



**HARM REDUCTION
INTERNATIONAL**

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Monitoring HIV, Hepatitis C, TB and Harm Reduction in Prisons: A Human Rights-Based Tool to Prevent Ill Treatment

HIV, Hepatitis C (HCV) and TB epidemics in prisons represent a public health emergency. Global HIV prevalence is up to 50 times higher among the prison population than in the general public, while one in four detainees worldwide is living with HCV, in comparison to for example, one in 50 people in the broader community in Europe. TB is one of the leading causes of mortality in many countries' prisons, with rates up to 81 times higher in prisons than in the broader community.

Prisons represent high-risk environments for the transmission of these diseases for a number of reasons. These include the over incarceration of vulnerable and disadvantaged groups who are more likely to suffer from poor health; the criminalisation of people who use drugs; risky behaviour in prisons, such as unsafe injecting drug use; substandard prison conditions and overcrowding; inadequate health care; and the lack of or denial of harm reduction services.

There is unequivocal evidence demonstrating that the most effective way to prevent HIV and HCV within prisons is through the provision of harm reduction services such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST). The implementation of such programmes in prison settings have been endorsed and urgently recommended by the World Health Organisation, United Nations Office on Drugs and Crime and UNAIDS. These are nevertheless extremely limited in prisons in comparison to what is available in the community. As of 2014, only six countries or territories in the WHO European region implement NSPs, while 33 implement OST, in at least one prison. Considering that all people deprived of their liberty come into contact with prison staff and visitors on a daily basis, and eventually return to their communities, prison health has important implications for wider public health.

HIV, HCV, TB and harm reduction in prisons are more than just a public health concern, they are also a serious human rights issue. People do not forfeit their human rights when in the custody of the state, and specifically retain the right to the highest attainable standard of health. In addition, international human rights law clearly creates a 'duty of care' obligation on the state for those it detains, and requires the government to take proactive measures to protect their lives, health and wellbeing. In the prison context, the following have all been found to contribute to, or even constitute, conditions that amount to ill treatment: the inadequate prevention, care or treatment of HIV, HCV, and TB; the denial of harm reduction services, such as opioid substitution treatment; or conditions that aggravate or favour the transmission of these diseases.

Hundreds of minimum standards have been derived from the law and public health best practice to delineate appropriate or desirable conditions of detention. Many of these codify specific entitlements and obligations in relation to HIV, HCV, TB and harm reduction in detention and are useful tools for monitoring state compliance with their legally binding human rights obligations. Of course, the journey from standard setting to effective implementation is a long one, and this is especially true in the context of prisons, where a lack of public attention and scrutiny makes it easier for states to ignore their obligations vis-à-vis prisoners' rights.

This is where the work of human rights-based prison monitoring mechanisms - including National Preventive Mechanisms (NPMs) and the European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT) - is so crucial. It is the role of such bodies to prevent torture and ill treatment by examining whether conditions of detention are in conformity with minimum standards and making suitable recommendations to authorities where improvements could be made. Granted unrestricted access to people and information, and specifically mandated to look into health-

related issues, human rights-based prison monitoring mechanisms are in a unique and critical position to monitor issues relating to HIV, HCV and TB in prisons.

Harm Reduction International and seven partner organisations¹ in Europe have undertaken extensive research at the national, regional and international level on monitoring mandates and practices in relation to HIV, HCV, TB and harm reduction in prisons and found that, in practice, despite having the mandate and expertise to look into these issues, this is not currently being done in a systematic or comprehensive way, particularly at the national level. Considering the magnitude of the problem both in human rights and public health terms, this was identified as a serious monitoring gap.

In order to help monitoring mechanisms address this gap and improve the consistency of recommendations made on these issues, Harm Reduction International has developed a human rights-based monitor tool. The tool consists of indicators, presented in the form of straightforward questions, which all derive from widely accepted public health and human rights standards. The tool is meant to help monitoring mechanisms identify often overlooked situations and conditions relating to HIV, HCV, TB and harm reduction that can lead to ill treatment, therefore helping to prevent human rights violations before they occur. It is also meant to help monitor and identify progress and obstacles in the implementation of prisoners' human rights, and particularly their health-related rights. Consistent use of the tool should help human rights-based monitoring mechanisms fulfil their preventive mandates while leading prisoners to experience improvements in their health, treatment, and conditions of detention, as well as enhanced enjoyment of their human rights.

Recommendations

Human rights-based prison monitoring mechanisms must be aware of the importance of monitoring HIV, HCV, TB and harm reduction in prisons and integrate the monitoring of this area into regular practice

Human rights, public health and harm reduction civil society organisations should use the tool developed by Harm Reduction International, and work together when possible, to advocate for increased harm reduction provision in prisons.

Regular, transparent and disaggregated data on prevalence rates of HIV, HCV and TB, as well as coverage of harm reduction programmes, in prisons should be improved in order to track progress

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