GAP Report 2014

People left behind: Prisoners

Link with the pdf, Prisoners





I am a prisoner. I face these issues.



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.
- In some settings, the HIV burden among prisoners may be up to 50 times higher than in the general population.
- In Mauritania, in 2012 there was an estimated HIV prevalence of 24.8% among prisoners, 40% of whom inject drugs.
- It has been estimated that between 56 and 90% of people who inject drugs will be incarcerated at some stage.
- People living with HIV have around 12-20 times greater risk of developing tuberculosis than people who do not have HIV.



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





Sources: South African national HIV prevalence, incidence and behaviour survey, 2012. HSRC 2008; HIV in correctional settings CDC, 2012; World report 2011: Events of 2010. Human Rights Watch, 2011; Balakireva OM, et al. United Nations Office on Drugs and Crime

WHY PRISONERS ARE BEING LEFT BEHIND

- Every year, 30 million people spend time in prisons or closed settings, and 10 million are incarcerated at any given point in time. 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.



WHY PRISONERS ARE BEING LEFT BEHIND

THE TOP 4 REASONS

- 01 Unmet health-care needs
- 02 Overcrowding
- O3 Sexual violence, unsafe sexual practices and unsafe drug injection practices
- 04 Inappropriate, ineffective and excessive laws



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





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





Overcrowding increases the risk of infection

South Africa

13 are living with HIV
6 have been treated for TB





Sexual violence, unsafe sexual practices and unsafe drug injection practices

- 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.
- 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. They are also susceptible to sexual exploitation and may engage in sex for exchange of goods.
- People who inject drugs often continue drug use inside prison. Many prisoners initiate injecting drugs for the first time in prison. Unsterile injection equipment is often shared in the absence of the provision of needles and syringes.



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.
- 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. These delays increase the likelihood of acquiring HIV.



CLOSING THE GAP

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



Seroconversion (incidence: cases per 1000 inmates HIV negative)

— AIDS rate (incidence: cases per 1000 inmates)

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.