HIV Risk Reduction

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The Truth About HIV/AIDS & the Corrections System

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"It's an open secret that among the corrections population, the vast majority of inmates who are HIV-positive were already positive before incarceration," says Hugh Potter, an expert on HIV and the corrections system. While according to the Bureau of Justice Statistics (BJS), the prevalence of HIV among state prisoners is three times that of the general population, the average rate of *transmission within the system* is about ½ of 1 percent.

A study of Georgia inmates found that 90 percent of those who tested HIV-positive were infected *prior* to incarceration, calling into question the myth of prisons as hotbeds of transmission. The CDC study spanned 17 years and involved an average daily population of around 45,000 inmates during the 17-year period. A report on the research project was published in *Morbidity and Mortality Weekly Report* in April of 2006 (see p. 3, *Study: Georgia Prisons).*

According to the CDC report, there is a 1.8 percent prevalence of HIV-positive individuals among the US prison population (2004). "From a public health standpoint, that's a huge percentage," says Potter.

This concentration of HIV-positive people poses both a challenge and an opportunity. Part of the challenge *and* the opportunity is that incarcerated individuals continue to be a part of the communities that they come from. "Two thirds of the corrections population is in the community on probation and parole" explains Potter. "The average length of incarceration is 2.5 years." During those two and a half years, we have an opportunity to address the issue of HIV/AIDS with a view to empowering inmates to change their lives for the better.

While it can be a challenge for HIV intervention specialists to gain entry to correctional facilities, some have succeeded. For a step-by-step description of how one counselor established an HIV program in her local detention center, contact HIV EIS Senior Program Specialist Winona Holloway at winonaholloway@hughes.net and ask for a copy of Correctional System: Outreach to Detention Center featuring Coretha Myles of Brunswick.

So why *are* inmates roughly four times more likely to be HIV-positive? According to Potter, "The kinds of risk behaviors that people engage in as part of a criminal lifestyle are exactly the behaviors that put people at risk for hepatitis, HIV and other sexually transmitted diseases (STDs)." And just as with HIV and other STDs, substance use plays a prominent role. Use of drugs and alcohol, particularly injection

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drugs, is associated with both risky sexual behavior and survival sex and with fighting, theft, and burglary. Potter points out, "these are behaviors that bring people to the attention of police".

The link between substance use and criminal behavior has been documented. According to Bureau of Justice Statistics, 80% of all incarcerated people have a history of substance abuse and half of convicted jail inmates were under the influence of drugs or alcohol at the time of the offense.

Touching on another common misconception about prisons, Hugh discusses inmate safety: "Most people assume that the death rate in prison is higher than that of the community because prisons are full of violent people." But people who are incarcerated are 19 percent *less* likely to die than their counterparts (people of similar demographics) living in the community, according to Hugh. "And if you're an African American male, the death rate *inside* prison is 57 percent *lower* than it is for the same population living on the outside."

Potter continues, "It's frightening to me – people are safer in prison than in the community." One contributing factor is access to medical care. "Over the last 20 years, conditions have improved for people in prison. HIV-positive inmates are less likely to die of AIDS-related complications than people living with the virus who are outside of prison. And overall, there are fewer deaths, particularly from non-natural causes. So even though we're at our lowest crime levels in history, our communities are not safe."

Although the problem is daunting, Hugh Potter believes in the difference that one person can make. "People who intervene with substance abusers don't get celebrated enough. I've seen the difference that these folks can make in individual lives and in the life of a community. It's often these folks who make the difference between a life that contributes to society and one that is effectively wasted."

While individual HIV counselors *do* make a difference, they are also keenly aware that HIV and AIDS do not occur in isolation. The consumers they serve face multiple challenges; co-occurring conditions are the rule rather than the exception. In this context, the meaning of co-occurrence extends well beyond the commonly recognized combination of mental health and substance abuse. This population suffers from an interlocking set of problems - everything from childhood trauma to homelessness. In response, health workers must rely on a network of care givers spanning a variety of disciplines. "You don't need to be the expert in every area," agrees Potter, "you just need to know what to watch for and where to refer someone." Adding, "Georgia really is a pioneer in the arena of network building." In 1997, the Georgia HIV Early Intervention Services (EIS) program, in collaboration with the Center for Disease Prevention and Control, launched a series of cross-training events starting with *HIV, TB, and Infectious Diseases: The Alcohol and Other Drug Use Connection*. "That cross-training curriculum is now a national initiative," says Potter.

According to the Bureau of Justice Statistics website, if recent incarceration rates remain unchanged, an estimated 1 of every 15 Americans will serve time in a prison during their lifetime.

HIV Among Inmates Down

The number of HIV-infected inmates in the U.S. has steadily declined since 1999.

- Since 1999, the rate of HIV-infection among inmates in US prisons has dropped from 5 times to 3 times the national average.
- Self-reported HIV among men in a representative sample of US jail inmates was 1.6%.
- In Georgia, 2.2% of prison inmates were HIV-positive (year end 2004).

Bureau of Justice Statistics

Study: Model Intervention

Project START compared two HIV/STD risk reduction interventions that were offered to men aged 18-29 being released from prison:

- a single-session HIV risk assessment and risk reduction planning intervention
- a six-session enhanced intervention designed to provide a bridge between incarceration and re-integration with the community.

Main Findings

⇒ Men in the Enhanced Intervention had lower rates of sexual risk 24 weeks after release compared to men in the Single Session Intervention.

⇒ Young men leaving prison are at risk for HIV, STD and hepatitis.

⇒ Many young men leaving prison engage in unprotected sexual activity immediately after release from prison.

⇒ Young men leaving prison are also at high risk for returning to prison.

⇒ It is feasible to maintain contact with young men after they have left prison when there are sufficient resources for tracing.

The study identified five ways to foster HIV/STD risk reduction among incarcerated men who are being released:

- Programs should address strategies to reduce risk behaviors associated with HIV/STD transmission, and other needs like housing, employment, mental health issues, and reintegration with family.
- Programs should cover the period from pre-release to reentry into the community.
- The first weeks post-release are crucial. Risk behavior resumes soon after release.
- Go beyond simply providing community referrals; locate "friendly" agencies and staff, call the agency and make the appointment, follow-up to make sure appointment is kept.
- Young men experience high rates of incarceration. Programs should develop relationships with correctional institutions that allow them to maintain contact with participants who are re-incarcerated.

www.cdc.gov/hiv/PROJECTS/ProjectSTART

Study: Georgia Prisons

A study refutes the widely held perception that blames U.S. prisons for the spread of the AIDS epidemic, saying very few prisoners acquire the virus while incarcerated.

The study published by the U.S. Centers for Disease Control and Prevention also rejected the notion that incarceration contributes directly to the high rate of HIV among black men. Based on 17 years of research, the study used data from Georgia's prison system, the nation's fifth-largest with about 45,000 inmates.

The study said 90 percent of HIV-positive men in the prison system were infected before they arrived. Over the 17-year study, only 88 men became infected in prison by the virus chiefly through same-sex intercourse.

Surprisingly, the study said, of men who became infected behind bars and acknowledged having sex with other men there, half reported their partners were prison staff members, not other inmates. It was not known whether the guards were the source infection or became infected themselves.

The study also said about three-quarters of inmates who reported having had sex with other men described it as consensual.

CDC HIV/STD/TB Prevention News Update

HIV-positive women prisoners outpace men:
up to 4% of women in US prisons report being HIV-positive.

Peers Have Impact

Originating as a respite site for visitors to San Quentin State Prison in Marin County, California, the community-based organization Centerforce was established in 1975. Services for visitors now include transportation, childcare, information and referral, and emergency clothing. Centerforce services have expanded to include prisoners as well as their families at county jails, State prisons, and Federal correctional facilities throughout Northern and Central California.

At San Quentin, Centerforce staff provide a variety of programs that, together, comprise comprehensive HIV prevention education for inmates. Many of these programs are evaluated in collaboration with the Center for AIDS Prevention Studies (CAPS), University of California - San Francisco.

Prisoner Peer Education Project

In 1991, a Prisoner Peer Education Project was launched at San Quentin, a medium-security prison housing approximately 6,000 men who are incarcerated for an average of two years. Through the project, all men entering San Quentin are mandated to receive HIV/STD/TB/hepatitis education, which is taught by prisoner peer educators. Centerforce staff select, train and supervise peer educators in cooperation with prison staff.

Peer educators are supervised for a minimum of one hour per week and receive additional training and supervision on an ongoing basis. Each year, about 40 prisoners are trained as peer educators.

Peer educators provide various services at the prison, including the HIV orientation, prerelease counseling, and other health education programs.

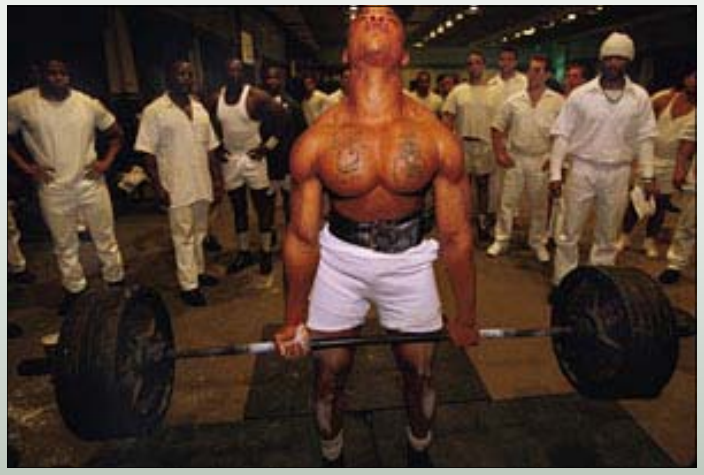
HIV/STD/TB/hepatitis Orientation Program

The HIV/STD/TB/hepatitis Orientation Program allows men arriving at the prison to meet with prisoner peer educators for an hour-long program including basic information about HIV/STD/TB/hepatitis transmission and about specific risks in the prison setting.

The majority of men coming to San Quentin receive this intervention, which reaches up to 10,000 new prisoners per year. After the orientation, voluntary confidential HIV testing is offered. A bilingual/bicultural Spanish-speaking prisoner peer educator is available to meet with monolingual Spanish speakers. The HIV orientation program is ongoing with the full support of the prison administration, which provides the program space and assigns a correctional officer to supervise the activity.

Evaluators found that peer educators were as effective as professional HIV educators and that prisoners preferred peer educators.

www.centerforce.org/



Some convicts change their lives dramatically while incarcerated. Rasheed, a Muslim serving 20 years in Huntsville's Wyn Unit, was a 15-year-old Houston Crip gang member when he killed two people in a drug deal gone bad. Now 21, he reads The Koran, prays facing Mecca and fasts during the month of Ramadan.

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www.hiveis.com

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