

HIV in Prison and Close Setting

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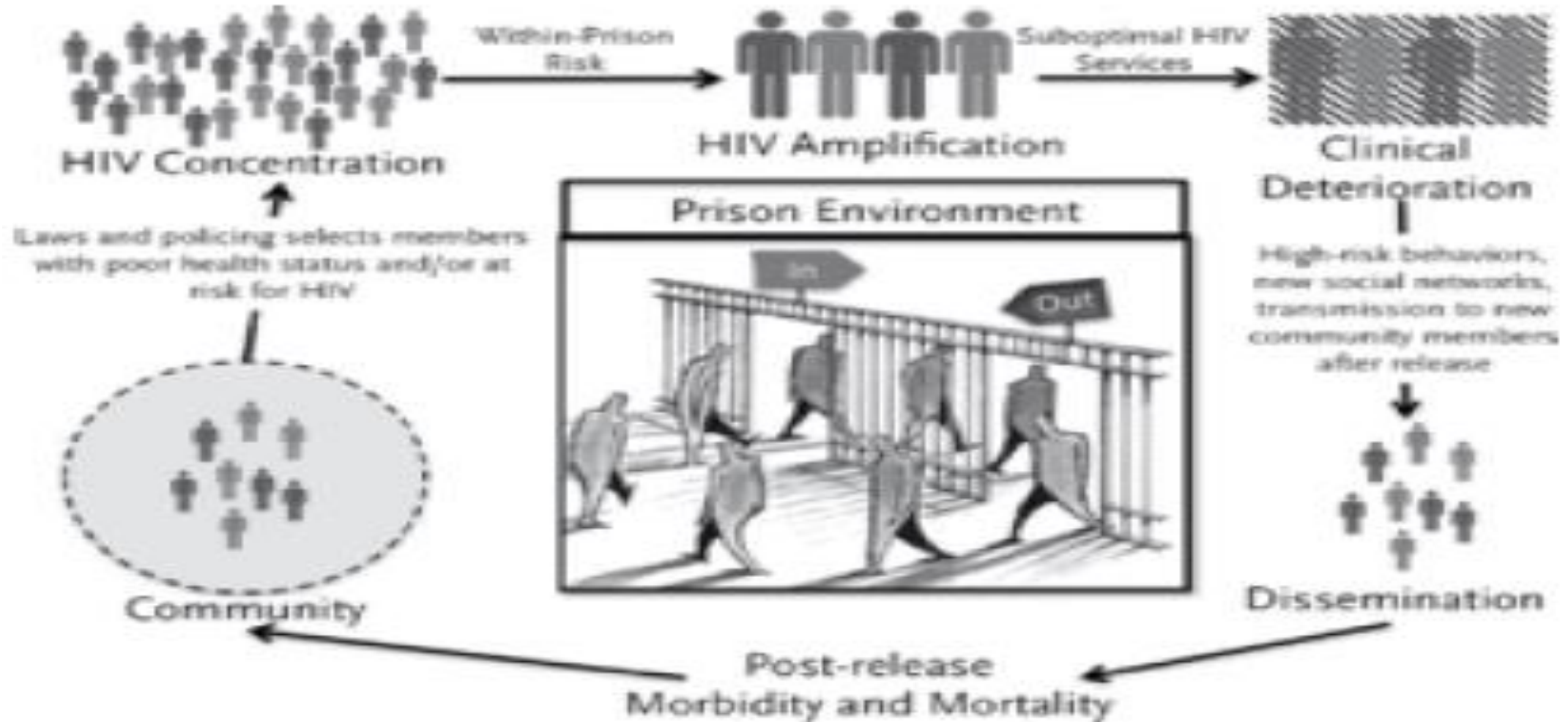
Overview

Resource: THE GLOBAL STATE OF HARM REDUCTION 2018

- 56% - 90% of PWID globally will be incarcerated in their lives UNAIDS
- New psychoactive substances represent an emerging challenge in prisons
- Prevalence of HIV is almost five-times higher among prisoners than the GP
- Prevalence of hepatitis C is more than 15-times higher in prisons
- NEP extremely low, with between one and four needles distributed per individual per year in the MENA region
- The Middle East and North Africa is one of just two MENA regions in the world where AIDS-related deaths continue to rise
- It is estimated that 57% of all new adult HIV infections in the MENA region are among people who inject drugs

The prison environment increases HIV morbidity and mortality, both within prison and in the community after release

Source: Lyuba Azbel and Frederick L. Altice



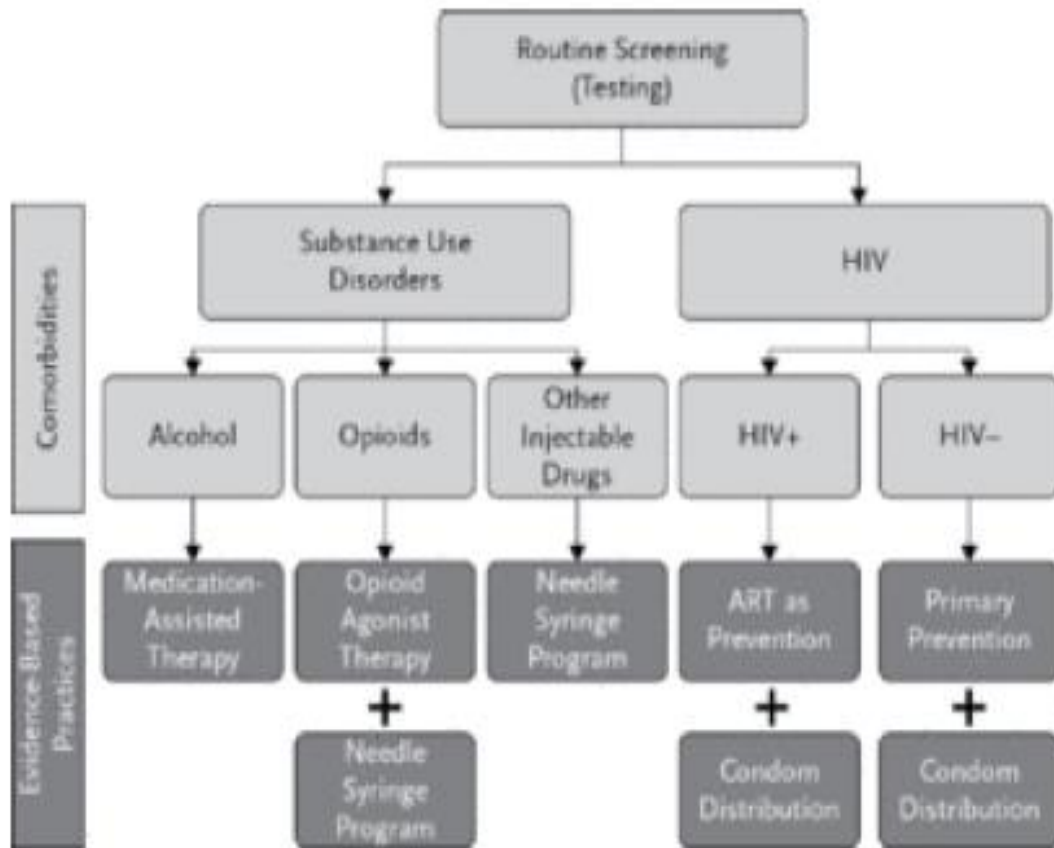
Drug Use, HIV, and the High-Risk Environment of Prisons

Source: Lyuba Azbel and Frederick L. Altice

- One study reviewed estimates from 75 low- and middle income countries, HIV prevalence exceeding 10% (0% in Bulgaria and Albania to 28% in Vietnam)
- HIV infection prevalence is particularly high among prisoners in countries of the former Soviet Union and Latin America
- Female prisoners generally have a higher HIV prevalence than their male counterparts, primarily because a higher proportion of female prisoners have substance use disorders and incarcerated women are more likely to have a history of high-risk sexual behaviors, including commercial sex work

Evidence-based practices for the prevention and treatment of HIV and its comorbidities

Source: Lyuba Azbel and Frederick L. Altice



Five internationally recommended, evidence-based HIV treatment and prevention strategies

- HIV testing
- OAT with methadone (MMT) or buprenorphine (BMT)
- access to condoms
- sterile injecting equipment
- universal access to ART
- **Overdose prevention with Naloxone**

Harm Reduction in Prison

Kathryn Snow and Michael Levy

- Prisoners have limited opportunities to protect their own health while incarcerated, with the result that responsibility for their health rests largely with correctional authorities and with the state.
- Prison authorities will need to come to terms with a shift away from an emphasis on the control and prohibition of drugs, toward a focus on the health and welfare of prisoners—including those who continue to use drugs while incarcerated.

Access to Opioid Substitution Therapy in Prison

Resource: THE GLOBAL STATE OF HARM REDUCTION 2018

Outcome

- reducing opioid overdose deaths
- ensuring continuity of care between the community and prison
- reducing high risk injecting behavior and blood-borne disease transmission

Availability

- available in at least one prison in only 54 countries around the world (only in a limited number of detention facilities)
- In many cases prisoners must be transferred to external medical facilities in order to receive OST

Needle and Syringe Programs in Prison

Resource: THE GLOBAL STATE OF HARM REDUCTION 2018

- Only **10 countries** provide needle and syringe programs in prisons: Armenia, Canada, Germany, Kyrgyzstan, Luxembourg, Macedonia, Moldova, Spain, Switzerland and Tajikistan
- In most of these cases, NSPs are only available in a small number of prisons

Overdose Prevention by Naloxone in Prison

Resource: THE GLOBAL STATE OF HARM REDUCTION 2018

- **World Health Organization** guidelines state that anyone likely to witness an overdose should have access to naloxone
- The period **after release** from prison is a particularly high-risk time for opioid overdose
- Naloxone is only routinely distributed on release from prison in **six countries**: Canada, Denmark, France, Norway, the United Kingdom and the United States
- Only be used by **medical personnel** of prison. Pilot programs in Italy and Norway have made naloxone directly available to incarcerated people, with evidence showing that this approach increases prisoners' awareness of overdose prevention measures

Countries Employing a Harm Reduction Approach in Policy or Practice

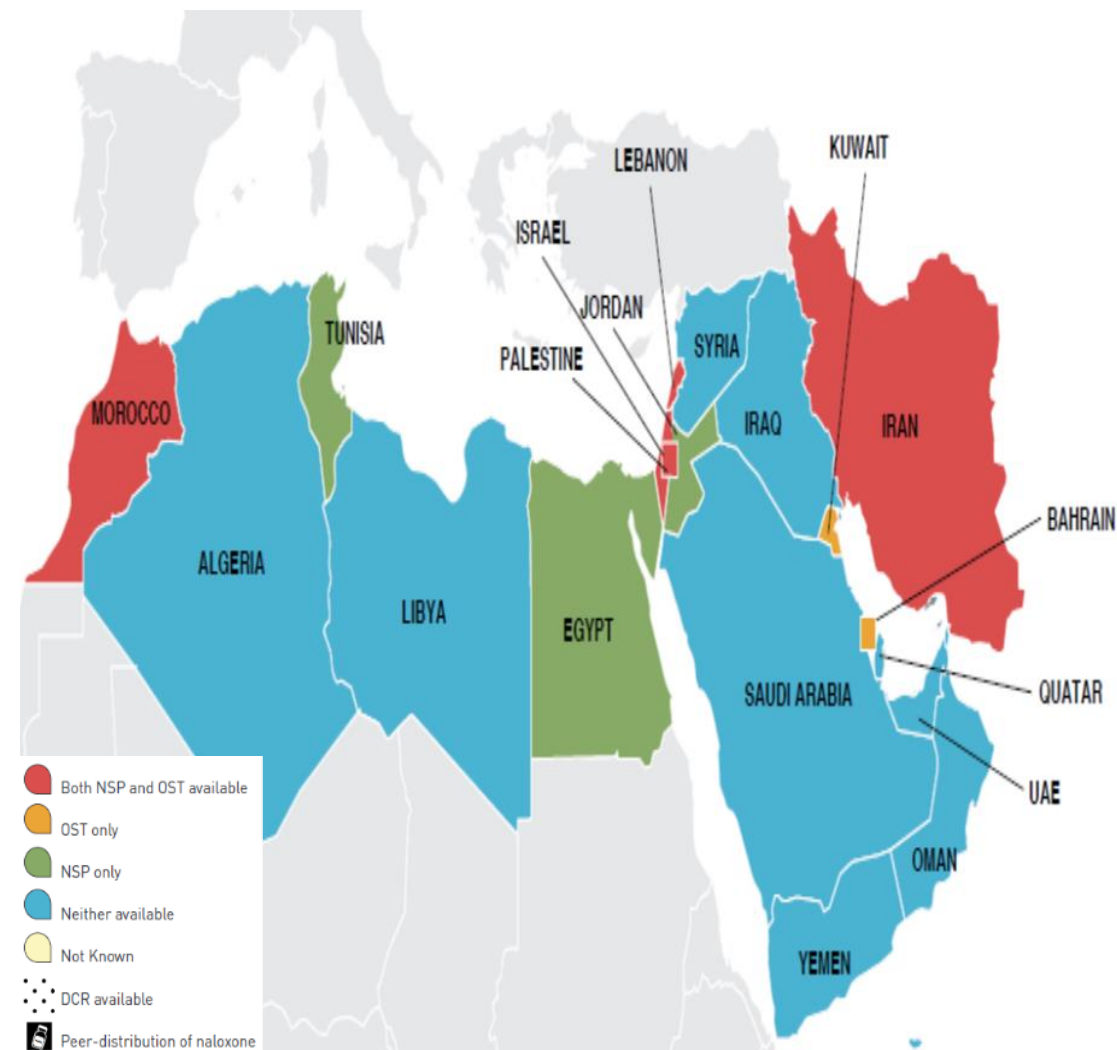
Source: Global State of Harm Reduction 2018

Country or territory	Explicit supportive reference to harm reduction in national policy documents	At least one needle and syringe programme operational	At least one opioid substitution programme operational	At least one drug consumption room	At least one naloxone peer distribution programme operational	OST in at least one prison	NSP in at least one prison
Kuwait	x	x	✓	x	x	x	x
Lebanon	✓	✓	✓	x	x	✓ ^d	x
Libya	x	x	x	x	x	x	x
Morocco	✓	✓	✓	x	x	✓ ^d	x
Oman	✓	x	x	x	x	x	x
Palestine	✓	✓	✓	x	x	✓	x
Qatar	x	x	x	x	x	x	x
Saudi Arabia	x	x	x	x	x	x	x
Syria	x	x	x	x	x	x	x
Tunisia	x	✓	x	x	x	x	x
United Arab Emirates	x	x	x ^e	x	x	x	x
Yemen	x	x	x	x	x	x	x
Algeria	x	x	x	x	x	x	x
Bahrain	x	x	✓	x	x	x	x
Egypt	✓	✓	x	x	x	x	x
Iran	✓	✓	✓	x	x	✓	x
Iraq	x	x	x	x	x	x	x
Israel	✓	✓	✓	x	x	✓	x
Jordan	x	✓	x	x	x	x	x

Epidemiology of HIV and viral hepatitis, and harm reduction responses in the MENA

Source: THE GLOBAL STATE OF HARM REDUCTION 2018

Country/territory with reported injecting drug use ^a	People who inject drugs ^{b(2)}	HIV prevalence among people who inject drugs(%) ^{d(2)}	Hepatitis C (anti-HCV) prevalence among people who inject drugs(%)	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)	Harm reduction response			
					NSP ^d	OST ^e	Peer-distribution of naloxone ^{f(1)}	DCRs ^f
Algeria	21,050	6.5	nk	nk	x ^e	x	x	x
Bahrain	2,000	3.9 ⁽⁴⁾	nk	nk	x ⁽²⁾	✓ ⁽⁵⁾	x	x
Egypt	93,000	2.4 ⁽⁶⁾	nk	nk	✓(9) ⁽²⁾	x	x	x
Iran	185,000 ⁽⁷⁾	13.8 ⁽⁸⁾	52.2 ⁽⁷⁾	30.9 ⁽⁹⁾	✓(580) ⁽²⁾	✓(7,016) ⁽²⁾	x	x
Iraq	18,750	0.6	nk	nk	x	x	x	x
Israel	nk	nk	45.3 ⁽¹⁰⁾	5 ⁽¹¹⁾	✓(5) ⁽²⁾	✓(13) ⁽³⁾	x	x
Jordan	4,240	0.6	nk	nk	✓(10) ⁽²⁾	x	x	x
Kuwait	3,510	0.6	nk	2 ⁽¹¹⁾	x	✓(1) ⁽²⁾	x	x
Lebanon	3,200	0.9 ⁽⁶⁾	28 ⁽⁹⁾	2 ⁽¹⁴⁾	✓(2)	✓(10) ⁽²⁾	x	x
Libya	6,800	87.1 ⁽⁸⁾	94.5 ⁽¹⁵⁾	4.5 ⁽¹⁵⁾	x	x	x	x
Morocco	3,000-18500 ^(2,6)	7.1 ⁽⁶⁾	57 ⁽¹⁶⁾	nk	✓(6) ⁽²⁾	✓(7) ⁽²⁾	x	x
Oman	4,110	0.6	nk	4.8 ⁽¹¹⁾	x	x ⁽³⁾	x	x
Palestine	5,000	nk	40.3 ⁽⁹⁾	0.6 ⁽¹⁷⁾	✓(2) ⁽²⁾	✓(1) ⁽²⁾	x	x
Qatar	2,220	0.6	nk	nk	x	x	x	x
Saudi Arabia	10,000	3.5 ⁽¹⁸⁾	77.8 ⁽¹⁰⁾	7.7 ⁽¹⁹⁾	x	x	x	x
Syria	10,000	nk	40.8 ⁽⁹⁾	0.5 ⁽²⁰⁾	x	x	x	x
Tunisia	11,000	3.9 ⁽⁸⁾	29.1 ⁽⁹⁾	3.0 ⁽¹¹⁾	✓(25) ⁽²⁾	x	x	x ^k
United Arab Emirates	9,250	0.6	nk	nk	x	x ⁽²⁾	x	x
Yemen	7,030	0.6	nk	nk	x	x	x	x



Harm reduction in prisons in MENA

Resource: THE GLOBAL STATE OF HARM REDUCTION 2018

- In 2016, there were an estimated 625,413 people imprisoned across the MENA (excluding Palestine)
- One third of all incarcerated people are reported to be imprisoned for drug-related charges
- Punitive drug control continues to be the primary approach
- Drug use is reportedly highly prevalent in prison contexts in the Middle East and North Africa (including in Lebanon, Morocco, Oman, Palestine and Syria)

Harm Reduction in Prisons in MENA

Resource: THE GLOBAL STATE OF HARM REDUCTION 2018

- In 2016, 49,785 people received OST in prison in Iran and 6,000 in Israel, in Palestine
- In both Lebanon and Morocco, OST services exist in prison, but are reported to be largely inaccessible. In Morocco, only seven people received OST while in prison in 2016; in Lebanon, OST is only available to people who were enrolled before entering prison
- Condoms are reportedly accessible to prisoners in Iran and Tunisia
- No country in the region currently provides NSPs in prisons

Substance Use After Release from Prison

Source: Substance Use After Release from Prison; Sarah Larney, Mark Stoové, and Stuart A. Kinner

- Reduce their use of substances in prison
- Many rapidly return to harmful substance use after release from prison
- Release from prison is a challenging time for most and increase the risk of relapse, affecting factors are:
 - individual,
 - interpersonal,
 - social-environmental and structural factors

Elements of a comprehensive harm reduction program in prison settings

Source: Kathryn Snow and Michael Levy

At entry into prison	During incarceration	Upon release from prison
<p>Universal health assessment that provides the opportunity for each of the following, subject to the consent of the individual prisoner:</p> <ol style="list-style-type: none"> 1. Counseling and testing for HIV, hepatitis B, and hepatitis C, with access to appropriate preventative and treatment services as needed (WHO) 2. Provisions of vaccination for hepatitis B, ideally with an accelerated schedule (WHO) 3. A mechanism by which opioid dependent prisoners can identify themselves and access timely opioid substitution treatment (UNODC) 	<p>Uninterrupted access to OST and antiviral therapy (UNODC,)</p> <p>Access to clean injecting equipment (WHO, UNODC)</p> <p>Access to naloxone (UNODC)</p> <p>Health services that support disclosure of current drug use and that people who use drugs can access without discrimination or fear of repercussions, in particular vein care, treatment for abscesses, and safe prescribing in order to avoid drug-drug interactions (Mandela Rule 31c6)</p> <p>Minimal-barrier access to mental health services and treatment for drug and alcohol dependence (Mandela Rule 256)</p>	<p>Referral to community-based health services to ensure continuity of care for those on, or in need, of antiviral therapy or treatment for drug or alcohol dependence (UNODC, WHO)</p> <p>Provision of naloxone and training of the released prisoner in its use (not yet an official UN recommendation; evidence to date reviewed by Strang et al.,³⁰ UNODC</p>

Locations

- Police Station
- Quarantine area
- Jail (short term stay)
- Prison (long term stay after sentence)

Prisoners

Being in Prison Because of Using Drug

Drug Users or ExDrug users with:

- Low Level Crime
- High Level Crime

Non Drug Users with:

- Low Level Crime
- High Level Crime

Acknowledgment

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