

Preventive measures for prisoners

25th VHPB meeting

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Preventive measures: step by step

1989: Mandatory delivery of a condom upon release

1993: Instigation of anonymous testing centers in prisons

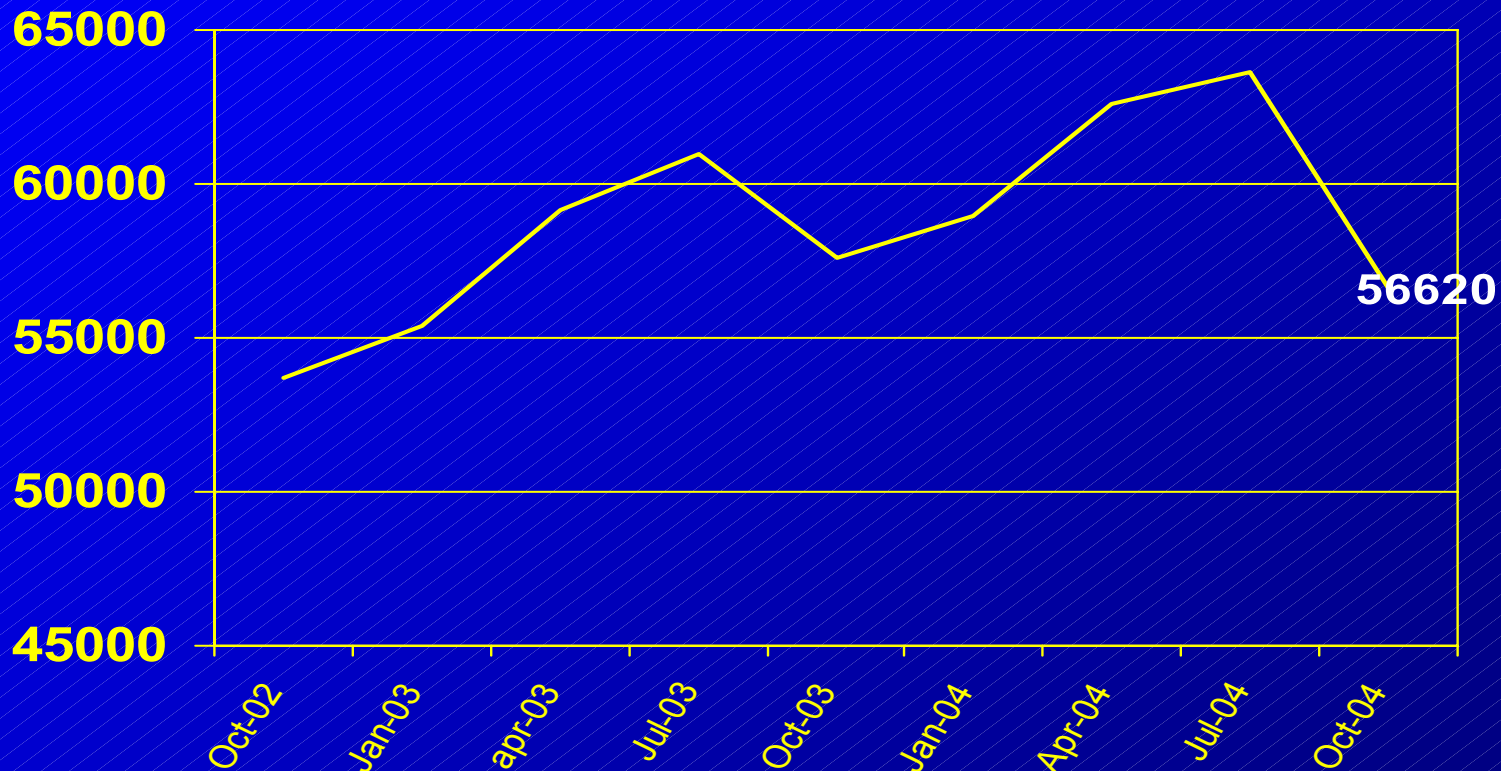
1994: Reorganization of the healthcare system in prison: prevention emphasised

1996 : Harm reduction tools: opiate maintenance therapy, bleach, condoms

1997: « Health – Justice » mission

2000: Recommendations of the mission

French prisoners demographics: an increasing population



Risk behaviours in prison

1998 ORS PACA survey

IVDU during lifetime	155 / 1212 (13 %)
IVDU in prison	47 / 155 (30 %)
First injection in prison	8 / 155 (5%)
Share of material	10 / 47 (21%)
Homosexual interc. in prison	14 (1.4%)
Heterosexual interc. in prison	94 (8%)
No condom at last intercourse	68 (66%)
Tattooing in prison	235 (21%)

European survey: IVDU during imprisonment

	France	Germany	Italy	Portugal	Spain	Sweden	Belgium
IVDU lifetime	155 (13)	144 (33)	192 (28)	279 (52)	48 (48)	196 (64)	26 (22)
IVDU in prison	47 (30)	50 (35)	44 (23)	145 (52)	31 (65)	121 (62)	9 (35)
First injection in prison	8 (5)	12 (8)	11 (6)	17 (6)	4 (8)	11 (6)	3 (12)
Material shared*	10 (21)	33 (66)	33 (75)	105 (72)	20 (65)	0	5 (56)

Factors associated with initiation of injection in prison Multivariate analysis

	Odds ratio	p	CI 95 %
year of starting of injection			
< 1983	Ref		
1983-1994	2.57	0.02	1.13 – 5.88
> 1994	4.61	0.002	1.78 – 11.95

HCV seropositivity on admission

1997 DREES study:

Prevalence based on incoming inmates declarations

HCV seropositivity: 4.4 %

2000 national survey among prison medical units:

81/ 172 questionnaires returned; Population of 24 045 inmates.

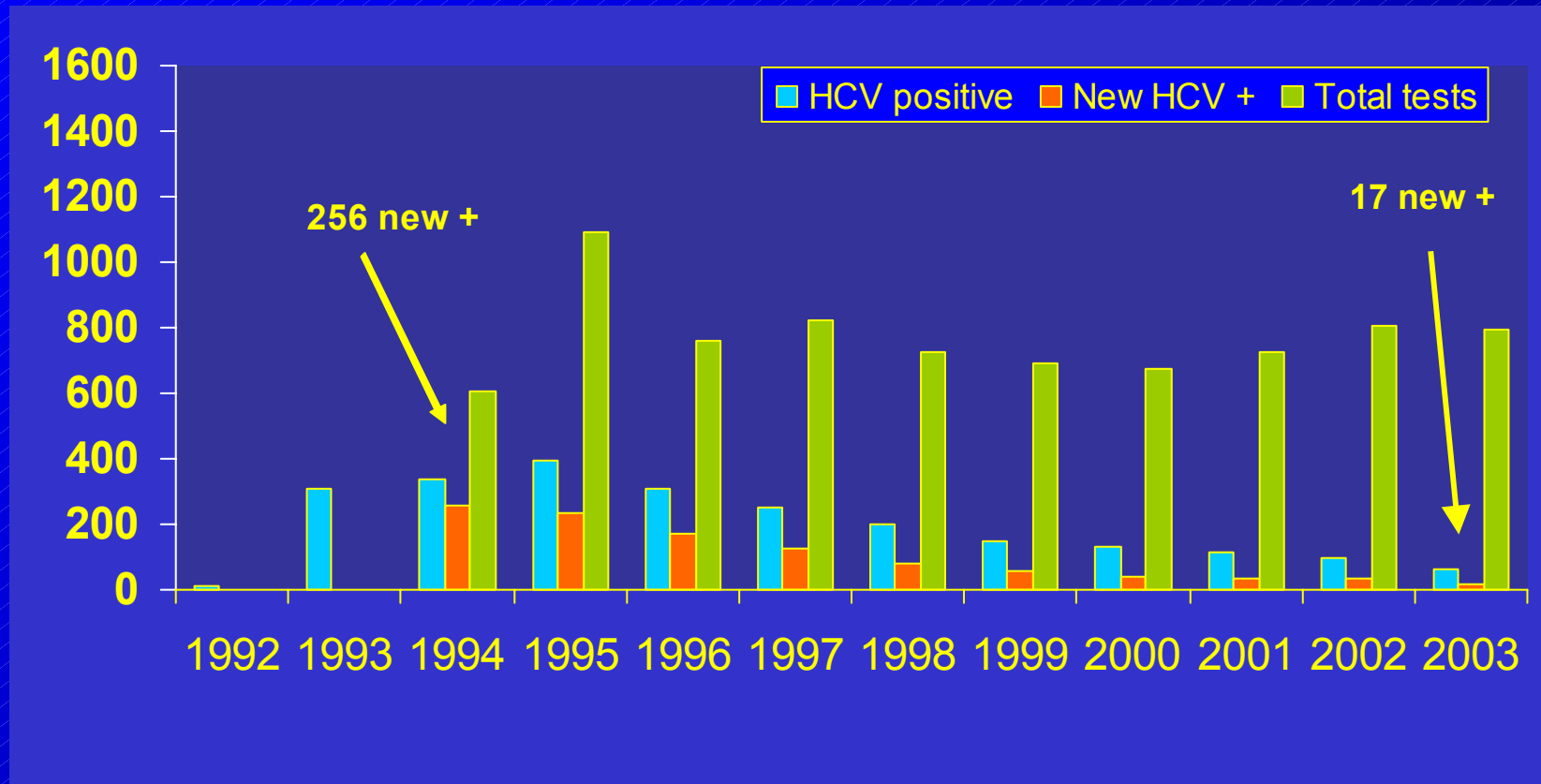
HCV seroprevalence: 6.3 % (0-20)

European survey: HCV prevalence on salivary testing

	France	Germany	Italy	Portugal	Belgium
participated	1212	437	678	535	115
tested	954	436	589	418	112
HCV pos (%)	79 (8)	21 (5)	140 (24)	126 (34)	12 (11)
Previously tested	335 (31)	164 (41)	255 (42)	278 (54)	15 (14)
Declared HCV neg.	10 / 76 (13)	2/21 (10)	30/134 (22)	22/125 (18)	1/11 (8)

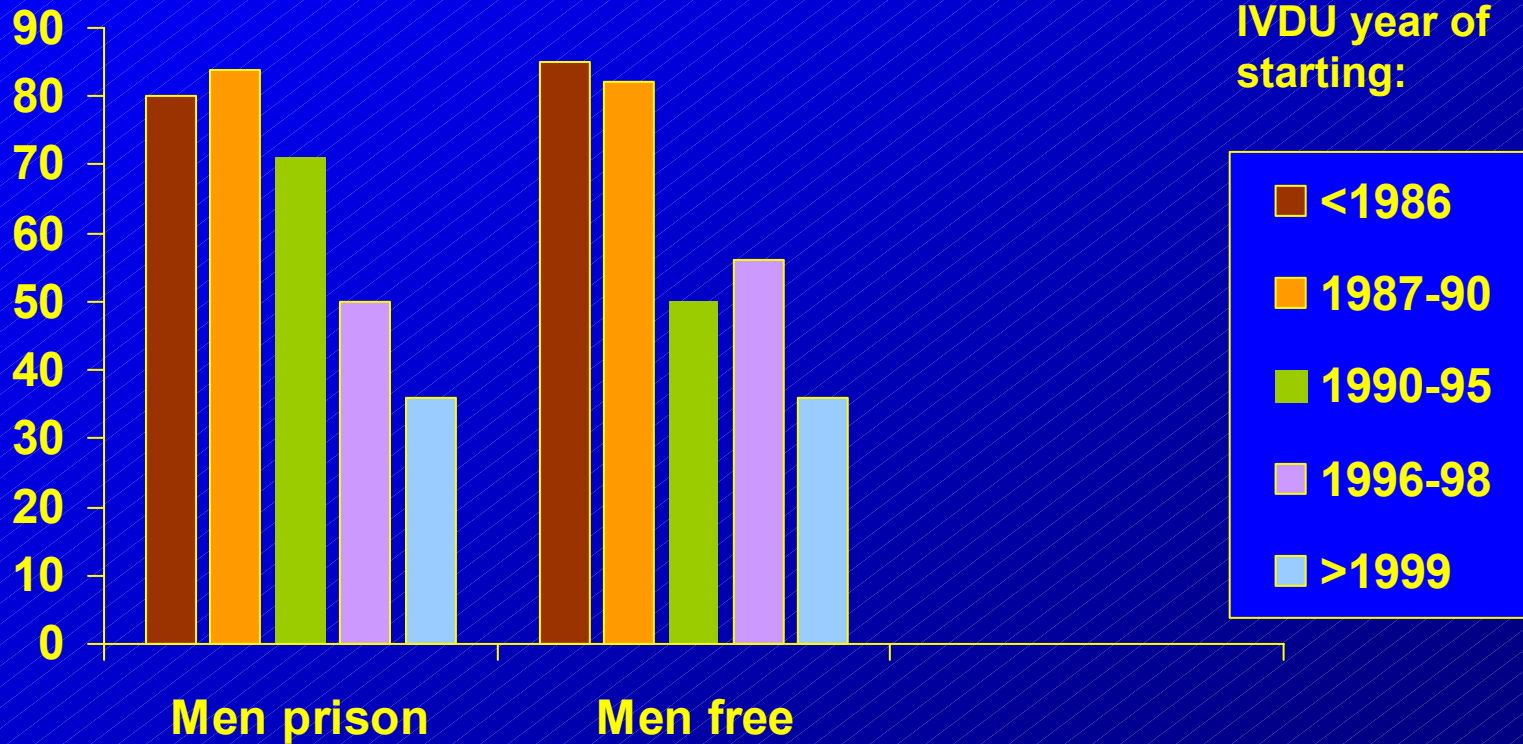
HCV Prevalence on admission

Recent evolution



Lower HCV seropositivity among recent injectors

% HCV seropositive



Evolution of risk behaviours

2003 data from the Baumettes' CDAG

	Men N = 2715	Women N = 242	Total N = 2957
Ex IVDU	7 %	5 %	7 %
Active IVDU	2 %	2 %	2 %
Total IVDU	9 %	7 %	9 %
Intranasal (non IVDU)	11 %	6 %	11 %

Among 187 intranasal (non IV) DU tested, 98 % were HCV seronegative

Correlation between HCV prevalence and IVDU over-representation in prison

Multicentric european survey:

HCV seropositivity among 2445 inmates tested :

IVDU: 50 %

Non IVDU: 3.2 %

2003 Baumettes' CDAG data

HCV seropositivity among:

IVDU: 63 %

Non IVDU: 1.4 %

1998 ORS PACA study:

Among 1212 inmates questioned:

77 % of the IVDU previously incarcerated vs.

46 % of the non IVDU

HBV seropositivity on admission

1997 DREES study:

HBV seropositivity: 2.3 %

2003 data from the Baumettes' CDAG:

Prevalence based on proposed testing on admission in prison

Positive HBs Ag : 2 %

Incidence of HCV/HBV infections in prison

Prospective scottish cohort study:

Anonymous HCV testing + self-administered questionnaire

Recruitment: 612 / 719 (85% participation rate); Follow-up: 375/441

HCV incidence for 100 person-years of incarceration was:

1 for inmates who reported never having injected drugs

12 for those who reported ever having injected drugs

19 for inmates who reported having injected drugs during f-u

27 for inmates who reported having shared needles/syringes during f-u

Australian study:

Two index pts co-infected HIV-HCV shared material during 14 months.

Four HCV seroconversions observed among the potential cohort (14 %)

GENERAL POPULATION

Less injectors outside

Lower rate of HCV sero+ among DU

Admission

Most urgent and minimal goal to achieve:
A seronegative inmate at admission must remain
seronegative on release

Release

High risk behaviours in prison

PRISON

Screening for HCV or HBV infection

Harm reduction tools

Substitution therapy

Syringe exchange programs

Material disinfection with bleach

Condoms

Familial life units

Educative measures

Screening for HCV and HBV

- **The screening policy in France**

On admission - strictly anonymous

Tests proposed & results transmitted within a counselling clinic

HCV proposed if risk factors identified

- **Prison enables access to tests:**

Previous declared HCV testing had been done in 69 % of the cases in prison

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Situation in 2000

On admission:

7% of inmates are on maintenance therapy (90 % under HDB)
Active IVDU: 11 % under methadone; 34% under HDB.

First weeks of imprisonment:

High rate of cessation of maintenance therapy
Methadone: 13 to 73%; HDB: 22 to 60% .

Increased risk of injection in case of cessation of MT:

30 % of A IVDU with cessation of methadone injected in prison
52% of A IVDU with cessation of HDB injected in prison

Heterogenous access to MT

The relation to risk changes in prison: prevention becomes neglected.

Situation in 2003

	n inmates	% inmates under MT	% opiate dependant inmates under MT
Mar. 1998	52 000	2 %	6 %
Nov. 1999	50 000	3.3 %	11 %
Dec. 2001	47 000	5.4 %	18 %
Mar. 2003	11 168	7.8 %	NA

Higher % in prisons with specialized addiction care centers: 9.64 % vs 6.26 %

Lower % in long term sentence prisons: 5.7 % vs 8.57 %

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Syringe exchange programs

1994 Hindelbank's prison in Switzerland.

Less material share: 8/19 before vs 1/19 one year later
No abcess. No more Overdose. No DU increase

1996 Vechta and Lingen prison in Germany

252 inmates participated to the program.
Exchange via automatic distributor more appreciated
Syringes return rate: 98 %
Material share decrease: 54 / 142 vs 4/ 142 two years later
No assault with a syringe. No DU increase

1997 Basauri prison in Spain

Syringe exchange programs

2004: no experimental program in France

Despite propositions such as distribution of syringes pre-filled with injectable buprenorphin or methadone

Paradoxe of preventive measures that imply acceptation and tolerance of IVDU in prison and a legislative contexte which forbids it

Screening for HCV or HBV infection

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Relevance of sterilisation with bleach

In France: 12° conditioned bleach (3.6 % active chlore)

Efficient on HIV, HBV and HCV **if protocol respected:**

Mechanical rinsing with water

Total contact time with bleach of at least one minute

Numerous risk factors including material share: tattoing, piercing, hairdressing

Tattooing = independant risk factor for being HCV seropositive in two surveys among inmates (questionnaire & HCV testing)

Screening for HCV or HBV infection

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Conclusions of the Health-Justice mission in 2000

Condoms available in 23 / 25 prisons questioned

Most often in the medical units: 16 % only propose other locations

Lack of information : 34% believe there is no condom in prison

Access too controlled : 29% declare condoms must be required for

Specific difficulties: homophobia, violent intercourses

In 2004

One unique prison, the Baumettes in Marseille, has succeeded in implanting a condom distributor inside the prison

Screening for HCV or HBV infection

Harm reduction tools

Substitution treatments

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The ongoing french experience

UEVF: Experimental units of familial visits

Three pilot centers (long term sentences)

Started september 2003 at the CD of Rennes

Visits authorized once a trimester

Special training for the prison officers in charge

Evaluation planned first semester 2005

Educative measures

A program of educative actions yearly defined

Prison social teams strongly invested in this educative mission

True partnerships established in terms of actors and of fundings
(associations, institutions: DDASS, DRASS, CODES, CRES.)

Example of the PACA region experience:

- DRSP co-funding educative measures since 2000

- Overall educative measures multiplied by 2 since 2000

- In 2004, 9 various educative actions on HIV, HBV, HCV theme

- Qualitative observations:

 - Work on the relation more than on the tool

 - Promote peer education via peer training programs

HBV Immunization

Low rate of complete HBV immunisation on admission: 14 - 28 %

Decreasing post- immunisation status

24 % of the inmates tested in 2003 presented an isolated Anti-HBs antibody versus one third in 2002

Poor knowledge of a previous immunization:

Two thirds of the inmates with a post-immune serological status did not know they had been vaccinated.

Communication problem:

69 % of the inmates would accept an immunisation if proposed
Medical teams: inmates refuse the proposed immunisation

Conclusions

Larger and more homogeneous access to
opiate maintenance treatments

Innovative pilot programs

Development of educative measures

Little explanation concerning material
sterilisation with bleach

Difficult delivery of condoms outside the
medical units

Conclusions

Reconduct a large serological and behavioral survey
(consider PCR confirmation when HCV seropositive)

Focus on new behaviours, HBV infection & immunisation

Promote intra-muros partnerships on concrete objectives

Necessary public debate on legislation to promote a
pragmatic preventive strategy

Thank you to

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