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# Providing Efficient and Effective Health Services for Prisoners, including Harm Reduction Strategies

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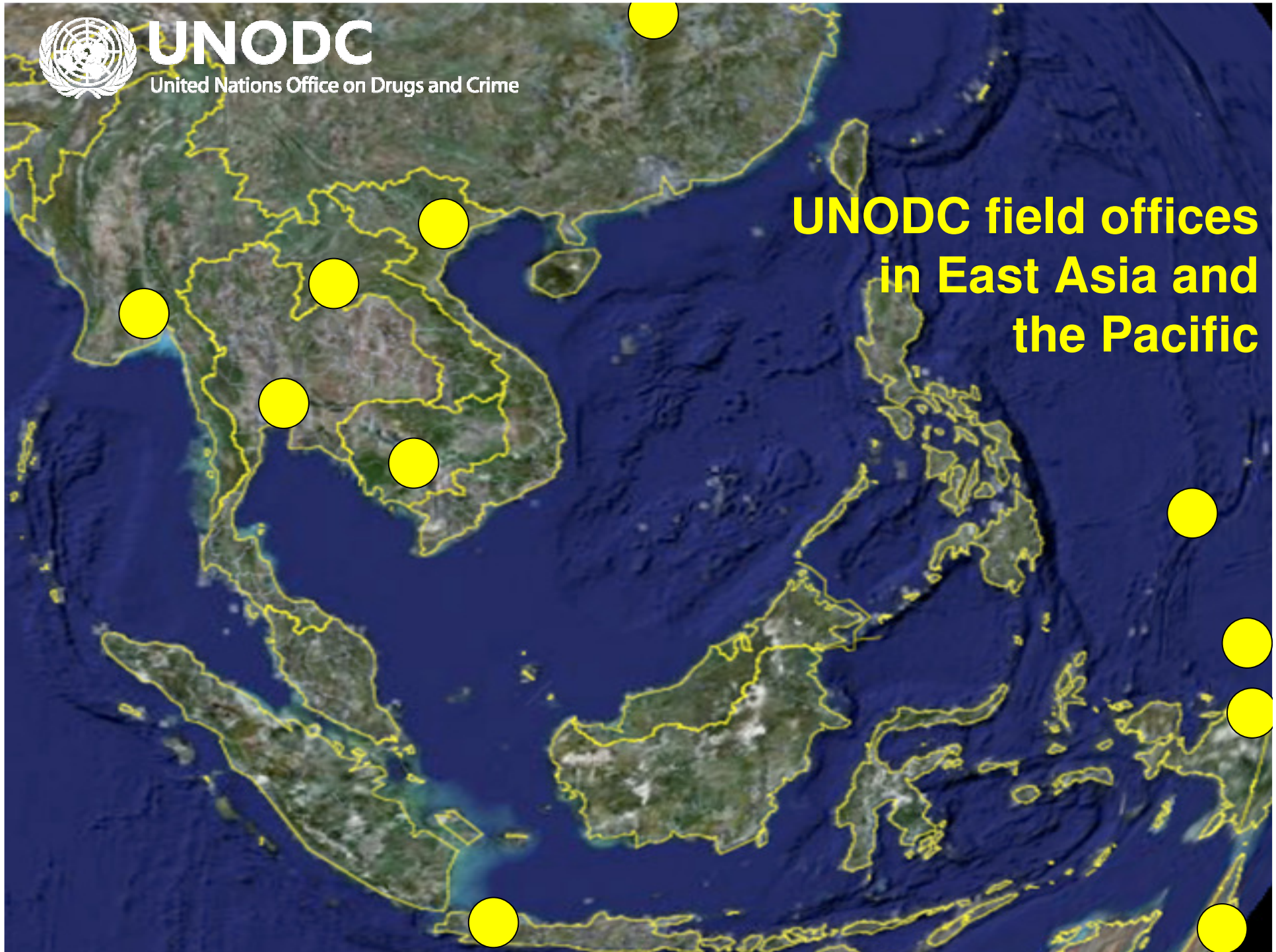
**17 November 2009**



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**UNODC field offices  
in East Asia and  
the Pacific**

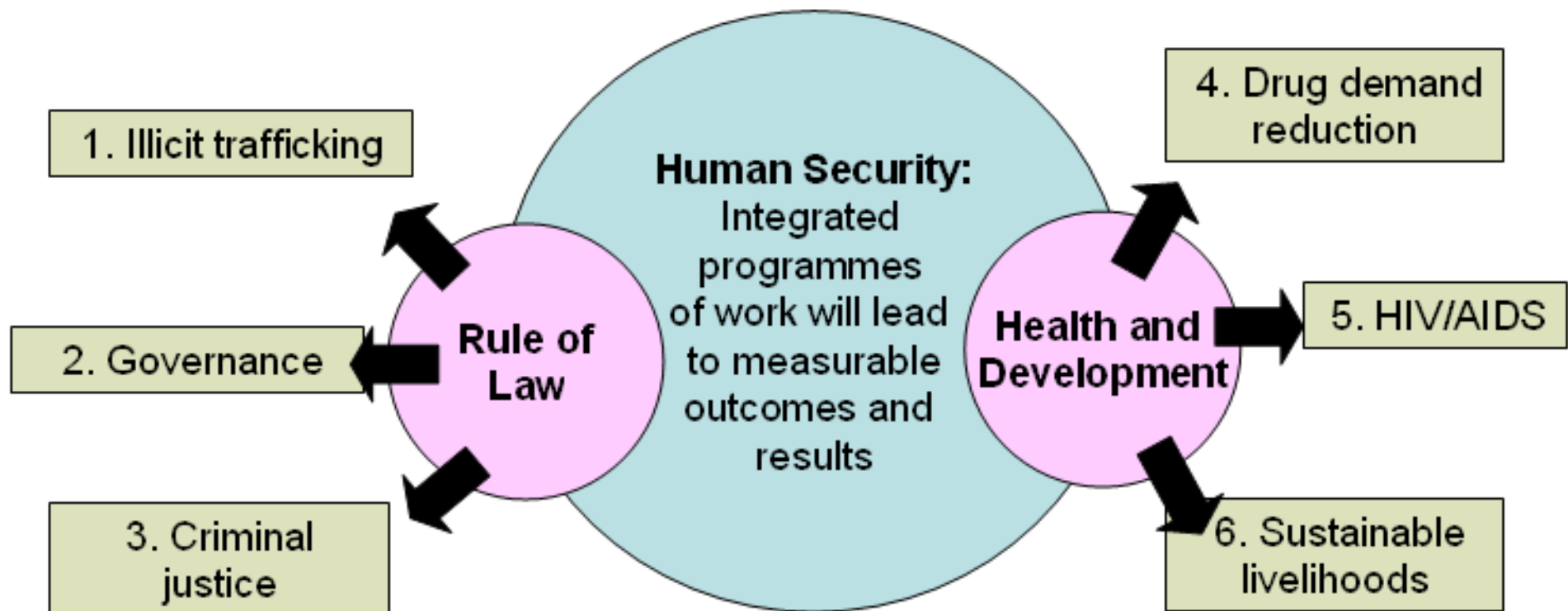




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## Programme structure based on UNODC mandates





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# HIV mandate

- UNODC is a UNAIDS Co-Sponsor
- Mandated by the UN:

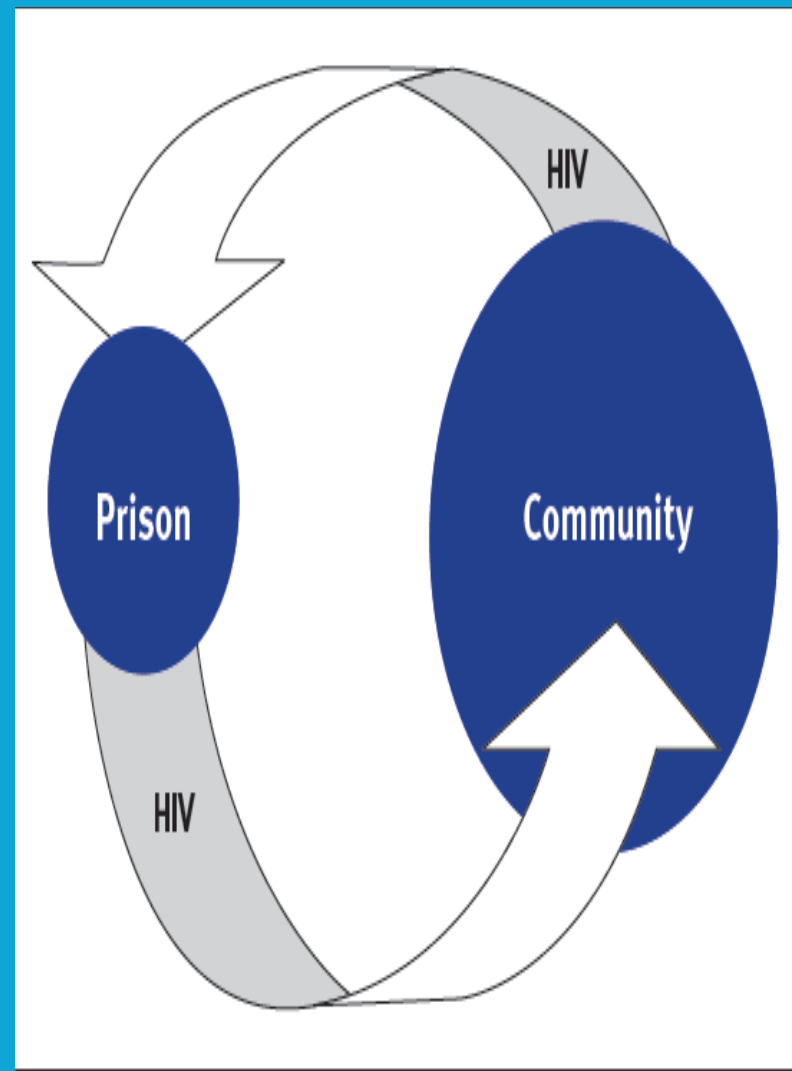
1. HIV and Injecting Drug User(s) – IDUs

2. HIV and actual or potential trafficking victims

3. HIV in prison settings

## Vital stats

- 10 million prisoners in the world
- 30 million people incarcerated each year
- The proportion of injecting **drug users / drug users** in the prison population can be very high – in some countries up to **80%**
- HIV prevalence in prison can be up to **65%**





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## WHY THE HIGH RISK OF DISEASE IN PRISON?

1. Over-representation of **most vulnerable** population groups for HIV in prisons – e.g., IDUs
2. **All modes of transmission** occurring in the community, also occur in prison, including:
  - **sexual** transmission (consensual, forced)
  - **blood** transmission (injecting drugs, tattooing, and operation-related infections, fights)
3. **Poor conditions:** overcrowding, malnutrition, hygiene
4. **Poor prison management:** violence, gangs, corruption
5. Low **access** to preventive, curative, reproductive care





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**Prisons may become an  
incubator  
for HIV and TB epidemics**



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## Health services for prisoners: What to do?

1. Provide health care services **equivalent** to those in the community
2. Introduce comprehensive HIV prevention, treatment and care – including package to **reduce harm from IDU**
3. Prison reform: **Improve prison conditions**  
(cf. Zimbardo's *Lucifer Effect*)





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## **“Comprehensive Package” – based on scientific evidence**

1. Information, education and communication about HIV/AIDS, how HIV is transmitted, and how prisoners and staff could protect themselves from infection.
2. Drug dependence treatment inside prisons including substitution maintenance therapy.
3. Providing prevention commodities.
4. Diagnosis and treatment of sexually transmitted infection.
5. Voluntary and confidential counselling and testing.
6. Anti-retroviral treatment for prisoners with HIV/AIDS.



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## Building Momentum

1. Identify and educate key stakeholders (“talk to your prime minister”)
2. Identify and support “champions” to lead implementation efforts
3. Include prison representatives within HIV/AIDS coordinating bodies
4. Establish a concrete multi-year work plan linked to the national AIDS plan
5. Encourage the development of committees working on HIV/AIDS in prison



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# What can UNODC do to support Member States?

## 1. Learning from others

- Study tours – prison reform + health
- Participation in international conferences
- Translating material into relevant languages

## 2. Technical support

- Situation assessments
- Training materials for staff / inmates
- Conduct training – prison officers and medical staff on HIV prevention and MMT
- Provide technical expertise to support Global Fund programmes

## 3. Resource mobilization

- Applications for developments funds
- Developing joint proposals



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**CD**

**For your information**


**QUESTIONNAIRE**

**Please complete it**



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**HIV/AIDS**  **IN PRISONS**

**Good prison health  
is **good public health****

Every year more than  
30 million people world-  
wide enter and leave  
prison systems and rejoin  
their communities

HIV/AIDS in prisons  
affects us all

Photo: UNODC/Andriana

 UNITED NATIONS  
Office on Drugs and Crime

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# THANK YOU

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