

Problems of integrated care for HIV-positive PWID in- and out- of penitentiary system. How we can overcome barriers to achieve high standards in countries with conservative penitentiary medicine?

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AIDS 2016 – Durban, SAR

Background

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{ PEOPLE WHO INJECT DRUGS

**I am an injecting drug user.
I face these issues.**



PWID have many chances to find themselves in prison

If in general population there are 1-2% of PWID, in prisons - ~50%

Reports from Europe suggest 2 - 38% of prisoners have injected drugs. In sharp contrast to the proportion of the community who inject drugs (0.3%; [EMCDDA, 2012](#))

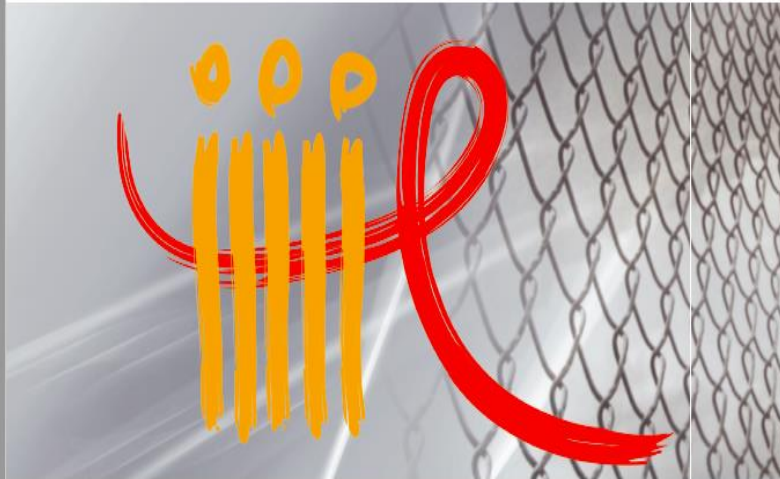
Repressive drug policy and stigma regarding to PWID create a ground for prisons to be a reservoir for HIV-Infection and TB

In Ukraine ~20% HIV-positive among Prisoners



UNODC

United Nations Office on Drugs and Crime



HIV in prisons

Situation and needs
assessment toolkit

ADVANCE COPY

UNODC/MCDDA
2010

The rates of HIV infection in prisons are significantly higher than those in the general population

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- **SOCIAL AND ECONOMIC CONDITIONS AND HUMAN RIGHTS VIOLATIONS WHICH INCREASE VULNERABILITY TO HIV ALSO INCREASE SUSCEPTIBILITY TO IMPRISONMENT. THE POPULATIONS WITH THE HIGHEST RATES OF HIV INFECTION ARE ALSO DISPROPORTIONATELY REPRESENTED WITHIN PRISONS;**
- **HIV CAN BE TRANSMITTED IN PRISONS THROUGH UNSAFE SEXUAL ACTIVITIES (INCLUDING MEN HAVING SEX WITH MEN), RAPE, UNSAFE MEDICAL PRACTICES, UNSAFE TATTOOING, BLOOD SHARING RITUALS, SHARING OF INJECTION EQUIPMENT AND OTHER SHARP INSTRUMENTS; AND FROM MOTHER TO CHILD;**
- **PRISON CONDITIONS IN EECA DO NOT MEET THE MINIMUM REQUIREMENTS SET OUT IN THE UN STANDARD AND MINIMUM RULES FOR THE TREATMENT OF PRISONERS. LACK OF ADEQUATE SPACE, DRINKING WATER AND NUTRITION, POOR SANITATION, LACK OF NATURAL LIGHT AND FRESH AIR ARE CHARACTERISTIC FEATURES OF MANY PRISONS WORLDWIDE. MANY OF THESE FACTORS INCREASE BOTH THE CHANCES OF SOMEONE BEING INFECTED WITH HIV AND TB;**
- **PREVALENCE RATE OF TUBERCULOSIS IN PRISONS ARE ALSO ALWAYS HIGHER THAN IN THE GENERAL POPULATION. AS MENTIONED ABOVE, THE POOR LIVING CONDITION PLAY A MAJOR ROLE IN THE RISK FOR TRANSMISSIONS AND THIS SITUATION PLACES PRISONERS LIVING WITH HIV AT PARTICULAR RISK. CO-INFECTION WITH HIV AND TB REQUIRES SPECIAL ATTENTION, ESPECIALLY WITH THE INCREASING PREVALENCE OF MDR-TB AND (XDR-TB) STRAINS OF TUBERCULOSIS;**
- **HEALTH SERVICES IN PRISON SETTINGS, WHERE THEY EXIST, ARE GENERALLY SUBSTANDARD AND UNDERFUNDED, CHARACTERIZED BY SHORTAGE OF STAFF AND OF ESSENTIAL MEDICATIONS.**

The rates of HIV infection in prisons are significantly higher than those in the general population (Continuation)

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- **OFTEN HEALTH CARE IN PRISON SETTINGS WORKS IN COMPLETE ISOLATION FROM THE GENERAL HEALTH CARE SYSTEM, HAMPERING THE QUALITY OF HEALTH CARE AND CONTINUUM OF CARE FOLLOWING RELEASE;**
- **EFFECTIVE POLICIES TO PREVENT HIV AND HEPATITIS INFECTIONS INSIDE PRISONS ARE OFTEN HAMPERED BY THE DENIAL OF THE EXISTENCE OF THE FACTORS THAT CONTRIBUTE TO THEIR SPREAD SUCH AS THE ILLICIT DRUGS AVAILABILITY, SEXUAL ACTIVITIES, THE LACK OF PROTECTION FOR THE YOUNGEST, FEMALE AND WEAKEST PRISONERS, CORRUPTION AND POOR PRISON MANAGEMENT;**
- **PRISON STAFF ARE ALSO AT RISK OF HIV AND HEPATITIS INFECTION THROUGH BLOOD AND BODY FLUID EXPOSURE, FOR EXAMPLE ACCIDENTAL PUNCTURE WITH CONTAMINATED TOOLS;**
- **INSIDE PRISONS DRUG USERS AND PEOPLE LIVING WITH HIV ARE STIGMATIZED POPULATION. STIGMA FOR DRUG USERS AND FEAR OF AIDS OFTEN PLACES AFFECTED PRISONERS AT INCREASED RISK OF SOCIAL ISOLATION, VIOLENCE, AND HUMAN RIGHTS VIOLATIONS FROM BOTH PRISONERS AND PRISON STAFF.**
- **THE LEGAL FRAMEWORK OFTEN ALSO HAMPER THE DELIVERY OF HIV PREVENTIVE SERVICES, SUCH AS CONDOMS OR HARM REDUCTION;**
- **THE LACK OF HIV AND TB PREVENTION PROGRAMMES JEOPARDISES NOT SOLELY THE HEALTH OF PRISONERS AND PRISON STAFF, BUT ALSO THE HEALTH OF THE WIDER COMMUNITY.**

GIVEN THE PREPONDERANCE OF PWID IN PRISON, IT IS UNSURPRISING THAT THE LEVELS OF HIV INFECTION ARE ELEVATED. HOWEVER SOME FIGURES ARE EXTRAORDINARILY HIGH.

- FOR EXAMPLE, 28% OF GENERAL PRISONERS IN VIETNAM WERE HIV POSITIVE IN 2000 ([ANONYMOUS, 2000](#)). IN ESTONIA, UP TO 90% OF INMATES WERE HIV POSITIVE IN 2004 ([TSERETELI, 2004](#)).

From other side, penitentiary system can be a place for provision of preventive / treatment measures full package

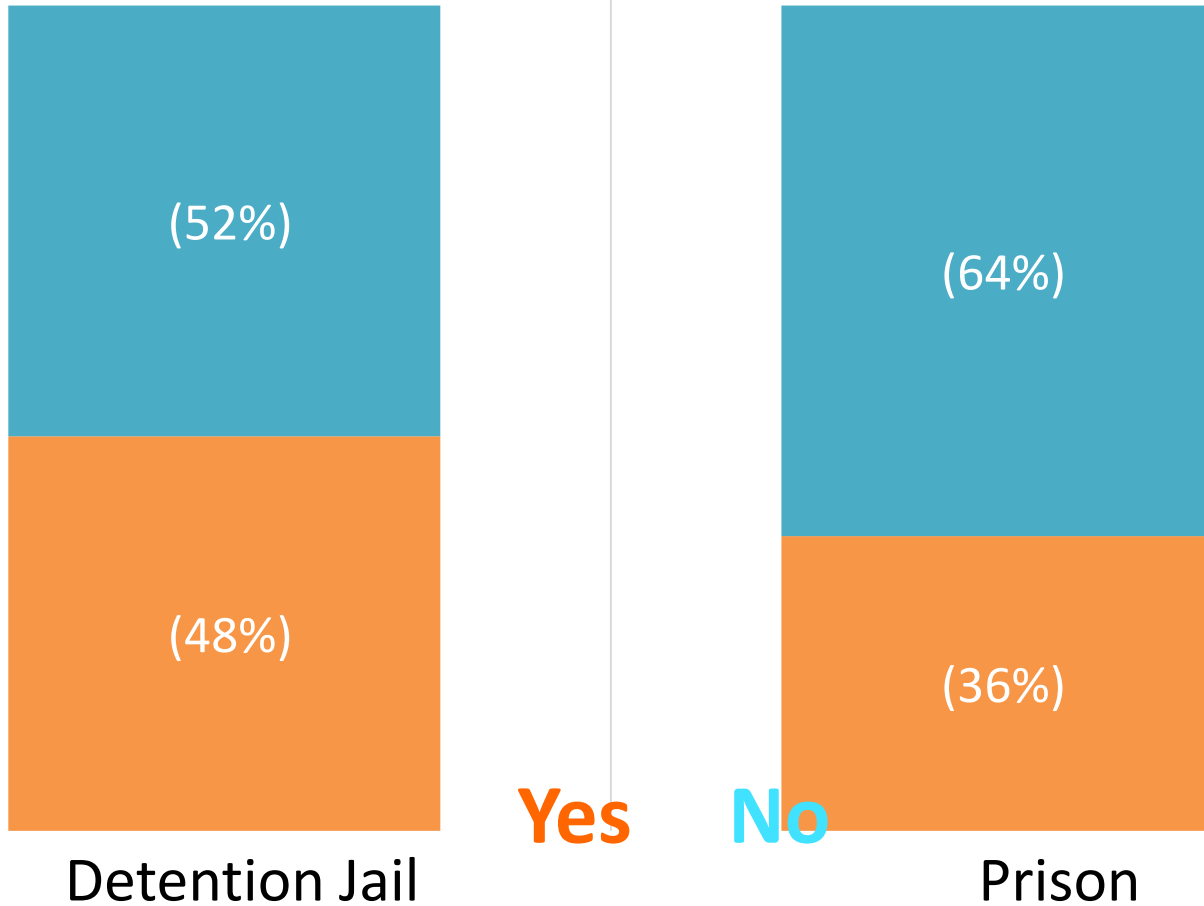
- SOME COUNTRIES HAVE MANAGED TO CONTROL HIV INFECTION AMONG THEIR PRISON POPULATIONS. IN AUSTRALIA, HIV PREVALENCE IS ALMOST ZERO, EVEN THOUGH PWID ACCOUNT FOR APPROXIMATELY 50% OF PRISON POPULATIONS.

[International Journal of Drug Policy V.26, Suppl. 1, 2015, P.12–15]

UKRAINE

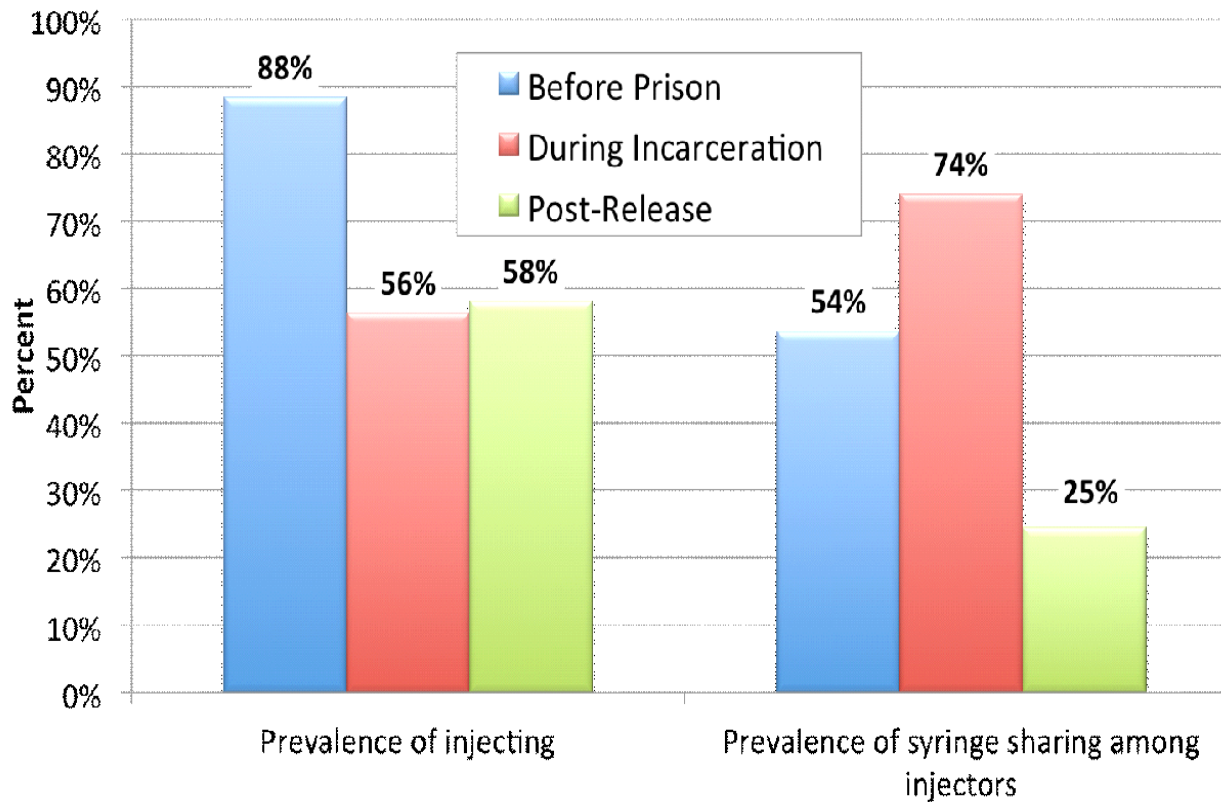
A SAMPLE OF ACTIVE PWID(N=933): HAVE YOU
BEEN ANYTIME IN PRISON?

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Drug Injection and HIV Risk in Prisons

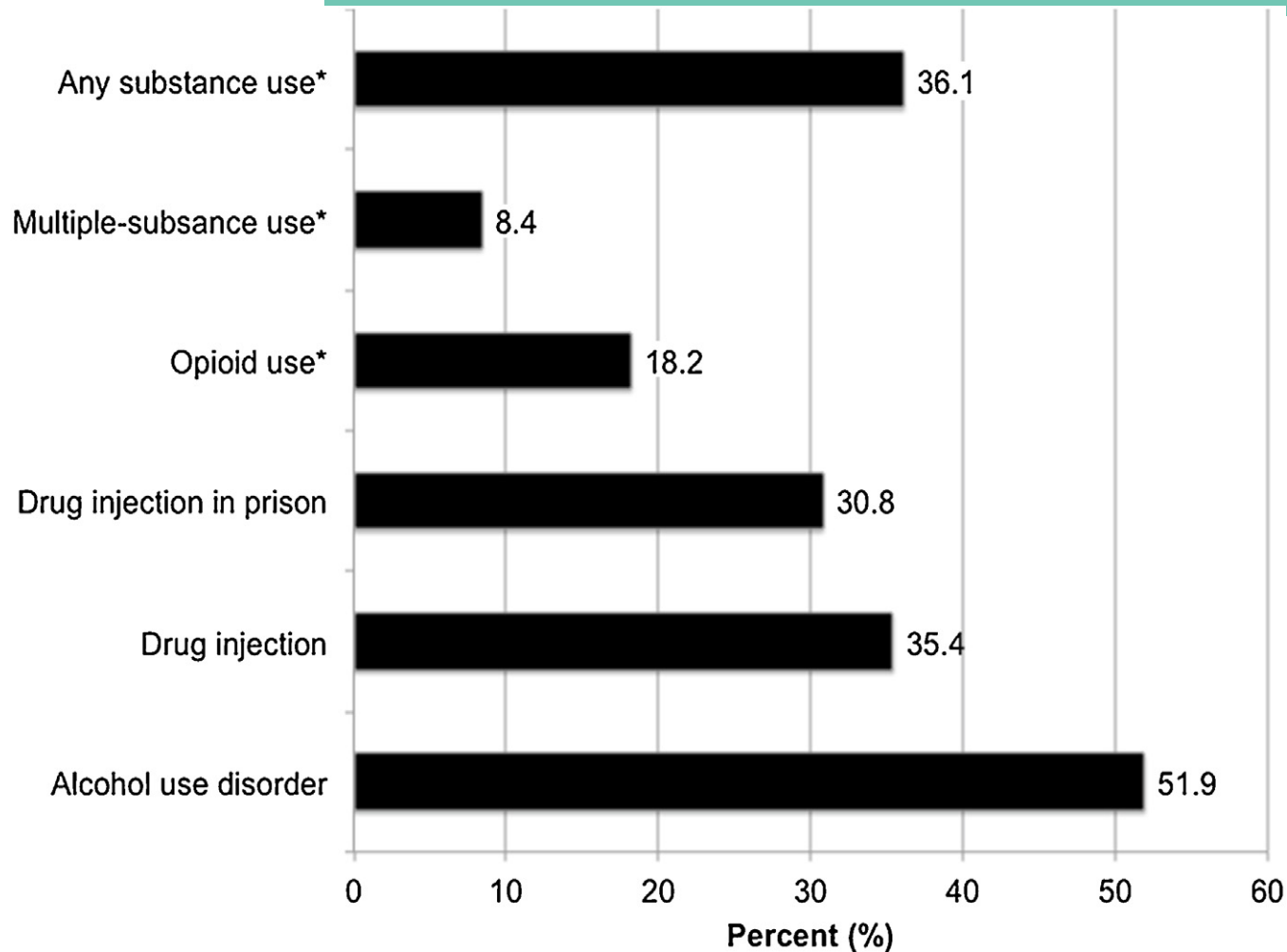
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N= 97
HIV+ recently released
prisoners within
1 – 12 months

Izenberg J. M., et al. Within-prison drug injection among HIV-infected Ukrainian prisoners: Prevalence and correlates of an extremely high-risk behavior. *Int J Drug Policy*. 2014 V.25, No.5. P. 845-52

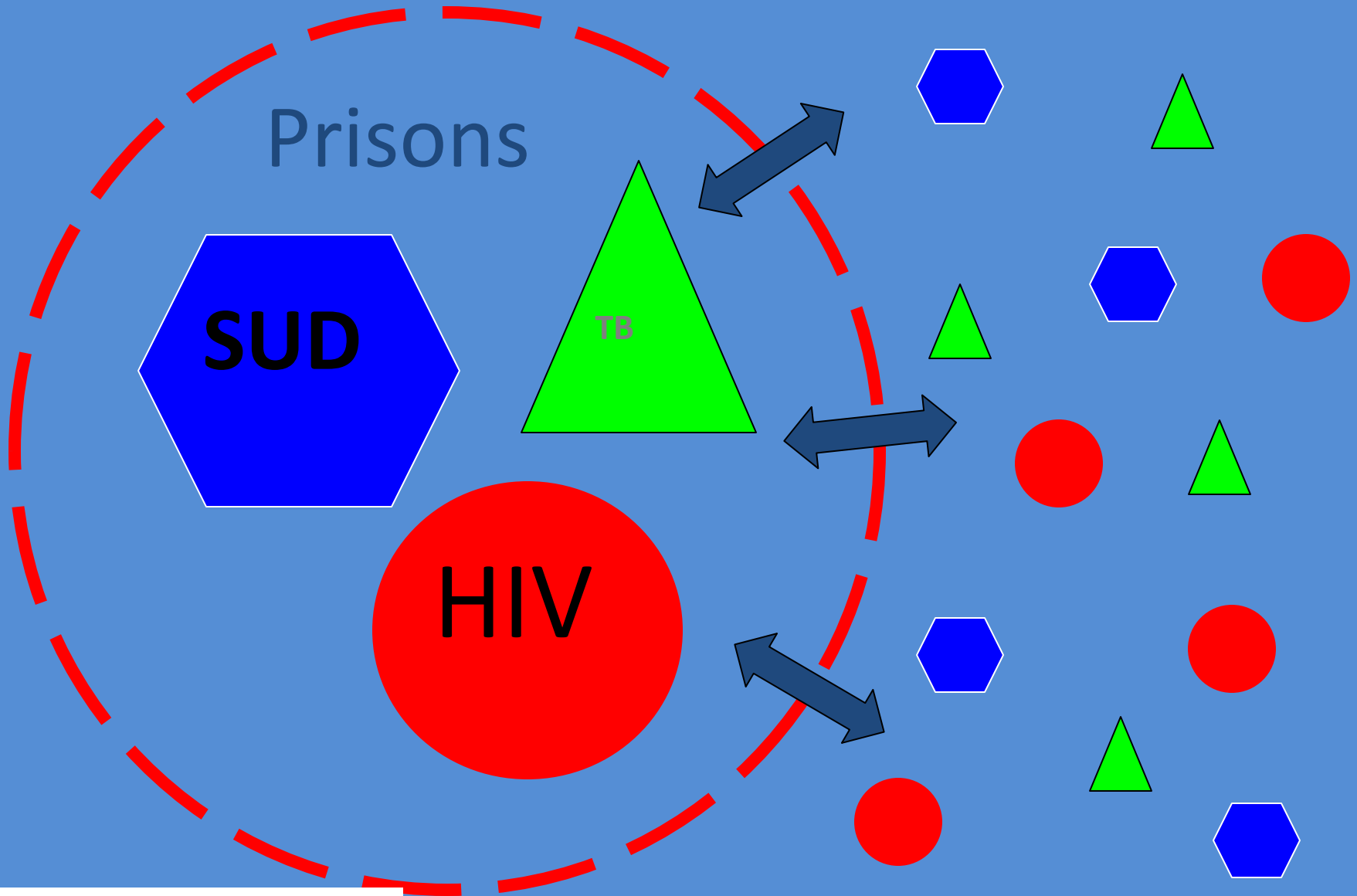
SUD in Kyrgyzstan Prisons



(N = 368).

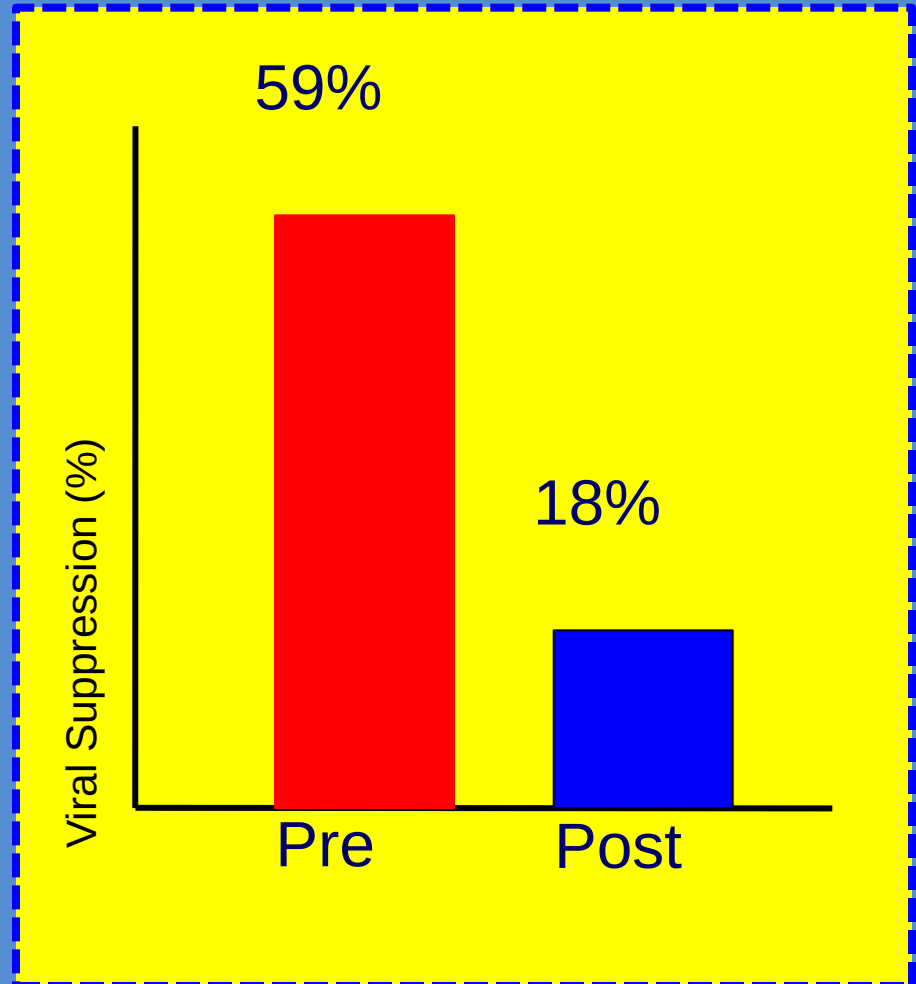
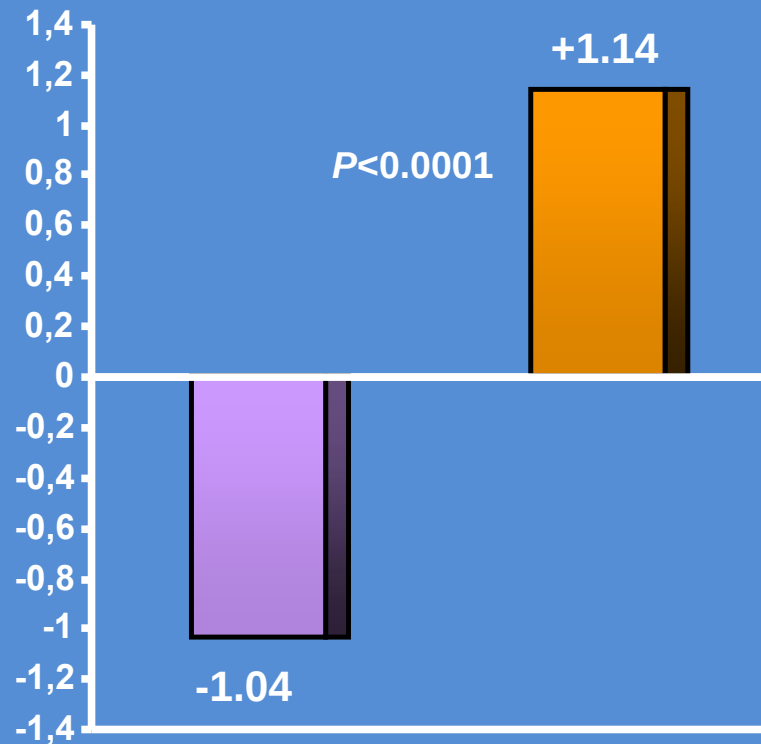
*Refers only to the 30 days prior to arrest and incarceration; otherwise, lifetime use.

Prisoner Health is Community Health

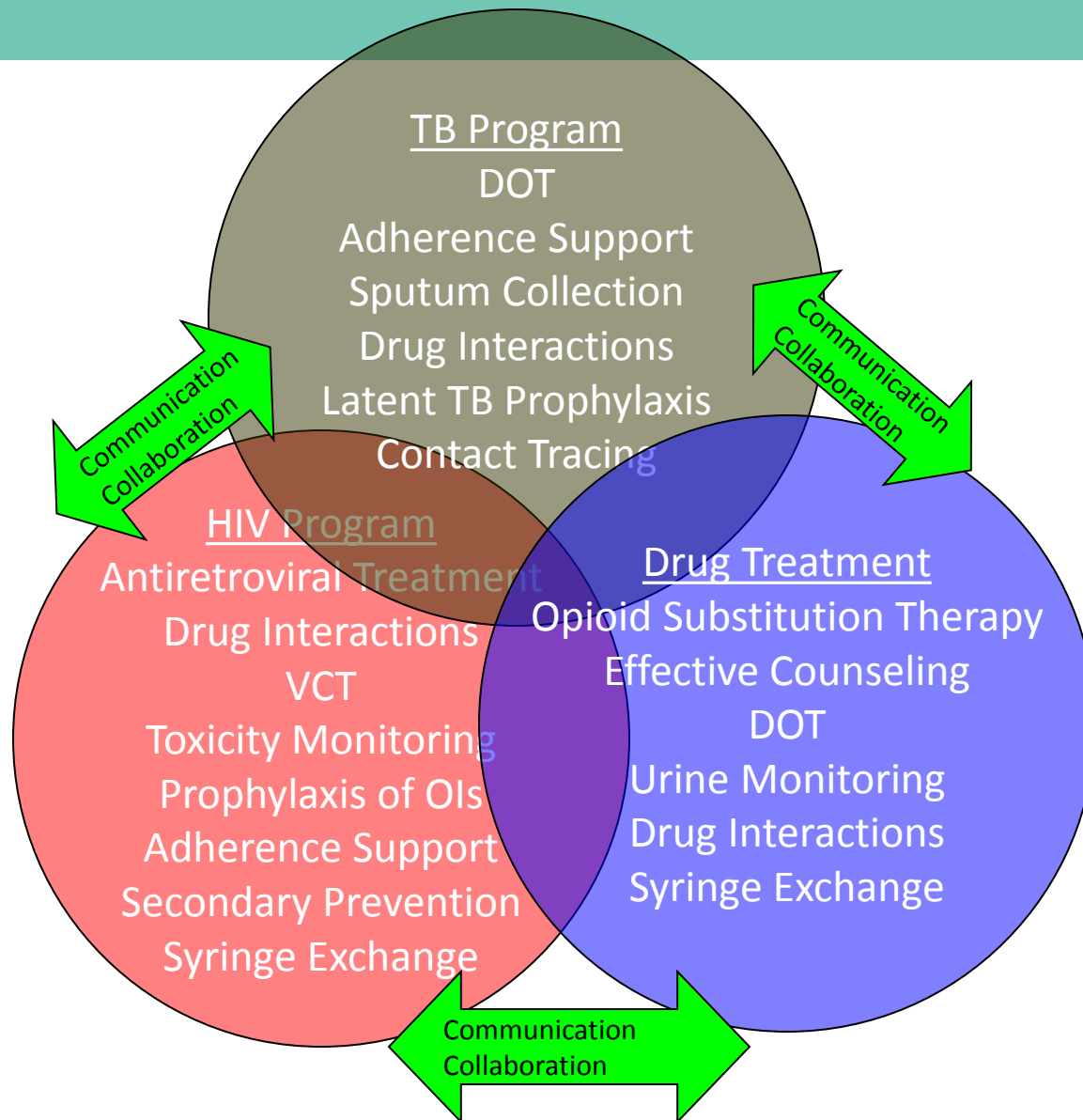


HIV Treatment Outcomes During and After Incarceration

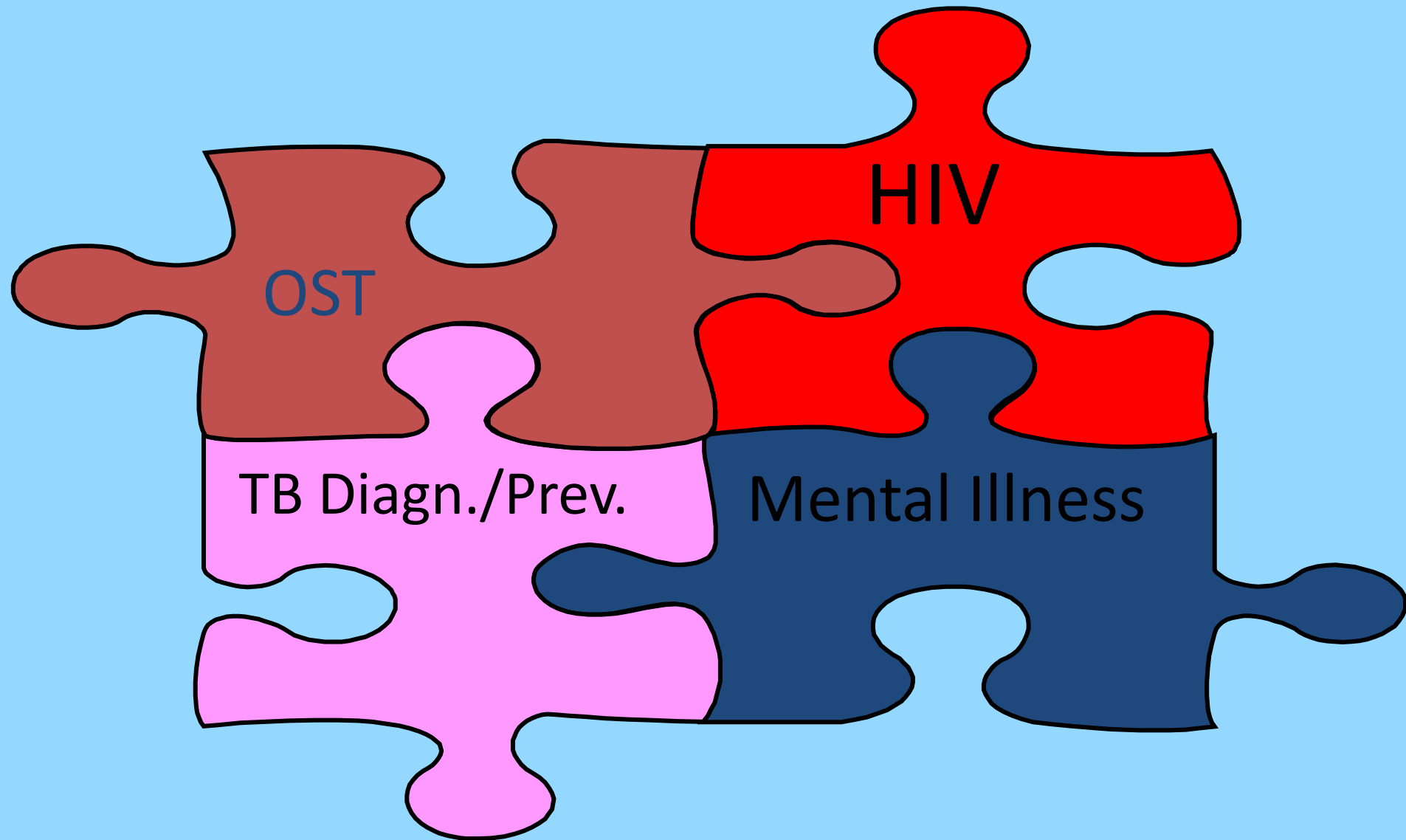
HIV RNA Change



Approach toward successful integration



The Solution!



Integration of Services

- Key aspects of integration programs include:
 - co-location of services convenient to the patient;
 - provision of effective substance use treatment (agonists and antagonists of opioid receptors)
 - mechanism for treatment with antiretroviral therapy for co-infected patients (referral or onsite)
 - primary and secondary HIV prevention education for TB patients
 - active TB case finding for all HIV+ patients
 - TB diagnosis and treatment (referral or on site)
- Also:
 - cross-training of generalist and specialist care providers;
 - provision of enhanced monitoring of
 - drug–drug interactions
 - adverse side effects.

Anchor Points of the Integration Continuum

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- **Information sharing and communication**
 - Informal and involve sharing about services
- **Cooperation and coordination**
 - E.g.: reciprocal client referrals and follow-up processes, verbal agreements to hold joint staff meetings, or joint advocacy
- **Collaboration**
 - partnerships with written agreements, goals, formalized operational procedures, and possibly joint funding, staff cross training, or shared information systems



Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

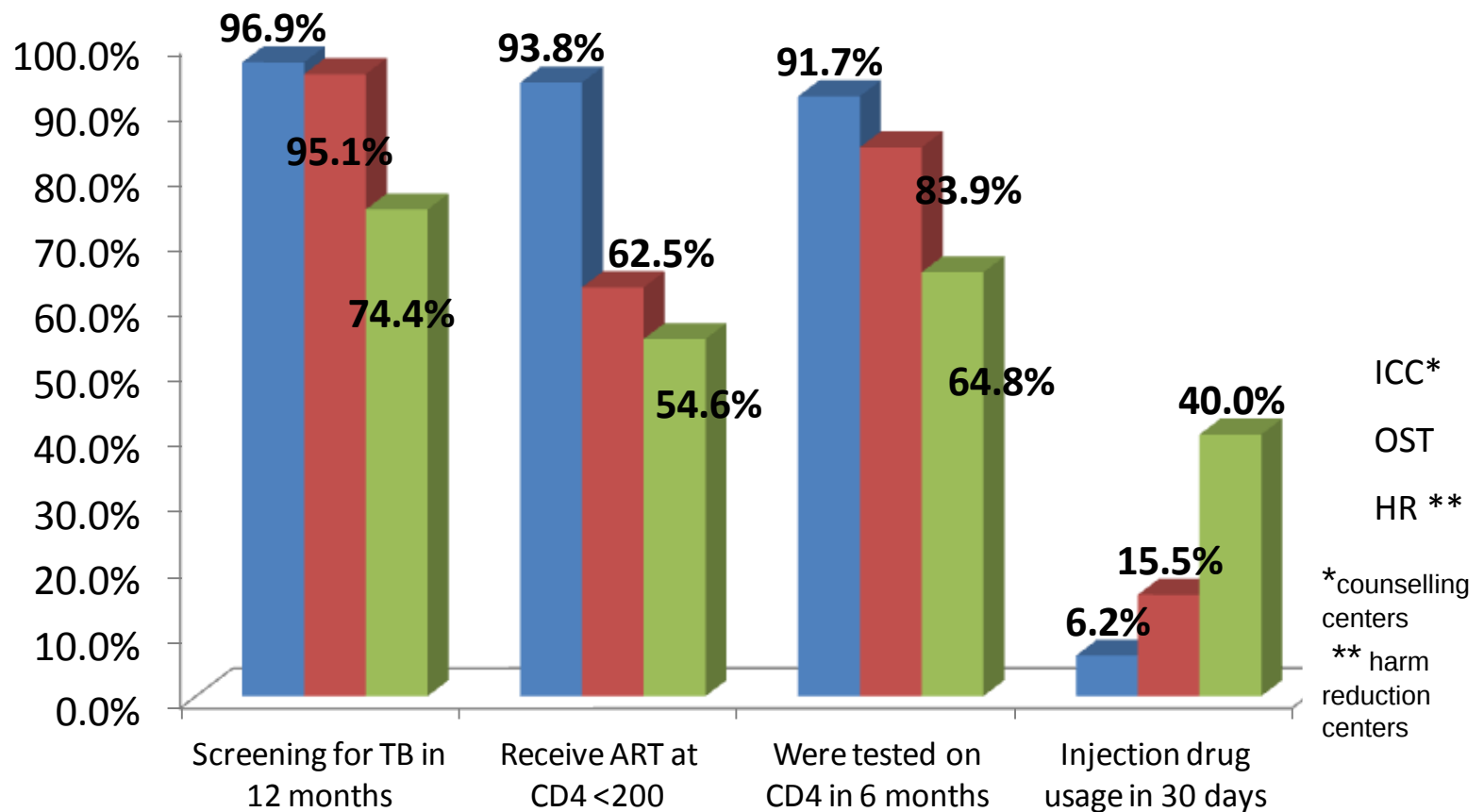


Integration of health services improves multiple healthcare outcomes among HIV-infected people who inject drugs in Ukraine



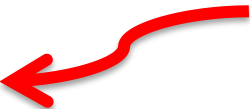
Chethan Bachiredy^a, Michael C. Soule^b, Jacob M. Izenberg^a, Sergey Dvoryak^c,
Konstantin Dumchev^d, Frederick L. Altice^{a,e,*}

The efficiency of integration (a study was held six programs in 2 areas)



Prevention measures

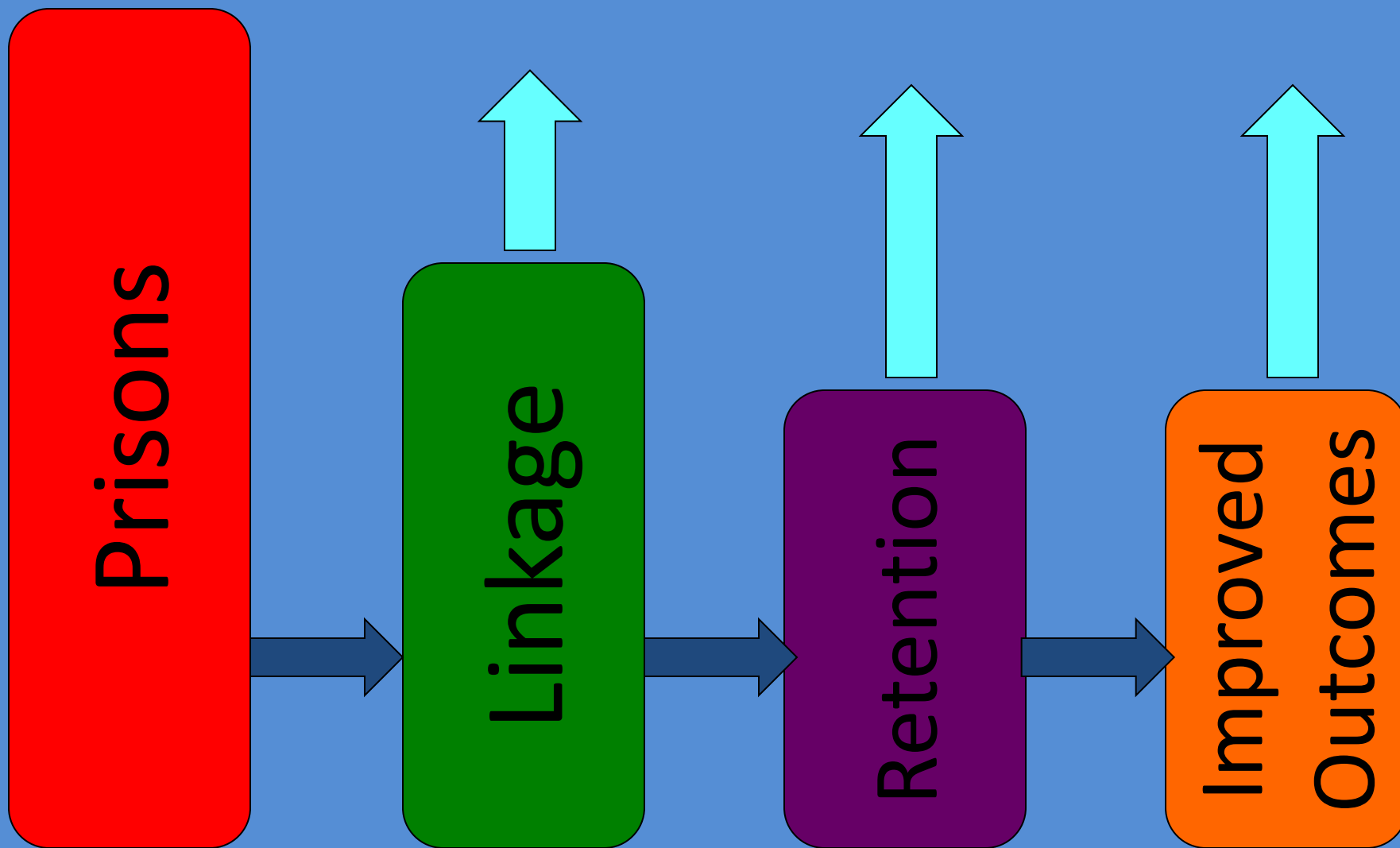
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1. Information
2. VTC
3. HIV Treatment and care 
4. Condoms distribution
5. TB diagnostic & Prevention (Isoniazid) 
6. PMTC
7. OST 
8. SEP
9. HBV vaccination

- IN 2012, METHADONE TREATMENT WAS AVAILABLE IN PRISON IN 41 COUNTRIES EVEN THOUGH IT WAS AVAILABLE IN THE COMMUNITY IN 77 COUNTRIES ([HRI, 2012](#)).
- NEEDLE AND SYRINGE PROGRAMS WERE AVAILABLE IN PRISON IN JUST 13 COUNTRIES BUT OPERATED IN THE COMMUNITY IN 86 COUNTRIES ([HRI, 2012](#)).
- AMONG EECA COUNTRIES ONLY KYRGYZSTAN, ARMENIA AND MOLDOVA PROVIDE METHADONE AND SYRINGE EXCHANGE PROGRAMS

Post-Release Treatment Cascade

Improved with Effective Substance Abuse Treatment



Post-Release Concerns for Prisoners with Infectious Disease

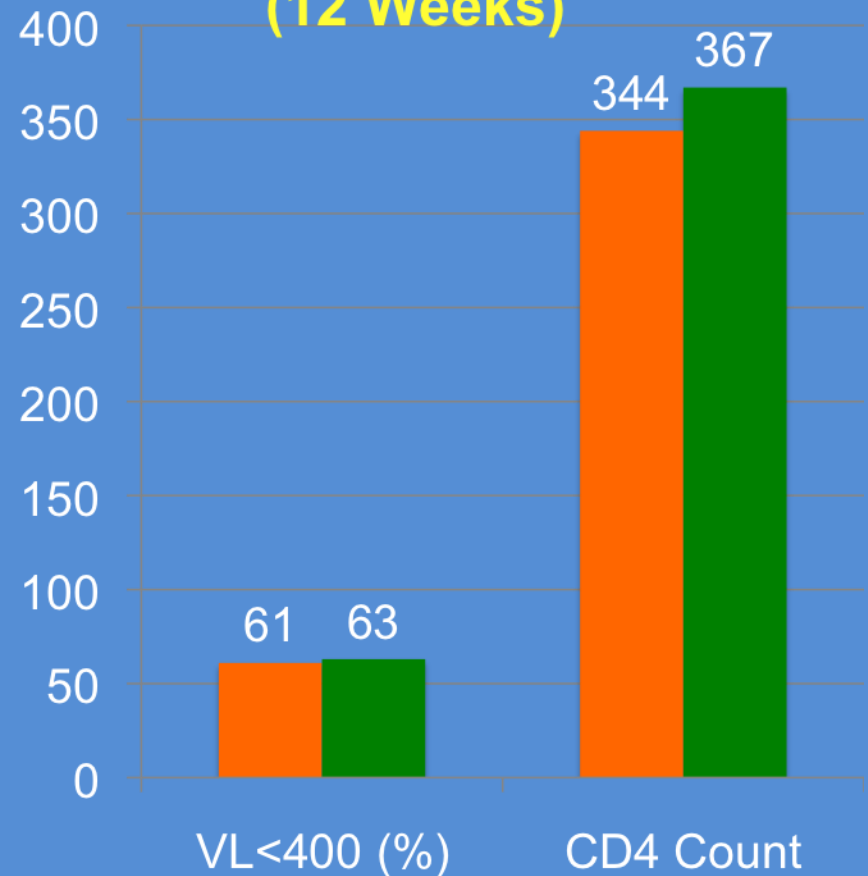
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- The presence of infectious diseases (e.g. HIV, viral hepatitis, TB) require continuity of care after release, including:
 - Linkages to and retention in care
 - Linkages to antiretroviral therapy (ART)
 - Retention on and adherence to ART – if virally suppressed, it is almost impossible to transmit HIV to others even if harm reduction not being practiced

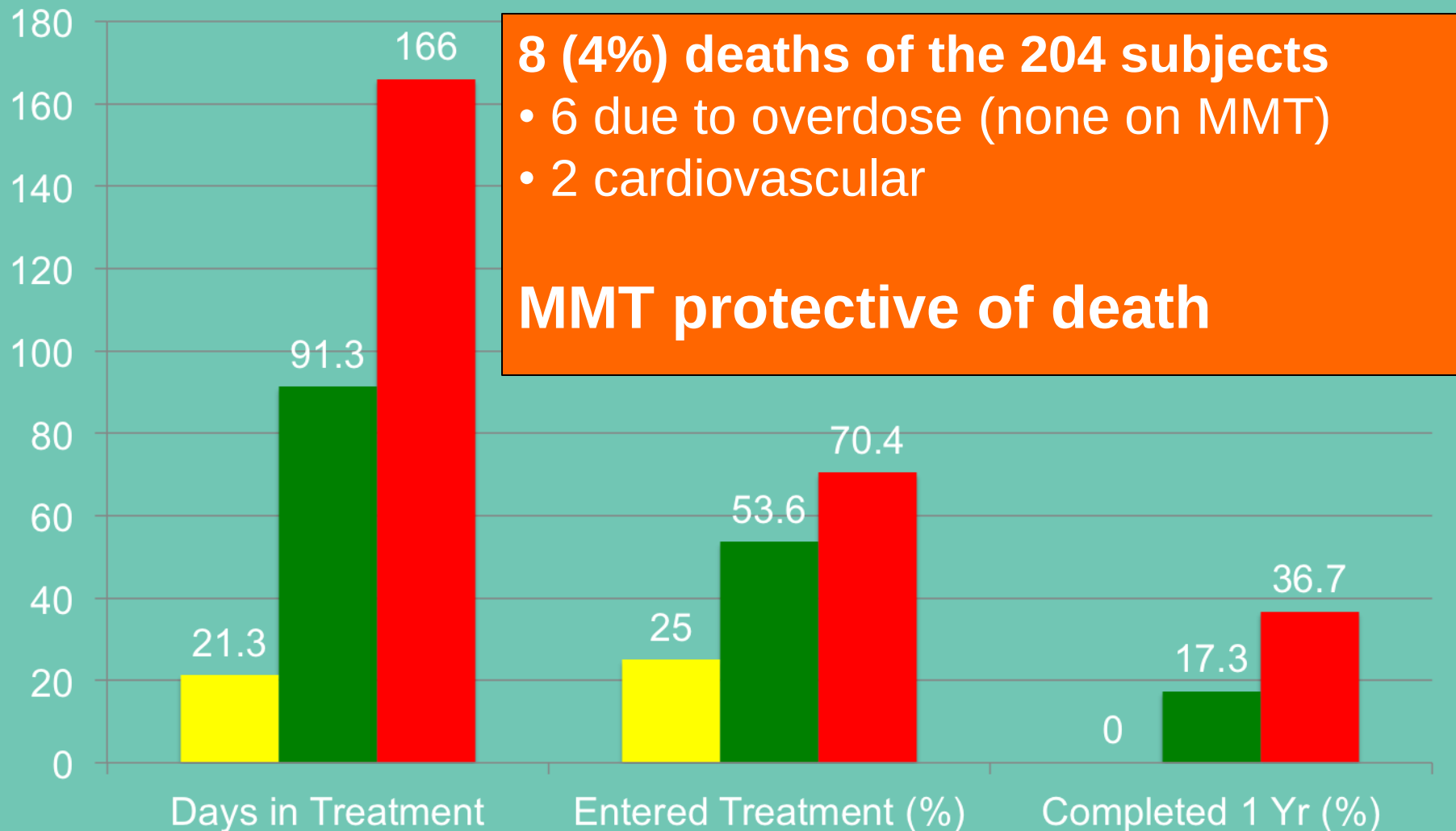
Buprenorphine Treatment for Released HIV+ Prisoners (N=23)

- Opioid craving ↓ within 3 days
- Low mean BPN stabilization dose (9mg)
- High satisfaction
- Retention on BPN 74%

**HIV Treatment Outcomes
(12 Weeks)**



Impact of Methadone Treatment



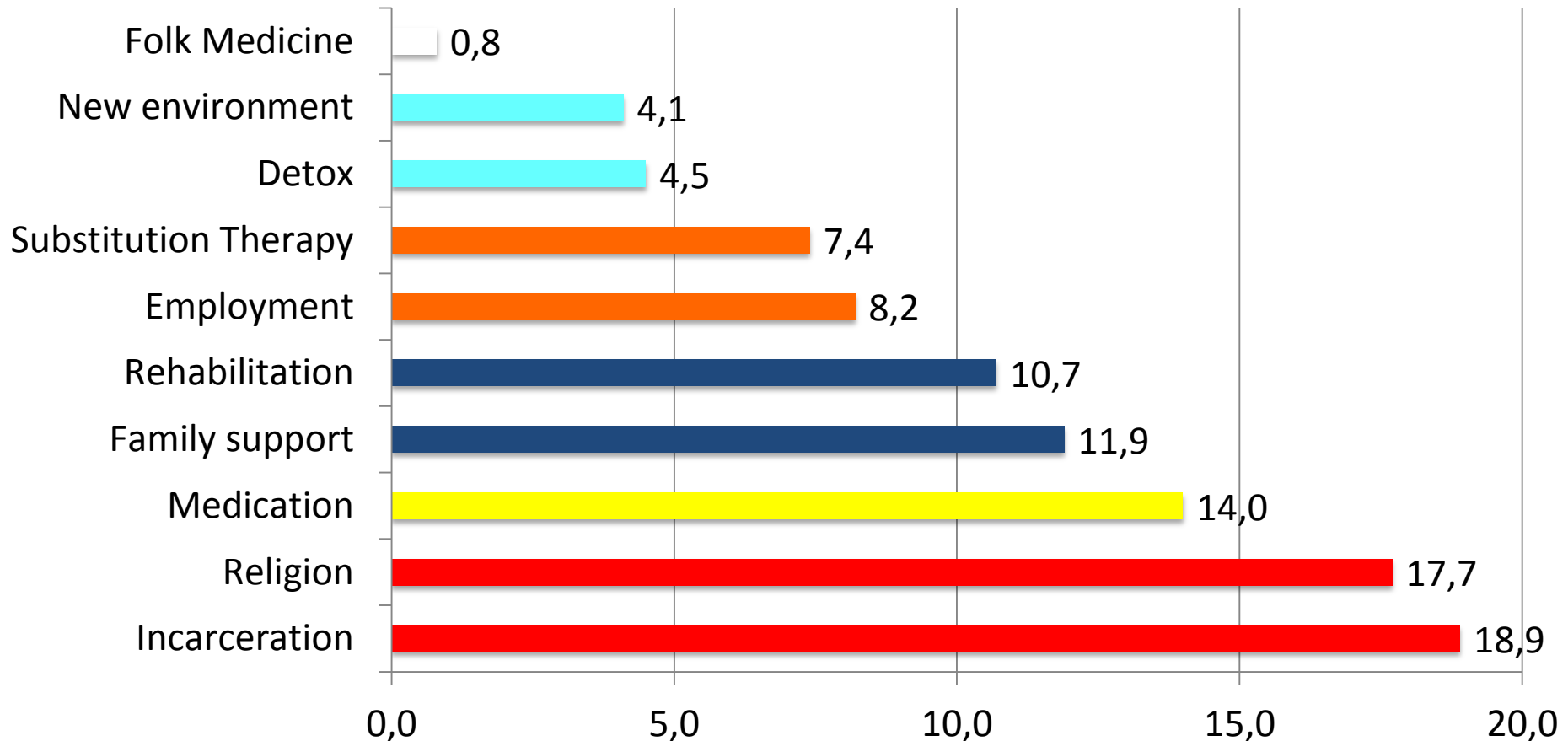
Kinlock, J Sub Abuse Treat, 2009

What Are the Barriers to Provide Integrated Care for HIV+ who Use Drugs in Prisons

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- Triple stigma: imprisonment, SUD, HIV-infection.
“People have an interest in keeping other people down” B.G.Link
- Legislation issues
- Financing issues
- Focus on security issues and neglecting of public health
- Mistrust to scientific data and power of stereotypes
- Lack of training among prison staff
- Cruelty and Ignorance.

Attitude to drug treatment among medics working in penitentiary system



Percent (%) Responding.

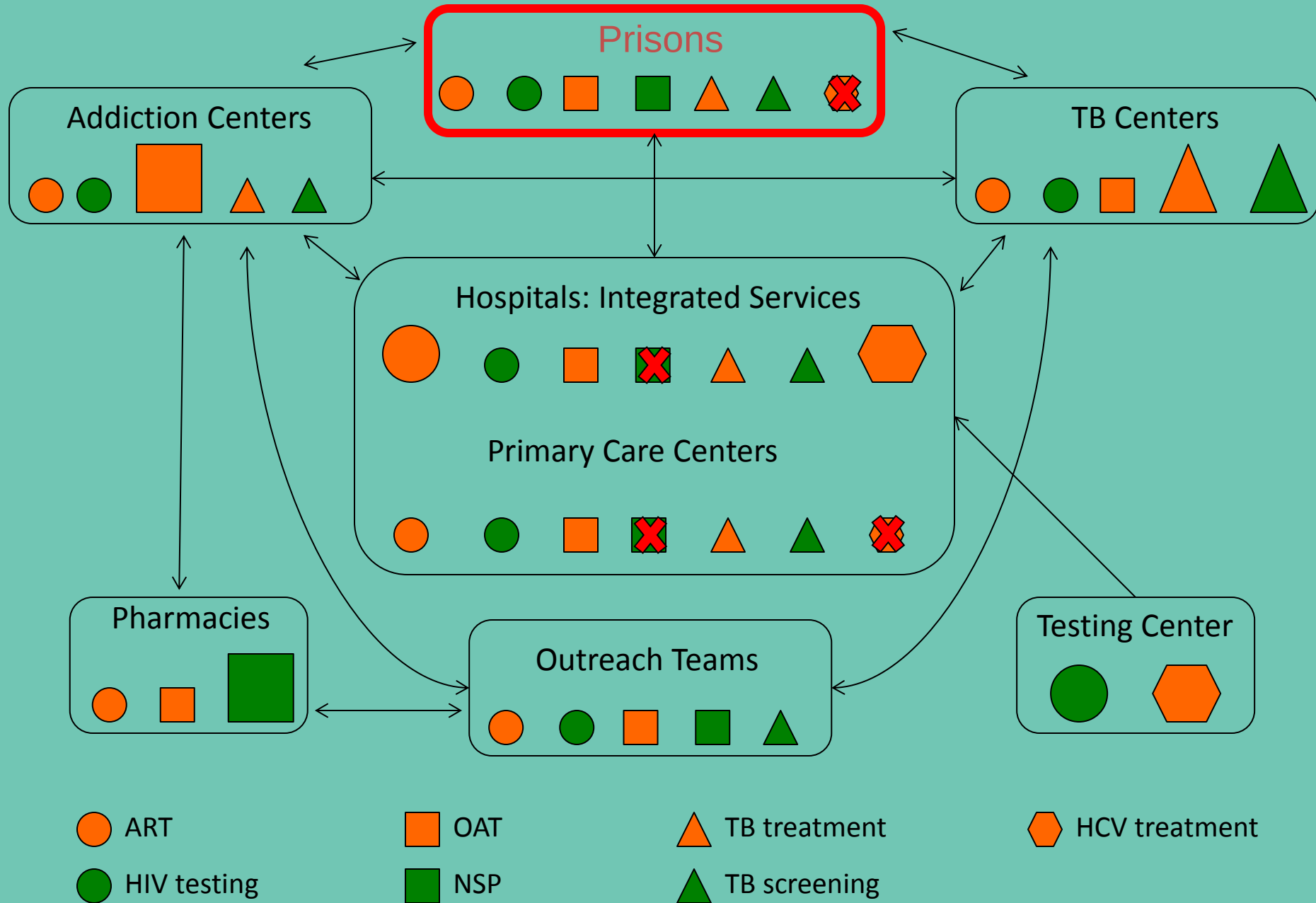
F.Altice et al. 2013

What Are the Barriers to Initiating Medication-Assisted Therapy in Prisons?

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- Negative attitudes toward MAT
- Lack of knowledge about MAT as effective treatment by inmates themselves
 - Perception that they are “drug free” while in prison
- Legal impediments to initiating MAT in prisons
 - Most opioid dependent persons stop or markedly reduce opioid use while incarcerated
 - Law requires narcologist to “certify” they are drug dependent (despite opioid dependence being a chronic and relapsing condition)
- Logistical constraints (transport, security, etc)

Portugal Experience (Decentralization)



Opportunities for Prevention and Intervention

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- EXPANDED OAT, NSP, AND ART IN BOTH COMMUNITY AND PRISON SETTINGS
- CHANGES IN LAWS THAT GOVERN DRUG USE
- INTERVENTIONS WITH POLICE; INTRODUCTION OF ALTERNATIVES TO INCARCERATION (DRUG COURTS, PROBATION, PAROLE)
- INTERVENTIONS TO REBRAND OAT TO REDUCE STAFF AND PEER STIGMA
- INTERVENTIONS TO REDUCE ISOLATION AND STIGMA OF OAT PATIENTS
- GENDER-BASED EQUALITY AND EMPOWERMENT EFFORTS
- REMOVAL OF NAMES-BASED REGISTRIES FOR HIV AND ADDICTION

To end the epidemic up to 2030 no one has to be without care, including prisoners. **To do this:**

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- Reforming penitentiary medicines in terms of public health approach, move focus from security to health issues
- Increase coverage and quality of services
- Better supply of Penitentiary System
- Join PS and Public Health Department
- Provide all evidence based interventions which are accessible in the community



**Thank you for your
attention!**