Drug Policies and Intervention Strategies in Prisons of Islamic Republic of Iran

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In Him We Trust
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The Islamic Republic of Iran
Located in the Middle East
1,648,195 km²
70,049,262 Population
Capital: Tehran
30 Provinces
STATISTICS OF IRANIAN PRISONS

- 174 prisons,
- 28 juvenile correction and rehabilitation centers
- 28 camps
- 15 detention centers
- 245 totally
- 30 centers of after release care.

About 15,000 personnel in Iranian prisons organization
the ratio of prisoners to personnel is about 11.

- 174 quarantine centers,
- 128 clinics,
- 8 hospitals,
- 75 isolated rooms
- 36 laboratories,
- 31 radiology centers.

Rate of prisoners per population is 230 per 100,000 people
Annual turnover 450,000 people
Annual mean resident 200,000 prisoners
International Rank: 7th to 10th

Incarcerated women 3.5% of prisoners
Their place of incarceration is separate from men
Will be controlled just by women personnel

The most common crime is illicit drugs crimes
(>49% on drug-related charges (users, traffickers))
The drug abuse statistics in prisons:

- 45% of prisoners have drug–related crimes
- 64% have history of drug use
- 30% intention to use drug in prisons
- 17–23% IDU
- Tattoo in 65% of IDU’s

*Assessment of drug use in Iranian prisons 2001 (supported with UNODC –Iran)
Health Problems in Prisons

- Overcrowding
- Violence
- High risk behaviors:
  - Drug use, esp. IDUs
  - Unsafe sexual behaviors
  - Unsafe tattooing
In response to:

The danger of HIV transmission among drug injecting prisoners

Iran Prison Organization has taken:

Serious and progressive preventive activities and harm-reduction policies for drug-using prisoners
Wide harm reduction programs in Iranian prisons:

1. To increase the number of triangular clinics
2. To establish VCT’s in prisons
3. To start MMT programs
4. To distribute bleach and disposal razors
5. To educate inmates and their families
6. To run psychotherapy and treatment of psychological disorders
7. To run conjugal meetings and condom distribution
8. To decrease the number of inmates
9. To extend sentinel sites for epidemiological study and surveillance of HIV/AIDS
10. To establish hotline (telephone helpline) centers in prisons
11. To start needle exchange program
Trend of HIV positive inmates in prisons by sentinel sites of MOH

- 1.56% in 1999
- 1.81% in 2000
- 3.12% in 2001
- 3.12% in 2002
- 3.84% in 2003
- 3.12% in 2004
- 3.05% in 2005
- 3.24% in 2006
- 2.83% in 2007
- 1.87% in 2008
- 2.01% in 2009
- 1.43% in 2010
Addiction Treatment Program in Iranian prisons
Drug abuse in prisons

is a critical problem all the world

It is not limited to a country or an especial society
Detoxification

with

Clonidine and Tranquilizers or Agonist drugs
Methadone Maintenance Therapy (MMT) is one of important harm reduction programs in prisons.
Iran is the only country in the Middle East and North Africa that has effectively introduced and scaled-up MMT for opioid-dependent prisoners.
Methadone Distribution in Ghezelhesar prison among over 2700 inmates
Methadone Maintenance Therapy

- The project has been initiated since 2003 in five central provincial prisons of Iran, which covered 300 inmates.
- Then the project expanded to 20 centers in 11 provinces in 2004.
- At present (end of 2010) over 28,000 inmates are under the Methadone maintenance therapy.
Number of Under–MMT–Program Provinces in Iran

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Health Minister of Iran visited MMT program in prisons
Number of Under-MMT-Program Prisons in Iran

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<th>Year</th>
<th>2002</th>
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Number of prisoners under MMT

- 2001: 0
- 2002: 100
- 2003: 300
- 2004: 1423
- 2005: 2814
- 2006: 8048
- 2007: 19500
- 2008: 25400
- 2009: 25000
- 2010: 28826
Handmade devices for injection and handmade glasses for smuggling methadone in prisons
“What I saw in Ghezelhesar Prison (Iranian prison) is an evidence-based approach marked by tolerance, pragmatism and compassion,”

“I am impressed with the comprehensive package of HIV prevention, treatment care and psychosocial support that the prison provides.”

Mr Michael Sidibe
Executive Director
UNAIDS
October 2010

(after touring the largest prison in Iran)
"Iran is the only developing country in the world to broadly offer methadone replacement therapy, hotline support and home care services and "Triangular clinics" which provide health education, consultation, condoms and treatment, voluntary counseling and testing to the prison inmates."

"The Iran Prison Organization’s commitment to harm reduction and prevention of HIV/AIDS amongst prisoners, have had a tremendous impact on people’s lives."

Professor Michel Kazatchkine
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria
January 2010
The main goal of this study:

(which is a part of a massive study of MMT evaluation)

1. To evaluate the results of methadone maintenance therapy
2. To assess the methods of improving MMT administration

In Iranian prisons in the viewpoint of:

1. Directors, managers, headmasters of Iran Prisons.
2. Physicians and health staff working in prisons’ health centers.
347 Participants in Three-day Workshops:

1. Directors, managers. (Over 80 percent of prisons managers)
2. Physicians and health staff of prisons took part in our programs.

Data Gathered by:

1. Questionnaires.
2. FGDs (Focus Group Discussion).
Mr. Ostby, UN representative in Iran, visited MMT distribution in Iranian prisons
Remarkable Advantages of MMT in Iranian Prisons:

- Reduction of the prevalence of blood born diseases such as HBV, HIV/AIDS.
- Reduction of
  a. Shared injection.
  b. Drug transit to the prisons.
  c. Prisoners harshness.
  d. Relaxing impacts of methadone.
  e. Taking psychological drugs.
- Inclination of addicted prisoners toward Methadone.
- Creating positive personal attribute in addicted individuals.
- Breaking the cycle of drug smuggling and tendency to illicit drugs.
Suggested Solutions to Improve MMT program:

1- Designing protocols for different parts of the program with more details and undertaking protocols fully

2- Preparing a proper program for data gathering, monitoring and evaluation of MMT.

3- Not using coverage statistics as a success criterion.

4- Regulating the process of involving prisoners on the program.
5- Preventing interference of managers, principals and non-clinical staff in the program.

6- Continuous training of all groups.

7- Not using methadone as punishment or encouragement.

8- Giving more attention to consultation and psychotherapy.

9- Coordinating with different related organization such as Ministry of Health.
Conclusion:

Comparing the results of this study with the HIV/AIDS trend in country and Iran Prisons shows that MMT is highly successful.

MMT is very helpful in reducing illicit drug injection in a prison setting and can be considered a major intervention for preventing the transmission blood-borne infections among prisoners.
At the end

please watch a clip as other harm reduction activities in Iranian prisons

(Musical activities)
Thank you for your attention.

And

You are all warmly welcomed to visit our activities in Iran.

Dr. Mohammad Shahbazi
Executive Director of Global Fund
Iran Prison Organization