HIV prevention and harm reduction in prison: the Human Rights and Public Health approach

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- Epidemiology: prisons, IDU, HIV
- HIV prevention and harm reduction in IDUs in community and in prison
- International Human Rights Law and standards for healthcare in prison
- Lessons learned and steps to be pursued

HIV

IDU

- 36.9 million people infected
- Injection driven epidemic: fastest growing (outside sub-Saharan Africa: 1 in 3 new cases)
- >3 million PLWHA are IDUs

- 15 million people IDUs
- 3 million IDUs HIV infected
- 1-3 million IDUs imprisoned
- 0.3-1 million HIV infected
 IDUs in prison

Prisoner population

- 10 million people incarcerated / 30 million pass prisons each year
- 25% for use, possession or trafficking drugs
- Prevalence of IDU in prisons m: 10-48% f: 30-60% i.e. 70-100 times those of community
- High risk for HIV transmission
 IDU, needle sharing, tatooing, high-risk sex
- HIV prevalences: 2-50 times thoses of communities

	Regional HIV/AIDS adult prevalence (15-49yrs) %	HIV prevalence in prisoner populations %
Western/Central Europe	0.2	France 2
Eastern Europe	0.7	Russia 6 Estonia 9-24 Romania 13
North America	0.5	USA 1.4
Latin America	0.4	Brazil 3-20 Argentina 4-10
South-East Asia	0.1 -0.3	India 1.7
Sub-Saharan Africa	4.7	Cameroon 12 Nigeria 9 South Africa 41
Total	0.8	

Kyrgyzstan

IDU: registered: 6000, estimated: 29000

11% of PLWHA in prison

Prisoner population rate: 166.10⁻⁵

HIV prevalence in prison: 8.4%

HCV prevalence in prison 43%

ICPS, Natl. Narcotic Centre, Altice et al.

Tajikistan

IDU registered: >7000, estimated 12000

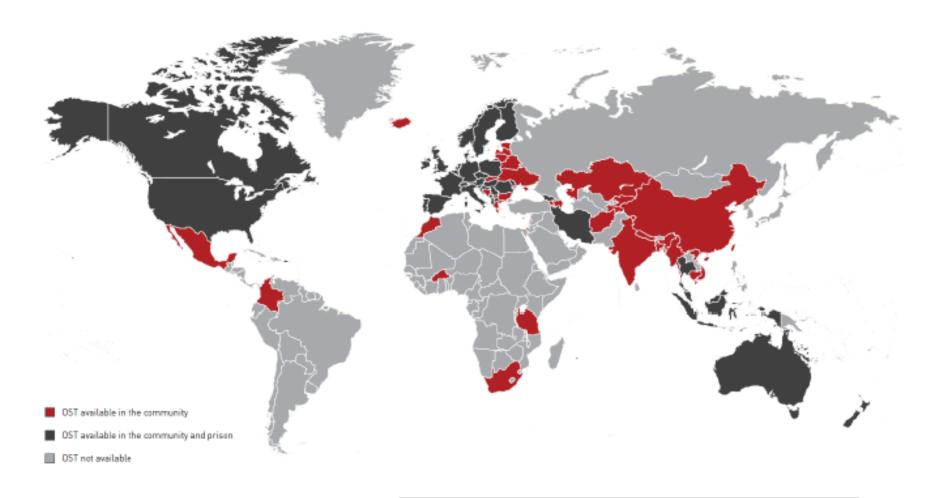
Prisoner population rate: 121.10⁻⁵

HIV prevalence in prison (2007): >8%

HIV prevention and harm reduction

- Accessible and accurate information
- Health education
- Voluntary testing and counseling
- Condoms and safer sex
- Opioid substitution treatment (OST)
- Needle and syringes exchange programs
- Safer tattooing

Figure 5. Availability of OST in prisons and communities, 2014⁸⁴



UNAIDS 2015: to be up-dated for Kyrgyzstan!

Availability of Needle-Syringe Exchange Programs in prisons and the community 2014

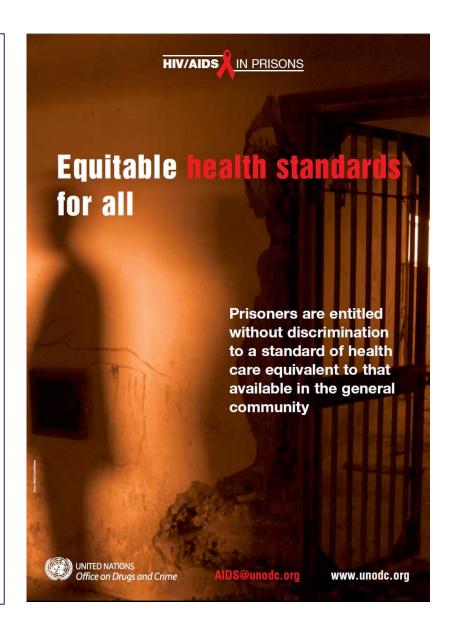


Prison Health is Public Health

WHO Moscow Declaration 2003

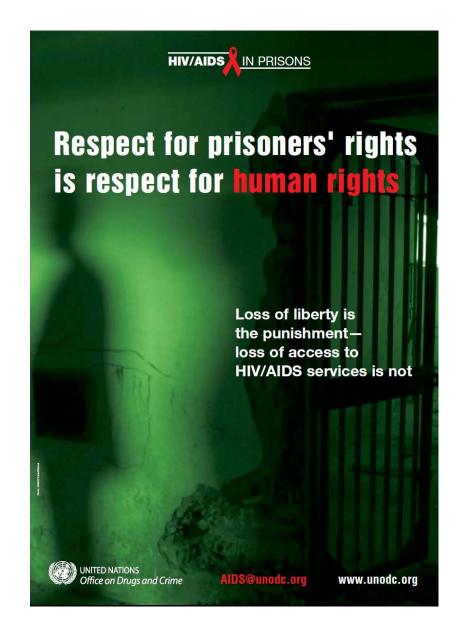
The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

WHO Constitution 1946



Persons deprived of their liberty retain all rights that are not lawfully taken away by the decision sentencing them or remanding them in custody.

European Prison Rules, CoE Rec (2006) 2



International Human Rights Law on Health

- International Covenant on Economic, Social and Cultural Rights: Art. 12
- Convention on the Rights of the Child: Art. 24
- Convention on the Elimination of all Forms of Discrimination against Women: Art. 12
- International Covenant on Civil and Political Rights: Artt. 6, 7, 9, 10
- European Convention on Human Rights: Artt.
 2, 3



UN standards on healthcare in prison

Standard Minimum Rules for Treatment of Prisoners, 1955

Revised Standard Minimum Rules: Mandela Rules 2015

Code of Conduct for Law Enforcement Officials, 1979

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians for the Protection of Detained Persons and Prisoners Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1982

Body of Principles for the Protection of Persons Under Any Form of Detention or Imprisonment, **1988**

Basic Principles for the Treatment of Prisoners, 1990

Rules for the Protection of Juveniles Deprived of their Liberty, 1990

Bangkok Rules for the Treatment of Women Prisoners, 2010

Right to medical care

of the same quality and professional standard as available in the country; timely access whenever necessary

Right to preventive healthcare

Environmental health, living space, nutrition, sanitation, hygiene; Protection from transmissible diseases

Right to medical care in line with accepted principles of medical ethics

Patients' consent, medical confidentiality, medical professional independence and competence

IDU and HIV in prison: Lesson learned

- Higher prevalences of IDUs and HIV
- Higher risk of transmission of HIV in IDU
- Easy accessible to harm reduction and care
- Equal rights to prevention and care in international Human Rights Law

 Less harm reduction, prevention and care











POLICY BRIEF
HIV prevention, treatment
and care in prisons
and other closed settings:
a comprehensive package
of interventions





15 key interventions



- 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 including Opioid Substitution Therapy
- 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
- 15. Protecting staff from occupational hazards

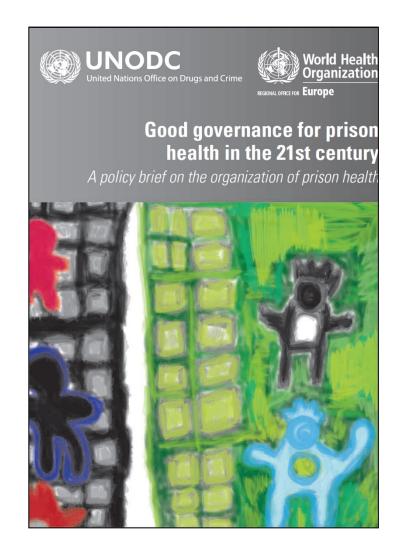
Drug control Human Rights

Prison health Public Health

Support Drug Policy Based On Science, Not Ideology.

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Group work Human Rights and harm reduction for drug dependents prisoners

- What are the main obstacles to implementing or complementing human rights for drug dependent prisoners
- 2) Which of the 15 key interventions for prevention of HIV/HC as recommended by WHO/UNAIDS are in place in your prisons and which ones need to be given additional consideration?
- 3) How to best explain the importance of prison health for public health to lay persons?