

## Risk behaviours for HIV infection among drug users in prison

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### Abstract

**Objective**—To study a group of injecting drug users to establish the degree of illicit drug use in prisons, the prevalence of risk behaviours for HIV infection, and the uptake of treatment for drug dependency with drugs within the prison system.

**Design**—Anonymous, self administered, questionnaire.

**Setting**—Two drug agencies in central London; one operating a scheme for exchanging needles, and the other offering drug advice and information.

**Subjects**—50 (42 Men, eight women) self selected injecting drug users (mean age 31.2 (range 21-42)), all of whom had been held in custody at some time since 1982.

**Main outcome measures**—Details about periods served in custody since 1982; the number of respondents who took drugs (orally or by injection), either illicitly or prescribed, while in prison and the types of substances taken; the respondents' sexual activity in prison and between periods in custody.

**Results**—The average time spent in custody before the study was 20.6 months (range 1-72). Most prosecutions were directly or indirectly related to drug taking. 47 Of the 50 respondents reported taking at least one illicit drug while in custody; 33 by injection, 26 of whom had shared injecting equipment. 30 Had been treated for drug dependency by the prescribing of drugs while in prison. While in custody, one woman and four men (with a mean of seven (range 2-16) male partners) had had sex. Between periods spent in custody, men reported having a mean of eight (range 0-90) female partners and women a mean of one (range 0-3) male partner. Three men had had sex with other men, with a mean of six (range 2-11) partners. Since their last period in custody, men had had a mean of two (range 0-18) female partners and women had had a mean of two (range 1-3) male partners. Five men had also had male partners.

**Conclusions**—A high prevalence of injecting and sexual risk behaviours among injecting drug users within and between periods in custody has been shown. Most of these offenders continued to take drugs while in custody, and just over half not only injected drugs but shared equipment. Some of the male prisoners compounded their risk of HIV infection by engaging in sexual activity with multiple partners. Prisoners who then have multiple sexual partners after release place their partners in the community at particular risk of HIV infection. Although many of the drug users were prescribed drugs for their dependency, limited access to appropriate treatment, counselling, and health education may compound the situation.

### Introduction

Recent concern about the spread of HIV infection in prisons,<sup>1,2</sup> and anxiety about the contribution of

injecting drug use to this,<sup>3</sup> has been supported by studies in populations of drug users. A national evaluation of schemes for exchanging needles found that seven per cent of clients had shared injecting equipment while in custody, but the number of clients who had been in prison was not known.<sup>4</sup> A study of risk behaviours for HIV infection among injecting drug users attending a drug dependency unit in central London found that out of 32 who had been in prison in recent years eight had shared injecting equipment.<sup>5</sup> The Parole Release Scheme has estimated that every year 20 000 of the prisoners who have passed through the system have taken illicit drugs,<sup>6</sup> but there have been no studies focusing specifically on risk behaviours for HIV infection among injecting drug users in prison. We therefore studied a group of injecting drug users in London, all of whom had been in prison since 1982, to determine the degree of illicit drug use in prisons, the prevalence of risk behaviours for HIV infection, and the uptake of available treatment with drugs within the prison system.

### Subjects and methods

The study was undertaken between February 1989 and July 1989 at two drug agencies in central London. Fifty injecting drug users were recruited to the study; 42 from a scheme for exchanging needles and eight from a centre for drug advice and information. They were self selected, the criterion for participation being that they had been held in custody at some time since 1982. All completed an anonymous self administered questionnaire about their custodial sentences, their use of drugs while in custody (illicit and prescribed), and their injecting and sexual risk behaviours for HIV infection. Statistical analysis was undertaken using the  $\chi^2$  test and Yates's correction.

### Results

Of the 50 injecting drug users, 42 were men and eight were women, a ratio of 5.3:1. The mean age was 31.2 (range 21-42). The mean age at which they had begun injecting on a regular—that is, weekly—basis was 18.2; they had been injecting for a mean of 13 years. There were no significant differences between the characteristics of the drug users who had been recruited from the needle exchange scheme and those from the drug advice agency.

### PERIODS IN CUSTODY

Respondents were asked about periods served in custody since 1982, whether on remand, as custodial sentences, in borstal, or in prison. The mean number of periods spent in custody by each person was 2.4 (range 1-7) and the average time spent in custody before the study was 20.6 months (range 1-72). The average length of each custodial period was 8.6 months. Men, however, had received longer sentences than women (23.8 months *v* 11.8 months ( $p < 0.01$ )).

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Most successful prosecutions were related to drugs either directly—for example, the possession, supply, or importation of drugs—or indirectly—namely, shoplifting, burglary, and fraud to fund drug use. Crimes of violence—namely, assault, armed robbery, or grievous bodily harm—were reported by eight of the 50 respondents. Ten respondents had been held only on remand.

#### DRUG USE

The use of at least one illicit drug while in custody was reported by 47 of the 50 respondents, and 33 of these had taken drugs by injection. The table shows the drugs used and injected by the subjects while in custody. The most commonly taken drug was heroin (41), followed by other opiates (36). Of the 33 respondents who had injected while in custody, 26 had shared injecting equipment. Nineteen had borrowed used equipment on a mean of two occasions (range 1-30); 21 had loaned equipment on a mean of 3.5 occasions (range 1-30). Of the 10 respondents held on remand eight had shared equipment in custody.

#### SEXUAL RISK BEHAVIOUR

One woman and four men reported that they had had sex while in custody. Three of these men had had oral sex and anal sex and one man had had only "other sex"; the woman reported that she had had oral sex and "other sex." The four men had had a mean of seven (range 2-16) male partners while in custody; the woman did not report how many partners she had had. Those who had had sex while in custody were likely to have served shorter sentences than those who had not (mean 10.5 months *v* 21.6 months, not significant).

Sexual activity between periods spent in custody was recorded. Men reported a mean of eight (range 0-90) female partners and women reported a mean of one (range 0-3) male partner. Three men reported having had sex with other men with a mean of six (range 2-11) partners. Respondents were also asked about the number of sexual partners that they had had since their last period in custody. The men reported a mean of two (range 0-18) female partners, the women a mean of two (range 1-3) male partners. Five men had had male partners; four having had a mean of 12 (range 1-40) partners, and one, a male prostitute, over 1000 partners.

#### PRESCRIPTION OF DRUGS WHILE IN CUSTODY

Thirty respondents had been prescribed drugs while in custody. The drugs prescribed were oral methadone, most commonly given as part of a three day detoxification regimen (10 subjects); benzodiazepines, given on a short term basis to combat insomnia related to drug withdrawal (nine); chlorpromazine (three); other oral opiates (two); and barbiturates (one). Women were more likely than men to have received treatment while in custody (all eight of the women compared with 22 out of 42 men ( $p < 0.05$  with Yates's correction)).

#### Discussion

Our study has shown a high prevalence of injecting and sexual risk behaviours among injecting drug users within and between periods held in custody. These people were long term regular injectors, all of whom had started to take drugs before their experience of prison, and it was clear from our findings that most (47; 33 by injection) continued to take drugs while in custody. A wide range of substances were used, although the quantity of drugs taken, and the frequency of use, were not ascertained. This does, however, support claims that drugs are available in prisons.<sup>6</sup>

Just over half of the sample not only injected drugs while in prison but also shared equipment. At particu-

*Illicit drugs used by a sample of 50 drug users while in custody*

Substance	No of subjects who used drugs	No of subjects who injected drugs
Heroin	41	27
Methadone	28	6
Other opiates	36	20
Amphetamines	27	13
Cocaine	19	8
Barbiturates	20	2
Tranquillisers	34	2
Cannabis	29	0

larly high risk were those held on remand, eight out of 10 of whom had shared equipment while in custody. This might be because more privileges, particularly visits, are extended to those on remand, thus making access to drugs easier than for those who have been given prison sentences.

It is clear from our study that some male prisoners compound their risk of HIV infection by engaging in sexual activity with multiple partners, and some of them had female partners subsequent to their release. Our finding that those serving shorter sentences were more likely to have engaged in sexual activity has serious implications for the general population. Prisoners who have had sex and shared injecting equipment while in prison and then have multiple sexual partners after release place their partners in the community at particular risk of HIV infection.

Many (30) of the injecting drug users were prescribed drugs during at least one custodial sentence. The uptake of drug treatment might be limited not only by its availability in a given institution but also by its nature. Most of the sample were opiate dependent, but only 12 had been prescribed opiates and treatment was restricted to a rapid three day detoxification, which was thought to be of little help in reducing the effects of drug withdrawal. Counselling was rarely available to deal with the psychological sequelae of dependency. Some drug users are loth to inform prison medical officers of previous drug use because of concerns about confidentiality and the possibility that disclosure will lead to extra security measures, social stigma, forced HIV testing, and isolation.<sup>6</sup>

Our sample of long term drug users might not have been representative of the drug taking population in prison because it was a self selected group and their experiences might have represented the extreme end of a range. It is clear, however, that periods spent in custody present injecting drug users with an increased risk of HIV infection. Injecting equipment and condoms are not provided to inmates, but injecting drug use and sexual activity do occur in prisons and this makes them potential pools of HIV infection. Limited access to appropriate treatment, counselling, and health education compound the problem. This must be a matter of concern not only to those who supervise, care for, and treat drug using offenders and ex-offenders, but to all those concerned with the public health of the community.

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6 Trace M. HIV and drugs in British prisons. *Druglink* 1990;5(1):12-5.

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