PRISONERS

Every year, 30 million people spend time in prisons or closed settings *(1)* and 10 million are incarcerated at any given point in time *(2)*. Virtually all will return to their communities, many within a few months to a year. Health in prisons and other closed settings is thus closely connected to the health of the wider society.

Prisons are often overcrowded due to inappropriate, ineffective and excessive criminal laws. People who are already more likely to be exposed to HIV, including people who use drugs, sex workers, and gay men and other men who have sex with men, are overrepresented in prisons and other closed settings.

Overcrowding increases vulnerability to infections such as HIV, tuberculosis and hepatitis. Prisoners are also at risk of violence and disruption in HIV prevention and treatment services, including access to harm reduction measures.

PRISONERS

I am a prisoner.
I face these issues.

WHY PRISONERS ARE BEING LEFT BEHIND

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HIV burden

The prevalence of HIV, sexually transmitted infections, hepatitis B and C and tuberculosis in prison populations has been estimated to be between two and 10 times higher than in the general population *(3)*.

In some settings, the HIV burden among prisoners may be up to 50 times higher than in the general population (9).

In Mauritania, in 2012 there was an estimated HIV prevalence of 24.8% among prisoners, 40% of whom inject drugs (10).

It has been estimated that between 56 and 90% of people who inject drugs will be incarcerated at some stage (11).

Women in prison settings

HIV infection rates are particularly high among women in detention *(4)*. Women who inject drugs who have been sex workers or who have experienced sexual violence are at higher risk of HIV and are disproportionately represented among the female prison population. A significant number of women will already have sexually transmitted infections at the time they enter prison *(5,6)*. A 2010 report from Indonesia found that HIV prevalence was over five times higher in female (6%) than in male respondents (1%) *(7,8)*.

THE TOP 4 REASONS

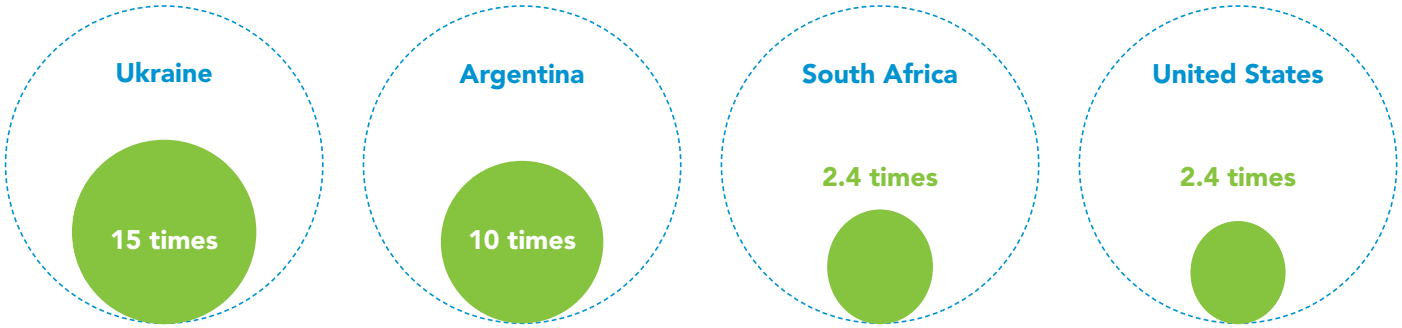
01
Unmet health-care needs

02
Overcrowding

03
Sexual violence, unsafe sexual practices and unsafe drug injection practices

04
Inappropriate, ineffective and excessive laws

HIV prevalence is higher among prisoners than in the general adult population in many countries



Sources:
1. South African national HIV prevalence, incidence and behaviour survey, 2012. Cape Town: Human Sciences Research Council; 2008.
2. HIV in correctional settings. Atlanta: Centers for Disease Control and Prevention; 2012.
3. World report 2011: Events of 2010. New York: Human Rights Watch; 2011.
4. Balakireva OM, Sudakova AV, Salabai NV, Kryvoruk AI. Analysis of HIV/AIDS response in penitentiary system of Ukraine. Summary report on the comprehensive study. Kyiv: Ukrainian Institute for Social Research after Olexander Yaremenko and United Nations Office on Drugs and Crime; 2012.

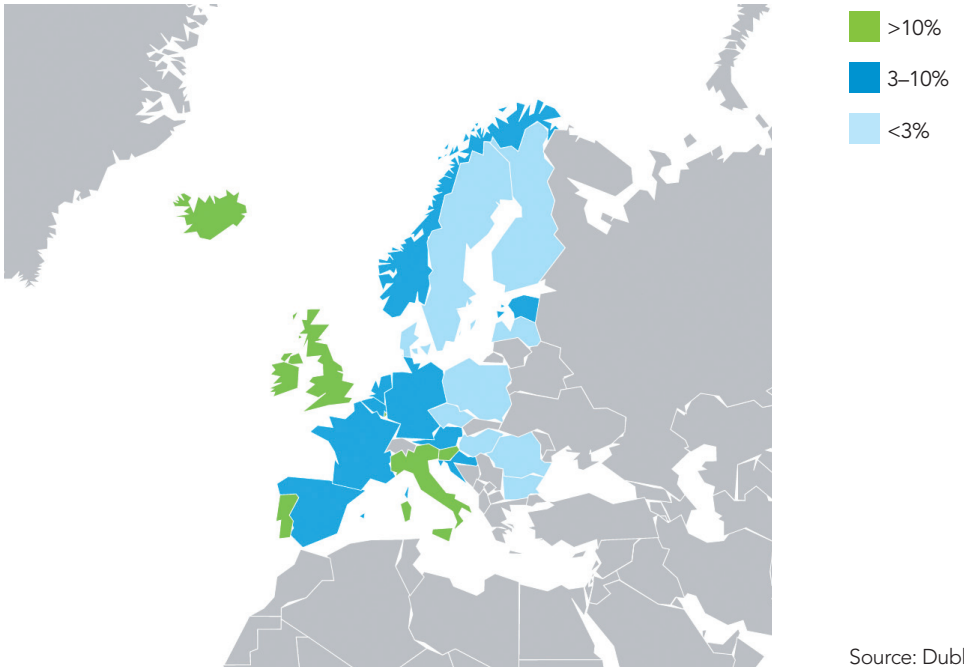
Unmet health-care needs

The health of prisoners is often neglected due to the intense stigma that this population faces and low levels of investments in their care. Budgetary constraints, along with legal and policy barriers and low political will to invest in prisoners' care means that prison health services are often minimal *(12)*.

Most of the time access to health care in prison settings is limited and not equivalent to the services that are available in the wider community. When men and women living with HIV who are receiving treatment are arrested and incarcerated, it damages treatment retention and adherence *(11)*, which risks their health.

Health care in prisons is often provided by the ministry responsible for prison administration rather than by public health authorities *(13,14)*. Consequently, prison HIV and coinfection service provision is often disconnected from national public health programmes.

Only a third of reporting countries in Europe provide opioid substitution therapy to over 10% of their prison population



Source: Dublin Declaration questionnaire, ECDC 2012.

In prisons, there may be little or no access to prevention commodities such as condoms and lubricants or needle and syringe programmes. Opioid substitution therapy may not be available. Critical HIV services, including voluntary HIV testing and counselling, antiretroviral therapy for treatment, prevention of mother-to-child transmission or post-exposure prophylaxis, are much harder to access than in the community. In addition, lack of confidentiality, mandatory HIV testing or treatment without informed consent, denial of treatment, and segregation of people living with HIV are commonplace practices *(15)*.

Despite a high frequency of dual infection of tuberculosis and HIV, prisoners have been shown to respond well to HIV treatment *(16)*. Effective treatment not only decreases the risk of mortality and the likelihood of developing active tuberculosis, it reduces the risk of further transmission of HIV to others. Treatment programmes should, therefore, be available to eligible prisoners after arrival, along with follow-up support to ensure continuity of care, especially during interfacility transfers and release. However, treatment adherence has proved to be challenging, particularly where food is scarce *(17)*. Active detection and treatment of tuberculosis is also critical.

In prisons, the health and safety of prisoners needs to be improved through protective laws, policies and programmes that are adequately resourced, monitored and enforced. Access to preventive, curative, reproductive and palliative health care should be equivalent to that provided in the community, in accordance with the United Nations Basic Principles for the Treatment of Prisoners, which recognizes that "Prisoners shall have access to the health services available in the country without discrimination" *(18)*.

When men and women living with HIV who are on treatment are arrested and incarcerated, it damages treatment retention and adherence.

Overcrowding

On a global scale, the prison population is growing rapidly, leading to overcrowding in prisons and other closed settings like pretrial detention centres. In 16 countries, primarily in Africa, the occupancy rate was reported to exceed 200% *(19)*. Overcrowding and ventilation, are the two main environmental conditions in which tuberculosis infection thrives *(19)*.

This has a particularly serious impact on people living with HIV, as they have around a 12–20 times greater risk of developing tuberculosis than people who do not have HIV *(19)*; also, their weakened immune systems are harder hit by the infection.

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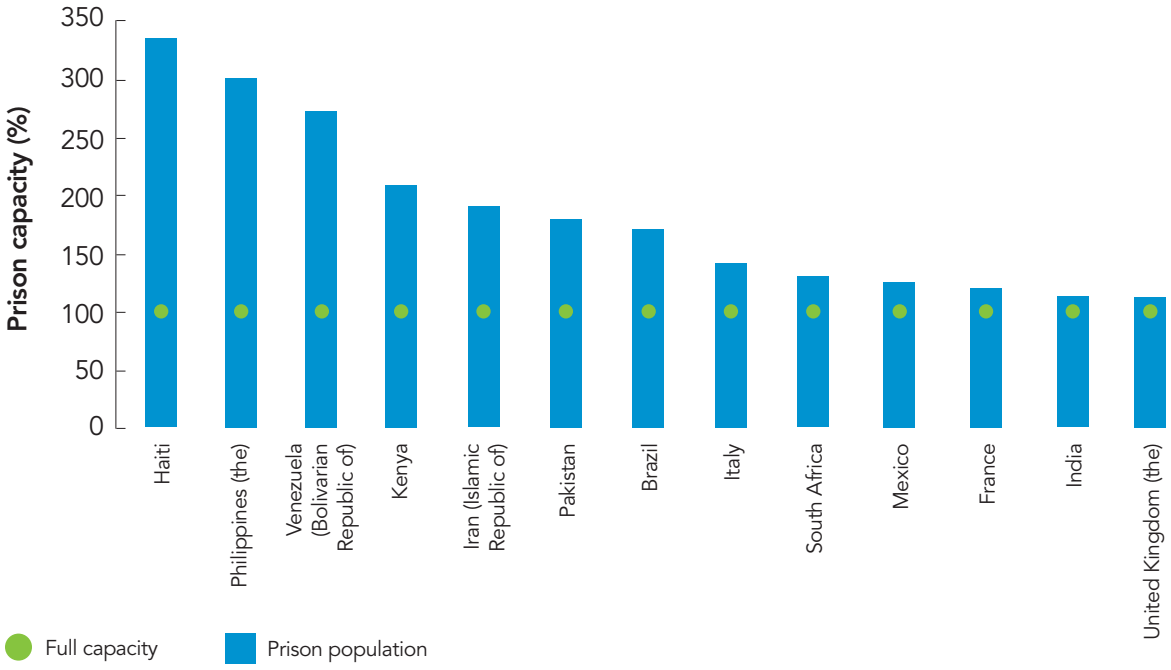
Overcrowding is found in prison settings in countries all around the world



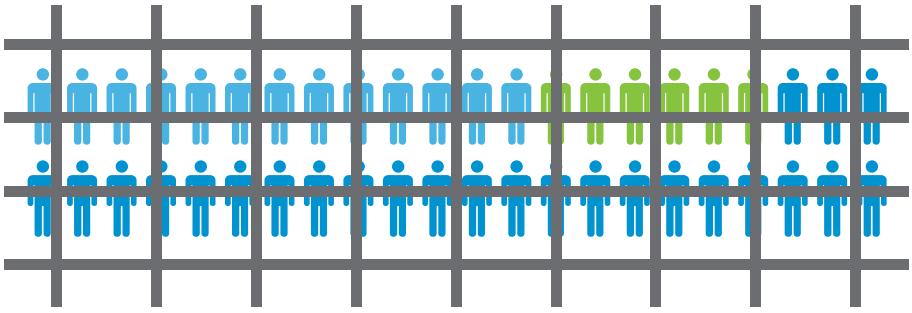
Source: International Centre for Prison Studies – World Prison Briefs http://www.prisonstudies.org/world-prison-brief.

Overcrowding increases the risk of infection

SOUTH AFRICA

13
are living with HIV

6
have been treated for TB



Source: International Centre for Prison Studies – World Prison Briefs http://www.prisonstudies.org/world-prison-brief.

Sexual violence, unsafe sexual practices and unsafe drug injection practices

Prison populations are predominantly comprised of men aged 19–35 years: a segment of the population that is at higher risk of HIV infection prior to entering prison *(9)*. The actual prevalence of sexual activity is likely to be much higher than that reported, mainly due to denial, fear of stigma and homophobia as well as the criminalization of sex between men.

Many prison systems provide condoms, including in countries in western Europe, parts of eastern Europe and central Asia, as well as Australia, Canada, Indonesia, the Islamic Republic of Iran, South Africa and the United States of America. There is evidence that condoms can be provided in a wide range of prison settings—including in countries where same-sex activity is criminalized—and that prisoners use condoms to prevent HIV infection during sexual activity when condoms are accessible in prisons *(20)*.

While much of the sex in prisons is consensual, rape and sexual abuse are used to exercise dominance *(9)*. About 25% of prisoners suffer violence each year, around 4–5% experience sexual violence and 1–2% are raped *(19,21)*. A study in the United States of America showed that 4% of state and federal prisoners reported one or more incidents of sexual victimization *(22)*.

About 25% of prisoners suffer violence each year, around 4–5% experience sexual violence and 1–2% are raped.

Women prisoners are also vulnerable to sexual assault, including rape, by both male staff and other male prisoners *(5)*.[1] They are also susceptible to sexual exploitation and may engage in sex for exchange of goods *(5)*.

People who inject drugs often continue drug use inside prison. Many prisoners initiate injecting drugs for the first time in prison *(13)*. Unsterile injection equipment is often shared in the absence of the provision of needles and syringes.

HIV infections among prisoners can be averted by the provision of non-coercive harm reduction programmes. Available evidence indicates that most harm-reduction programmes, including opioid substitution therapy and needle and syringe programmes, can be implemented within prisons without compromising security or increasing illicit drug use *(23)*.

[1] There are countries where women prisoners are held in small facilities adjacent to or within prisons for men. In some prison facilities, there are no separate quarters for women and they may be supervised by male prison staff.

Inappropriate, ineffective and excessive laws

The high incarceration rates that lead to overcrowding largely stem from inappropriate, ineffective and excessive national laws and criminal justice policies.

People who are poor, discriminated against and marginalized by society disproportionately populate prisons all over the world *(24,25)*. Inappropriate, ineffective and excessive criminal laws are widespread across countries, and particularly affect people living with HIV and other key populations.

Because of weak criminal justice systems, people who are detained may have to wait for long periods during the investigation of a crime, while awaiting trial and before sentencing *(26)*. These delays increase the likelihood of acquiring HIV *(26)*.

Inappropriate, ineffective and excessive criminal laws are widespread across countries and particularly affect people living with HIV and other groups of people who are at higher risk of HIV.

CLOSING THE GAP

Prisoner health, particularly in relation to communicable diseases, is a critical concern. An important step to ensure prisoners' access to the health services available without discrimination *(18)* is to assign responsibility for prison health with the ministry of health in each country *(26)*. Protective laws, policies and programmes that are adequately resourced, monitored and enforced can improve the health and safety of prisoners as well as the community as a whole.

A comprehensive package of interventions for HIV prevention, treatment and care in prisons and other closed settings has been put forward by the UNODC *(15)*.[2] This package of 15 interventions has the greatest impact when delivered as a whole and includes:

- Access to HIV treatment, including preventing mother-to-child transmission and post-exposure prophylaxis.
- Providing condoms and water-based lubricants in prisons and closed settings, including in countries in which same-sex activity is criminalized.

In addition to interventions essential for HIV prevention and treatment, efforts are urgently needed to address broader concerns related to penal reform and overcrowding of prisons.

[2] The comprehensive package consists of 15 interventions that are essential for effective HIV prevention and treatment in closed settings. While each of these interventions alone is useful in addressing HIV in prisons, together they form a package and have the greatest impact when delivered as a whole. They are: 1. information, education and communication; 2. HIV testing and counselling; 3. treatment, care and support; 4. prevention, diagnosis and treatment of tuberculosis; 5. prevention of mother-to-child transmission of HIV; 6. condom programmes; 7. prevention and treatment of sexually transmitted infections; 8. prevention of sexual violence; 9. drug dependence treatment; 10. needle and syringe programmes; 11. vaccination, diagnosis and treatment of viral hepatitis; 12. post-exposure prophylaxis; 13. prevention of transmission through medical or dental services; 14. prevention of transmission through tattooing, piercing and other forms of skin penetration; and 15. protecting staff from occupational hazards.

- Adopting policies and strategies for the prevention, detection and elimination of all forms of violence.
- Offering harm-reduction programmes, including opioid substitution therapy and needle and syringe programmes.

In addition to interventions essential for HIV prevention and treatment, efforts are urgently needed to address broader concerns related to penal reform and overcrowding of prisons. Such measures include:

- Reforming laws so that they are human rights and evidence-informed to ensure that people who are dependent on drugs, engage in sex work or have same-sex relations are not criminalized.
- Ensuring that people who are dependent on drugs can access voluntary treatment as an alternative to incarceration, which substantially increases recovery, reduces crime and criminal justice costs and reduces the number of people being incarcerated.
- Improving access to legal representation for people who have been detained *(27)* and increasing the availability of non-custodial alternatives, including community service and bail *(28)*.

HOW TO CLOSE THE GAP

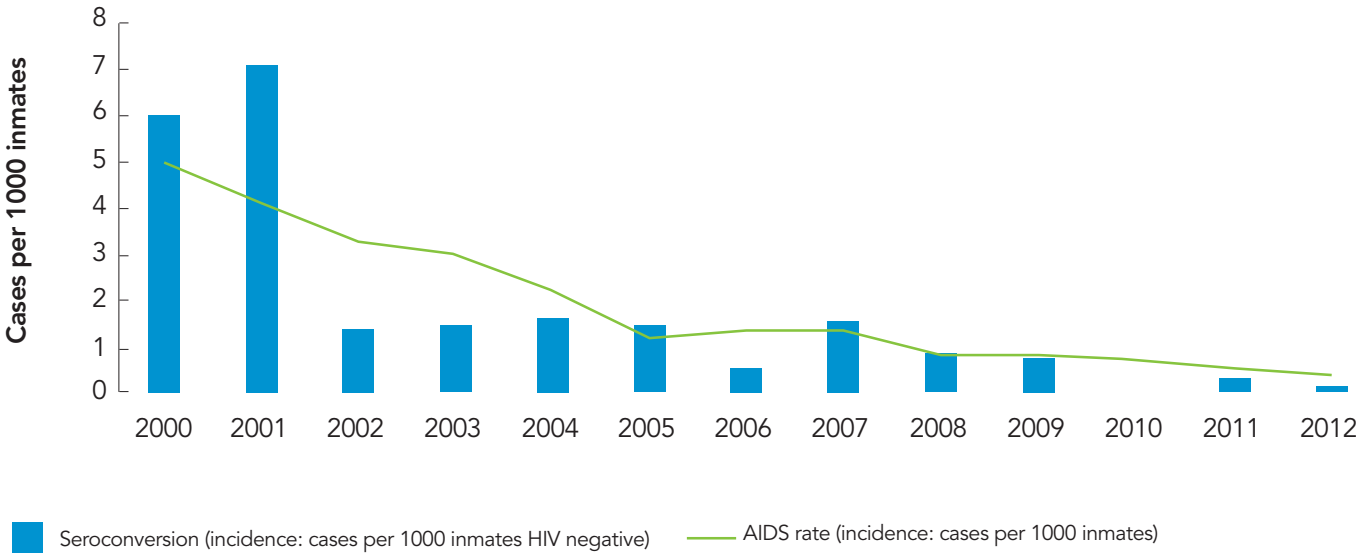
01
Improve health-care provision, including harm reduction services

02
Reduce prison overcrowding

03
Address unsafe sex and sexual violence

04
Reform inappropriate laws

Harm reduction programmes in Spain help keep HIV incidence and AIDS rates low



Source: T. Hernandez-Fernandez, JM Arroyo-Cobo, "Results of the Spanish experience: a comprehensive approach to HIV and HCV in prisons," National Plan on AIDS, Health Department, Social and Equality Policy, Rev Esp Sanid Penit 2010.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.

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