

**DUBLIN DECLARATION  
ON HIV/AIDS IN PRISONS  
IN EUROPE AND CENTRAL ASIA**

*Good Prison Health is Good Public Health*

Dublin, Ireland  
February 23, 2004

The Dublin Declaration on HIV/AIDS in Prisons  
in Europe and Central Asia was prepared by

Rick Lines (Irish Penal Reform Trust, Dublin)  
Ralf Jürgens (Canadian HIV/AIDS Legal Network, Montreal)  
Dr. Heino Stöver (University of Bremen, Germany)  
Dr. Gulnara Kaliakbarova (Penal Reform International, Kazakhstan)  
Dr. Dumitru Laticevschi (Moldova)  
Dr. Joachim Nelles (Switzerland)  
Dr. Morag MacDonald (University of Central England in Birmingham, UK)  
Matt Curtis (International Harm Reduction Development Program of the Open Society Institute)

Released in Dublin, Ireland  
February 23, 2004

During the conference

*Breaking the barriers: Partnership in the fight against  
HIV/AIDS in Europe and Central Asia*

Dublin Castle  
Dublin, Ireland  
23—24 February 2004



## PREAMBLE

HIV/AIDS is a serious problem for prison populations across Europe and Central Asia.

In most countries, rates of HIV infection are many times higher amongst prisoners than amongst the population outside prisons. \* This situation is often exacerbated by high rates of Hepatitis C and/or (multi-drug resistant) Tuberculosis in many countries. In most cases, high rates of HIV infection are linked to the sharing of injecting equipment both inside and outside prison walls and to unprotected sexual encounters in prison. In a majority of countries, adequate preventive measures have not been introduced in prisons, although they have been successfully introduced in other prison systems and shown to be effective. As a result, people in prison are placed at increased risk of HIV infection, and prisoners living with HIV/AIDS are placed at increased risk of health decline, of co-infection with Hepatitis C and/or TB, and of early death.

The failure to implement comprehensive programmes that are known to reduce the risk of HIV transmission in prisons and to promote the health of prisoners living with HIV/AIDS is often due to lack of political will or to policies that prioritise zero-tolerance to drug use over zero-tolerance to HIV/AIDS. In some cases, it is the result of a lack of state resources and technology to meet the overwhelming need. In some cases it is both.

This public health crisis requires urgent attention and action from all governments.

Under national and international law, governments have a moral and ethical obligation to prevent the spread of HIV/AIDS in prisons, and to provide proper and compassionate care, treatment, and support for those infected. What needs to be done is clear: policies and programmes that effectively reduce the spread of HIV in prisons and provide care, treatment and support for prisoners living with HIV/AIDS already exist in several countries and should be replicated elsewhere.

People in prison have the same right to health as people outside, and the lives and health of people in prison are connected to those of people outside prison in many ways. If we protect them, we also protect our broader communities. Protecting prisoners will also protect prison staff, who also have a right to be protected against HIV/AIDS, Hepatitis C, and TB in prisons, and whose needs are entirely compatible to those of the prisoners in this respect.

As the representatives of 55 governments from Europe and Central Asia gather in Dublin this week to discuss "Breaking the Barriers" in the fight against HIV/AIDS, we call upon them to begin by breaking down the barriers over which they have total control – the barriers that have thus far prevented comprehensive HIV/AIDS services from being implemented in prisons.

---

\* Studies in various countries in Western Europe, Eastern Europe and Central Asia have found rates of HIV infection between 0—17% among prisoners.

## PURPOSE

This Declaration provides a framework for mounting an effective response to HIV/AIDS in the prisons of Europe and Central Asia. The Principles and Articles outlined herein are based upon recognised international best practice, scientific evidence, and the fundamental human rights of people in prison and the obligations of States to fulfil those rights.

## STATEMENT OF FUNDAMENTAL PRINCIPLES

### **Principle 1: People in prison are part of our communities.**

People in prison are fathers and mothers, brothers and sisters, sons and daughters, grandfathers and grandmothers, husbands and wives, lovers, partners and friends. The fact that they are incarcerated for a period of time does not change this fact. Prisoners come from our communities and the vast majority return to our communities.

### **Principle 2: People in prison have a right to health.**

This right is guaranteed in international law, as well as in international rules, guidelines, and covenants including the *Universal Declaration of Human Rights*, the *International Covenant on Economic, Social and Cultural Rights* (Article 12), the *International Covenant on Civil and Political Rights* (Article 10.1), the United Nation's *Basic Principles for the Treatment of Prisoners* (Principles 5 and 9), and the Council of Europe's *Committee of Ministers to Member States Concerning the Ethical and Organisational Aspects of Health Care in Prison* (Recommendation 10). This includes the right to medical treatment and to preventive measures, and to standards of health care equivalent to that available in the community. States are obligated to uphold this principle. Those that do not are in violation of both international law and international guidelines on the treatment of prisoners.

### **Principle 3: Good prison health is good public health.**

The vast majority of people sent to prison eventually return to the community. Therefore any diseases contracted in prison, or any illnesses made worse by the conditions of confinement, become issues of public health when people are released. Governments cannot ignore prison health issues, as they are fundamentally a component of public health. Reducing the transmission of HIV and Hepatitis C in prisons is an important element in reducing the spread of these diseases in the broader population. Implementing effective TB treatment programmes in prisons will prevent the spread of (multi drug resistant) Tuberculosis inside and outside prison.

**Principle 4: Protecting the health of prisoners, and reducing the transmission of disease in prisons, also protects the health of prison staff**

Prison staff benefits from enhancing the health status of prisoners, and reducing the incidence of disease in penal institutions. Therefore, improving health care and prevention programmes for prisoners is an integral part of enhancing workplace health and safety for prison staff.

**Principle 5: Sex and injecting drug use occur in prison, and in many prisons are widespread.**

Experience in many countries in Europe and Central Asia (as in other parts of the world) has shown that sexual activity and injecting drug use occur in prisons, and are often widespread. Governments must publicly recognise this situation and act to implement appropriate health interventions. Denial of this reality by governments inhibits the fight against HIV/AIDS in prisons.

**Principle 6: Harm reduction, rather than zero-tolerance, must be the pragmatic policy basis for fighting HIV/AIDS in prisons and in providing HIV/AIDS care.**

International evidence has shown that HIV transmission can occur in prison, sometimes with alarming speed. Zero-tolerance policies towards drug use can create barriers to the fight against HIV/AIDS in prisons. The criminalisation of drug use has ensured that drug users comprise a disproportionate part of prison populations. Many drug users do not cease using drugs simply because they are imprisoned. Many prisoners continue to inject on a regular or occasional basis during their incarceration. Zero-tolerance approaches towards drug use that ignore this reality result in prison policies that increase the likelihood that these injecting practices will be unsafe, and heighten the risk of HIV transmission. Therefore, in order to effectively fight HIV/AIDS in prisons, prison and health policy must be based on the philosophy of harm reduction.\*

---

\* Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. This includes discouraging the sharing of contaminated injecting equipment by providing sterile injecting equipment and disinfectant materials to users, and providing a range of drug dependence treatment including substitution treatment. Harm reduction accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them. Rather, harm reduction understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviours from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself, and calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm. *[Definition adapted from the Harm Reduction Coalition, [www.harmreduction.org](http://www.harmreduction.org)]*

**Principle 7: HIV/AIDS in prisons is a major problem in many countries, and States must act collectively and cooperatively in the fight against the epidemic.**

HIV/AIDS is an international problem that demands international solutions. Preventing HIV transmission in prisons and providing treatment for prisoners living with HIV/AIDS can be costly. In this fight, wealthier countries have a moral obligation to assist countries that are less wealthy.

**Principle 8: Action to fight Hepatitis C in prisons is as crucial as is action to fight HIV/AIDS, and must be integrated into all initiatives addressing HIV/AIDS prevention and treatment.**

Hepatitis C is an infection driven largely by unsafe injecting practices. In the prisons of many countries, rates of Hepatitis C infection are also many times higher than in the outside community, and many prisoners living with HIV/AIDS are also co-infected with Hepatitis C. Therefore, the fight against Hepatitis C in prisons is integrally linked to the fight against HIV/AIDS. The rights and principles outlined in this Declaration apply equally to the issue of Hepatitis C, and government strategies to combat the transmission of HIV and to care for those living with the illness must be integrated with those of Hepatitis C.

## **FRAMEWORK FOR ACTION**

**Article 1: Prisoners have a right to protect themselves against HIV infection. Prisoners living with HIV/AIDS have a right to protect themselves from re-infection and/or co-infection with Hepatitis C and/or TB.**

**Therefore, States have a responsibility to**

- Ensure that HIV prevention measures available in the outside community are also available in prisons. This includes providing prisoners with free access to HIV prevention and harm reduction measures including, but not limited to, sterile syringes and injecting paraphernalia; condoms and other safer sex materials; bleach and disinfectants; safer tattooing equipment.
- Provide free access to methadone and other substitution treatments to prisoners in those countries where these treatments are provided in the community. This must include both the ability of people who are already on such a treatment to continue it when incarcerated, and the ability to initiate substitution programmes during incarceration. Countries that have not legalised or implemented substitution treatments should do so.
- Provide access to harm reduction measures in a confidential and non-discriminatory fashion.

- Provide accurate and easily understood information on the proper use of harm reduction measures using an effective means of delivery.
- Offer effective and timely treatment of Tuberculosis inside prison walls and ensure proper follow up when released in society.

**Article 2: Prisoners living with HIV/AIDS have a right to maintain and promote their health.**

**Therefore, States have a responsibility to**

- Provide free access to HIV/AIDS treatment and care that is equivalent to that available to people outside prison. This should include antiretroviral treatment, proper diet, health promotion options, and pain management medications.
- Provide prisoners with the same access to non-approved, investigational, and non-conventional and alternative therapies that people outside prison have.
- Provide quality gynecological and obstetrical care for HIV positive pregnant women in prison, including antiretroviral therapy on a continuous basis, and prophylaxis for the infant during and post-delivery to ensure that vertical transmission of the infection is interrupted.
- Provide sufficient levels of qualified medical personnel in prisons.
- Include treatment of STIs as a key component of a comprehensive HIV care.
- Improve conditions of confinement (overcrowding, poor prison conditions, poor sanitation, poor lighting and ventilation) that can negatively affect people with weakened immune systems.
- Provide access for non-governmental organisations and other external health professionals to assist in the provision of care, treatment, and support services.

**Article 3: Prisoners have a right to keep their HIV status confidential.**

**Therefore, States have a responsibility to**

- Ensure that the security and confidentiality of prisoners' medical information is guaranteed.
- Ensure that prisoners are not housed, categorised, or treated in such a fashion as to disclose their HIV status, and that prison records are not marked or labelled in such a manner as to disclose HIV status.



**Article 4: Prisoners have a right to informed consent in accessing HIV treatments and therapies, including the right to refuse treatment.**

**Therefore, States have a responsibility to**

- Prohibit mandatory treatment of prisoners living with HIV/AIDS.
- Ensure that prisoners are provided with information on HIV treatments and therapies sufficient to enable them to make an informed choice about their treatment options.

**Article 5: Prisoners have a right to access voluntary, confidential HIV testing, with pre- and post-test counselling. Prisoners have a right to informed consent before being tested for HIV infection, including the right to refuse testing.**

**Therefore, States have a responsibility to**

- Prohibit mandatory HIV testing of prisoners.
- Provide access to voluntary, confidential HIV testing for prisoners.
- Ensure that proper pre- and post-test counselling is a mandatory component of HIV testing protocols and practice.
- Provide access to anonymous HIV testing to prisoners in countries where such testing is available in the community.

**Article 6: Prisoners living with HIV/AIDS have a right to live free from stigma, discrimination, and violence.**

**Therefore, States have a responsibility to**

- Ensure that prisoners living with HIV/AIDS are not involuntarily segregated or isolated from the general prison population because of their HIV status.
- Ensure that prisoners living with HIV/AIDS are not prohibited from participation in prison programming, work, or recreational activities because of their HIV status.
- Provide education on HIV/AIDS for all prisoners and prison staff.
- Combat AIDS-phobia among prisoners and prison staff.
- Provide regular training on communicable diseases and drug use for all prison staff, and to update this training on a regular basis.

**Article 7: Prisoners have a right to accurate, non-judgemental, and accessible education on HIV/AIDS.**

**Therefore, States have a responsibility to**

- Provide free access to such educational information in various formats on an ongoing basis.

- Address HIV prevention as one component within a comprehensive programme of STI prevention.
- Provide access for non-governmental organisations and other external health professionals to assist in the provision of educational interventions.
- Provide support for peer education initiatives by prisoners themselves.

**Article 8: Prison populations have a right to have their diversity acknowledged and respected in the design and provision of HIV/AIDS services.**

**Therefore, States have a responsibility to**

- Provide HIV/AIDS interventions and services that address and respect differences in gender, age, race, ethnicity, language, sexual orientation, and gender identity.

**Article 9: Prisoners, prison staff, and non-governmental organisations should be consulted in the design and implementation of prison HIV/AIDS programmes.**

**Therefore, States have a responsibility to**

- Create mechanisms that allow for meaningful input from prisoners, prison staff, and non-governmental organisations in the content, design, and delivery of HIV/AIDS programmes.
- Encourage and support peer-led educational and support interventions by prisoners themselves.
- Ensure the sustainability of short-term NGO interventions by embedding them within prison programming.

**Article 10: Prisoners living with HIV/AIDS have a right to a continuity of post-release healthcare services.**

**Therefore, States have a responsibility to**

- Create systems of referral between prisons and community healthcare, social services, substitution treatment, and harm reduction services.
- Ensure that community health and social services receive sufficient resources and other supports to enable them to provide post-release care for ex-prisoners.

**Article 11: Wealthier states have an obligation to assist and support less-wealthy states in providing HIV prevention and treatment options to prisoners.**

**Therefore, wealthier States have a responsibility to**

- Provide affordable access to HIV treatments and therapies, harm reduction measures, and technical expertise to countries with fewer resources and medical/pharmaceutical infrastructure. This must include allowing for the development of generic HIV drugs.