“It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

Nelson Mandela
Eastern Europe and Central Asian Region

HIV and related infections in prisoners

The perfect storm: incarceration and the high-risk environment perpetuating transmission of HIV, hepatitis C virus, and tuberculosis in Eastern Europe and Central Asia

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In Prison Environment

Concentration

Community

Laws and policing selects members with poor health status and/or at risk for HIV, TB, or viral hepatitis

Amplification

High risk behaviors, new social networks, transmission to new community members

Deterioration

Dissemination

Post-Release Morbidity and Mortality
HIV, HCV, TB and Opioid Use Disorders

- Opioid use disorders: 30-50% of prisoners are PWID (mostly opioids)
  - High levels of within-prison drug injection
  - Historical role of Narcology and attitudes toward opioid agonist treatments
- HIV: about 50% of PLWHA know their diagnosis, but the HIV continuum varies greatly thereafter
- HCV: prevalence 30-60% of all prisoners, but testing is uncommon and no treatment available aside from a HCV elimination program in Georgia
- In EECA, incarceration is associated with TB and MDR/XDR TB with MDR TB typically 3-fold higher in prisoners than in the community
  - Inadequate diagnostics and treatment algorithms, especially with HIV/TB
  - Inadequate supply of medications
  - Enabling environment that promotes MDR TB
  - Inadequate transitional services
- Multiple structures and oversight undermine care in the CJS
HIV in Prisons in Countries of Eastern Europe and Central Asia
HIV Prevalence (%) in Prisoners

- TUR
- RUS
- BEL
- GEO
- LIT
- UKR
- LAT
- AZE
- KAZ
- EST
- MOL
- KYR
- UZB
- ARM
- TAJ

Values:
- TUR: 6.5
- RUS: 3.8
- BEL: 4.1
- GEO: 3.9
- LIT: 3.8
- UKR: 20.4
- LAT: 19.4
- AZE: 14.1
- KAZ: 10.3
- EST: 1.9
- MOL: 2.4
- KYR: 4.7
- UZB: 2.4
- ARM: 2.4
- TAJ: 2.4

Notes:
- TUR and BEL values are marked with a question mark.
Concentration of PLWHA in Prisons Compared to the Community
HIV Prevention Strategies in Prisons in Countries of Eastern Europe and Central Asia
Incarceration per 100,000 population

**Opioid Agonist Treatments in Prison (N=5)**

- PWID account for >30% of prisoners in most EECA countries
- When available, OAT coverage is <1% and mostly as pilot programs
- Some prison OAT programs discontinue treatment before release or do not have transitional services
Needle/Syringe Programs in Prison (N=5)
Provides ALL 15 Recommended HIV Prevention Interventions (N=3)

- See Panel 2: Candles Burning in the Night
- Small countries that have boldly introduced these programs with international funding despite regional pressures
- These programs are now in jeopardy
Ukraine Case Study

• HIV prevalence in PWID: (15% to 45% → 21.9%)
• Incarceration in PWID: 52%
  • Average: 5 incarcerations, 1 year per incarceration
• HIV prevalence higher in previously incarcerated PWID (28% vs 13%)
• HIV risk behaviors (relative risk):
  • Never incarcerated: 1
  • Ever incarcerated: 2
  • 12 months post-release: 4
Figure 2

HIV and related infections in prisoners

The Lancet
DOI: (10.1016/S0140-2156(16)30856-X)
Incarceration and Contribution to TB in Ukraine

• Data derived from nationally-representative prison\textsuperscript{1,2} and PWID community surveys\textsuperscript{3}

• Incarceration accounts for 6.2% of all incident TB cases (population-attributable fraction)

• Among PWID, however, incarceration contributes to 75% of new TB cases in PWID with HIV

2. Azbel L et al, JIAS, 2014
Recommendations

• Reduce incarceration for key populations, especially PWID
• Introduce and scale-up HIV prevention with OAT, NSP and ART, including effective transitional programs post-release
• Improve testing and treatment strategies (continuum of care) for HIV, HCV and TB
• Eliminate the gap between prison and community treatment and prevention services, including structural impediments for service delivery and continuity
• Integrate services given the high rate of medical and psychiatric co-morbidity
THE LANCET

HIV and related infections in prisoners