

Treatment of Prisoners Addicted to Prohibited Drugs in Institutions for Criminal Law Sanctions in Maribor, Slovenia

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Summary

In the penitentiary institutions of Maribor, over the seven-year period 1995-2002, 154 persons addicted to prohibited drugs were held in preventive custody, or served terms for administrative misconduct, or were being held after a conviction. Work with them was carried out in accordance with: (1) the Penal Law of the Republic of Slovenia - art. 66 on the obligatory medical treatment of alcoholics and drug addicts, (2) the Law on implementing the criminal law sanctions affecting the medical treatment of addicts to prohibited drugs, (3) regulations for the treatment of prisoners addicted to prohibited drugs. Before imprisonment 79 addicts were taking part in the methadone programme; in line with instructions, participation in the programme was ended within a month. All these addicts took part in classic medical detoxification, and in individual and group treatments. For these purposes a social welfare worker, a specialist pedagogist, a psychologist and psychiatrists were included in the team. A statistical review of imprisoned addicts showed that there were many more men (145) than women (9). Only a few prisoners were first-time offenders. Epidemiological results: (1) None of addicts examined were infected with the HIV virus. (2) 31 patients were infected with the hepatitis C virus. (3) In 31 cases no results were available (due to patients' refusal to be examined). (4) Comorbidity affected 60 patients (10 cases of psychosis, and 50 of personality disturbances). Work with imprisoned addicts is specific and difficult; it requires a great deal of knowledge and experience. We are guided by the idea that our task is to help these patients, while all the other data connected with them are irrelevant to us.

Key words: Prisoners Heroin Addicts - Methadone Treatment
in Jail

Legal bases

The Penal Code of the Republic of Slovenia and the Law on implementing the

criminal law sanctions (ZILS) that affect the medical treatment of prisoners addicted to prohibited drugs.

The Penal Code of the Republic of Slovenia, Art. 66 (Official Gazette for 1994, No. 63) states the following on the compulsory medical treatment of alcoholics and drug addicts:

1. For any person who has committed a criminal act because of addiction to alcohol or drugs, the law court may order the provision of obligatory medical treatment;
2. This provision can be enacted in the institution where the sentence is being served (uninterruptedly, in prison) or in a health institution;
3. In the case of a suspended sentence, medical treatment can be given while a patient's movements are unrestricted.

The Law on implementing the criminal law sanctions (ZIKS, Official Gazette 2000, No. 22) adds the following:

- A. The provision of obligatory medical treatment for a non-suspended sentence must be performed in a penal institution that adequately fulfils certain conditions;
- B. The provision of obligatory medical treatment (suspended sentence) must be performed in a health organization as defined by a law court and, once the treatment has been completed, that organization is obliged to inform the law court about the results of treatment. Treatment costs are charged to the health community.

In the Republic of Slovenia the domain of drugs is regulated by the Law on Prohibited Drug Production and Trade (ZPPD), defining the conditions for the trade and production of narcotics, and the Penal Law of the Republic of Slovenia, where it is only the unauthorized production and trade of narcotics and conduct favouring their consumption that are defined as criminal acts.

Law on Prohibited Drug Production and Trade (ZPPD)

The law defines the conditions for the permitted production and trade of prohibited drugs.

The general provisions of the law include definitions of prohibited drugs; the classification of drugs comprises three groups, which are differentiated on the basis of the seriousness of risk to public health and the consequences that may be caused by drug misuse, and also on the basis of the criterion of whether drugs are used in medicine or not. The substances used as medicaments according to regulations are not regarded as prohibited drugs. The possession of prohibited drugs is forbidden. Based on the initiative of parliamentary groups and non-governmental organizations, the government put forward the penal provision relating to the possession of prohibited drugs, which reads: "Any person possessing prohibited drugs in contradiction with the provisions of this law will be punished with a fine of between 50,000 and 150,000 Slovenian thalers, or with imprisonment for up to 30 days. According to the provisions of the law on misconduct with drugs, a perpetrator of the kind described in the preceding item of this article,

possessing a small quantity of the prohibited drug for a one-time use of his own, may be punished mildly if he voluntarily joins the programme for medical treatment for consumers of prohibited drugs or programmes for social protection approved by the Health Council or Drugs Council”.

Any person possessing a small quantity of the prohibited drug for a one-time use of his own (an infringement) will be punished with a fine of between 10,000 and 50,000 Slovenian thalers or with imprisonment for up to 5 days.

Rules for the treatment of prisoners addicted to prohibited drugs

1. Imprisoned persons (those under preventive custody, convicts, administratively sanctioned persons and juvenile delinquents) held in penitentiary institutions will be guaranteed the same health services and help as all other citizens.
2. In the treatment of prisoners addicted to prohibited drugs and in preparing individual treatment programmes, each Institution responsible for enforcing imprisonment will link up with the relevant regional Centre for the prevention and treatment of addiction to prohibited drugs.
3. Imprisoned drug addicts will be allowed to join the locally available therapeutic programmes; the specific characteristics of individual institutions will be taken into account.
4. A doctor will examine the imprisoned persons as soon as possible; in the case of problems arising from abstinence, he must examine them within 24 hours at most. Crisis due to abstinence will be treated by the prison doctor in cooperation with the doctor of the relevant regional Centre for the prevention and treatment of addiction to prohibited drugs.
5. The use of methadone to alleviate the crisis of abstinence of prisoners who are addicted to opiates but have never been included in a methadone maintenance programme will only be permitted in exceptional circumstances.
6. Opiate addicts who had formerly been included in a methadone maintenance programme may continue to consume methadone when in preventive custody or in prison. The individual characteristics of addicts will be taken into account.
7. If imprisonment lasts longer than a month and if preventive custody will most probably last longer than a month, methadone doses should be reduced, as agreed between the prison’s professional team and the team at the Centre for the prevention and treatment of addiction to prohibited drugs, considering the individual characteristics of addicts.
8. If the professional judgment of both teams is favourable, participation in a methadone maintenance programme can, in exceptional circumstances, be maintained for individuals even when a prison sentence is being served.
9. In the case of prisoners already taking part in a methadone maintenance programme, their participation can, in exceptional cases, be renewed according to criteria laid down by the Centre for the prevention and treatment of addiction to

- prohibited drugs, after previous agreement between the Centre and the prison's team of specialists.
10. In the case of prisoners who accept the therapeutic agreement, and are included in the treatment programme, urine tests or other tests able to verify the presence of drugs, will be performed. With these patients, refusal of the urine test for presence of drug will be treated as a positive result.
 11. Urine samples will be collected by a prison health worker or a member of the officially authorized staff who has a detailed knowledge of the procedures for collecting samples.
 12. The health worker in the prison will perform chemical analysis on the urine samples, and then inform the therapist of the test result; the therapist will let the prisoner know what the result is. When a result is positive, the urine will be kept until the register of test results has been signed.
 13. Prisoners who are addicted to prohibited drugs, but abstain from them during preventive custody or imprisonment, must be obligatorily warned, before release or when giving temporary permission to leave prison, that their tolerance to drugs has become much lower. This lower tolerance explains why even relatively small doses of drugs may be fatal. This warning is especially important for those addicted to heroin or other drugs from the opiate group. It must be given in writing, and be signed by the recipient.
 14. In collaboration with the Centre's Coordinating Committee, it is necessary to ensure that all health workers and therapists who treat prisoners addicted to prohibited drugs receive regular training.

Presentation of work with prisoners addicted to prohibited drugs in the prisons of Maribor, Slovenia

While they are in prison, those addicted to prohibited drugs can request examination and/or treatment by the psychiatrist once a week, and a general physician or internal specialist, psychologist, special pedagogist and social worker are accessible there every day.

Work with them takes place in accordance with the instructions for the treatment of prisoners addicted to prohibited drugs.

Addicts who have never entered a methadone maintenance programme (MMP) are treated with classic medical detoxification, and they are also given psychosocial support. Usually, withdrawal symptoms disappear after a week or two; only anxiety feelings and insomnia last longer. In the shortest time possible after detoxification, the substitute psychotropic substances, usually benzodiazepines, are cut off, and we try to lead patients on an exclusively psychotherapeutic basis. For this purpose there is individual treatment on a daily basis in prison, and group treatment of addicts (by psychologists, social workers, special pedagogists, and psychiatrists) has already been available for two years now.

Addicts on MMP are treated in accordance with instructions and in cooperation with the Centre for the prevention and treatment of addiction to prohibited drugs. Within a month methadone is gradually cut off.

Our results and experiences have shown that only a few addicts needed hospital care; all the others have got over abstinence crises with the help of medicaments and therapists in the prison environment.

In the penitentiary institutions of Maribor, over the seven-year period 1995-2002, a total of 154 persons addicted to prohibited drugs were held in preventive custody, or served sentences for administrative misconduct, or were imprisoned after conviction. A short statistical review of addicted prisoners shows that many more of these were men (145) than women (9). Of the 154, 90 were being held in protective custody, 55 had been convicted and 9 were serving sentences for administrative misconduct.

The epidemiological results showed the following:

- * In this period none were infected with the HIV virus (all the 123 results were negative).
- * None were infected with the HBV virus (all the 123 results were negative).
- * 31 of those examined were HCV-positive.
- * Results were unknown (due to a refusal of examination) in 31 cases.
- * Of the 154 patients, 79 had been treated in an MMP; only one stayed within the programme right through the 3-month period of imprisonment, whereas methadone was gradually withdrawn from the others over a one-month time span.
- * After their standard punishment, four of the addicts went into a treatment community to be cured, and two died (one from suicide strangulation in prison, and one from an overdose at home)
- * The results for comorbidity were as follows: 60 persons were treated for a dual diagnosis; of these, 10 were cases of psychosis (Depression and Schizophrenia), and 50 were cases of personality disorders.

Follow-up studies

Results for therapeutic efficiency with imprisoned addicts are unavailable. For many reasons it is extremely difficult, sometimes impossible, to continue therapy after addicts are released from prison.

On the basis of the data available to us, it can only be concluded that 20 patients stopped consuming methadone, while 41 continue to receive treatment in an MMP.

Urine checks for prohibited psychoactive substances (PAS) are not carried out in prison according to instructions that urine samples be taken by the health worker (or an authorized member of prison staff worker) and tested using test sheets in prison. Urine is examined in the laboratory of the Health Centre of Dr. A. Drovc Maribor; this is more expensive, but it allows us to avoid many complaints and misunderstandings.

Conclusions

The number of people who are imprisoned after conviction, or are being held in preventive custody or serving sentences for administrative misconduct is increasing, as is the number of yearly psychiatric examinations (from 192 psychiatric examinations in 1995 to 552 in 2001!), As might be expected, along with the severity of prisoners' problems and their psychopathology, the numbers of prisoners who are addicted to prohibited drugs in prison is rising each year.

In some prisons in Slovenia special 'drug-free' wards have been opened. These wards are set aside for drug-clean prisoners who are strongly motivated to achieve rehabilitation. For the time being there are no such wards in the prisons of Maribor, but all the professionals who work with prisoners addicted to prohibited drugs are impatiently looking forward to that moment.

Work with addicts and other prisoners is difficult, especially for all those who have professional profiles. This work requires a great deal of knowledge and experience, including knowledge of problems peculiar to the prison environment. These include transference and counter-transference, arising from the doctor (therapist)-prisoner relationship. We are guided by the idea that we are dealing with a patient, as addiction is a recognizable illness; all the other data connected with prisoners are irrelevant to us.

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