ADVOCACY BRIEF

Situation Analysis
HIV in Prison and HIV and Injecting Drug Use in Africa

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1. Overview – Injecting Drug Use

Data collected during the last decade indicate that heroin use and injecting drug use (IDU) are increasing in Africa. The number of countries reporting heroin use on their territory has markedly increased - from about 10 in 1990 to more than 30 in 2008. The sources of the data vary from rapid assessments to anecdotal and expert reports. The research methodology used has also varied, as these activities were mostly driven by national counterparts. Africa, especially Sub-Saharan Africa, is the most severely affected region by HIV. It is therefore imperative to prevent new modes for the transmission of HIV infection to emerge, such as through injecting drug use.

In 2007, the national experts in Africa perceived an increase in opioid use (figure 1), partly reflecting the increasing role of African countries as transit areas for smuggling heroin from Afghanistan into Europe. Opioids are the second most common type of drugs mentioned in drug use treatment demand in the region with greater demand for treatment particularly in the eastern and southern parts of Africa.

According to recent studies in Africa, the prevalence of opioid use is estimated to be highest in Mauritius. Almost all opioids are consumed in the form of heroin in several African countries (e.g. Kenya, Mauritius, Nigeria, United Republic of Tanzania and Zambia).[1],[2],[3] In a recent study on Cape Verde, it was estimated that 25 per cent of the drug-using population used heroin; a similar proportion of drug-using prisoners were also found to be using heroin.[4] In South Africa, there has been a large increase in the admission of drug users for whom heroin is either a primary or secondary drug of use (between 12 and 32 per cent of patients).[5] While heroin is typically smoked, in an increasing number of cases it is injected.

While the prevalence of HIV among IDU in Sub-Saharan Africa appears below the global average (table a), the potential emergence of IDU as an additional significant route of HIV transmission warrants serious attention in the region. There is a great reliance upon expert perceptions of the situation with regard to illicit drug use and a continuing need for technical assistance in order to build sustainable, cost-effective monitoring capacity in Africa. To date, South Africa and Mauritius are among the few countries in the region with a proper mechanism for monitoring the drug use situation, patterns and trends.

[1] R. Abdool, F. T. Sulliman and M. I. Dhannoo, The injecting drug use and HIV/AIDS nexus in the Republic of Mauritius, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp.107-116.

[2] Deveau, B. Levine and S. Beckerleg, Heroin use in Kenya and findings from a community based outreach programme to reduce the spread of HIV/AIDS, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp. 95-106.

[3] S. Timpson and others, Substance abuse, HIV risk and HIV/AIDS in Tanzania, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp. 157-168.

[4] United Nations Office on Drugs and Crime and Ministry of Justice, Commission for Drug Control Coordination*, Study on the Situation of Drug Abuse-related HIV/AIDS in Cape Verde: Rapid Situation Assessment* (January 2008).

[5] A. Plüddemann and others, Alcohol and drug abuse trends: January-June 2008 (phase 24), *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 18 November 2008.

Table 1: Regional and global estimates of 2007 prevalence, the number of people who inject drugs and the prevalence and number who may be HIV positive.

Region	Estimated number of people who inject drugs		Estimated regional mid-point prevalence of injecting drug use among 15-64 year olds	Estimated number of people who inject drugs and who are HIV positive		Estimated regional midpoint prevalence of HIV among injecting drug users
	Mid-point estimate	**Range**		**Mid-point estimate**	**Range**	
Eastern Europe	3,476,500	(2,540,000-4,543,500)	1.50%	940,000	(18,500-2,422,000)	27.04%
Western Europe	1,044,000	(816,000-1,299,000)	0.37%	114,000	(39,000-210,500)	10.90%
East and South East Asia	3,957,500	(3,043,500-4,913,000)	0.27%	661,000	(313,000-1,251,500)	16.70%
South Asia	569,500	(434,000-726,500)	0.06%	74,500	(34,500-135,500)	13.08%
Central Asia	247,500	(182,500-321,000)	0.64%	29,000	(16,500-47,000)	11.81%
Caribbean	186,000	(137,500-241,500)	0.73%	24,000	(6,000-52,500)	12.90%
Latin America	2,018,000	(1,508,000-2,597,500)	0.59%	580,500	(181,500-1,175,500)	28.77%
Canada and United States	2,270,500	(1,604,500-3,140,000)	0.99%	347,000	(127,000-709,000)	15.29%
Pacific Island States and Territories	19,500	(14,500-25,000)	0.36%	500	(<250-500)	1.37%
Australia and New Zealand	173,500	(105,000-236,500)	1.03%	2,500	(500-6,000)	1.51%
Middle East North Africa	121,000	(89,000-156,500)	0.05%	3,500	(1,500-6,500)	2.94%
Sub-Saharan Africa	1,778,500	(534,500-3,022,500)	0.43%	221,000	(26,000-572,000)	12.43%
Extrapolated global estimates	**15,861,500**	**(11,008,500-21,222,000)**	**0.37%**	**2,997,500**	**(764,000-6,589,000)**	**18.90%**

Source: Mathers BM, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee SA, et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. The Lancet. 2008;372:1733-45.

Table 2: Prevalence of injecting drug use, needle sharing and HIV in North Africa

Country	***Heroin use (%)****	***% IDUs*****	***% sharing needles******	***% HIV*******
Algeria	0.1	0.22	41%	Unknown
Egypt	0.7	0.21	59%	2.55%
Libya	0.1	0.23	44%	22%
Morocco	0.02	0.1	47%	6.5%
Tunisia	0.09	0.21	unknown	0.3%
Sudan	Yes	na	na	na

Table 3: Prevalence of injecting drug use, needle sharing and HIV in Eastern Africa

Country	Heroin use (%)	% IDUs	% sharing needles	% HIV
Kenya	0.3	10%		3%
Mauritius	2.0	50%	80%	85%
Tanzania (Mainland)	0.02	Yes		na
Tanzania (Zanzibar)	0.02	39%	46%	30%
Rwanda	0.1	Yes	Yes	na
Ethiopia	0.05	Yes	Yes	na
Somalia	0.2	Yes	Yes	na
Uganda	0.05	Yes	Yes	na
Seychelles	Yes	Yes	Yes	na

Table 4: Prevalence of injecting drug use, needle sharing and HIV among people in West Africa

Country	Heroin use (%)	% IDUs	% sharing needles	% HIV
Nigeria	0.06	23.5	32.0	7.9
Sierra Leone	0.02	14.0	46.7	n.a.
Cape Verde	0.2	3.5	80.3	14.5
Cote d' Ivoire	Yes		Yes	
Ghana	0.1		Yes	
Senegal	0.01		Yes	
Benin	Yes		Yes	
Togo	Yes		Yes	
Gabon	Yes		Yes	
Burkina Faso	Yes		Yes	
Gambia	Yes			Na
Guinea	Yes			
Chad	0.2			
Niger	0.2			

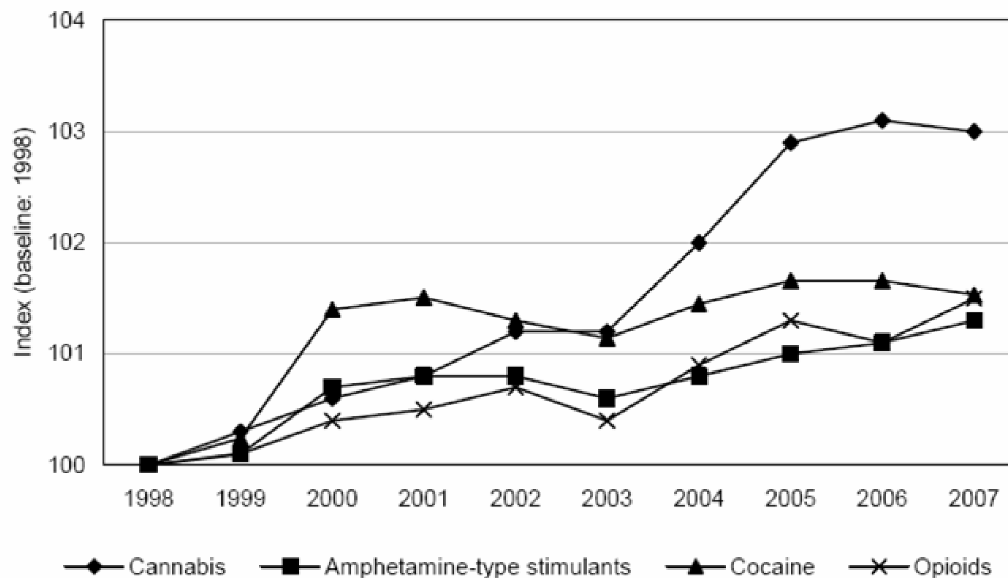
Table 5: Prevalence of injecting drug use, needle sharing and HIV among IDUs in Southern Africa

Country	Heroin use	% IDUs	% sharing needles	% HIV
Angola	0.3	Na	na	Na
South Africa	0.4		Yes	Na
Mozambique	Yes	Na	Yes	Na
Namibia	0.03			
Swaziland	0.2			
Zimbabwe	0.04			
Zambia	0.4	Na	Yes	Na

* Expressed as a prevalence of abuse for the population aged 15-64
** Expressed as % of IDUs among drug users
*** Expressed as % of IDUs sharing injecting equipment
**** Expressed as prevalence of HIV among IDUs/as (Margarete to clarify her data)

Figure 1. Africa: Expert perceptions of trends in drug use among the general population

1998-2007 (as of November 2008). (Source: UNODC, ARQ)



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Inferences

The following inferences can be made:

1. As noted by the Reference Group to the United Nations on HIV and Injecting Drug Use, the absence of estimates in Sub-Saharan Africa means that, in many instances, there are few objective data upon which to base estimates, track changes over time or measure the extent to which people use drugs by injection (figure 2). To date, too little is known about injecting drug use in Sub-Saharan Africa, while a constellation of risk factors for the development of injecting drug use do exist;
2. Heroin use is widely spread in Africa. The severity varies from one region to the other or from country to the other.
3. The number of countries reporting injecting drug use is increasing. Injecting drug use is already well-established in a number of countries, such as Cap Verde, Kenya, Mauritius, Nigeria, South Africa, and Tanzania.
4. The sharing of injecting equipment among injecting drug users is established, thereby raising their vulnerability to contracting HIV, hepatitis and other Sexually Transmitted Infections.
5. The nexus between injecting drug use and HIV has been documented.
6. The methodologies used in the data collection is not standardized, including sampling selection, thus reducing their validity and reliability, as well as their comparability.
7. Many countries in the region are being increasingly used for the transit of illicit drugs into Europe.[6]
8. While all of the above are established, there is an urgent need to undertake further in-depth research to get better insights in the drug use, injecting drug use situation and the relationship with HIV.

[6] B. M. Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review,” *The Lancet*, vol. 372, No. 9651 (2008), pp.1733-1745.

Sources:

1. UNODC World Drug Reports
2. Rapid Situation Assessments conducted by national anthorities in partnership with UNODC
3. National reports
4. Expert reports (Members of UNODC Local Expert Networks in Africa and of the Sub-Saharan Africa Harm Reduction Network)
5. International IDU Reference Group

2. Overview – HIV in Prisons

In Africa there are there are approximately 918,000[7] (almost 10% of the world's prison population) men, women and children in prison with over 668,000 of these incarcerated in Sub-Saharan African countries alone. Rates of incarceration (per 100,000) vary significantly in Africa from South Africa's 349 per 100,000 to Burkina Faso's 23. Although these rates vary significantly between regions this occurs to a much lesser extent between countries of the same region. Overall, West African countries indicate the lowest prison populations while the Southern African region maintains the highest rate as well as the highest percentage of prisoners. Although Southern African countries make up about 10% of the total population of the region, they are host to almost one-third of the total prison population of the continent. This is notable in light of the fact that the Southern African Region is at the epicenter of the HIV pandemic.

There are about 14,000 women incarcerated in Africa, however the number of juveniles, both girls and boys, is largely unknown as they are most often housed with adult prisoners.

On the matter of HIV in prisons much has been said of the issues that make the prison environment a particularly high risk environment for transmission. Injecting drug use (IDU) is frequent in many countries and due to its efficiency IDU with contaminated equipment is one of the principle ways that HIV may be transmitted in prisons. Unprotected male to male sex is also rife in prisons and while much of the sex among men in prisons is consensual, rape and various forms of sexual abuse are frequent. Women and girls in prison are particularly vulnerable to sexual abuse and exploitation by both prisoners and staff.

Globally it has long been noted that high rates of HIV in prisons reflect two main scenarios:

- Countries in which there are high rates of HIV infection among injecting drug users, many of whom spend time in prison, and some of whom continue to inject while incarcerated. In these countries, high rates of HIV infection are related primarily to the sharing of injecting equipment outside and inside prison.

- In countries where there are high rates of HIV infection in the general population, infection rates are driven primarily by unsafe heterosexual sex. In these countries, high rates of HIV infection among prisoners are related to high rates of HIV infection in the wider population as a whole. The continued spread of HIV within the prisons in these countries is related especially to sexual contact (primarily men having sex with men), as well as unsafe medical practices or sharing of razors etc.

Both scenarios apply to Africa with high rates of IDU, especially in the North and Indian Oceans Region, and countries, mainly in the Central and Southern regions where HIV prevalence rates in the community are amongst the highest in the world. However, there is a third and somewhat disturbing scenario emerging which applies to some African countries which, if it materializes in other countries, could have disastrous consequences for HIV prevention efforts in the region:

- High rates of infection in the community, even higher rates in prisons, and the disturbing emergence of IDU in prison settings. This is further situated in the context of disproportionately high imprisonment rates as compared to global figures.

In addition to IDU and high risk sexual practices, in Africa especially, factors such as prison overcrowding, inadequate nutritional provisions, poor or non existent health services, tattooing, skin piercing, blood sharing

[7] World Prison Population List - International Centre for Prison Studies (2009) – King's College, London

rituals and violence make prisons a high-risk environment for transmission of HIV, tuberculosis and other communicable diseases. Within this environment the risks for staff and in turn, their families, also increases.

Most prisoners are also incarcerated for short periods of time. Upon release, and despite having been at high risk of exposure for HIV transmission whilst in prison, most return to the community where they engage in pre-existing sexual behaviour of multiple concurrent partners and IDU. The spread of the virus is imminent.

Although it is generally acknowledged that prisons are high risk environments for transmission very little information exists on both prevalence of HIV in Africa prisons as well as the nature and extent of high risk activities for transmission taking place. Most of the research is in fact derived from developed countries and other regions of the world. The information that does exist, much of which is very old and dated, supports the notion that HIV rates in African prisons are significantly higher than in the community. A recent (2009) study in Uganda, the results of which have yet to be officially released, indicate a prevalence of 12% in prisons which is double that of the Ugandan community. An extreme example of the disparity between community and prison rates of infection is Mauritius where it was recently reported that rates of infection in prison were 50 times higher than that of the community. This is a country where IDU is of course the principal driver of the epidemic. It should be pointed out that in a region or in countries, such as West Africa or Mauritius, where the HIV prevalence is quite low in the general population there tends to be greater disparity between community and prison prevalence rates, prison, of course, being significantly higher. In addition to the Mauritius example above, UNAIDS 2006 Report indicates a HIV prevalence of 19% among prison inmates in Ghana[8] which was around eight times higher than in the general population. In Ghana, it is also important to note that prison staff also presented a worrying situation regarding HIV as long as 8.5% of prison officers had recent infections. This shows clearly the relationship between the health situation of prisoners and the other population groups and the need to offer integrated and comprehensive services for prison inmates and people interacting with them.

Although there has recently been some acknowledgement of high risk activities for the transmission of HIV the lack of accurate, reliable information on the nature and extent of these activities taking place continues to support inaction on the part of governments and prison administrations to address this issue. This is especially the case when the responses needed to address them are highly controversial within the social and legal context of most Africa countries. In order to support HIV and AIDS policy development and decision making in the prison environment, African prison officials and policy makers must be provided with concrete, reliable information, both of HIV prevalence as well as nature and extent of high risk behaviors that are taking place, to support the introduction of these perceived controversial prevention strategies such as condom availability and access to safe injecting equipment.

Furthermore, and although in the context of HIV and other communicable diseases we talk of good prison health as being good public health we still do not know the multiplier effect of high risk behaviors in prisons on community HIV prevalence. However, as prison have high rates of tuberculosis, hepatitis B and C and sexually transmitted infections, high risk behaviors taking place and lack of prevention commodities, amongst all of the other unique factors in the prison environment such as overcrowding and poor prison health services, one can safely conclude that HIV in prisons may in fact be fueling the epidemic in the community.

Finally and although there is growing recognition by national governments of the need to address the issue of HIV and AIDS in prison settings there are rarely if at all included in country plans and strategies to address HIV and AIDS. Where they are included it is most often simply mentioned as one of the many vulnerable populations that need to be addressed. For the most part, specific activities to address HIV in prisons remain undefined.

Inferences:

- Africa boasts some of the highest imprisonment rates in the world with the Southern African region maintaining the highest numbers of prisoners on the continent.
- Appalling physical conditions of African prisons, along with inadequate food and nutrition, and almost non-existent health services, seriously exacerbates the prevalence of HIV in prisons.
- IDU in Prisons is increasingly becoming an issue and its use is now being observed in many countries.

[8] 2006 AIDS Epidemic update, UNAIDS and WHO, p. 22

- Despite what we do know of high risk behaviours for the transmission of HIV taking place in African Prisons there remains an absence of reliable data concerning the extent and nature of these.

- Although previous studies suggest rates of HIV in African prisons are higher and in some instances significantly higher than HIV rates in the community, there is very little recent information of current HIV prevalence rates in African prisons.

- Despite the gap in information what we do know suggests that HIV in Prisons may in fact be is fuelling the HIV epidemic in the community

- In light of the magnitude of the HIV epidemic on the continent and in consideration of the efforts that are made to address it, HIV in prisons for the most part remains a highly neglected area.