

Vulnerable groups: Prisoners

HIV/AIDS has been found among prisoners in most countries throughout the world. HIV prevalence in many prisons in Asia is high - often higher than among the general population. Most prisoners return to the outside world and bring with them diseases contracted inside the prison. A prison's population is constantly changing: prisoners are not permanently sealed off from the community. Prisoners are in a vulnerable position, at the mercy of the prison officials and often to the sexual, and other demands, of fellow prisoners. There is a huge denial of these problems.

Why is HIV/AIDS a problem for prisoners?

Many factors contribute to make prisons a breeding ground for disease and infection including:

Overcrowding: Prisons are usually overcrowded and unhygienic making the transmission of disease easier (e.g. Tuberculosis). The conditions also lead to increased tension between prisoners. This includes sexual tension.

Violence: An atmosphere of violence and fear is common in most prisons. This can produce attacks, including sexual attacks.

Drug use: Many prisoners are in prison because of drug related offences and the conditions in prison do not encourage abstinence. Most prisoners cannot get access to sterile injecting equipment, but can get drugs, and what equipment exists is usually shared between many people. This is an extremely efficient way of passing on the virus.

Sex and Rape: Sex between prisoners is common and often includes anal sex. Rape also takes place in prison and sometimes is part of an initiation to prison life: this can be gang rape. It is rare for prisoners to have access to condoms and lubricants to protect themselves from STIs including HIV/AIDS.

Tattooing, skin piercing, blood brother rituals: These practices are also common in prison and the equipment is usually shared and unsterilised, presenting a great risk of HIV transmission.

What can programmes do to stop the spread of HIV/AIDS in prisons?

- Accept the reality that injecting drug use and sex takes place in prisons.
- Provide bleach (or another appropriate disinfectant) and instructions for cleaning injecting equipment. It may be introduced into the prison as a means of cleaning needles used for tattooing etc. - this may be a more acceptable way of convincing officials and getting a disinfectant to the prisoners.
- Establish a pilot needle and syringe programme, this can be an easier way to convince prison officials and governments of the benefits of the program. Evaluate it after one year.
- Train current prisoners to become peer educators: to teach about safer drug use and safer sex
- Provide condoms, lubricant and STI treatment to prisoners
- Provide information on how HIV/AIDS is transmitted through sharing injecting equipment and through unprotected sex
- If possible try to persuade prison and government officials of the benefits of establishing a pilot drug substitution program (i.e. methadone)
- Try to persuade prison officials to allow outside doctors and health workers to visit the prisoners

Reasons to provide HIV interventions

- It is a human right (inmates are not sentenced to HIV infection)
- It is a legal obligation under UN conventions
- It is a necessary public health measure (link with TB)

(Adapted from Manual for reducing drug related harm in Asia, The Centre for Harm Reduction, Melbourne, Australia, 2003)