



Within-prison drug injection among HIV-infected male prisoners in Indonesia: A highly constrained choice



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ABSTRACT

Background: In Indonesia, incarceration of people who inject drugs (PWID) and access to drugs in prison potentiate within-prison drug injection (WP-DI), a preventable and extremely high-risk behavior that may contribute substantially to HIV transmission in prison and communities to which prisoners are released.

Aims: This mixed method study examined the prevalence, correlates, and social context of WP-DI among HIV-infected male prisoners in Indonesia.

Methods: 102 randomly selected HIV-infected male prisoners completed semi-structured voice-recorded interviews about drug use changes after arrest, drug use cues within prison, and impact of WP-DI on HIV and addiction treatment. Logistic regression identified multivariate correlates of WP-DI and thematic analysis of interview transcripts used grounded-theory.

Results: Over half (56%) of participants reported previous WP-DI. Of those, 93% shared injection equipment in prison, and 78.6% estimated sharing needles with ≥ 10 other prisoners. Multivariate analyses independently correlated WP-DI with being incarcerated for drug offenses (AOR = 3.29, 95%CI = 1.30–8.31, $p = 0.011$) and daily drug injection before arrest (AOR = 5.23, 95%CI = 1.42–19.25, $p = 0.013$). Drug availability and proximity to drug users while incarcerated were associated with frequent drug craving and escalating drug use risk behaviors after arrest. Energetic heroin marketing and stigmatizing attitudes toward methadone contribute to WP-DI and impede addiction and HIV treatment.

Conclusions: Frequent WP-DI and needle sharing among these HIV-infected Indonesian prison inmates indicate the need for structural interventions that reduce overcrowding, drug supply, and needle sharing, and improve detection and treatment of substance use disorders upon incarceration to minimize WP-DI and associated harm.

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1. Introduction

Indonesia's HIV epidemic is expanding rapidly. Annual new infections rose 48% from 51,300 to 76,000 between 2008 and 2013, a period when HIV incidence decreased or stabilized in most other Asia-Pacific countries (Joint United Nations Programme on HIV/AIDS, 2013; Ministry of Health, 2008). Despite recent evidence of a transitioning epidemic (National AIDS Commission, 2012), people who inject drugs (PWID) comprise the largest proportion of

people living with HIV (PLWH) in Indonesia (Ministry of Health, 2009) and provide a bridge to other high risk groups and the general population (National AIDS Commission, 2012).

HIV prevalence among the estimated 73,000–200,000 PWID in Indonesia ranges from 31.4% to 67.9% (Joint United Nations Programme on HIV/AIDS, 2013; Ministry of Health, 2009; United Nations Office on Drugs and Crime, 2013). Indonesia's response to the HIV epidemic among PWID, which includes universal access to methadone maintenance therapy (MMT), needle-syringe programs (NSPs), and primary care through non-governmental organizations and community health centers (Afriandi et al., 2009; Mesquita et al., 2007; National AIDS Commission, 2012), has contributed to decreasing HIV prevalence among PWID (National AIDS Commission, 2012; United Nations Office on Drugs and Crime,

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2013); although HIV prevalence rose sharply in subgroups of PWID, notably new injectors in Jakarta (National AIDS Commission, 2012).

Drug policies, including new laws (Law No. 27/2009), make little distinction between drug users and traffickers (Nasir, 2011), and have generally proved counterproductive to HIV control (Joint United Nations Programme on HIV/AIDS, 2013). Drug enforcement has spawned police brutality against PWID (Davis et al., 2009), itself a social determinant of unsafe injection among PWID in the community (Hayashi et al., 2013; Ti et al., 2014), and increased criminal convictions and incarceration rates among PWID (HIV Cooperation Program for Indonesia, 2013; Morineau et al., 2012). Conservatively, 8–13% of Indonesian prisoners are PWID and official estimates of HIV prevalence among prisoners range from 1.1% to 13.9% (Directorate of Corrections, 2010a, 2012; Nelwan et al., 2010), with the highest prevalence being in specialized narcotics prisons which house inmates sentenced for drug-related crimes (including drug possession), although prisoners with substance use disorders (SUDs) are detained throughout the prison system (National AIDS Commission, 2010).

Among Indonesian PWID, incarceration, SUDs, and HIV are syndemic (Morineau et al., 2012; Nelwan et al., 2010; Singer and Clair, 2003). Studies outside Asia suggest that needle sharing during incarceration contributes greatly to this syndemic (Calzavara et al., 2003; Pollini et al., 2009; Small et al., 2005; Werb et al., 2008; Wood et al., 2005), particularly needle sharing among HIV-infected prisoners (Izenberg et al., 2014). Environmental factors like overcrowding of PWID, access to drugs, and limited access to NSPs and MMT, facilitate within-prison drug injection (WP-DI) and transmission of blood-borne pathogens (Dolan et al., 2007, 2014). In Indonesia, prisons therefore may serve as amplifying reservoirs, contributing to HIV transmission in prisons and in communities where prisoners are released (Mathers et al., 2008; Prasetyo et al., 2013). Limited data about WP-DI in Indonesia are available. Existing studies suggest that WP-DI is generally a rare occurrence (0.07–1.3% of male prisoners), but that it occurs more frequently in narcotics prisons and is associated with high levels of injection equipment sharing, drug injection initiation, and HIV infection (Directorate of Corrections, 2010a, 2012; National AIDS Commission, 2012). No studies, however, have specifically examined WP-DI among PLWH – the only people who can transmit virus to others – nor have they examined barriers to evidence-based MMT strategies that could thwart HIV prevention and treatment efforts among prisoners. To address this unmet need, we undertook a mixed methods study to understand better why HIV-infected prisoners engage in WP-DI, how they weigh the potential risks, and gain insight into how MMT expansion might benefit this especially vulnerable and high-risk group.

2. Methods

2.1. Ethics statement

This study was conducted in accordance with international standards for research with prisoners (Lazzarini and Altice, 2000). Participation resulted in neither benefit nor punishment. Ethics review boards at Yale University and University of Indonesia approved the study. This study was authorized by The Ministry of Research and Technology, and the Directorate General of Corrections, Ministry of Law and Human Rights, Republic of Indonesia. For their contributed time, participants received a snack and toiletry kit.

2.2. Study design

In this study, we examined prevalence and correlates of WP-DI and explored its socio-environmental context. We therefore chose, an emergent mixed-method study design (Cresswell and Plano Clark, 2011) commonly used in studies of drug injection and other high-risk behaviors (Scrimshaw et al., 1991; Stimson et al., 2006) to permit both a statistical analysis of variables derived from semi-structured interviews as well as a thematic analysis of interview transcripts to explore social-contextual factors that influence WP-DI, using a grounded-theory approach (Corbin and Strauss, 1990; Strauss and Corbin, 1990). Through a review

Table 1

Description of selected prisons and prisoners at Jakarta research sites.

Characteristic	Jakarta Narcotics Prison, N (%)	Central Jakarta Prison, N (%)
Population (% over capacity)	3131 (415)	1,865 (306)
Prisoners on methadone maintenance therapy	50 (1.6)	None
HIV prevalence among male prisoners (estimate for prison type)	6.5%	1.1%
HIV prevalence among male prisoners (prison-specific estimate)	13.9%	11.2%
Known HIV cases	136 (4.3)	99 (5.3)
Prescribed ART	60 (44.1)	35 (35.0)

ART—antiretroviral therapy.

of the existing literature, we developed an interview guide, consisting of open- and close-ended questions about participants' experiences with and attitudes toward WP-DI, formatted for qualitative, in-depth interviewing (Spradley, 1979; Yeo et al., 2014). The interview guide was edited extensively by an expert in survey design before being translated into *Bahasa Indonesia* by 3 native English- and Indonesian-speaking researchers using a direct translation method (Behling and Law, 2000). We piloted the interview guide with 15 study participants and made minor changes. Interviews were conducted by 5 researchers fluent in Indonesian. Each interview lasted about 60 min.

2.3. Indonesian prison context

A national strategy expands access to clinical services and MMT for Indonesia's ~164,000 prisoners (Directorate of Corrections, 2010b, 2015; Winarso et al., 2006), almost a quarter of whom are convicted of a drug-related offense, and incarcerated in one of 16 specialized narcotics prisons (National AIDS Commission, 2010). Overcrowding, TB transmission, and delayed HIV diagnosis and treatment are persistent problems that contribute to especially high mortality among incarcerated PLWH (Djauzi, 2009; Nelwan et al., 2009) and PWID (National AIDS Commission, 2010). Improved access to HIV testing and ART in prisons have gradually reduced AIDS-related deaths among prisoners (National AIDS Commission, 2010), although access to harm reduction services remains extremely limited (Directorate of Corrections, 2012), due in part to resistance of prison personnel (Blogg and Shenman, 2014). Among 460 prisons and detention centers nationwide, only 11 provide MMT, 1 provides condoms and bleach for sterilizing injection equipment, and none have NSPs.

2.4. Study sites

Selected prisons included one narcotics and one non-narcotics prison in the Special Capital Region of Jakarta which has the largest number of PWID (~27,000) and PLWH (~42,880) in Indonesia (Ministry of Health, 2009), and one the largest prison populations (~15,600; Directorate of Corrections, 2015). Table 1 shows characteristics of the two prisons. Both prisons are extremely overcrowded and have estimated HIV prevalence considerably higher than national averages. At Central Jakarta Prison, HIV screening occurs at intake, while at Jakarta Narcotics Prison, HIV testing is provider-initiated based on symptoms or risk assessment. Both sites provided ART. Prisoners meeting diagnostic criteria for opioid dependence, using heroin in the last year, and not within 3 months of their release date were eligible for MMT at Jakarta Narcotics Prison where 50 inmates were receiving MMT at the time of the study.

2.5. Recruitment

From November, 2013 to April, 2014, we recruited 102 HIV-infected male prisoners who were: age ≥ 18 years; HIV-infected; fluent in *Bahasa Indonesia*; willing to participate in a voice-recorded interview; and able to give informed consent. In order to generate a sampling frame representative of known PLWH, the prison physician compiled a list of all documented HIV-infected patients, stratified by CD4 cell count and ART treatment status, and assigned a unique identifier; a computer program (www.random.org) randomly selected 60 patients per site to be invited for study participation. Proportionate stratification involved ART prescription (or not) within each of five CD4 cell count categories: <200 cells/mm³, 200–350 cells/mm³, 351–500 cells/mm³, >500 cells/mm³, and undefined (18–33% of prisoners had not undergone CD4 testing). Selected prisoners were brought to a private medical clinic room where a researcher introduced the study, screened, and performed informed consent procedures. Prison staff was never present during consent or interview procedures. Of 120 prisoners selected for screening, 7 were released, 2 died, 1 was in solitary confinement, and 1 escaped before screening. Two were ineligible after

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