

Shoot-out in Germany

Prisons take charge

by

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The number of injecting drug users is rapidly reaching crisis proportions in German prisons, and currently accounts for between a sixth and a third of all Germany's 60,000 prisoners. The risks they take reveal the close correlation between imprisonment and the spread of infectious diseases – according to the German Ministry of Health, up to 2.8 per cent of male and 8 per cent of female imprisoned drug users are HIV+.

And yet despite this proven correlation, prison governors and politicians have failed to recognise the imperative to take preventative measures against the spread of drug-related communicable diseases in prison. It has become clear that the standards applied inside and outside German prisons differ. The 1993 WHO guidelines on HIV infection and AIDS in prison recommended that:

"in all countries where sterile syringes and needles are available to drug users outside prisons ... inmates who request sterile equipment should also be provided with it."

But until very recently, this has not been the case in Germany. This article reports on one of the first attempts in Germany to tackle this problem, piloted in Lower Saxony.



In 1994, the Lower Saxonian Minister of Justice set up a panel of experts to investigate the feasibility of making sterile injecting equipment available in prisons. The recommendations of this commission provided the basis for the cabinet decision to set up a two-year pilot project – with a strong educational remit – in two

local prisons. As there was no home-grown model, the project looked to Switzerland for advice and support, where syringes had been available in some prisons since 1994.

Vechta women's prison

On 15 April 1996 the first vending machines supplying sterile injection needles were introduced in the women's prison of Vechta, which has 170 inmates.

The diversity of the inmate population required a number of different counselling techniques and treatments. Moreover, "safe areas" for non-addicted inmates and for those who intended to stop using drugs had to be created. Therefore the exchange of clean for dirty injecting equipment is intimately linked with extensive educational and counselling services, which also applied to prison staff.

From the outset, the project has been as much about educating the prison staff as the prisoners. At the beginning, there was a one-day information seminar, and as well as this, special sessions were set up in working hours to keep staff up-to-date about the latest in first aid, infections, pharmacology and the handling of drug addicts.

As part of the admission procedure at the beginning of an inmate's sentence, every prisoner is given a multilingual leaflet which explains the working of the needle exchange scheme. An inmate can only participate in the scheme if they have been examined by the prison doctor and their addiction recorded in their medical files. Inmates taking part in a methadone programme are excluded from the needle exchange because they have pledged not to use any other drugs.

Counselling has focused on encouraging prisoners to lead a drug-free life and to avoid some of the negative effects of imprisonment. Information sessions allow participants to be educated about behavioral patterns that reinforce the goals of the project: they should only have a syringe on them when it needs to be exchanged, the lending or selling of syringes is prohibited, they may only possess one syringe, the syringe must be left in the prison when they leave.

The vending machines were put in four easily accessible areas, with the result that needles can be exchanged throughout the prison, though not in the 'leave' section, the mother and child unit or the admission unit. A dummy syringe must be placed in the machine in order to get a sterile one.

As with so many prison-based initiatives, the legal framework of this project could be seen as contradictory or even hypocritical. Possession of drugs, for instance, is still prosecuted. But it is also unlikely that further controls, such as increased cell searches and drug testing, will be introduced. Therefore the project should not be seen as condoning drug use in detention but rather as a realistic model for dealing with drug use in prison.

Groß-Hesepe men's prison

Contrary to the method applied in Vechta, no machines were set up in the men's prison of Groß Hesepe, which had 230 inmates when the scheme began in July 1996.

Here the drug counselling and health care staff swapped clean for dirty works during fixed, daily hours in a prison tea room. Inmates swapping syringes were assured that the provision of syringes is anonymous, and the staff handing out the syringes have the duty to maintain confidentiality, but the exchange does take place in a public area.

As well as exchanging syringes, further support services include individual counselling on HIV/AIDS, the provision of multilingual leaflets on safer sex and safer use, and sessions on communicable diseases.

Extensive discussions prior to the implementation of the project which were designed to render it transparent, helped staff develop an understanding of and a sensitivity to the issue of drugs and its medical and psychosocial implications. Thus a solid basis for the success of the project was in place from the start. The great

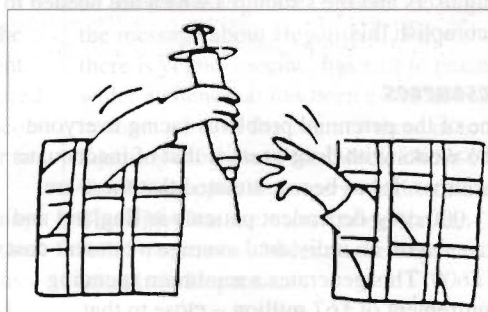
readiness of the prison staff to actively participate in the project was also reflected in the great number of staff who cooperated with the researchers involved in compiling the first data.

First impressions

Owing to the short-term nature of the project, we can only make broad generalisations. Firstly, an in-depth preparation of the project with respect to its design and implementation resulted in a wide-ranging acceptance on the staff side and a readiness to actively participate in it.

Furthermore, apart from a friendly atmosphere and a positive attitude of the staff towards the project, it is also crucial for the project to be accepted by the inmates. This cannot happen – and therefore the project cannot either – in a prison where insurmountable antagonism and distrust prevail.

In the two prisons where the needle exchange programme has been implemented participation varies. While a great number of inmates in the women's prison already expressed an interest in



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the programme prior to its introduction, response to the project was much more cautious in Groß-Hesepe. However, shortly after the scheme began, the number participating in the programme reached a relatively high and constant level.

Finally, on the matter of control, most inmates closely followed the rules regulating the exchange of injecting equipment. There were only a few cases (in Vechta) where some women did not store syringes properly in their cells. But ultimately, in both prisons, tighter supervision of cells did not happen, nor did the number of drug finds increase either. ○