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<th>Speaker Name</th>
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Prisoners and HIV

Dr Mark Pakianathan
St Georges Healthcare NHS Trust
Why prisoners...

- Vulnerable population
- Evidence of poorer outcomes
- Powerful multi-agency working essential in order to achieve optimal outcomes
- Engaging the unengaged vs diagnosing the undiagnosed
Broad Aims/Objectives

- UK prison system
- Healthcare in prison
- Prisoners & HIV - complexity
- Barriers to effective HIV care in a prison environment
- Strategies for improving outcomes
Understanding prisons

- England
  - Men: Category A, B, C & D (open)
  - Women: restricted, closed, semi-open (phased out) & open
- Three types of custody for young people:
  - young offender institutions
  - secure training centres
  - secure children’s homes
- Scotland / Northern Ireland
  - high, medium and low supervision
Prison population

• 1996 - 2010 prison population England & Wales increased - 29 746 (54%) ¹

• England and Wales prison population 87 297 (Dec 2011) ²

• Imprisonment rate ³
  – England & Wales  156/100 000 population
  – Scotland  155/100 000 population
  – Northern Ireland 92/100 000
  – Germany 87/100 000 population

². Ministry of Justice (201) Offender management caseload statistics 2010
³. International Centre for prison studies (2011) World prison brief
Healthcare Challenge
The prison population is dynamic

Newly remanded in custody

Newly sentenced prisoners

Transfers in from other prisons

Prison Population

Transfers
Released
Risk behaviours in prisons

• National survey
  – 3% male prisoners had sex with another man in prison
  – 24% adult prisoners reported ever having injected drugs
    • 30% of these reported having injected in prison
    • 3/4 of those who injected in prison shared needles or syringes

• National AIDS Trust Report 2005
  – Poor access to condoms and clean needles

BBV in UK prisons

• In those tested
  – 0.4% HIV positive
  – > 6% of those self-identifying as MSM in prison were infected with HIV
  – 8% were positive for anti-HBc
  – 7% were positive for anti-HCV

• Yet no systematic availability of screening for HIV in prison populations

Healthcare in UK prisons

- Report Chief Inspector of Prisons -1996
  - Staff: inadequately qualified, lacked suitable training, low morale, professional isolation, poor communication among doctors and nurses

- 2006 responsibility transferred from prison service to NHS (DH)

- Funding issues remain

HIV
Healthcare needs of prisoners with HIV

- Access and adhere to treatment
- Manage side effects e.g. diarrhoea
- Maintain wellbeing: emotional and psychological health
- Healthy lifestyle: sleep, exercise, nutrition
- Confidentiality
Managing HIV in prison

- Relocation and complications within the prison system can impact on adherence
- Study of HIV positive inmates in London prisons found three-quarters had experienced breaks in treatment due to transfers between prisons, transfers between prison wings, court attendance and hospital visits \(^1\)
- Following release from prison concerns remain about accessing antiretroviral treatment

Confidentiality concerns of prisoners

- Fear of bullying and stigmatisation
- Inadvertent disclosure to other prisoners / prison staff
  - Medication held ‘in possession’
  - Visits to in-reach or hospital specialist clinics
- Healthcare workers within prison not perceived as separate from prison regime
HIV Care – influencing factors

Structural factors
- In-reach vs specialist centre
- Shared vs single cell
- ‘In possession’ medication vs collection from nurse/pharmacy
- ‘Medical hold’ - treatment initiation / treatment changes
- Communication and coordination with primary care - problematic
HIV Care – influencing factors

Prisoner factors

• Co-morbidities: co-infection, mental health, substance misuse
• In women – if pregnant complexity increases
• Language barriers
• Understanding additional complexities with prescribing – drugs with ‘street value’
HIV care - the new detainee’s journey

- If known HIV positive - disclosed at prison reception
- If on HAART, drugs correctly identified by prisoner / nurse
- Removal of personal possessions may include HAART
- Immediately prescribed and correct
- Availability at prison pharmacy
HIV care - the longer term detainee

- Access to specialist - requires partnership with prison authorities
- Access to repeat prescriptions and medication and monitoring - requires vigilance by prisoner, primary and secondary care
- ‘In possession’ medication / access to treatment dispensary points - requires prison authorities cooperation
- ‘Lock downs’
HIV on release and re-settlement

- Housing
- Employment
- Fast and efficient access to welfare and benefits
- Continuity of healthcare
Strategies for improving outcomes

- Better data required on outcomes in HIV positive prisoners in the UK
- Better HIV specific training of prison and prison NHS staff
- Improved awareness of NHS staff regarding security priorities of prison service
- Tackle stigma
- Culture change in prisons to recognise healthcare as a right and not a privilege
- Strengthen partnership between NHS and prison services