

## INTRODUCTION

Every year 30 million men and women spend time in prisons or closed settings with 10 million incarcerated at any given point in time. In most prisons around the world the prevalence rates of infectious diseases, including HIV, hepatitis B (HBV), hepatitis C (HCV), syphilis and tuberculosis (TB) are higher than in the general population.

People who use drugs (including people who inject drugs) are present in disproportionately high numbers in prison settings. In the absence of access to sterile injecting equipment in prisons, HIV and hepatitis B and C can be transmitted between prisoners who share contaminated needles and syringes. Together with unprotected sexual contact, sharing injection equipment represents the greatest risk of transmission of HIV and hepatitis in prisons.

Like all persons, prisoners are entitled to enjoy the highest attainable standard of health. This right is guaranteed under international law. Access to health care should be at least equivalent to that provided in the community, in accordance with the United Nations basic principles for the treatment of prisoners, which recognize that “Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation”.

The WHO/UNODC/UNAIDS comprehensive package of evidence-based interventions for HIV prevention and treatment among people who inject drugs has been endorsed by high-level political bodies including the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, and the UNAIDS Programme Coordinating Board. To successfully address HIV and hepatitis where injecting drug use occurs, countries should prioritize implementing NSPs and evidence-based drug dependence treatment (specifically OST), HIV testing and counselling and access to antiretroviral therapy. Needle and syringe programmes (NSP) provide access to sterile injecting equipment to people who inject illicit drugs to prevent the transmission of HIV and hepatitis B and C through shared injection equipment.



Comprehensive package of interventions for HIV prevention and treatment among people who inject drugs

1. Needle and syringe programmes (NSP).
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment.
3. HIV testing and counselling (HTC).
4. Antiretroviral therapy (ART).
5. Prevention and treatment of sexually transmitted infections (STIs).
6. Condom programmes for people who inject drugs and their sexual partners.
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners.
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis.
9. Prevention, diagnosis and treatment of tuberculosis (TB).

While community-based NSP have been implemented in 82 countries, in 2013, only eight countries around the world report having NSP in prisons. The first prison needle and syringe programme (PNSP) was established in Switzerland in 1992. More than 20 years later, despite the evidence of their feasibility, PNSP have been established in only thirteen countries, often on a pilot basis for a limited time and in a limited number of prisons.

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