



LITERATURE REVIEW BULGARIA

Health Promotion for Young Prisoners (HPYP)

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1. Executive summary

Prison system (also the remand centers) and the probation service are in the structure of the Ministry of Justice. There are total of 13 prisons in Bulgaria- eight of them are for recidivists, three are for non-recidivists, one is for women and one is for juveniles. The prisons have closed, open and transitional hostels in which the inmates serve their sentences under different types of regime.

The number of the prisons and their hostels amounts to 37 and 21 remand centers situated outside the prisons.

The prison population is about 9360 inmates in July, 2010 and 286 female prisoners. The most numerous group of prisoners is the group of prisoners at the ages of 30-39. Most of the prisoners who are foreign citizens are imprisoned because of drug-trafficking.

40% of the prisoners (in 10 prisons of 12) determine their own as roma.

The medical units at the places of imprisonment are part of the national health system. The health care for prisoners are provided by the Specialized Hospital for Active Treatment-Sofia and Lovetch, 13 health units at the prisons and one health centre at the regional units of the place for pretrial detention in Sofia. In the hospitals in Lovetch and Sofia there are sections for the treatment of female prisoners. The health centers at the prisons are staffed with the following specialists: a doctor (GP or internal diseases), psychiatrist and dentist. At every prison's health units there is a hospital ward with 8-10 beds and an isolation unit for those suspected of having infectious disease until the final diagnosis is put.

The treatment of prisoners with infectious disease delivered in the infectious hospital (in the community) in the location of the prison. When the volume of the needed highly specialized medical treatment cannot be delivered by the medical units of Ministry of Justice, the patients are treated in community-based hospitals and clinics. With a sufficient number of medical indications the prisoner's sentence can be suspended.

All prisoners' health insurance are covered by the budget of Ministry of Justice but the great number of them are with terminated health insurance still before imprisonment. These prisoners cannot use the services of National Health Insurance Fund (NHIF) for free prescriptions (for supply of insulin, for example) or hospitalization along a clinical path in community-based hospitals. This significantly raises the medical expenses.

Self-harms and injuries in the prison settings are part of the specific prison subculture. Self-harms and suicidal attempts usually are very demonstrative. The staff have not been specially trained to distinguish the symptoms with the various cases and to react adequately. Usually the staff rely on their previous experience and intuition. In case of conflicts the prisoners with mental problems are often participants, victims and objects of disciplinary punishments.

The existence of these problems is due to a great extent to the fact that there are no integrated activities to learn the prisoners how to behave to people having problems with their mental health. The lack of specialized programs for care and support of mentally ill prisoners very often is the main reason for self-harms and suicidal attempts among this vulnerable group of prisoners.

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services of National Health Insurance Fund (NHIF) for free prescriptions (for supply of insulin, for example) or hospitalization along a clinical path in community-based hospitals. This significantly raises the medical expenses.

Some of the main problems in the delivering of medical services for prisoners are: 1) shortage of resource for medicines; 2) problems with health insurances and unclear mechanisms for acting in such case.

According to Bulgarian legislation young prisoners are these offenders who are between 18 and 25 years of age.

Young prisoners are 40-45% of the overall prison population (9360 prisoners) and during the last ten years the number of young prisoners is increased with 10-15%.

The prevailing part of young prisoners is at the ages of 21-22 and most of them are sentenced for thefts and robberies.

Many of YP are from broken families (divorced parents, etc.).

The main health problems of the young prisoners are the following:

- High blood pressure;
- Gastroenterological diseases;
- Stomatological problems.
- At about 1% of young prisoners are infected by HIV/AIDS;
- At about 15-20% of young prisoners are PDU's;
- The number of suicides among young prisoners is higher than the other prison population. There are 3-4 suicides per year and about 50 suicides attempts among young prisoners.

During the imprisonment young prisoners can use the following specific health services:

- drug testing;
- HIV/AIDS testing and counseling;
- participation in methadone programs;
- short and long-term programs for group therapy for PDU's.

The most serious problems young prisoners experience in all prison settings are the following ones:

- lack of conditions for practicing of sport and other physical activities;
- lack of sexual contacts;
- lack of enough labor and educational activities;
- their early stigmatization because of the imprisonment;
- anomy of their social contacts;

2. General review of the Prison system

Prison system (also the remand centers) and the probation service are in the structure of the Ministry of Justice. There are total of 13 prisons in Bulgaria- eight of them are for recidivists, three are for non-recidivists, one is for women and one is for juveniles. The prisons have closed, open and transitional hostels in which the inmates serve their sentences under different types of regime.

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The prison population is about 9360 inmates in July, 2010 and 286 female prisoners. The most numerous group of prisoners is the group of prisoners at the ages of 30-39. Most of the prisoners who are foreign citizens are imprisoned because of drug-trafficking. 40% of the prisoners (in 10 prisons of 12) determine their own as romma.

The buildings of Bulgarian prisons are very old and run down. The Sofia prison was built 100 years ago. The main buildings of the prisons in Lovech, Pazardzhik, Vratsa, Stara Zagora, Varna and Burgas were built in the 1920s and 1930s, while the main buildings of the Bobovdol and Pleven prisons are former hostels converted to prisons. Inmates, not only in the hostel buildings, but also in all prisons, are accommodated in common rooms in contravention of U.N. Standard Minimum Rules for Treatment of Prisoners, which require individual accommodation to be the rule. At present there are no plans for conversion to smaller cells or individual accommodation, even in parts of the prisons. The capacity of closed establishments has not increased in the last few years. Despite this, more and more prisoners are accommodated in them and as a result the overcrowding in most closed prisons has reached three times their capacity. This contravenes the recommendations of the European Committee for the Prevention of Torture for a minimum of 4 m² floor area to be provided to each inmate. The everyday life problems arising from this are connected to the inevitable use of three-storey beds in sleeping quarters and the use of common rooms for sleeping, including clubs and sports facilities. In turn, this has an unfavourable effect on opportunities to occupy the inmates' free time with various resettlement activities.

Bulgarian legislation has no compulsory standards for living conditions and living area in prison quarters. In accordance with European Prison Rules, every inmate has to be provided with enough fresh air, daylight, heating, access to sanitary facilities and drinking water, bathing, medical care and opportunities for educational, sport, labour and other activities. The available material resources in Bulgarian prisons are insufficient for most of these recommendations to be implemented. During prison monitoring missions in other countries in the region (Macedonia, Serbia, Hungary), conducted in 2004-2005 the BHC found that material conditions in Bulgarian prisons are the worst.

A fundamental problem facing the penitentiary system in the country is the lack of living space. The most crowded cells are those in the prisons for recidivists in Plovdiv, Sofia, Varna, Burgas and Pleven, as well as in two of the closed hostels: "Atlant" in Troyan and "Kremikovtzi" near Sofia. In the "Atlant" hostel about 30 inmates live together in 55 m² cells, which means that each inmate has 1.7 m² of floor area. In "Kremikovtzi", 14-15 inmates are accommodated in cells measuring 25 m². Again, this amounts to 1.7 m² of personal space per inmate. The situation in the prisons in Plovdiv, Burgas and Varna is no less alarming. Here each of the inmates in some cells has only 1.5 m² of living space. In the main buildings of the other prisons each inmate has an average of about 2 m². There are exceptionally serious problems with the accommodation of a large number of prisoners in one sleeping room. This is the case in the prisons in Sofia, Varna, Pleven, Troyan and Kremikovtzi. In one cell in the Sofia prison, 70 defendants are accommodated in an area measuring 130 m². Nine of the beds in a cell are on the third storey of the bunk beds. The cell has small windows in relation to its cubage and as a result all four luminescent lamps have to be left on even during the day. The floor of the cell is cement, which is cracked in places. The sanitary facilities comprise a washroom with a few wash basins and only one shower, along with a room with two cubicles fitted with squat toilets. The toilets are permanently occupied and there is always a queue to use them. This is also the case with the one and only shower.

Reference:

Website report: *Drugs, crimes, punishments, 2007*, Available at: [//www.bghelsinki.org/index.php?module=resources&lg=bg&id=0&cat_id=19#2007 BHC](http://www.bghelsinki.org/index.php?module=resources&lg=bg&id=0&cat_id=19#2007 BHC)

Report: Madzharov, E., Karaganova, V., Simeonova, C., 2008, *Research into existing social and medical services for prisoners in Bulgarian prisons. Specific group of prisoners*, Steno magazine.

3. Epidemiological data

Infectious diseases in 2006

Hepatitis B	Hepatitis C	HIV/AIDS
260 prisoners	286 prisoners	17 prisoners

Data for 2007

HIV/AIDS	Syphilis
27 prisoners in 2007 (from 4263 tested)	74 from 6719 tested prisoners

The prisoners who are infected with HIV are between 20 and 30 years of age.

Not compulsory testing for HIV in prisons. The prisoners are tested for HIV on voluntarily basis.

Number of problematic drug users in the prisons by year

2003	2005	2006	2007
565 PDU's	1071 PDU's	1758 PDU's	1342 PDU's (224 of them are IV drug users)

- All PDU prisoners are at the age up to 35;
- 1278 drug-addicted detainees are registered in 2006 (in remand centers);
- Most of PDU offenders are re-offenders;
- Most of PDU offenders are polydrug users;
- The drugs are usually mixed with alcohol;
- High rates of drug abuse among the female prisoners;
- Despite the efforts and control, according to prisoners it is not a problem to provide a drug in the prison.

Types of substances used in prison settings in 2006

Cannabis	Cocaine	Heroin
487 inmates	313 inmates	425 inmates

Reference:

Conference paper: Madjarov, E. 2006 "Drug use and drug treatment in Bulgarian prisons", Municipality of Varna

Book: Vasilev, M., 2009, Annual report on drug situation in Bulgaria, National Drug Council, National Focal Point

4. Medical services in the prisons

4.1 General information

At entry in prison every prisoner undergoes:

- Medical examination;
- Express psycho-diagnostic;
- Evaluation on OSO system

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The engagements of the psychologists in the prisons cover a wide range of responsibilities-selection of the staff, initial psychological diagnose of newly admitted prisoners, group therapy, counseling. The diagnostics occupies the most substantial part of the work of the psychologists as the counseling of prisoners takes place at a preliminary request or when an urgent interference is needed. Priority of the diagnostic activities and insufficient work of psychologists with prisoners, which is the reason for the distrust to the psychologists often encountered in the prisons.

Some of the main problems in the delivering of medical services for prisoners are: 1) shortage of resource for medicines; 2) problems with health insurances and unclear mechanisms for acting in such case.

4.2 Drug services in prison

Prisoners with problematic drug use can use the following services:

- Prevention measures;
- Drug-free treatment;

- Detoxification;
- Substitution treatment (still on a rare occasion);
- Counseling;
- Post-released cares;
- Main priority is given to abstinence-oriented programs;
- The access of drug dependant prisoners to STP is problematic;
- Four prisons with separated parts for drug dependant prisoners-drug free units;
- Lack of therapeutic group programs and psychological support or if they are available are in a volume unnoticeable for prisoners;
- Not compulsory treatment for drug dependant offenders.

Reference:

Report: Madzharov, E., Karaganova, V., Simeonova, C., 2008, Research into existing social and medical services for prisoners in Bulgarian prisons. Specific group of prisoners, Steno magazine.

Book: Vasilev, M., 2009, Annual report on drug situation in Bulgaria, National Drug Council, National Focal Point

Conference paper: Madjarov, E. 2006 "Drug use and drug treatment in Bulgarian prisons", Municipality of Varna

5. The mental health of prisoners

The mental health of prisoners includes a few main characteristics:

- Mental diseases and problems
- Dependencies
- Interpersonal behavior problems
- Cognitive skills and problems

The study of the emotional and mental problems of the prisoners through the system of risk assessment OASys was implemented. This program was introduced in the prisons in 2002 and is used for overall assessment of the offender's personality. The assessment includes: assessment of the needs of the prisoners and assessment of the risk of re-offending and self-harm. It also covers the mental and emotional status of the prisoners. According to the study out of the researched group of prisoners **69,8% is the share of those who have no problems with their emotional and health status and 30,2% of the prisoners who have such problems.** The prisoners who have problems with their mental and emotional status usually suffered by anxiety, emotional instability, depressions, personal disorders, mental deficiency and schizophrenia.

The existing activities and services do not cover to the necessary degree the needs of prisoners related to the consequences of isolation-rationalization of their stay in prison by labor and positive activities; motivation and achievement of change in the attitudes and in social competence; educational and qualification activities, etc.

The care for prisoners with mental health problems is mainly medical oriented and there is a strong need an overall conception for their treatment in the conditions of closed environment to be developed.

The main factors having a negative effect on the mental health of prisoners are the following:

- **Poor living conditions and overcrowding**

In Bulgarian prisons this is one of the serious problems, as it was pointed out in the reports of various human rights protection organizations and of the Committee or the Prevention of Torture and inhuman or degrading treatment and punishment (CPT). Prisoners are often placed in cells with three or more beds, often double-checked and sometime reaching up to 20-40. Not all cells have their own sanitary installations.

- **Forced communication and conflicts**

In the prison settings forced communication usually have serious negative effect on the mental health of the inmates.

- **The isolation from relatives and outside world**

It is not occasional that most problem exists with the group of prisoners from the closed type of institutions-for recidivists and non-recidivists. These are high security prisons with a high level of isolation. The contacts with the outside world is through the medias. The access to them is fixed in the legal normative regulations and formally is guaranteed. The visits and leaves are an opportunity for closer contacts with the relatives and decrease the level of isolation. For this reason the rights to visit and leaves are defined by prisoners as the most significant rights and the inmates are very sensitive to the ways these are carried out. In the Bulgarian prisons of closed types there is only one kind of visit-through a screen and telephone. In the prison of open and transitional type the contacts are held directly. Although by law there are different opportunities for using a leave, in practice the number of people and the time they have spent outside the prison are insignificant at the background of the total number of prisoners in the prisons of closed type.

- **The lack of effective treatment for prisoners with mental health problems**

The practice exists to accommodate prisoners with mental problems together with ones that don't have such problems. This practice has its positive effects with respect to prisoners with mental problems, for they live in the detached penitentiary setting and thus they are not isolated additionally. Actually, the serious problem is the lack whatever specialized and effective activities on the conversation and care of the mental health of prisoners. The lack of training of the staff also leads to the appearance of conflicts, derangements, insults and additional tension in prison setting. A serious problem is also that the staff is not trained enough to work with prisoners who are drug dependant or have serious mental and emotional problems.

Reference:

Report: Madzharov, E., Karaganova, V., Simeonova, C., 2008, Research into existing social and medical services for prisoners in Bulgarian prisons. Specific group of prisoners, Steno magazine.

6. Self- harms and suicidal attempts

2003	2003	2003	2009
227 cases of self-harms	20 suicidal attempts	420 refusals of food	4 suicides

Self-harms and injuries are part of the specific prison subculture. Self-harms and suicidal attempts usually are very demonstrative. The staff have not been specially trained to distinguish the symptoms with the various cases and to react adequately. Usually the staff rely on their previous experience and intuition. In case of conflicts the prisoners with mental problems are often participants, victims and objects of disciplinary punishments.

The existence of these problems is due to a great extent to the fact that there are no integrated activities to learn the prisoners how to behave to people having problems with their mental health. The lack of specialized programs for care and support of mentally ill prisoners very often is the main reason for self-harms and suicidal attempts among this vulnerable group of prisoners.

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7. Female prison-data and facts

In Bulgaria there is one female prison with 286 inmates as it is considered that the female prisoners get more effective and qualitative social and medical services in comparison with the male prisoners due to the following facts:

- relatively low number of female inmates;
- professional and effective management;
- one and the same professional and trained staff for long period of time (the experts who deliver the services are not changed for many years);
- effective cooperation and links with external organizations (institutional cooperation).

Reference:

Report: Madzharov, E., Karaganova, V., Simeonova, C., 2008, Research into existing social and medical services for prisoners in Bulgarian prisons. Specific group of prisoners, Steno magazine.

8. Young prisoners

8.1 Young prisoners and Bulgarian legislation

According to Bulgarian legislation young prisoners are these offenders who are between 18 and 25 years of age.

Individual approach towards young prisoners is formally guaranteed considering the specific characteristics of sentenced offenders: ages, genders, health status, etc. Young offenders could be also imprisoned in separated prisons or hostels.

Young prisoners who are imprisoned in prisons and hostels for adults, if it is possible are placed in separated premises and they also are settled in separated production brigades and units;

8.2 Young prisoners-facts and data

Young prisoners are 40-45% of the overall prison population (9360 prisoners) and during the last ten years the number of young prisoners is increased with 10-15%.

The prevailing part of young prisoners is at the ages of 21-22 and most of them are sentenced for thefts and robberies.

Many of YP are from broken families (divorced parents, etc.).

"The prisoners who we think are HIV positives do not want to be tested and treated. Most of them are between 19 and 30 years old. Every week cabinets for voluntarily and anonymous testing for HIV are available in the prison but prisoners and especially these of them we think are positives, refused to be tested. In this case we cannot do anything-compulsory testing is not considered in Bulgarian prisons."

8.3 Young prisoners-approaches, policies and programs

Individual approach towards young prisoners is formally guaranteed and includes:

- YP are separated by the other inmates;
- YP have priority in participation in educational, labor, sport activities;
- YP are regularly counseled and supported;
- On release they are subject of intensive re-socialization programs.

8.4 Example of good practice

Pilot program –"Individual approach towards young prisoners" is delivered in 2004. It included approbation of group therapy and psychological support for young offenders. Some of the activities and services delivered are:

- anger management;
- tackling with aggression;
- problems solving;
- psychological support;
- work with young sex offenders.

The duration of the program was 10 months and after finishing the program a guideline for work with young prisoners is published, it is called "Group programs for young prisoners".

8.5 Young prisoners and health issues

The main health problems of the young prisoners are the following:

- High blood pressure;
- Gastroenterological diseases;
- Stomatological problems.
- At about 1% of young prisoners are infected by HIV/AIDS;
- At about 15-20% of young prisoners are PDU's;
- The number of suicides among young prisoners is higher than the other prison population. There are 3-4 suicides per year and about 50 suicides attempts among young prisoners.

During the imprisonment young prisoners can use the following specific health services:

- drug testing;
- HIV/AIDS testing and counseling;
- participation in methadone programs;
- short and long-term programs for group therapy for PDU's.

8.6 Young prisoners-problems and difficulties

The most serious problems young prisoners experience in all prison settings are the following ones:

- lack of conditions for practicing of sport and other physical activities;
- lack of sexual contacts;
- lack of enough labor and educational activities;
- their early stigmatization because of the imprisonment;
- anomy of their social contacts;

Concerning the approaches towards YP in the prisons there are some important "weak point". These are:

- Lack of one integrated approach for health promotion for young prisoners;
- Usually the programs and activities for HP targeted at YP are because of the good willing of the prison staff but not part of integrated approach and strategy for this specific group of prisoners;
- Such programs in prisons are delivered episodically without consistency and continuity.

Reference:

Report: Madzharov, E., Karaganova, V., Simeonova, C., 2008, Research into existing social and medical services for prisoners in Bulgarian prisons. Specific group of prisoners, Steno magazine.

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Website report: *Drugs, crimes, punishments*, 2007, Available at: http://www.bghelsinki.org/index.php?module=resources&lg=bg&id=0&cat_id=19#2007 BHC-

Conference paper: Madjarov, E. 2006 "*Drug use and drug treatment in Bulgarian prisons*", Municipality of Varna