not relevant | | n=137 |
| | Medic. Detoxication | 14 (10) | – | – | | 14 (10) 5% - 15% |
| | Methadone substitution | 53 (39) | – | – | | 53 (39) 31% - 47% |
| | Methad. Detoxication | 59 (43) | – | – | | 59 (43) 35% - 51% |
| | Psychol. Rehabilitation | 19 (14) | – | – | | 19 (14) 8% - 20% |
| | Needles distribution ** | 1 (1) | – | – | | 1 (1) – |
| E4.1 | Priorities for prisons (first place) | n=137 | Not relevant | Not relevant | | n=137 |
| | Medic. Detoxication | 7 (5) | – | – | | 7 (5) 1% - 7% |
| | Methadone substitution | 57 (42) | – | – | | 57 (42) 34% - 50% |
| | Methad. Detoxication | 45 (33) | – | – | | 45 (33) 25% - 41% |
| | Psychol. Rehabilitation | 25 (18) | – | – | | 25 (18) 12% - 24% |
| | Needles distribution ** | 2 (1) | – | – | | 2 (1) – |

* multiple answers

** only second place is given in terms of priority

Annex No 2. Survey questionnaire



MAINline



Project “Humanity First”

**Survey on drug use, drug-related risk behaviors,
drug dependency treatment and harm reduction program implementation
in penitentiary institutions of Georgia**

Survey Questionnaire

Tbilisi, 2011

The project “Humanity first” is funded by MATRA and implemented by Mainline foundation, Union “Alternative Georgia” and Center for Information and Counseling on Reproductive Health Tanadgoma

Questionnaire

Interviewer's signature certifying that the respondent has verbally consented to the interview:

Results codes:

| | |
|---------------------|---|
| Completed | 1 |
| Partially completed | 2 |
| Refusal | 3 |
| Other (Specify) | 4 |

Penitentiary Institution of interview:

- No. 17 (Rustavi) (1)
- No. 12 (Tbilisi) (2)
- No. 6 (Rustavi) (3)

SECTION A: SOCIODEMOGRAPHICS

A1. How old are you?

- 18 years to 27 years (1)
- 28 years to 37 years (2)
- 48 years to 57 years (3)
- 58 years and older (4)
- No answer (99)

A2. What is the highest level of education you have received?

- Primary (1 - 4 grades) (1)
- Secondary (school, vocational/technical school) (2)
- Incomplete higher (3)
- Higher (4)
- No education (5)
- No answer (99)

A3. What is your current marital status?

- Married (1)
- Divorced/separated (2)
- Widower (3)
- Never been married (4)
- No answer (99)

A4. How long have you been incarcerated?

- Up to 1 year (1)
- 1 to 3 year (2)
- More than 3 year (3)
- No answer (99)

A5. How much of your sentence have you completed?

- Less than one quarter of the time (1)
- Between 25% and half of the time(2)
- Between 50% and 75% of the time(3)
- More than three-quarters(4)
- Sentence not determined/sentence indeterminate(5)
- Don't know/ No answer(99)

SECTION B: KNOWLEDGE ABOUT BLOOD-BORNE PATHOGENS

B1. Have you ever heard of HIV or AIDS?

- Yes (1)
- No (2)
- No answer (99)

If “No” or “No answer”, explain: “AIDS is acquired immune deficiency syndrome, a disease of the body’s immune system. It is caused by infection with HIV, the human immunodeficiency virus.”

B2. To the best of your knowledge, is it possible to cure HIV infection or AIDS?

- Impossible (1)
- Sometimes possible (2)
- Always possible (3)
- Don’t know (88)
- No answer (99)
- Other (specify): _____

B3. Please tell me if the following statements about HIV and AIDS are true or false or you do not know:

| Statement | Yes | No | Don’t know |
|--|-----|----|------------|
| B3.1 You can reduce the risk of infection with HIV if you properly use condoms during every sexual contact. | 1 | 2 | 88 |
| B3.2 You can get HIV from a mosquito bite. | 1 | 2 | 88 |
| B3.3 You can protect yourself from HIV if you have a reliable sexual partner. | 1 | 2 | 88 |
| B3.4 You can get HIV if you share utensils with someone who has HIV. | 1 | 2 | 88 |
| B3.5 A person who looks healthy does not have HIV. | 1 | 2 | 88 |
| B3.6 You can be infected with HIV if you share someone else’s syringe or needle. | 1 | 2 | 88 |
| B3.7 If you share injecting equipment, such as glasses, spoons, cotton wool or filters or water, with someone else. | 1 | 2 | 88 |

Read: *For the following two questions, please do not tell me the results of your HIV test, if you have been tested.*

B4. Have you ever been tested for HIV?

- Yes (1)
- No (2)
- Don’t know (88)
- No answer (99)

B4.1 If “Yes”, what was the approximate date of your last test? _____
If “No”, go to **B6**

B5. Do you know the results of your last test?

- Yes (1)
- No (2)
- No answer (99)

B6. Have you heard of hepatitis B and C?

- Yes (1)
- No (2)
- No answer (99)

B7. How are hepatitis B and C transmitted?

- Unprotected sexual contact (1)
- Unverified blood transfusion (2)
- Syringe sharing (3)
- Sharing injecting equipment (4)
- Sharing razors (5)
- Using non-sterile needle when tattooing (6)
- From mother to child (7)
- Don't know (88)
- No answer (99)

B8. How can you reduce your risk of infection with hepatitis B and C?

- Using condom during every sexual contact (1)
- Using sterile needles and syringes and other medical and cosmetological tools (2)
- Using sterile needles when tattooing (3)
- Don't know (88)
- No answer (99)

SECTION C: ILLICIT DRUG USE

Read: “In this section, I am going to ask you some questions about illegal drugs. For this study, this means drugs that are illegal, like heroin, or drugs that are legal, like Coaxil, but are being used improperly.”

C1. In your lifetime, have you ever used illegal drugs?

- Yes (1)
- No (2)
- No answer (99)

C1.1 If yes, when did you first use illegal drugs? Year _____
If “No”, go to **C22**

C2. Please describe how you have ever used them:

- Smoked (1)
- Snorted (2)
- Swallowed (3)
- Injected (4)
- Don’t know (88)
- No answer (99)

C2.1 If ever injected, how old were you when you first injected? _____

C2.2 If ever injected, where were you when you first injected?

- Public place (1)
- Private house, your own or family’s (2)
- Private house, friend or acquaintance (3)
- Jail/prison/detention (4)
- Don’t know (88)
- No answer (99)

C3. During the last year, have you ever used illegal drugs?

- Yes (1)
- No (2)
- No answer (99)

If “No”, go to **C7**

C4. Please describe how you have ever used them:

- Smoked (1)
- Snorted (2)
- Swallowed (3)
- Injected (4)

C5. In the past month, have you used illegal drugs?

- Yes (1)
- No (2)
- No answer (99)

If “No”, go to **C7**

C6. Please describe how you have used them in the past month:

- Smoked (1)
- Snorted (2)
- Swallowed (3)
- Injected (4)

C7. Have you ever used a shared needle/syringe to inject illegal drugs?

- Yes (1)
- No (2) }
- No answer (99)

If “No”, go to **C12**

C8. In the six month period before your current incarceration, did you ever use a shared needle/syringe to inject illegal drugs?

- Yes (1)
- No (2)
- No answer (99)

If “No”, go to **C9**

C8.1 If yes, how often did you use a shared needle/syringe?

- Always (1) (100% of the time)
- Almost always (2) (76% to 99%)
- Usually (3) (25% to 75%)
- Rarely (4) (1% to 24%)
- Never (5) (0%)
- Can’t recall/ Don’t know/ Prefer not answer (99)

C8.2 How often did you allow somebody else to use your used needle/syringe?

- Always (1) (100% of the time)
- Almost always (2) (76% to 99%)
- Usually (3) (25% to 75%)
- Rarely (4) (1% to 24%)
- Never (5) (0%)
- Can’t recall/ Don’t know/ Prefer not answer (99)

C9. During the last year, have you ever used a shared needle/syringe to inject illegal drugs?

- Yes (1)
- No (2)
- No answer (99)

If “No”, go to **C12**

C9.1 If yes, how often did you use a shared needle/syringe?

- Always (1) (100% of the time)
- Almost always (2) (76% to 99%)
- Usually (3) (25% to 75%)
- Rarely (4) (1% to 24%)
- Never (5) (0%)
- Can’t recall/ Don’t know/ Prefer not answer (99)

C9.2 How often did you allow somebody else to use your used needle/syringe?

- Always (1) (100% of the time)
- Almost always (2) (76% to 99%)
- Usually (3) (25% to 75%)
- Rarely (4) (1% to 24%)
- Never (5) (0%)
- Can’t recall/ Don’t know/ Prefer not answer (99)

C9.3 How difficult is it to obtain a sterile needle when you want one?

- Impossible (1)
- Very difficult (2)
- Not very difficult (3)
- Easy (4)
- No answer (99)

C10. The last time you injected with a needle, where did you get it?

- Other inmate (1)
- Homemade (2)
- Nurse/health clinic (3)
- Brought in from outside (4)
- No answer (99)

C11. The last time you injected with a needle, did you use someone else’s bottle, spoon, cotton wool/filter?

- Yes (1)
- No (2)
- No answer (99)

C12. Some prisons have needle exchanges or needle distribution machines where prisoners can confidentially return used syringes and obtain sterile syringes in order to protect their health. If such a program was offered in this prison, would you use it?

- Yes (1)
- No (2)
- No answer (99)

C12.1 If yes, what type of needle exchange service would you prefer? *Read list*

- Distribution by nurses or doctors in the prison clinic (1)
- Distribution by trained prisoners (2)
- Distribution by outsiders to the prison (3)
- Distribution by vending machines (4)
- No answer (99)

C13. Have you ever been penalized or fined under administrative law because of drug use?

- Yes (1)
- No (2)
- No answer (99)

C14. Have you ever been in pre-trial detention because of drug use?

- Yes (1)
- No (2)
- No answer (99)

C15. Have you been in prison because of drug use before?

- Yes (1)
- No (2)
- No answer (99)

C16. Is your current incarceration related to drug use?

- Yes (1)
- No (2)
- No answer (99)

C17. Is this your first time you have been incarcerated?

- Yes (1)
- No (2)
- No answer (99)

C17.1 If no, how many times have you been in prison? ____

C18. Have you ever overdosed, or had a negative reaction from using drugs, like losing consciousness?

- Yes (1)
- No (2)
- No answer (99)

If “No”, go to **C22**

C19. The last time you overdosed, were any of the following factors true?

- Using greater amount of drugs than usual (1)
- Using drugs along with alcohol (2)
- Using more than one type of drug at the same time (3)
- Using drugs in public (4)
- Rushing to use drugs (5)
- Using drugs in a new place or location (6)
- Released from custody in the previous two weeks (7)
- Recently stopped treatment for drug use (8)
- No answer (99)

C20. Have you ever overdosed in the two week period after being released from custody?

- Yes (1)
- No (2)
- No answer (99)

C21. Have you ever overdosed in prison?

- Yes (1)
- No (2)
- No answer (99)

C22. During the last year, are you aware of any illegal drug use by other prisoners?

- Yes (1)
- No (2)
- No answer (99)

C22.1 If yes, did this involve the individuals injecting drugs?

- Yes (1)
- No (2)
- Don't know (88)
- No answer (99)

SECTION D: SEXUAL EXPERIENCES

D1. In the year before you were incarcerated, did you have any sexual experiences? These voluntary activities could have been with a lover, a spouse or a “one-night stand.”

- Yes (1)
- No (2)
- No answer (99)

If no, go to **D3**

D1.1 If yes, how many sexual experiences did you have? _____

D2. During this time, how often did you use a condom?

- Always (1) (100% of the time)
- Almost always (2) (76% to 99%)
- Usually (3) (25% to 75%)
- Rarely (4) (1% to 24%)
- Never (5) (0%)
- Can't recall/ Don't know/ Prefer not answer (99)

D3. During the last year, have you had any voluntary sexual activities?

- Yes (1)
- No (2)
- No answer (99)

If “No”, go to **D6**

D4. During these sexual activities while incarcerated, how often did you use a condom?

- Always (1) (100% of the time)
- Almost always (2) (76% to 99%)
- Usually (3) (25% to 75%)
- Rarely (4) (1% to 24%)
- Never (5) (0%)
- Can't recall/ Don't know/ Prefer not answer (99)

If “Always”, go to **D6**

D5. What were the reasons for not using condoms (Multiple possible responses; do not prompt participant.)

- I didn't remember (1)
- Partner refused (2)
- Condoms unavailable (3)
- I trust my partner (4)
- Condoms can tear, no sense in using them (5)

- I'm embarrassed to ask my partner (6)
- Other response ----- (specify)
- No response (99)

Before asking question D6, state that the question may invoke disturbing memories in the participant and that he is free to not answer the question.

D6. During last year, were you ever forced to have sex or perform a sexual act against your will?

- Yes (1)
- No (2)
- No answer (99)

D7. During the last year, did you ever have sex or perform a sexual act in exchange for anything, like money, drugs, favours or protection?

- Yes (1)
- No (2)
- No answer (99)

SECTION E: TREATMENT FOR DRUG USE

If the participant answered “No” to question C1, skip section E.

Please read all possible answers

E1. What types of treatment for illicit drug use have you heard about?

- Medical detoxification (1)
- Opioid substitution therapy with methadone (2)
- Methadone detoxification (3)
- Psychological rehabilitation (4)
- No answer (99)
- Other (6), Specify: _____

E2. Before being imprisoned, did you ever participate in treatment for drug use?

- No (1)
- Yes (2)
- Don't know (3)
- No answer (99)

E2.1 If yes, what kind of treatment? Specify: _____

E2.2 If yes, what was the longest period of treatment? Specify: _____

E2.3 If no, why have you not participated in drug treatment? (Check all that apply)

- I don't have a problem with drug use (1)
- Treatment is not available to me (2)
- I don't want to go to treatment (3)
- I can handle my problem on my own (4)
- I don't know what treatment to do (5)
- Treatment programme was full (6)
- I can't afford treatment (7)
- No answer (99)

E3. When imprisoned, have you ever experienced withdrawal?

- Yes (1)
- No (2)
- No answer (99)

E3.1 If yes, were you offered any treatment?

- Yes (1)
- No (2)
- No answer (99)

E3.1.1. If yes, what kind of treatment was offered? Specify: _____

E4. Please prioritize the following programs (which is more necessary for the inmates):

| Program | Pre-trial detention institutions | Prisons |
|---|---|----------------|
| E4.1 Medicamental detoxification | | |
| E4.2 Methadone substitution therapy | | |
| E4.3 Methadone detoxification | | |
| E4.4 Psychological rehabilitation | | |
| E4.5 Making syringes available to prisoners | | |

Read: Thank you for your responses to my questions. They have been very helpful and will inform projects to benefit the health and safety of prisoners in Georgia.

During the interview the participant was:

- Interested, engaged (1)
- Indifferent, uninterested (2)
- Calm (3)
- Agitated (4)

Annex No 3. Report of qualitative survey



MAINline



Assessment of Harm Reduction Needs in Penitentiary Institutions

Main findings of a Formative Research

Qualitative survey report

June - September 2010

Study objective: To assess the necessity of implementing programs related to drug use, drug use related risky behavior, drug dependence treatment and harm reduction programs in penitentiary institutions.

The organizations supporting project: The Ministry of Correction and legal assistance of Georgia.

Target groups:

- The personnel of Medical Department of Ministry of Correction and Legal Assistance of Georgia (Prison doctors).
- The personnel of Penitentiary Department and Regimen Service of Ministry of Correction and Legal Assistance of Georgia (Prison doctors).
- The personnel of Social Service of Penitentiary Department (Social workers)
- The inmates at the penitentiary institutions of Georgia.

The location of qualitative survey implementation:

- No17 institution - semi open and closed type detention institution;
- No12 institution - semi-open type detention institution;
- No 6 institution – semi-open and closed mixed type detention institution.

The facilitators of qualitative survey:

Giorgi Lomidze, Sergi Chikhladze, Vazha Kasrelishvili.

The qualitative survey methodology: the qualitative survey protocol and questionnaires.

The qualitative survey implementation period: June - September 2010

Main findings

Knowledge and attitudes about HIV/AIDS and Hepatitis (B, C)

Route of transmission and means of prevention of HIV/AIDS and Hepatitis (B, C)

All interviewed groups have demonstrated quite good knowledge about the routes of HIV/AIDS and hepatitis (B, C) transmission and means of prevention. Syringes and needles sharing were listed as the major routes of transmission for these diseases. Only few have wrong impressions and list the transmission routes such as shared hygienic objects (e.g.: roller deodorants) and food sharing.

Almost every group has listed the new, individual injecting equipment and safe sexual relationships as the major option to prevent the HIV infection and viral hepatitis.

It should be mentioned that generally, in each group awareness on HIV/AIDS is higher than on viral hepatitis. The inmates are better informed about the hepatitis C, than about the hepatitis B.

The respondents' knowledge about the above mentioned issues does not differ much between groups and the level of awareness is more or less equal.

The prevalence of HIV/AIDS and viral hepatitis (B, C) in prisons

Almost every study group believes that in the Georgian penitentiary institutions the prevalence of HIV infection is not high. Different groups name 1 to 5 percent. Compared to HIV, from respondents' point of view, the prevalence of hepatitis is much higher. They believe that prevalence of hepatitis is from 20 to 70 percent. The prison personnel, as well as prisoners receive the information about prevalence of viral hepatitis from convicts.

The HIV/AIDS and viral hepatitis (B, C) associated risky behaviors in prisons

All groups of respondents mention that use of shared injecting equipment in prisons is almost eradicated. This is explained with strict control over the flow of injectables, including the random checks (rummages) and prohibition of long-term meetings. Nevertheless, small part of the respondents still admits there is a theoretical chance of drugs entering the prisons.

Homosexual contacts and sexual abuse

Every group of respondents gives negative answer to the question about existence of homosexual relationships or cases of sexual abuse at the penitentiary institutions. According to them, these types of prisoners are isolated in separate cells and as a result contact with them is very limited; nevertheless respondents also admit that inside their society it is not surprising that homosexual relationships exist. The level of consensus about the above mentioned issues is very high between the groups of respondents.

Additional risks (tattoo practice and use of shared shaving instruments)

The situation is similar concerning the tattooing practices and use of shared shaving instruments. It is prohibited for a prisoner to have the tattooing equipment and this is strictly controlled. As a result, the prisoners' group highlights that the tattooing is not as popular as it used to be two or three years ago.

Almost all respondents have mentioned that cases of sharing the shaving instruments are minimal; everyone can afford buying the disposable shaver. Nevertheless it is impossible to control this and they are not able to completely eliminate this factor.

Only one inmate admitted that he has used somebody else's shaving equipment, as a result of prison staff demand (the inmate was strictly asked to shave the beard). Since the convict was recently transferred to the given institution, he did not have the personal hygiene items yet. As a result, he had to use somebody else's shaver.

HIV/AIDS related stigma and attitudes towards the HIV positive patients

The absolute majority of respondents state that they only have feeling of empathy and will to help towards the HIV positive prisoner. In this context, certain fear towards HIV infected prisoners was observed only in single cases, which have certain basis. This is fear towards HIV positive patients, because they might "embitter" and try to "infect" others. On the other hand respondents note that it is desirable to isolate infected prisoners in separate cells, as long as there is a threat of sharing the personal hygienic items due to inattentiveness or carelessness. Overall it could be stated that every group of respondents express certain empathy and will to help towards the HIV infected patients. Every group states that it is inadmissible to restrict these people in the course of daily interpersonal relationships; furthermore, there is no need to do so.

Study of narcotic substance spread in prisons and associated risky behaviors in Prison

Illegal drug flow in prisons

Almost every group of respondents states that at the moment the injectible drugs are not available at the penitentiary institutions. The same is true about the self-made narcotic substances; convicts admit that flow of ingredients needed to prepare these substances into the prison is maximally suppressed. They also emphasized that it is almost impossible to bring the ingredients and equipment (e.g. electric heater) needed to prepare self-made stimulants into penitentiary institution and is far more risky then trying to illegally bring in the heroin or subutex.

In this context, some of the respondents note that theoretical chances of bringing drugs into the prison still exist (especially in the remaining open type institutions), but probability is very low. At the same time they have mentioned that some prisoners have psychotropic medications prescribed the doctor and supposedly prisoners use certain amount of these medications for injection.

Risky behavior practice associated with drug use

Each group of the respondents reached high level of consensus concerning the fact that availability of injection drugs for prisoners is extremely limited. They mentioned that every syringe is registered and each of them is destroyed after use. At the same time the considerations exist that uncontrolled inflow of syringes into prisons is possible. The proof of above-mentioned is that syringes have been withdrawn during the rummages. Some respondents state that there have been cases when convicts construct the self-made injection instrument e.g. with the “core” of the pen.

The attitude towards the drug users

The absolute majority of respondents consider the drugs users as ill persons, though at the same time they admit that drug dependence and abstinence forces them to criminal actions. In general they believe that addiction is the hardly treatable disease, and these people should be given a chance to be treated. It should be noted that few respondents even believe that imprisonment of drug addict can be considered as a mean of “treatment” by itself. The personnel as well as convicts agree to this consideration. Nevertheless, majority of the respondents consider that drug users should not be imprisoned and instead they should be offered different means of treatment.

Research on drug addiction treatment methods and introduction/expansion of these methods in prisons

General awareness on drug addiction treatment methods

Majority of respondents name methadone replacement therapy course and psychological rehabilitation as a main method of drug addiction treatment. The prisoners also have heard about detoxification therapy. Overall, it could be concluded that they have superficial information about the drug addiction treatment methods. Those respondents who are involved in “12 steps” program have more information about the above mentioned issue.

The opinions about methadone detoxification/replacement programs and their expansion

Respondents have general knowledge about the methadone replacement program and know what the idea of the program is. Some of them are informed about the program implemented at the Gldani #18 prison.

Most of the respondents state that the methadone detoxification program will be productive in prisons, especially in jails, where the convict is placed first. They explain the opinion with the fact that for the convict being in abstinence is extremely hard to overcome the problem without medical care.

There have been few considerations about that methadone detoxification program cannot have long term effects. The evaluation of respondents’ replies has revealed that methadone detoxification program implementation and expansion is on demand at the pre-trial detention

(place where convicts are initially placed) and the level of consensus about this issue is very high.

The opinions drastically differ about methadone replacement therapy expansions in so called “zones” (open type institutions). It should be noted that as a result of functional arrangement of the penitentiary system the prisoners are brought to such institutions only after a certain period of time, which could be few months or years. The prisoners who oppose expansion of methadone replacement therapy in such institutions explain their attitude with the fact that, the convicts no longer use drugs and do not have the problem of abstinence by the time they are placed in these institutions. From the opponents point of view the program implementation will cause prisoners to be re-involved in drug activities, which means they will face the physical and psychological problems associated with drug use once more.

The supporters of methadone replacement therapy believe that there are convicts who have such strong psychological abstinence that they are not able to have normal relationships with environment and surrounding people. The methadone program will ensure their better involvement in daily activities.

The inclusion criteria for methadone detoxification/replacement program

Respondents believe that quite a big number of prisoners will be willing to enroll in the methadone replacement program. Presumably, majority of former intravenous drugs users will be eager to enroll in the program. It was also considered that person you have never tried the drugs may participate in the program. The reason for that might be stress coping and “play for time”. Nevertheless a considerable number of respondents do not agree with this consideration and state that a person who has never tried the illicit drug will not try to enroll in the program.

The absolute majority of respondents state that only drug addicted persons should be included in the methadone replacement program (if these programs are introduced). Almost every group of respondents affirmed that medical personnel should elaborate criteria according to which the prisoners will be selected for enrollment in the methadone replacement program.

Psychological rehabilitation

Discussions about this issue have been held mainly with convicts group. Almost every respondent emphasized the importance of psychological rehabilitation for drug addicts. In addition they consider that this method should be combined with other means and implemented after the physical abstinence is coped. The majority of respondents mention that psychological rehabilitation should be introduced in every institution. And some of the respondents think that the mentioned methodology should be adapted to local “mentality”.

Necessity of drug use-related harm reduction programs implementation in prisons

About the availability of injection equipment

Attitudes towards syringe availability are different. Majority of prisoner respondents think that new syringe/needle should be accessible for prisoners, but only for medical purposes. This consideration is based on the argument that if a convict needs to inject the prescribed medication during the night hours, he has to wait for medical personnel to come; but in case of syringe availability they would be able to make injection by themselves. At the same time convicts state that medical service is well organized and they have to wait for 10-15 minutes for the medical

aid. The respondents don't see the need for syringe for drug use, since the drugs are almost unavailable.

The readily available syringes and needles could be a motivating factor for prisoners to try to get the drugs. This is mostly the penitentiary system staff opinion. AS for convicts they don't think syringe availability will somehow trigger illegal flow of drugs to the prison.

Although respondents don't see the need for readily available injection equipment (because of absence of drugs), some of them state that if drugs existed in the prisons, availability of syringes would be important in terms of disease prevention. It also should be noted that these respondents represent minority.

Awareness and attitudes towards needle exchange programs

In general respondents have very scarce knowledge about needle exchange programs. Majority of respondents state that in general such programs can have certain benefits, in terms of social hygiene as well as disease prevention. At the same time few of the respondents remarked that needle exchange program is a waste of time and resources.

Need for needle exchange programs at the penitentiary institutions

In general, majority of respondents are against of introducing the needle exchange program in prisons. Some of them believe that it is just not needed because the rugs are not available in prison; on the other hand they think that readily available injection equipment will be motivating factor to bring the drugs in prisons.

Respondents think that introduction of this type of programs in prisons will be justified only if admitted that drugs get into the prisons. They believe that such programs are more beneficial in these circumstances, and if they are well planned and organized. In this case, they consider that medical department in collaboration with regimen department should be implementing the program. At the same time respondents emphasize the importance of anonymity and confidentiality of persons enrolled n the program. The groups of respondents show high level of consensus about these issues.

Conclusions

- The level of awareness on blood born infections is lower than desired.
- Every group of respondents participating in the study approve the expansion of methadone detoxification program in pre-trial detention;
- Every group of respondents participating in the study give positive feedback on expansion of psychological rehabilitation programs for drug addicted persons in the penitentiary institutions;
- Majority of respondents take the issue of introducing methadone replacement program in the penitentiary institutions (so called “zones” - open type institutions) with caution. The commonly accepted views about the positive or negative outcomes of methadone replacement programs do not exist;
- Ensuring the availability of disposable injection equipment or introducing/setting up the needle exchange program is not the first priority at the moment, according to the penitentiary system personnel, as well as prisoners.

Recommendations *(to be considered in qualitative survey questionnaire)*

- To assess awareness on HIV infection it is recommended to add a question about the risks of using the shared syringe/needle and injection equipment to the UNGASS indicators (Most at risk population: Knowledge about HIV Transmission Prevention; *Guidelines on Construction of Core Indicators, 2010 reporting*);
- It is desirable to assess the knowledge on routes of transmission and means of prevention of Hepatitis B, C as long as respondents showed to be less informed about these issues;
- It is desirable to get the information on how many persons are imprisoned for drug use. As long as respondents state that many convicts are imprisoned because of drug use;
- Taking into account that considerable part of convicts has experience of using the drugs, it is desirable to include in the questionnaire questions about the number of prisoners with physical abstinence by the time of detention. Besides information about the aid offered in such situation is another important issue.
- As long as drug use at the penitentiary institutions is illegal activity and may cause additional sentence, it is not advisable to directly ask the question about drug use at the penitentiary institutions. This type of information should be obtained through combining the data about the last drug use and terms of imprisonment;
- As long as open and close type institutions have different levels of security, it is advisable to obtain information about the need of harm reduction activities separately for each institution;
- Considering that respondents from different groups have diverse attitudes towards the harm reduction components, it is advisable to introduce the question that will enable respondents to prioritize these issues, that eventually enables us to have clearer idea about convicts' attitudes towards the harm reduction aspects.

References:

1. WHO, UNODC and UNAIDS (2007) Interventions to address HIV in prisons: Drug dependence treatments (Evidence for Action Technical Paper). Geneva: WHO;
2. Jürgens, R., Ball, A., Verster, A. (2009) Interventions to reduce HIV transmission related to injecting drug use in prison. *Lancet Infect Dis*, vol. 9, pp 57 – 66.
3. EMCDDA statistical Bulletin 2011. Drug users in prison.
4. Kirkwood B.R and Sterne J.A.C (2003) *Essential Medical statistics*, second edition. Eds. Blackwell Science; pp 143-144
5. Sabitu K, Iliyasu Z, Joshua IA. An assessment of knowledge of HIV/AIDS and associated risky behavior among inmates of Kaduna convict prison: the implications for Prevention Programmes in Nigerian Prisons. *Niger J Med*. 2009 Jan-Mar;18(1):52-8
6. Akeke VA, Mokgatle M, Oguntibeju OO. Assessment of knowledge and attitudes about HIV/AIDS among inmates of Quthing prison, Lesotho. *West Indian med. j.* vol.56 no.1 Mona Jan. 2007
7. EMCDDA 2011 Annual report. The state of the drugs problem in the Europe.
8. Albizu-García CE, Hernández-Viver A, Feal J, José F Rodríguez-Orengo JF. Characteristics of inmates witnessing overdose events in prison: implications for prevention in the correctional setting. *Harm Reduction Journal* 2009, 6:15 doi:10.1186/1477-7517-6-15
9. Hensley C, Tewksbury R, Castle T. Characteristics of Prison Sexual Assault Targets in Male Oklahoma Correctional Facilities. *JOURNAL OF INTERPERSONAL VIOLENCE*, Vol. 18 No. 6, June 2003 595-606 DOI: 10.1177/0886260503251132
10. Kevin Fiscella, MD, MPH, Naomi Pless, MD, Sean Meldrum, MS, and Paul Fiscella, JD. Alcohol and Opiate Withdrawal in US Jails. *American Journal of Public Health* 2004
11. Whitten L. More opioid replacement therapy in correctional facilities might yield public safety and health benefits. *NIDA Notes Staff Writer*, July 2011
12. Kinlock T.W., Gordon M.S., Schwartz R.P. et al. A randomized clinical trial of methadone maintenance for prisoners: results at 12 months postrelease. *Journal of Substance Abuse Treatment*: 2009, 37, p. 277–285.

13. Stallwitz A, Stover H. The impact of substitution treatment in prisons—A literature review. *International Journal of Drug Policy* 18 (2007) 464–474
14. UNODC/WHO/UNAIDS Policy brief 2009. HIV testing and counselling in prisons and other closed settings.
15. Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. Release from prison--a high risk of death for former inmates. *N Engl J Med.* 2007 Jan 11;356(2):157-65.
16. Huang, Y.-F., Kuo, H.-S., Lew-Ting, C.-Y., Tian, F., Yang, C.-H., Tsai, T.-I., Gange, S. J. and Nelson, K. E. (2011), Mortality among a cohort of drug users after their release from prison: an evaluation of the effectiveness of a harm reduction program in Taiwan. *Addiction*, 106: 1437–1445.