

Advancing the Sexual and Reproductive Health and Human Rights of Prisoners Living With HIV

***A POLICY BRIEFING**



Prisoners in Nicaragua enjoy a theater performance about adolescent reproductive health.
Credits: 1997 CCP, Courtesy of Photoshare

*Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package*¹ is a detailed and comprehensive report that describes the key areas of policy and practice change needed to advance the sexual and reproductive health and human rights of people living with HIV.

In order to examine issues that affect specific populations key-population specific Policy Briefings to compliment the Guidance Package have been created. Five key populations affected by HIV have been selected: men who have sex with men; sex workers; injecting drug users; prisoners and migrant populations. This Policy Briefing focuses on prisoners living with HIV and aims to provide advice and support to those advocating for the sexual and reproductive health (SRH) and human rights of prisoners at a national and international level.

WHY FOCUS ON PRISONERS

Often prisoners have poor access to health care, in particular sexual and reproductive health care. Their human rights are routinely ignored in many countries. While there are about 10 million people in prison today about 30 million will pass through the world's prisons in a year (International Centre for Prison Studies, 2009). With virtually all prisoners released back to the community, good prisoner health is essential for good public health.

Internationally the USA, Russia and Rwanda have three of the highest rates of imprisonment. Their rates are 760, 620 and 593 per 100,000 of adult population, respectively, which are several times higher than the median rate (126) of imprisonment for the world (International Centre for Prison Studies, 2009). The official capacity to hold a certain number of people at any time is another pertinent aspect of prisons. More than 60% of countries in the world exceeded their official capacity last year (International Centre for Prison Studies, 2009).

All over the world people living with HIV are over represented in prison populations (Dolan et al., 2007). In 2006 the number of people with HIV among the prison population was at least three times higher than in the general USA population (CDC, 2009). HIV positive people are also over represented in prisons in most developing countries and in Europe (Stover et al., 2008). Prisons are also places where HIV transmission has occurred (Dolan et al., 2007) and, on occasion, on a large scale (Caplinskas & Likatavičius, 2002; Bobrik, et al. 2005).

HOW THIS POLICY BRIEFING WAS DEVELOPED

*The Guidance Package*¹ is the result of extensive collaborative work over three years. People living with HIV were central throughout the production of the Guidance Package. This Policy Briefing has been developed in consultation with representatives from Australia's National Association of People Living with HIV/AIDS, Justice Action, a prisoners' action group and a former manager of HIV services in prison.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF PRISONERS IN GENERAL

"All prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community" (WHO, 1993).

Although attributes and needs of prisoners living with HIV can vary considerably across countries, several characteristics prevail. HIV-positive prisoners have elevated levels of drug or alcohol dependence, mental illness and poor literacy skills. And imprisonment can be a very stressful time. Prison entrants are often subjected to a range of procedures that can include mandatory HIV testing. The universal standards for HIV testing, counselling and confidentiality are not met in prison in many countries. Care and treatment for HIV infection in prison are rarely equivalent to those available in the surrounding community.

Certain aspects of prison life can facilitate HIV transmission. People who have injected drugs make up to 50% of prison populations in many countries whereas they account for 1 to 3 % of the population in the community (Dolan et al., 2007). They and others with no history of injecting will inject drugs while in custody and almost certainly will share injecting equipment with many, many others at a time.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF MALE PRISONERS

In general, prison populations are mostly men (80% and over, International Centre for Prison Studies, 2009). Some men may engage in situational homosexual behaviour while in prison. That is they will have sex with a man while in prison but will be exclusively heterosexual in the community. Male prisoners living with HIV must have free and confidential access to condoms in prison. They also need a way to dispose of used condoms. All prisoners should have access to conjugal visits, where an inmate's partner visits for several hours or overnight in privacy. Such visits can strengthen family ties helping the prisoner return to life in the community once released.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF FEMALE PRISONERS

Although women make up about 20% (median) of prisoner populations (International Centre for Prison Studies, 2009) their numbers are rising faster than their male counterparts. Often programmes for women prisoners are an afterthought and do not address their very high levels of mental illness, drug or alcohol dependence and sexual and physical abuse (WHO, 2009). Women tend to be imprisoned for non-violent, property or drug-related offences. Such crimes result in short prison sentences meaning the turnover rate is very high for women. Brief periods in prison can hamper women's uptake and continuation of treatment for HIV infection.

Female prisoners have different needs than male prisoners. Drug dependent women have often engaged in sex work, placing them at high risk of STIs including HIV infection. Women need free access to sanitary items such as tampons, pads and appropriate means of disposal. HIV-positive women should have access to dental dams and condoms in prison. Imprisoned pregnant women need adequate nutrition, health and exercise.

Women who have committed non-violent offences and pose no risk to society should receive non custodial sentences rather than imprisonment. The imprisonment of pregnant women and women with young children should be avoided at all costs. The incarceration of women can tear families apart and the long-term

consequences for children taken into care are considerable.

Prisons provide an opportunity to screen women for STIs and to provide treatment. Gender sensitive training for prison staff on the specific health needs of women, and in particular those living with HIV, in prison is required. Women must be held separately from male prisoners. Female prisoners should be supervised by female staff only.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF YOUNG PRISONERS

Young people in prison have special needs; first they need to be housed separately from adult prisoners. When young offenders are housed with adult offenders they can be subjected to violence and sexual assault. Health education which covers sexual health and drug use for all young people, including those living with HIV, must be comprehensive, accurate and age appropriate.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF DRUG USING PRISONERS

Most HIV-positive prisoners will have a history of injecting drug use. Injecting drug users (HIV-positive and HIV-negative) make up about half of prison populations in most countries (Dolan et al., 2007). They need access to drug treatment. The best evidence based treatment for heroin users is methadone, which the World Health Organisation recently listed as an essential medicine. Yet only 29 countries make methadone treatment available to inmates and usually on a small scale.

Prison authorities need to accept that some inmates will have sex, inject drugs with shared syringes and engage in other risk behaviour such as tattooing, piercing, bloody fights or self-harm. Prison authorities need to provide interventions so HIV-positive inmates can protect others from HIV infection. These interventions include education, bleach for needle and syringe cleaning, condoms, drug treatment and needle and syringe exchange. Bleach programs are less than ideal as the cleaning guidelines are difficult to follow and bleach's effectiveness in decontaminating equipment is questionable.

The use of mandatory or random drug testing can encourage HIV positive inmates to switch from smoking or snorting drugs to injecting drugs. Drug injecting in prison almost always means sharing syringes with many others. Therefore mandatory drug testing should be eliminated as it will facilitate the transmission of HIV and hepatitis C.

Methadone treatment and needle and syringe exchange programs operate in prison in 29 and 12 countries, respectively. Methadone treatment reduces injecting, HIV transmission and can prevent inmates from being re-incarcerated once released. Needle and syringe programs reduce injecting and syringe sharing in prison and do not appear to result in prison staff being assaulted.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF IMPRISONED MEN WHO HAVE SEX WITH MEN

HIV -positive men who have sex with men (MSM) can be subjected to violence, sexual assault and discrimination in prison. MSM can be coerced into a sexual relationship in prison in exchange for protection. Prison authorities need to protect these men by dedicating special wings where they can volunteer to be housed, or provide single cell accommodation and supervision in shower blocks. They should also have free and confidential access to condoms and lubricants. If a prison system operates a conjugal visitor program for heterosexual men, it should be available to homosexual men as well.

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF PRISONERS ABOUT TO BE RELEASED

Leaving prison can be a stressful event; some inmates may have become institutionalised, while others will experience interruptions to their medical care and others will have no place to go. Some of the first things newly released prisoners seek are sex, drugs and alcohol. HIV-positive inmates should be given condoms and sterile needles and syringes on their release. They also need referrals to continue medical care and for assistance with housing.

FURTHER SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF PRISONERS LIVING WITH HIV

HIV-positive inmates require access to health care for a whole range of reasons, not just for HIV. They need protection from multi-strain drug resistant TB while incarcerated. They need access to treatment for drug dependence to reduce the likelihood they will inject. And they need access to condoms to enable them to practice safe sex.

Ignorance and fear play a large part in how people treat people living with HIV in and out of prison. As a consequence, HIV-positive inmates have been held in isolation or prohibited from working in prison. Often inmates are better educated than staff when it comes to the ways HIV is transmitted. In addition, HIV peer education has been successful in helping inmates deal with being HIV positive.

Prison conditions undermine dosing schedules essential to the long-term effectiveness of ongoing medical treatment such as antiretroviral therapy (ART). Interruptions in treatment can occur when inmates are transferred to another prison or to court houses. Confiscation of all medications from prisoners is also a common practise by prison staff when conducting searches. A study of inmates living with HIV in a UK prison found that three-quarters had experienced interruptions in their ARV treatment due to transfers between prisons, court appearance and hospital visits (Natha et al., 2008).

The provision of opportunities for consensual sex in prison (through conjugal visits) will reduce the incidence of non consensual sex. Conjugal visits for HIV positive prisoners are important to keep the family unit together. Research into condom provision to inmates shows that when they are used responsibly they do not increase sex assaults.

Gravely ill HIV-positive inmates should be afforded the right to compassionate release from prison to die with dignity.



ADVOCACY NEEDS

Many politicians stand for election on a platform of law and order; promising to be tougher on crime and criminals. Positions like this stir up community sentiment to deny prisoners any comforts, let alone the basic rights to which they are entitled. Prisoners themselves are poorly educated with little idea of their rights. Advocates need to engender the community to the plight of prisoners. Many prisoners end up incarcerated when they should receive treatment for mental illness including drug dependence. It is more effective if drug offenders receive drug treatment rather than imprisonment (United Nations Office on Drugs and Crime, 2008).

Many governments struggle to provide adequate funds to prison department. Yet good prisoner health is good public health. The provision of drug treatment can reduce risk behaviour, re-incarceration and the size of the prison population. Some prison authorities fail to even provide basic needs such as adequate food, water and basic health care. Some prisons are so overcrowded that there is insufficient space for all inmates to lie down to sleep at the same time.

HIV education in prisons promotes an understanding towards respectful treatment of inmates living with HIV by other inmates and staff. Appropriate information for staff and inmates can reduce fears and ultimately affect policies that in turn affect prisoners' lives. HIV education must be universal for all staff and inmates. Some jurisdictions provide condoms to inmates even though sexual activity remains an offence in prisons.

In 2006, almost half of the states in the USA tested all inmates for HIV infection. The World Health Organisation states that compulsory HIV testing should be prohibited. Instead, the WHO recommends that prisons should provide easy access to voluntary HIV testing and counselling for inmates. HIV test results should be kept confidential, as those who test positive often face stigma if their status is revealed to inmates or staff.

HIV-positive prisoners do not have their normal support network around them. Their partner, family and friends

will be unable to provide the same level of support while they are in prison. Taking a HIV test in prison should be an informed decision.

Before a prisoner consents to a HIV test, they need to know that

- The result will be confidential;
- Antiretroviral treatment (ART) will be free and available;
- There will be no restrictions on their work or living conditions such as segregation.

It can be difficult for confidentiality on HIV status to be maintained, because non-medical staff may handle medical files while transporting inmates between prisons and to courts. Also medical staff who come under the Prison Department may be obliged to inform the Prison Governor of an inmate's HIV status.

Many inmates are not incarcerated long enough to permit diagnosis or treatment for a range of infections including HIV. Intermittent TB treatment common in prison settings can facilitate the development of multidrug-resistant (MDR) strains of Mycobacterium tuberculosis.



RECOMMENDATIONS FOR SEXUAL AND REPRODUCTIVE HEALTH AND HIV PROGRAMME MANAGERS AND POLICY MAKERS

1. Reduce the use of imprisonment of HIV-positive people wherever possible. This will reduce overcrowding and improve staff to inmate ratios. Imprisonment is an expensive and ineffectual response to offending.
2. Prisoners living with HIV should be protected from discrimination. Prison authorities need to classify and separate prisoners based on gender, age and security level.
3. Provide health care to inmates living with HIV equal to that provided in the community. Incorporate prison health care under the Ministry of Health rather than the Ministry of Justice. Such a move will bring the prison health service up to the standards of the community health care.
4. Mistreatment of HIV-positive inmates can be reduced by introducing an independent inspection process. Visits from independent inspectors should be facilitated to monitor the treatment of inmates and to permit a confidential complaint system.
5. Stop testing HIV-positive inmates for drugs. Drug testing is a waste of resources and has the unintended negative outcome of shifting inmates to injecting rather than use another route of administration.

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RECOMMENDATIONS FOR HIV CARE WORKERS (IN SRH AND HIV SETTINGS)

1. Provide inmates living with HIV with free access to ART and to post-exposure prophylaxis (PEP).
2. Provide compassionate release for dying HIV-positive inmates.
3. Provide HIV positive inmates with treatment of STIs, TB, hepatitis and opportunistic infections. Provide vaccinations for hepatitis A and hepatitis B.
4. Provide interventions to reduce HIV risk behaviour and transmission. Interventions include HIV education, voluntary HIV testing with confidentiality of results, condoms, conjugal visits, bleach, drug treatment, razors and a needle and syringe programmes.
5. Provide appropriate reproductive health and gynaecological care services for all women and paediatric care for infants diagnosed to be HIV-positive.

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RECOMMENDATIONS FOR COMMUNITY/CIVIL SOCIETY ORGANIZATIONS/NETWORKS OF PEOPLE LIVING WITH HIV

1. Offer to educate prison staff and inmates about HIV, care and treatment issues to reduce stigma and discrimination. Offer to provide services to HIV positive inmates such as needle and syringe exchange.
2. Offer to facilitate continuity of HIV treatment for HIV positive inmates when they are released from prison.

3. Include HIV positive inmates in their target groups as they lobby government for services.
4. Advocate for HIV positive prisoners to be included in National HIV Strategies.

CONCLUSIONS

This Policy Briefing was written to alert key stakeholders about the rights of prisoners living with HIV. Key stakeholders include international health organisations, HIV organisations, parliamentarians, prison authorities, custodial staff, prison medical staff, prisoners and their families.

Many countries rely too heavily on the use of imprisonment for society's ills. Many inmates, especially HIV-positive inmates need specialised treatment rather than imprisonment.

The benefits for an individual to undergo HIV testing in the community do not necessarily hold in prison. Certain conditions are required to be met before an inmate can consider being tested for HIV while in prison.

Some prison systems provide bleach or another disinfectant for inmates to clean syringes and tattoo needles. While this is better than nothing for HIV it is ineffective for hepatitis C prevention. Research into bleach programs find that inmates will use it but are at best inconsistent with the cleaning of equipment.

Methadone treatment and needle and syringe programmes have been effective and cost effective in preventing HIV and hepatitis C transmission among injecting drug users in the community. These programmes should be introduced or expanded in prisons without delay.

Few countries have implemented these programmes in prison, even though the research has been overwhelmingly positive; they reduce injecting, they reduce transmission, they do not lead to assaults on

officers or other inmates and they facilitate inmates' entry into drug treatment.

USEFUL REFERENCES AND WEBSITES

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About the Global Network of People living with HIV (GNP+):

GNP+ is the global network for and by people living with HIV. GNP+ advocates to improve the quality of life of people living with HIV (PLHIV). As a network of networks, GNP+ is driven by the needs of PLHIV worldwide and its work is guided by the Global Advocacy Agenda, determined by and for PLHIV, through the implementation of the GNP+ platforms of action: Positive Health, Dignity and Prevention;

Human Rights; Sexual and Reproductive Health and Rights of people living with HIV; and Empowerment.

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An injecting drug user during serving time in Warsaw's main jail. Credits: Ed Kashi/Corbis

