

Talking Points

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Consultation:

“Corrections and Public Health Consultation-Expanding the Reach of Prevention”

March 25–26, 2009
Atlanta, Georgia

Kim Lucas, M.P.H., Epidemiologic Studies Section, HIV/AIDS Epidemiology Branch, Office of AIDS (OA) attended the Centers for Disease Control and Prevention’s (CDC) Public Health Consultation: “Expanding the Reach of Prevention” in March 25–26, 2009. The objectives of the consultation were: 1) discuss the role of public health and prevention within correctional settings; 2) discuss ways in which public health and corrections professionals can optimally work together to reduce infectious disease risk and promote health inside correctional settings and communities; and 3) generate a summary of the proceedings to be used by CDC and its partners to guide short- and long-term programmatic and research efforts. These talking points were developed for the meeting.

Special considerations for HIV/STD/hepatitis C prevention in correctional settings

- The sexual and drug-use behavioral risks for these diseases are illegal in jails and prisons presenting unique ethical and philosophical challenges.
- Stigma around homosexuality, sex and drug use is very prevalent among incarcerated populations.
- Jails and prisons vary greatly with respect to correctional culture and environment, prisoner population characteristics, and duration of incarceration.
- Intervention/control trials are not feasible within correctional settings presenting challenges to demonstrating efficacy and meeting evaluation standards.

Consultation Objectives

I. Discuss the role of public health and prevention within correctional settings

1. Correctional health is public health – opportunities to intervene

- A large percentage of many groups that are at higher risk for HIV/STDs/hepatitis, including disproportionately affected race/ethnicities, those engaging in high-risk sexual and injection drug use behaviors, and

those least likely to be in care in the community, are involved in the criminal justice system.

- HIV/STD/hepatitis programs expend significant time and resources outreaching high-risk groups in community settings.
- Expanding testing and prevention programs as feasible to correctional settings provides key opportunities to intervene with hard-to-reach populations thereby improving the health status of prisoners and the communities to which they return.

2. Enhanced surveillance and epidemiology for a population of multiple and high risks for HIV/STDs/hepatitis

- Although not consistent with one traditionally recognized risk group, incarcerated populations are characterized by high-risk behaviors for HIV/STD/hepatitis, concurrent risks for communicable diseases, further complicated by co-morbidity.
- Careful design and implementation of routine analyses employing HIV/STD/hepatitis and other disease registries along with other statewide databases with appropriate linkages to correctional databases would allow for better understanding and monitoring the extent of involvement of the HIV-infected population in the criminal justice system.
- The proportion and characteristics of cases diagnosed in a correctional setting and assessment of trends over time may inform targeted screening programs and serve as an indicator of how well community outreach programs are reaching those in need prior to incarceration.

II. Discuss ways in which public health and corrections professionals can optimally work together to reduce infectious disease risk and promote health inside correctional settings and communities

1. Routinely-offered HIV testing

- **Voluntary versus mandatory testing**
 - “HIV testing should be voluntary and free of coercion.”¹
 - “Compulsory testing of prisoners for HIV is unethical and ineffective, and should be prohibited.”² (This excludes mandatory testing in response to an exposure incident.)
- **Informed consent**
 - Prisoners are a vulnerable population. Testing HIV positive in a correctional facility may result in negative consequences which individuals diagnosed in the community do not face. For these reasons, steps should be taken to ensure the informed consent process adequately explains the risks and benefits of testing positive for HIV while incarcerated and clearly communicate the right to decline testing.

- **Barriers to testing**
 - Barriers to testing in correctional settings may include disclosure of a prisoner's HIV status to corrections and parole officers, transfer to other housing or another facility and restricted access to programs including those for early release.
 - CDC should provide guidance to states to explore the feasibility of revising local correctional policies and/or laws that permit or require third-party disclosure of HIV status or housing or programmatic restrictions that are not justified for public health reasons to ensure the delivery of quality care.
- **Evaluation and monitoring**
 - Should include assessing the informed consent process, reasons for opting out, rates of acceptance, and outcomes and trends over time.

2. HIV/STD/hepatitis prevention

- **Collaborate on health and safety policies**
 - Public health and corrections share equally important goals and common interests with respect to health and safety of prisoners and staff.
 - Public health should do outreach to correctional officials to lay the foundation for initiating/increasing collaboration through educating each other and finding ways to reconcile zero-tolerance contraband and abstinence-only policies with the principles and benefits of health education and risk reduction.
- **Assess the feasibility of increasing access to proven-effective prevention interventions available in the community in the United States**
 - Guidance is needed from CDC to assist state public health and correctional agencies in reconciling public health disease prevention and correctional safety and security priorities.
 - "All prisoners have the right to receive health care, including prevention measures, equivalent to that available in the community without discrimination"²
 - Research and experience from prison systems in several countries have demonstrated that prisoner access to condoms does not pose a threat to security and safety in the prison environment and does not lead to increased sexual activity or drug use.³⁻⁷
 - In California, a pilot program to provide state prisoners access to condoms was implemented in November 2008 in response to Governor Arnold Schwarzenegger's veto of Assembly Bill 1334. In his October 14, 2007, Veto Message, the Governor noted that although it is illegal to engage in sexual activity while incarcerated providing access to condoms is "consistent with the need to improve our prison healthcare system and overall public health."

- Extensive research in a variety of correctional settings outside the United States has provided conclusive evidence that prisoner access to clean needles and bleach are effective in reducing transmission of blood-borne infections, unsafe injection practices, and overdoses, do not result in increased drug use, and increase referrals to drug treatment, without a single reported incident involving a syringe used as a weapon.⁸⁻¹⁵
- California law has expanded access to sterile syringes by allowing both syringe exchange programs (SEP) and over-the-counter sales of syringes in licensed pharmacies. Additional legislation encourages the use of local public funds to support these efforts and OA provides direct funding for 13 SEPs in the state. Governor Schwarzenegger has repeatedly affirmed his support for expanding access to sterile syringes for the purpose of disease prevention, declaring that such initiatives “prevent the spread of HIV, hepatitis, and other blood-borne diseases among injection drug users, their sexual partners and their children.”
- CDC guidance is needed to support efforts in initiating and rapidly expanding access to effective prevention measures such as condoms, needle exchange, and drug treatment in correctional settings.
- **Collaborate on prevention education and prevention program design**
 - Public health, correctional health, custody, and prisoner representatives should be involved in the design, planning, implementation and evaluation stages of all HIV/STD/hepatitis programs.
 - Inclusion of the key stakeholders is essential given sex and drug use are illegal in jails/prisons, the elevated stigma associated with homosexuality in prisons, and the potential for unintentionally causing harm as a result of introducing controversial prevention methods.
- **Integrate HIV/STD/hepatitis education and prevention into comprehensive prisoner and staff education programs**
 - There is still extreme stigma associated with homosexuality and HIV/STDs in correctional facilities relative to the free community. Separate treatment of these diseases may result in prisoners feeling targeted for prevention based on perceiving the public and/or correctional officials believing that a majority of prisoners are engaging in homosexual sex and to blame for the spread of these diseases in the community.
 - Prevention education and interventions should be introduced in the context of more broad health education delivered by inmate peer educators and together with other prevention measures, in ways that make them accessible to all, and available through at least one confidential avenue.

- **Improve prisoner access to publicly-funded HIV testing, prevention and partner notification programs**
 - Increased funding and flexibility to spend dollars across the various interventions is essential in order to expand key services and administrative support to a significant proportion of HIV-infected and at-risk populations during periods of incarceration. Such efforts cannot take away from current resources in the community and thus require new Federal funding.
 - Prisoner-initiated HIV testing is likely to be motivated by sexual or drug-use risk behaviors in contrast to universal and routinely offered screening at entry or in medical settings. There remains a very important role for HIV risk-reduction counseling, as it is provided through the counseling and testing system. Prisoners are more likely to speak about engaging in illegal risk behaviors with counselors not employed by the correctional system. Such efforts cannot take away from current resources in the community and thus require new Federal funding.
 - Prisoners by definition have little access to their partners on the outside, making partner notification services and prevention for positives particularly relevant.
- **Collaborate on “tool kit” including safe sex/injection brochure, condoms, and county health resource list to be distributed upon release**
 - The majority of those released engage in unprotected sex and/or needle sharing within a day or two of being released.
 - Having a few condoms, a small supply of bleach and an educational brochure has great potential to prevent transmission during these critical first few days back in the community.
 - Developing a wallet-sized testing and care/support list specific to the county of release may increase knowledge of HIV status and improve continuity of care.

3. HIV treatment, care, and support

- **Collaborate on ensuring quality HIV care during incarceration**
 - Corrections and public health should conduct assessments of HIV outcomes including death records for inmate patients being treated within correctional settings as well as during temporary admissions to community hospitals and emergency departments.
 - Identify potential roles for local and state public health in improving HIV care for prisoners being treated in community hospitals.
 - Improve training, continuing education, and support for providers in correctional settings through on-site or Web-based training and use of information/consulting hotlines and telemedicine.

- Conduct outreach and training to improve recognition of HIV disease in community hospitals, especially in rural areas where many prisons are located and providers rarely encounter HIV.
- Advocate for correctional systems to provide at a minimum HIV medications that are available through the AIDS Drugs Assistance Program (ADAP).
- **Collaborate on ways to improve continuity of HIV care for inmates being released**
 - Corrections and public health agencies should work together to identify and remove barriers to care and ensure consistency and ongoing engagement in care prior to and following release.
 - Improve coordination between correctional providers, transitional case management programs and publicly-funded treatment and support services available through local and state public health agencies and other organizations in the community prior to and following release.
 - Examples of local and state public health programs that could be engaged in transitional case management prior to and following release are housing assistance, early intervention, outreach to individuals lost to prevention and care services, ADAP, intensive case management, and hospice.

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