

INHSU Africa: Spotlight on prison-focused work

The [INHSU Africa](#) regional conference was held in Cape Town, South Africa in February 2020. Dr. Matthew Akiyama (*co-vice chair, INHSU Prisons*) represented INHSU Prisons at this meeting. Dr. Akiyama presented on HCV and harm reduction in prisons. In the talk, he addressed the burden of HCV in the criminal justice system, reviewed approaches to harm reduction in correctional settings, presented a case example on management of HCV from the New York City jail system, and introduced the INHSU Prisons network. The talk was extremely well received and created interest around the topic of prisons, in particular INHSU Prisons.

The trip also included a visit to Goodwood Prison in Cape Town to discuss current services and challenges related to service delivery for viral hepatitis (as well as tuberculosis (TB) and HIV). Despite limited personnel to deliver services, there was both intent and interest in expanding prison-based work surrounding viral hepatitis. At any given time, there are approximately 800 individuals sentenced and 3000 on remand in Goodwood Prison. The recidivism rate is high – approximately 60%. There is limited data on drug use and viral hepatitis among people in prison. The findings of the first biobehavioural survey around HIV, viral hepatitis, and risk factors (including drug use) in two prisons are being finalized. While there are currently no viral hepatitis programmes or opioid agonist therapy programmes within the Department of Correctional Services, incarcerated persons have been highlighted as a high-risk population for viral hepatitis in the National Department of Health's National Hepatitis Guidelines. Additionally, the provision of opioid agonist therapy in prisons has been included as a recommendation in the draft National Department of Health's Opioid Substitution Therapy Implementation Plan.

Dr. Akiyama also conducted a stakeholder meeting with key individuals working in healthcare in the sector from different countries across Africa, to share strategies for and experiences with prison-based services. Attendees included:

- Dr. Andrew Scheibe, Technical Advisor, TB HIV Care; researcher at the University of Pretoria's Department of Family Medicine (South Africa)
- Dr. Taha Brahni, Project Manager, Association de Lutte Contre le Sida (ALCS); Founding Member of Coalition PLUS (Morocco)
- Mr. Kunal Naik, Advocacy, Fundraising & Communication Manager; Director of Fund-Raising Communication, Prévention Information et Lutte contre le SIDA (PILS; Mauritius)
- Dr. Pelmos Mashabela, National Department of Correctional Service; member of the Central Drug Authority (South Africa)
- Ms. Signe Rotberga, United Nations Office Drugs and Crime (South Africa)
- Ms. Helen Saava, Centers for Disease Control Key Populations Lead (South Africa)
- Mr. MD Dlamini, Clinical Nurse Practitioner, Goodwood Correctional Centre, Department of Correctional Service (South Africa)
- Ms. Jody Smous, Linkage Officer at Goodwood Correctional Centre, TB HIV Care (South Africa)

Several key themes emerged from this discussion. The first drew on the need for political will to enact change in the care of people incarcerated in prisons. Stakeholder engagement with prison administration was deemed a critical component to enacting this change. Buy-in from stakeholders in the criminal justice system extending to the community's judicial system was also identified as important. As an example, in North Morocco, the engagement of key individuals was reported to have enabled advances such as incarceration of drug dealers and not users, as well as provision of a first dose

of methadone in the police station prior to incarceration, to manage the risk of withdrawal during incarceration. Overall, identifying and engaging champions in all sectors of the criminal justice system, from high-level bureaucrats to on-the-ground workers, was deemed important. Stigmatisation from the on-the-ground workers, such as prisoner guardians, towards people who use drugs was discussed as a challenge to overcome, regardless of changes in belief at the level of leadership.

Importance of policy changes in guiding political will and harmonization between practice guidelines and national policy were also discussed. For example, it was noted that guidelines may recommend dispensing methadone in correctional facilities, however, if this is not reflected in national policy, security officials may not enact these guidelines in their facilities. Establishment of needle and syringe services in prison settings was noted to be even more challenging than methadone provision, given the tension between ensuring security and promoting health. Attendees were in agreement that drug use is a health issue rather than a criminal issue and that management of the issue should be within the context of health rather than outsourced to the criminal justice system. However, distortions around the classification and scope of harm reduction were also noted and that, as the necessary priority in correctional settings is security, there is reticence to have to account for something going wrong. For example, implementing needle and syringe programs was considered, from the perspective of correctional services, to potentially present opportunity for syringe-associated risks. However, it was also noted that this perspective could be changed by re-framing the dialogue in the debate around syringes to focus more on the harms associated with *not* implementing needle and syringe programs. It was discussed that if syringes were not available, people would continue to use drugs in a riskier fashion (e.g. using re-fashioned pens which ultimately cause more trauma and infection). It was also noted that if diabetic supplies are provided in prisons, there is a mechanism for syringe exchange services. However, disposal of syringes was highlighted as a challenge, with security officials generally considered to avoid taking on this responsibility, yet nurses and other healthcare staff may also refuse due to moral opposition. Attendees were in agreement that harm reduction should be guided by policy rather than individual decision. To increase harm reduction in prisons, it was deemed critical to engage members of the Department of Health, Ministries of Social Development, among others.

Conversations around HCV centered on prevention and treatment. The importance of addressing all possible routes for HCV transmission, from sharing of syringes to sharing of other unsterile items such as shaving and tattoo equipment, was highlighted. The cost of HCV treatment was considered prohibitive however, if available, directly observed treatment strategies were identified as an important and effective intervention. Discharge planning services were also identified as urgently needed. Several attendees noted that loss to follow up was a problem following release to freedom, in part due to the provision of incorrect contact information by patients. The potential for incorporating ex-prisoners into support groups that focus on rehabilitation was discussed as a possible solution.

In Africa, the overall impression was that interventions focusing on harm reduction and viral hepatitis testing and treatment in prison are in the nascent stages. Historically, HCV was not a major concern - in part because drug use was not as common in Africa compared with other continents. There was hope amongst attendees for increased interventions in prisons settings, however, key challenges surrounding access to and dissemination of data related to prison settings was discussed. Security safety and perceived potential for human rights violation were considered the major barriers to surveillance and research activities in the setting. Regional heterogeneity was noted as a complicating factor in incorporating prisons into national strategies. Nevertheless, the criminal justice system was noted to be a point of continuity for hard to reach populations and those not yet engaged in care. There was overwhelming support from attendees for the idea that HCV should not be treated in isolation, rather it should be treated holistically in the context of other conditions.