

HIV care in the Criminal Justice System: Is it fit for purpose?



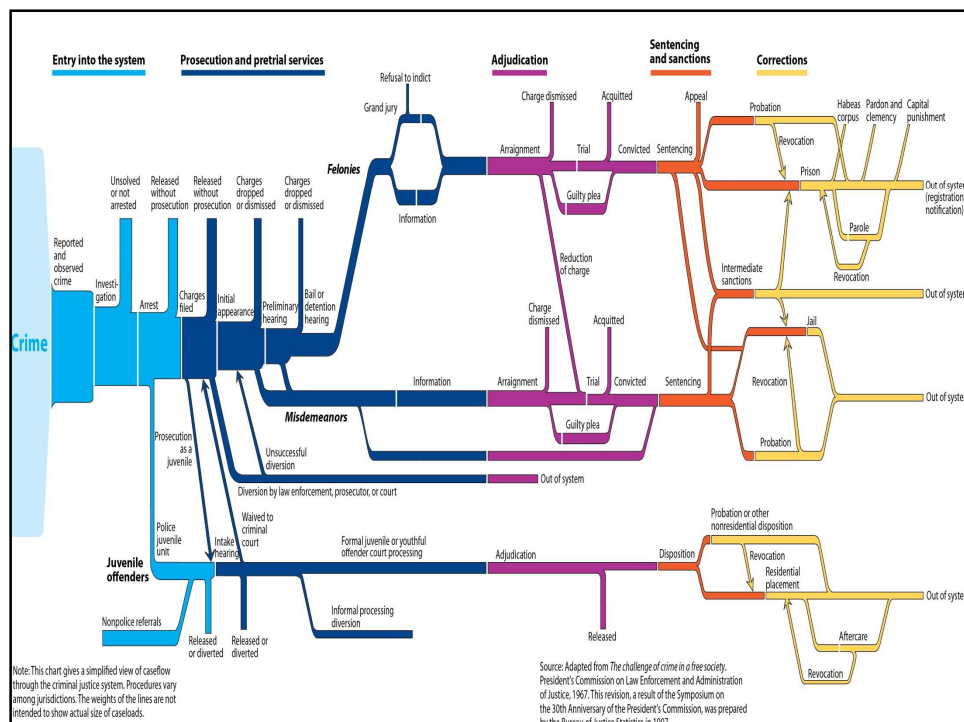
Pauline Jelliman June 2015

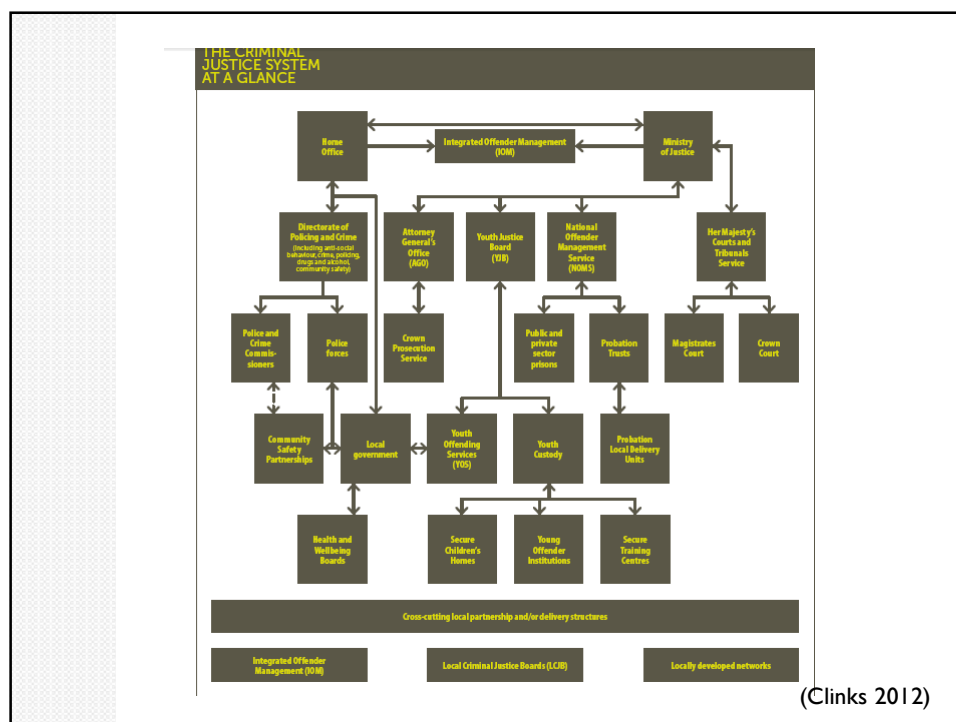
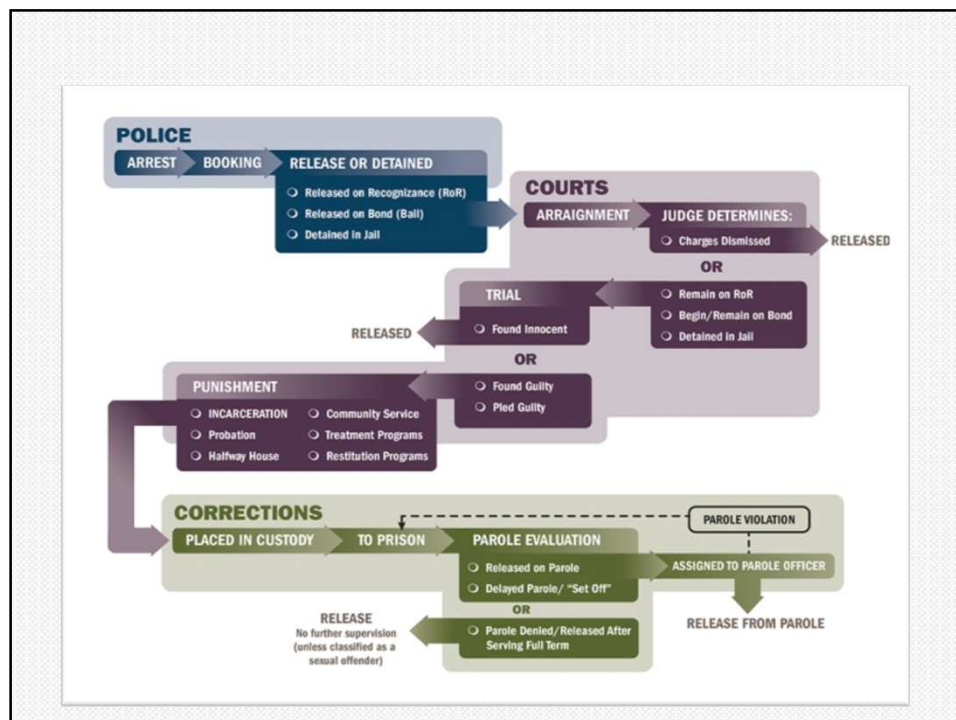
The National Tactical Response Group (NTRG) (riot squad, crack team)



Session Aims

- Clarify UK CJS
- Quick facts and figures of UK prisons
- Inequalities in prison & HIV populations
- Issues for Prisoners with HIV
- Examples of good practice
- Recommendations
- Is the UK CJS fit for purpose??

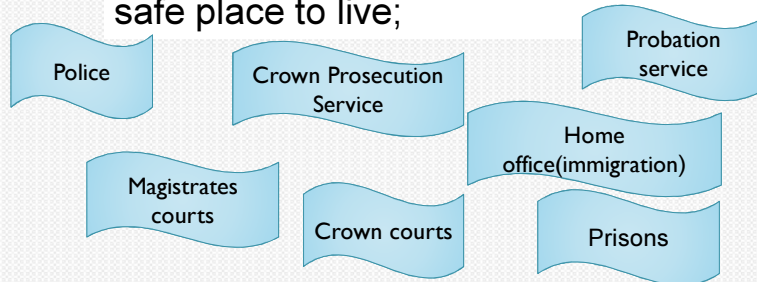




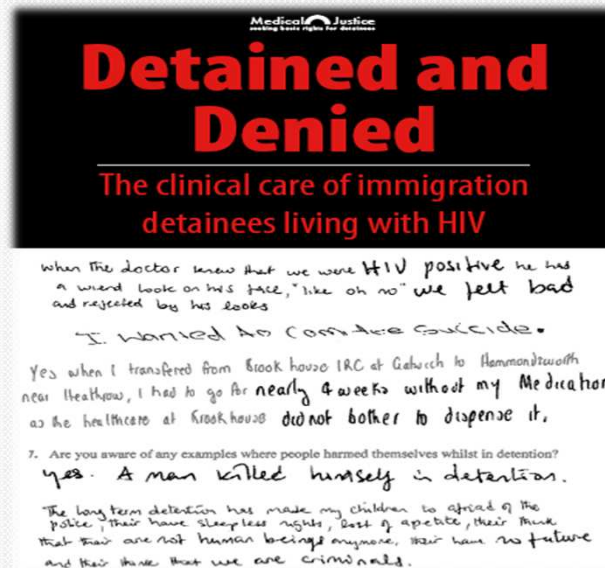
(Clinks 2012)



The CJS involves many agencies working together to ensure that our country is a safe place to live;



Medical Justice report (2013)



Quick facts and figures

- There are currently 136 prisons in England and Wales

85,059 prisoners

81,732 ♂

3,858 ♀ (NOMS May 2015)

- Prison reform trust and DOH state that prison pop has higher rate of HIV than the general population

- UK HIV prevalence in prisons.

1.2% ♀ 0.32% ♂ compared to 0.09% gen. pop. (Pos UK 2013)

Inequalities

PWHIV

- Stigma and discrimination remains a root cause of inequality (Dybul & Kirkby 2014)
- ΔHIV can negatively impact on work & employment opportunities, resulting in financial hardship, poverty is a key source of poor health for PLWHIV (NAT 2007)

PRISONERS

- Vulnerable population evidence of poorer outcomes (MacDonald et al 2012)
- Health needs of offenders are greater than those of the general population, (Paterson 2013)
- Ageing population will exacerbate inequalities in CJS (PHE 2013)

Inequalities

PWHIV

- HIV/AIDS is often termed a disease of poverty, but it should be more appropriately described as a disease of inequality (Holmqvist 2009)

PRISONERS

- Offenders are a “marginalized group” who experience significant health inequalities (The Health and Justice CRG)

For prisoners with HIV this can create a double disadvantage/layering of inequalities

↑ viral loads in prisoners with HIV (Chan 2011)

NAT & prison reform trust (2005) found prison services fail to meet the needs of prisoners with HIV

Further complexities

- Co-infection Hep, TB
- Poor mental health
- Pregnancy
- Language barriers

Issues for PWHIV

- Confidentiality issues
- Medication issues
- Difficulties in accessing clinicians
- Managing side effects
- Transmission

Confidentiality (prison walls have ears!)

Breaches lead to bullying and stigmatization

- Potential breaches during clinical appointments (long chain)
- Medication sessions on wings
- Submitting Apps

(Accidental disclosure to other prisoners / prison staff)

- Prison healthcare workers may not be perceived as separate from prison regime

Medication issues

- Access to ART at reception process
- IP medication vs collection from wing surgeries
- Drugs with 'street value' RTV EFV (Gatch et al 2013)
- Interactions between Rx and non Rx meds
- Study of HIV positive inmates in London prisons found three-quarters had experienced **treatment interruptions** due to transfers between prisons, & prison wings, court attendance and hospital visits (Natha 2008)
- "LOCKDOWN"
- Repeat prescriptions require vigilance by prisoner, prison healthcare, and HIV team (community and secondary)
- Continuation of ART following release

Difficulties in accessing clinicians

Attendance at outside HIV clinic

- Requires planning in advance
- Cost of POs in attendance , transport
- PO understaffing
- Low motivation = decline appointment

Access to clinicians within prison

- GPs /healthcare staff may not have specialist HIV expertise (Pos. UK 2010)
- Face long waiting times for appointments

Managing side effects

- Diarrhoea, nausea, vomiting, asking for help in shared cells



Transmission

- Injecting drugs, snorting, shared works,

“When I scored smack I rented or bought works that had been used God knows how many times.” (Turnball et al 1991)

- Sexual relationships
- Tattooing/piercings
- Sexual violence

Table 1: Sexual assault incidents by assailant/victim type and calendar year, England and Wales.

	2012	2013
Male and female	113	169
Prisoner on prisoner	88	136
Prisoner on officer	13	12
Prisoner on other	8	11
Other	4	10
Male establishments	107	165
Female establishments	6	4

A small proportion of the assaults recorded will refer to incidents that occurred outside of prison custody and some will be unproven allegations. Source: MoJ, 2014.

Transmission cont.

“Prison conditions are often ideal breeding grounds for onward transmission of HIV infection. They commonly operate in an atmosphere of violence and fear. Tensions abound, including sexual tensions. Release from these tensions, and from the boredom of prison life, is often found in the consumption of drugs or in sex. Prisons bring together a population with disproportionate rates of high risk behaviors in overcrowded and adverse conditions” (UNAIDS)

Negative prison culture

- Staff inadequately qualified, lacked suitable training, low morale, professional isolation, poor communication among doctors and nurses (Chief Inspector of Prisons Report)
- Poor prison conditions ,overcrowding, inadequate natural lighting and ventilation and poor facilities for personal hygiene can worsen the health of Prisoners WHIV (WHO 2007)
- Despite Governments' commitments to equitable NHS healthcare for people in prison with that received by the general public, the implementation of healthcare and HIV care in prisons is variable and in many cases substandard (Pos UK 2013)

Examples of good practice



- Staffordshire Buddies
- Leicestershire AIDS Support Service
- Positively UK and HMP s Holloway
Downview, Bronzefield, Pentonville

Examples of good practice

- https://www.youtube.com/watch?feature=player_embedded&v=LZYM_WMHR1A

Recommendations (align with Pos. UK 2013 report)

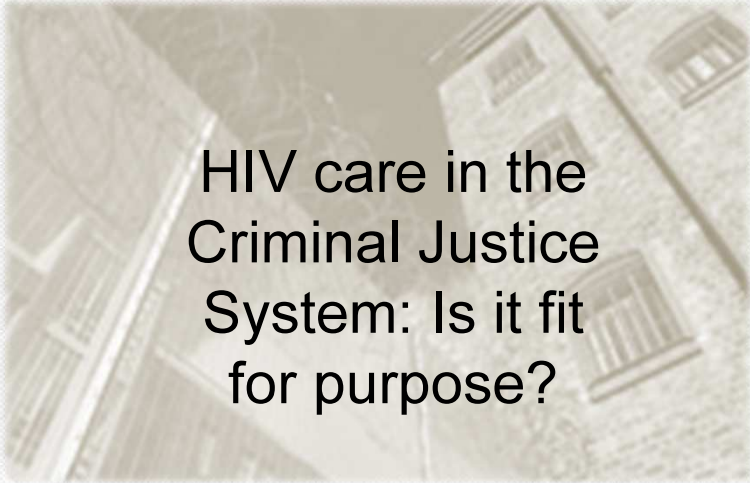
- Develop specialist HIV services in prisons
- Tackle undiagnosed HIV
- Engage with those already diagnosed
- Strengthen partnership between NHS and prison services
- Raise awareness and challenge stigma
- Provide HIV specific training of prison and prison NHS staff
- Culture change in prisons to recognize healthcare as a right and not a privilege
- Commissioning of emotional and peer support to compliment clinical care
- Psychosocial support promoting health and well being, tackling isolation

References

- Perry J, Bennett C Lapworth T (2010) Nursing in prisons; Developing the speciality of offender healthcare Nursing standard 24,39, 35-40
- HMs Chief Inspector of Prisons(1996) Patient or Prisoner? A New Strategy for Health Care in Prisons. London, England
- Natha, M, et al (2008) 'HIV in prisons: the London experience' International Journal of STD & AIDS 19(4)
- National AIDS Trust (NAT) (2007) tackling Blood Borne Viruses: a framework for best practice in the UK London NAT
- Ministry of Justice (2014) Monthly Population Bulletin March 2014,London: Ministry of Justice
- Department of Health and HM Prison Service (2004) Services for Prisoners Performance Standard 22 DoH and HMPS
- Stewart D (2008) The problems and needs of newly sentenced prisoners: results from a national survey. Ministry of Justice Research Series 16/08,

References

- Positively UK (2013) "HIV behind bars"
- Gatch MB1, Kozlenkov A, Huang RQ, Yang W, Nguyen JD, González-Maeso J, Rice KC, France CP, Dillon GH, Forster MJ, Schetz JA (2013) . The HIV antiretroviral drug efavirenz has LSD-like properties. Neuropsychopharmacology. PUBMED
- Chan S (2011) Audit of HIV care in prisons: British HIV Association
- Turnball P Dolan K Stimson G (1991) Prisons, HIV&AIDS :Risks and experiences in custodial care.
- RCGP RPS (2011) Safer Prescribing in Prisons Guidance for clinicians Secure Environments Group
- Clinks (2012) Unpacking the CJS www.clinks.org
- Medical justice (2013) DETAINED AND DENIED – the clinical care of immigration detainees living with HIV
- Howard League for Penal Reform independent Commission on Sex in Prison (2014) Briefing paper 3 Coercive sex in prison



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THANK YOU

