Prisons and AIDS

UNAIDS technical update

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At a Glance

HIV rates are high in many prison societies. Other diseases are also often much more prevalent in prisons than outside, including hepatitis B, hepatitis C and tuberculosis.

Prisons are not closed-off worlds. Prisoners – and others, including prison staff and visitors – move in and out every day. Many prisoners are in for only short sentences, and some spend several periods there, returning to the outside world each time after their release.

All possible steps should be taken to prevent HIV transmission in prisons – for the sake not only of staff and prisoners, but of society in general.

General factors in prisons which can facilitate HIV spread include: overcrowding; a general climate of violence, tension and fear; lack of information about HIV; and lack of adequate health facilities.

Specific factors responsible for the transmission of HIV in prison settings include: injecting of drugs with shared, unsterilized needles and syringes; unprotected penetrative sex between men; and tattooing with shared, unsterilized equipment.

Specific responses to the challenges of drug injecting and sex between men include:

- demand reduction and treatment for drug-dependent prisoners, including substitution or maintenance therapy (e.g. with methadone)
- making full-strength liquid bleach available for sterilizing needles and syringes (including those used for tattooing), together with instructions as to its proper use
- providing sterile needles on an exchange basis – one clean needle for a used one
- introducing peer education among injecting prisoners, using former prisoners and former injectors
- providing discreet and easy access to condoms
- providing education on the risks of HIV transmission to prisoners and prison staff alike.

General responses that could help reduce HIV transmission include:

- ensuring that all prisoners have their basic rights to health care observed, care which should be comparable to what they would get outside
- ending overcrowding;
- finding ways to reduce the climate of violence.

An important structural change that would facilitate many of the specific responses is to have health in prisons transferred under the control of public health authorities.

Isolation of prisoners on the grounds of their HIV status does not generally help reduce transmission of the virus.

UNAIDS *Best Practice* materials

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is preparing materials on subjects of relevance to HIV infection and AIDS, the causes and consequences of the epidemic, and best practices in AIDS prevention, care and support. A *Best Practice* Collection on any one subject typically includes a short publication for journalists and community leaders (Point of View); a technical summary of the issues, challenges and solutions (Technical Update); case studies from around the world (*Best Practice* Case Studies); a set of presentation graphics; and a listing of key materials (reports, articles, books, audiovisuals, etc.) on the subject. These documents are updated as necessary.

Technical Updates and Points of View are being published in English, French, Russian and Spanish. Single copies of *Best Practice* publications are available free from UNAIDS Information Centres. To find the closest one, visit UNAIDS on the Internet (http://www.unaids.org), contact UNAIDS by email (unaids@unaids.org) or telephone (+41 22 791 4661), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

Journalists seeking more information about a UNAIDS Point of View are invited to contact the UNAIDS Geneva Press Information Office (+41 22 791 4577 or 791 3387).

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1. Acquired immunodeficiency syndrome – transmission
2. Acquired immunodeficiency syndrome – prevention and control
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Background

In many prisons around the world there is a much higher prevalence of HIV than there is in society outside. There is usually also a much higher rate of certain other diseases, such as hepatitis B and C, syphilis and tuberculosis. Experience has shown that there is a lot that can be done to check the spread of HIV, but for that to occur, those responsible for the prison system must first recognize certain risk factors and forms of behaviour in prisons.

Many of those who are HIV-positive in prison were already infected on the outside. Many come from segments of the population that carry a heavier than average burden of HIV infections. In addition, many of those in prison are there because of drug use or trafficking, and they will try to continue drug use inside. Whether the authorities admit it or not – and however much they may try to repress it – drugs are introduced and consumed by prison inmates in many countries, and men commonly have sex with men in all-male prisons. Denying or ignoring these facts will not help solve the problem of the continuing spread of HIV – and both forms of behaviour are HIV transmission risks.

There has been a steady growth around the world of co-morbidity in prisons – that is, increasing numbers of prisoners with a combination of diseases such as, typically, tuberculosis plus hepatitis C plus HIV. As in general populations, there has also been an increase in the incidence of multi-drug resistant tuberculosis.

Prisoners are often in a highly vulnerable position – vulnerable to the power of prison authorities (as well as others in authority with whom they may come into contact, such as the police), and vulnerable to the sexual and other demands of fellow prisoners, many of whom are violent by nature. Prisons are often overcrowded, and operate in an ethos of punishment and of violence, and sometimes of systems of enslavement within prison hierarchies.

Prison officers are also open to infection with HIV. They risk infection, for instance, by accidentally being pricked by a drug-injection needle while making routine searches of prisoners' beds and lockers. They can also be exposed to HIV through sexual contact with prisoners.

The high prevalence rates of HIV, tuberculosis and hepatitis in prisons should be of the greatest concern to the community at large. The prison population, after all, is a fluid one, with people regularly moving in and out. Most prisoners are released into the community at some point, and some are imprisoned and released a number of times. For reasons of self-interest alone, if no other reason, the community and its leaders should react quickly and wisely to the problem of HIV in prisons.

There is much that can be done to reduce the alarming spread of HIV in prisons, as several types of intervention around the world in the past decade have shown. As in other areas of society where the spread of HIV is concerned, it is important, first of all, to end denial about what is going on – in this case, drug injecting and sexual contact. Then people should be given the necessary information, education and resources to avoid infection. In the case of prison populations one is starting at an advantage here. The fact that prisoners are a ''captive'' community creates an unusual opportunity for easy access to them, for the purposes of providing them with education and the necessary materials for HIV prevention.

The Challenges

The phenomenon of injecting

Drugs are commonplace in many prisons, since many prisoners come in with their drug habits already established, and they are often successful in finding a way to continue drug use on the inside. Injecting is often the preferred mode of consumption. Those who inject drugs almost always share needles and syringes; whereas a needle and syringe might be able to be smuggled into the prison, they cannot so easily be smuggled out again or thrown away. Sometimes, the equipment is even home-made, such as needles from converted ball-point pens. In a normal prison setting, injecting equipment can rarely be sterilized adequately; water on its own is not enough.

Sharing of injecting equipment is a very efficient route of transmission for HIV – much more so than sexual contact. A recent survey in a women's prison in Lower Saxony in Germany showed that about a third of those sampled were injecting drug users. Of the women injecting, 4.9% of them were HIV positive, as against 0.5% for the non-injecting women. Much higher HIV rates among injectors in some other prison populations have been recorded.

For those prisoners who are addicted, the availability of therapy (including substitution or maintenance therapy) is often non-existent or minimal. For those on treatment before entering prison, even continuation of the treatment may be refused.

Sex in prisons

Sexual contact between men is common in male prisons around the world. Estimates vary considerably. A 1993 survey in Rio de Janeiro, Brazil, suggested that 73% of male prisoners had had sex with other men in prison, while recent surveys in Zambia, Australia and Canada have come up with figures of between 6% and 12%. The sex may be consensual, but may also be coerced, to a greater or lesser degree. Rape also exists. In some prisons rape is a ''usual'' event – sometimes as a kind of institutionalized initiation, where it can take the form of gang rape.

Many inmates are in prison for violent crimes. Some are mentally unstable. In the tense and claustrophobic atmosphere of prisons, with their own rules, hierarchies, alliances and enmities among the prisoners, attacks on prisoners – including sexual ones – can easily occur.

The sex that takes place between men in prisons includes anal sex; this may be more or less common, according to the particular place. Unprotected anal sex is a high-risk factor for transmission of HIV. The risk is even higher if lubrication is not used, and if the sex is forced, as

The Hindelbank experiment: access to sterile injection equipmemt

A one-year experiment to provide sterile needles was launched at Hindelbank women's prison, in Switzerland, in June 1994. A year later, because of the success of the project, it was decided to continue it.

The prison holds up to 100 women, in six wings, with most of the prisoners serving sentences for drug offences. In the project, dispensing machines were set up in various accessible locations (showers, toilets, storage areas) to provide sterile needles. Prisoners were allowed to keep one (but no more than one) piece of injecting equipment, and only in a specially designated cabinet.

The evaluation at the end of the first year of the project's operation showed that there had been no new cases of HIV or hepatitis in the prison and that the prisoners' health had improved. Furthermore, a significant decrease in needle sharing was observed, there was no evident increase in drug consumption, and needles had not been used as weapons.

in the case of rape. Condoms are not as a rule available in prisons.

In women's prisons where there are male prison staff, sex between men and women may also take place.

Tattooing

Tattooing is common in prisons. Needles or tattoo guns for the purpose are frequently shared, creating a risk of HIV transmission. ''Blood brother'' initiation rites are also high-risk activities.

Lack of information, and testing without consent

There is little attempt in most prison societies to educate prisoners about the risks of HIV. Testing for HIV among prison populations occurs in some countries, but frequently without informed consent being obtained.

Minimal health care

Health care for prisoners with HIV or AIDS is often non-existent or minimal, compared to what would be available outside.

Sometimes, the authorities feel that isolating prisoners with HIV or AIDS is the answer to stopping the spread of HIV in prisons.

A denial of the facts of prison life

Drugs of the sort that are injected recreationally are illegal in most countries. In some societies, for men to have sex with other men is illegal, or is condemned by sections of cultural or religious opinion. However, even in countries without prohibitions on sex between men in the community at large, such behaviour within prisons is frequently outlawed.

This strict illegality of various forms of behaviour in prison results in a denial that the activities take place and a great difficulty in even starting to discuss ways to overcome the problems.

The Responses

The legal and political authorities in some societies, and the mass of social, cultural and religious opinion, may not be able to bring themselves to accept certain forms of behaviour (whether in prison or outside), including sexual behaviour and drug injecting. But instead of pretending that the behaviour (and hence the spread of HIV) doesn't exist, it would be more productive for them to acknowledge tacitly that the behaviour exists while tacitly allowing an adequate and effective response with a low visibility.

To make it easier for them to respond, the authorities might prefer to consider some of their interventions against HIV in prisons as experimental. If successful (and some responses to date have indeed proved successful), the experimental period can be extended indefinitely.

Interventions for injecting drug use

With the spread of HIV in many prisons fuelled by the sharing of injecting equipment, a strong response is called for. Banning drugs (in theory, this is the policy in just about every prison) has always failed. There are a variety of other possible options, some of which are being tried. None are necessarily easy ones, and there are often problems – both practical as well as ethical – that need to be addressed.

• Provide demand-reduction measures and offer treatment for drug-dependent prisoners. It is important to provide substitution therapy – e.g. with methadone – for prisoners who wish to begin it or continue substitution begun on the outside. Offering treatment to reduce demand or to help break addiction is another important measure.

• Provide full-strength liquid bleach for prisoners, together with instructions on how to sterilize needles and syringes. This has successfully been done in several prisons (including several in Europe and Australia, in some African countries and at least one Central American country) and trials are continuing in other prisons. Some people fear that the bleach could be misused, for attacks on prison staff or other prisoners or in suicide attempts. This has not happened in any prison where bleach distribution has been tried.

• Provide free sterile needles and syringes, on an exchange basis (the prisoner gets a new needle for a used one). The first prison in the world to have a needle-exchange programme was Oberschöngrün maximum security prison for men in Switzerland, in an unofficial scheme in 1993. This approach was then officially tried and scientifically tested a year later in Hindelbank prison, also in Switzerland (see box). It proved highly successful and the idea has since been launched in other prisons, including two in Germany. Under these schemes, the possession of drugs can still be considered illegal, but possession of a single needle is simply ignored, and not treated as grounds for disciplinary action or for urine analysis.

• Enable peer education on HIV and drug-injecting to take place among prisoners who use drugs. This can also take the form of outreach work carried out by former prisoners who are themselves injectors or former injectors. This response can help promote participation in drug cessation programmes among prisoners, or else – if they insist on continuing to inject – enable them to do so in a safe way, with the correct use of bleach or with needle and syringe exchange.

Protect prisoners who have sex in prison

Provide condoms together with lubricant for prisoners in male prisons – either from dispensing machines, or, probably better and more discreetly, in private from medical officers. This is now being done in more and more countries.

In women's prisons where there are male prison staff, both staff and prisoners should be educated about the risks of unprotected heterosexual intercourse.

The Responses

Reduce the atmosphere of violence

Find ways of preventing violent attacks on prisoners, including sexual abuse and rape. Condoms are not going to be of any use in this case. Prison staff should be trained to avoid unnecessary force or brutality, and to respect the rights, dignity and well-being of prisoners.

End overcrowding

Many prisons are hugely overcrowded. In the United States, for instance, the prison population roughly doubled in the ten years up to 1995. The role that prison overcrowding plays in poor hygienic conditions, transmission of diseases and an increase of tensions, including sexual tensions, must be recognized.

Make tattooing safe

Much tattooing goes in prisons, often more than drug injecting, and frequently tattooing equipment is shared. It is important that liquid bleach should be supplied to sterilize equipment. Since tattooing is usually regarded by the authorities as an acceptable activity (and many prison officers are themselves tattooed), there should be less opposition to the use of bleach for this purpose. This in itself can provide a convenient means of introducing bleach to sterilize injecting equipment, especially once it has been shown that the bleach is not used as a weapon. In any case, bleach is often already present, unnoticed almost, in prisons, as an ordinary means of cleaning toilets and other areas.

Uphold the human right to health care

Basic human rights should be respected, including the right to health care. Prisoners have a right to the basic standard of health care that is available outside the prison. Informed consent should always be obtained before any testing for HIV takes place.

Supply information

Education and information on HIV/AIDS should be supplied to all prison staff and prisoners.

No isolation of prisoners on grounds of HIV status

Isolating prisoners, or grouping prisoners in a particular prison wing, if these are to be carried out, should be done without any reference to a prisoner's HIV status.

Put prison health under the control of health authorities

Experience in a range of prison systems has shown that health care in prisons can be delivered more effectively by public health authorities than by prison management. This has the advantage, too, of strengthening the link between health (including health education and counselling) in the community and health in prisons. Countries that have introduced this policy include Norway, which has operated it for some time, and France, which transferred control over prison health to its health ministry in 1994. Conditions in one of France's prisons, Les Baumettes in Marseilles, have reportedly improved considerably since the new policy was introduced.

Key Materials

World Health Organization. WHO guidelines on HIV infection and AIDS in prisons. Geneva: 1993 (WHO/GPA/DIR/93.3). *10-page article written from public health perspective, proposes standards for prison authorities in efforts to prevent HIV transmission and provide care to those with HIV/AIDS in prisons.*

Joint United Nations Programme on HIV/AIDS (UNAIDS). HIV/AIDS in Prisons. Statement to the fifty-second session of the United Nations Commission on Human Rights, Geneva, April 1996. Geneva: 1996. *2-page overview of basic human rights of prisoners with regard to AIDS, including access to education on HIV, access to health care and HIV prevention, and the right of security of person.*

Jurgens R. HIV/AIDS in prisons: final report. Montreal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society. 1996 Sept. *Comprehensive 150-page report summarizing the history of HIV in prisons worldwide. Gives detailed analysis of practical, ethical and legal issues, particularly in the Canadian prison system.*

Kingma S. J., HIV/AIDS in prisons: emerging moral and legal dilemmas. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). Unpublished. Presented to the meeting of the Health in Prisons Network, Lisbon, 1996 Oct. *3-page speech advocating HIV/AIDS prevention programmes in prisons. Gives overview of the legal and moral issues.*

AIDS & SOCIETY, International Research and Policy Bulletin Special Issue: AIDS in prisons. 6:3. 1995 Mar/Apr. *12-page issue. Commentary on AIDS and criminal justice, short articles on global situation, China's approach to HIV control, AIDS education and New York police, updates on Canada, Scotland and Australia.*

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