

GLOBAL COVERAGE OF INTERVENTIONS FOR REDUCTION OF INJECTING DRUG USE-RELATED HARM, HIV, VIRAL HEPATITIS AND TUBERCULOSIS IN PRISONS AND OTHER CARCERAL SETTINGS

Authors: Thomas Santo Jr.¹, Matthew Hickman¹², Frederick L. Altice³, Jason Grebely⁴, Sophia Taylor¹, Michelle Lynch¹, Aleksa Kamenjaš¹, Jack Marsden¹, Lucy T. Tran¹, Paige Webb¹, Olivia Price¹, Christel MacDonald¹, Linda Montanari⁵, Luis Royeula⁵, Anja Busse⁶, Jack Stone², Filipa Alves da Costa⁷, Justin Berk⁸, Colleen Daniels⁹, Evan Cunningham⁴, Peter Vickerman², Behzad Hajarizadeh⁴, Keith Sabin¹⁰, Annette Verster¹¹, Michael Farrell¹, Louisa Degenhardt¹

¹ National Drug and Alcohol Research Centre, University of NSW, Sydney, Australia ² Population Health Sciences, Bristol Medical School, University of Bristol, UK ³ Yale University, New Haven, USA ⁴ Kirby Institute, University of NSW, Sydney, Australia ⁵ European Union Drugs Agency, Lisbon, Portugal ⁶ Department of Mental Health, Brain Health and Substance Use, WHO, Geneva, Switzerland ⁷ University of Lisbon, Portugal ⁸ Brown University, Rhode Island, USA ⁹ Harm Reduction International, London, UK ¹⁰ UNAIDS, Geneva, Switzerland ¹¹ Department of Global HIV, Viral Hepatitis and STI Programmes, WHO, Geneva, Switzerland

Background:

People detained in carceral settings experience disproportionately high rates of injecting drug use and infectious diseases (HIV, viral hepatitis, tuberculosis), yet data on the availability and coverage of related services remain scarce and outdated. We provide the first systematic review to comprehensively examine the availability and coverage of infectious disease prevention, treatment, and harm reduction services for incarcerated populations globally.

Methods:

We conducted a systematic review of evidence for provision of opioid agonist treatment (OAT), needle syringe programs (NSPs), HIV testing and antiretroviral therapy (ART), HCV testing and direct-acting antiviral (DAA) treatment, tuberculosis screening and treatment, HBV testing, treatment, and vaccination in carceral settings. We searched from peer-reviewed and grey literature databases 2000 and 2024 and used the most recent data available for each indicator.

Results:

Among 207 countries, OAT was documented in 59 countries (29%) and NSPs in ten (5%) and universal in three. HIV testing and ART were reported in 79 (38%) and 78 (38%) countries, and HCV testing and DAA treatment were reported in 53 (26%) and 47 (23%) countries. HBV testing, treatment, and vaccination were available in 50 (24%), 36 (17%), and 39 (19%). Tuberculosis screening appeared in 94 (45%) and treatment in 79 (38%). Fewer than 2% (~171,500) of 11.3 million incarcerated individuals live in countries offering all seven services in one or more facility; ~600 people in one country (Luxembourg) have universal access across all sites. Programmatic coverage data were rarely reported.

Conclusion:

Coverage of interventions for injecting drug use and infectious diseases in carceral settings is alarmingly low, falling far below community standards and WHO/UNAIDS/UNODC targets. Urgent policy reform, integration of prison health with national systems, and investment in scaling up and monitoring are critical to improving health equity for incarcerated populations.

Disclosure of Interest Statement:

Australian National Health and Medical Research Council.