The War on Drugs Fuels the Spread of HIV, Hepatitis C and Tuberculosis

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Mass imprisonment of drug users worldwide, as well as a scarcity of harm reduction programs, contributes to the spread of HIV, hepatitis B and C viruses (HBV, HCV) and tuberculosis (TB). Publishing their findings in a series of six papers in The Lancet, researchers examined how imprisonment affects these four epidemics.

The studies were also presented at the 21st International AIDS Conference in Durban, South Africa (AIDS 2016).

Annually, an estimated 30 million people worldwide spend at least some time in prison. On any given day, 10.2 million people are incarcerated (2.2 million of them in the United States), of whom an estimated 3.8 percent (389,000) are HIV positive, 15.1 percent (1,546,500) have hep C, 4.8 percent (491,500) have hep B and 2.8 percent (286,000) have TB.

“Prisons can act as incubators of tuberculosis, hepatitis C, and HIV and the high level of mobility between prison and the community means that the health of prisoners should be a major public-health concern,” lead author of the series and president of the International AIDS Society, Chris Beyrer, MD, John Hopkins Bloomberg School of Public Health, said in a press release. “Yet, screening and treatment for infectious diseases are rarely made available to inmates, and only around 10 percent of people who use drugs worldwide are being reached by treatment programmes. The most effective way of controlling infection in prisoners and the wider community is to reduce mass imprisonment of injecting drug users.”

Across the globe, between 56 percent and 90 percent of injection drug users (IDUs) will spend time incarcerated during their lives. Thirty-eight percent of prisoners in parts of Europe are IDUs, as are 55 percent of Australian inmates. Just 0.3 percent of the general population in the European Union and 0.2 percent of Australians inject drugs.

HIV prevalence is 20 times greater among prisoners in Western Europe than among the general population, at a respective 4.2 percent and 0.2 percent. In eastern and southern Africa as well as North America, HIV prevalence among prisoners is three times higher than the general population, at a respective 15.6 and 4.7 percent for the African regions and 1.3 and 0.3 percent for North America.

One in six prisoners in Europe and the United States have hep C.

The researchers estimated that up to half of all HIV transmissions in Eastern Europe during the next 15 years will take place within prisons. They further projected that cutting the incarcerated IDU population by a quarter would reduce HIV transmissions by 7 to 15 percent among IDUs over a five-year period. Scaling up opioid agonist therapy, such as methadone, to prisoners who need it as well as to those coming out of prison could prevent 28 percent of new HIV cases among IDUs during the same period.

“The response to the HIV, tuberculosis, and hepatitis epidemics in prisons has been slow and piecemeal, and the majority of governments continue to ignore the strategic importance of prison health care to public health,” Beyrer said. “Most strategies for dealing with infectious diseases in prisons focus on a zero-tolerance approach to drug users. The fact that infection rates are still climbing confirms that this approach does not work.

“Reforming laws and policies that criminalise drug use and sexual behaviours will be crucial to reducing prison populations that put large numbers at risk of potentially life-threatening infections, and which can be more effectively prevented and treated in community settings,” Beyrer continued. “Non-violent drug-offenders, especially women, should be offered treatment as an alternative.”

To read a press release about the study, click here.

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