

GLOBAL HIV HARM REDUCTION RESPONSE IN PRISONS: AVAILABILITY OF NEEDLE AND SYRINGE PROGRAMS (NSPS) AND OPIOID SUBSTITUTION THERAPY (OST)

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Introduction:

The high prevalence of blood-borne viruses such as HIV and hepatitis among prisoners continue to be driven by risky drug injection and syringe sharing in prison. People who inject drugs are overrepresented in prison yet remain underserved. NSPs are rare, while OST availability is low and even prohibited in some countries. OST continuation on entry is not always possible. Such interruptions may increase risky drug use in prison. Interruptions and gaps in availability undermine Sustainable Development Goal 3.3, ending the AIDS and hepatitis epidemics by 2020. Re-integration is inevitable for most, compromising public health. We aimed to assess the availability of NSP and OST in prison to identify gaps in provision.

Methods:

In 2017, a global prison survey commissioned by the UNODC was disseminated to 189 countries, inviting prison authorities to participate. A systematic literature review was also conducted between 2013-2017. Data were collected on the availability of the 15 interventions in the UN Comprehensive Package to prevent HIV transmission, including NSP and OST.

Results:

Data covered all seven UNAIDS regions. NSPs were available in 11 countries and unavailable in 84 countries. OST was available in 56 countries, and 46 reported OST as unavailable. NSP and OST was available in nine countries. Reports of unofficial OST programs were located for two countries where prisoners were dosed daily in external clinics.

Conclusion:

Results show NSP and OST availability are largely inadequate for these prison systems. When access to preventative health is obstructed, human rights and public health are compromised. A lack of supportive policy, budget and capacity may hinder effective harm reduction responses. The fight to end both epidemics must include prisoners in the response. We recommend prison systems implement NSPs and OST to minimise drug-related harm and decrease the burden of preventable infections.

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