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COMPETING INTEREST OF FINANCIAL VALUE > £1,000:	
Speaker Name	**Statement**
Dr Mark Pakianathan:	None declared
Date	**April 2012**

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Prisoners and HIV

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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

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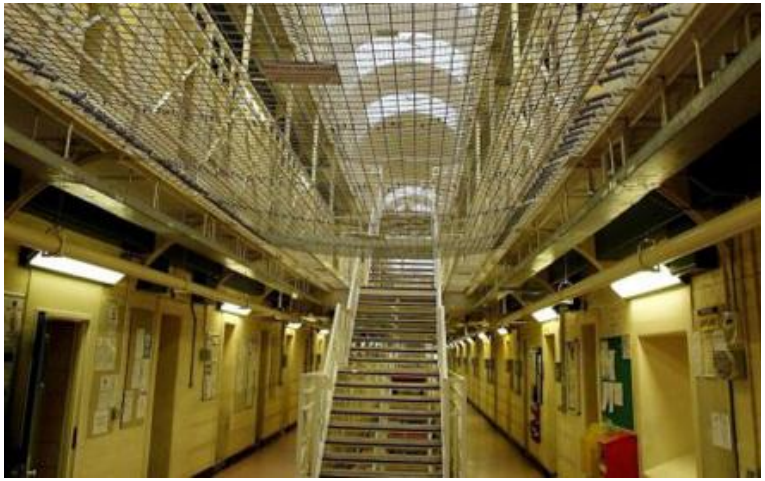
Broad Aims/Objectives

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



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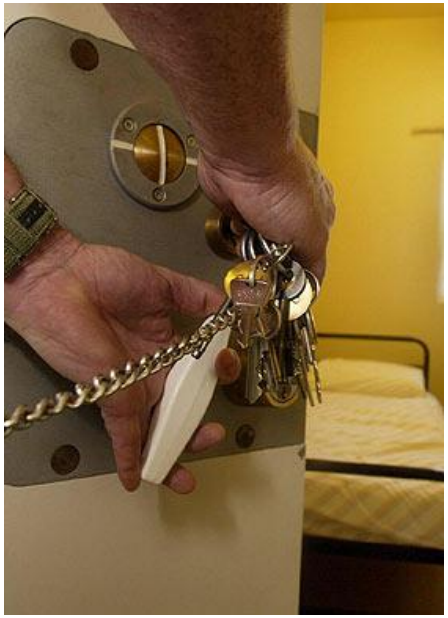
Understanding prisons

- 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



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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

1. Ministry of Justice (2011) Weekly Prison Population Bulletin - 9 Dec 20112
2. Ministry of Justice (201) Offender management caseload statistics 2010
3. International Centre for prison studies (2011) World prison brief

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Healthcare Challenge
The prison population is dynamic

Newly remanded in custody

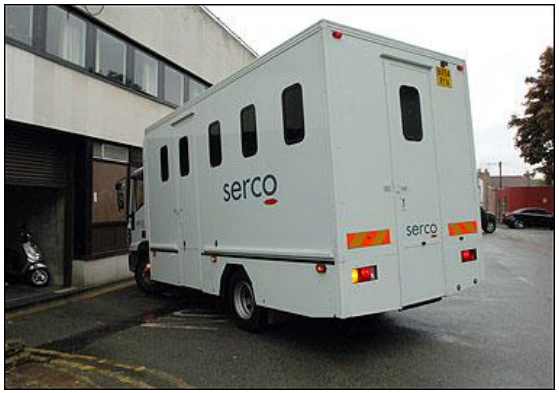
Newly sentenced prisoners

Prison Population

Transfers in from other prisons

Transfers

Released



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Risk behaviours in prisons

- National survey [1]
  - 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 [2]
  - Poor access to condoms and clean needles

1. Weild AR, Gill ON, Bennett D, et al (2000) Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey. Communicable Disease and Public Health; 3 (2)
2. National AIDS Trust (NAT) tackling Blood Bvorne Viruses: a framework for best practice in the UK London NAT 2007

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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

1. Weild AR, Gill ON, Bennett D, et al (2000) Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey. Communicable Disease and Public Health; 3 (2)

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Healthcare in UK prisons

- Report Chief Inspector of Prisons -1996 [1]
  - 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

1. Patient or Prisoner? A New Strategy for Health Care in Prisons. London, England: Her Majesty's Chief Inspector of Prisons; 1996.

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HIV

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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

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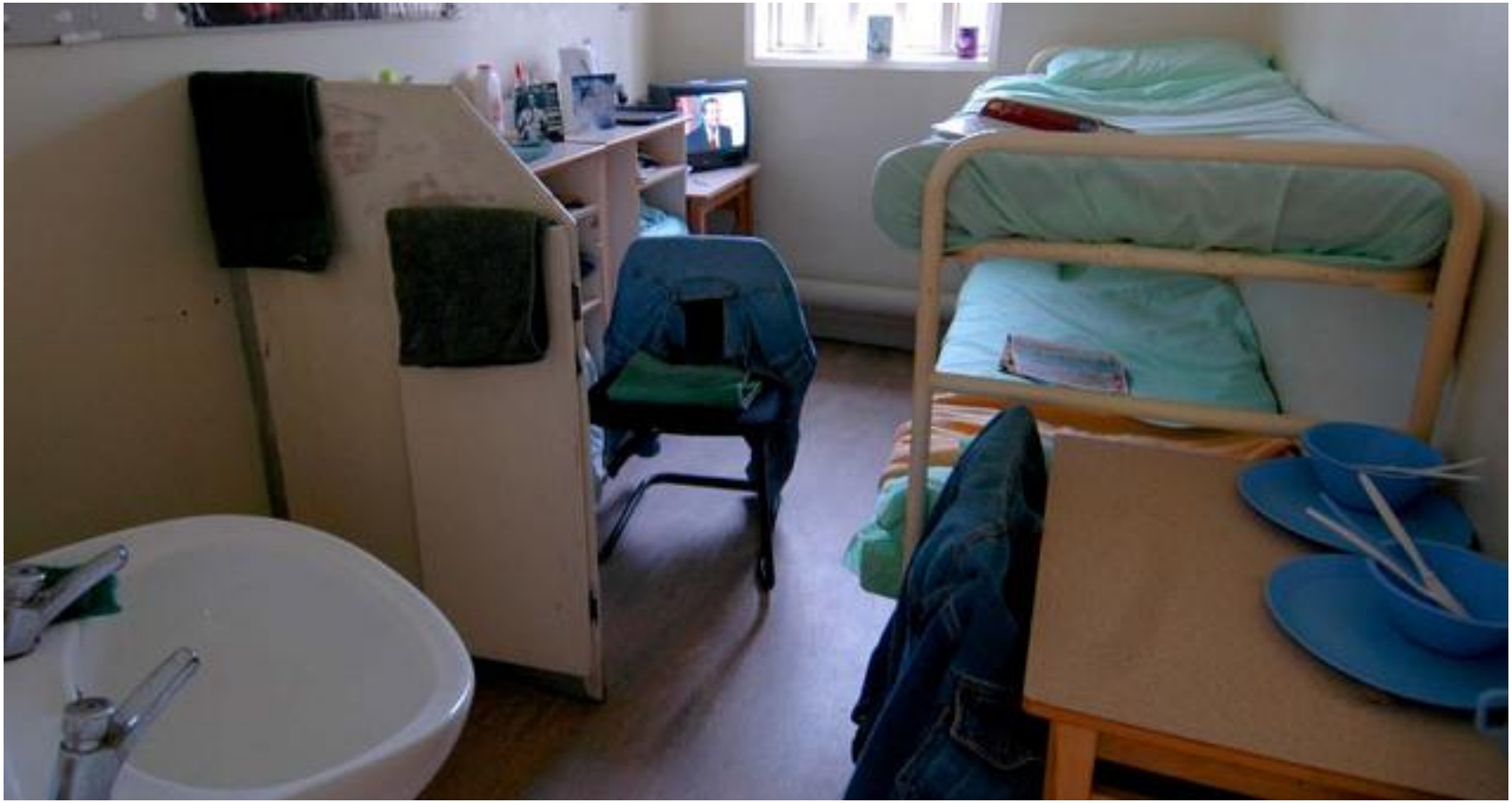

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Managing HIV in prison

- 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

1. Natha, M, et al (2008) 'HIV in prisons: the London experience' *International Journal of STD & AIDS 19(4)*

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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

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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’

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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

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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’

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HIV on release and re-settlement

- Housing
- Employment
- Fast and efficient access to welfare and benefits
- Continuity of healthcare

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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