

# In the Name of God

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# Iran, Harm Reduction, Scale up

Satellite meeting on HIV/AIDS in  
Prisons

Sunday, 13<sup>th</sup> May 2007

- How Iran has introduced harm reduction interventions in its prisons?
- How these measures have been scaled up?
- What the main barriers have been to introduction and scale up?
- How you have overcome these barriers?

# History

- The first HIV epidemic in Iran prisons
- The previous cases only in hemophilic patients
- Stigma problems
- Abstinence based approach
- Regular detoxification without medications

# Change in approach according to results of research

- In 1997 the main measures holistic educations and knowledge increase
- It was not sufficient==>>> harm reduction
- Establishment of the first Volunteer counseling and testing Center (VCT) in Kermanshah prison 2001(HIV/STI/IDU)
- Introducing the 6 month considerable effects in a conference held by UNODC support and development in other provinces

# Other measures

- Starting MMT in the end of 2002 with UNODC support which was successful → implementation in other provinces as a national policy
- Reducing the sharing by releasing shavers in stores of limited number of prisons and then all national prisons (considering Blood Born Diseases)

# Other measure with at most 5-7 years life

- Hotline establishments
- Establishment of Private (conjugal) meeting rooms
- Bleach and harm reduction pack distribution
- Active educations for new entrance prisoners
- Universal precautions

# What was important for starting the mentioned activities?

- 1- advocacy and negotiations with judicial authorities
- 2- showing the efficiency and effectiveness of the measures to managers and staff of prisons
- 3- consistency of the above two actions before, during and after of each step

# Scale up

- The most important issue is feeling and observing the efficiency and effectiveness of measures and its needs inside prisons
- The national researches and opinions of international consultants → reaching the 80% coverage

## Efforts of prisons organization for scaling up and the results:

- 1- MMT coverage for 8200 IDU prisoners
- The biggest MMT project in prisons systems of the world
- 75% coverage
- 2- establishment of 80 VCT centers and 20 in procedure of establishment
- The support of Global fund's project in Iran for equipments and human resources

- 3-implementation of universal precautions protocol
- 4- existence of Conjugal meeting rooms in almost all prisons of Iran as the prisoners right
- 5- provision of harm reduction pack( sterile syringe with alcohol and cotton) in big prisons

# The major Barriers

- Shortage of human resources
- Limited budget
- Difficult access to Methadone, Buprenorphine and agonist maintenance therapies
- High turn over of prisoners

# The solutions

- Signing MOU with MOH for easier access without bureaucratic process and considering the minimum standards for closed settings
- Establishment of After care release centers and VCTs inside them for covering released prisoners and efforts for joining them to community centers
- And the most important issue:  
Multilateral support of the Head of Judiciary Power including support for harm reduction measures and needle syringe exchange in prisons:

*Executive Order to All Judicial Authorities Nationwide*  
*... One of interventions has been done by the Ministry of Health and Medical Education includes provision of needles, syringes and other material used individually by drug addicts and AIDS patients as well as methadone maintenance treatment programs as means of combating HIV and Hepatitis infections among drug addicts...*  
*Therefore all judicial authorities must consider the lack of malicious intent in the interventions of the Ministry of Health and Medical Education as well as those of other centers and organizations which are active in this field and not accuse the service providers...*  
*Seyed Mahmood Hashemi Sharoudi*  
*Head of the Judiciary*  
*Jan 24th 2005*

شماره: ۱۸۴۱۴۴۳۶  
پیوست:



توسعه

«بخشنامه به کلیه مراجع قضایی سراسر کشور»

از جمله وظایف قانونی وزارت بهداشت درمان و آموزش پزشکی اجرای برنامه‌های لازم برای پیشگیری از شیوع بیماری‌های واگیردار به منظور کاهش آسیب‌ها و حفظ بهداشت و سلامت جامعه است که راهکارهای لازم را جهت اجرای وظایف خود تهیه و به مورد اجرا می‌گذارد. یکی از اقداماتی که وزارت بهداشت درمان و آموزش پزشکی به منظور جلوگیری از سرایت بیماری ایدز به موقع اجرا گذاشته است، توزیع سرنگ و سوزن و سایر اشیاء مورد استفاده شخصی معتادان و مبتلایان به ایدز و اجرای برنامه‌های درمان نگهدارنده «متادون» به عنوان یکی از روش‌های مقابله با عفونت ایدز و هیپاتیت برای معتادان است. حسب اعلام وزارتخانه یاد شده بعضی مراجع قضایی این عمل را معاونت در جرم تلقی کرده و آن را قابل تعقیب کیفری دانسته‌اند و بدین ترتیب ناخواسته موجبات عدم اجرای برنامه‌های بهداشتی و درمانی را در زمینه پیشگیری و مقابله با شیوع بیماری‌های واگیردار و خطرناک فراهم نموده‌اند.

بدین جهت به کلیه قضات دادسراها و دادگاهها در سراسر کشور یادآور می‌شود؛ از عناصر اصلی برای تحقق بزه معاونت در جرم احراز سوء نیت مرتکب است که این قبیل اقدامات خالی از این عنصر بوده بلکه با حسن نیت و در اجرای وظیفه حفظ و صیانت جامعه از شیوع بیماری‌های مهلک و واگیردار همانند ایدز و هیپاتیت انجام می‌شود. بنابراین لازم است کلیه مراجع قضایی در نگرش خود به اقداماتی که وزارت بهداشت درمان و آموزش پزشکی و سایر مراکز و دستگاهها در این زمینه انجام می‌دهند، فقدان عنصر معنوی جرم و تکلیف قانونی آنها در اجرای برنامه‌های بهداشتی و درمانی را مورد توجه قرار دهند و با توصیف ناروای معاونت در جرم استعمال مواد مخدر و یا عناوین دیگر و تعقیب نابجای متصدیان و مجریان مانع برنامه‌های ضروری و مفید آنها نشوند. ۱۳۲۲/۱

سید محمود هاشمی شاهرودی  
رئیس قوه قضاییه

- With special thanks to head of Iran prisons organization as the deputy for head of Judiciary power for his great support and his attendance in this conference although his busy schedule which shows his great commitment to harm reduction measure and hereby I would like to express my appreciation from his supports.

# Thank you

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