

Human Immunodeficiency Virus (HIV) in British Prisons: Problems, Risk Behaviours and Prevention

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This paper discusses the problems of HIV in British prisons in regard to risk behaviours such as syringe sharing, sexual behaviour and tattooing. It recommends ways to prevent the spread of HIV within the prison system.

The English and Scottish Health Departments responded quickly to HIV among drug injectors in the community. In 1987 they called for tenders to establish fifteen pilot syringe exchange schemes and stipulated that the schemes should be evaluated. The evaluation investigated risk behaviours of drug injectors who used syringe exchange schemes and comparison groups of injectors who did not. The data in this paper are drawn from the evaluation of syringe exchange schemes. The methods used to evaluate the schemes can be found in a report by Stimson et al. (1988).

AIDS Cases by Exposure Group (see Table 1)

The population of Britain is approximately sixty million and there were approximately 3500 cases of AIDS by August 1990 (Public Health Laboratory Service 1988, 1989, 1990).

The predominant spread of HIV, in the United Kingdom, as defined by the World Health Organization, is Pattern I; the majority of cases of HIV and AIDS occur among homosexual/bisexual men. However, the proportion of AIDS cases among injecting drug users (IDUs) is increasing. While the proportion of cases for homosexual/bisexual men has decreased by 2 per cent, the proportion of cases from drug injectors has nearly doubled, from 1.8 per cent to 3.4 per cent.

Prevalence of Drug Use and Injecting (see Table 2)

One of the main problems in trying to understand HIV infection among IDUs is that there are no good estimates of the number of them in Britain. Doctors are required to notify the Chief Medical Officer at the Home Office when they see a patient whom they suspect to be dependent on certain controlled drugs. Amphetamines are not notifiable. A government advisory body, the Advisory Council on the Misuse of Drugs (ACMD) has used information about drug users seeking help, information on arrests and drug seizures and reports of notifications to estimate the number of drug users.

The ACMD estimated there were up to 75 000 regular injectors and up to 150 000 users of notifiable drugs in 1986. They acknowledged there was also an unknown number of amphetamine injectors and people who inject occasionally. In this paper it is assumed that there are 100 000 drug injectors in Britain.

Prevalence of HIV among Drug Injectors (see Table 3)

The second problem is lack of data on prevalence and incidence of HIV among drug injectors. Evidence suggests that the prevalence of HIV among drug injectors in England is below 7 per cent. Seven prevalence studies have found a range from 1.5 per cent out of London in 1987 to 6 per cent in London in 1988.

The English Prison System and HIV Policy

There is no compulsory testing for HIV in the English prison system. All inmates identified as having HIV are subjected to Viral Infectivity Restrictions. All such inmates are located in single accommodation or accommodation shared with other HIV positive inmates. Also it is likely that there will be restrictions on the work they can do (Lakes 1987).

Drug Injectors in the Prison System

There are approximately 45 000 inmates in English and Welsh prisons at any one time and about 160 000 prison receptions per year. In 1988 approximately 3500 people received immediate custodial sentences for drug offences. The proportion of these who injected drugs is not known but drug injectors are also sentenced for non-drug offences (Dolan et al. 1990a).

Of approximately 10 000 addicts notified in and out of prison, 68 per cent were known to be injecting. We have found in one sample that 63 per cent of injectors in prison were known to have a history of injecting by the prison medical staff (n=104). So there is possibly a 37 per cent under reporting of notifications in prison.

Percentage of Drug Injectors who have been in prison (see Table 4)

Many respondents in our samples reported having been in prison. In three studies of injectors 55 per cent to 76 per cent of respondents had been in prison at some time.

Risk Behaviour of Injectors in Prison (see Table 5)

There are problems with obtaining information from prisoners about their risk behaviour while they are in prison. Our data come from interviews with drug injectors in the community about their past experiences in prison.

In the first four studies the number of people who had been to prison or had injected in prison was not known. In 1987, we found 7 per cent of 387 injectors reported that they had shared syringes whilst in custody the previous year. A follow up of 142 of these injectors found that 4 per cent had shared syringes in custody but that was in the three months prior to interview. In 1988, 220 drug injectors were interviewed and 17 per cent reported they had shared syringes while in custody in the year prior to interview. Another study of 106 drug injectors found 10 per cent reported sharing syringes in custody in the three months prior to interview. These findings prompted us to question drug injectors about their last custodial experiences.

One hundred and thirty-nine drug injectors who had been in custody were asked whether they had injected during their last imprisonment and this was reported by thirty-two

(23 per cent). Sharing needles and syringes in custody was reported by 24 of the 32 (75 per cent). Another sample of 113 drug injectors found 27 per cent reported injecting when last in prison, and of those injecting in prison, 61 per cent shared syringes at some time. The final study found 30 per cent had injected in prison, and 67 per cent of those injectors shared syringes during their last imprisonment.

Risk Behaviour of Ex-prisoners in the Community (see Table 6)

Our studies were not designed to compare risk behaviour in prison with risk behaviour in the community. However, prevalence of risk behaviours outside custody are an indication of the potential for the spread of HIV from prison to the community, should HIV be transmitted within the custodial setting. All respondents were asked about their injecting in the month prior to interview, and sexual behaviour in the three months prior to interview. Table 6 shows this information for the custodial sample and the subsample of those who shared syringes in custody. It indicates that almost one-half of each group had shared syringes in the community in the previous month, and that one-quarter and more than one-third respectively shared with two or more others. More than 80 per cent of each group had sexual partners in the three months prior to interview, many having more than one sexual partner. Half of the custodial sample and 29 per cent of those sharing in custody had a sexual partner who did not inject drugs.

Cohort Study

The most recent study has been an ongoing study of 207 drug injectors. In this group 55 per cent had been in prison, 4 times on average and for 37 weeks on average. The most common conviction was related to criminally raising money in order to obtain drugs. The main reason that over one-third gave for **not** injecting when last in custody was that drugs were not available. Reluctance to share syringes was given as a reason for **not** injecting, but only by one-fifth. In terms of cleaning syringes, 90 per cent of those who were injecting attempted some form of cleaning, but the usual method was to flush or rinse the syringe with water. Surprisingly, a few had managed to use bleach or an antiseptic (25 per cent) or alcohol (5 per cent) (Dolan et al. 1990b).

Sexual Behaviour In Prison

Six per cent reported that they had had sex when last in custody with an average of five partners. We asked those who were sexually active if they would use condoms, if available, and 50 per cent said they would. All those who were not sexually active said they would not have had sex if condoms were available. The prison department has argued that possession of condoms by prisoners cannot be allowed because it would condone homosexual acts (ACMD 1988).

Tattooing

Seven per cent of injectors who had been in prison had shared tattooing equipment during their last imprisonment.

Comparison of Basic Demographics of Samples (see Table 7)

The average age, sex ratios and proportion injecting heroin in our samples are very similar to the Home Office statistics for all notified addicts. However only current injectors were interviewed in this study whereas the Home Office figures include users and as well as injectors. But among 10 000 notified addicts in 1988, 68 per cent were known to be injecting (HOSB 1989).

Summary

In summary, there is still a low prevalence of HIV infection among drug injectors in the British community.

Many drug injectors spend time in prison, and when in prison, some will inject; from 23 per cent to 30 per cent injected when last in prison. The proportion of injectors in prison who shared syringes ranged from 61 per cent to 75 per cent. These rates are alarming.

It appears that drug injectors in prisons are trying to protect themselves from HIV infection, since many attempted to clean their injecting equipment.

Recommendations

The results of this research suggest:

- More information is needed about the number of drug injectors in prison and the community. Drug injectors need to be encouraged to come forward in prison. Lifting the Viral Infectivity Restrictions may help and providing drug-treatment services of equal standard to those available in the community may be an incentive.
- More information is needed about risk behaviours in prison, but it should be collected in ways which will not compromise prisoners. Although information can be collected from recently released prisoners, we must try to gather information while people are in prison.
- The prevalence of HIV in prisons should be known. The introduction of anonymous and voluntary HIV testing in the English prison system would be more feasible if the Home Office revised its policy of segregating HIV-infected prisoners and did not coerce certain inmates to take a test.
- Given that it is impossible to prevent drug injection in prison, an immediate examination of the feasibility of measures to prevent the transmission of HIV within the prison system is needed. The priority is to investigate whether inmates would accept and adopt ways to more safely clean needles and syringes and then provide them with suitable cleaning agents. The next priority would be to examine the acceptance by prisoners and prison staff of the trial provision of condoms.

- Serious consideration must be given to diverting drug injectors from prison. One way may be to investigate alternatives to custodial sentences.

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Appendix - Tables

Table 1

AIDS Cases by Exposure Category

| Category | August 1988 (n=1730) | Sept 1989 (n=2561) | August 1990 (n=3548) |
|----------------|-------------------------|-----------------------|-------------------------|
| Homo/bisexual | 82.0% | 81.0% | 80.0% |
| Drug Injectors | 1.8% | 2.8% | 3.4% |

Table 2

Prevalence of Drug Use and Injecting in Britain

| | |
|---------------------------------------|---------|
| Regular injectors of notifiable drugs | 75 000 |
| Users of notifiable drugs | 150 000 |
| Estimated number of injectors* | 100 000 |

* (regular and casual injectors and injectors of non-notifiable drugs)

Table 3

HIV Rates among Drug Injectors

| Location | Year | Rate | n | Source |
|----------|---------|------|-------|------------------------------|
| London | 1984 | 1.5% | 269 | Cheingsong-Popov et al. 1984 |
| London | 1985-86 | 0.7% | 146 | Webb et al. 1986 |
| England | 1985 | 2.5% | 203 | Mortimer et al. 1985 |
| London | 1987 | 5.7% | 633 | PHLS Working Group 1989 |
| England* | 1987 | 1.5% | 2 562 | PHLS Working Group 1989 |
| London | 1988 | 6.0% | 121 | Hart et al. 1989 |
| England | 1989 | 4.0% | 192 | Dolan 1990 |

* This excludes London

Table 4

Percentage of Drug Injectors who have been in Prison

| | In custody | n | Year | Source |
|----------------|------------|-----|------|-----------------|
| Non-attenders | 76% | 183 | 1988 | Stimson et al. |
| Drug injectors | 55% | 207 | 1989 | Dolan et al. |
| Attenders | 61% | 470 | 1990 | Donoghoe et al. |

Table 5

Risk Behaviour of Injectors in Prison

| Imprisoned | n | Year in Prison | Injected | Sharing (per cent of total) | Sharing (per cent of those injecting) |
|------------------|-----|----------------|----------|-----------------------------|---------------------------------------|
| previous year | 387 | 1987 | - | 7% | |
| previous 3 mths | 142 | 1987 | - | 4% | |
| previous year | 220 | 1988 | - | 17% | |
| previous 3 mths | 106 | 1988 | - | 10% | |
| last time (n=32) | 139 | 1988 | 23% | 17% | 75% |
| last time (n=31) | 113 | 1989 | 27% | 17% | 61% |
| last time (n=86) | 286 | 1989 | 30% | 20% | 67% |

Table 6

HIV Risk Behaviour of Ex-Prisoners in the Community

| | Custodial sample (n=139) | Subsample sharing in custody (n=24) |
|---|--------------------------------|--|
| Shared syringes in last month | 46% | 46% |
| Shared with two or more | 24% | 38% |
| Sex partner in last 3 months | 83% | 88% |
| Two or more sex partners | 39% | 54% |
| Non-injecting sex partner (% of those sexually active) | 50% | 29% |

Table 7

Comparison of Basic Demographics

| Demographics | Study Samples | | Home Office * |
|---------------|--------------------|-----------------|--------------------|
| | 1987-88 (n=863) | 1989 (n=205) | 1988 (n=12 644) |
| Age (years) | 27.8 | 29 | 28 |
| Sex (male) | 74% | 74% | 72% |
| Drug (heroin) | 69% | 77% | 88% |

* All drug addicts notified to the Home Office in 1988.