Reintegration/Rehabilitation of Women in Prisons

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Ministry of Health of Serbia
Serbia – Country Profile

- Area (km$^2$): 88,000/77,000
- Borders (km): 2,114; 8 states
- Political system: Republic
- Constitution: 2006
- Capital (mil): Belgrade (1.6)
- Major cities: Novi Sad, Nis, Kragujevac
- Counties: 29
- Municipalities: 168
Serbia – Country Profile

- Population: 7.2 M (-0.5%)
- Average age: 42 years
- Life expectancy: 75 years
- 72.6 ♂ 77.5 ♀
- GDP/capita: 4,400 €
- Ethnicity (%): 86% Serbs, 3% Hungarians, 2% Roma, 2% Bosnians, 2% Other
Correctional Institutions in Serbia

- **Legend:**
  - District prison (OZ)
  - Penal correctional facility (KPZ)
  - Special prison hospital
  - Penal correctional facility (KPZ) for women
  - Juvenile penal correctional facility (KPZ)
  - Juvenile correctional facility
  - Center for professional staff training and education

- **Diagram:**
  - Map of Serbia indicating locations of correctional facilities.
  - Numbers: 10,500, 800.
HCS – Legal Framework

- Law on Health Care
- Law on Medicines and Medical Devices
- Law on Enforcement of Penal Sanctions (EUh)
- Law on Controlled Psychoactive Substances
- Law on Mental Health (draft)
- Rulebook on Mental Health Centers in Local Community
- Rulebook on Treatment, Prevention and Rehabilitation of Drug Addicts (in preparation)
- National Strategy and Action Plan
Health Care in P&CF

- Healthcare system in prisons and correctional facilities is provided in 3 levels:
  - the **health care facilities** (infirmaries or general hospitals) of the AEPS (financed by MoJaPA)
  - the **Special Prison Hospital** in Belgrade (financed by MoJaPA)
  - and **other health centers and hospitals** under the Ministry of Health, where and when necessary (financed by MoH)
## Disease Type & Number in Inmates in 2013

<table>
<thead>
<tr>
<th>Kind of disease</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the locomotor system</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal diseases</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Heart and blood vessels diseases</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Nervous system diseases</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mental disorders</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>107</strong></td>
<td><strong>107</strong></td>
</tr>
</tbody>
</table>
## Infectious Disease Type & Number in Inmates in 2013

<table>
<thead>
<tr>
<th>Kind of infectious disease</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>69</strong></td>
</tr>
</tbody>
</table>
Women’s Health and Prison

- Need for gender-specific health care

Women’s prisons require a gender-specific framework for health care that pays special attention to:

- reproductive health,
- mental illness,
- substance use problems,
- physical abuse and
- sexual abuses
Women’s Health and Prison 2

- Organization of health care services for women in prison

- All prison officers working with women in prison should have attended:
  - a gender-sensitive training and
  - training on the specific health needs of women in prison
Women’s Health and Prison 3

- HIV, hepatitis C and other infectious diseases
- Prison systems should ensure that prisoners living with HIV, hepatitis C and other infectious diseases should be subjected to the same measures of
  - prevention, treatment,
  - care and support
  - equivalent to that available to people living with HIV in the community, including antiretroviral therapy (WHO, 2007a)
- Clean needles and syringes should be provided to prevent women from sharing them and thus prevent the spread of HIV, hepatitis C and other infectious diseases.
Mental health and mental ill health

In addition to substance use disorders, women in prison have alarmingly high rates of mental health problems such as:
- post-traumatic stress disorder,
- depression,
- anxiety,
- phobias,
- neurosis,
- self-mutilation and
- suicide.
Women’s Health and Prison  5

• Self-harm and suicide

• Outside prison, men are more likely to commit suicide than women, but this is reversed inside prison.

• Being a mother appears to protect women in the community against suicide, but this protection does not apply in prison if mothers are separated from their children.
● Learning disabilities

● Prisoners with learning disabilities and difficulties are unlikely to benefit, and may be excluded, from programs designed to stop re-offending.

● Many are victimized and bullied in prison
Women’s Health and Prison 7

- Pregnancy
- Postnatal care
- Breastfeeding
- Violence
- Abuse
Women’s Health and Prison 8

- **Substance use**

- Women with substance use problems:
  - have **fewer resources** (education, employment and income) than men;
  - are more likely to be living with a **partner with a substance use** problem;
  - Have to take care of children;
  - have **more severe problems** at the beginning of treatment for substance use;
  - have **higher rates of trauma** related to physical and sexual abuse and concurrent **mental disorders** than men, especially post-traumatic stress disorder & other mood and anxiety disorders
Drug abuse in Serbia 2013

Criminal offences

- Drug abuse: 17%
- Other offences: 83%

Drug abuse Total

- Male: 96%
- Female: 4%

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug abuse</td>
<td>1,202</td>
<td>54</td>
<td>1,256</td>
</tr>
<tr>
<td>Other offences</td>
<td>5,872</td>
<td>241</td>
<td>6,113</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,074</td>
<td>295</td>
<td>7,369</td>
</tr>
</tbody>
</table>

Source: Annual Report - Administration for Enforcement of Penal Sanctions 2013
Estimation on prior drugs usage 2013

- Estimated usage of psychoactive drugs by addicts prior to imprisonment

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usage Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>84.6%</td>
</tr>
<tr>
<td>Hashish</td>
<td>10.7%</td>
</tr>
<tr>
<td>Heroine, opium</td>
<td>4.6%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.1%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1.7%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Source: Annual Report - Administration for Enforcement of Penal Sanctions 2013
● All strategies and protocols that are being carried out in the MoH are also being realized in the health care services and institution of the AEPS.

● The aim is to provide the same level of access to and treatment from healthcare providers to persons deprived of liberty as the free ones.

● Strategic focus on infectious diseases, TBC & drugs.
Good co-operation with MoH 2

- **Medical staff** within AEPS requirements:
  - all examinations and treatments are done in accordance with the **Law on Healthcare**
  - obligatory professional **license renewal** required from all medical professionals
  - full participation in all **MoH strategies**, particularly against:
    - **TBC** (screening at admission & once/year; “Control of Tuberculosis in Serbia” Project)
    - **HIV/Hep C** (confidential testing; therapy in MoH facilities; “Essential HIV prevention & care of persons at the highest risk of HIV infection” Project; condoms)
    - **drug abuse...**
Good co-operation with MoH 3

- Drug abuse and treatment:
  - MoH, the Global Fund and UNODC strategies against drug addiction as well as “harm reduction” programs implemented in all institutions.
  - As part of these strategies, METHADONE substitution therapy for addicts is available in all prisons in Serbia.
  - A “DRUG - FREE DEPARTMENT” has been established in the Special Prison Hospital in Belgrade.
  - Teamwork: psychiatrist, GP, psychologist, social worker, educator, security guards.
New Strategy & Action Plan for 2013-2020 for the further development of the correctional system & drug treatment

- Access to prevention & treatment of infectious diseases among imprisoned/alternatively sanctioned drug addicts

- Access to Harm Reduction programs

- Establish Counseling on overdose risk to drug addicts released from the penal system

- Hep B vaccine awareness level among HC workers and drug addicts within the penal system

- Improve social support system to drug addicts released from the penal system
Therapeutic Communities in Prison 1

- A process in which the "community" has the dominant role in the treatment of drug addicts.
- Maximum therapeutic and educational effect is achieved if the person is an equal member of the community and use its elements in achieving personal change.
- **The elements** of the community include:
  - therapy groups,
  - meetings, assignments and seminars,
  - structured relationship between the members and staff
  - the different social roles.
Therapeutic Communities in Prison 2

- **Expectations** from each member
  - participation in activities,
  - taking responsibility, autonomy and self-examination.

- **Response** of the community to achieve certain expectations can be:
  - supportive or affirming,
  - critical,
  - corrective - in terms of sanctions.

- Therapists must be specially educated and fully trained in the use of the concept of the treatment.
Therapeutic Communities in Prison 3

- Therapists’ tasks:
  - control over the operation and
  - implementation of the basic rules and concepts of community,
  - modeling of structures for better progress of a large number of members,
  - monitor progress and defining goals of each individual member.
The main goal

- provide psychological and material environment in which recovery is possible
- to achieve changes in behavior, thinking and emotional reactions.
- achieving basic goals set for itself
- Preparation of addicts to continue treatment after leaving prison or to be involved in some other type of treatment.

Recovery depends on learning, work as a member of the group and of different social roles achievable through advances in treatment.
Multidisciplinary Approach

- Multidisciplinary continuous treatment of prison drug addicts with an idea of starting treatment in prison and continuing it after the release, aiming at social integration.

- Poor coordination among Ministries → treatment discontinuation → frequent recurrence & relapse.

- Expert team (prison health, community health, educational & Social Center representatives, & judges) meets every 3M.
Multidisciplinary Approach

- Decision on the future treatment of addicts:
  - continuing treatment after release
  - treatment in another health facility,
  - treatment in the center for social work,
  - NGOs or therapeutic community
  - Possible reduction of the part of the sentence. The evidence of where to treat the dependents will be in the Centre for Social Work.

- Project reference centers: Belgrade, Novi Sad, Kragujevac and Nis.
Challenges

- Pilot Project

Therapeutic community in Penal correctional facility for women in Pozarevac
Political support for healthier prisons should be based on the recognition that:

- good prison health is essential to good public health;
- good public health will make good use of the opportunities presented by prisons;
- prisons can contribute to the health of communities by helping to improve the health of some of the most disadvantaged people in society.
THANK YOU FOR YOUR ATTENTION