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## HIV/AIDS in Prisons

2004/2005

# A Comprehensive Strategy

*Measures directed at preventing HIV/AIDS (see info sheets 4-7) and at ensuring that prisoners with HIV/AIDS receive adequate care, treatment, and support (see info sheet 8) are arguably the cornerstones of a comprehensive strategy on HIV/AIDS in prisons. However, other, additional measures are also required.*

This is one of a series of 13 info sheets on HIV/AIDS in prisons.

1. HIV/AIDS and Hepatitis C in Prisons: The Facts
2. High-Risk Behaviours behind Bars
3. HIV Transmission in Prison
4. Prevention: Condoms
5. Prevention: Bleach
6. Prevention: Sterile Needles
7. Prevention and Treatment: Methadone
8. Care and Treatment
9. A Comprehensive Strategy
10. Aboriginal Prisoners and HIV/AIDS
11. Women Prisoners and HIV/AIDS
12. A Moral and Legal Obligation to Act
13. Essential Resources

## A Rare Case of Consensus

Since the late 1980s, a large number of national and international organizations – including community-based groups in many countries, Canada’s Expert Committee on AIDS and Prisons (ECAP), the World Health Organization, and the United Nations Joint Programme on HIV/AIDS (UNAIDS) – have analyzed the issues raised by HIV/AIDS in prisons and *have all reached the same conclusions and made the same recommendations.*

## What Has Been Recommended?

All organizations and committees have recommended that a *comprehensive strategy* be adopted to deal with HIV/AIDS in prisons. Probably the most inclusive list of recommendations (88) was issued in 1994 by ECAP – a list that was updated in the 1996 report on HIV/AIDS in prisons of the Canadian HIV/AIDS Legal Network and the Canadian AIDS Society.

What are the elements of a comprehensive strategy? Many have already been mentioned in info sheets 4-8. Not all others can be mentioned here, but some of the most important include:

### *A long-term, strategic approach*

Prison systems need to take a proactive rather than reactive approach to the issues raised by HIV/AIDS, hepatitis, tuberculosis, and drug use in prisons; engage in a long-term, coordinated, strategic planning process; coordinate their efforts and collaborate closely; staff and resource their AIDS and infectious diseases programs adequately; involve prisoners, staff, and external experts, including AIDS-service organizations, in the development of all initiatives taken to reduce the spread of HIV and other infectious diseases; ensure uniform implementation of initiatives by releasing clear guidelines and enforceable standards, by monitoring implementation, and by holding prison administrations responsible for timely and consistent implementation; and evaluate all initiatives with the help of external experts.

### *A health issue*

Because prisoners come from the community and return to it, and because what is done – or is not done – in prisons with regard to HIV/AIDS, hepatitis, and drug use has an impact on the health of all, health ministries need to take an active role and work in close collaboration with correctional systems to ensure that the health of all, including prisoners, is protected and promoted. Another option, which has been widely recommended, is to transfer control over prison health to public health authorities. Some countries have already introduced such a change. Norway was one of the first. In France, where prison health was transferred to the Ministry of Health in 1994, a positive impact is already evident. Each prison in France is twinned with a public hospital and, according to UNAIDS, “conditions have improved noticeably since the transfer of responsibility for health.”

## A COMPREHENSIVE STRATEGY

### *HIV testing*

There is no public health or security justification for compulsory or mandatory HIV testing of prisoners, or for denying prisoners with HIV/AIDS access to all activities available to the rest of the population. Rather, prisoners should be encouraged to voluntarily test for HIV, with their informed, specific consent, with pre- and post-test counseling, and with assurance of the confidentiality of test results. As people outside prison do, they should have access to a variety of voluntary, high-quality, bias-free testing options.

### *Educational programs for prisoners*

Education of prisoners remains one of the most important efforts to promote and protect their health. It should not be limited to written information or the showing of a video, but include ongoing educational sessions and be delivered or supplemented by external, community-based AIDS, health, or prisoner organizations. Wherever possible, prisoners should be encouraged and assisted in delivering peer education, counseling, and support programs.

### *Educational programs for staff*

Educational programs for staff are also a priority. Training about HIV/AIDS, hepatitis, and other infectious diseases must be part of the core training of all prison staff, including correctional officers. In particular, staff need to learn about how to deal with prisoners with HIV/AIDS and to respect their rights and dignity, the absence of risk of HIV transmission from most contact with prisoners, and the need to respect medical confidentiality. Community groups and people with HIV should be delivering part of the training.

### *Protective measures for staff*

Making sure that staff's workplace is safe is crucial. In this context, staff are rightly concerned about overcrowding in the institutions, and understaffing, which – rather than measures taken to prevent the spread of HIV in prisons – constitute the real threats to their safety. Prison systems have to address staff's concerns in these areas.

### *Drug policy*

Reducing the number of drug users who are incarcerated needs to become an immediate priority.

Many of the problems created by HIV infection and by drug use in prisons could be reduced if alternatives to imprisonment, particularly in the context of drug-related crimes, were developed and made available.

### **Additional Reading**

Correctional Service Canada. *HIV/AIDS in Prisons: Final Report of the Expert Committee on AIDS and Prisons*. Ottawa: Minister of Supply and Services Canada, 1994. Contains 88 recommendations.

R Jürgens. *HIV/AIDS in Prisons: Final Report*. Montréal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society, 1996. Updates the recommendations in the above report. Available at [www.aidslaw.ca/Maincontent/issues/prisons/download1.html](http://www.aidslaw.ca/Maincontent/issues/prisons/download1.html).

R Lines. *Action on HIV/AIDS in Prisons: Too Little, Too Late – A Report Card*. Montreal: Canadian HIV/AIDS Legal Network, 2002. Updates the recommendations of the above report. Available at [www.aidslaw.ca/Maincontent/issues/prisons/reportcard/toc.htm](http://www.aidslaw.ca/Maincontent/issues/prisons/reportcard/toc.htm).

Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS. *HIV/AIDS and Human Rights: International Guidelines*. New York and Geneva: United Nations, 1998 (HR/PUB/98/1). Contains an important recommendation regarding HIV/AIDS in prisons (recommendation 29(e)). Everyone should have a copy and use it. Available at [www.unaids.org](http://www.unaids.org).

Prisoners with HIV/AIDS Support Action Network. *HIV/AIDS in Prisons Systems: A Comprehensive Strategy*. Toronto: PASAN, 1992. Available at [www.pasan.org](http://www.pasan.org).

World Health Organization. *WHO Guidelines on HIV Infection and AIDS in Prisons*. Geneva: WHO, 1993 (WHO/GPA/DIR/93.3). Available at [www.aidslaw.ca/Maincontent/issues/prisons/APP5.html](http://www.aidslaw.ca/Maincontent/issues/prisons/APP5.html).

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**Third, revised and updated version, 2004.** Copies of this info sheet are available on the Network website at <http://www.aidslaw.ca/Maincontent/issues/prisons.htm> and through the Canadian HIV/AIDS Information Centre (email: [aidsida@cpha.ca](mailto:aidsida@cpha.ca)). Reproduction of the info sheet is encouraged, but copies may not be sold, and the Canadian HIV/AIDS Legal Network must be cited as the source of this information. For further information, contact the Network (tel: 514 397-6828; fax: 514 397-8570; email: [info@aidslaw.ca](mailto:info@aidslaw.ca)). **Ce feuillet d'information est également disponible en français.**

**Funded by Health Canada, under the Canadian Strategy on HIV/AIDS. The findings, interpretations, and views expressed in this publication are entirely those of the author and do not necessarily reflect the official policy or positions of Health Canada.**