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

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UNODC field offices in East Asia and the Pacific
Programme structure based on UNODC mandates

- Rule of Law
  1. Illicit trafficking
  2. Governance
  3. Criminal justice

- Human Security: Integrated programmes of work will lead to measurable outcomes and results

- Health and Development
  4. Drug demand reduction
  5. HIV/AIDS
  6. Sustainable livelihoods
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%
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
Prisons may become an incubator for HIV and TB epidemics
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*)
“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.
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
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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For your information

QUESTIONNAIRE
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THANK YOU

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