

Prison and Risks

Results of the research study entitled “Risk behaviours related to blood borne and sexually transmitted infections, drug use and services in the Hungarian prison system”



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Connections

Integrated responses to drugs and infections across European criminal justice systems

Written by: István Gábor Takács

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Special thanks to Zsolt Bönke and Gergely Fliegauf for all their help.

All the inmate drawings included in this study are from the collection of Gergely Fliegauf.

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Own contribution part of the research by the Drug Prevention Foundation was made possible with the financial support of the Hungarian Ministry of Social Affairs and Labour.



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The Connections project has received funding from the European Commission under the Public Health Programme 2003-2008. However, the sole responsibility for the project lies with the author and the European Commission is not responsible for any use that may be made of the information contained therein.

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About the research

The research was implemented within the framework of the European Commission funded “CONNECTIONS Integrated responses to drugs and infections across European criminal justice systems”¹ program. The aim of the Connections Program is to improve responses given by prison institutions within the member states of the European Union to the issue of HIV/AIDS and other infections related to drug use.

The Hungarian partner in the Connections program was the Hungarian Civil Liberties Union (HCLU), which assigned the Drug Prevention Foundation (DPF) to carry out the research. The aim of the DPF research is to assess risk factors of drug use and transmission of blood borne and sexually transmitted infections within the Hungarian prison system, and also to assess the need, the barriers and the possibilities for harm reduction information providing and service implementation.

The research further aimed at developing tools for harm reduction information providing and counseling within the prison system. The model was to be developed in such a way as to be integrated into the services of NGOs already in touch with the prisons.

Based on the situation assessment and the experiences gained during the research, recommendations regarding the improvement to the responses given to drug use and blood borne and sexually transmitted infections in the prisons were planned to be developed.

The own contribution to the study of the Drug Prevention Foundation was made possible by the support of the Hungarian Ministry of Social Affairs and Labour.

It was not possible to implement the full research because of the constant delays in receiving permission to access the prisons. Regardless, the findings presented in this study reveal such rich and valuable content that is more than able to provide a solid base for discussions about improvement of the responses to these issues by the Prison Administration.

¹ <http://www.connectionsproject.eu>

The research plan

The original research plan was the following:

1. Researching background information – By studying the literature consisting of international studies, laws and documents.

2. Assessing the work presently being done in prisons by other NGOs – through an email questionnaire sent to the organizations on the list provided by the Prison Administration.

3. Identifying risk behaviors – Qualitative interviews in the following groups:

- a) Formerly incarcerated injecting drug users recruited from the needle exchange program of the DPF (15 interviews).
- b) Currently incarcerated people from five prisons, three persons per institution (15 interviews). The questionnaire was supposed to be fine tuned based on the findings of the interviews with the previous group (This part of the research could not be made due to the delay).
- c) Institution director, one health care staff, one educator, one head of department and one guard from five prison institution (25 interviews) plus interviews with the experts from the Prison Administration. The questionnaire was supposed to be fine tuned based on the findings of the interviews with the previous group (This part of the research could not be made due to the delay).

The five chosen institutions were the following:

- 1. Capital City Law-enforcement Institute. Facility 3. Maglódi Street Prison (Fővárosi Büntetés-végrehajtási Intézet 3. sz. objektum: Maglódi utcai büntetés-végrehajtási intézet)
- 2. Budapest Penitentiary and Prison. Kozma Street (Budapesti Fegyház és Börtön, Kozma utca)
- 3. Regional Youth Law-Enforcement Institute, Szirmabesenyő (Fiatalkorúak Regionális Büntetés-végrehajtási Intézete, Szirmabesenyő)
- 4. Kalocsa Penitentiary and Prison. (Kalocsai Fegyház és Börtön)
- 5. Central Penitentiary Hospital, Tököl (Büntetés-végrehajtás Központi Kórház, Tököl)

4. In case of successful project implementation, the development of recommendations and educational materials in the long run.

The research process between 2007-2010

The project started in **2007**, with the financial contribution of the Ministry of Social Affairs and Labour having been received early that same year. Contact was made with the Prison Administration and the request to conduct research was submitted by the Drug Prevention Foundation (DPF). The study was designed in such a way that we would first conduct the interviews with formerly incarcerated injecting drug users at the needle exchange program and using this information, we would then modify the questionnaires for the inmates, prison staff and the Prison Administration.

In **early 2007**, we developed the core interview, which included 128 questions and a questionnaire for NGOs working inside prisons. We received the list of NGOs currently working within the prison system from the Prison Administration and updated the contact information of these 207 NGOs and sent out the questionnaire in two waves.

In the **second half of 2007**, the interviewing of needle exchange clients started, and the processing of the interviews started in 2008.

In **November 2008**, the HCLU organized the first Connections Seminar jointly with the National Association of Addictologists. The joint effort successfully reached a large number of people from the prison system, with the number of participants at around 200. The HCLU's program coordinator held a presentation on the preliminary results of the Drug Prevention Foundation research carried out within the framework of the Connections project. The video of the presentation is available online.²

In **October 2008**, the HCLU program coordinator was asked informally by the Prison Administration - through their contact person - to request a renewal of the permission to continue with the research in prisons (that is to go into prisons and conduct interviews there). We asked for the renewal.

In **December 2009**, we were informed that it was not necessary to renew permission, as it was still valid. The next step was to submit the names of those who were part of the DPA research team for a standard background check.

In **March 2009**, we submitted the names of people in the research team.

In **March 2009**, the HCLU program coordinator held a presentation at the Connections conference in Poland on the preliminary results of the research done by the Drug Prevention Foundation.

On the **27th of May 2009**, the HCLU program coordinator was asked to hold a presentation at the drug committee of the Hungarian parliament on the preliminary results of the DPF study. The coordinator gave the presentation, although the full presentation could not be delivered, as one of the MPs opposed the giving of the presentation. There was a journalist present at the hearing, and she published an article online about the research findings (there were some false generalizations of what the coordinator had said, but we called the online journal that day and they corrected the mistakes). The full transcript of the parliamentary committee meeting is available online (in Hungarian).³

In **July 2009**, we received a letter from the administration stating that there were "false generalizations in the press", and that three of the people on the research team had problems with their background check and would not be permitted to enter the prison (it was not mentioned who, and no explanation was provided). Finally, the letter stated that they did not want the research to continue in 2009, but to begin again only in 2010.

In **August 2009**, HCLU and DPF provided a response in letter form, stating that that we wished to continue with the study in 2009, and also asked for an explanation on which three researchers would be denied entry due to their problematic background checks and what exactly the nature of the problems with their individual background check was.

In **November 2009**, we were given the three names (including the coordinator of the project) but no explanation on why they would be denied entry into the prisons. The Prison Administration also reiterated that it would not be possible to continue in 2009.

In **January 2010** we requested an appointment via email, but were replied that the request had to be made in an official letter delivered by the post.

In **March 2010** we sent the letter.

In **August 2010**, we received the answer that we could be given an appointment to discuss among other things, the continuation of the study with the Prison Administration.

In **August 2010**, the Connections Project closed, so it became impossible to continue with the research. We finalized and closed the research and asked the Prison Administration to comment on our findings in writing.

In **August 2010**, the Prison Administration answered that they do not find our findings well established. The full translation of the letter can be found at page 43.

² <http://drogriporter.hu/bortonkonf>

³ <http://href.hu/x/9if9>

Limitations

The research is not representative or quantitative. This is a qualitative study based on a specific and narrow sample of formerly incarcerated injecting drug users, and therefore it is not possible to draw generalized quantitative conclusions about the prison population as a whole. This was not even our aim. Our aim was to learn what experiences this high risk group of drug injectors have with prisons, and what they know about drug use and sexually transmitted and blood borne infection risks inside prisons, in order to contribute to the reduction of risks. Despite the non-representative nature of the study, the experiences of these people are real.

As we designed the research in 2007, the criteria for selecting interviewees for the research rested on their being incarcerated in 2006. Despite these criteria, no attention was paid to when the anecdotal evidence we were collecting actually happened. While the subject may have in fact been incarcerated in 2006, the experience being related to the interviewer may have occurred in 2001. With the exception of two interviewees who were first imprisoned in 1996 and 1998 respectively, all interviewees were incarcerated after 2000. Thus, it is important to note that the conditions they describe may have changed in the interim.

Another limitation of the study was the impossibility of realising the initial design given the significant delays experienced with the Prison Authority. Despite this, the results presented in this study answer the core questions. constitute the backbone of what we wanted to study. Given that inmates currently incarcerated would have come from a much larger and diverse population, we suppose that their interviews would have revealed much less about our research interests than injecting drug users who have been released. The knowledge of the prison administration staff also would have been an excellent addition to the testimonies of former and current inmates and although it was not possible to interview them, asking the Hungarian Prison Administration to comment on the findings made it possible to present another point of view. Unfortunately the prison administration does not consider our findings valid. Their letter can be found at the 43rd page of this study.

Methods and the structure of the study

In the present study we publish the results of the interviews made by the Drug Prevention Foundation with 15 formerly incarcerated injecting drug users. 3 women and 12 men took part at the DPF's research from the second half of 2007 and the end of 2008. They answered 128 open questions.⁴ An important precondition to being interviewed was that the participants had to be incarcerated in 2006. The subjects were given 2000 HUF for their participation. The interviews were one and a half hours long each, the transcriptions of which we later analysed. We believe that the quotations from our subjects show a much more lively and clear picture of the issue than summarizing statements by us, therefore in the present study we mostly present their own narratives and lines, and we only wrote summaries or additions when it was absolutely necessary to provide additional information. In order to remain as true to the original answers as possible, the few modifications that were made are clearly marked.

The fields covered in the questionnaire were the following:

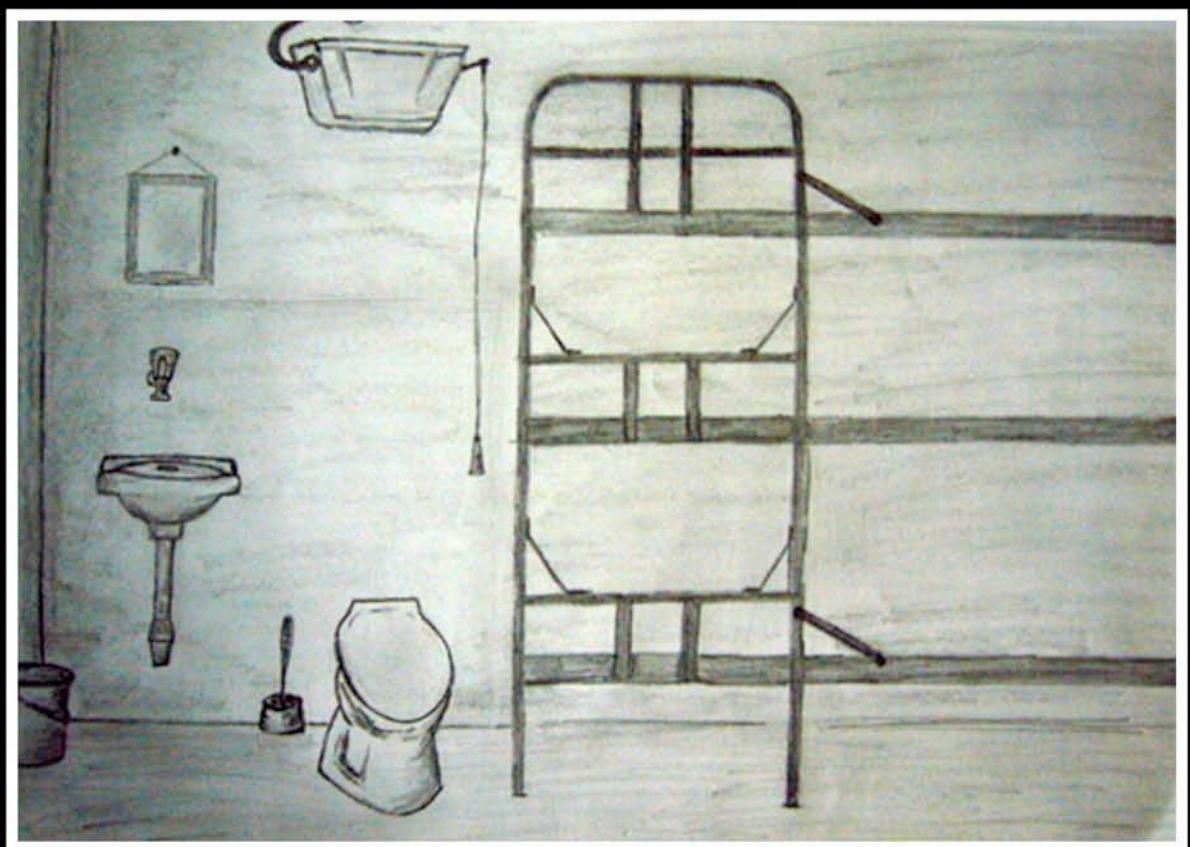
- Basic hygienic conditions
- Knowledge of inmates on infectious diseases
- Sexual activity
 - a, Use of legal psychoactive substances
 - b, Use of illicit psychoactive substances
- Managing withdrawal symptoms at entry
- Prevention and treatment measures given by prisons for blood borne and sexually transmitted diseases and drug use

After analyzing the interviews, we have identified the following risk factors and situations:

1. Accidents during work, especially in the health care setting
2. Hygienic conditions of the toilet and bathroom
3. Tattooing
4. Piercings
5. Fighting
6. Sexual activity
7. Sharing of injecting equipment
8. Helping during suicide attempts

In the following chapters we introduce the risk situations and behaviors and present the responses to the questionnaire using the narratives of our interviewees.

⁴ The full questionnaire can be found at the 1st Annex



Risk behaviours and situations

1. Accidents during work, especially at the health care setting

One interviewee mentioned that he had to clean used health care paraphernalia without any protection.

"I can only talk about my own experience. We had to wash those big containers that were taken to us at Bánátkút from the civil hospitals. We washed them with our hands without wearing any protections. There were syringes, bloody meat pieces and purulent cotton dried into it. It stank of carcass and we washed that with our hands, without any protection in our prison clothes for a payment of 32 HUF/hour. We got no gloves, nothing. I had to climb into that container and clean it with a simple brush."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

2. Hygienic conditions of the toilet and bathroom

"In the police jails [...] there is no toilet inside. You bang on the door, and if the guard comes you can go out; if not, you piss in your pants. It happened that the guard did not let me out and I had to piss in the trash can because I could not take it any longer."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

"In one of the pre-trial detention facilities in the countryside [...] we had to go down to the lower level because the upper toilet was ruined. So they gave us a bucket and we had to use that as a toilet and we had to bring that out after we finished."

- 30 Years old male, 1 year and 1.5 month pre-trial detention, 23 month prison, I. level

Question (Q): *How often could you have a shower?*

Answer (A): *Workers could have a shower every day. Those who didn't work could do it twice a week.*

Q: Twice a week. How many people were in your cell?

A: *First I was in a cell for 12 persons.*

- 30 years old male, 2 and a half month pre-trial detention, 2 years, 10 month prison

"When we arrived, they did not immediately put us with the rest of the inmates, but we were in the 'practice cell' for 10 days. The 'practice cells' look awful for example in Baracska. This means the plaster was falling on me at night. You couldn't close the toilet door, you couldn't flush it, well you could if you climbed up on it and pulled the lever of the container to flush your shit. So it was like 'my God, where did I get to?'

- 30 Years old male, 1 year and 1.5 month pre-trial detention, 23 month prison

According to the interviewees, the cleanliness of the toilet and the washroom depended on the location: sometimes they were very dirty; sometimes they were renovated and clean. It also depended to what degree the inmates were able to clean them for themselves. Most of the people related that they paid attention to washing their hands after using the toilet, and even reminded each other to do so. At several institutions, bathing was only possible twice a week and the hot water ran out very fast. The interviewees said that the risk of contracting skin infections was high. When taking a shower was not possible, they used the basin used for washing clothes to tidy up. Everybody used their own bathing paraphernalia and razors; they only lend small scissors to each other. Bandages were available from the guards or the doctor. Hypo (bleach) could be requested for cleaning up and they received single dosages. The toilet was a place for hiding prohibited artefacts, using drugs, tattooing and it was also a place to have sexual intercourse.



3. Tattooing

"I also have prison tattoos on my forearm. [...] You get boots inside. You cut the bottom with a knife and burn it. [...] You have the grime, mix it with ascorbic acid... You can also use the ink from pens for tattooing. So you can have one or two needles and wrap them up with yarn, stick them into this mass that I make and slap them under the skin, resulting in a bluish-black line. Actually, there are pretty ugly tattoos inside prisons, these "father" and "mother" and "I love You" and "Hit!" [...] Then there is the cut tattoo that we make with a razor blade... You cut the shape deep into the meat [...] and you can wipe all kinds of stuff into the wound. [...] The third option is to make a machine inside, because you can smuggle in the parts in some sort of way..."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

A: So they tattoo using the 'Paróczai method': they modify a Rotring machine, with needles.

Q: Rotring machine?

A: Yes. That's a Rotring pen with a little motor that you can buy downstairs at the larder⁵, a remote controlled toy car for example, that you can buy and take the motor out of it and put it together. You can power it with a phone adapter or a flat battery.

Q: And what kind of needle does it have?

A: That's a standard sewing needle. That's sharpened thin with sandpaper.

Q: Do they sterilize it?

A: Well, they burn it with a lighter and that's it.

- 29 years old male, 2 month pre-trial detention, 23 month prison

"You can make serious business inside. For a smaller tattoo that's 4-5000 Forints outside, you can get four packs of coffee, four [packs of] tobacco and four Nutella. So these are the valued items there, tobacco, coffee, sweets and food. You can also get cash for it. When for example I meet my relatives, I tell them to send the money here or there, and then they put the money on this inmate's account

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: What tools do they use?

A: You can get a lot of things at the prison. It's not like in the old times, that you put it together yourself. These days you can get machines and needles that they use in Saloons.

Q: You mean professional machines?

A: Yes, the complete set. And they use a needle only once, and they don't use it more times with more people. They use it for one preson several times, but the only you use that needle. I

- 29 years old male, 2 and a hal month pretrial detention, 8 years prison

Q: Tattooing.

A: They punish you seriously for tattooing.

Q: What do you get for it?

A: You get the cells, which is not a lucky thing bacuse there the guards beat the inmates in turnout.

Q: At the cell?

A: Yes, if one gets tired, the other on comes. If the day shift is over,m the night shift comes in.

Q: But tattooing still goes on?

A: Yes it does.

- 29 years old male, 3 mont pretrial detention, half year prison

⁵ Slang for the prison shop

Q: What do you think would be the right solution for tattooing in prisons?

A: If they would make a room or a saloon for that inside.

Q: Where they could work? Outsiders?

A: Or insiders of course, because there are people inside who can tattoo well. Just like a hairdresser.

- 29 years old male, 2 month pre-trial detention, 23 month prison

Inmates mentioned that the standard ink used for tattooing also included the ink used to tattoo the ears of cows, and burned rubber. Some inmates have the motor used to fashion tattooing machines smuggled inside; some make motors out of something they have bought in the prison store. At the Venyige prison, one inmate saw a professional tattooing machine. Some interviewees said that the sharing of tattooing needles was common (for example someone tattooed 4-5 people with the same needle); others said everyone had their own needle. Disinfecting methods used alcohol, boiling or burning the implements, or:

"Well they dip it into water that has toothpaste in it. But then you know it's his needle.

- 33 years old male, 9 month pre-trial detention, one year and two month prison

Interviewees said the risk of infections was high.

"[...] I saw how they sterilize those machines. Sometimes they just burn the needle, but the machine is still bloody inside, dirty, because the bloody ink flushes onto the machine..."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"[...] during tattooing, they dip that bloody needle into the ink, and if you are not paying attention and they use the same ink, cause they don't want to throw it out, you can get infected..."

- 29 years old male, 2 month pre-trial detention, 23 month prison

"At Tököl, I saw that they had made quite a big tattoo on this guy's forearm, and it got infections. So, they had to cut it out of the skin and flesh, and If I remember well the infection went to his little finger, and he still can't move it. Yeah, the tattooer was not really disinfected. And that needle that they use, the machine is not well calibrated, sometimes it hits too deep and they may hit a nerve. Well, these are not trained professionals working inside."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Interviewees said that tattooing had less symbolic significance than it once had. Earlier, there were common symbols, like the five spots on the arm meaning 'alone between four walls' and several prisons had their own signs, but this is no longer the fashion.

Q: What does it mean for an inmate to have tattooed body?

A: For certain people, it's a symbol. And they also think its cool that they were in prison; it's tough, macho, and it's a memory. And it reminds them when they are free and they have a bath and see it in the mirror, and it's a memory. A bad or a good memory, but still it reminds them that they were there. They can show it to a woman for example: I was here, at this prison for this many years. And maybe they have a tattoo on their legs saying 'Vác, 2001-2008'.

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

4. Piercings – Penis balls

Interviewees said that metal jewels or piercings are being worn, but it is rare due to the metal detectors. Some of them claim that it is actually possible to get them past metal detectors wrapped in a fist, while others said that it was impossible. What they said was very common, but less and less fashionable, was the implantation of penis balls.

„Well what is a big fashion inside prisons is [...] that they implant balls into their penis. They cut the end off a tooth brush and they rub it to the shape of a ball. They somehow disinfect it, with alcohol or something, and then they put their penis on a chair. They pull on their penis skin, and they strike it through a sharp item and the put this ball under the skin. Some people sew it with a few stitches, others just push it under the skin, and then they wrap it closed somehow. [...] There are people who are specialized in doing these implants [in prison] and they do not really sterilize the tools.”

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: And what does it mean for the inmates to have penis balls?

A: It doesn't really have a meaning; it's just out of coolness. It's just exciting. I have them too, I have 24 of them.

Q: 24? How big are these balls?

A: Like this, you know, and [my penis] looks like an ear of corn.

- 33 years old male, 9 month pre-trial detention, one year and two month prison

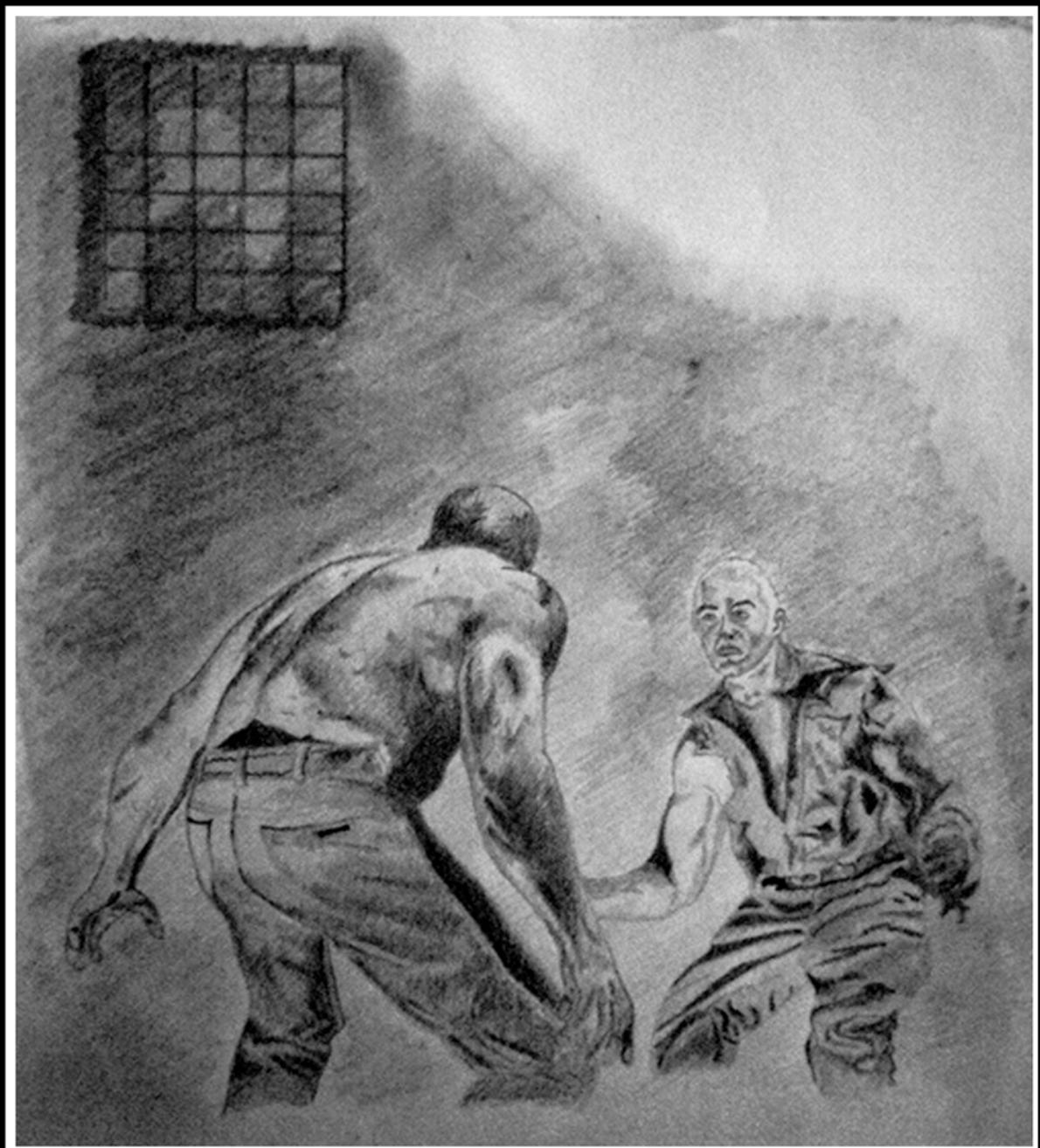
“And then the other thing that they do is that they put Vaseline into their penis [skin]. And it makes it bigger, wider. It's pretty brutal. I saw such infections! The guy's whole penis was totally purple, blue. And some people put earrings, that's totally common, or nipple piercings. I saw guys or girls who put earrings to their belly buttons.”

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

The 'puncheon' used to make a hole in the skin, can be fashioned out of a razor and attached to a longer item, like the handle of a razor. The orb or cylinder-like ball can also be fashioned out of the transparent plastic part of the sink handle, and they may polish it on a tile or with toothpaste pushed out into in a towel. As disinfectant they mentioned boiling water, alcohol, and saliva. Before piercing the skin, they shine a light through the skin to see if there are any bigger veins, as it happens that they hit through a vein and it bleeds hard. If the guards find out that someone has implanted a penis ball, the ball is removed by doctors in a hospital. The risk of infection risk is very high during the penis ball implantation process.

“The man goes to see the doctor and tells her that he has implanted a penis ball or put Vaseline into his penis. And then it depends on the doctor what happens: One doctor says, ‘pull down your pants’, looks at it and tells you to put this or this ointment. Other doctors, like the one at Baracska, doesn't even look at it, just gives you painkiller or anti-inflammatory pills. And then some weeks later, you go back and say your situation got worse, and only then do they send you up to Tököl to the hospital. And finally there they open it up and suck down what you put into it, take out the ball. I heard what kind of problems happen because of these.”

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison



5. Fights

According to the interviewees, overcrowdedness and collective punishments meted out for the mistakes of individuals caused tensions to run higher and fights to be more frequent. Inmates did not report small injuries because either the inmates involved or the whole cell would have received punishment for it. Some interviewees mentioned that injuries maybe sewn by themselves with line or cotton yarn. Disinfectant could be acquired from the guards for the treatment of wounds. If they officially received iodine, they may have hidden the rest and used it at a later point.

"The problem with too many people locked up together is that verbal or physical aggression happens more often, because people are bothered by each other. And there's a bigger chance for the guards to badger the whole cell, because if there is one person who does something stupid there, then the whole cell get punished. And the result of this is that fights break out again."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

A: *Otherwise, there are institutions where knifings are in fashion. We get these small knives inside, but you can sharpen the end of the spoon or fork quite well. With knifings you have the two outcomes I said before: Some don't even go to the doctor with it, but disinfect the wounds for themselves, and may even sew it up for themselves. Others tell it automatically to the guards that they were knifed. The latter is less common though, they are more likely hush it up as if nothing happened.*

Q: *So doctors don't see these cases?*

A: *Sometimes yes, sometimes not. If it gets infected, then they go to the doctor, but then there's trouble as the doctor immediately tells it to the guards.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"So it depends on the place. [...] In some places it's common for the inmates to fight each other. The guards may even allow people to fight each other. For certain rewards, the guards may put a person together with those whom they know will beat him. And if someone who committed rape or abused children gets into the prison, they may put him together with those who will abuse him, and the guards would watch as they beat him up."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

A: *So there are the crackajaks, the neutrals and the servants. The crackajacks are the ones who make others wash for them. They go playing cards and "protect" others. The neutrals are the ones who don't stand on either side. They don't belong to any tougher teams, but stand out for themselves. The others are the oppressed servants who wash for certain things, like cigarettes, coffee or such.*

Q: *What happens to those who are injured during these fights?*

A: *Nothing. They usually manage these matches after closure in the evening. What bled in the night stops bleeding in the morning. It's not common to tell these things to the guards, 'cause they would ask what has happened. It's actually forbidden to tell the guards what happened. We usually say 'I fell' or 'stepped on the soap in the bathroom' or 'I fell off the bed', such things.*

- 33 years old male, 15 month pre-trial detention, 5 and a half years of prison

"We were 36 people in one cell in Baracska. The floor was concrete and the beds had three levels. I think since we are members of the EU, there should be no such beds. I remember when Ibolya Dávid⁶ came, a week before that the guards told us to unscrew the beds, and we had to take them out to the storage room, because only two person

⁶ Minister of Justice, 1998-2002

beds were allowed there. I think this 36 person cell doesn't exist any more but it was horrible

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

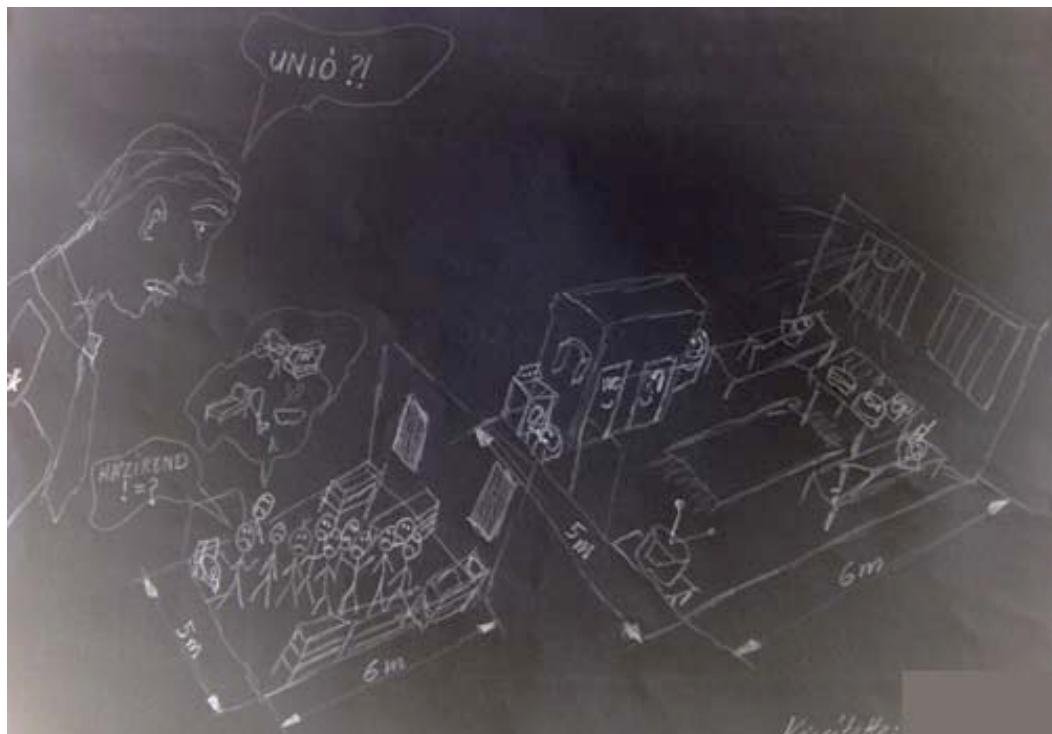
"The 'hippi' means that, for example, in the weekend, or even on weekday they let in a drug sniffing dog, and that dog goes through everything. Sometimes the dog starts to bark at medicine, and then they pack your whole locker out. They take the dog out and tip out all the lockers. On weekends they do these big 'hippis', and they even take down the flowers. If someone does something stupid in a cell, then the 'hippis' become regular, and the guards not only do the usual one or two 'hippi' a month, but three or four. And they throw everything out of the cell, and you have to put it all back and clean up in a certain time. Sometimes they tear the flowers out of the pot and throw it down on the floor. They don't really look for anything; they just want to harass us."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: *How do you think overcrowding could be decreased?*

A: You would have to decrease the number of people in the cells to half. Maybe you have to give something to people to do, something to work, because boredom makes a lot of... They don't give them work. I can imagine a lot of work that the inmates could do, and they could do it cheap, but still, they don't give them work. Regardless that inmates would do it for one tenth of what others would ask for these jobs. What a normal person would do for 500 Forints, I would do it for a 100.

- 30 years old male, 4 month pre-trial detention, 4 and half year prison



In the questionnaire, we asked if there were any initiation rituals inside prisons. All the interviewees said that blood oath does not exist. The interviewees did mention that ritual games were played, although none of the games mentioned posed a risk of exposure to blood borne infections or STDs. The inclusion of their description is for the benefit of the reader only.

A: *Yes, there is the bride game.*

Q: *What's that?*

A: I experienced it myself. It's a marriage, I had to dress up in the toilet, leave on only my panties and a towel on, and then there was the 'registrar' and the 'pair.' And she tells me to look at her... 'I take her as my husband and I take her as my wife'...and the OK, I have to sit down. And there is a white blanket on a pouf, and there's no pouf under the bride's blanket, but a basin full of water. And this is good.

Q: *What other games do you know of?*

A: This one. This is the only one I know. No, there was the 'hare and hounds'.

Q: *How is that?*

A: It's like blind man's buff. Like who is touching my breasts from behind. Things like that.

- 27 old women, 3 month pre-trial detention

"Initiation rituals? In fact the newbies, those who commit their first crime, are subject to teasing. Like, he is sitting on his bed, and another guy starts to talk into this big glass and imitates the sound of the loud speaker, saying 'XY is to be released immediately, pack up your belongings'. And once this guy packs up, they tell him to call for the guard and tell him that he is ready to leave. And then the guard comes and says 'what the hell are you doing?'"

- 33 years old male, 15 month pre-trial detention, 5 and a half years of prison



6. a. Sexual activity

"Sexual activity/contact between inmates is not so common among inmates who spend short time inside. It happens more with those spending more time, and it's also more common among the youth. It has happened a few times while I was there and it usually happens in the bathroom..."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"There are those who can't control their desires, and all that, but for them there's this separate level at Vác where they can be."

- 29 years old male, 2 month pre-trial detention, 23 month prison

"It seems like that just like in the outside world, there are prostitutes inside too, male prostitutes who for certain rewards would do you certain things. You can pay with many things, like cigarettes, coffee, alcohol or drugs."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

A: Yes, yes. It happened in our cell too, such an event, that they managed their sexual things there. One of the girls fell in love with another boyish girl, and they solved their sexual problems there.

Q: And how did you react?

A: I am understanding, so I was guarding for them.

- 44 years old woman, ? years of prison

"There's one thing I know. When this homosexual young man was taken to Bernátkút from Sándorháza, because there was the healthcare, they put about that he had AIDS. Everyone ran - who had a sexual relationship with him – ran to the first aid place and they had to tell 'excuse me, I had sex with John Smith, he may have AIDS, I want to have a check.'"

- 33 years old male, 15 month pre-trial detention, 5 and a half years of prison

Q: Can you imagine conditions with which the sexual situation of the inmates could be improved?

A: Sure. There could be intimate rooms.

Q: What's an intimate room?

A: These are rooms, like in German prisons, where the inmates if they behaved well, they can spend like 24 hours with their wives together. There's a kitchen, they can cook for themselves, then go to bed and have a good fuck. And they can have these 24 hours, once in every quarter of a year. For a person who is in there for 5 years, this is an enormous relief. This is a reason to behave well. Then you really pay attention to what you do, you think twice whether you get into that fight or not, 'cause you won't risk that 24 hours with your wife. And then there's the release for 24 hour or 2+1 or 3+1 days of temporary leave. People don't risk these; they'd better swallow the shit.

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Some interviewees mentioned that condoms could be bought without any problem in the "larder", could be sent through the post by parcel, or could be requested from the "educators". Other interviewees had no knowledge of this.

"What I know about homosexuality inside is that they pay attention to the infections not to spread it around. I know of couples for example, who use condoms while making love. They pay real attention to this in the prison. There are such relationships among men, that they are faithful to each other, protect each other from other inmates or share their packages with each other, so really, like in a relationship outside."

- 30 years old male 1.5 years pre-trial detention, 23 month 1.st level

6. b. Sexual activity - Rape

A: “A so-called ‘full fuck,’ is when he’s held down and they fuck him, I heard of this once, but that person was a pedophile and that’s how they took revenge.

Q: This brings up the question of rape in prisons. Does it exist there?

A: Yes, yes.

Q: How often or rare is it?

A: It is rare, very rare. They usually punish with rape those who themselves committed this type of crime outside, or killed children or are pedophiles...

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

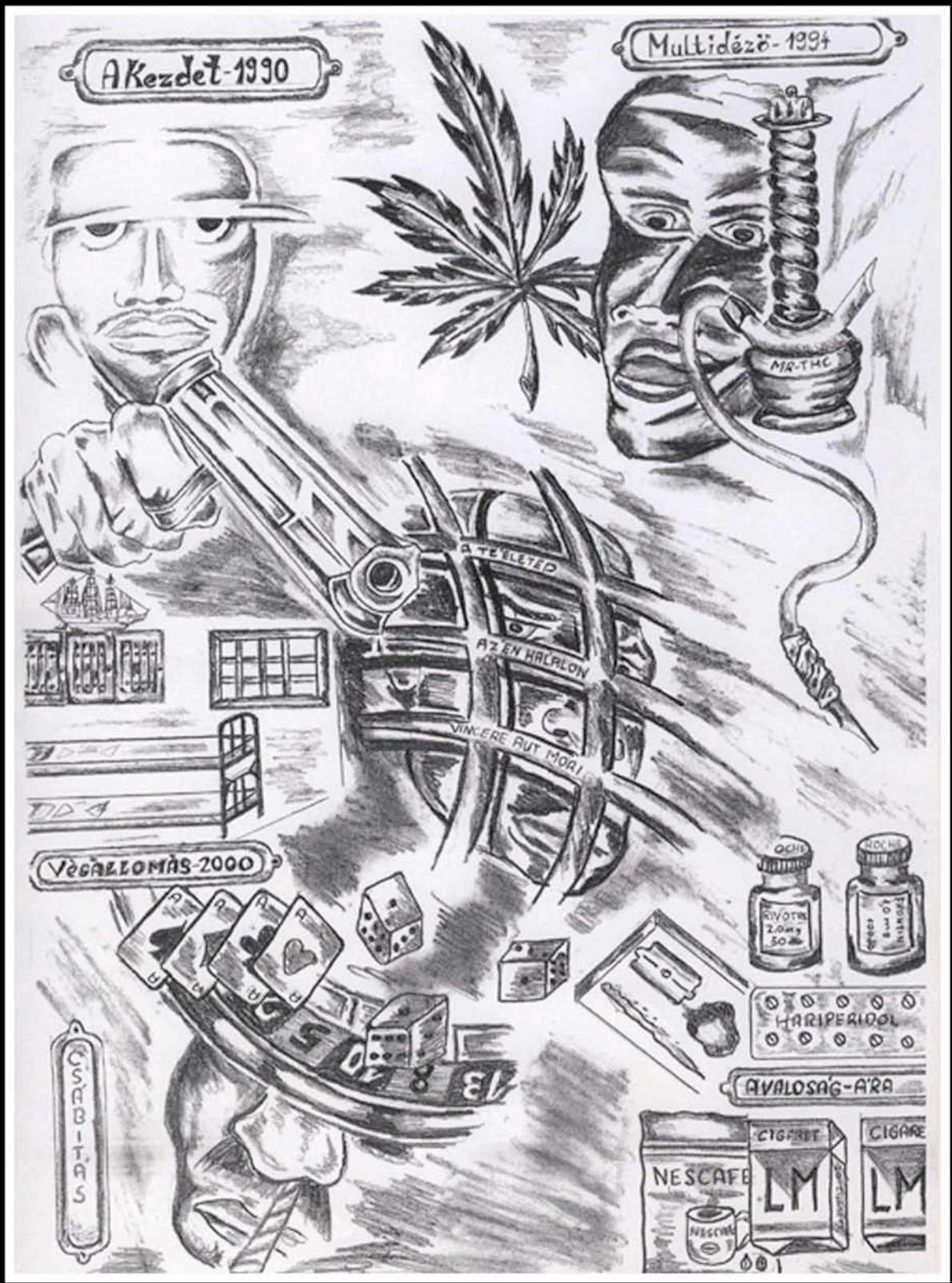
“More likely among the youth. So the youth are more brutal, more aggressive, and it’s a common habit there, this let’s rape each other or let’s beat each other.”

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: How many rape cases do you think get reported in prison?

A: One out of twenty. One thing is that the victim feels ashamed; second is that if he tells who they were, their friends take revenge. [...] Then if they take him somewhere else, the news gets there quick too, and they point their fingers at him.

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison



7. a. Use of licit drugs – prescription medications for non-medical purpose

Q: How widespread is the use of prescription drugs by inmates?

A: Very. I would say every second.

Q: What are the most common prescription drugs?

A: *Rivotril, Dormicum, Xanax.*

- 29 years old male, 2 month pre-trial detention, 23 month prison

Of the other kinds of prescription drugs found in prisons, interviewees mentioned Leponex, eyedrops, methadone that was smuggled in, body building drugs, morphine ampoules, solvents for sniffing, female hormone tablets at Vác prison, and male hormone tablets for bodybuilders. In female prisons they mentioned window cleaner.

Q: *How do they use these?*

A: *To go crazy. They take a lot. Not only one two pills to get calm and not to think home, but they take 20-30 pieces, or sniff it into their noses. They do such silly things. [...] I had this cellmate at Tököl prison, he took 50 Rivotril pills. He says he did not know where he was for three days. He went out walking in the corridor, and when they closed us for night, he sat on the toilet, took a small mirror and a knife, and he cut out his own hemorrhoid. He had to stay for three month in the hospital until they fixed him.*

- 29 years old male, 2 month pre-trial detention, 23 month prison

Q: *How can inmates acquire Rivotril or something else?*

A: *So one guy orders in 300-400 pieces and you can buy from him. One pill for a pack of cigarettes or two packs of tobacco, or coffee. Usually one pill costs 400-500 HUF.*

- 29 years old male, 2 month pre-trial detention, 23 month prison

A: *[The price of one pill of Rivotril] is on pack of tobacco. An average of 300 HUF.*

Q: *So one pill Rivotril is one pack of tobacco.*

A: *Yes. Or one pack of cigarettes is 2 Rivotril pills, or one pack of coffee is 3 pills of Rivotril.*

- 30 years old male, 2 and a half month pre-trial detention, 2 years, 10 month prison

"The women can buy it. These women who are alcoholic, who don't work in the prison, the ones on therapy who get their drugs prescribed by IMEI,⁷ they would even sell their apples for cigarettes, so they easily sell their medications.

- 44 years old woman, ? years of prison

⁷ Juridical and Observational Psychiatric Institute

7. b. Use of licit drugs– tea, coffee, cigarettes, “dobi”, alcohol

“They use up extreme amounts of coffee and tea. A lot, they do a lot. I can’t even tell you how much. They drink coffee all the time [...] and a smoker who smoked one pack outside, now smokes three packs because of all the anxiety and such things.”

- 30 years old male, 4 month pre-trial detention, 4 and a half years of prison

Q: *How much coffee or tea do they use?*

A: *A lot of coffee and a lot of tea. Because both are kind of doping you. I knew an inmate, who drank a whole 600 gram pack of Nescafe a day.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: *What is the significance of cigarette inside?*

A: *It has a serious value. Like the money outside, it has such a value.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

“So you can make “dobi” with a half litre glass. You take 20-25 teabags and boil it pretty hard. You get a black liquid as black as charcoal, and you add a half pack of instant coffee. And then you can drink it. [...] Some people take some medications with it too. It really spins you up badly

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Q: *Do they put in things other than tea or coffee [into the dobi]?*

A: *I don’t think so. They do take pills alongside it. Rivotril and such. Some of them take anti-convulsant medication, because they’ve been using dobi for so long that their bodies get into convulsion, once they drink it.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

“You can actually have one or two decilitres of vodka smuggled in for Christmas for example, but it won’t cost 300 or 400 Forints, but 10 15 thousand.”

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison



7. c. Illicit drug use

A: *The most important part is whether they can afford it financially.*

Q: *Which one are the most commonly used illicit substances?*

A: *Weed. The most common is weed.*

Q: *But it smells right?*

A: *Yes.*

Q: *So when it burns you can easily get caught, no?*

A: *Yes, yes. I don't know why, but that's what I met most often.*

Q: *How do they use these substances?*

A: *You just stand to the window and smoke it, that's it.*

Q: *Like in the college, right?*

A: *Sure. They don't like party drugs, speed and all that, because you're locked up, and making yourself spin on a drug that requires moving, dancing, it's really not worth it. Heroin makes you stoned, that's well known, so if they recognize that on you, that sucks. So if you smoke cannabis, you are feeling good, laughing, but at the same time, you know what's going on and you can behave.*

Q: *Cocaine, or hallucinogenics maybe?*

A: *No, not really. Cocaine is too expensive, and why would you want to hallucinate when you are already in a bad dream, being in prison?*

- 30 years old male, 4 month pre-trial detention, 4 and a half years of prison

"Well the most common drug inside is weed and Rivotril, but I injected heroin inside, used speed to and cannabis also. So what I wanted I could get."

- 29 years old male, 2 month pre-trial detention, 23 month prison

"If they don't have rolling paper inside, just like when using tobacco they wrap the joint up in newspaper.

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"I bought heroin and weed...Inmates usually smuggle it in during visits or in packages. Guards can easily bring it in."

- 29 years old male, 2 month pre-trial detention, 23 month prison

"Where I was at the drug prevention unit, [...] my cellmates used drugs there too [...] and then I pissed for control instead of the other person."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: *How do inmates manage that the guards don't recognize their drug usage?*

A: *The truth is that there are many people in the prison, so the guards are busy all day with one or two people they've picked out. And they don't have time for the rest. They just come in and see if everything is ok in the cell, if we are in a closed site. You don't have to do too much not to get into the sights of a guard. You are in the cell all day, watch TV and that's it. So, the point is that you don't get into the sights of the guards so they won't see you are high.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"I either hide from the eye of the guard, or if I have to stand in the line, I stand at the end or the middle, and bend my head down, and don't look in his eyes, and that's it. Or you simply do it after closing. Or in the weekend, 'cause then they are more loose. And the guards usually don't bother with you all day, only to close you up for the evening,"

- 29 years old male, 2 month pre-trial detention, 23 month prison

Q: *Do guards use illicit drugs inside?*

A: *More like doping. They also do a lot of coffee, and what I know of in the prison is that they used weed and amphetamines. But not during their work. Alcohol was much more recognizable among the guards.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

According to interviewees, the most commonly used drug inside is cannabis. Although more than half of male interviewees used heroin inside, they all said heroin use and injecting use inside is rare. None of the female inmates used or saw heroin use in prison. Illicit substances can be bought for around double the price inside. Drugs can be smuggled in during visits, sent in packages, bought from the guards, or civil workers whom inmates meet during work. Those who used illicit drugs inside said it was easy to avoid the attention of the guards, by using mostly late afternoon or at night and avoiding to draw attention to themselves.

7. d. Illicit drug use - injection

"You can get 'hard drugs' inside, it's easy to buy drugs in the prison. What's a bit more complicated is to get the paraphernalia, like the needle, and it's really tough 'cause I saw someone use a single needle for several months. Inmates share paraphernalia with each other inside."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: *Did you use intravenously or with foil?*

A: *Intravenously.*

Q: *Where did you get the needle?*

A: *The same way. Actually the guard took it for me.*

Q: *And how often did you use?*

A: *Four times a month or something. I used only on my free days when I did not work.*

Q: *Did someone else use your needle?*

A: *No.*

Q: *And how many times did you use one?*

A: *Two or three times.*

Q: *And where did you put the used ones?*

A: *Flushed it in the toilet.*

Q: *Injecting happens often in the prison?*

A: *Not really. They can't get syringes.*

- 29 years old male, 2 month pre-trial detention, 23 month prison

Q: *How do they use?*

A: *If you can get a needle, then intravenously.*

Q: *So they shoot up prescription drugs intravenously?*

A: *Yes.*

Q: *What do they inject?*

A: *Frontin and Rivotril. It's really hard to shoot Rivotril, but...*

Q: *Have you seen this yourself? What does it look like in practice?*

A: *Sure, I did it myself.*

Q: *How did you do it?*

A: *I shot Frontin. I took a pill, broke it in the spoon, added water, had the filter, sucked it up to the needle and that's it.*

Q: *Did you cook it or not?*

A: *No, I did not cook it.*

Q: *So you waited until it dissolves?*

A: *Yes.*

- 29 years old male 3 years pre-trial detention, 1,5 years prison

"The needle gets dull after 5 or 6 shots. I sharpened my own needle inside. Those who use intravenously inside prison are really scared of being caught, because that means loosing your allowance, and for two years that means eight month. So you are scared and don't show that needle thing around."

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

"As it is really hard to get it, two or three people use the same. [...] I had a pal who made one out of the pen refill. They broke the metal pen refill and sharpened it on the side of a matchbox. The he prepared the heroin in his mouth, and he injected it into his big arm vein. He said it hurts terribly. He saw how the blood ran, but he still pushed it in, because he couldn't figure out anything better."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

"The pen refill was sharpened and a needle was fixed to it with some sort of wax, and at the bottom of the pen refill there was some kind of cartridge line that could slide nicely in and out of the refill. The drug was put into that. I don't know how they sterilized it, though. I saw how the guy injected with that. A rubber was attached to his forearm and the syringe, he pulled the cartridge with his finger and he somehow injected that to his vein. Actually 80-90 percent of the stuff went into his connective tissue, but after all it got into his body. His arm was inflamed, and you could see that he's been using this silly thing for a while which I think is really dumb."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Even those interviewees said that injecting was rare inside prisons, who otherwise injected themselves. All the male subjects who said they used heroin, used it intravenously (no female subjects reported using heroin or injection use). When the male users talked about their own use, they all said they never shared, and that they even tried to avoid being recognized as injectors. When they spoke about other people's use however, they said others shared frequently, and it happened that several people used a single needle for a long period of time.

Management of withdrawal syndromes at intake

"On one occasion, I got into pre-trial detention, and I had really severe withdrawal syndromes, and I said that I need sleeping pills, tranquillizers, Rivotril, Xanax, everything otherwise I'd go crazy. I told this to a doctor and told him that I would open up my veins if he gives me no serious painkillers. So the bloke gave it to me."

- 30 years old male 1.5 years pre-trial detention, 23 month

A: *I got medications twice a day. In the mornings and evenings I got one Rivotril tablet and one Tegretol... You can be addicted badly, you can die or shit in your pants, it does not matter.*

Q: *Methadone?*

A: *You don't get it. No. There is none.*

Q: *There is no way you could get methadone?*

A: *No, none.*

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

A: *I tried to push that I get methadone, fought for it for two years without success.*

Q: *What were the problems had that you visited the psychiatrist or doctor?*

A: *I had heroin withdrawal.*

Q: *What was the reaction?*

A: *He said that he would like to help, but he is just a doctor, he can not intervene with the business of the Prison Administration, he said he can only make suggestions but that's all.*

- 29 years old male 3 years pre-trial detention, 1,5 years prison

Q: What kind of help did you get? How were you treated?

A: How? They yelled at me that there were people with much tougher withdrawal, and I can piss and shit in my pants, all that happens is that I have to clean my bed afterwards.

Q: So no medication, nothing?

A: There were no doctors, 'cause it was Easter holiday, and the guards said that, at Markó street detention facility.

- 44 years old woman, ? years of prison

A: When they caught me, I was on methadone, so I had withdrawal.

Q: And then you said you would want to get methadone inside?

A: I became sick and they took me to the IMEI.

Q: And what did the doctor give you?

A: Milder tranquilizer than Xanax. By the way, they don't tell you what it is, this is their favourite habit. I asked, and I can say with full certainty that they don't tell you what kind of pills or injections they give you. I knew it later at Kalocsa that I got Tiepridal and Tegretol.

Q: And methadone? You got none?

A: No, no methadone.

Q: If it were possible, would you have asked for methadone?

A: I told the doctor that I was on methadone, but they do not provide that to you.

- 44 years old woman, ? years of prison

Q: Have you ever been to the IMEI?

A: Yes. Yes I've been.

Q: What's happened then?

A: Well, I got an injection so tough that for three days, I did not even know which way was forwards.

Q: How did you get there?

A: Well, I got there for withdrawal syndrome. For heroin withdrawal.

Q: Could they help you with that?

A: They had no place at the IMEI, so they took me to the prison hospital at Tököl. Before they took me, I got this "hiberna cocktail." I got this 10 cm³ syringe stuck into my ass, and I got to my senses three days later. For three days, I was like a zombie, I was salivating, I was completely done.

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Q: What is your experience? What kind of help do drug users get at intake? What kind of medications do they get?

A: They get pills, I don't know what kind of medications, because you get a handful of pills, but you can't recognize them 'cause they are not like on the outside. Outside, I look at something and I know it's an Algopyrin or a methadone, or anything, but in there they are like blue and green and they are as big as marbles. I've never seen such pills before."

- 29 years old male, 2 month pre-trial detention, 23 month prison

More interviewees mentioned that they went through cold turkey and did not reveal their drug user status, because then they would have had a smaller chance to become a worker in prison. None of our interviewees were given methadone, even if they were on methadone maintenance therapy outside. The last interviewee we interviewed was freed in November 2008, and at that time, he was offered Suboxone (a new type of substitution medication) a few weeks before release.

A: Those who admitted to be drug addicts were visited half year before release, and told that there's this possibility at the Kozma street prison, to take this new kind of pill.. How is it called?

Q: Suboxone.

A: Yes, to get Suboxone treatment.

Q: At Kozma street?

A: Yes.

Q: So they visited you like, 'Hello, would you like to get this'?

A: Yes. But at that time, I didn't know anything about this substance. The doctor said what effects it has, but I thought I'd better not ask for it. I told myself so much that I wouldn't use any more that it made no sense that time.

- 30 years old male, 2 and a half month pre-trial detention, 2 years, 10 month prison

Knowledge of blood borne and sexually transmitted diseases

According to our interviewees, the knowledge of inmates about blood borne and sexually transmitted diseases was very low, but they were vigilant about not getting any diseases from others. They also mentioned that generally, inmates did not talk about these topics.

Q: How much do inmates know about blood borne and sexually transmitted diseases?

A: Well, I think it depends on the individual. There were people inside from whom I wrote their letters, because they couldn't write or read. And I had to copy love poems from the library, because they paid me for writing letters. There was a man inside, this is no joke, who never ever heard of AIDS. Never heard of sexually transmitted diseases, and never ever used a condom.

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: Are inmates aware of infectious diseases, and if they are, which one they are cautious of the most?

A: So, there are cells, where if they know that a guy or a girl was a hooker, or was gay or a drug user, then if he or she cuts their hand and it bleeds, they tell her 'yuck, yuck get away from here, don't touch me.' All the inmates go a bit further away if their cellmate got injured and is bleeding, so as to not accidentally touch their blood. Because they are afraid of these diseases.

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Prevention and management of blood borne and sexually transmitted diseases by the Prison Administration – Screening, counselling and treatment

Q: Did you get any kind of information regarding blood borne or sexually transmitted diseases?

A: No.

Q: About their prevention?

A: No. You get only on sheet of paper when you get in, titled 'the rights and duties of the inmate.'

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

A part of our interviewees were offered at intake blood screening for HIV, hepatitis and other sexually transmitted diseases. Another part were not offered any such screening and only had their lungs screened for TB. Most of our interviewees received no information or counselling regarding blood borne or sexually transmitted

diseases. One interviewee received an informational brochure, and another one read a poster on the wall.

Q: What kind of conditions and services do you think could reduce the risks of blood borne and sexually transmitted infections in prisons?

A: I think it would be possible to make the same kind of presentations on the topic of drugs and sex like they make in schools at drug prevention lectures. There are many younger and even older people who are interested in this.

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

The interviewees who were at drug prevention units in the prison said they spoke a great deal about these issues. Those who were HCV positive said that when they were told that they had hepatitis C, they were separated from other inmates and were subject to unnecessary 'safety' measures.

Q: Did you experience any discrimination because of your HCV status?

A: I was separated. I went to have a shower, and they gave me three bottles of bleach to spill over the bathroom. I had to wear a mask at interrogation. A medical mask. They put on rubber gloves when they had to handcuff me.

[...] [When] I said that I have hepatitis C, the prison doctor said that they should separate me if there is enough room. But if there's not enough room, then there's no need to separate me because I do not infect. There was enough room, so I got to a one man cell.

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

A: When I said that I have hepatitis, they did not ask if it's C, A or B, just 'Oh, oh, then you will be alone again' and then I was always alone. But only at the beginning.

Q: Do inmates know that someone is infected, for example?

A: No, but if they want to know something about someone, they let them know it."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

A: „There was this voluntary blood donation, and they sent back the blood of people because it turned out that they have hepatitis B or C. And the doctor came up to us and said names too. He told us anyway who had it.

R: So it was not really confidential, then?

A: Yes, but that doctor was replaced since, because he got an inmate with child.

- 44 years old woman, ? years of prison

All of the interviewees knew that HIV positive inmates are held at a separate ward at Tököl. Opinions were divided, as some said that for their own protection this was a good solution, others said it was humiliating and they would not mind having an HIV positive cellmate.

R: And what do you think of the separation of HIV positive inmates?

A: That they should be in hospital under supervision. I think separation is humiliating, because they do not infect us. [...] I would not be afraid to be near a person with AIDS, you just have to comply to some rules with them right?

- 44 years old woman, ? years of prison

Q: What happens if it gets out that someone is HIV positive?

A: Becomes an outcast. They beat him until he pisses and shits himself.

[...]

Q: What do you think about the separation of HIV positive people?

A: As I know they are at Tököl.

Q: But is this good or not?

A: *Good. There are people inside who can't read or write, now how could you explain to them how HIV spreads?*

- 33 years old male, 15 month pre-trial detention, 5 and a half years of prison

The interviewee who was released in November 2008 was provided interferon treatment for his hepatitis C, and he was totally satisfied with it. We had interviewees who disclosed their HCV status but got no treatment at all, and another person who disclosed and was given the same liver protection medications he took outside of prison.

About the prison health care services in general

Several interviewees complained that they were not told what kind of medication they were given.

A: *They don't tell you what they give you. They prescribe something. The last time I went in with my problem and alcohol problem too. And they prescribed something.*

Q: *What did they prescribe?*

A: *I don't know. Rivotril was among them. I did not know the rest but they said It doesn't matter, I should take it.*

- 27 years old woman, 3 month pre-trial detention

"I tell you honestly, these medications I got inside, I never saw these before. I know medications, you can believe me. They are big, so you can't even swallow them, they are so big, almost all of them. The pain killers, they are worth nothing. As if you took a pill made of plaster. This is outrageous. You get the same medicine for toothache and belly complaint. That's Tököl. Here in Pest, the problem is different. In fact here, they respect things better than in Tököl."

- 29 years old male, 2 month pre-trial detention, 23 month prison

"The truth is that they only have a few kinds of medications, and they give them for all the pains, for all the anxiety, if you're anxious. They always give Xanax or Rivotril. If I have pains, they either give Algopyrin or Demalgon, so you don't have much of a choice."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Interviewees said that the quality of health care varied between institutions.

Q: *How much can inmates trust the doctors?*

A: *Not at all. Absolutley not.*

Q: *They pass on all the info immediately?*

A: *Sure. It's obvious I won't give out any info, no way.*

- 29 years old male, 3 month pretrial detention, half year prison

Q: *How much can inmates trust the doctors?*

A: *The truth is that they give a shit. They give a huge shit, because sometimes they talk to them like to dogs.*

Q: *You mean the doctors with the patients?*

A: *Yes. There are too many inmates and too few doctors. Too many inmates are there for a single doctor, and the doctor has no time for checking you properly. Just looks into your file to see if you have any problem. 'No problem, ok, you can go now', and that's it.*

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Q: What do you think about the healthcare services in prisons?

A: It depends on the prison.

Q: And where, which one's?

A: Well in Pest it's good, down at Árvapuszta it's awful. While I was there at Árvapuszta, four inmates died due to improper medical care.

Q: Do you think this, or this is a fact?

A: No, this is a fact, these are facts. I tell you one for example. The man worked outside, he was like 48 years old, he worked out there under the sun. He signalled to the guard that he feels bad, so they took him to the doctor. The doctor said the bloke needs diuretic. I still have no idea what made him think that. By the time morning came, the man was dead. They did the coroner thing in the outside hospital.

Q: Juridical post-mortem examination?

A: Yes. There it turned out the man had heart attack, and that's why they took him to the doctor, but you know, the diuretic puts an additional load on the heart. It was obvious he would not survive the thing. Above it all, they banged on the door all night that the man died, but the guards only opened the door in the morning.

- 29 years old male 3 years pre-trial detention, 1,5 years prison

Q: What do you think of the healthcare of the prison?

A: Horrible. As I told you, I had to go there for weeks with my crablouse. They don't even examine you, you just tell your problem and then they are like 'ok, Algopirin, Nospa, Demalgon.' Or for example, I was a worker inmate, and it was spring when I went there, and they measured my temperature and I had real fever and I was really sick. The doctor, she said I must have put the thermometer to the radiator, because everyone does this and asked why we don't go to work.

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"Sloppy. The often do not take the complaints seriously enough. One of the girls, the xxx Gabi died like that. He told the doctor that he starts to loose her voice. She's getting quieter, can't speak, has a throat pain, but they did nothing to her. Her situation got worse and worse. She went down to the doctor again, but then he sent her to Tököl. Throat cancer as it turned out. By the time she got out it had metastasised. They did a surgery at Tököl, but it was over."

- 44 years old woman, ? years of prison

"At Venyige for example, I asked for a painkiller. The nurse said I have to ask for that on a separate request form. In the morning. And I ask her 'so I should know in advance that tomorrow I will have a headache? And I should write a request from in advance?' And it seemed like that's the case."

- 29 years old male, 2 month pre-trial detention, 23 month prison

"Unfortunately, in the prison the dentist goes like this. You go in – they had it every Tuesday at Baracska – and the nurse comes out and asks who is waiting for the dentist. Around thirty people say they are, and then the nurse announces today they have only extraction of tooth. Whose teeth hurt so much that they want to extract them may stay. And they play that with you for weeks. The filling of teeth they do without any anaesthetic. Only extraction happens with anaesthetic."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

A: Health care sucks hard. They pulled one of my teeth, when for my head grew up this big for the third time. For the first time they were like 'we don't have the time, there is no duty now, the day after tomorrow, or on Monday' so I could never get to the dentist. When I finally got there, he started to pull my teeth. He gave me an analgetic that worth nothing. Then my tooth broke, which is not his fault though, and I started shaking. He said 'all right then, I stop it' I should go away. So I took out the tooth shards for myself.

Q: Your broken tooth shards?

A: Yes. I took it out for myself. I waited 15 minutes and begged him 15 times to finish it. Then he cut it up so much that it still bled the next day.

- 29 years old male, 3 month pretrial detention, half month prison

"Regarding the behaviour of nurses, I find it quite tragic that they don't come in at a given time, but only when they have time. It happened that they took the night tranquillizer at 4 pm. And if the person they call is not right there – it happened that she was on toilet when the nurse came – then she's like 'You don't come, ok, then you don't need your pills' and closes the door. So the one who arrived yesterday with withdrawal, should go crazy and look out for when she comes. And the other cellmates should look as she falls on the floor from the bunk bed. The nurse really doesn't give medication. I think this is not right."

- 27 years old woman, 3 month of pre-trial detention

All the subjects said that the Tököl prison hospital was bad.

R: When were you at Tököl? Would you tell us what it's like?

A: Tököl? There's no warm water. On the ward where the babies are born, there's no warm water, 'cause the pipe system is bad. The whole Tököl is out of date. It happens that they can hardly bathe the babies. That's where the women give birth.

- 44 years old woman, ? years of prison

A: The Tököl. At Tököl a nurse wants to tell me, when I know that I'm sick, when I know that I have fewer, she wants to tell me that I'm alright, I just don't want to work, that's my problem. I said, 'ok, we can play it like that, I denounce everybody, the lawyer will come, and it will be fine'. This made her accept me, but still you can only go to the doctor the coming day, and I had fewer all the time.

- 29 years old male, 2 month pre-trial detention, 23 month prison

"Swallowers are the ones who swallow certain items. The "Christmas tree" is a construction for example, where they stick these blades and nails into something in the shape of a Christmas tree, and they wind it up with yarn for easier swallowing. They grease it with Vaseline or something slippery. Inside the belly, acid burns the yarn and it opens up. And this has to be removed by surgery. And instead of doing a 3-4 cm cut, they cut you up from the bottom to the top of your stomach... The doctor does this to inmates to make them avoid him and not bother him with this as this is such an ugly job."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"There's an old doctor at Tököl, I don't know his name. They bring the swallowers to him, and he cuts them up from the throat to the belly and sews it up with these huge stitches. And it's really ugly how he does it."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Q: Have you ever heard of someone who refused the treatment by the prison doctor?

A: Sure.

Q: Why did it happen?

A: 'Cause they wanted to operate on his hernia inside, and he said he doesn't want to undergo it inside, he'd wait until he gets out.

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Non governmental or religious organizations and psychologists

The support by non-governmental or religious organizations and psychologists was said to be good by all the participants. Some said what they received was really valuable, while others liked it because it brought a little bit of diversity to the monotony of prison life.

"There was the theatre, and a few times the church service. Hm, what else? Not much in fact. But these were good, nice. These were a bit of refreshment in the everyday greyness."

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

A: *For example, these pop stars from outside, they gave us a presentation. Like this 'Gangster Zolee and the Cartel', and such and these were very good programs.*

Q: *Did they do a performance?*

A: *Yes, they were singing and playing music.*

Q: *They were doing presentations by doing a musical presentation?*

A: *Yes, a musical presentation.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"I talked to a really nice psychologist lady, once a month. It was really good that I could talk to her about things inside, and things outside."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

A: *The psychologist, that's good. But it depends on who the psychologist is at the moment.*

Q: *So you tried it?*

A: *Yes, I told you before that when I was leaving, I went to see a psychologist because as the release date was coming close, I had concerns about my ability to assimilate. I visited her for two weeks, and she made it go away."*

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

Q: *What can you say about the quality of the mental help or psychological assistance?*

A: *Listen, I think this was really very good. For example the psychologist, it was a woman, and she came and measured which category I belong to among drug users, because there's also this neurotic kind, and she measured what I am. That was it.*

Q: *Did this give you anything?*

A: *Now listen, the fact that I was at the psychologist, helped me know that I am not totally nuts. And it was a nice pastime, the psychologist.*

- 33 years old male, 9 month pre-trial detention, one year and two month prison

Q: *What do you think about this pastoral service?*

A: *I think it was good as it helped pass time. You know. And this pastoral guy was not talking to your head all the time, that you thief, you cheater, you stupid burglar, but that god forgives you. That's all...*

- 33 years old male, 9 month pre-trial detention, one year and two month prison

A: *This pastor. The priest.*

Q: *And what quality is that? Do you know anything about it?*

A: *It's good. He may speak with you for hours. Even on Christmas, or New Years Eve. He came to all the cells, and asked if there's any trouble, or how do we manage that time.*

- 29 years old male, 2 month pre-trial detention, 23 month prison

A: *Studying for example. There's a way to study inside. You can learn to be a baker if you are there for enough time. And also fork lift truck operator, and such things.*

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

Q: *What did you study?*

A: *Well, high school graduation.*

Q: *But was that a NGO service?*

A: *It was the school for the inmates and those who are released, I don't remember their name, yes, I do, it was the "Váltóság Alapítvány."*

Q: *What kind of NGO services would be needed in prisons?*

A: *I think these schools would be very important, and the religious missions too.*

- 29 years old male 3 years pre-trial detention, 1,5 years prison

The drug prevention units

The drug prevention units were specifically developed for drug user inmates in prisons. All our interviewees who were in such units were satisfied both with the quality of services (counselling, informational education) and the better than average prison conditions. We learned from several people that regardless of their decades of heroin use, they were not admitted to the units, and they were given no reason for their rejection.

A: *So that is why they founded the prevention units. They do prevention there all the time.*

R: *What does it look like?*

A: *There are four presentations a week. Doctors, priests, policeman visit us, they inform us about legal consequences, health disadvantages, and you can ask anything you want. A juridical expert comes in too, a famous doctor. [...] I asked the educator, what's with the ones at prevention unit, can she follow up what happens to them after release. They get no information of those leaving the prison. She will not learn that XY relapsed, why she relapsed and so on. She doesn't see the fruit of her work. [...] Look, they try to teach you about work and family so they have good intentions, but they can't help you with a job, a flat, so they can't give you real help."*

- 44 years old woman, ? years of prison

Q: *So, drug prevention unit?*

A: *Yes.*

Q: *What is the quality of the services there?*

A: *You know everyone would like to get there. Because they can go for leave, and they have play-station, so they get everything. And the allocation too, there are five person cells, no bunk beds, just a normal bed.*

- 29 years old male 3 years pre-trial detention, 1,5 years prison

Help for after release

Some of the interviewees knew that there was no help for them after release, while others could mention tangible help that they received.

Q: Do inmates get any help that prepares them for the period after release?

A: If they express their need, they help them. There are also NGOs that help them. So if you need financial help, there's release aid. And then there's 'coffin money' so if someone works, they save a part of your payment, so you have something when you are released. Also, the probation officer helps in finding a job, a flat or accommodation in shelter. [...] There are people who enter the prison from the streets, but they don't want to go back to the streets and there's a chance to start organize that. Overall there is the possibility in prison to create better circumstances for yourself.

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

"They call it transitional group and this is for those spending more than 5 years. This is a temporary group; you can go home like two three times a month before you are actually released, so you can organize where you can go home once you are really out. That's all, no more than that, but you don't have to go out to nothing."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

Q: Do drug user or addict inmates get any help to avoid relapse after release?

A: If you say that you would like to go to these anti relapse groups outside.

Q: To avoid relapse.

[...]

Q: How is the quality of this service?

A: The quality? The truth is that it's very helpful. If you get into prison as a drug user, and you want to change your life, then you are given the possibility to actually change your life and not continue drug use outside.

- 30 Years old male, 1 year and 1.5 month pre-trial detention, 23 month prison

Other comments

Finally we have included some of the other comments we thought might be useful to see.

"I don't know, I thought a lot about this, that the aim of the prison is nurturing... or I don't know, I couldn't figure out what they wanted. There's not enough money. So with hygiene, with diseases, it's all about money here. That's my opinion. Until you have enough money, enough trained staff, educators, maybe social workers, you know, the same way but not just guards or educators who have a major's rank, until this happens I don't know if anything will change. When I have to explain to the educator of the drug prevention unit, what kind of drugs are out there, what can you expect from a simple corporal John Smith?"

- 44 years old woman, ? years of prison

Q: Is there anything I haven't asked but what is important in this topic?

A: You know I tell you that for drug users and even for the prison, and the reintegration after prison, it would be much better, if there were educational services, and if there would be medication [methadone]. like I said, if there was this two week I quick or one month long [methadone] detox. I am sure it would improve the situation and not worsen it. And like I said, when you enter, it would be important to get not only your rights and duties, but also an education about sexual and other diseases. Also because people so stupid inside that it's amazing.

- 33 years old male, 15 month pre-trial detention, 5 and half year in prison

"Maybe if at intake, people could get a much more detailed education. You know, there would not only be 'you are now in prison, and this is an altered living condition, and these are the coercive measures the guards are entitled to use with you' but also maybe a 30 minute long discussion with everybody. So they would take in 30 people a day, and they would be told 'gentlemen, you are in such an institution, you have such living conditions, those who are drug users may apply for this and this kind of therapy, or work therapy and such. Who needs what?' You know, to have opportunities so that people, even though they are in prison, could feel that they are in society, and that they could reintegrate to society. Unfortunately, people are very very bored inside; there's no job, they don't know what to do, but they would really love to work. Many of them have nobody, and they can't get any money, except if they work. They would love to work, but they can't work. Unfortunately."

- 30 years old male, 4 month pre-trial detention, 4 and half year prison

"The Ibolya Dávid⁸ just came in to a few cells, so she did not go into all of the cells. She went into some, looked around, looked into the toilet. She even shook hands with a few people inside. I remember there were some assigned, chosen inmates who told her their problems. For example, the gym, that it is too small for body building, and the sporting opportunities are very little, and inmates would like to change that. And the Ibolya Dávid said it's not a gladiator school, that's not why we came to prison."

- 30 years old male 1 year 1.5 month pre-trial detention, 23 month prison

⁸ Minister of Justice, 1998-2002



On the research related to the services provided by NGOs inside prisons

It was part of this project to make a questionnaire⁹ based study about NGOs who work inside prisons, to learn what they are doing and whether they touch upon the subjects of our topics. We were provided with a list of organizations by the Prison Administration, however, as the list is from 2007 so it is already three years old, the organisations working inside prisons and the type of services they aim to provide could have been subject to change and would now be considered out of date.

We identified the addresses of the organizations from the list. We sent out our questionnaire via email to 207 organizations. We resent the email containing the questionnaire and we received back answers from 53 institutions. There were several governmental institutions on the list, such as the Hungarian Probation Service, which provides the support and reintegration work, but do not fall under the category of and may not be considered NGOs. Similarly, the Guardianship and Child Protection Office is not an NGO, nor is the National Public Help and Medical Officer Service that provides the screening of blood samples although both provide services to inmates.

21 Religious organizatons and other NGOs from the list informed us that they do no work inside prisons. The remaining 17 religious or NGO did not touch upon our subjects, but they were providing the following services: Bible studies, Holy Mass, religious studies, spiritual care, adult education, library, personality improvement trainings, labour information, job seeking counselling, mailing, lung screening, package sending for those taking part in religious missions, family support, administrational support, clothing providing for the time of release, and counselling.

Related to drug use, 6 NGOs or religious organization conducted prison activities, including diversion treatment, drug prevention programs, peer education, private or group discussions (personality and skill building trainings, relapse prevention, film screening, individual reintegration case management) and legal aid.

The only organization providing methadone was the Miskolci Drugambulancia Alapítvány, and it provided methadone on its own premises for an inmate who was on methadone before incarceration.

Only one religious organization provided information about sexual and blood borne diseases, and only one organization had leaflets about AIDS. None of the organizations had programs on the topic of homosexuality. None of the organizations provided condom or bleach. None of the organization provides needle exchange services.

The materials provided by NGOs or religious organizations were the following: religious literature, religious leaflets, religious items, Bibles, Christian devotionals, leaflets, a periodical issue (the 'Pakett') for drug users published by the Baptist aid, leaflets on rehabs and drug ambulances, leaflets on diversion treatment and addresses of treatment centres.

Regarding after care, beyond the official patronage service we identified three religious organizations and one NGO that did this. Only one organization provided information on safer drug use.

⁹ See the second appendix

Summary

The research study is not representative of the current situation in Hungarian prisons. It is the sum of the experiences had by a high risk group during their incarceration.

1. There are psychoactive substances used in Hungarian prisons. The most common is the non-medical use of medications (mostly Rivotril). Inmates use large amounts of cigarettes and caffeine.
2. There is illicit drug use in Hungarian prisons; the most common substance is cannabis. Depending on the amount of contacts and money, all drugs can be acquired.
3. There is injecting drug use in Hungarian prisons. Although many of our interviewees injected inside, this event is rare according to our interviewees. They reported no sharing themselves, but reported seeing others who did share their equipment, which carries a high risk of infection.
4. According to our interviewees, there are other risks of blood born infections beyond injecting, which are:
 - Tattooing – interviewees said it to be very common, with a high risk of infection
 - Implants and piercings (penis balls, Vaseline under the skin) – interviewees said it to be common with high risk of infections.
 - Fights – interviewees said it to be common.
 - Sexual relationships – including rape. Interviewees said it to be rare. Some indicated that inmates use condoms, while other said they don't. The interviewees said that it was impossible to discern or even discuss the level of condom use in instances of rape.
5. Our interviewees said that the quality of the healthcare services provided varied between prisons. They often rated healthcare in prisons as very poor, especially in case of the Tököl Prison Hospital. More than one interviewee complained that they were not properly informed about what medication they were given, that staff may have not believed them when they said they were ill, that they got the same medications for different illnesses or that they did not get the proper medication.
6. According to the interviewees, they received no proper medical treatment for their withdrawal symptoms when they were admitted. Methadone treatment recommended by WHO and other UN bodies, was not available. There was and still is no methadone assisted detox or methadone substitution. One interviewee reported that she was refused methadone even though she was on methadone maintenance therapy before being in prison. We discovered only one NGO, a methadone ambulance, which kept providing methadone to its patient after the patient was imprisoned. The patient was taken out daily to get his medication at the center. The last participant interviewed in 2008 reported being offered Suboxone a few weeks before release, which indicates that the prisons had started experimenting with Suboxone.
7. Some of the interviewees were offered voluntary HCV and HIV screening, but others were not. There was one interviewee who received interferon treatments for his HCV status, while others did not. None of the interviewees received any

counselling, briefing, or guidance regarding blood borne and/or sexually transmitted diseases, and some were given flyers or read posters in the prison.

8. HIV positive inmates are separated from other inmates at Tököl.
9. HCV positive inmates reported being segregated at intake and being subjected to unnecessary safety precautions. Later, their segregation ended.
10. The Hungarian prison system created “prevention units” for drug user inmates, where they get informational and help services in a more comfort environment than average inmates. The aim is a more successful reintegration of drug users.
11. The interviewees named several services that prepare them for their of release. They all found the services of psychologists, priests and NGOs useful.
12. Of the NGOs we could identify from 2007, only two were providing information about sexually transmitted and blood borne diseases, and only one organization had leaflets about AIDS.
13. According the interviewees, there is a need for more information on blood borne and sexually transmitted diseases
14. According to the former inmates interviewed, one of the biggest problems was boredom in prisons, hence more work opportunities and chances for activities would have reduce risks related to blood borne and sexually transmitted diseases.

The letter of the prison administration regarding the study

Dear Ms. Nóra Csiszér,

With regards to the research study made after the closure of the pilot prison program of the Drug Prevention Foundation, I wish to inform you of the following.

The study was based on the interviews with already released inmates.

My continuing position is that the conclusions based on such interviews do not provide realistic picture of the daily activities and working conditions of prison institutions, which regardless of the objective deficiencies, can be considered good.

Controls by other institutions and organizations (for example, CPT, Prosecutor's Office, National Public Help and Medical Officer Service, Hungarian Helsinki Committee) showed basically positive and widely publicised results.

In the last 15 years, there were significant studies regarding drug use made by well known experts, including more than 1000 inmates at a time, that also do not confirm your findings.

The prison administration has not so far secluded itself from the proper support of your study, in hope of having a clear picture after listening to all of the actors including inmates and experts.

After reviewing our letters on this topic I find it regrettable that it was not possible to expand the study the aforementioned way.

Please include our above position in the study paper.

Budapest, 31 August 2010

With regards,

Dr. Antal Kökényesi
director general
Hungarian Prison Service

I. Appendix – Interview with injecting drug users who were formerly imprisoned

Number:

Date:

Name of interviewer staff:

	Demographic data
	Age
	Gender
	Type of drug primarily used
	Route of administration
	Duration of usage
	Time spent in custody
	Time spent in prison
	Name of prison institution
	Level of imprisonment (minimum security regime, medium security regime, maximum security regime)
	Safety group (I II III IV)
	Reason of incarceration

	Hygienic environment
Topic	General hygienic environment
Questions	How is the hygienic situation in general in the prison?
	Could you name risk behaviors that may be associated with blood borne and sexually transmitted disease infections in prisons?
	If there are such risks, what conditions would be necessary to reduce the risks?
	Do inmates wash their hands? In which situations?
	Do you have anything to tell us about collective showers?
Topic	Specific hygienic environment
Questions	Is there warm water?
	How often can you take a bath/shower?
	Do inmates use each others tooth brushes, razors, nail scissors or any other cleaning equipment?
	What do inmates use for peeling, so they receive any kind of equipment, and from whom?
	What kind of cosmetics do inmates use?
	What do inmates use during menses; do they receive equipment, and what happens with used ones?
Topic	Overcrowding
Questions	What was the size of your cell, and how many people were there? Do you have any comments on this topic? If there is overcrowding, how could it be reduced?
Topic	Tattooing
Question	Do inmates do tattoos? If yes, with what kind of equipment? Do inmates know about viral transmission risk during tattooing? If yes,

	what do they do to prevent it? Why do you think it is forbidden to tattoo? What does it mean for an inmate to have tattooed body? How do you think problems associated with tattooing could be solved?
Topic	Piercing
Question	Do inmates make piercings? If yes, what kind, how and with what kind of equipment?
	Do inmates make “penis balls”? If yes, how does this happen?
Topic	Fights
Question	Are there any fights, and what happens if somebody gets injured? Did it happen that somebody did not help someone who got injured in afraid of being infected?
Topic	Toilet
Question	Were there separate toilets in your cell?
	Was the door closable?
	How clean was the toilet?
	What kind of prohibited things happened in the toilet? (like tattooing, hiding prohibited items, sexual abuse etc.)

Knowledge on STD and blood born infectious diseases	
Topic	General questions
Questions	Are there any diseases in prisons that are blood borne or sexually transmitted, and if yes, what are these?
	How can these infections be acquired, and were you afraid of any of them?
	How can these infections be prevented?
	To how much extent are inmates aware of blood borne or sexually transmitted infections such as HIV and hepatitis C risks, routes of transmission and possible prevention measures?
	Are inmates afraid (aware of the risk) of acquiring them? Which one the most?
	Do inmates talk among each other about blood borne or sexually transmitted infection risks?
	What kind of conditions should be created in prisons in order to reduce the risks of blood borne or sexually transmitted infection transmission?
Topic	Presence of blood
Questions	In what kind of situations can inmates get in contact with each others blood?
	Are there any “initiation ceremonies” among inmates?
	Are there any “blood contract” rituals among inmates?

Sexuality	
Topic	General question
Questions	What is the situation with sex in prisons?

Topic	Sexual abuse
Questions	Does rape happen in prisons?
	How common is this?
	Can rape be prevented in prisons? If yes, how?
	What percentage of rape cases may be revealed?
	Do you think it would be appropriate to separate those who were victims of rape?
Topic	Condoms
Questions	If there is sex in prisons, do they protect themselves against infections?
	If yes, how?
	Do inmates have access to condoms and lubricants? If yes, how?
	Would there be a need for easy access to condoms and lubricants in prisons?
	Do you have any idea, how condoms may be distributed without putting the receiver in a disadvantaged/stigmatized position in the eyes of other inmates and prison staff?
Topic	Sexual tools
Questions	Do inmates use sexual tools?
	If they do, do they share these?
Topic	Pregnancy
Question	Did anyone get pregnant while being incarcerated?
Topic	Services related to sexuality
Question	Could you imagine such services that could improve the sexual life of inmates?

Psychoactive substances	
Topic	Prescription drugs
Questions	What is the situation with prescription drug use in the prison?
	How common it is to use prescription drugs?
	What are the most common ones?
	What do they use them for?
	How do they acquire them?
	What is the value of prescription drugs in the prison?
	How common it is to use Rivotril (a popular benzodiazepine) and how much do inmates use of it?
	Did you ever feel like you can not cope with prison without Rivotril? If yes, why?
	What kind of drugs do doctors prescribe?
	Could you ask the psychiatrist to prescribe drugs of your choice?
	With what kind of problem did you visit a doctor, psychiatrist?
Topic	Licit substances
Questions	How much coffee or tea do inmates consume? What can you tell us about coffee use in the prison?
	Are there any risks and problems with using these substances?
	How much do inmates smoke?

	What is the value of cigarettes in the prison?
	Do they use filters with cigarettes?
	How do inmates make "dobi" (a very strong tea) and what do they mix with it for better effects?
Topic	Illicit substances
Questions	Is there illicit substance use in prisons? If yes... ...what could be the risks and problems associated with it? What are the most commonly used illicit substances? How do they use them? What is their price?
	Do guards use illicit drugs?
	Can guards recognize illicit drugs?
	What happens if somebody requires emergency because of illicit drug usage?
Topic	Intravenous drug use
Questions	Do inmates inject drugs? If they do, how common it is? If they do, do they share? If they do not have syringes, do they use anything to substitute it? If yes, what and how? What other paraphernalia do they use for drug consumption, and how? If they use other paraphernalia, do they share them? How do inmates achieve, that guards do not detect illicit drug consumption? During your time of incarceration, did inmates inject drugs? Did you inject?
Topic	Forced drug consumption
Question	Have you ever been forced to use drugs in prison? How often? Who forced you to do that?
Topic	Other ways of mind altering
Question	What other ways have you met in the prison to alter states of consciousness?
Topic	Services
Question	Do you think that there would be a need for services addressing prescription and illicit drug use in prisons that are currently not available? If yes, what would be these?
Topic	Accusations
Question	Have you ever been charged of drug possession in the prison? Have you ever been charged of drug possession in the prison without foundation? If yes, have you been in any ways humiliated?

Answers provided by Hungarian prisons to the issues of sexually and blood borne virus transmission.

Topic	Screening
Questions	At the time of admission to the prison, have you been offered HIV, hepatitis or tuberculosis screening?
	Do inmates use this opportunity? Why?
	Are there any ways of screening other than at the occasion of admission?
	What happens with those who are discovered to be HIV positive?
	What happens with those who are discovered to have any other sexually transmitted infection?
	What happens with those who are discovered to be HCV positive?
	Do inmates know if somebody is carrying a blood borne or sexually transmitted virus? If they know, how?
	What is the attitude of inmates towards those known to be carriers?
	What do you think about segregation of HIV positive inmates?
	Have you experienced any kind of discrimination because of your HIV or hepatitis C positive status?
Topic	Counselling/providing information
Questions	Have you ever been informed inside the prison about different sexually or blood borne infections and their prevention?
	If yes, was it useful?
	What do you think, is there a need for such an education inside the prison?
Topic	Treatment
Question	What do you know about HIV and hepatitis treatment inside the prison?
	If you have either HIV or hepatitis C infection, have you been offered to be treated in the prison? If yes, how?
Topic	Bleach/disinfection
Questions	Do inmates access bleach or disinfection in any form? If yes, what kind? If yes, in which occasions do they use them?
	Do you think there might be a need to access bleach and or disinfection?
Topic	Bandages
Questions	Do inmates access bandages and plasters?
	Do you think there might be a need to access bandages and plasters?
Topic	Medical treatment
Questions	How did you experience medical treatment inside the prison?
	How much can inmates trust doctors?
	Have you ever heard of refusing being treated by a doctor inside the prison or at Tököl penitentiary hospital?
Topic	Psychological aid
Question	Do inmates access psychological help, and if they do what quality does it have?
	Why do people seek such a service?
Topic	Non Governmental Organizations

Question	Have you met any kind of service by NGOs, and if you did, how was it?
	What kind of NGO service would inmates need?
Topic	Drug therapy
Questions	What kind of drug therapy and counselling services are available in prisons? What is their quality?
	Are there such programs that continue after release?
Topic	Resocialization?
Question	Do inmates receive any kind of assistance to prepare them for release?
	Do inmates receive any kind of assistance after release that has been organized inside the prison? If yes, what is its quality?
Topic	Relapse
Question	Do former drug user inmates receive any kind of relapse prevention measures? What quality does it have?
Topic	Withdrawal
Question	If you had any withdrawal syndromes at admission, what kind of help did you receive?
	What do drug users or drug addicted inmates receive at admission in terms of services and pills?
	Do heroin users receive methadone?
Topic	Anything else
Question	Are there any important things that we have not discussed in the above mentioned areas?

II. Appendix - Institutional questionnaire

Name of the organization:

Address of the organization:

Telephone:

Email:

Name of the person filling out the questionnaire:

Date:

1. What kind of service do you provide in the prison setting?
2. What is your primary target group?
3. How big do you think your primary target group is?
4. What kind of correctional facility/facilities do you visit, exactly which one(s)?
5. How often?
6. What are the professions of the staff visiting correctional facilities? Please list them.
7. Do you have any programs addressing drug users specifically? If yes, what is it?
8. Do you have any programs addressing the topic of drug use specifically? If yes, what is it?
9. Do you have any programs addressing the topic of blood borne or sexually transmitted infections specifically? If yes, what is it?
10. Do you have any programs addressing men having sex with men specifically? If yes, what is it?
11. Do you distribute condoms? If yes, how?
12. Do you distribute bleach or disinfection? If yes, how?
13. Do you distribute any informational material? If yes, what kind?
14. Do you provide any kind of harm reduction service? If yes, how?
15. Do you provide methadone treatment? If yes, how?
16. Do you provide needle exchange? If yes, how?
17. Do you provide needle counselling? If yes, what kind?
18. Do you provide therapy? If yes, what kind?
19. Do you provide legal assistance? If yes, what kind?
20. Do you have any kind of programs for inmates after release? If yes, what kind?
21. Do you have any information or comments regarding the topic of blood borne or sexually transmitted infections, which could help our work to improve the responses given to these issues?



Hungarian Civil Liberties Union, 2010