

# HIV in Correctional Settings: Implications for Prevention and Treatment Policy

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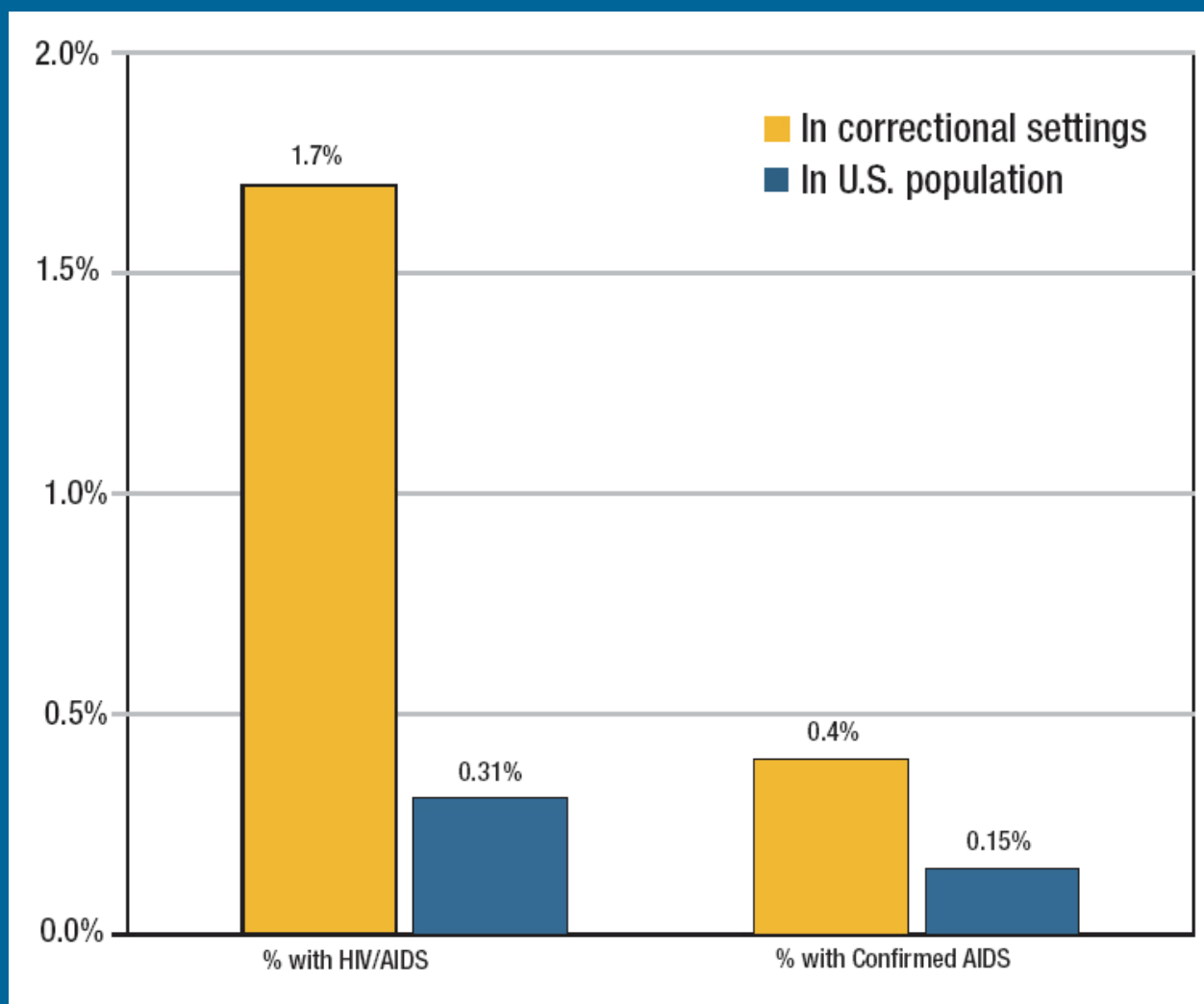
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# The U.S. Prison Population

- For the first time in US history, more than 1 in every 100 adults in America is now confined in jail or prison.
- Communities of color are disproportionately represented in the correctional system.

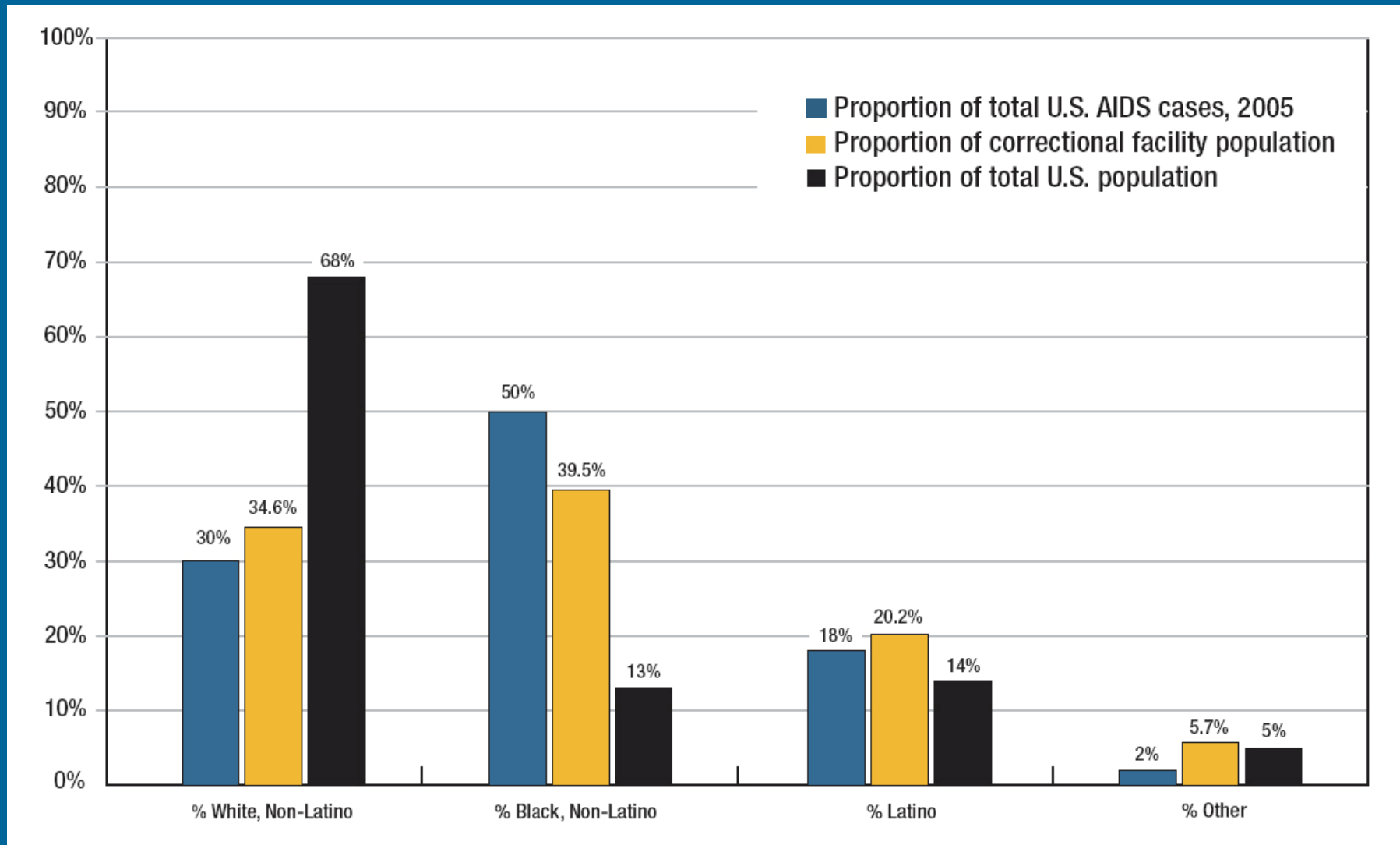


# Prevalence of HIV/AIDS in State and Federal Prisons & in the U.S. Population, 2005



**Sources:** HIV/AIDS (State and Federal Prisons): Maruschak LM. *HIV in Prisons, 2005*. Department of Justice. Bureau of Justice Statistics, NCJ 218915. September 2007; HIV/AIDS (U.S. Population): CDC. *HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2005*. Volume 17, Revised June 2007.

# Disproportionate Impact of AIDS and Incarceration on Minorities, 2005

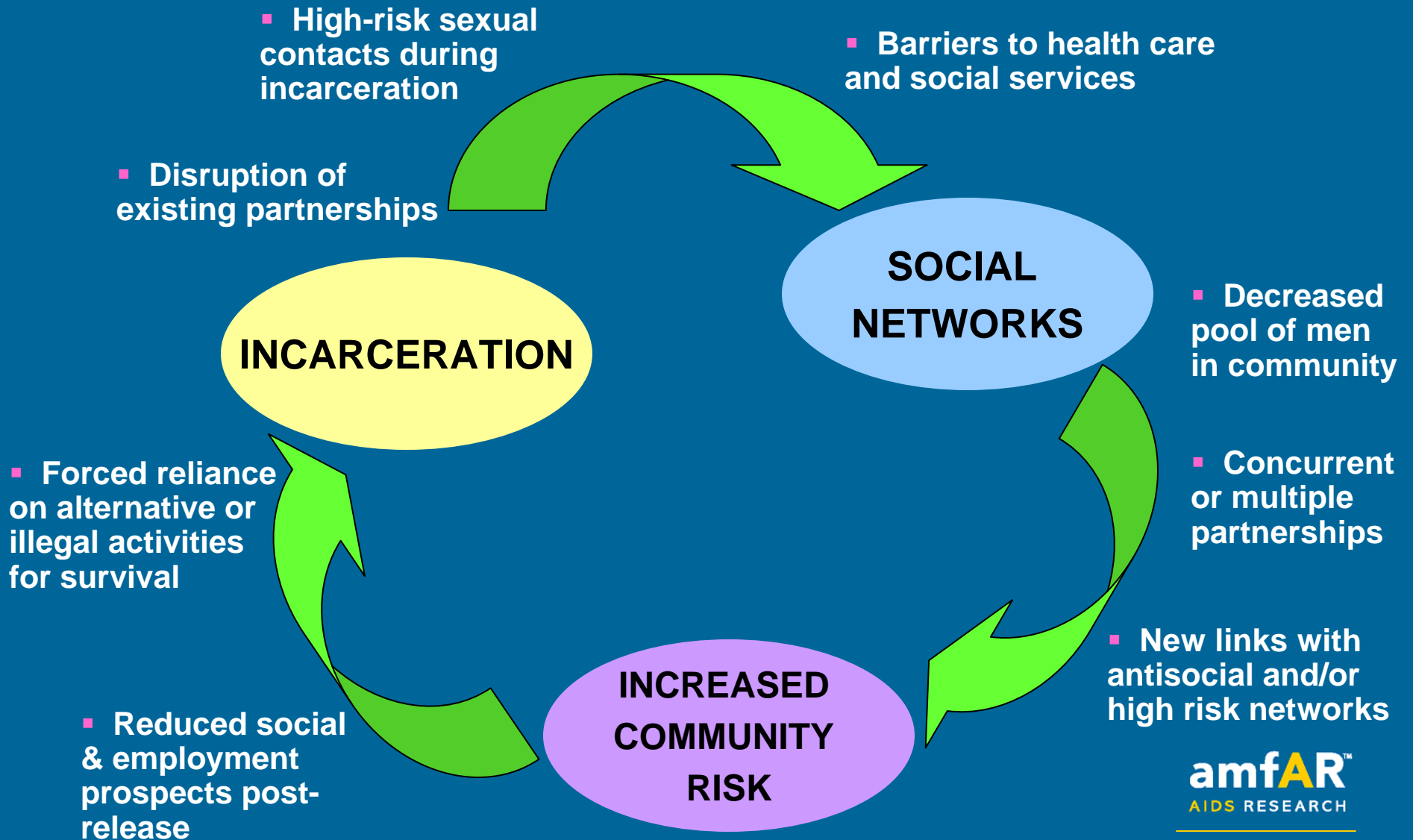


Sources: a) *Ethnicity in Corrections: Harrison PM, Beck AJ. Prisoners in 2005. Department of Justice, Bureau of Justice Statistics Bulletin, NCJ215092, November 2006, Revised January 2007;* b) *Ethnicity in AIDS Cases and U.S. Population: CDC HIV/AIDS Surveillance by Race/Ethnicity (through 2005), PowerPoint slides revised June 28 2007.*

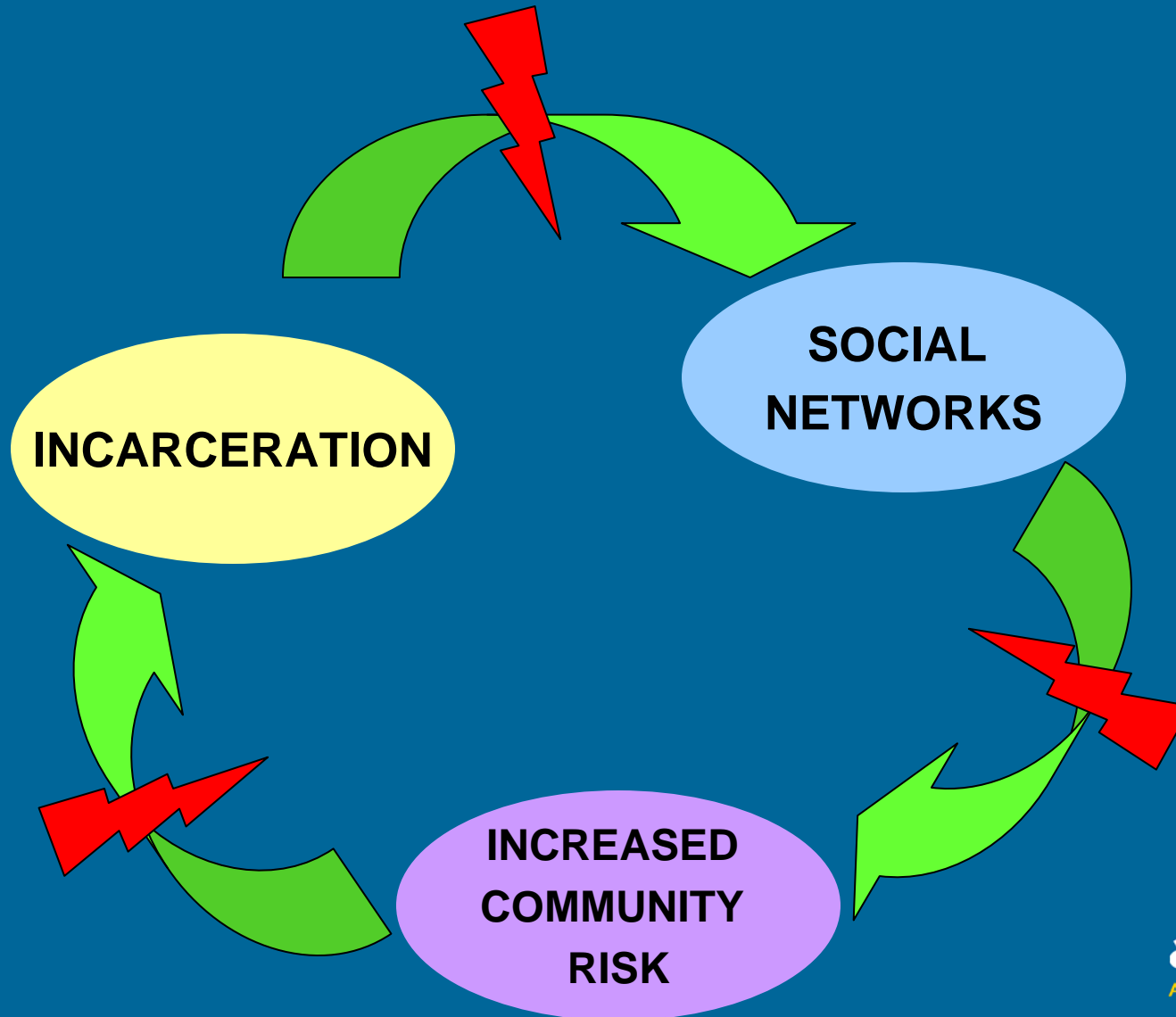
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# The Corrections – Communities Cycle



# The Corrections - Communities Cycle



# amfAR Issue Brief on HIV in Correctional Settings

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## issue brief

*“The degree of civilization in a society can be judged by entering its prisons.”*

—Fyodor Dostoyevsky

The U.S. correctional system is facing critical challenges as the number of incarcerated people continues to grow. At the end of 2006, there were nearly 2.26 million inmates in state, federal, and local correctional facilities, a rate of 751 inmates per 100,000 U.S. residents.<sup>1</sup> This is a record high for the U.S. and is the highest incarceration rate in the world.<sup>2</sup> For the first time, more than one in every 100 adults in America is now confined in a jail or prison.<sup>3</sup> Such high rates of incarceration have far-reaching implications for the health and well-being of families, communities, and society at large. The increasing size of the incarcerated population also has serious cost implications for the health care infrastructure, particularly since the cost of medical care in the U.S. is now more than seven times higher than it was in 1980.<sup>4</sup>

HIV/AIDS has a disproportionate impact on incarcerated populations in the U.S., with prevalence among prisoners more than three times higher than the general U.S. population (see Figure 1).<sup>5</sup> The presence of HIV-infected persons and those at high risk of infection in the correctional system is a critical challenge to both the correctional health system and the public health community. This challenge offers unique opportunities to reach these high-

## HIV in Correctional Settings: Implications for Prevention and Treatment Policy

risk individuals and engage them in HIV prevention, treatment, and care.

### The Link Between Correctional Facilities and Communities

In 2005, more than 7 million people in the U.S. were under some form of correctional supervision, either in institutional correctional facilities (prisons or jails) or in the community (e.g., on probation or parole).<sup>6</sup> Approximately 3.2 percent of the U.S. population—or one in every 32 adults—were incarcerated, under probation, or on parole at the end of 2005.<sup>6</sup> Approximately seven percent of all inmates were women.<sup>7</sup> Communities of color are disproportionately represented in the U.S. correctional system. Approximately 90 percent of inmates in state and federal prisons with sentences of longer than one year are African American or Latino.<sup>7</sup> In addition to their over-representation in the correctional system, men and women of color are disproportionately affected by HIV/AIDS (see Figure 2). Although African Americans represent only 13 percent of the total U.S. population, they account for more HIV and AIDS cases and more HIV-related deaths<sup>8</sup> than any other racial or ethnic group. Latinos, the fastest growing racial or ethnic group in the U.S., are not

far behind. They account for 14 percent of the total U.S. population, but have the second highest HIV prevalence in the nation after African Americans. Women of color are particularly hard hit by the epidemic. They not only represent the majority of American women currently living with HIV, but also account for the majority of new HIV infections and existing AIDS cases among women.<sup>9</sup>

The disproportionate impact of HIV in communities of color and in correctional facilities is exacerbated by a lack of access to adequate health and social services for inmates while incarcerated and upon their return to the community. Since more than 90 percent of inmates are eventually released into the community,<sup>10</sup> the health profile of returning inmates imposes specific demands on already overburdened community services. Many former inmates do not have the resources to access services that are not part of post-release planning, such as addiction and mental health treatment, psychological support,<sup>11</sup> reproductive health care, education and job training, and stable housing.<sup>11,12</sup>

Inmates' risky behaviors before and during incarceration also have a significant effect on their partners' health. Incarcerated men report engaging in behaviors

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## SUMMARY OF RECOMMENDATIONS

The incarcerated population in the U.S. is larger than that of any other nation. At the end of 2006, more than one in 100 adults were incarcerated in federal and state prisons and local jails. Compared with the population at large, incarcerated individuals are disproportionately affected by HIV/AIDS; the prevalence among prisoners is more than three times that of the general U.S. population. Communities of color are disproportionately represented in the U.S. correctional system and are affected by HIV/AIDS at higher rates than other groups.

The presence of HIV-infected persons and those at high risk of infection in the correctional system poses a critical challenge to both the correctional health system and the public health community. Addressing this challenge offers meaningful opportunities to effectively reach these individuals and engage them in HIV prevention, treatment, and care.

amfAR, The Foundation for AIDS Research, has reviewed the scientific literature pertaining to HIV prevention and treatment in correctional settings and has developed the following recommendations based on the available evidence.

## HIV in Correctional Settings: Implications for Prevention and Treatment Policy

### HIV Prevention

Preventing the spread of HIV in correctional facilities requires the implementation of comprehensive testing, education, and harm reduction programs, as well as mental health care and addiction treatment.

### HIV Testing

- Routine HIV testing with the option to opt out should be offered as a component of standard medical care to inmates, and those who refuse testing should not experience adverse consequences.
- Inmate choosing to be tested should receive their results (whether positive or negative) in a timely fashion. Incarcerated individuals who test positive for HIV should be provided with treatment, care, and supportive services.

### HIV Prevention and Education Services

- Incarcerated individuals should be able to participate in HIV/AIDS education and prevention programs. Special care must be taken to use instructors such as peer educators who are able

to establish the trust and rapport that are needed to discuss sensitive topics including sexual practices, substance abuse, and HIV/AIDS.

- Comprehensive HIV/AIDS education programs should also be offered to correctional staff in order to reduce stigma and discrimination against HIV-positive prisoners.

### Harm Reduction Measures, Substance Use, and Mental Health

- Correctional facilities should consider instituting harm reduction policies such as providing condoms and access to sterile syringes to inmates. Research conducted at correctional facilities in Europe has shown that the provision of sterile syringes in such settings has not resulted in increases in drug use or security concerns. Similarly, the provision of condoms in correctional settings has not been associated with increased security concerns. Given this evidence and in light of the fact that sharing injection equipment and engaging in unprotected sexual intercourse place inmates at risk for a variety of infectious diseases,

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# Summary of Recommendations

- HIV Prevention
- HIV Treatment and Care
- Addressing HIV Stigma and Discrimination
- Discharge Planning/Linkages to Care

# HIV Testing (1)

- Routine HIV testing with the option to opt out should be offered as a component of standard medical care to inmates.
- Those who refuse testing should not experience adverse consequences

# HIV Testing (2)

- Inmates choosing to be tested should receive their results (whether positive or negative) in a timely fashion.
- Incarcerated individuals who test positive should be provided with treatment, care, and supportive services.

# HIV Prevention and Education Services (1)

- Incarcerated individuals should be able to participate in HIV/AIDS education and prevention programs.
- Special care must be taken to use instructors such as peer educators who are able to establish trust and rapport that are needed to discuss sensitive topics, including sexual practices, substance use, and HIV/AIDS.

# HIV Prevention and Education Services (2)

- Comprehensive HIV/AIDS education programs should also be offered to correctional staff in order to reduce stigma and discrimination against HIV-positive prisoners.

# Harm reduction measures: substance abuse & mental health

- Correctional facilities should consider instituting harm reduction policies such as providing condoms and access to sterile injection equipment to inmates.
- If harm reduction materials cannot be provided, correctional facilities should provide comprehensive treatment for inmates with mental disorders and addiction problems.

# Treatment and Care

- Correctional facilities need to implement policies that enforce inmates' constitutional right to health care.
- This includes provision of appropriate medical care and treatment for HIV/AIDS and co-morbid conditions such as hepatitis, TB, mental illness, and addiction.

# Treatment and Care

- Correctional health and public health authorities should work together to develop cost-effective mechanisms by which HIV-positive and other “special needs” inmates can receive appropriate and consistent treatment and care, both while incarcerated and upon release.

# Stigma and Discrimination

- Measures should be taken to reduce stigma and discrimination against HIV-infected individuals in correctional settings.
- Correctional staff should implement and enforce procedures to ensure the confidentiality of inmates' medical information, including tests, diagnoses, and treatment.

# Discharge planning and linkages to care (1)

- Correctional facilities should implement comprehensive discharge and post-release planning programs that include linkages to community-based health care.
- Correctional facilities should establish strong partnerships with community health providers, and develop comprehensive referral and outreach systems.

# Discharge planning and linkages to care (2)

- Inmates preparing for release should be given copies of their prison medical records to help them access appropriate post-release care.

# Discharge planning and linkages to care (3)

- Correctional facilities should assist inmates with obtaining stable housing, employment, medical care coverage, and support in the months and week preceding release.
- Issuance of legal identification and reinstatement of Medicaid eligibility should be a fundamental component of discharge planning.

# Discharge planning and linkages to care (4)

- Federal regulations limiting ex-offenders' access to public assistance should be re-examined and revised to ensure that ex-offenders who are trying to re-establish stable lives in their communities have optimal chances of achieving that goal.

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# Thank you!

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