

**ANTI-DRUG PREVENTIVE ACTIVITIES IN A SITUATION OF A HIV OUTBURST
WITHIN A PRISON INSTITUTION
(Experience and Conclusions from the HIV Outburst in Alytus Top Security Prison)**

Prof. Justinas Pečkaitis

*Mykolas Romeris University
Ateities str. 20, LT-80303 Vilnius
Phone: 271 46 62
E-mail: studijuprorektorius@mruni.lt*

Prof. Viktoras Justickis

*Mykolas Romeris University, Faculty of Social Policy, Department of Psychology
Valakupių str. 5, LT-10101 Vilnius
Phone: 274 06 09
E-mail: justickv@takas.lt*

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Abstract. Innovations aimed to reduce any production, delivery, and consumption of drugs are the most prospective measures to work out more efficient prevention of drug related offences. This is especially true for prison institutions, where drug consumption tends to be several times greater than in the general population. Therefore, prison institution has especially great need in new efficient anti-drug activities. However, just here especially great problems are met designing and implementing such activities, overcoming resistance against these innovations. A great part of these problems originates in attitudes of the prison administration towards these activities. In case of an HIV epidemic in prison its administration takes a great part designing and selecting preventive activities, accepting or rejecting recommendations of criminologists and AIDS experts, implementing or sabotaging them.

We investigated 112 prison officers in the greatest Lithuanian prison enveloped into a large HIV epidemic, their evaluations of efficiency of 73 activities included in anti-HIV epidemic programs in this prison, as well as their comments on them.

Analysis of evaluations and their comments revealed that opinions of our respondents are based on rather primitive (one- and two- factors) causal reasoning schemes. Factor analysis revealed strong connections of evaluations with personal factors (like enthusiasm-skepticism, inclination to individual or large-scale measures, readiness to break prison order), which had nothing to do with real efficiency of an preventive activity. Therefore, “professional experience” based opinions of prison staff cannot be a substitute for scientific evaluations of preventive activities.

All these can be seen as a consequence of the lack of criminological training of people implementing crime prevention activities. The lack of professional criminological knowledge urges them to substitute their lacking knowledge with the so-called “common wisdom”- naïve criminological ideas on crime and crime prevention. This, in turn, causes distortion in designing and implementation of prevention activities and brings the global reduction of their efficiency.

Keywords: drugs, AIDS, epidemic, innovation, prevention.

PROBLEM. ITS ACTUALITY

This report focuses upon a very acute and problematic situation- a large HIV epidemic in prison. Different anti- epidemic programs of action, orders, in-

structions, directions designed and carried out by the prison administration play the crucial role in this situation. These documents usually include a great set of different activities supposed to counteract the epidemic.

Investigation of the prison administration opinion

on these activities and, especially, on their efficiency seems to be important. First, the local prison administration plays important role *developing* anti-epidemic programs. Their opinion is important selecting, designing and adopting preventive measures to be included into these programs. Their opinion is also crucial in *evaluating proposals of AIDS experts*. The local prison administration decides, which preventive activities recommended by medical professionals, psychologists, public organisations, voluntaries, local community will be accepted and used as preventive activities and which will be rejected. Therefore, it is important to know how correct their evaluations are, whether they are able to give a correct estimation of an anti-AIDS activity or not.

Second, the opinion of prison administration plays the main role in *implementing* such anti-epidemic programs, especially whether they believe or not in their efficiency. Prison administrations are able to sabotage an preventive activity, which they consider as inefficient or do not like for any other reason.

Therefore, it is important to research opinions of prison administration on different anti-HIV epidemic activities, especially on their efficiency.

Little research has been made of prison administration opinions on efficiency of anti-HIV/AIDS epidemic measures. These public officials have not attracted very much attention of researchers. The majority of AIDS researchers seem to be focused on people, whom anti-AIDS activities address: HIV infected, AIDS patients, prisoners, and broader public (Ronald, Hammett, Kimberly, Arriola., 2002; Krebs, Simmons, 2002) [28].

We discuss the above-mentioned problem in such a succession:

1. main concepts;
2. the context of our empirical research- the Alytus prison institution and 'the great Lithuanian HIV explosion' (HIV epidemic in this prison 2002-2003);
3. methodology and results of our empirical research;
4. discussion of results.

MAIN CONCEPTS. AN ANTI-HIV/AIDS EPIDEMIC ACTIVITY AND ITS EFFICIENCY

An anti-HIV/AIDS activity is an action formally (officially) approved by a public institution and destined to stop or slow down progress of HIV/AIDS epidemic.

Medical, educational, organisational, political activities to prevent and fight AIDS are broadly known and discussed. They are antiretroviral treatment, NEP, a propagation of safe sex activities, AIDS education, etc., to mention only a few.

Efficiency of an anti-HIV/AIDS activity is its ability alone or in combination with other activities to stop or to slow down HIV/AIDS epidemic.

There are at least two groups of activities, which can be recognized as efficient.

1. Activities, which are universally efficient.

Here few important activities belong, which (when used consequently and professionally) are efficient un-

der different circumstances. Such are antiretroviral, NEP, condom use. A condom use reduces the AIDS risk both in America and in Africa. If NEP is carried out consequently and professionally, it is able to stop infection by injection in every prison in every country. Typically, there is no special need to verify the local efficiency of an universal activity.

2. Activities, which can be efficient. They are admitted to be efficient if their local efficiency is verified according to standards of the modern verification methodology.

An anti-AIDS leaflet can be highly efficient in USA, much less in Great Britain, and not efficient in Lithuania. Therefore, local efficiency of such measure has to be verified. Anti-AIDS education, propaganda, use of criminal sanctions, attraction of volunteers and ex-patients, various associations of infected peoples and different forms of psychotherapy and psycho training – all they can be highly effective in one situation and not effective in another.

The modern efficiency verification methodology is one of the greatest achievements of the modern science. Well-known and widely used experimental methods provide possibility to verify efficiency of any social, psychological, educational etc. intervention. It is done, for example, using experimental and control groups with random selection of participants and modern variance analysis methods. There exist also special methods destined to control efficiency of anti-AIDS programs (Holtgrave, et al., 2002; Napp, Gibbs, Jolly, 2002; Guydish, Bucardo, Clark, et al., 1998; Center for AIDS Prevention Studies, 1998) [14; 27; 13; 9].

The history of medicine, psychology, criminology, sociology provides many hundreds of cases when some prevention, education, propaganda, legal, etc. activities were used without scientific verification of their efficiency. In most of these cases, beliefs that they are efficient were based only on earnest conviction of people who carried them out, on their professional experience and their life wisdom, on 'obviousness' of the supposed effect. Meta-investigations of hundreds such cases have shown that, as a rule, such activities are inefficient (Martinson, 1974; Sherman, 1998) [26; 29]. Therefore, not to verify the efficiency of such an activity means to use an ineffective one.

Therefore, an effective anti-AIDS program is one, which includes only universally efficient activities and/or those, which can be efficient and this efficiency is locally verified.

THE CONTEXT OF EMPIRICAL RESEARCH. THE ALYTUS PRISON INSTITUTION AND 'THE GREAT LITHUANIAN HIV EXPLOSION' (HIV EPIDEMIC IN THIS PRISON 2002-2003)

Alytus top security prison is situated on the South-West of Lithuania. Before the outburst, 1800-1900 prisoners were hold here. All of them had committed most serious or/and repeated crimes.

The drug addiction traditionally was widely spread in this prison. In 2000, 157 convicts were medically recognized drug addicted. In 2002, this number reached 318 (every sixth prisoner). In an opinion poll (carried out by the prison administration in 2002) 28 % admitted that they use drugs once a month, 20 % - several times a month, 18 % - several times a week, 3% - once a day, another 18% - several times a day. Considering the great number of convicts and the intensity of the drug use Alytus prison may be one of the most drug-addicted places in the world, a real ocean of drugs.

It was very difficult to control the convey of drugs to prison. One of the drug supply channels were food parcels. For the lack of resources prisoners received food for only 2 litas (≈ 0.60 \$) per day. Therefore, every Alytus convict tried to find an additional food. Thousands of parcels with food used to arrive in the prison. To control all of them was impossible. Another channel was corruption. Because of the difficult financial situation, salaries of the prison personnel were low and the directorate had great difficulty to find suitable people. This provided a perfect ground for corruption within the prison, stimulated the development of the prison 'second life' - thriving of criminal culture and criminal power structure.

The small Alytus prison industry was not able to provide prisoners with job. Hundreds of people had nothing to do all day long. The local hospital had only 20 places and was ill adapted to carry out the treatment of drug addiction.

Drugs were consumed in the most dangerous way - by injections using common syringes. Application of common syringes was caused by financial circumstances. Conveyances of syringe to prison were much more difficult to hide from inspection than drugs (which usually were conveyed in powder). This caused their high price. Therefore, the greatest part of Alytus prisoners consumed drugs by injection sharing the same syringe many times.

The directorate of Alytus prison were aware of a possibility of AIDS epidemic. They tried to do their best to stop the drug epidemic and to prevent an AIDS one. It developed and carried out two special anti-drug programs (Alytaus GR PDK, 2001; Alytaus GR PDK, 2001a) [1;2;3]. However the epidemic broke out in May 2002. The Lithuanian AIDS center tested 1727 convicts-207 of them proved to be HIV-positive. This had an effect of a bomb explosion in Lithuania. Just over a night each family saw AIDS at their doorsteps. The HIV epidemic drew the overall public attention, became the central topic in Lithuanian mass media. Prisoners in Alytus and other Lithuanian prisons went on a hunger strike. The HIV infected prisoners demanded to be considered as suffering from a serious incurable disease and according to the Lithuanian legislation released from prison. They sued the Alytus prison directorate for the intentional damage caused to their health and demanded criminal punishments and multi-million compensations.

Lithuanian government demanded from the local prison to stop epidemic. The anti-epidemic program was

developed (Alytaus GR PDK, 2002) [4]. Nevertheless, the epidemic gathered force. A new increase of the number of the HIV infected was found. An epidemic of dismissal in the Lithuanian Prison department and Alytus prison institution followed the HIV epidemic. The head of the Prison department resigned. The director of Alytus prison, three vice-directors, five heads of departments, many high- rank officers followed him.

The new local administration was also categorically demanded to stop epidemic. An enlarged program and many new orders, instructions, directions etc. were issued. (Alytaus GR PDK, 2002a, 2002b, 2002c, 2002d) [5-7]. However, the epidemic continued its offensive. The number of HIV infected increased in June to 222, in July - 245, August - 263, September- 285. Then the numbers of new infected convicts were not published any more.

Everybody expected new demission. However, the situation changed.

The news on the total change of the prison directorate, decisions taken by Lithuanian government, the end of the prisoners' hunger-strikes calmed the public. There was no information on mass deaths of prisoners in Alytus, no prisoners escaping the prison to infect the rest of Lithuania. For mass media Alytus was no news any more and it moved to secluded places of newspapers and TV news reports.

A long peaceful time followed. May, 2003 the new much more liberal criminal law came into force. According to it a great number of convicts (many of them infected) will be released from Alytus. The epidemic will spread to the rest of population...

METHOD

Research tool

The epidemic in Alytus prison was very suitable to investigate opinions of the prison administration on efficiency of anti- epidemic measures.

1. It was a question of life and death for the local administration to develop efficient preventive activities. As it was mentioned, they were categorically demanded to stop the epidemic. The administration knew that its only salvation is highly efficient anti-epidemic measures. Therefore, research of the programs, orders, directions, which included these measures, provides a unique opportunity to investigate administration' sideas on efficiency of these measures.

2. Local efficiency of any single anti- epidemic activity included in all these programs, orders, etc. were not controlled using any standard experimental - statistical procedures. The necessity to verify all of them was acknowledged but postponed. Therefore, in designing preventive activities the local administration were guided only by their personal opinions, professional experience, and everyday wisdom. This provided an excellent opportunity to investigate this alternative source of conviction that an activity included into action program is efficient. We could ask prison officers, whether they

really believe in efficiency of activities included into their anti-epidemic programs and why.

The starting point to develop our research tool were preventive activities included into anti-epidemic programs, orders, directives, etc., issued by the local administration.

Origins of these activities are different. Ideas on some of these activities were drawn from the rich world literature on AIDS and the drug addiction, from mass media, Internet, recommendations by Lithuanian AIDS centre. However, the great majority were designed or proposed by prison officers. The point is that every day in this country (as also in other post-communist countries, which had had planning societies with great bureaucratic traditions) new programs are designed and approved. A new program is a usual way, in which various social institutions react to any extraordinary event. For example, in prison some special programs are often developed in case of prisoners' suicides, murders, escapes or riots. Often these programs are the way to show the worried higher authority that the problem was taken seriously and is under control. All these programs include many identical or quite similar activities. For example, every program on prevention of new suicides, murders or escapes includes identical or similar education activities: to give lectures on topic of suicide, escapes, etc, to prepare related posters, to organize consulting of related people, etc. Every such a program includes similar control activity (to enforce the control over prisoners prone to suicide, murder or escape), quite identical restrictions (measures searching to restrict related prisoners from suicide, murder, escape, etc), measures to improve staff (their recruitment, motivation, etc). In fact, the ability to write such programs is an important part of the professional skill of a prison bureaucrat. During his career, he writes hundreds of such programs. No wonder that the great majority of activities simple are moved from one program to another.

Developing our research tool the joint list of all activities included in all programs, orders, etc. issued in Alytus prison was compiled ('Anti-epidemic activities list'(AAL)).

Some spadework developing this list had to be done.

1. Every preventive activity, which was mentioned at least once in any anti-epidemic program, order, direction or other officially approved document was included.

2. If the same activity was included several times into different programs, it was regarded as the only one.

3. Some activities consisted of several parts. For example, a set of lectures can consist of several ones. Every time we had to decide should it be regarded as the only one (the course) or several different activities (several lectures). We followed a program: If every lecture was mentioned as a single activity, it was considered a single measure.

4. Some activities were not included in any of these programs. However, they were taken by administration on its own initiative and later were mentioned in their

reports. They were also included in the joint list.

5. We also included some activities, which had been proposed, discussed but not included. The most interesting seems to be the refusal to include such activities as 'To attract ex-offenders to anti-AIDS education of prisoners', 'To provide prisoners with possibility to have their syringes disinfected', 'To provide prisoners with free disposable syringes', 'To allow prisoners to buy disposable syringes'. As mentioned, the great majority of prisoners were infected through injections using common syringes. The distribution of free syringes is a widely recognized preventive activity in such a situation (Guydish, et al.,1998) [13]. Its efficiency is well supported. Several times Lithuanian AIDS prevention centre proposed to organize the free supply of such syringes. The prison administration rejected these proposals. 'People, who propose free supply of syringes, - the prison doctor commented this situation, - should themselves try to work in a prison where prisoners have no problem to get a syringe' (Jankauskienė, 2002) [15].

The final AAL included 73 anti-AIDS measures.

Activities included into the list were very different. A great part was measures aimed to hamper the drug delivery to prison.: 'To block all possibilities to deliver drugs totally', 'Search all parcels delivered to prisoners more carefully', 'To purchase equipment able to detect and recognize drugs', 'To have a dog trained to detect drugs on the entrance point', 'To intensify illumination of an outer wall and the entrance to it'. Another group of measures also intended to diminish drug delivery but in another way- by enlarging criminal responsibility for people taking part in it. They were such measures as 'To intensify the criminal responsibility for keeping and consuming drugs', 'to intensify the criminal responsibility for people who delivers or organizes delivery of drugs to prison'.

Many activities focused on the improvement of the prison personnel and aimed to develop their qualification, skills, motivation. They were such measures as 'To prepare a leaflet for personnel 'How to work with drug addicted people'', 'To organize a permanent seminar 'Drug addiction and AIDS in a prison institution'', 'To organize a course of lectures for personnel', 'To organize a meeting of personnel with a representative from AIDS centre', 'To organize a lecture for personnel on Lithuanian anti-AIDS policy', etc. The 'Joint list of anti-AIDS activities' also included several medical measures: 'Provide prisoners with an opportunity to take an anti-drug course', 'To enlarge and improve the supply of the prison institution with medicine', 'to make an HIV examination of prisoners obligatory', 'to organize a rehabilitation community in Alytus prison'.

Many measures had as a general or secondary goal the anti-AIDS education of prisoners, especially HIV infected: 'To organize the meeting of prisoners with a representative from AIDS centre', 'To organize special lectures for HIV infected prisoners', 'To announce the anti-AIDS drawings competition', 'To involve prisoners' families in anti drug and anti- AIDS education ', 'To inform every newly arrived prisoner about advantages of

abstinence from drug consumption', 'To supply prisoners with addresses and telephones of organizations, which treat for drug addiction and AIDS', etc. Several activities aimed to make the drug consumption safe. They were 'To provide prisoners with free disposable syringes', 'To provide prisoners with possibility to have their syringes disinfected'. There were also different other measures such as 'To attract ex-offenders to anti-AIDS education of prisoners', activity to improve coordination with colleagues in other prison institutions, etc.

PROCEDURE

Evaluation of anti-epidemic preventive activities.

This joint list of anti-AIDS activities we used as our investigation tool. It was presented to all officers of Alytus prison (112 persons).

The officers were instructed to read one activity after another and evaluate how much efficient each of them was. They had to use five score scale. In this scale: 5 – highly efficient activity; 4- efficient activity; 3- sufficiently efficient; 2- inefficient; 1 - harmful, counter-productive.

Question – mark.

Our respondents were also allowed to write a question mark aside the evaluation if they were not quite sure that an evaluation is correct. (For example, if a respondent estimated an activity as 'highly efficient' and was sure of this evaluation, he wrote '5'. If this respondent estimated the same activity as 'highly efficient' but was not quite sure, he wrote '5?').

This very easy and simple procedure gave a respondent an opportunity to express slightest doubts.

Comments

Then a respondent had to comment on the evaluation (also in written) giving reasons for the question 'Why?'

This part of investigation was supposed to reveal considerations (reasons) behind an officer's evaluation of the efficiency of an activity.

For example, one our respondent highly evaluated the idea 'new officers had to confirm in written that they never violate regulation forbidding drug delivery into prison' He commented on his evaluation this way 'If one promises this only orally he forgets it in no time. But if one puts it down and signs he will remember it much longer' (Respondent 2). Another respondent also believed that this activity is very efficient. However, he did so for another reason. 'People have much more respect to written obligations' (Respondent 19).

Officers were instructed that commenting on every evaluation they could indicate any number of pros and cons.

The officers were given sheets of blank paper to put there their answers. Use of a blank paper sheet instead of usual questionnaires served the same purpose – to provide officers with the stimuli and free space for any length of their answers.

PARTICIPANTS

All our respondents were officers, who worked at the Alytus prison institution November – December 2002. They were members of the local administration, took part developing and/or implementing preventive activities included in anti-epidemic programs, orders, directions. Our investigation was completely anonymous- they did not write their names and their positions, provided no personal data. However, because all the prison officers took part in the investigation we can say that they were heads and personnel of 21 detachments of prisoners, officers of Education and Security departments, local investigation and health services. Their average work experience record was 4.3 years, average education 10.5 classes.

All the officers confirmed that they took part in discussions on projects of the anti-epidemic programs and that now they were taking part implementing at least one of them.

RESULTS

General evaluation of anti-HIV activities.

Our respondents gave us 8176 evaluations of preventive activities included into our 'Joint list of anti-HIV epidemic activities'.

First, we focus on the average evaluation that our respondents gave to an average anti-HIV activity. We calculated an average of all evaluations and other their statistical characteristics.

Three quite different results could have been expected.

Hypothesis I. An average evaluation of an anti-HIV activity should be rather low (significantly lower than the median).

We could expect this for many reasons. First, our respondents took part designing and discussing all these anti-HIV activities. They knew very well that efficiency of no single activity was verified. Therefore, there was no special reason to believe it. Second, they took part implementing anti-HIV programs. Therefore, they were able to get a realistic view of efficiency in their everyday communication with prisoners, by "sitting down for a prevention case management session, talking to clients on the corner, watching a needle exchange site, attending staff meetings (Coates,2002, 2) [10].

Hypothesis II. The average estimation of anti-HIV activity does not differ significantly from the median.

There also are many reasons to support this hypothesis. We can suppose that evaluations were affected by a great deal of different independent factors. It is well known that in such a case distribution tends to be close to a normal one and its average coincides with its median(Kendall, Stuart, 1966). Therefore, it was also reasonable to expect that Hypothesis II is correct.

Hypothesis III. An average evaluation is rather high (significantly higher than the median).

There were also reasons to expect an average evaluation to be rather high. First, as mentioned above, the prison administration did not require checking efficiency of any anti-HIV activity. This could mean that, generally speaking, they were sure that these activities are efficient. Second, our respondents had taken an active part discussing and designing these activities, they proposed many of them and had taken the final decisions, which proposals of AIDS centre and of other experts should be accepted and which ones rejected. Therefore, we could expect that activities included into anti-AIDS program embody (to some degree) our respondents' ideas.

Our data give strong support to the Hypothesis III.

The average evaluation of an anti-HIV activity is high. The average estimation of an anti-HIV activity is (see Table 1) 4.11. The difference between the average and the median (3.0) is significant ($p = 0.01$) and Hypothesis II and I were rejected.

The average evaluation 4.11 is between 5 (highly efficient activity) and 4 (efficient activity). This means that our respondents were sure that an average anti-HIV activity is efficient.

It is important that most of our respondents were sure that their evaluations were correct. As mentioned above, they could express their slightest doubt by putting a question mark. 81.4% of evaluations given by our respondents were not set in any doubt. Only 18.6% of evaluations were followed by a question mark.

Thus, our respondents were sure that the great majority of measures included into 'Anti-HIV activities list' are efficient. In other words, our respondents did not see themselves unarmed and defenseless facing the epidemic. Just the opposite is true- they were sure they 'know' what has to be done to stop it.

This is especially interesting because, as mentioned already, no single activity included in the anti-HIV program was verified for its efficiency in a way provided by the modern science. Nevertheless our respondents

1. have a settled personal opinion how much efficient every single anti-HIV activity is,

2. are sure that all or at least greatest part of these activities are efficient,
3. generally do not have any special doubt that their personal evaluations are correct.

As far as our respondents had doubt that their evaluations were correct, they felt no need to double check it – to verify their evaluations in a scientific or any other way.

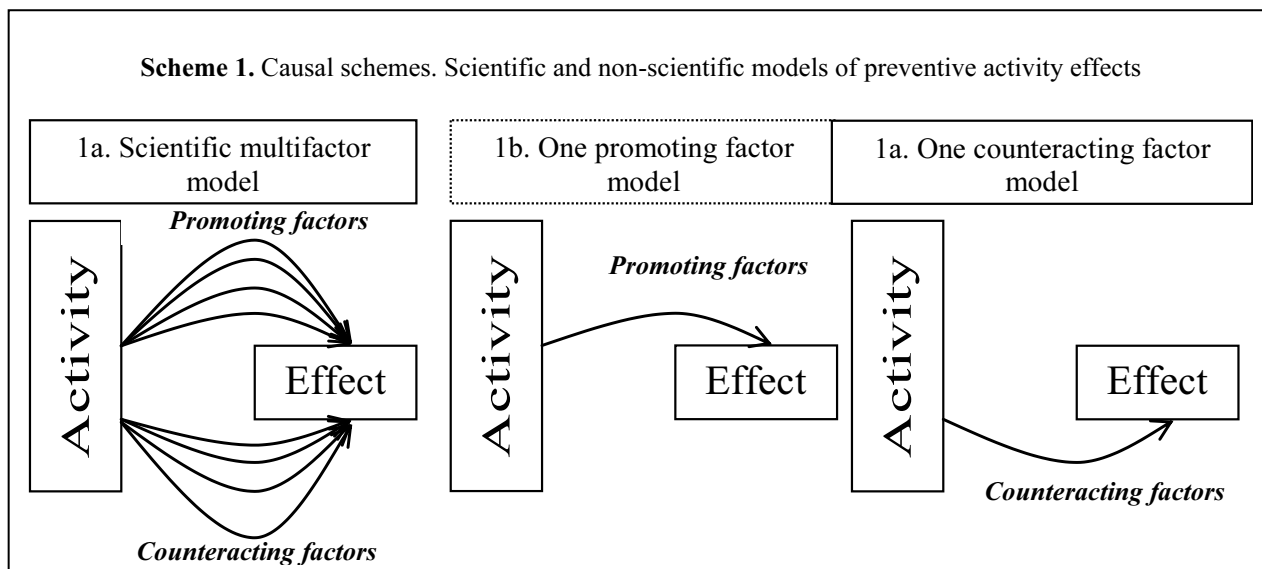
Thus, the first general results of our investigation is that in prevailing majority of cases our respondents have their own certain opinion on an efficiency of anti-HIV activities and this conviction is able to release them psychologically from any further verification of efficiency of preventive activities.

The second important result is low evaluations of activities, which had been discussed developing anti-epidemic programs but not rejected. "To allow prisoners to buy disposable syringes" -1.96 (St. deviation-0.953), "To provide prisoners with free disposable syringes" - 2.06(St. deviation-0.933), 'To provide prisoners with possibility to have their syringes disinfected' – 2.38 (St. deviation-1.217), 'To attract ex-offenders to anti-AIDS education of prisoners' - 3.20 (St. deviation-1.064).

These data showed, first, conformity between rejection of these activities and negative attitudes of administration to them. Second, it is especially interesting that only measures broadly recognized to be highly efficient (if infection is spread by injections) received the lowest evaluation and were supposed to be ineffective. It is additional evidence on independence of efficiency evaluations given by our respondents from real efficiency of evaluated activities.

Structure of a personal conviction in efficiency of an preventive activity.

We investigated the source of personal convictions of our respondents in efficiency of anti- HIV epidemic activities. We did it, first, analyzing comments, with which our respondents accompanied their evaluations.



Overall, our respondents gave 9812 comments.

All the comments given by our respondents were causal considerations. When explaining if an activity work our respondents had to mention reasons why one thing (an activity) would (or would not) have an intended effect upon another one (HIV infection).

Modern cognitive psychology has a great tradition of investigating causal considerations. This tradition is associated with works of Kelly (1955) [17], Mischel (1971) [24], Weiner (1985) [and al. A great part of these researches were based on observations how people use their 'causal thinking' in their everyday activities trying to forecast how successful will their intended action be, explaining reasons of successes or failures (Peterson, Maier & Seligman, 1993; Lau & Russel, 1980).

We used this approach to reveal the structure of causal explanations, used by our respondents. Then we compared it with a scientific one.

From the point of view of the modern science, efficiency of an anti-HIV activity can be determined by a great deal of different factors. Effects of these factors upon efficiency can be different: some stimulate efficiency, some reduce it (See Scheme 1).

Take as an example a lecture on drugs consumption and its role in HIV infection. Such a lecture can provide the intended effect (to prevent infection by drugs) in many ways. 1. It shows ways, in which one can be infected; 2. it helps to understand how much dangerous AIDS is. 3. It promotes one's better recognition of reasons, which stimulate him to drug consumption. 4. Lecture can also do it by developing one's life philosophy, better understanding of the sense of life, and so on. However, this lecture can also cause the opposite effect – to stimulate drug consumption. During the lecture one can learn new ways to use drugs, one can see that AIDS is not as dangerous as one supposed (its effects become visible only in several years). During this lecture, one can get in contact with other drug addicted and accept the 'drug culture', etc.

The total efficiency of this lecture is a resultant of all these pro- and con- factors. (See Scheme 1a) Therefore, the modern methodology tries to reveal all these factors using experimental schemes and multivariate analysis.

What do our respondents do giving their personal (non-scientific) evaluation of an preventive activity? Are our respondents also guided by search to reveal all possible positive and negative effects of an preventive activity, to estimate an impact made by each of them, and then to sum up the resultant?

Our respondents were provided with opportunity to develop every kind of a model. As it was mentioned above, they were given blank sheets of paper, providing an opportunity to write as much as they wished. They were also instructed that they could show so many reasons of efficiency or inefficiency of an activity as they want.

Did they use this opportunity? Are causal schemes of our respondents similar to a scientific shown on the Scheme 1a?

Two opposite answers to this question were possible.

Hypothesis I. Ideas of our respondents on factors determining efficiency of preventive activities are based upon causal schemes similar (though, maybe, simplified) to scientific ones.

In this case, we suppose that explanations provided by our respondents maintain at least the main feature of a scientific one. They see the efficiency of anti-HIV measure as joint effect of many confronting factors promoting and reducing it. Such a hypothesis agrees with theories of G. Kelly and some other cognitive psychologists, who see a human as a 'naïve scientist' (Kelly, 1955) [17]

This view also agrees with the most popular common sense idea that the professional experience and common sense provide people with approximately valid ideas on social reality (in our case- evaluation of anti-HIV measures). According to this view, professional experience of our prison officers provides them with enough ability to say which activity is efficient and which is not. This view insists that a scientific approach (for example, multifactor experimental schemes) can only specify an experience and a personal opinion based evaluation, verify its details and give 'the next decimal place'. The scientific approach in this case is seen as something that only supplements everyday reasoning. It does not contradict it.

Such a point is perfectly described by Coates (2002). 'It (scientific efficiency evaluation- J.P., V.J.) is not a substitute for providers' experience and knowledge, but can supplement that knowledge by offering complementary information' (Coates, 2002, 1) [10]. Therefore, just this 'providers' experience and knowledge' is supposed to be crucial. So, efficiency checking by the scientific methods (which are independent of these 'providers' experience and knowledge') is supposed to give only a 'complimentary information'.

Hypothesis II. Personal (non-scientific) causal schemes behind efficiency evaluations are quite different from the scientific ones.

In this case, an everyday 'practical' reasoning is seen as quite different from the scientific one. If it is true, we can expect that personal (non-scientific) causal schemes will give quite different (in fact, wrong) conclusions on efficiency than scientific ones.

Results. Our data supported the second hypothesis. They revealed that our respondents did not use the opportunity to use scientific multifactor causal schemes. They used several very simple causal models including only 1- 2 factors. We review three of them, used most often.

Model 1. The causal scheme based upon one promoting factor.

This was the most popular explanation model. Its core is one intervening causal factor, by which an activity provides its effect to epidemic. This effect is seen as a positive one: reduces the drug consumption and the risk of AIDS (See Scheme 1b).

For example, respondent 8 evaluated the idea to enlarge the criminal responsibility for delivering drugs into prison as a very good one. To explain this evaluation he used the Model 1. 'This will work because drug dealers will be more anxious'. We can see that this model contains only one factor transferring the effect of this activity to drug consumption. The activity supposed to work 'because drug dealers will be more anxious'. This means: the activity causes fear- the fear causes reduction in drug delivery. The difference from scientific multifactor model is striking. The explanation of our respondent provided neither any further promoting no any impeding factors. Especially important is that our respondent is quite sure that his evaluation is valid. His evaluation was not followed by a question mark. Our respondent believed that the factor that he mentioned 'explained all variance' of the activity and, therefore, is sufficient to know how efficient will the measure be.

The 'a single promoting factor' schema was used in comments most often. 57.8% of all explanations given by our respondents used this scheme.

More than two thirds of them (42%) were pure qualitative ones. Our respondent only indicated that some promoting factor exists. Quantitative side (how strong it is) supposed to be not important.

The other subgroup of comments, which used the one-factor model, included some sort of intuitive quantitative evaluation. A respondent stated an effect of an activity and evaluated how great it was comparing with the one, which was needed. 'This can be to some degree useful', 'It can do some effect'. Single promoting factor model is interconnected with rather high evaluations of activities. Kendall rang correlation between use of this scheme and evaluation of an activity is $\tau = 0.65$ ($p = 0.05$)

Model 2. The causal scheme based upon one counteracting factor

This model also uses one-factor model- only one factor is seen as sufficient to explain one's evaluation of some activity. In this case, it is a spoiling factor. It diminishes or destroys efficiency (See Scheme 1c).

For example, a respondent gave a very low evaluation ('1') of the idea to supply prisoners with free disposable syringes. He explains it in such a way 'Our prisoners will not use such syringes once. They will do it several times. Our drug addicts manage to use such syringes 50 and more times. Therefore, the prison will be flown with free infected disposable syringes. This means that such a measure could bring only harm and more AIDS'.

Of course, our respondent is quite right – this could happen. However, his one-factor model presumes that it is all that can happen. It neglects other factors, which can counteract this negative effect and support a positive one. Therefore, his model is also in a strike contrast to the scientific multifactor one, which considers many promoting and impeding factors.

This model was used in 18.2 % of cases.

Its rang correlation with a positive evaluation of an activity is $\tau = - 0.48$ ($p = 0.09$)

Model 3. Interrupted positive effect (two-factors model)

Our respondents indicate a factor, which should stimulate efficiency of an activity and mention another one, which 'interrupts', 'destroys' the effect of the first one.

A respondent commented on his low evaluation of the activity 'to have a dog able to detect drugs at the entrance check – point' this way: 'It is very good proposal. A dog would find much more drugs than our supervisors would. Nevertheless, nothing will come out of it. If the dog tries to prevent the drug delivery, it will be poisoned in no time. Drug dealers will help it to perish'.

This comment first admits an effect of an activity: a dog could reduce the drug delivery. However, next it is explained why nevertheless it will not work: drug dealers will poison the dog.

This model was used in 9.8% of all comments.

Other models.

Three reviewed models prevailed and constituted 85.8% of all explanations. The rest were different other causal schemes. Each is used only in few cases.

The most important of them are 'positive side-effect' and 'due action' models.

The first one is represented in 3.7 %. In this case, our respondent doubts on the effect of an activity upon HIV epidemic but instead indicates some other positive side-effect. A respondent commented the proposal 'new officers had to confirm in written that they never violate regulation forbidding drug delivery into prison' in such a way: 'activities like this could be good somewhere abroad, in other, more civilized countries with better prison officers. Our officers forget their written obligation in a minute. Nevertheless, maybe this activity is good for the image. We can tell the media: 'Look! We do our best to fight drugs. In our prison every officer promised in written never to take part in the drug delivery'.

The second –the 'due action model' just insist that an activity must be taken for moral reasons (3.5%). In fact, it is moral approval for one activities and disapproval for other ones. 'To allow disposable syringes means to approve drugs consumption and its delivery. It means to agree with crimes' (Interview 29).

All other schemes were used in only 7.0 %.

Above we formulated two hypotheses. The first one supposed that causal schemes, which our respondents use, are quite similar to scientific ones. The second one says that they use quite different ones. A review of causal schemes, which our respondents used, rather supports the second hypothesis.

Let us specify our use of the concepts "similar" and "different" in our context.

Consider two devices destined to evaluate something (scales, watch, etc.) We define these devices as similar if they provide the same general readings (for example, the same number of kilograms).. Only details can be different (say, reading of grams). In this case we say that both device are similar but one of them is a simplified, less precise version of the other one.

However, we define these two devices as different if their readings are quite different (a different number of kilograms in our example). In this case, we cannot say that one is a simplified version of the other. Instead we have to say that they are different and one of them is wrong.

This can be said about the evaluations of preventive activities by, on the one hand, scientific methodology and, on the other hand, personal and professional experience of our respondents. Personal causal schemes are different from scientific ones. We saw that real efficiency of a preventive activity depends on many different factors. In this situation one- or two- factor causal schemes can provide a correct evaluation of this activity only by chance. Therefore, such a schema cannot be seen as a simplified (but correct) version of a scientific multifactor one. It has to be seen as different and wrong - providing an identical result only by chance.

In other words, scientific verification of preventive activities cannot be seen as supplementation or continuation of one based upon common sense and professional experience.

An especially important conclusion of this part of research is that primitive schemes of our respondents cause high certainty that an evaluation is correct. A scientist gets less conviction from his scientific research than our respondents get using these primitive causal schemes.

We suppose that there exist an intrinsic interconnection between, on the one side, primitiveness of causal scheme used by our respondents and their certainty that their evaluation is correct. One is uncertain, if his intrinsic causal model is multifactorial and therefore he always suspects that not all factors were considered. Contrary to this, one is certain if his intrinsic causal scheme is primitive and is based on only one-two factors. In such a case, one is sure that one or two factors he regarded are enough to forecast the effect of activity. Therefore, he believes that after considering these one or two factors he has all necessary information.

In other words, the knowledge how complicated is the world makes one uncertain.

Interconnections between evaluation of efficiency of different anti-HIV activities and factors behind it

A reading of scales must be dependent on only one thing in the world: how heavy the weighed thing is. A correct evaluation of an efficiency of some preventive activity should depend only on the real efficiency of this activity. If an activity is highly efficient, its evaluation has to be high. If an activity is not efficient, its evaluation has to be low. Moreover, this should not depend on any other factors. This means that in our research an evaluation of one activity should not be dependent on evaluation of any other.

Therefore, evaluations of different activities in our research must not be interconnected. However, if they are, we can suppose that something is wrong about these evaluations and there are some factors disturbing the

work of 'evaluation devices' – our respondents and their ability to recognize efficiencies of preventive activities.

Thus, Hypothesis I says that evaluations given by our respondents are not interconnected. The contrary Hypothesis II says that they are.

Calculation of multiple correlations between all evaluations supported the Hypothesis II. The square of the multiple correlation coefficient was high and reaches $R^2 = 0.863$. This means that there exist strong interconnections between all evaluations.

Factor – analysis should show factors behind these interconnections.

We had to avoid statistical problems, which arise when the number of variables is high and close to the number of observations. Therefore, we used in our factorial analysis only 36 of evaluated activities. We included into factor analysis only such activities, which directly affect a prisoner. Therefore, activities addressing, for example, the staff (and aiming to improve their condition, skills, responsibility, etc.), the situation of the prison institution (its cooperation with other institutions, its financing, its safety, etc.) were not included.

The problem of variables/observations ratio was also important in choice of a method of factor-analysis. We used the principal component analysis. The goal of principal components analysis is to reduce an original set of variables into a smaller set of uncorrelated components that represent most of the information found in the original variables. The technique is most useful when a large number of variables prohibits effective interpretation of the relationships between objects (subjects and units). By reducing the dimensionality, we interpret a few components rather than a large number of variables (Kim, & Mueller, 1978; Kline, 1994) [19,20].

Using SPSS 11 we first calculated principal components. Next, these components were rotated.

Our analysis followed the same steps: first – the analysis of unrotated components, then we investigated components revealed after rotation.

Unrotated Factor I. Enthusiasm or scepticism in evaluations

Usually the first unrotated factor is of especially great interest. It is so because it explains the greatest part of interconnections between all variables.

In our investigation, this factor explained 26,177% of the matrix variation. The following factors are far behind the Factor I and explained 13.5%, 10.9%, and 8.3%.

The most interesting feature of Factor I is its positive correlation with all investigated anti-epidemic activities. The Table 1 shows items with the highest and the lowest correlations with the Factor I.

This correlations varied from very high ones ('To allow prisoners to use free and non-monitored AIDS telephone consultations' +.819; 'To attract ex-offenders to anti-AIDS education of prisoners' +.815; 'To provide prisoners with possibility to have their syringes disinfected' +.786) to rather moderate ones ('To use every

activity as an opportunity of anti-AIDS agitation' +.341; ,To carry out individual preventive work with prisoner inclined to use drugs'+ 0.329; 'To inform newly arrived prisoners about advantages of abstinence from drug consumption' +.264. But there is no any single activity with negative or no correlations.

Table 1. Results of the Principal Component analysis before rotation. The first component. Its highest and the lowest correlations.

<i>Anti- HIV activities</i>	<i>Correlations with Unrotated Factor I</i>
To allow prisoners to use free and non-monitored AIDS telephone consultations	,819
To attract ex-offenders to anti-AIDS education of prisoners	,815
To provide prisoners with possibility to have their syringes disinfected	,786
To organize a drug addicted rehabilitation community in Alytus prison	,785
To organize a drug treatment Center in Alytus prison	,769
To show video 'HIV, drug-addicted'	,769
To carry out an agitation against the common use of a syringe	,740
To organize lecture for prisoners	,724
To supply prisoners with fluid for syringe disinfection	,710
To inform newly arrived prisoners about advantages of abstinence from drug consumption	,264
To carry out individual preventive work with a prisoner inclined to use drugs	,329
To attract prisoners' families to help prison staff to explain the danger of drugs and AIDS	,367
To allow the control of all correspondence and parcels received by prisoners	,462
To obtain and to show new video documentaries about AIDS	,454
To organize a special anti-AIDS education for drug addicted and AIDS infected prisoners	,412
To encourage prisoners for active participation in prison social activities (sport, amateur performance etc.)	,418
To use every activity as an opportunity of anti-AIDS agitation	,341

a. The rest of activities have correlations in the interval between 0.600 – 0.500 and are not shown in the Table.

The existence of a factor positively correlating with evaluations of all activities is an important fact. This means that evaluations of all activities are positively interconnected. The higher is an evaluation of any single activity the higher tends to be evaluations of all the others (and vice versa).

In other words, we can see a clear connection between respondent's evaluation of a single activity, on the one hand, and his general enthusiasm or scepticism regarding the general possibility to affect epidemic, on the other one. This can mean that evaluation of a single activity does not depend on its real efficiency. It rather dependson one's general ideas about all activities- how sceptic or enthusiastic one is estimating general chance toaffect epidemic usingany anti- epidemic activities.

The factor scores of every respondent were calculated. These scores show who is 'high' in this factor – very enthusiastic evaluating efficiency of every single

activity and who is rather 'sceptical'. Respondents 18 and 29 represented the extremes. The latter evaluated all activities with the highest score (5). Commenting on every evaluation, he was able to find forcible arguments explaining why an activity is very good. Concluding all his answers he wrote: 'Everything has to be done to conquer epidemic. In this fight, every activity is like a warrior. In a battle, every warrior has his own specific task and every task is important. Therefore, there are no bad anti-HIV activities. All are good and important'.

The opposite pole was represented by Respondent 18. His factor score was extremely low- 2.5. His comments were scarce. Commenting the last activity – 'new officers had to confirm in written that they never violate regulation forbidding drug delivery into prison' he wrote 'this activity like the majority of others in this list, is good to show the public and your authorities that you do your best. But they do not have any real effect upon epidemic'. Both these respondents have some general opinion on all anti-HIV activities. The first one thinks that all are good, the second one that all are bad. Therefore, their evaluations of a single activity depend not so much on its real efficiency but on general respondents' opinion about all possible anti-epidemic activities, about general possibility to resist epidemic.

Rotated factor I. Readiness to endanger the settled prison order

Varimax rotated factors could not reveal a general factor, which correlates with all variables (such as Unrotated factor I). The aim of rotation is just the opposite - to reveal factors that have high correlations with a single group of variables.

In our analysis, correlations of every rotated factor with each activity were calculated.

Rotated factor I had high correlations with activities, which constitute a significant danger to settled order within the prison institution.

All these activities include some liberalization of prison order, lessening restrictions, widening prisoner's rights, weakening control over prisoners, providing them with a space for non-standard behavior. All these activities are (in this sense) significant concessions to demands of prisoners.

Table 2. Rotated factor I. Readiness to endanger the settled prison ordera

1. To provide prisoners with free disposable syringes	0,735
2. To provide prisoners with possibility to have their syringes disinfected	0,639
3. To attract ex-offenders to anti-AIDS education of prisoners	0,718
4. To allow prisoners to use AIDS telephone consultations free and non-monitored	0,767
5. To organize a rehabilitation community in Alytus prison	0,784
6. To carry out agitation against the common use of a syringe	0,741
7. To attract volunteers to anti-AIDS education of prisoners	0,632
8. To make a HIV examination of prisoners obligatory	0,811

a Only activities, which correlations are higher than 0.632 are included

In addition, factorial loads of our respondent on this factor were calculated. Comments of respondents, who were extreme low and high in every factor, were used to interpret it.

Especially interesting in this case are comments of respondents who are low in Rotated factor I and do not accept all activities highly correlated with this factor. Most of their comments are objections against activities, which 'shatter', 'undermine' the discipline in prison. These comments go in three directions. First, they indicate that the activities most probable would destroy the fragile peace within prison. 'A prison is a barrel with gun-powder that any moment can explode from every slightest movement. You never know what happens in a prison institution next day. Fancy, some day everybody knows who is AIDS infected and who is not. The result is going to be a revolt'. The second direction insists that Lithuanian NEP or any other liberalization will be seen as an endorsement for drug consumption. 'To allow drugs is no solution!' respondent 18 commented his evaluation. The third direction is inadmissibility of concessions. 'If today we concede and allow using syringes, then tomorrow they will demand soft drugs and the day after tomorrow – hard ones'. 'To do so, - another respondent commented, - means to say to prisoners: 'Administration is much weaker than you think. Therefore, you can demand much more as before'.

Rotated Factors II and IV. Individual or group activities

Rotated Factor II explains 12,792 % of the total variance. It highly correlates with the trend to prefer activity, which addresses a single person. This is 'Psychological consultation of prisoners(0,781), 'To involve prisoners' families in anti -drug and anti- AIDS education of their members' (0,819), 'To inform every newly arrived prisoner about advantages of abstinence from drug consumption' (0,762), 'To carry out individual preventive work with prisoners inclined to use drugs'(0,781), 'To organize a special anti-AIDS education for drug addicted and AIDS infected prisoners' (0,773), 'To supply prisoners with addresses and telephones of organizations, which treat for drug addiction and AIDS' (0,716). Respondents high on this factor just have much more trust in measures, which are rather personal, individual, and psychological. Evaluating anti-AIDS activities, they tend to prefer these methods, to stress their efficiency.

Rotated Factor IV explains 8,302 % of the total variance. It highly correlates with the trend to prefer activities on a large scale, which address rather great groups of prisoners: 'To produce anti-HIV and anti-AIDS stickers and distribute them among prisoners and their families'(0,805), 'To elaborate agitation wall - sheets in prison premises' (0,697), 'To organize a meeting of Alytus prisoners with an AIDS centre physician' (0,662), 'To post up information on responsibility for drug delivery in the room for prisoners meetings with their families' (0,703),

Rotated Factor III. Control and punishment

This factor explains 10,350% of variation. It includes such activities as 'To increase the criminal sanctions for delivering drugs to prison' (0,864), 'To increase the criminal sanctions for consumption and keeping of drugs' (0,784), 'To organize a close (especially video-) control of prisoners consuming drugs' (0,719), 'To purchase equipment able to detect one's drug intoxication (0,711).

The respondents, who believe that most efficient in both drug and AIDS prevention is a strict discipline based upon closed control and strong punishments, are high in this factor.

Both unrotated factor I and rotated factors II, III and IV expressed different general preferences of our respondents. However, all of them showed again the same common strategy that our respondents use evaluating the efficiency of an activity. They do not consider the real efficiency of a single activity. Instead, they attributed their stereotyped general ideas to a single anti-HIV/AIDS activity.

DISCUSSION

Our data supported the idea that non-scientific, common sense considerations can play an important role determining opinions of local prison administration on anti-HIV/AIDS measures, especially on their efficiency. These considerations can decide which anti-AIDS activity are included into an anti-epidemic program. They tend to supplant scientific (meeting standards of modern methodology) verification of efficiency of an anti-HIV/AIDS. These considerations tend to cause ignorance and underestimation of the scientific date and verification of efficiency. Such verification is forced out to an auxiliary, 'associate' role. This trend can be especially strong in case of a large scale epidemic, when anti-epidemic measures have to be taken urgently, the public is scared, exist great pressure of public opinion. This trend can be reinforced if prison staff is disposed to overestimate the aptitudes of their professional experience and their common wisdom.

Neglect or underestimation of scientific verification causes inclusion of inefficient activities into an anti-epidemic program and prevent inclusion of effective ones. This, in line, determines inefficiency of anti-HIV/AIDS programs.

Such programs have no intended effect upon HIV/AIDS epidemic. Efforts and resources are wasted. These inefficient programs have a 'lulling' effect upon public and government providing a wrong impression that action against epidemic are taken and therefore the danger is decreasing. Chances to stop epidemic on its initial stage are lost.

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**ANTINARKOTINĖS PREVENCIJOS
PRIEMONĖS ŽIV EPIDEMIJOS LAISVĖS
ATĖMIMO VIETOJE SĄLYGOMIS
(ŽIV epidemijos Alytaus griežtojo režimo kolonijoje
patirtis ir išvados)**

**Prof. Justinas Pečkaitis
Prof. Viktoras Justickis
Mykolo Romerio universitetas**

S a n t r a u k a

Narkotinių medžiagų gamybos, pristatymo ir vartojimo prevencija yra perspektyviausias kovos su atitinkamais nusikaltimais būdas. Prevencijos priemonės ypač svarbios laisvės atėmimo sąlygomis. Taip yra dėl to, kad šiose institucijose narkotinių medžiagų vartojimas yra kelis kartus didesnis negu visų gyventojų.

Dėl to laisvės atėmimo vietose itin svarbu užtikrinti veiksmingą narkotinių medžiagų gamybos, pristatymo ir vartojimo prevenciją. Tačiau būtent čia kyla itin didelių problemų vykdant tokias prevencijos priemones ir ypač užtikrinant jų veiksmingumą. Nemaža tų problemų dalis kyla iš prevencijos priemonių vykdytojų požiūrio į šias priemones ir iš to, kaip jie įsivaizduoja šių prevencijos priemonių veikimo mechanizmą.

Šie dalykai buvo tirti ekstremaliomis didelės ŽIV epidemijos Alytaus griežtojo režimo kolonijos sąlygomis, kur buvo gyvybiškai svarbu užtikrinti epidemiją stabdančių priemonių veiksmingumą. Buvo ištirtas asmenų, dalyvavusių sudarant ir įgyvendinant tas priemones, požiūris į jas, minėtų priemonių vertinimas, bei tai, kaip įsivaizduojamas jų prevencinio veikimo mechanizmas.

Atlikta gautų duomenų faktoriinė analizė parodė, kad prevencijos programų sudarytojų ir vykdytojų subjektyvus prevencijos priemonių supratimas ir vertinimas nesusijęs su moksliniais kriterijais. Taip pat nustatyta, kad įsitikinimas dėl atskirų priemonių veiksmingumo ir jų veikimo mechanizmo

labiausiai susijęs ne su tikru (mokslinių metodų nustatytu) priemonės veiksmingumu, o su atskirais tiriamojo asmenybės ypatumais, įvairiais sveiko proto lygiu susiformavusiais įsitikinimais. Ypač reikšmingi faktoriinės analizės metodu nustatyti latentiniai asmenybės faktoriai. Tai pirmas faktorius *bendrasis entuziazmas/skepticizmas* ir antras faktorius *polinkis/vengimas rizikuoti formuojant santykius su nuteistaisiais*.

Parodoma, kad tyrimo rezultatai labai svarbūs užtikrinant mūsų šalyje vykdomų prevencijos programų veiksmingumą. Reikalingas tas, kad šie rezultatai verčia atkreipti ypatingą dėmesį į prevencijos priemonių **vykdytojo asmenybę bei jo požiūrį** į sudaromas arba įgyvendinamas prevencijos priemones. Paaiškėjo, kad tai itin svarbūs nusikaltimų prevencijos veiksmingumo veiksniai. Didelė problema, su kuria susidūrė nusikaltimų prevencija mūsų šalyje, yra ta, kad dažniausios prevencijos priemonių vykdytojas čia – neprofesionalas – mokytojas, visuomenininkas, policijos pareigūnas, įstaigos administracijos darbuotojas. Dažniausiai jis neturi jokio specialaus kriminologinio pasirengimo, dėl to nesupranta arba iškreiptai supranta tiek prevenciją apskritai, tiek jos atskiras priemones. Naivios „kriminologinės pažiūros“ apie nusikaltimų priežastis, prevencijos priemonių esmę ir veikimo mechanizmą yra labai svarbūs veiksniai, iš esmės mažinantys vykdomų nusikaltimų prevencijos programų veiksmingumą. Dėl to į sudaromas prevencijos programas, viena vertus, įtraukiamos neveiksmingos priemonės, kita vertus, nepagrįstai vengiama priemonių, kurių veiksmingumas pagrįstas moksliniais tyrimais. Lygiai taip pat įgyvendinant prevencijos programas dėl šių naivių kriminologinių pažiūrų neteisingai suprantamos priemonės ir dėl to netinkamai įgyvendinamos.

Visa tai rodo būtinumą specialiai rengti nusikaltimų prevencijos specialistus bei užtikrinti, kad būtent tokie specialistai vaidintų pagrindinį vaidmenį rengiant ir įgyvendinant prevencijos programas tiek valstybės, tiek atskirų rajonų bei įstai-
gų mastu.

Pagrindinės sąvokos: ŽIV, prevencija, epidemija, inovacija, narkotikai.