



**UNODC**

United Nations Office on Drugs and Crime



## **DRUG USE SURVEY 2010**

**SARPOZA PRISON, KANDAHAR, AFGHANISTAN**

Assessment of drug use levels and associated high-risk behaviours amongst the prison population of  
Sarpoza Prison, Kandahar

June 2010

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The Sarpoza Prison Drug Use Survey (2010) was made possible by financial contributions from the Government of Canada. It will be part of a nationwide assessment of the drug use and risky behaviours in prison settings expected to be released in August 2010. The results of this report will serve as evidence on which MOJ, MoPH and UNODC will set up prevention, treatment and rehabilitation programmes and policies subject to funding.

This report has not been formally edited.

## Introduction

This evaluation aims to assess the levels of drug use and associated high-risk behaviours in the prison population of Sarpoza Prison, Kandahar, in order to inform the subsequent planning and provision of prison-based and community-based (prison aftercare) treatment and harm reduction service delivery.

Sarpoza prison is located in the city of Kandahar in the province of the same name. Kandahar province is located in the south and has a population of almost one million people with almost 500,000 living in the city of Kandahar. Built 40 years ago, the prison houses approximately 1000 prisoners including 12 women making it the second largest prison in the country. Pre-trial detainees number about 200. In June 2008, the prison gained international attention following an attack by insurgents who freed the entire prison population and killed 15 employees.

## Summary of Findings

- Of 92 respondents, 50 respondents, which is over half (**54 per cent**) the total number of prisoners interviewed, had tried drugs in their lifetime. 19 of these had tried opium, 9 had tried heroin; of these, 6 prisoners had tried both heroin and opium.
- 31 (**34 per cent**) revealed ongoing drug use in prison. Opium and cannabis are the most commonly used drugs in Sarpoza prison with five drug users using opium and 26 using cannabis. During the period the research was conducted, two heroin users reported they had not used in the past week due to the lack of supply but admitted problematic dependency.
- During the prisoner focus group, participants estimated that around **250 prisoners** of a total of 910 prisoners in Sarpoza were drug users.
- **Four opium users interviewed admitted giving opium to their children**, prior to their detention.
- There was **no self-reported injecting drug use** in Sarpoza Prison although respondents were aware of injecting drug use in the communities at home. Nevertheless, **24 inmates** out of 92 (26 per cent) admitted to receiving a tattoo by injection whilst in custody.
- Of these 24, **only seven** were aware of a clean needle being used. **Fifteen revealed that used needles had been shared** and two claimed they did not know whether the needle was new or used.

- **Four respondents** admitted they had had male-to-male penetrative sexual intercourse whilst in custody. 49 claimed they had not had sexual intercourse in prison and 39 refused to answer the question. Prison staff and prisoners reported in their respective focus groups, that **Men Who Have Sex with Men (MSM) practices exist** in the prison.
- The combined total of prisoners surveyed, **considered to be at high risk of HIV / AIDS and other blood borne viruses is at least 28** (24 engaging in tattooing within the prison and 4 engaging in MSM in the prison) which is **31%** of the total prison population surveyed.
- When asked whether they had used condoms or any other form of protection, **not a single respondent stated they had used protection** during any sexual activity, inside the prison and outside.
- **Not a single prisoner**, historically a drug user, had received treatment whilst in the community prior to their detention.
- A total of 31 drug users in Sarpoza prison, from this sample, require specialist interventions yet there is no structured treatment in place. This would also suggest that **290 prisoners in Sarpoza Prison out of 910 (32 percent) could require treatment.**
- Only 28 of the 92 respondents (**31 per cent**) **were aware of HIV** in the prison and **none had ever been tested** (in the community nor in prison) for HIV.
- Participants in the focus group reported that a new harm reduction / HIV and AIDS project had started in the prison recently (delivered by the NGO Ibn Sina) and that there is a pressing need for them to raise awareness around HIV and AIDS as most the population in the prison has not heard of HIV.

## Background

Across Afghanistan, problem drug use is continuing to escalate to alarming levels largely due to relatively low costs and widespread availability of many drugs, particularly opium and heroin. This has led to large numbers across the country becoming drug dependent and leading to scores of Afghans experiencing subsequent drug-related problems.

All indicators suggest a continuing increase in problem drug use. Factors includes the inadequacy of appropriate medical care, improper prescribing practices and misuse of pharmacological drugs, social pressure/influence, ongoing war-related psychological trauma, bleak future prospects, and the social disintegration of many communities.

According to the national drug use survey of 2009, there were an estimated 900,000 problem drug users aged between 15 and 65 in Afghanistan. Since 2005, when a similar survey was conducted, the prevalence of problem amongst this sector of the population had increased from 1.4% in 2005 to 2.65% in 2009. An alarming finding has been the rise in heroin use over four years by 130%. The 2009 survey also revealed an increase in injecting drug use:

Drug users reported considerable high-risk behaviour such as needle and syringe sharing. When they were injecting, the majority of injecting drug users (87 per cent) had shared a needle and syringe that had been used by two to five people before the respondent<sup>1</sup>.

There are several main groups of problem drug users in Afghanistan. They include those who inject heroin or pharmaceutical painkillers; those who misuse tranquillisers to self-medicate without a medical prescription and subsequently become dependent; those regularly using opium along with other family members and in doing so, give it to their children and poly drug users who use more than one drug concurrently.

Drug use is prevalent across both rural areas and urban centres, affecting women, men and children. A high prevalence of drug use exists among returnees from Iran and Pakistan and a high prevalence of drug use is perceived to exist amongst inmates detained in prisons across Afghanistan. To date, there has been a scarcity of research conducted nationally on drug-related acquisitive crime and the number of drug users in the criminal justice system requiring criminal justice based treatment interventions. At present, there is no structured treatment targeting this sub-group and harm reduction service provision is limited.

A recent 'Treatment Effectiveness Research Study' (TERS)<sup>2</sup> was conducted recently in Afghanistan by the Integrated Drug Treatment, Prevention and Awareness (IDPA), GTZ IS revealing high incidences of drug related 'acquisitive' crime; a sample of 509 of former drug users completing treatment in one of six provinces indicated the ways in which they funded their dependency. All service users were asked extensively about how they financed their drug dependency, whether they had been actively offending over the period of their drug use and if crimes committed were to fund their drug use. A total of 142 clients (28%) stated they had offended with 63% of cases leading to arrest and imprisonment. Of these 'trigger' offences committed, in every province, over 90% of offenders stated that their crimes were committed to finance their drug use. Notably, in Paktia, 40% of respondents had financed their dependency through acquisitive crime. Overall, the most common offences committed were shoplifting, theft from a person and burglary. Furthermore, all respondents were asked whether they were involved in narco-activities<sup>3</sup> of which 30 percent replied they had been during the period of their drug use. The highest levels of narco activities were reported in Helmand, Kandahar and Badakhshan provinces.

However, anecdotal evidence from service users and drug treatment providers together with a recent study (Ziaullah 2009)<sup>4</sup> conducted in Pul-i-Charkhi Prison in early 2009 revealed that there were 280 drug users, 39 of which were intravenous drug users out of the approximately 4500 prisoner population at that time. This figure is likely to be a gross under-estimation due to the

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<sup>1</sup> UNODC (2009) Afghanistan Drug Use Survey

<sup>2</sup> Waller, S. et al (2009) GTZ IS Integrated Drug Treatment, Prevention and Awareness (IDPA) *Treatment Effectiveness Research Study: A report on structured treatment outcomes across six treatment centres*, funded by the British FCO

<sup>3</sup> The GTZ IS 2009 TERS defined narco-activities as opiate related cultivation, harvesting, trafficking, processing and dealing for the purpose of the study.

<sup>4</sup> Ziaullah, S (June 2009) *Findings from a harm reduction survey carried out in Pul-i-Charkhi prison, Kabul*, by the NGO Sanayee Development Organisation;

largely ineffective methods used to detect and identify drug users, namely based on crime type, self disclosure and prison staff suspicions. However, it goes some way to suggest a high level of the prison population have substance misuse or use issues. This further highlights the need for prison based treatment interventions and aftercare specifically tailored to the needs of this sub-group with complex needs.

The 2005 national drug use survey also estimated there were around 19,000 injecting drug users (IDU) in Afghanistan which included 2,000 opium users, 7,000 heroin users and 18,000 psychotropic users. Furthermore, it estimated that around 42% (8,000) of this group shared needles and syringes.

Recent findings from the Integrated Bio Behavioural Survey (IBBS)<sup>5</sup> conducted in three cities—Kabul, Herat and Mazar-I-Sharif—show an alarming prevalence of HIV amongst IDUs suggesting that the country is moving towards a concentrated HIV epidemic. Prevalence levels amongst this drug using cohort in Kabul, Herat and Mazar-I-Sharif are estimated at 1%, 3% and 18% respectively.

The prevalence of high risk behaviours associated with HIV transmission among IDUs is of serious concern. In a study conducted in Kabul between June 2005 and June 2006 among 464 male IDUs screened for blood borne diseases at the HIV Voluntary Counselling and Testing Centres (VCTs) 3% tested positive for HIV and 50% reported sharing needles and syringes, either receptive or distributive, of whom 63% had engaged in both receptive and distributive sharing. It was also noted that nearly one third of the IDUs reported sharing other injecting equipment such as cooking spoons, cotton filters, drug ampoules and water for rinsing syringes. Most of the IDUs (83%) reported drawing and re-injecting their own blood in the past with 41.3% always engaging in this particular practice. Surveillance data from the IBBS revealed that 0.6% of prisoners in Kabul and 1.6% of prisoners in Herat were infected with HIV.

Fifty-seven per cent of the 464 had been in prison, with 17% of this group reporting having injected drugs in prison. The study further revealed that among the sample of male IDUs the levels of Hepatitis C, Hepatitis B and syphilis were 36.6%, 6.5% and 2.2% respectively.

#### *Prison Drug Use Survey*

*The UNODC Penitentiary Reform – Extension to Provinces Project (AFG/R87)* in Afghanistan is a comprehensive programme which incorporates institutional capacity building for the prison administration with social reintegration programmes for prisoners, including with vocational training and drug treatment programmes. A sub-component of the project is to develop and deliver effective drug treatment and harm reduction services to drug using offenders based on reliable evidence-based findings. A survey has been commissioned in order to yield data across 22 prisons nationally, in order to start with the project in Kandahar beginning in July 2010 and to extend to selected provinces.

#### **Current treatment and harm reduction service provision in Sarpoza Prison**

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<sup>5</sup> Johns Hopkins University and National AIDS Control Programme, 2009 in UNGASS *Country Progress Report for 2008-09*

At present, there is only one healthcare provider for a prison population of approximately 910 inmates (population statistic provided as of December 2009) in Sarpoza Prison. There is no structured drug treatment in place although under the prison reform project, drug treatment provision in the prison will be implemented in 2010. This initiative will be financed by the Government of Canada. A harm reduction service provided by the local NGO Ibn Sina and funded by the Global Fund has been operational in the prison since January 2010.

“Aftercare” is the term used to describe what happens after recovering drug users leave treatment, or offenders are released from custodial sentences, complete community sentences and/or leave treatment or prison. It is accepted that drug treatment plays only one part in supporting rehabilitation and re-integration. To date, Kandahar has only one structured treatment facility in the community; waiting times are lengthy and the centre is always at full capacity.

A generous contribution to UNODC provided by the Government of Canada between the second and third quarters of 2010 will result in the implementation of a new community-based treatment centre which will have the capacity to treat between 300 and 500 drug users a year. Working in partnership with the UNODC Justice Section as well as Drug Demand Reduction and HIV/AIDS prevention, UNODC plans to establish direct referral pathways for drug users and ex-users leaving Sarpoza prison in order for this population to receive therapeutic aftercare and support at the centre. In addition, three UNODC sections, Prison Reform, Alternative Livelihoods and Drug Demand Reduction, are implementing an ‘Education, Training and Employment (ETE)’ Project in Kandahar for recovering users completing treatment and those leaving prison. This will go a long way to supporting the rehabilitation and reintegration of drug users and in turn reduce the risk of relapse, high risk behaviours and recidivism.

### **Objectives of the Sarpoza Prison Drug Use Survey**

- To evaluate the extent of drug use and associated high-risk behaviours across the adult male and female prison population in Sarpoza Prison, Kandahar, in order to accurately inform subsequent treatment and harm reduction intervention planning in (a) prisons and (b) community, in the form of prison aftercare;
- Assessment of current prison-based treatment and harm reduction service provision in custodial settings;

### **Evaluation Outline**

In order to meet the aforementioned objectives for this evaluation, the evaluation consisted of three research areas:

**Research Component 1:** Questionnaire with prison detainees;

**Research Component 2:** Focus groups with prison officers and prison health staff;

**Research Component 3:** Needs analysis and treatment / harm reduction treatment mapping of current service provision in prisons.

## Methodology

**Research Component 1:** An in-depth questionnaire was developed and carried out to determine levels of and perceptions around (1) screen drug usage, routes of administration, patterns, levels and behaviours in prison and prior to imprisonment (2) drug associated high risk behaviours, if any (3) general drug related mental and physical health (4) social behaviours relating to drug use (5) involvement in drug related, 'acquisitive' crime (6) history of prison based and community based treatment and harm reduction services and access to drug related healthcare needs in prison.

In order to recruit a representative cross-section of drug using and drug free respondents to the evaluation whilst ensuring an optimum number of active drug users are guaranteed, a sample of 11% (92 prisoners of the total number of 910 prisoners) completed the surveyor facilitated questionnaire. Respondents were selected using a stratified random sampling approach.

**Research Component 2:** Focus groups were held with prison officers and prison based health staff which would aim to inform the evaluation around (1) levels of drug use across the prisoner population (2) drug use behaviour, drug related high risk behaviours (3) current treatment / harm reduction / drug related health service delivery (4) prison officer and prison health staff knowledge, skills and perceptions in drug related issues and topics.

**Research Component 3:** The evaluation management team completed a needs mapping exercise of current treatment and harm reduction service delivery in each prison. This was completed with the recently appointed Sarpoza Prison Director (appointed in January 2010) and healthcare staff. The UNODC International Coordinator for Prison Reform, Director for Correctional Operations for Kandahar Provincial Reconstruction Team (PRT) were also consulted prior to the evaluation with information provided included in the Prison Audit Tool.

## Key Findings

### 1. Quantification of, and perceptions of drug use prevalence in Sarpoza Prison

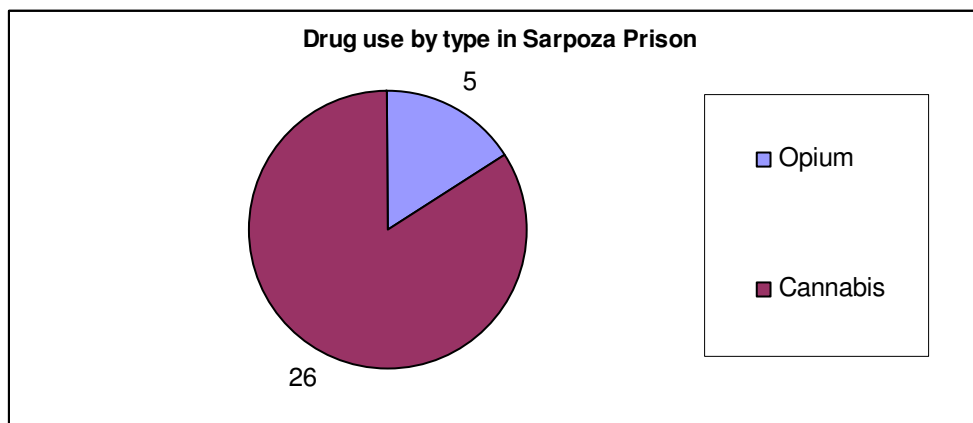
- All 92 prisoners were asked how many drug users were known to be living in their local community. In total, around 1429 drug users were known therefore on average, one could assume each respondent knows of 16 drug users in their local community.
- When asked how many drug users were known to the 92 respondents in the prison, a total of around 738 drug users were approximated. Taking into account duplication in reporting and double counting, 246 individual drug users accounted for almost a third of the overall prison population and correlates with self-reported prevalence of drug use in the prison, whereby 31 prisoners (34 per cent) from the sample reported drug use in prison.
- Over half (54 per cent) the total number of prisoners interviewed had tried drugs in their lifetime. 19 of these had tried opium, 9 had tried heroin and of these, 6 prisoners had tried both heroin and opium.



- During the focus group held with prison staff, corrections officers reported that the prison authorities had identified 63 problem drug users. The identification process was based on prisoner's self-disclosure, evident withdrawal and charge/conviction for drug related crimes such as drug use, drug dealing and acquisitive crimes such as burglary or theft. Staff reported that they suspected to be many more drug users in prison than the 63 already identified.
- During the prisoner focus group, participants estimated that around 250 prisoners in Sarpoza were drug users, many of whom are based in the 'criminal block'. Hashish, opium and heroin are all available inside the prison, transported in by visitors on their visiting day, Wednesdays. They also thought that drugs were entering the prison through the prison staff to include corrections staff themselves. However, since the recent appointment of a new Prison Director, the smuggling of drugs into the prison by staff has decreased in quantity and frequency.

## 2. Patterns of drug use in Sarpoza Prison

- Of 92 respondents, 31 (34 per cent) revealed ongoing drug use in prison. Opium and cannabis are the most commonly used drugs in Sarpoza prison with five drug users using opium and 26 using cannabis. During the period the research was conducted, two heroin users reported they had not used in the past week due to the lack of supply but admitted problematic dependency.



- All five opium users, using opium regularly in prison, felt they were dependent on opium. Additionally, two former opium users also felt they were in need of support in prison.
- Four opium users interviewed admitted giving opium to their children, prior to their detention.

- Amongst the cannabis users, 23 out of the 26 users felt they were somehow dependent on cannabis and it was a problem for them.
- Of the total 31 drug users in the sample in prison, five were polydrug users, using opium and cannabis regularly, two of whom felt their polydrug use was problematic and that they were dependent on both drugs. Two regular heroin users in prison reported they had not used heroin recently due to the lack of the drugs' availability in the prison.
- Neither of the problem heroin users in prison reported use of other drugs, i.e. polydrug users; both individuals felt they were dependent on heroin.
- From the results of the prison officer focus group, staff felt that cannabis use was widespread in the prison and that there were incidences of cannabis and opioid painkiller, or polydrug user, particularly involving the misuse of Tramadol, an opioid painkiller. They suspected that a range of drugs were entering the prison by visitor-to-prisoner contact meetings every Wednesday.

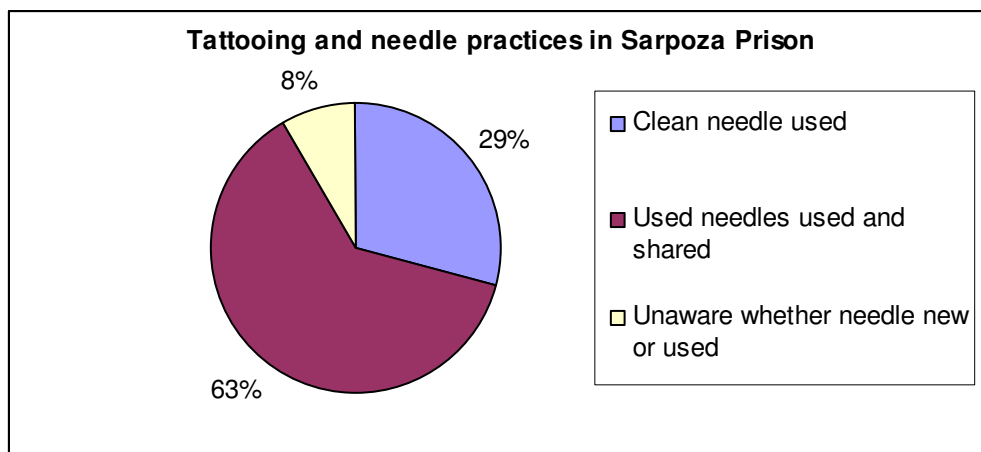
### 3. Injecting, and other high risk behaviours

#### *Injecting drug use in prison*

- There was no self-reported injecting drug use in Sarpoza Prison although respondents were aware of injecting drug use in the communities at home. Nevertheless, 24 inmates admitted to receiving a tattoo by injection whilst in custody.
- During the prison staff focus group and prisoner focus group, both staff and prisoners perceived there to be a zero prevalence of injecting drug use in prison.

#### *Other injecting behaviours in prison*

- Of these 24, only seven were aware of a clean needle being used. Fifteen revealed that used needles had been shared and two claimed they did not know whether the needle was new or used.



### ***Sexual behaviour in prison***

- Four respondents admitted they had had male-to-male penetrative sexual intercourse whilst in custody. 49 claimed they had not had sexual intercourse in prison and 39 refused to answer the question.
- Prison staff reported in the focus group, that there is indeed a prevalence of Men Who Have Sex with Men (MSM) practice in prison but targeted harm reduction interventions would be challenging given that individuals keep this behaviour closeted due to fears around stigma, discrimination and possible prosecution.
- When asked whether they had used condoms or any other form of protection, not a single respondent stated they had used protection during any sexual activity, inside the prison and outside.

## **4. Health**

### ***Respondents' self-perceptions on general health***

- Sixty three respondents (68 per cent) reported their general health status as 'very good' or 'good' with 26 respondents (28 per cent) reporting their health as 'fair' or 'poor'. No prisoners reported their health status as 'very poor'.
- No respondents reported receiving any form of health treatment or primary care whilst in Sarpoza Prison.

### ***Drug using respondents' history of treatment services and need for treatment***

- Drug using respondents were asked whether they had received drug treatment prior to custody, whilst in the community. Not a single prisoner received treatment whilst in the community prior to their detention.
- Five of the respondents, all current drug users in prison, specifically requested specialist drug treatment whilst in prison. A further 26 drug users in prison felt they were drug dependent, suggesting that a total of 31 drug users from this sample in Sarpoza prison, require specialist interventions. This would also suggest that 290 prisoners in Sarpoza Prison out of 910 (32 per cent) could require treatment.
- Staff in the focus group stated that they had been dispensing analgesics, facilitating showers and helping relieve the other withdrawal symptoms experienced by withdrawing opiate users. The medical officer reported that withdrawing drug users had experienced suicidal ideation and that suicide attempts had been made.

- Prisoners in the focus group reported that due to the decline of drugs entering the prison and successes in increased interdiction led by the new Prison Director, problem drug users of opiates were experiencing increased states of withdrawal and in more urgent need of treatment for drug use. They reported that the generic medical officer for the prison was trying to help drug users by prescribing medicine to treat their withdrawal symptoms, although he was too overworked thus could rarely attend to their needs.
- Prisoners also reported that Mullah led sessions were helping support drug users in prison which are more frequent since the appointment of the new Prison Director.

### ***Respondents in need of harm reduction services***

- In total, 28 respondents indicated a propensity towards high risk behaviours which could put them at high risk of contracting HIV and other blood borne viruses in the prison: 24 reported using needles for tattoo injecting and a further four reported having unprotected MSM sex whilst in detention. This could suggest that around 255 prisoners could require urgent harm reduction interventions to reduce the risks of HIV /AIDS and other blood borne viruses and sexually transmitted diseases.
- Prison staff taking part in the focus group stated they had attempted to minimise levels of MSM in the prison by separating prisoners living quarters according to age. Prison staff had also appointed some staff to increase supervision of the younger age-groups in an attempt to prevent older prisoners from committing statutory rape.
- Prisoners taking part in the focus group claimed that MSM does exist in the prison and that prison staff and corrections officers were placing those engaging in MSM in confinement / solitary as a form of punishment. They added that police from outside the prison were seeking to arrest and charge individuals engaging in MSM within the prison.

### **HIV AIDS, TB and other Blood Borne Viruses**

- Only 28 of the 92 respondents were aware of HIV in the prison and none had ever been tested (in the community nor in prison) for HIV despite, although 28 inmates were considered high-risk and thus a priority for screening.
- 55 individuals (60 per cent) stated a preference to be tested for HIV.
- During the focus group, corrections staff revealed how two recently detained prisoners had learned they were HIV negative after receiving test results from women with whom they had previously had sexual relations. The women's test results had been negative and had reported this back to the individuals, who were anxious about their HIV status.
- None of the respondents interviewed had been tested for Hepatitis C or Tuberculosis. Similarly to those wishing for HIV tested, 60 per cent also wanted to be tested for Hepatitis C and 60 respondents (65 per cent) wanted to be tested for Tuberculosis.

- Participants in the focus group reported that a new harm reduction / HIV and AIDS project had started in the prison recently (delivered by the NGO Ibn Sina) and that there is a pressing need for them to raise awareness around HIV and AIDS as most the population in the prison haven't heard of HIV.

## Conclusion

The absence of drug treatment remains an ongoing problem in Sarpoza Prison, despite a high number of drug users estimated one-third of all [number of total] inmates. Opium use is common in the prison as well as the use of cannabis. In addition, the use of heroin, which appeared to have had a high prevalence of use in the past, appears to be decreasing due to recent successful interdiction measures. Regardless, at least one third of drug users remain in need of specialist treatment. As the prisoner population in Sarpoza increases, a high number of community-based opiate users will arrive at the prison in need of specialist detoxification, structured psychological treatment and aftercare. Favourable outcomes can be found across Europe and the United States where drug intervention programmes tailored to drug-using offenders have been implemented, whereby drug users receive the treatment, interventions and support they require whilst the communities suffer increased national security, less crime and anti-social behaviour. At the same time, criminal justice and health costs are dramatically reduced (Gossop et al 2004)<sup>6</sup>.

Fortunately, the prevalence of injecting drug use within the prison appears minimal. However, the prevalence of other risk behaviours such as MSM and the sharing of needles for tattooing are alarming. A harm reduction project implemented by the NGO Ibn Sina is now operational within the prison, and a targeted and assertive approach to the aforementioned sub-groups is needed.

In addition, awareness and prevention around injecting behaviours needs to be increased across the entire prison and key HIV / AIDS campaigning should be a priority given a mere 30% of the population is aware of HIV / AIDS.

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<sup>6</sup> Gossop M, Godfrey C, Stewart D (2004) 'Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study (NTORS)' *Addiction*, 99(6) pp. 697-707

### **Key recommendations: short term interventions and long-term policies**

The Government of Canada (GoC), through UNODC, is continuing to generously finance a number of generic health and drug treatment services in Kandahar, some within Sarpoza Prison specifically, until March 2011. In addition, they are providing funding for generic medical staff training in basic drug awareness and treatment interventions. This will go some way to filling some of the vacuum in terms of drug treatment delivery in Sarpoza Prison and provision of aftercare for those being discharged. However, a greater and longer term contribution from donors is still required to ensure effective and sustainable services for drug users and those involved in high risk behaviours in the prison and for those leaving prison. The following set of recommendations made below requires a long-term commitment by the international donor community, the United Nations and other agencies.

Available indicators suggest a high level of opium use in the prison, thus a multitude of modalities should be developed which include pharmacologically assisted detoxification, structured rehabilitation and therapeutic and ETE centred aftercare delivered by a trained multi-disciplinary team of practitioners.

This survey also reveals how improving drug interdiction processes in Sarpoza Prison has reduced the supply of drugs, notably heroin. Reliable data around drug-related contraband seizures was unavailable at the time of research. However, with the numbers imprisoned expected to increase and along with a corresponding rise in the number of visitors, future levels of drug supply in the prison could also be expected to increase. Meanwhile, UNODC will provide technical assistance to Kandahar prison to improve its drug interdiction capacity.

### **Management**

Planned coordination between the key ministries (Ministry of Justice, Ministry of Counter Narcotics and Ministry of Public Health) and the international donor community and UN is integral in effectively develop strategies and policies which respond to prison based drug use. Clinical services providing assessment, treatment and care for drug using prisoners should be standard in all prisons in Afghanistan based on an overdue national prison service drug strategy framework.

Where possible, drug treatment and harm reduction should be mainstreamed within the Basic Package for Health Services (BPHS) in accordance with the *Afghanistan Prison Health Services Strategy 2008* (PHS). 'Drug User Services' are clearly listed as one of the 12 components under the PHS although the strategy also states: ...'Prison Health Services are at present insufficiently integrated into the national health system of the Ministry of Public Health.' (Page 4).

### **Workforce and capacity building**

As part of the funding from the GoC, UNODC will train penitentiary and medical staff at Sarpoza Prison in effective drug dependency treatment approaches and interventions, aimed to assess, treat, support and care for prisoners using drugs and those at risk of using drugs. A

comprehensive curriculum based on need has been developed and training will be delivered in the third quarter of 2010. Beyond March 2011, the funding provision for the capacity building of generic medical staff will be discontinued resulting in a void, therefore, efforts should be made to mainstream components of this curriculum into the generic health provision curriculum for generic health care staff working in prisons.

In the short term, a local NGO WADAN has been contracted by UNODC to deliver a comprehensive healthcare package to prisoners in Sarpoza Prison until March 2011. Assessment, treatment, support and prevention and awareness are included in this package. However, in less than a year's time, funding provision for this programme will be discontinued.

Consolidated efforts should be sought for funding comprehensive health services post March 2011.

### **Structured treatment**

There is an urgent need to scale up drug treatment and harm reduction provision for prisoners both in custody and in the community (following release) in line with continuity of care and incorporating approaches and interventions based on evidence based best practice.

Regardless of the delivery mechanism, whether it be channelled through the BPHS or delivered by a trained and competent NGO, drug treatment in Sarpoza Prison should be implemented in a way which is tailored to the specific drug using sub-population and based on evidence based best practice in order to yield favourable treatment outcomes.

Fundamental to any treatment regime concerning drug-using offender populations is the need for a 'continuity-of-care' journey which drug users follow on entering prison from the community, whilst in prison, and on leaving prison. Continuity of care is vital to the treatment and support given to problematic drug using offenders as they move between different criminal justice and treatment agencies. Successful implementation of effective treatment and aftercare provision, particularly as clients move between community and prison, is dependent upon seamless case management achieved through effective information sharing where the right people are sharing relevant client information at the right time. Such mechanisms of care coordination can ensure that treatment and support are targeted and delivered effectively.

### **Detoxification**

Detoxification should not be limited to solely providing symptomatic therapy. Pharmacologically-assisted withdrawal i.e. with the use of opioid agonists and substitute prescribing will greatly enhance the effectiveness of detoxification and reduce discomfort. Furthermore, assisted withdrawal can reduce the period of time spent in detoxification and could be therefore more appropriate for prisoners serving short sentences or those in remand with no trial date fixed. Effective detoxification invariably leads to a more effective phase of rehabilitation as clients are mentally and physically prepared for the treatment phase. A wealth of international research suggests that after one week of rapid detoxification, clients in treatment centres will not necessarily have completed the necessary detoxification. This limits the progress during recovery and over the next phase of their rehabilitation.



## **Rehabilitation**

A short program which may deliver treatment to a higher number of clients may indeed provide short-term cost savings but if the client relapses and returns to drug use (with its associated health and criminal justice costs) and requires further treatment, the long-term costs may be much higher. Extensive research shows that longer periods spent in structured treatment will yield more positive treatment outcomes as supported by a wealth of international research.<sup>77</sup>

Treatment services, including post detoxification, clearly need to be expanded. Substitute prescribing, psychosocial interventions (one-to-one and group), structured day programmes all of which should be client focused and care-plan led should be implemented in line with international evidence based best practice. Following a 'unit-cost' exercise, these could well prove to be more cost-effective and appropriate to need, especially those with complex needs such as the co-morbidity of mental health problems, pharmaceutical – especially psychotropic - drug dependency and forensic history.

## **Prison aftercare, preparation for release and post-release support**

Additionally, there is an urgent need to expand therapeutic and ETE centred aftercare provision, in terms of intensity and the interventions delivered. Given the high rate of prisoners sharing tattoo injecting equipment in this study, coupled with the zero prevalence of screening for HIV and other blood borne viruses and those receiving vaccinations for hepatitis B, harm reduction interventions need to be integrated and embedded deeper within the treatment system. The NGO Ibn Sina and drug treatment providers due to begin implementation of treatment in the coming months, need to work closely together over client care-coordination and information sharing in order to ensure drug users needs are being comprehensively addressed.

The imminent implementation of a UNODC community based treatment centre in Kandahar and as well as an ETE project will go far in responding to the needs of drug users leaving prison both therapeutically, holistically and in terms of supporting reintegration. Care coordination will be paramount to ensure drug users' transition from prison based treatment and harm reduction to community based treatment and harm reduction services.

## **Harm reduction**

A harm reduction service provided by the local NGO Ibn Sina and funded by the Global Fund through the principal recipient GTZ IS has been operational in the prison since January 2010 under the 'Strengthening Provincial HIV Program' (SPHP).

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<sup>77</sup> Gossop M, Marsden J, Stewart D, Rolfe A (1999) 'Treatment retention and one-year outcomes for residential programmes in England' *Drug and Alcohol Dependence*, 57, 89-98; Simpson DD (1997) *Effectiveness of drug abuse treatment: a review of research from field settings* In: Egerton, J.A., Fox, D.M., Leshner A.I., (Eds) 'Treating Drug Abusers Effectively' Oxford: Blackwell; Best D, O'Grady A, Charalampous I & Gordon G (2005) 'National Needs Assessment for Tier 4 Drug Services In England' London: National Treatment Agency for Substance Misuse