Evidence for Action: Effectiveness of interventions to manage HIV in prisons

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Acknowledgements

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Background

- Rates of HIV in prisons higher than in the general population
- Hepatitis C rates even higher
- Risk behaviours are prevalent in prisons
- Outbreaks of HIV in prisons documented
- High turnover of populations

Sources: Dolan et al., 2007, Macalino et al., 2004, Dolan & Wodak, 1999; MacDonald, 2005; Bobrik et al., 2005; Taylor et al., 1995
HIV prevalence (%) in selected countries

- Canada: Adults - Prisoners
- Brazil: Adults - Prisoners
- USA: Adults - Prisoners
- Honduras: Adults - Prisoners
- Spain: Adults - Prisoners
- RF: Adults - Prisoners
- Vietnam: Adults - Prisoners
- Indonesia: Adults - Prisoners
- Ukraine: Adults - Prisoners
- South Africa: Adults - Prisoners
Injecting & needle sharing in prison

![Bar chart showing percentages of injecting and sharing in prison across different countries.](chart.png)
Managing HIV in prisons

1. Needle and syringe programmes and bleach
2. Provision of condoms and other measures to prevent sexual transmission
3. Opioid substitution therapies and other drug treatment
4. HIV care, treatment, and support
## Needle & Syringe Programmes (NSPs)

<table>
<thead>
<tr>
<th>Country</th>
<th>Start</th>
<th>#Prisons with NSPs (2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>1992</td>
<td>7</td>
</tr>
<tr>
<td>Germany</td>
<td>1996</td>
<td>1 (6 closed following political decision)</td>
</tr>
<tr>
<td>Spain</td>
<td>1997</td>
<td>38</td>
</tr>
<tr>
<td>Moldova</td>
<td>1999</td>
<td>7</td>
</tr>
<tr>
<td>Kyrgyz Rep.</td>
<td>2002</td>
<td>11</td>
</tr>
<tr>
<td>Belarus</td>
<td>2003</td>
<td>1 (as of 2004)</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>2005</td>
<td>1</td>
</tr>
<tr>
<td>Isl. Rep. of Iran</td>
<td>2005</td>
<td>1 to 6</td>
</tr>
<tr>
<td>Armenia</td>
<td>2004</td>
<td>3</td>
</tr>
<tr>
<td>Ukraine</td>
<td>2007</td>
<td>2 pilot projects will start in September</td>
</tr>
<tr>
<td>UK (Scotland)</td>
<td>2007</td>
<td>pilot study approved to start in 2007</td>
</tr>
<tr>
<td>Portugal</td>
<td>2007</td>
<td>implementation by 2008</td>
</tr>
</tbody>
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Evidence NSPs

<table>
<thead>
<tr>
<th>Prison</th>
<th>Incidence HIV&amp;HCV</th>
<th>Needle sharing</th>
<th>Drug use</th>
<th>Injecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am Hasenburg (D)</td>
<td></td>
<td>No increase</td>
<td>No increase</td>
<td>No increase</td>
</tr>
<tr>
<td>Basauri (Es)</td>
<td>No HIV</td>
<td>No increase</td>
<td>No increase</td>
<td>No increase</td>
</tr>
<tr>
<td>Hannoversand (D)</td>
<td></td>
<td>No increase</td>
<td>No increase</td>
<td>No increase</td>
</tr>
<tr>
<td>Hindelbank (CH)</td>
<td>No HIV</td>
<td></td>
<td>Decrease</td>
<td>No increase</td>
</tr>
<tr>
<td>Lehrter Strasse &amp; Lichtenburg (D)</td>
<td>No HIV but HCV</td>
<td></td>
<td>No increase</td>
<td>No increase</td>
</tr>
<tr>
<td>Linger 1 (D)</td>
<td>No HIV</td>
<td>No increase</td>
<td>No increase</td>
<td>No increase</td>
</tr>
<tr>
<td>Realta (CH)</td>
<td>No HIV</td>
<td>Single cases</td>
<td>Decrease</td>
<td>No increase</td>
</tr>
<tr>
<td>Vechta (D)</td>
<td>No HIV</td>
<td>No increase</td>
<td>No increase</td>
<td>No increase</td>
</tr>
<tr>
<td>Vierlande (D)</td>
<td>No HIV</td>
<td>Little change or reduction</td>
<td>No increase</td>
<td>No increase</td>
</tr>
</tbody>
</table>

(Stöver & Nelles, 2003; Stark et al., 2005; Rutter et al., 2001)
Evidence NSPs

- No negative consequences
  - No increase in drug use or injecting
  - Needles are not used as weapons

- Referral to drug dependence treatment
Recommendations NSPs

- Introduce NSPs urgently and expand to scale
- Easy and confidential access to NSPs
- Pilot programmes not to delay expansion of NSPs
- Additional research in resource-poor settings to identify service delivery models
Bleach and decontamination strategies

- Feasible and does not compromise security

- Doubts about the effectiveness
  - Conditions in prisons reduce probability of effective decontamination

- Second-line strategy to NSPs

Recommendations Bleach

- Bleach programmes cannot replace NSPs
- Provide information and education on limited effectiveness
- Continue efforts to introduce NSPs
Opioid Substitution Therapy (OST)

- OST most effective treatment for opioid dependence

- **OST in prisons** are feasible and effective
  - reduce IDU and associated needle sharing

- **OST in prison**
  - facilitates post-release treatment
  - decreases re-incarceration
  - has positive effect on institutional behaviour
  - helps reduce risk of overdose upon release

- Puerto Rico: Heimer et al., 2005; Spain: Boguna, 1997; Canada: Johnson et al., 2001
Recommendations OST

- Need to introduce OST urgently in prisons
- Expand to scale
- Continuity of care
Other drug dependence treatment

- Limited data on effectiveness of other forms of drug treatment as an HIV prevention strategy

- In addition to OST, need for other treatment options
  - Amphetamine Type Stimulants

- “Governments may ... wish to review their penal admission policies, particularly where drug abusers are concerned, in the light of the AIDS epidemic and its impact on prisons.” (WHO, 1987)
Condoms & other measures to decrease sexual transmission

- Providing condoms is feasible in prison settings
- No security problems or other negative consequences
- Prisoners use condoms when accessible
- Need for measures to combat rape and sexual abuse
- Post Exposure Prophylaxis (PEP)

Correctional Service Canada, 1999; Dolan, Lowe & Shearer, 2004; May and Williams, 2002; Yap et al., 2007)
HIV care, treatment & support

- Prisoners respond well to ART
- Adherence rates can be as high/higher than in the community
- Careful discharge & linkage to community care

Springer et al., 2004; Srisupanthavorn et al., 2006; Winarso et al., 2006, Soto Blanco, Perez, March, 2005; Pontali, 2005, Wood et al., 2003; Palepu, 2003; Stephenson et al., 2005; Springer et al., 2004
Recommendations HIV care

- As ART becomes available in low- and middle-income countries it is critical to ensure availability in prison systems

- Ensuring continuity of care is fundamental for successful treatment scale-up

- Prisoners must have access to voluntary HIV testing and counselling
Conclusion: From evidence to action

- “All prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community” (WHO, 1993)

- Time to act: Universal access is also for prisoners