

## issue brief

## SUMMARY OF RECOMMENDATIONS

**T**he 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.
- Inmates 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,

correctional officials should reconsider policies prohibiting the provision of harm reduction and HIV prevention materials to inmates.

- Research has shown that investing in addiction treatment for inmates is cost-effective and can result in substantial reductions in post-release criminal activity, relapse, and recidivism. If harm reduction materials cannot be provided to inmates, correctional facilities should nonetheless provide comprehensive treatment for inmates with mental disorders and addiction problems.

## Treatment and Care

- Correctional facilities need to implement policies that enforce incarcerated individuals' constitutional right to healthcare. This right includes provision of appropriate medical care and treatment for HIV/AIDS and co-morbid conditions such as hepatitis, tuberculosis, mental illness, and addiction.
- 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 they are incarcerated and upon release.

## Stigma and Discrimination

- Measures should be taken to reduce stigma and discrimination against HIV-infected individuals in correctional settings. This includes addressing discrimination in housing assignments, access to healthcare, employment, and vocational and educational opportunities. 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

- To enhance inmates' potential for successful transition into the community, correctional facilities should implement comprehensive discharge and post-release planning programs that include linkages to community-based healthcare. Such programs would facilitate continuity of prevention, treatment, and care for ex-offenders. Correctional facilities should establish strong partnerships with community health providers, and develop comprehensive referral and outreach systems.
- Inmates preparing for release should be given copies of their prison medical records to help them access appropriate post-release care.
- Correctional facilities should assist inmates with obtaining stable housing, employment, medical care coverage, and support services in the months and weeks preceding release. Issuance of legal identification and reinstatement of Medicaid eligibility should be a fundamental component of discharge planning.
- Federal regulations that limit ex-offenders' access to public assistance have a direct effect on individual inmates' ability to rebuild their own lives and support their children and families. Such regulations 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.

Implementing these evidence-based recommendations should enhance the prevention and treatment of HIV/AIDS and reduce stigma in correctional facilities. Moreover, improving access to healthcare, housing, employment, educational opportunities, and support services will facilitate the successful transition of ex-offenders back into their communities.



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For further information and references, please refer to amfAR's issue brief, *HIV in Correctional Settings: Implications for Prevention and Treatment Policy*.