



Prevention of spread of HIV amongst vulnerable groups in South Asia

Our work in South Asian Prisons
The journey so far...



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Context	3
Why should we intervene in prisons of South Asia?	3
Engaging with prisons	4
Our approach	4
What we are doing- Intervention strategy	5
Major achievements	5
Processes contributing to the achievements	5
What next?	7
Baseline vulnerability survey in prisons- Key findings	7
Conclusion	12

OUR WORK IN SOUTH ASIAN PRISONS

The journey so far...

CONTEXT

Worldwide at any given time, there are approximately 10 million prison inmates, with an annual turnover of 30 million. Thus, after release, millions of prisoners return to social networks in the general community, thereby facilitating the spread of HIV to the community.

Prison inmates are vulnerable to risk behaviours including drug abuse and HIV. Although no reliable estimates are available for the South Asian region, in most countries, drug use and unsafe sexual practices are well-recognized problems in prison settings.

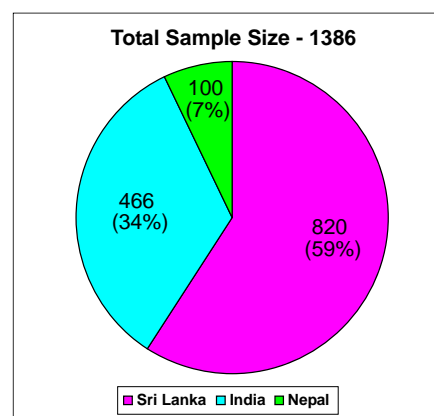
Everywhere in the world, rates of HIV-infection among prison populations are generally much higher than in the general population. Drug use in general, and injecting drug use in particular, as well as violence and the practice of men having sex with men are widespread in prisons. Multi-person use of contaminated drug injecting is an important mode of HIV transmission among prisoners. HIV is also transmitted in prisons through unsafe sexual behaviours, sometimes associated with sexual violence. Drug users are often over-represented in prison populations when compared with the so-called “general” population and usually continue using drugs while incarcerated.

In South Asia (Bangladesh, India, Maldives, Nepal and Sri Lanka), 26 prison intervention sites are being supported by UNODC under its regional project RAS/H71 titled, “Prevention of spread of HIV amongst vulnerable groups in South Asia”. The aim of the prison interventions is to initiate behaviour change and empower prisoners to engage in positive health behaviours with regard to drugs and HIV during incarceration and after release. Through 26 prison interventions the project has reached out to 26000 persons in Prison Settings of South Asia and created around 400 master trainers through 13 training programmes across the region.

WHY SHOULD WE INTERVENE IN PRISONS OF SOUTH ASIA?

The baseline KAP (knowledge attitude and practice) survey administered to 1386 prisoners in select prison sites of India, Nepal and Sri Lanka through a purposive sample conducted by UNODC under project RAS/H71 reveals:

- √ A high number of married inmates, which means that the risk of transmission to partner/ spouse is high
- √ Onset of drug use and initiation into sex is as early as 15 years of age
- √ Knowledge/ information on HIV transmission is not significant
- √ A high number of married inmates, which means that the risk of transmission to partner/ spouse is high



- √ Onset of drug use and initiation into sex is as early as 15 years of age
- √ Knowledge/ information on HIV transmission is not significant
- √ The presence of risk behaviours like unprotected sex, consumption of drugs, injecting of drugs and sexual harassment is reported

UNODC in partnership with Dhaka Ahsania Mission conducted a KAP baseline survey on 450 inmates of Gazipur district jail in Bangladesh which revealed the following:

- √ 143 of them use both heroin and multi drugs
- √ 23 use cannabis
- √ 17 use alcohol
- √ 2 use heroin
- √ 12 use phensydyl.

During the 2 national trainings organized by UNODC in partnership with the Department of Narcotics Control and Dhaka Ahsania Mission in 2007-08, the trainees identified the following problems in the prisons of Bangladesh:

- Overcrowding
- Sexual activities among male inmates
- Homosexual rape
- Sharing toothbrushes, shaving blades and other equipments
- Insufficient comprehensive drug rehabilitation and HIV prevention program for the incarcerated substance users.

Master Trainers from Bangladesh expressed an interest in implementing components of the comprehensive package of services for prevention of HIV in prison settings.

ENGAGING WITH PRISONS

Here is how we approached the HIV in prisons issue. At the outset, we adopted an incremental approach. Our aim was to break the 'denial mode' among the prison administrations that drug and HIV was not a problem in prisons. The project has, to date, been successful in brokering an honest partnership with the prison community in all the countries where we have been working. But we believe that we have laid a firm basis for evidence-based interventions and programmes.

- Established relationships
- Build Trust
- Implement services which are acceptable and doable, given the existing legislative, administrative and cultural context.

OUR APPROACH

- Creating avenues for safer practices
- Incremental steps
- Use of existing provisions within the laws, regulations and the socio-cultural milieu
- Inclusive approach- drug using and non drug using populations

WHAT WE ARE DOING - INTERVENTION STRATEGY

- √ Advocacy
- √ Involvement of Prison Officials, NGOs and inmates through sensitization and training at 3 levels- Policy Makers, senior / middle level Government and civil society partners
- √ Select prison inmates as 'peers' to deliver key messages and training to their peers

Key Messages- Risk reduction Information and Education

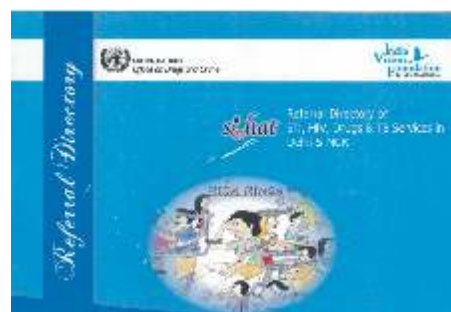
- Information and education in a language and idiom that is relevant, in a manner that is acceptable and by messengers that are trusted
 - How HIV is transmitted and prevented
 - The linkages between drug use and HIV towards increased self risk perception
 - Harms associated with drug abuse especially injecting drug use
 - How and where to get tested for HIV
- Information on STIs
- Information on safer practices
- Information on how to use a condom correctly



Peer Guide with information of drugs, HIV and life skills



'Snakes and Ladders' game on HIV transmission and prevention



Referral Directory of Health services

“Through this intervention, we want Tihar prison to become a nursery of trained peer volunteers who, upon release, will spread awareness about drugs and HIV in the community. We see the peer volunteers as ambassadors of change for us” – *Deputy Inspector General, Prisons, Delhi, India*

MAJOR ACHIEVEMENTS

- √ More prison 'gates' have been opened (e.g., Sri Lanka, India, Nepal and Bangladesh)
- √ Governments, civil society willing to consider the comprehensive package (including Oral Substitution Treatment for drug users)
- √ A critical mass of human resources trained and active (including prison officials, health workers, civil society partners and inmates)

PROCESSES CONTRIBUTING TO THE ACHIEVEMENTS

- √ Being client- centered
- √ Obtaining buy-in from authorities
- √ Involving community and prisoners
- √ Systemic protection

- √ Ensuring that interventions are country specific
- √ Integrating efforts within the larger domain of prison reform
- √ Using adult learning principles
- √ Using two-way communication flow NOT “top-down” for training
- √ Using 'trickle down' of knowledge and skills for implementing programme



Module for Prison Intervention

“When I return to my hometown in Chhattisgarh, I will be able to speak freely about sexual matters with my wife and children. This training has enabled me to become more confident to talk of such matters”- a Prison Official who attended the National Training

“I used to do a lot of drugs but ever since I have joined this project I have gained knowledge about HIV and AIDS. We have realized that we should not indulge in risky behaviours especially drug abuse”- a male inmate

The Prisons Department of Sri Lanka has issued an 'Office Order' to ensure that that this intervention model is replicated in all 14 PDS (Prisoner Diversion Scheme) prisons of Sri Lanka.



Prison inmates being trained in Sri Lanka



A prison official in Arthur Rd prison in Mumbai delivering 'key messages' on drugs and HIV



Female inmates of Nepal prison using song and dance to deliver key messages on drugs and HIV



Female inmates of Amritsar prison doing a role play on drugs and HIV



A prison official demonstrates the correct use of a condom during a training programme in Sri Lanka

WHAT NEXT?

If we are able to upscale and expand, the project will be able to reach more than 65,000 beneficiaries in prison settings across South Asia within the next two years.

The key ingredient is the trust and acceptance we have managed to build with the prison communities in South Asia. In a sector like prisons, where few initiatives have been undertaken on the ground we can make a difference if we are allowed to build quickly on the success of the work done so far in an uninterrupted fashion...

The project's initiatives in the prison sector have also paved the way for expansion to include crucial components like oral substitution treatment in prisons, prison reforms, alternate sentencing, reduction of overcrowding, expeditious disposal of cases, training and sensitization of prison officials, as well as drug/HIV prevention in juvenile settings and prison management.

BASELINE VULNERABILITY SURVEY IN PRISONS- KEY FINDINGS

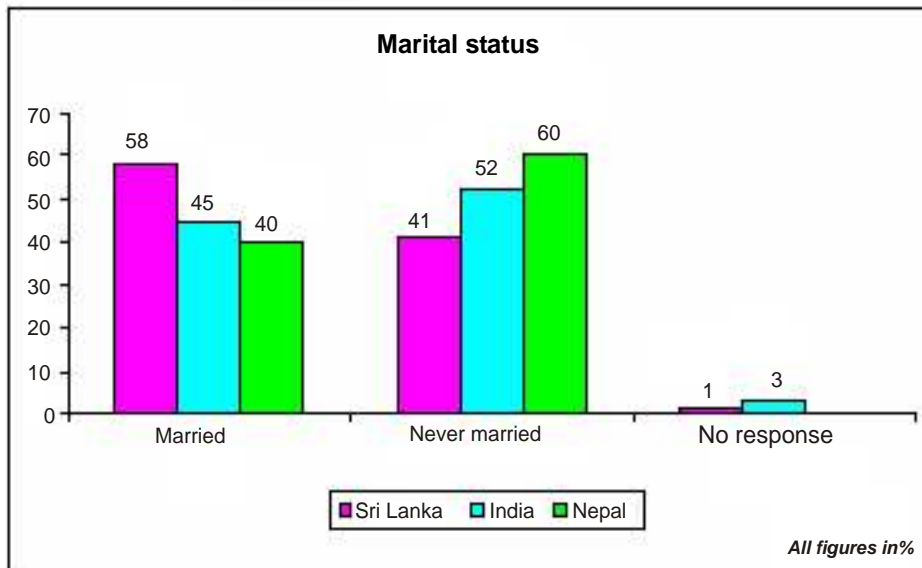
The significant findings from the KAP (knowledge attitude and practice) survey administered to prisoners in select prison sites of India, Nepal and Sri Lanka are presented below. These findings are not representative of the entire prison community:

A total of 1386 prison inmates were part of the purposive sample for the KAP survey. Out of them 34% (466) are from India, 7% (100) from Nepal and 59% (820) from Sri Lanka.

Demographic profile:

Out of the respondents 88% of the Sri Lanka prisoners are literate followed by 64% in India, 92% in Nepal. With regard to marital status- 58% from Sri Lanka, 45% from India and 40% inmates from Nepal are married. This, in turn is a high risk situation for partners/ spouses of these inmates once they are released.

India has the highest percentage (53%) of repeat offenders and 63% of pre-trial remandees. All the prison inmates in Sri Lanka are convicts.



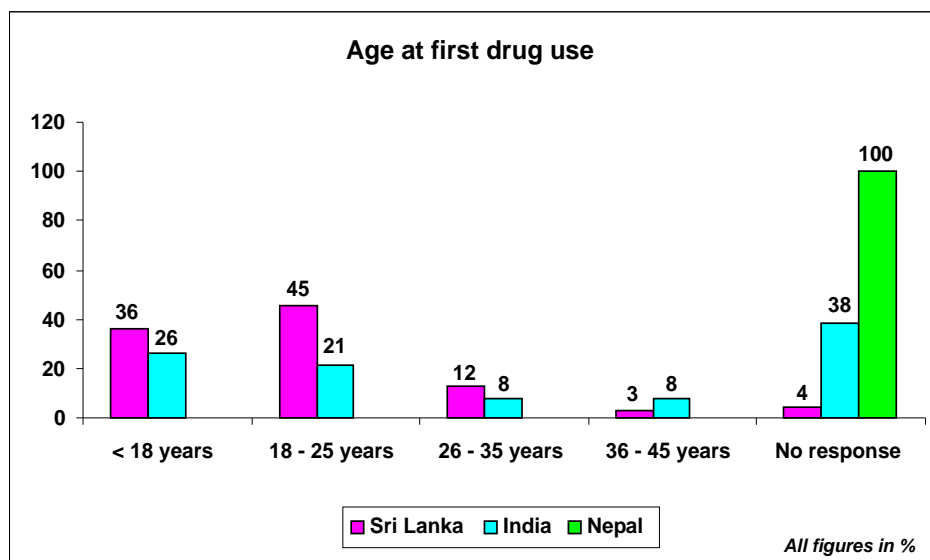
Key findings demographic profile

- ✓ Approximately half the inmates are married
- ✓ Significant number of prisoners are literate
- ✓ Evidence of recidivism in all countries
- ✓ Large number of prisoners stay in prisons for less than a year

Drug profile:

With regard to the drug profile of inmates, 86% from Sri Lanka, 63% from India and 72% from Nepal have ever had drugs. The age at first drug use in Sri Lanka and India is reported to be below 18 years. About 40% of the respondents in Sri Lanka and 29% in India were using drugs for more than 10 years. Noteworthy is the fact that 3% inmates from Sri Lanka, 29% inmates from India and 4% from Nepal have switched to injecting mode after coming to prisons.

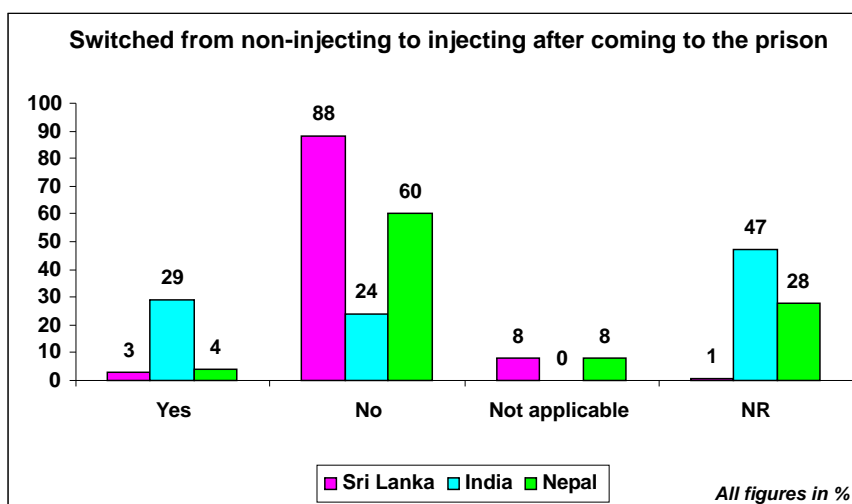
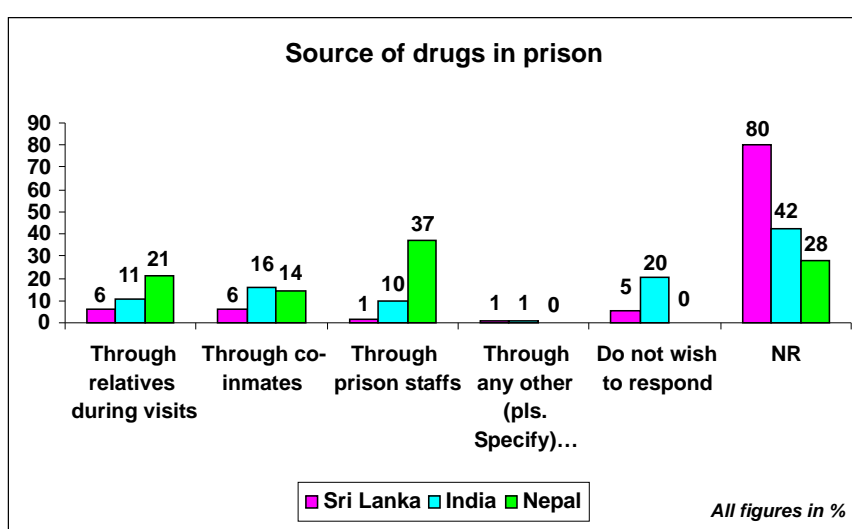
In India and Sri Lanka most of the inmates used heroin and cannabis. In Nepal, the drug of choice was heroin. Alcohol consumption is high among the respondents from Sri Lanka and India.



In Sri Lanka prisons 14% of the inmates faced sexual harassment, 7% experienced extortion and blackmail and 20% were physically abused. In India, 27% of the inmates faced sexual harassment, 4% experienced extortion and blackmail and 6% were physically abused.

Source of drugs into the prison: In Sri Lanka, drugs come into the prison through the following- 6% through relatives during visits, 6% through co-inmates and 1% from the prison staff. In India, 11% through relatives, 16% through co-inmates and 10% through prison staff. In Nepal 21% through relatives, 14% through co-inmates and 37% through prison staff.

78% of the inmates in Sri Lanka, 23% in India and 12% in Nepal have been apprehended for a drug related crime before. In India 70% and in Sri Lanka knew where to get help for drug abuse after release from prison. 72% in India and 21% in Sri Lanka expressed their desire to lead a drug free life after release from prison.

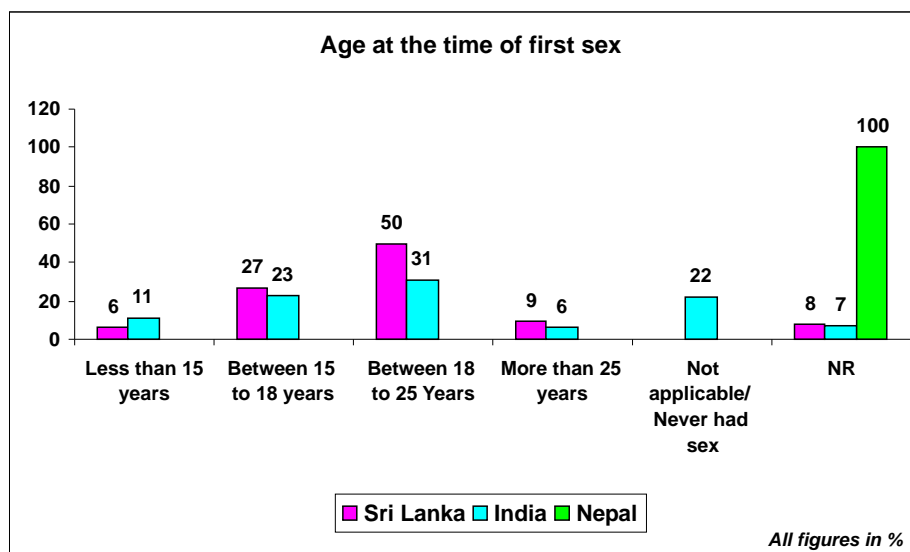


Key Findings Drug profile

- ✓ Significant number of respondents have ever had drugs
- ✓ Significant number of drug users (India and Sri Lanka) are below the age of 25 years
- ✓ Significant number of drug users have used drugs for more than 5 years
- ✓ A large number of users want to stop drug use
- ✓ There is evidence of injecting in prisons
- ✓ There is evidence of physical and sexual harassment (faced by drug users) in prisons

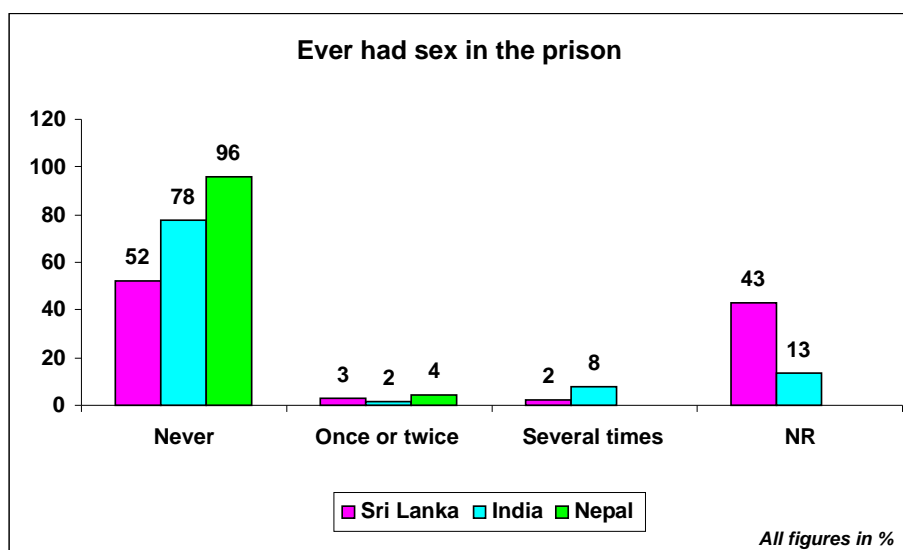
Sexual behaviour:

55% of the inmates from Sri Lanka and 69% of the inmates from India have ever had sex and more than 60% of them had sex for the first time before the age of 25 years. Sexual initiation has been as early as 15 years of age- often with non regular, commercial partners. In Sri Lanka, approximately 39% had casual sex partners as their first sexual partner, 20% had sex workers and 34% had their regular partners as their first sexual partners. In India 16% had casual partners, 17% had sex workers and 35% had regular partners as their first sexual partner.



More than 50% of the inmates in Sri Lanka and Nepal and more than 25% in India believed that inmates have sex with each other inside prisons.

The risk of transmission of HIV becomes high since 15% inmates in Sri Lanka, 13% in India and 11% in Nepal have ever had anal sex. Also, 2% in Sri Lanka had sex several times and 3% once or twice in the prisons. Additionally, 2% of the inmates in Sri Lanka, 29% in India and 6% in Nepal have consumed drugs before or after having sex inside the prison. This shows a very clear nexus between drugs and sex. It also highlights the vulnerability of inmates to HIV since some of them indulge in sex after consuming drugs/ alcohol.



Key findings Sexual Behaviour

- √ Evidence of Men having sex with Men
- √ Most questions related to sex are not reported in Nepal
- √ Sexual initiation as early as 15 years of age
- √ Significant number of respondents have had their first sexual exposure with non regular, commercial partners
- √ Evidence of unprotected sex in prison

HIV/AIDS awareness and attitude:

Even though the knowledge on HIV transmission is low, inmates felt that the need for HIV/AIDS awareness is crucial. According to the survey, 15% of the inmates in Sri Lanka, 29% in India and 58% in Nepal feel that HIV can be prevented in the prisons by providing awareness. 7% in Sri Lanka, 14% in India and 16% in Nepal felt that avoiding the sharing of needles and syringes could prevent HIV in prisons.

Inmates' knowledge on the modes of HIV transmission in India and Sri Lanka

Country	Sexual route	Through injecting	Through blood transfusion	Mother to Child	Breast feeding
India	70%	66%	67%	71%	69%
Sri Lanka	63%	22%	77%	75%	72%

Approximately 3% of inmates from Sri Lanka, 3% from India and 5% from Nepal felt that separating HIV positive prisoners would help in preventing spread of HIV in prisons. The inmates felt that condoms offer effective protection from HIV. Approximately 63% of the prisoners in Sri Lanka and 70% of the prisoners in India are aware that condoms can be used as a protection from HIV. However, on the question of whether inmates used condoms while having sex inside the prison, 23% of the respondents in India and 3% in Sri Lanka said 'No'.



Key finding HIV/AIDS awareness and attitude

- √ Awareness / Knowledge on HIV transmission is significant
- √ Significant number of inmates feel that HIV/AIDS awareness is crucial for HIV prevention
- √ Significant number of respondents from India and Sri Lanka feel condoms offer effective protection from HIV

CONCLUSION:

To sum up, the key findings from the vulnerability survey indicate the presence of high risk behaviours in prisons: men having sex with men, evidence of injecting and sexual harassment in prisons, approximately half the inmates are married, there is evidence of recidivism in all countries and a large number of prisoners stay in prisons for less than a year.

Having brokered an honest partnership with the prison sector, the time is opportune for scale up and building on the gains made so far.

There are several issues that need attention at large (while working with prisons) for better health of the inmates:

- Promotion of the right to health care and to HIV and AIDS prevention, care and treatment for inmates, and for prison officials, equivalent to that available in the community at large.
- Offer drug dependence treatment programmes, including oral substitution treatment programmes
- Prison reforms- reducing overcrowding, alternative sentencing and diversion programmes, classification and separation of juveniles from adult prisoners, improved hygiene, sanitation and diets for HIV-infected prisoners.
- Promotion of universal precautions within prison settings to reduce the risk of HIV infection to prison health and correctional staff.
- Provision of confidential and voluntary counseling and testing for HIV, psychosocial support and antiretroviral therapy for inmates.
- Facilitation of the active involvement of non-governmental and community-based organizations in prisons and for after-care services

A concerted and coordinated effort between all players in the field (prison officials, civil society, prisoners) can make a difference to the lives of millions of prisoners across the globe.

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