Incarceration and HIV: HIV Programs and Policies In US Correctional Facilities and Their International Policy Relevance

Authors: Sofia Kennedy. MPH[1], Theodore Hammett, PhD[1], Catherine Chanfreau, MD, MPH[1], Simon Smith, MHA[1].
[1]Abt Associates Inc., 55 Wheeler Street, Cambridge MA 02138, USA
tel: +1-617-349-2797, e-mail: sofia.kennedy@abtassoc.com

Background

- US and the Eastern Europe and Central Asia region (ECA) jails/prisons are important in the HIV epidemic because they hold a large number of HIV-infected and at-risk individuals:
  - HIV rates are up to five times higher in jails/prisons than in the total US population[1] and many times higher in ECA too
  - about 25% of people living with HIV/AIDS pass through US jails/prisons annually[1]
  - many HIV risk behaviors (e.g., injection drug use, sex work) are illegal so a majority of inmates could benefit from HIV prevention programs
  - evidence-based programs for prisoners are lacking and not coordinated in ECA
  - preventing HIV in prisons and the community is a frequently unrecognized element of public health protection[2] in ECA

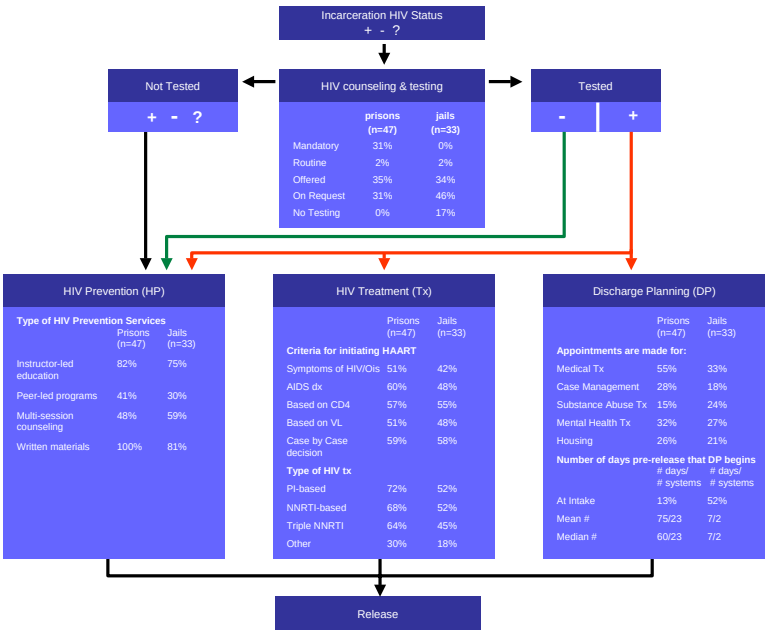
Methods

- Abt conducted the *2005 NIJ/CDC Survey of Infectious Diseases in Correctional Facilities* in the US
  - paper survey completed by Medical Directors in 46/50 state prison systems, FBOP and 33/50 large jails
  - assessed HIV screening, treatment & support policies

Figure 1 shows:

- Process of providing services inside US jails/prisons and at release:
  - inmates know their status or do not at intake
  - they may or may not be tested
  - positives do or do not get treatment and
  - are or are not referred to community care at release
  - inmates may or may not get prevention education
- Proportion of US systems that have policies related to providing these services

Figure 1: Process of identifying and providing prevention, treatment & discharge planning services to inmates, and policies for providing these services in the US (2005)



Discussion

- HIV screening
  - can be *mandatory* (all must be tested), *routine* (all tested unless refuse), *offered* or *on request* only.
  - screening is more common and facility-initiated in prisons than jails
- HIV prevention
  - more prisons offer almost all services than jails do
  - interventions that are peer-led, multi-session, multi-media are less common though may be more effective
- HIV treatment
  - all responding systems make HAART available
  - many systems have more aggressive criteria (i.e., CD4s) for initiating HAART than national US treatment guidelines
- Discharge planning
  - offered by 87% of responding prisons, 70% of jails
  - medical care is the most common focus
  - jails are more likely to start at intake because stays are shorter, but prisons generally have a longer period to prepare for release

References

1 Hammett T, Harmon M, Rhodes W. The burden of infectious disease among inmates of and releasees from US correctional facilities, 1997. . AJPH 2002;92(11):1789-94.

2 "HIV transmission in part of the US prison system: implications for Europe." (This EU report analyzed a US study which demonstrated the contagion of HIV and other bloodborne viruses within the system.)

Conclusions

- Where HIV is prevalent in jails/prisons, policies to reduce HIV transmission should include the *development, evaluation and institutionalization* of HIV *prevention, treatment and discharge planning* interventions for *inmates and releasees* to provide treatment and support *during and after incarceration*
- A Public Health Opportunity
- Period of incarceation can be time to:
  - **screen** for HIV and other STIs
  - offer **HIV prevention** services
  - engage HIV+ inmates in **treatment**
  - link to **commuinity HIV care**

ECA Policy Recommendations

- Marginalized populations are a large percentage of HIV-infected prison inmates so HIV interventions should promote prevention and care
- Connections between HIV services inside jails/prisons and public health systems in the community are necessary