

The Effect of the Harm Reduction Approach in Iran's Prisons

Ali Shams¹⁺ Nasser Rabie² Ali Esmaili³ and Mahmood Baratvand⁴

^{1,2,3,4}The centre for education and research of Islamic republic of Iran's prisons' organization

Abstract. Rehabilitation in prison needs to a calm situation. As prisoners, mostly have psychological and social problems which disturb the process, an intervention, harm reduction, was designed to make an acceptable environment for behaviour correction. Sample consisted of all the prisons in Iran and the intervention continued for continued for 2 years. Indexes such as self-injury, drug abuse, drug smuggling to prison and others' bullying were assessed before and after administration of the treatment. The problems was decreased in the first post-test, 2007, however it was not significant. In fact some prisons showed increase in the indexes. The second post-test, 2008, showed a significant reduction in most of the prisons. These findings achieved in spite cumulative trend of prisoners' population in Iran. Results were discussed in terms of need to adding more components to the intervention with respect to special requirements of some prisons in the country.

Keywords: harm reduction, prisoners, drug abuse, self-injury, Iran

1. Introduction

Practitioners in the field of prison and behaviour correction believe that the institution has been made to fulfill some special purposes. In general, several aims have been predicted for imprisonment as a punishment amongst them can be referred to retribution, revenge, rehabilitation and prevention. As other social phenomena, prison represents some negative effects, such as family and relatives' involvement in the side effects of imprisonment. Nowadays, due to increasing trend of population in the prisons, correctional programs cannot be administrated properly which in turn can lead to ineffectiveness of the imprisonment as well as increasing in the recidivism rate during imprisonment and also after releasing from prison. Thus, there is an urgent need to use harm reduction for prisoners in this regard.

Rehabilitation has recently been one of the most important purposes of the imprisonment. If prisons system cannot be successful in this regard, the community will be threatened by the prisoners. Thus, rehabilitation of prisoners via professional training and general education can lead to reduction in recidivism rate as well as making an optimistic view from community towards the prisons system [1]. Sutherland says, one of the weaknesses of judicial system in the world is a unilateral insisting on punishment and threatening to make people obedient to rules [2]. However, the policy never leads to appropriate result. In fact, an external agent to control deviant behaviours is its ineffectiveness compare to internal ways of prevention and controlling the problem, in this regard Kendall, states punishment has always been suspected in terms of effectiveness, and if any, it is very limited and short-term [3]. According to Eysenk (cited in Roisin et al) a psychological situation which calls "excitability" is higher among prisoners and deviant people [4]. This situation can be used to correct the deviant behaviour and make the people more flexible. In brief, the harm reduction activities and prevention of high risk behaviours such as self-injury and others' injury can help prisoners to be ready for coming back to the community and be adapted there. Prisoners during their life commit many crimes, e.g. 23% of prisoners in USA have a record of drug abuse [5]. The problem is not limited to the community, and also continues during imprisonment [6]. Drug abuse in injection form leads

⁺ Correspondent author. Tel: +00982122356308; fax: 00982122356313.
E-mail address: alishams@yahoo.com

to HIV/AIDS infection as well as hepatitis so that slightly more than 60% of the infectious people are victims of using common infected instrument for injection. Archer et al. [7] reported that 76% of prisoners in a prison in Scotland used common instruments of injection for drug abuse. The group also stated that half of prisoners in Glasgow abused drug and 6% had the experience in the prison for the first time.

High risk behaviours are not limited to drug. Sex is a common behaviour in prisons in all over the world; however, taking drug can exaggerate the behaviour [8]. Tattooing is other type of high-risk behaviour. Martin et al. reported 19% of prisoners in Canada had the experience during imprisonment and among them 86% used common equipment for this purpose [9]. According to Payal et al. (cited in Zambrana) 10.9% of the prisoners had the experience which 50% of the group used common instruments for tattooing [10]. Bullying is another type of deviant behaviour which affects the rehabilitation process [11, 12]. Self-injury also can disturb the situation and prevent prisoners from engagement in the rehabilitation process actively, in some cases of bullying, severe abuse and aggression can lead to homicide [13].

2. Methodology

2.1. Sampling

All the prisons in Iran were chosen as the sample, in fact in this study statistical universe and sample were the same.

2.2. Instrumentation

The data in this study extracted from the data centre of the Iran's prisons organization which gathered the data as a judicial procedure. The data included all disciplinary problems such as drug abuse, drug smuggling to prison, self-injury, sexual relationship with others, and bullying others and covered 3 years, 2006, 2007 and 2008. In fact, assessment in 2006 can be counted as the pre-test and the two years can be viewed as the post-tests. The applied statistics in this study was comparison of the percents.

2.3. Intervention

Zambrana et al. believes harm reduction includes everything that reduces the occurrence of risks for prisoners who cannot or does not want to stop engagement in high risk behaviours such as drug abuse or unsafe sex [14]. In the situation, practitioners accept the reality of the problem and try to decrease its risk for the person and others who engage in it whether direct or indirect. This approach is, of course, congruent with long-term aim of stopping the target behaviour; in fact the intervention can be counted as the first step in a longitudinal process.

Components of the harm reduction intervention:

- 1-continuous and interval inspection of the prisoners' settlements
- 2-monitoring by camera all the time
- 3-classification of prisoners with respect to type of crime and assessing their vulnerability and risk for others' prisoners
- 4-prisoners' attendance in life basic skills classes
- 5-professional training
- 6-occupation for prisoners to fulfill their psychological and also fiscal needs

3. Result

Results showed that in all the prisoners, the overall score, a mild reduction, 2%, was observed, during the first post-test. The result achieved in spite of an increasing trend in prisoners' population yearly. However, the result for each province was different, for example, in the capital, Tehran, as the most crowded prison, 12% reduction in the problem was observed, while, in some provinces, the problem increased. For instance, West Adarbayjan and Kermanshah showed 86% and 370% increasing in the index respectively. On the other side, North Khorasan and Semnan showed a reduction of 61% and 51% respectively.

In 2008, 36% and 34% reduction compared to the first and second years were achieved. In fact, the program as a long term activity needs time to show its effect. While in the first post-test, 2007, in 13 of 30

provinces an increasing trend was observed, the situation in 2008, the second post- test was changed drastically, and it was decreased to 4 provinces. At the same time, it should be insisted that the prisoners' population was increased during the years. The most reduction was observed in Ilam and Kurdistan, 88% and 85% respectively. However, Kermanshah and Zanjan, had 96% and 29% increase in the index respectively.

Thus, with respect to the cumulative trend of prisoners in Iran and also the rate of committing crime, the ratio of prisoners to 100000 people in the society was: 198/100000, 205/ 100000, 215/100000 for the years of 2006, 2007 and 2008 respectively, the program can be counted successful.

4. Discussion

Findings in this study are encouraging as the target group makes so many problems in the prisons well as the community. Behavioural problem in prisons is common which can be ascribed to both personal and also environmental variables. Harm reduction intervention views these variables simultaneously and suggests practical solutions. In other word, the approach is practical instead of being idealistic. In almost all studies which were done in prisons, it was reported that drug abuse, sex, drug smuggling, bullying others and similar problems were common and the best solution to control them is harm reduction. In spite of some deficiencies in the approach, they can be reduced by adding societal variables and also families' engagement in the process of therapy. Probably the best lesson which can be taken from this study and also similar researches is a multi-factorial opinion towards the problem.

5. Conclusion

Crime and deviants are multifactorial phenomena, every approach to solve them should be included the factors. Probably, an approach without interrelationship with all factors of inside and outside of the prison cannot be successful. Prevention of late judicial procedure is a good way to encourage prisoners and make the calm during imprisonment period. Covering family in terms of fulfilling their fiscal and cultural needs is another solution which can in turn lead to more reduction in prisons' problems. Covering released prisoners with respect to their especial needs such as counseling, professional training, settlement and psychiatry problems also can prevent them from re-arrestment and also committing crimes.

6. References

- [1] A. Shams. Coming back with Felicity. Council of designing and management of mental health and behaviour correction of prisoners, Rahe Tarbiat publication, Tehran, 2003.
- [2] D. Sutherland. Principles of criminology. 11th ED . Sociological American Association, New Jersey, 1992.
- [3] D. Kendall. Sociology in Our Times: The Essentials (7th revised ed.). Cengage Learning, 2007.
- [4] M. Roisin, H. Sherry, C. Margo. Distinguishing BAS risk for university students' drinking, smoking, and gambling behaviors. *Personality and Individual Differences*. 2009, 46 , 514–519.
- [5] REPO. An analysis of deviancy and crime among prisoners of Iran from 2005-2008. Rahe Tarbiat publication, Tehran, 2008.
- [6] S. Jiang, L.T. Winfree. Social support, gender, and inmate adjustment to prison life: Insights from a national sample. *Prison Journal*, 2006, 86, 32-55.
- [7] J. Archer, J.L. Ireland, C.L. Power. Differences between bullies and victims, and men and women, on aggression-related variables among prisoners, *British Journal of Social Psychology*. 2007, 46, pp. 299–322.
- [8] M. Vescio, B. Longo, S. Babudieri, G. Starnini, S. Carbonara, G. Rezza, R. Monarca. Correlates of hepatitis C virus seropositivity in prison inmates: a meta-analysis, *Journal of Epidemiol Community Health* ,2008, 62(5): 305-313.
- [9] R.E. Martin, F. Gold, W. Murphy, V. Remple, J. Berkowitz, D. Money. Drug use and risk of bloodborne infections: A survey of female prisoners in British Columbia. *Canadian Journal of Public Health*. 2005, 96(2):97–101.
- [10] R.E. Zambrana, L. Cornelius, S. Boykin, D. Lopez. Latinas and HIV/AIDS Risk Factors: Implications for Harm Reduction Strategies, *American Journal of Public Health*, 2004, 94 (7): 1152-1158.
- [11] D. Farrington. (1993). Understanding and Preventing Bullying, *Crime & Just*. 1993, 17 (2), pp. 381-392.

- [12] C. Haasen, U. Verthein, P. Degkwitz, J. Berger, M. Krausz, D. Naber. Heroin-assisted treatment for opioid dependence: randomised controlled trial. *The British Journal of Psychiatry*. 2007, 191, 55–62.
- [13] M. Naughton. Why the Failure of the Prison Service and the Parole Board to Acknowledge Wrongful Imprisonment is Untenable, *The Howard Journal of Criminal Justice*. 2007, 44 (1): 1–11.
- [14] D. Haasen, M. Wolff, M.J. Valler, R. Heilker. (2006). Comparison of G-protein coupled receptor desensitization-related β -arrestin redistribution using confocal and non-confocal imaging. *Comb Chem High Throughput Screen*. 2006, 9:37–47.