

Medical Rehabilitation Services for Addict Prisoners Confined in District Jail Lahore

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ABSTRACT

Introduction: Drug addiction is one of the leading causes of crime. The quality of health care in prisons is patchy around the country and do not meet the needs required. Rehabilitation is a planned intervention that attempts to change or alter whatever aspects cause addiction and to reduce the likelihood of recidivism.

Objectives: The objective of the study was to assess the medical related rehabilitative services rendered by prison department for addicted prisoners and to formulate recommendations for improvement of rehabilitation services in prisons.

Study Design: Observational Study.

Place and Duration of Study: This study was conducted in District Prison Lahore in February, 2011.

Materials and Methods: Total population of District Jail Lahore was 4330 out of which 1072(24.8%) were addicted prisoners. Out of 1072, 218 addicted prisoners were randomly selected for the study. Majority of addict prisoners 153 (70.2%) were 21-40 years old while 127 (58.3%) were illiterate. 179 (82.1%) addict prisoners were in habit of using opiate derivatives. 137 (62.8%) addict prisoners were not provided with detoxification treatment upon entry into to prison. 120(55%) addict prisoners were provided medical facilities after delay of many hours. Personal hygiene was good while orodental hygiene was just satisfactory.

Results: Illiteracy, scarcity of resources, low socio-economic status and poverty were the major factors that motivated them to start taking drugs. Literacy rate should be increased, vocational training, health education and proper job opportunities should be provided to young population to overcome the problem of drug addiction.

Conclusion: Addict prisoner must have access to doctors and treatment must be provided to them without delay as loosing freedom should not mean losing health. Drug trafficking in Jail should be controlled. Addiction should be treated as a disease and not as a sin which will help addicts to keep them away from drugs.

Key Word: Addiction, Prisoners, Rehabilitation Services, Jail.

INTRODUCTION

Prison derived from old French word prisoun is a place in which people are physically confined and usually deprived of a range of personal freedom. Other terms are penitentiary, correctional facility and jail.¹

In the United States "jail" and "prison" usually refer to different subtypes of correctional facility. Jails are conventionally institutions which house both inmates awaiting trial and convicted in less serious offences. Prisons only house convicted felons, usually for longer periods of time than jails². While in Pakistan and UK jails or prisons are meant to keep all kind of condemned, convicted and remand prisoners³.

Drug abuse refers to the use of a drug for a purpose for which it was not intended, or using a drug in excessive quantities. Drug addiction is a state of physical or psychological dependence on a drug.⁴ All sorts of different drugs can be abused. Peer pressure, emotional distress, poverty, illiteracy and low self-esteem can all lead individuals to abuse drugs. Another important factor is the widespread belief that drugs can cure tuberculosis, coughs, pains of all kinds, piles, hernias, rheumatism, stomach ulcers and dysentery.⁵

Many of the petty crimes such as burglary and theft, are committed by addicts who need money to purchase drugs.⁶

The largest numbers of drug addicts to be found in any institution are in prison throughout Pakistan, which constitute somewhere between 20-40%.⁷ In 15.07.2010, total number of prisoners confined in 32 jails of Punjab were 52863 against the capacity of 21527 inmates accommodation.⁸ Reported number of prisoners held in 211 countries all over the world are 9.25 million.⁹ Almost 50% are incarcerated in the US, Russia and China.¹⁰ Most addicts are between 20 and 40 years of age which is the productive age for the country development. The quality of health care in prisons is the country is not up to the standard required. Many addict prisoners have had little or no regular contact with health services and rehabilitation services before coming to prison. They tend to come from sections of society with high level of social exclusion and have poorer physical and mental health than the general population. Most prisons do not succeed in making themselves drugs free. Imprisonment does not seem to motivate prisoners to stop their drug use. In some cases prisoner may even start using more drugs or relapse from withdrawal due to factors associated with imprisonment such as depressing environments, lack of purposeful activity, and lack of contact with family and friends.¹¹

Upon entering into prison the addict inmates are not properly interviewed for predisposing psycho social factors which leads them to initiate drug taking

behavior along with kind and amount of drug to which he is used to. They are confined in barracks specified for addict prisoners. These barracks are over crowded through out the province. Symptomatic medication is being prescribed to those addicts whose condition is deteriorating or who are experiencing severe withdrawal symptoms. Addict's treatment regimen consists of major tranquilizer such as Largectil, Serenase or Kemadrin the other medicines used are diazepam, Lexotanil or Phaenargan.⁷ Other aspect of this issue is that healthcare staff cannot determine the beginning or end of treatment because prisoners are liable to be moved or released from the prison with little notice.

Currently except for Peshawar jail, there are no programmes or services available in other prisons for treatment and rehabilitation of drug addicts. This was made possible in Peshawar Jail with the collaboration of NGO Dost Foundation by establishing a programme using the 12- step modality in the jail.⁷

In fact, addict inmates who receive effective treatment during incarceration have a recidivism rate that is 50 percent lower than non-addict inmates. In the long run, treating addicts in prison could save a considerable amount of money by addict rehabilitation.

Very few studies have been conducted about rehabilitation services for addicts in prisons of Pakistan. Keeping this in view the present research was planned to evaluate the treatment, other medical aspects and rehabilitation services provided to drug addicts at District Jail Lahore to improve the health of Prisoners and to suggest some beneficial measures.

MATERIALS AND METHODS

This study was conducted in District Prison Lahore to assess the medical related rehabilitation services provided to the addict prisoners in February, 2011. Out of 1012 male addict prisoners, 218 were selected by convenient sampling based upon their willingness. The prisoners were interviewed, on structured performa, demographic profile recorded. Information about the rehabilitation services was entered in performa, data analyzed and presented in tabulated form.

RESULTS

This study was conducted to assess the medical related rehabilitative services rendered by prison department for addict prisoners.

The population studied in prison comprised of 218 (male) drug users, the minimum age was 12 year, the maximum age was 80 years, In age group up to 20 years there were 24 (11%) drug users, maximum number 153 (70.2%) of drug users were in group 21 – 40 years, in age group 41 – 60 years there were 34 (15.6%) drug users and in age group of 60 – 80 years there were 7 (3.2%) drug users. (Table No. 1)

As per educational status 2(0.9%) had passed F.A, 5 (2.3%) were matriculate, 10 (4.6%) were under matric, 33 (15.1%) were able to write and 41 (18.8%) were able to read. Rest of 127 (58.3%) were illiterate. (Table – 2)

Among these drug users 179 (82.1%) were in habit of using opiate derivatives, 18 (8.3%) were I/V drug users, 14 (6.4%) used Bhang, 4 (1.8%) were alcoholic and 3(1.4%) were using crack (cocaine) (Figure – 1)

Reasons for initiation of drug usage by studied population were very varied as 118 (54.1%) started taking drugs for sexual pleasure, 71 (32.6%) were inspired by peer pressure, 26 (11.9%) to overcome grief and depression, 3 (1.4%) in anger to show agitated behavior against family. (Figure – 2)

Out of the 218 addicts prisoners, 137 (62.8%) were not provided with detoxification treatment upon entry into prison, 62 (28.5%) addicts were given detoxification treatment in barracks while 19 (8.7%) were detoxified in the hospital (Table No. 3).

To overcome urge for drugs in prison out of 218, 29 (13.3%) were taking tea, 177 (81.2%) were smoking cigarettes, 2(0.9%) were chewing tobacco pan and 10(4.6%) were using naswar (Figure – 3).

Table No.1: Frequency distribution of Age Addict Prisoners n= 218

Age Group	Frequency	Percentage
Less than 20 Years	24	11.0%
21 – 40 Years	153	70.2%
41 – 60 Years	34	15.6%
61 – 80 years	7	3.2%
Total	218	100.0%

Table No.2: Frequency distribution of educational status of addict prisoners n= 218

Educational Status	Frequency	Percentage
F.A.	2	0.9%
Matric	5	2.3%
Under Matric	10	4.6%
Able to Write	33	15.1%
Able to Read	41	18.8%
Illiterate	127	58.3%
Total	218	100.0%

Table No.3: Frequency distribution of detoxication treatment of addict prisoners n = 218

Detoxication Treatment	Frequency	Percentage
Not received	137	62.8%
Received in jail hospital	19	8.7%
Received in barracks	62	28.5%
Total	218	100.0%

Out of 218 addict prisoners, 9 (4.1%) had no access to doctor, 75 (34.4%) were given treatment without any delay, 120 (55%) were provided medical facilities after delay of many hours while 14 (6.4%) were attended by medical staff after delay of many days (Table – 4).

The result about the health education of hazardous effects of drugs and associated disease indicated that, 189 (86.7%) addict prisoners were told at least once

about the ill effects of addiction along with ill effects of associated diseases like Hepatitis B, HCV, HIV/AIDS and STI. 8 (3%) were provided health education about ill effects of addiction while 21(9.6%) were not provided any education about ill effect of drugs or associated disease (Table – 5).

Table No. 4: Frequency distribution of access to medical facilities in jail n= 218

Access to Doctor	Frequency	Percentage
Nil	9	4.1%
Immediate	75	34.4%
Delay of 3 – 24 hours	120	55.0%
Delay of 1 – 7 days	14	6.4%
Total	218	100.0%

Table No.5: Frequency distribution of health education about hazardous effects of drug and associated diseases n= 218

Health Education by Jail Management	Frequency	Percentage
Hazards of addiction only	8	3.7%
Related diseases hazards	189	86.7%
Nil	21	9.6%
Total	218	100.0%

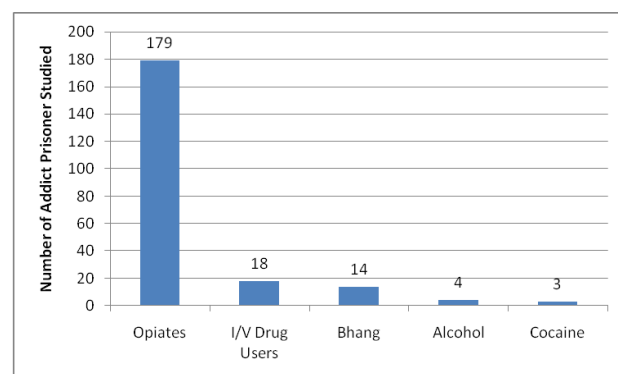


Figure No. 1: Type of drugs used by studied population

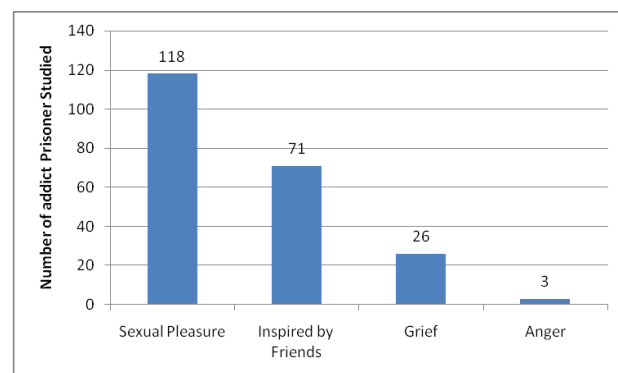


Figure No. 2: Reasons for initiation of drug usage by studied population

About the availability of drug and its usage in jail and in judicial lock up of session / civil courts, 64 (29.4%)

prisoners said that smuggled drugs were being used in jail for addiction while 154 (70.6%) denied that. 97 (44.5%) prisoners gave opinion that drug were used in judicial lock up attached with courts while remaining 121 (55.5%) said that drugs were not available in judicial lock up (Figure – 4).

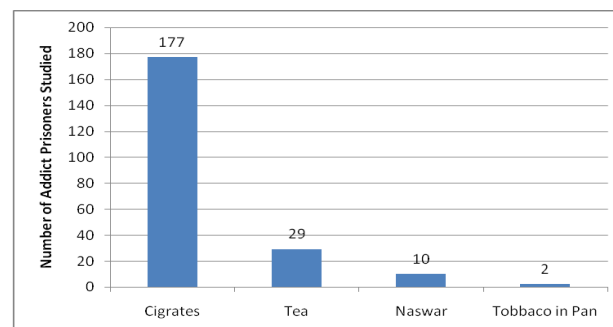


Figure No. 3: Items used in jail by addict prisoners to overcome urge for addiction

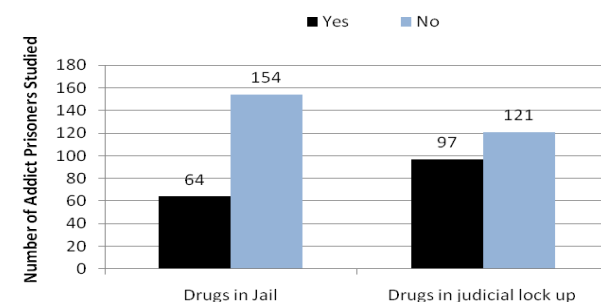


Figure No.4: Availability of smuggled drugs and its usage in jail and judicial lock up

DISCUSSION

A large number of prisoners are incarcerated all over world consisting of a large proportion of drug addicts or drug users which are increasing day by day and becoming a burden over jail authorities as well as over the entire country.

Rehabilitation is a planned intervention that attempts to change or alter whatever aspects cause addiction and to reduce the likelihood of recidivism. Drug rehabilitation is the medical psychotherapeutic treatment used to enable a patient to cease substance abuse and become a normal and productive member of society.

Present study revealed that District Jail Lahore consisted of 24.8% addict prisoners of total jail population. This corresponds to findings of the study, conducted by Saeed and Zafar who reported that population of Central Jail Faisalabad comprised of 24% addict prisoners⁴. Another study showed that China had 1570000 prisoners on July, 2010; out of these 10% were illicit drug users¹². Majority 70.2% of the drug users in our study belonged to productive age group 21-40 years. A similar study conducted at Tai Lam Jail, Hong Kong, showed that majority of addicts was in the same age group¹³. They were taking drugs due to

domestic problem like scarcity of resource and other family issues. Drug addiction was one of the leading causes of crime which brought them into the jail. With little attention of society and government initiatives, these people can become a useful citizen. Due to negligence of parents, children start taking drugs in early age. So the parent's role can not ignored to keep their children away from such ill habits.

The results of our study clearly indicated that 58.3% of addicts were illiterate and among those majority 27.5% were laborers prior to confinement. In similar study conducted in Faisalabad, showed that 94.9% were illiterate⁵. This indicated that literacy level has significant importance and illiteracy was the major cause of drug abuse. Proper education will be helpful to prevent them from taking drugs.

Maximum usage of opiate derivatives by drug addicts is supported by, similar studies done at Hong Kong and Central jail Faisalabad where 80% and 73.7% addict prisoners were using opiate derivatives respectively^{13,4}. In UK majority of male prisoners were poly drug users. 24% were using crack, 27% amphetamine 49 % Opiate derivatives and 58% were using alcohol¹¹. In another study it was found that in prisons of UK prisoner use different items for addiction for example, Cannabis, Heroin, Amphetamine and Crack.¹⁴ In American prisons more than 50% prisoners are alcohol and drug addicts.¹⁵ Alcoholics and crack users were less in our study which may be because alcohol is not easily available and crack is much costly in our society.

Commonest cause of addiction is to get sexual pleasure which was also found in other studies.

Timely and proper treatment is the basic right of the prisoners during their stay at Jail. It was found that majority (61.4%) were provided with delayed treatment. In US jails only 10% of addict prisoners in state prison and 3% in local jail receive formal treatment prior to release.¹⁶ In studies in Central Prison Rawalpindi and district Jail Peshawar, it was found that the jail hospital as a routine do not provide medical intervention as they have no provision of medicine for detoxification¹⁷. Only 28% of jail and prison administration of USA reported that their institution had detoxified the arrestees.¹⁸ Timely services along with essential drugs are very much required to rehabilitate such people.

Health education seminars were held for addict prisoners about how to avoid drugs and information about hazardous affects of drugs. Prisoners were also told about drugs associated diseases like Hepatitis B, HCV, HIV/Aids and STIs but these seminars were not held regularly. In contrast to our study in District Jail Peshawar, counseling and health education seminar were held daily for 30 days for each group of addict prisoners⁶. That was made possible with the help of trained team of NGO i.e. Dost Foundation. In another study it was seen that injection drug users are a high

risk group for HIV epidemic and evidence shows that blood borne viruses spread upto 10 times quicker in prisons setting than in other environment.¹⁹

Another major problem was also observed that drugs were available in the jail for the addict prisoners. 29.4% prisoners confirmed that smuggled drugs are available in jail while 44.5% prisoners gave information that drug are available in judicial lock up attached with courts. The study conducted at Central Jail Faisalabad confirmed that 61% prisoners were using drugs in jail³. Above results indicate that drugs are easily available in the jail. A survey of drug treatment unit at Saughton prison Edinburgh indicated that drugs are smuggled in to the prisoner and readily obtained in the residential block.²⁰

CONCLUSION

Drug addiction is a major public, social and health problem of the world. The pattern of drug addiction varies from country to country and society to society, thereby creating somewhat different social and political consequences. However all societies with drug abuse or addiction share the problem of diseases, poverty, crime, loss of productivity and disturbed family life.

Pakistan is a country where crime rate is increasing rapidly due to poverty which causes frustration and leads people toward addiction and crime. Our jails are crowded by addict prisoners. District jail Lahore was selected to know the rehabilitative services for addict prisoners confined in the jail. Low level of education, bachelor life, social degradation and poverty were the major issues for motivations towards drug addiction. Opium derivatives were the major source of addiction commonly used for purpose of sexual pleasure.

Detoxification measures in jail were not satisfactory and health education was also not up-to required standard. Personal hygiene of addicts was satisfactory while orodental hygiene was poor.

Psychological support was poor both from medical and administrative authorities of jail along with relatives. Comfortable environment like, sunlight, silence, proper space, ventilation, fresh air, proper heating and cooling facilities are also part of rehabilitation services.

Trafficking of drugs inside jail and its availability in court's judicial lock up is an unacceptable situation which should be reduced by participation of jail and police administration and by implementation of law.

Recommendations

Illiteracy is a root cause of drug addiction. Literacy rate should be increased and proper job opportunities should be provided to young population to overcome the problem of drug addiction.

Detoxification treatment should be provided to all addict prisoners at the time of their entry in jail.

A psychologist must be available in the district jail hospital to help the addict prisoners to give up the use of drugs.

Addict prisoners must have access to doctors and treatment must be provided to them without delay.

Friends and family members must visit the addict prisoners on regular basis to share their problems and provide support.

Strict and effective measures to control drug trafficking into the jail should be implemented and severe punishment should be given to the drug trafficking and financier.

Drug abuse treatment centre should be established inside the jail and proper facility should be provided for treatment of addicts in the jail and Medical Officer should be trained for this purpose.

Health education Programme should be launched regularly inside the jail to inform the addict prisoners about hazardous effects of drugs and associated diseases.

Effort should be made to remove the causes responsible for addiction such as mental worries, domestic problem, frustration, and economic problem etc.

Facilities for vocational training to keep the drug addict busy should be provided in the jail.

Mass media campaign on television, radio and newspaper should be considered to motivate addicts for rejection of addiction.

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