

HIV **in the** **Correctional Setting**

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Outline

- ◆ Navigating the system
- ◆ HIV in prisons statistics
- ◆ Risk Behaviors
- ◆ HIV Testing
- ◆ Medical Care inside the walls
- ◆ Transition to the community



Outline

- ◆ Navigating the system

What happens to my patients
when they get arrested?

Corrections 101:

JAILS

- County or town
- Operated by Sheriff's department
- Pre-sentencing
- Term of incarceration generally < 1 year
- House misdemeanor offenders & felons



PRISONS

- State or federal
- Operated by State Dept of Corrections or BOP
- Post-sentencing
- Term of incarceration generally > 1 year
- House felons only



Corrections 101:

- ◆ Probation: conditional release instead of incarceration
- ◆ Parole: conditional release after completing at least part of term of incarceration
- ◆ Work release: mandatory work in the setting of partial incarceration



Reception Centers

Women's Prisons

Men's Prisons

Release to community

Jail

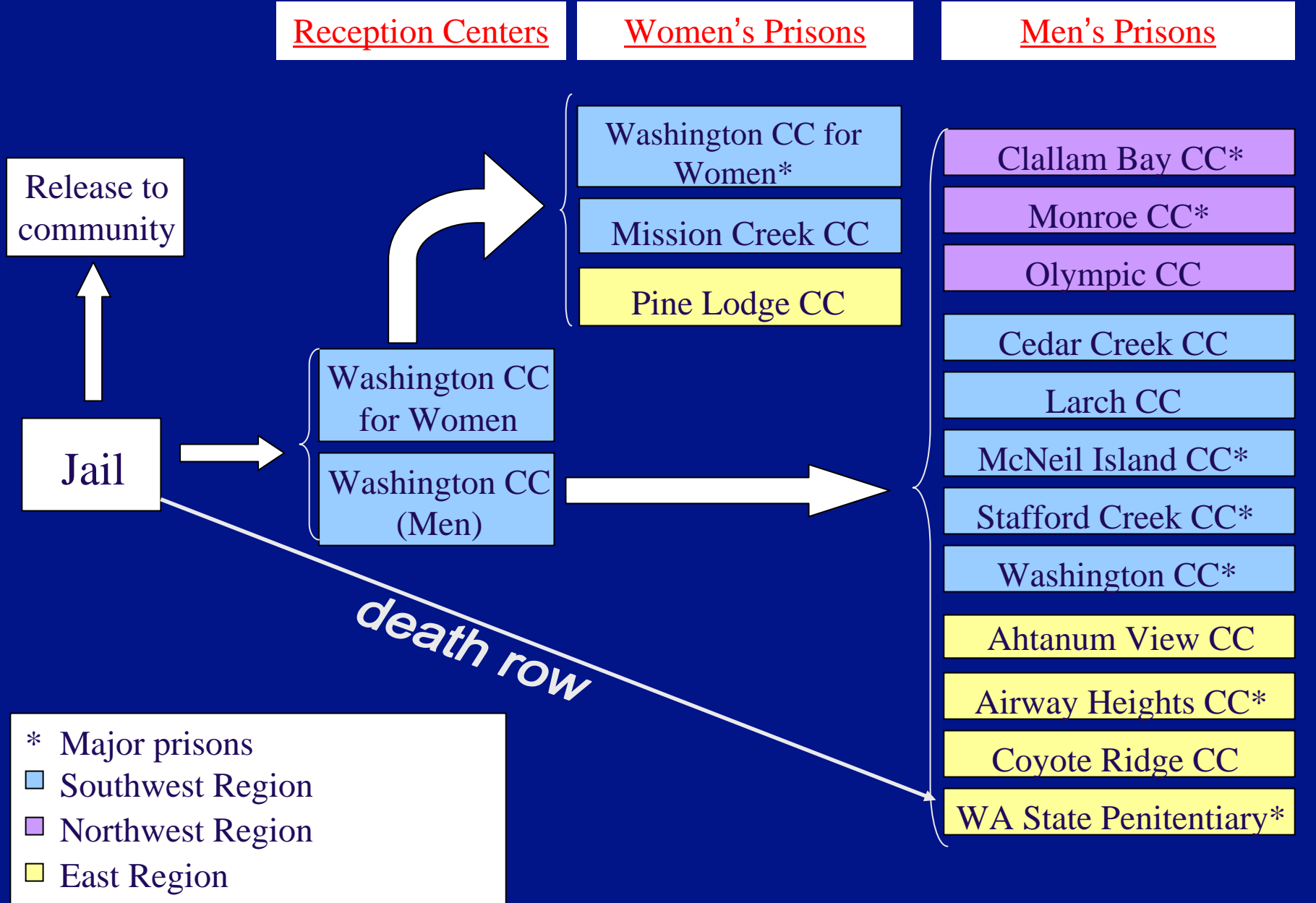
Washington CC for Women
Washington CC (Men)

Washington CC for Women*
Mission Creek CC
Pine Lodge CC

Clallam Bay CC*
Monroe CC*
Olympic CC
Cedar Creek CC
Larch CC
McNeil Island CC*
Stafford Creek CC*
Washington CC*
Ahtanum View CC
Airway Heights CC*
Coyote Ridge CC
WA State Penitentiary*

death row

- * Major prisons
- Southwest Region
- Northwest Region
- East Region





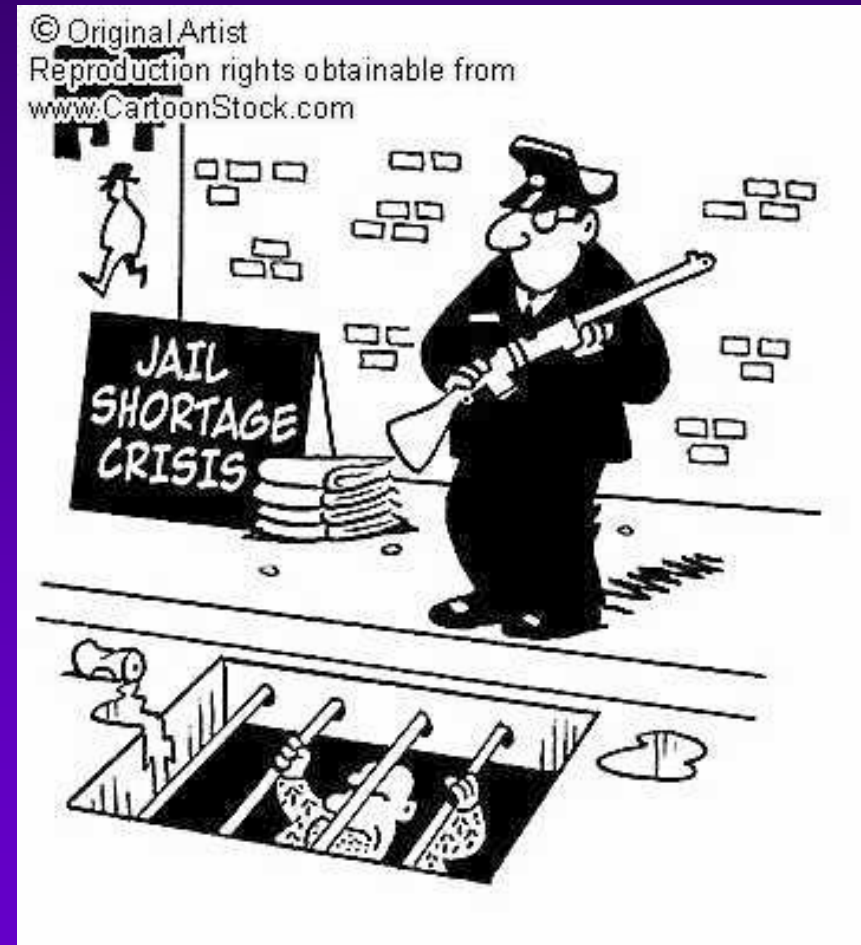
Outline

- ◆ Navigating the system
- ◆ HIV in prisons

US & WA Stats

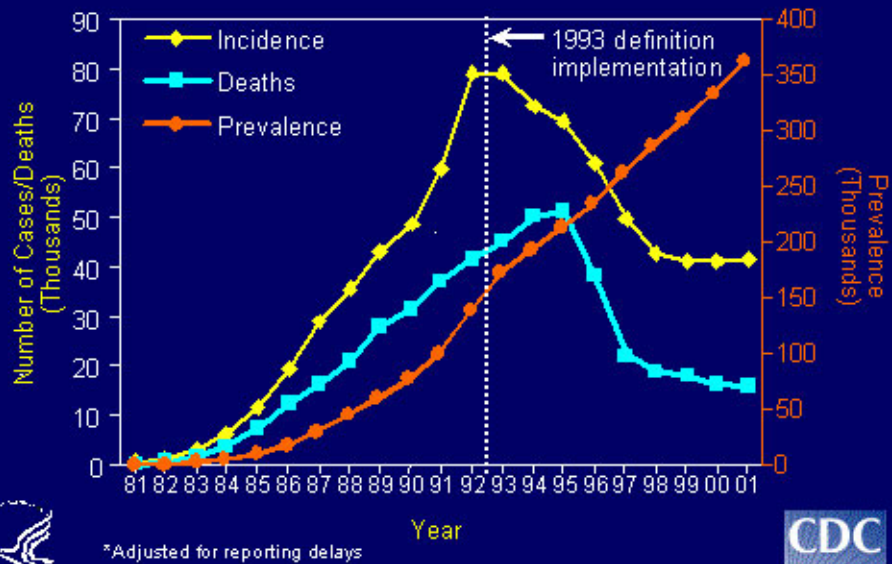
U.S. Statistics

- ◆ > 2.2 million people are incarcerated in the U.S.
- ◆ The U.S. incarceration rate surpasses all other countries
- ◆ Problem of overcrowding
- ◆ The “War on drugs”
- ◆ “3 strikes” your out!



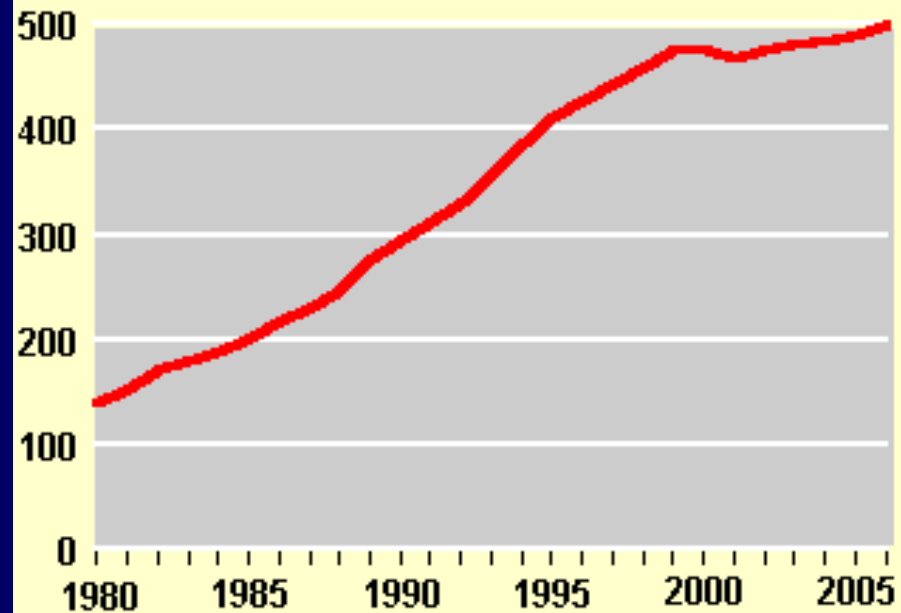
Dual Epidemics

Estimated Incidence of AIDS, Deaths, and Prevalence, by Year of Diagnosis/Death, United States, 1981 - 2001*



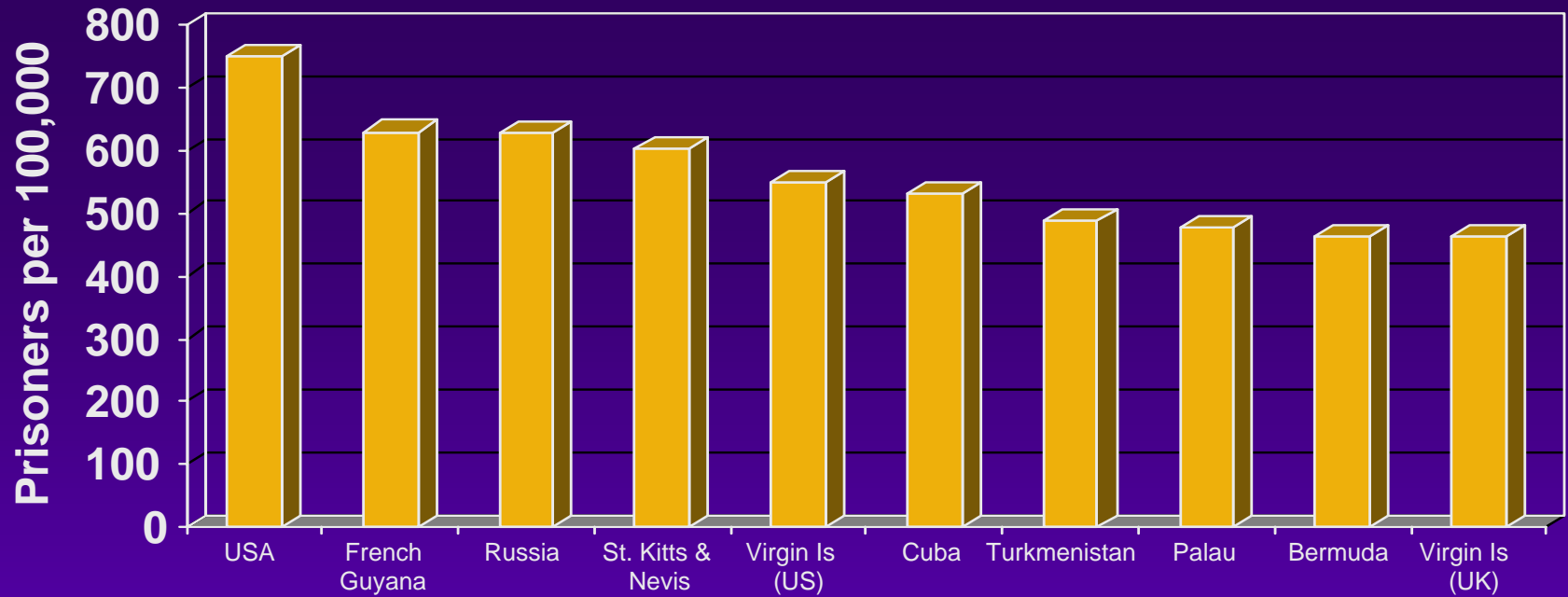
Incarceration rate, 1980-2006

Number of offenders per 100,000 population

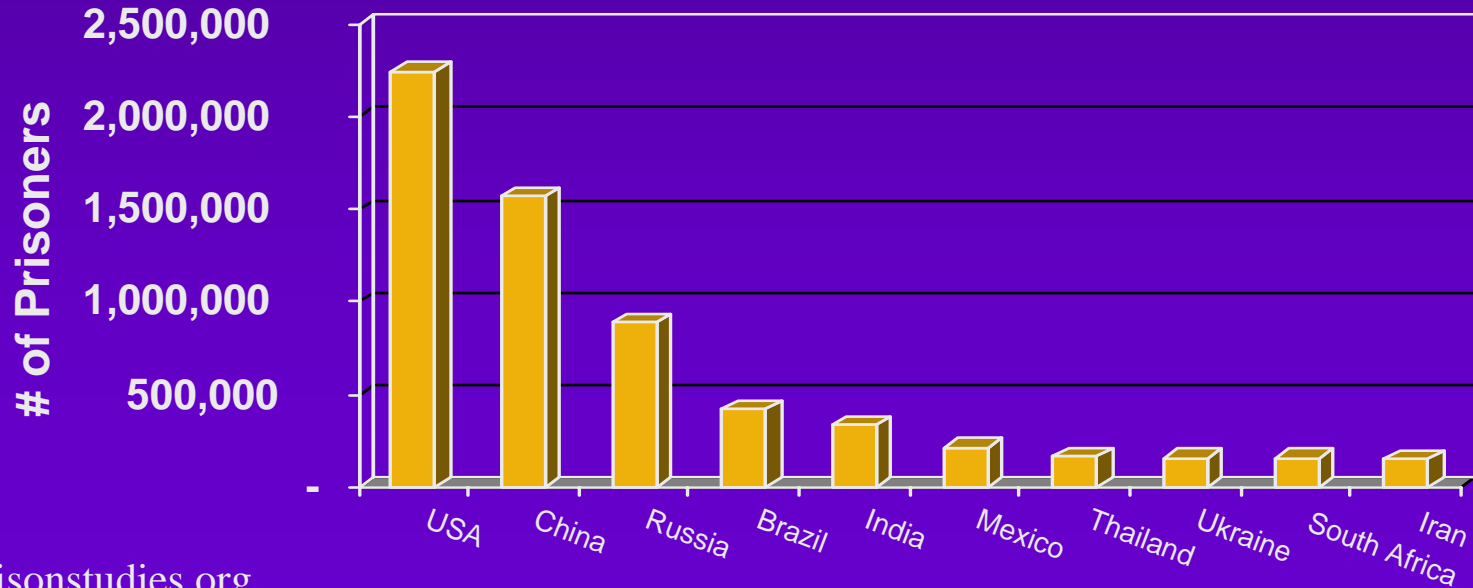


Bureau of Justice Statistics

Top 10 Prison Population Rates



Top 10 Prison Population Totals.





“More prison is not the answer,
just as increased borrowing does
not reduce the national debt.”

A close-up photograph showing a person's hands gripping white metal prison bars. The person is wearing a light-colored shirt and dark pants. The background is a plain, light-colored wall.

True or False?

- All incarcerated persons undergo HIV testing upon entry to jail or prison
- Female inmates have a higher prevalence of HIV than male inmates
- Most incarcerated HIV-infected persons acquire their HIV while in prison or jail
- 25% of HIV-infected persons in the U.S. pass through the correctional system
- Inmates who take HAART do worse than persons who take HAART on the outside

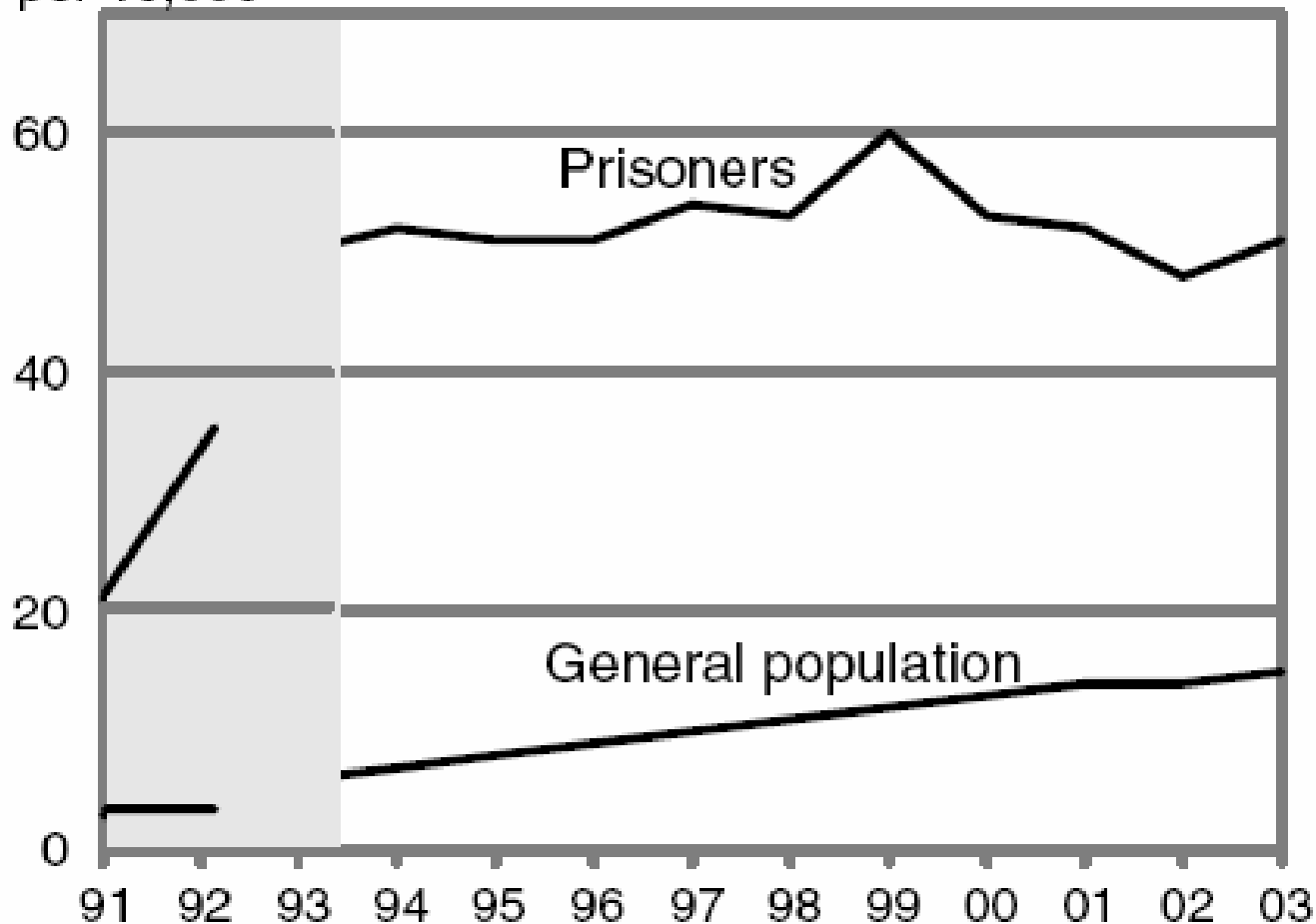
HIV/AIDS cases in State & Federal prisons

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.

2005	No.	% custody pop.
US total	22,480	1.7%
State	20,888	1.8%
Federal	1,592	1.0%
Male	20,444	1.7%
Female	2,036	2.3%

Rate of confirmed AIDS cases, comparing the general population to State and Federal prisoners, 1991-2003

Number of cases per 10,000





Known cases of HIV by State

	<u>2000</u>	<u>2001</u>	<u>2002</u>
US	25,333 (2.0%)	24,147 (1.9%)	23,864 (1.9%)
CA	1,638 (1.0%)	1,305 (0.8%)	1,181 (0.7%)
Idaho	14 (0.3%)	14 (0.4%)	18 (0.4%)
Montana	11 (0.7%)	11 (0.6%)	8 (0.4%)
Oregon	41 (0.4%)	30 (0.3%)	42 (0.4%)
WA	90 (0.6%)	88 (0.6%)	101 (0.6%)

% shown is HIV/AIDS cases as a percent of total custody population

AIDS Related Deaths in State Prisons

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.

10 leading causes of State
prisoner deaths, 2001-2004

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.



Outline

- ◆ Navigating the system
- ◆ HIV in prisons statistics
- ◆ Risk Behaviors

What goes on behind the walls!

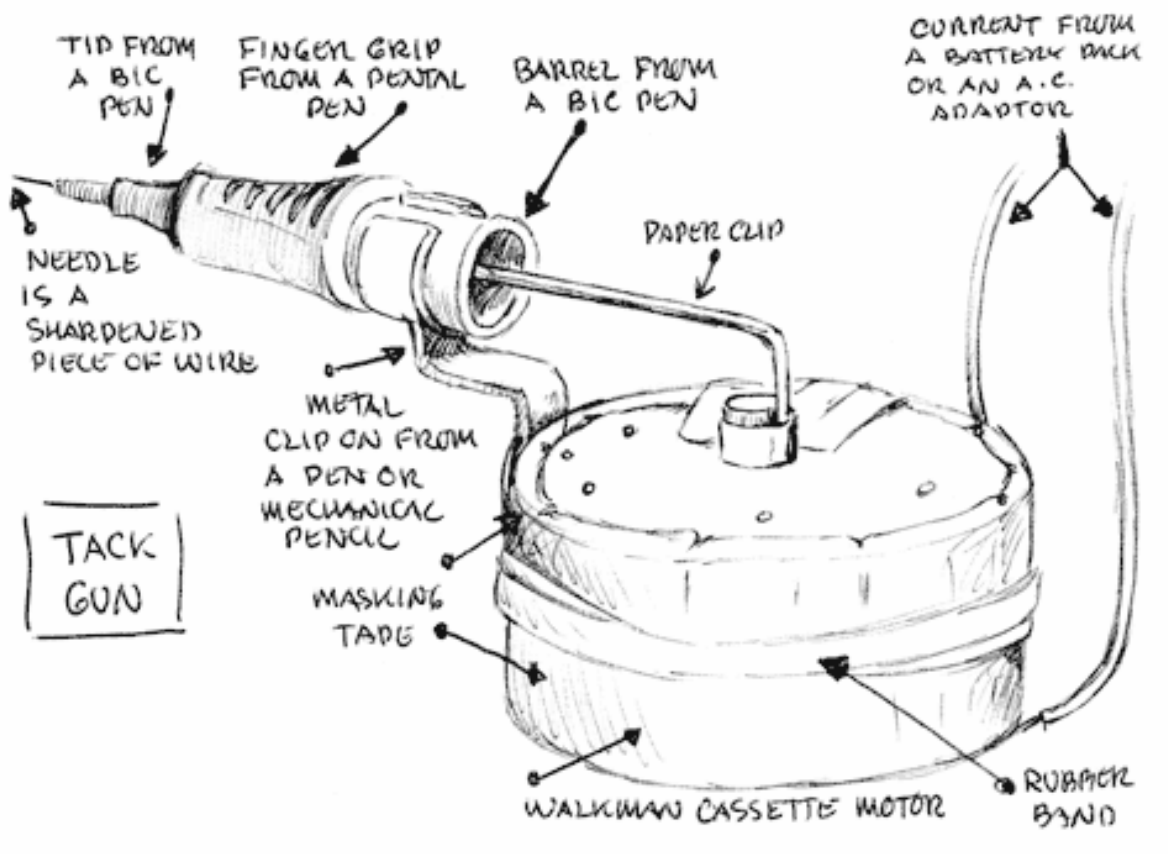
Risk Behaviors



Outside



& INSIDE



The Prison Tattoo





HIV Risk Behaviors Among Inmates

- ◆ Needle-sharing for injection drug use
- ◆ Unprotected sexual intercourse

Other Risk Behaviors

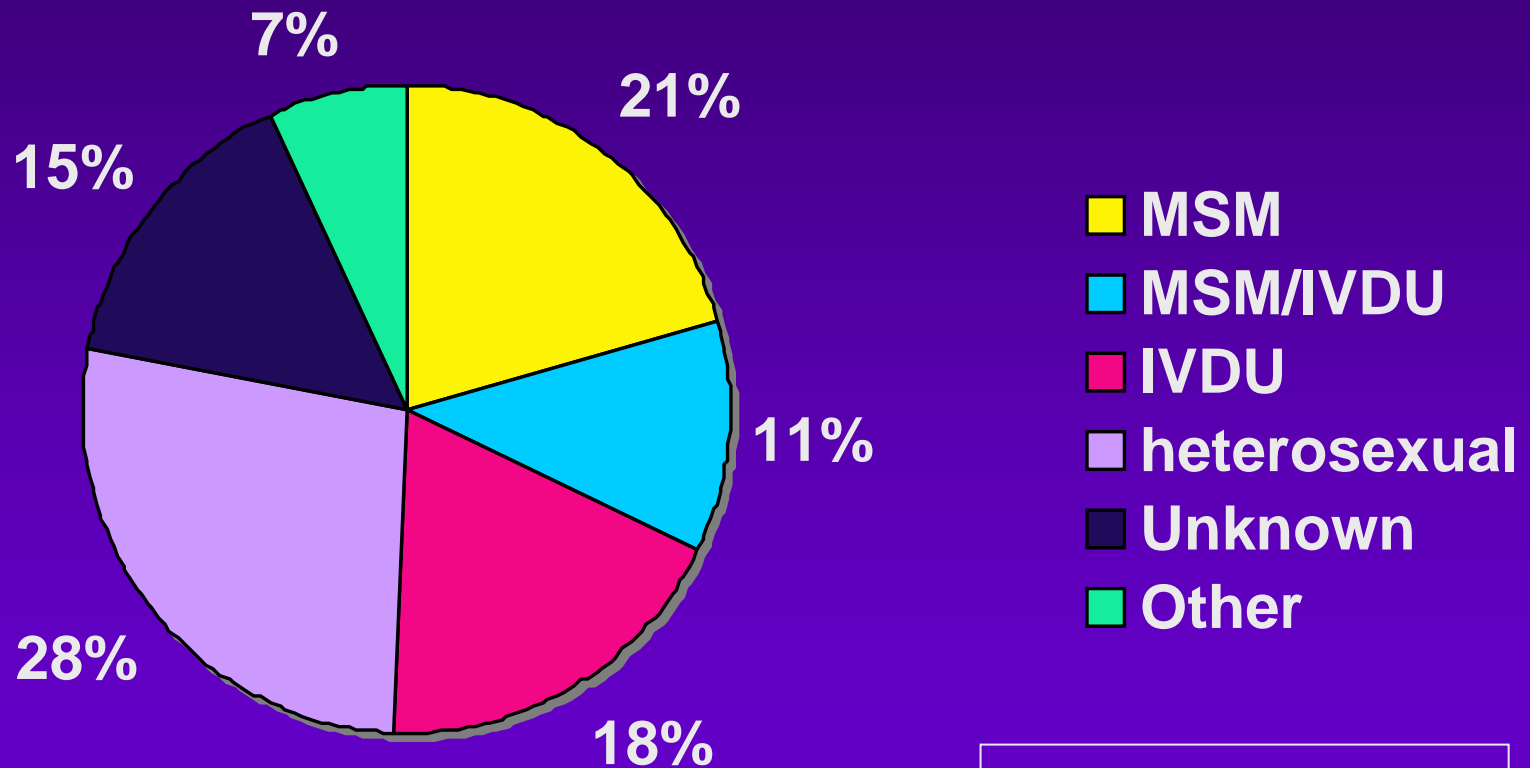
- ◆ Prison-tattoos done with re-used equipment
- ◆ Body piercing done with re-used equipment
- ◆ Bonding rituals involving body fluids
- ◆ Fights
- ◆ Keistering (hiding instruments in body cavities)

HIV Prevention Among Inmates



- ◆ Condoms & syringes are considered “contraband” by most prison & jail authorities
- ◆ Many inmates will use alternatives to stay safe (detergents, latex-gloves, saran wrap, candy or food wrappers)

HIV Risk factors in WA State DOC - 1/08



N = 87

Other: 5 transfusion,
1 assault



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- ◆ HIV Testing

Making progress in WA State



Routine Opt-Out HIV Testing: Barriers

- ◆ Loss of possible benefit of counseling
- ◆ Stigma & discrimination
- ◆ Legal issues: State laws
- ◆ Resources to pay for cost of test & care
- ◆ Access to care
- ◆ Patients must be aware
- ◆ Perception of coercion, civil liberties
- ◆ Insurers' disincentive to know



HIV Testing in Corrections: Barriers

- ◆ Confidentiality & safety
- ◆ System limitations
- ◆ System disincentives
- ◆ Denial &/or mistrust of authority
- ◆ Inexperience with healthcare services

- ◆ Poor access & linkage to healthcare
- ◆ Need for collaboration with public health and community organizations

New testing policy WA DOC

2007	# Tested	% tested	# positive		# Tested	% tested	# positive
April	35	23	0		38	4	0
May	39	20	0		58	6	1
June	32	20	0		71	8	1
July	52	39	0		92	11	0
Aug	62	31	0		80	10	2
Sept	61	50	0		284	44	2
Oct	124	76	0		418	49	2 → 1
Nov	121	78	0		363	45	0
Dec	124	90	0		410	50	0



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What really goes on?

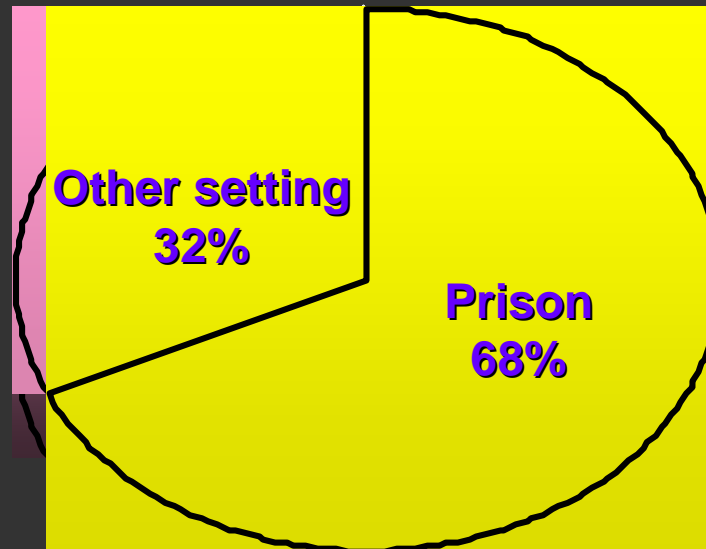
HIV Primary Care in Correctional Settings



- Often first entry into regular care
- Opportunity for screening, prevention & health education
- Opportunity to build trust & commence treatment

Why Target Corrections for Intervention?

HIV-infected persons are frequently diagnosed and initiate antiretroviral therapy in prison



Advantages to Offering ART in Corrections

- ◆ Minimal “loss to follow-up” during incarceration
- ◆ Closely monitored setting to treat side effects, monitor labs, monitor adherence, etc.
- ◆ Limited access to illegal drugs
- ◆ Drugs provided at no cost to patient
- ◆ Opportunities for repeated counseling





Considerations Initiating ART in Corrections

- ◆ Adequate length of stay to assess initial tolerability and response
- ◆ Availability of therapy at intake
- ◆ Timely renewal of medications
- ◆ Adequate discharge medications
- ◆ Access to HIV specialist
- ◆ High rate of co-morbidities (HCV, HBV, MH, CD)
- ◆ Linkage to community providers

Dispensation of ART in Prisons and Jails

- ◆ Access to staff trained in HIV care
- ◆ Pill Line (DOT) vs Keep on Person (KOP)
- ◆ Presence of on-site pharmacy
- ◆ Frequency of dosing and pill burden
- ◆ Impact of 'strip searches'
- ◆ No medisets or pill bottles
- ◆ Restricted formularies
- ◆ Refrigeration
- ◆ Food restrictions



Maximizing Adherence in Correctional Settings

- ◆ KOP to avoid med lines
- ◆ DOT or mDOT if unable to take on own or concerned about having pills found 'on person'
- ◆ Address MH & addiction issues
- ◆ Tools appropriate to reading level & language
- ◆ Simplified HAART regimens
- ◆ Maximize confidentiality
- ◆ Establish TRUST
- ◆ Peer & support groups



Confidentiality Issues in the Correctional Setting

- ◆ Segregation or 'Centers of Excellence'
- ◆ Clinic visit with door open, officer present
- ◆ Lab draws without privacy
- ◆ Dispensation at pharmacy and med line
- ◆ HIV provider
- ◆ 'Call out list'
- ◆ "Cellies"
- ◆ Peer support groups
- ◆ Mishandled kites
- ◆ Translators





Outline

- ◆ Definitions
- ◆ Statistics
- ◆ Risk Factors
- ◆ HIV Testing
- ◆ Medical Care
- ◆ Transition of Care

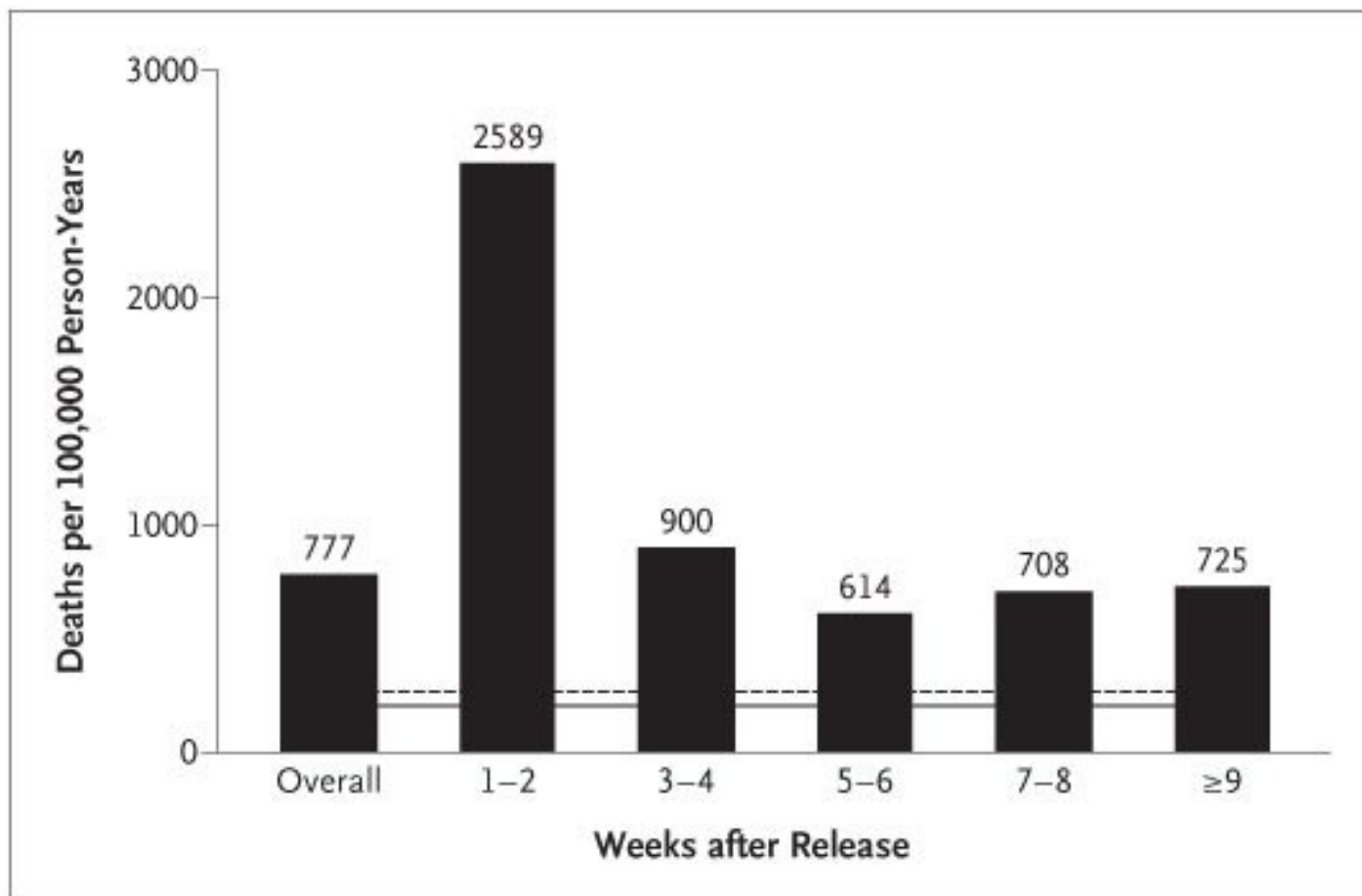
Entering the community again

Release Issues

- ◆ Date & time of release often unknown
- ◆ Need for approved address for some violent offenders
- ◆ Anxiety about re-entering 'old stomping ground' vs. starting over
- ◆ Desire to celebrate (risk for over-dose & re-arrest)
- ◆ Partner & family reunification issues



Mortality Rates among Former Inmates of the WA State Department of Corrections



Binswanger I et al. N Engl J Med 2007;356:157-165



The NEW ENGLAND
JOURNAL of MEDICINE

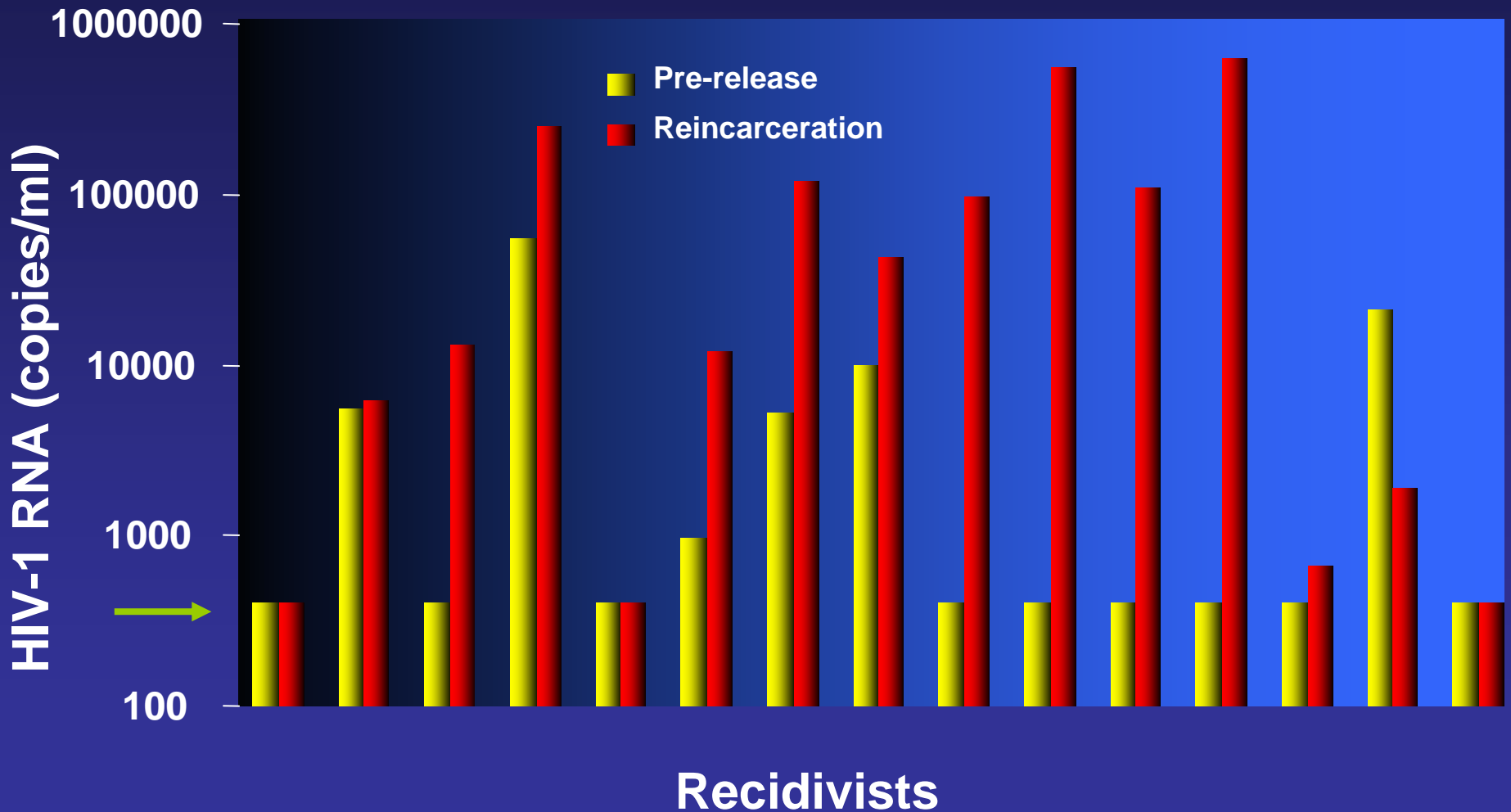
Some Post-release Needs



Pre-release Planning!

- ◆ Housing Assistance
(Housing = Healthcare)
- ◆ Counseling
- ◆ State ID
- ◆ Addiction treatment
- ◆ Mental Health Services
- ◆ Medication Management
- ◆ Money Management
- ◆ Vouchers, food stamps
- ◆ Bus tokens, transportation
- ◆ Employment
- ◆ Life-skills training & vocational training
- ◆ Primary Care

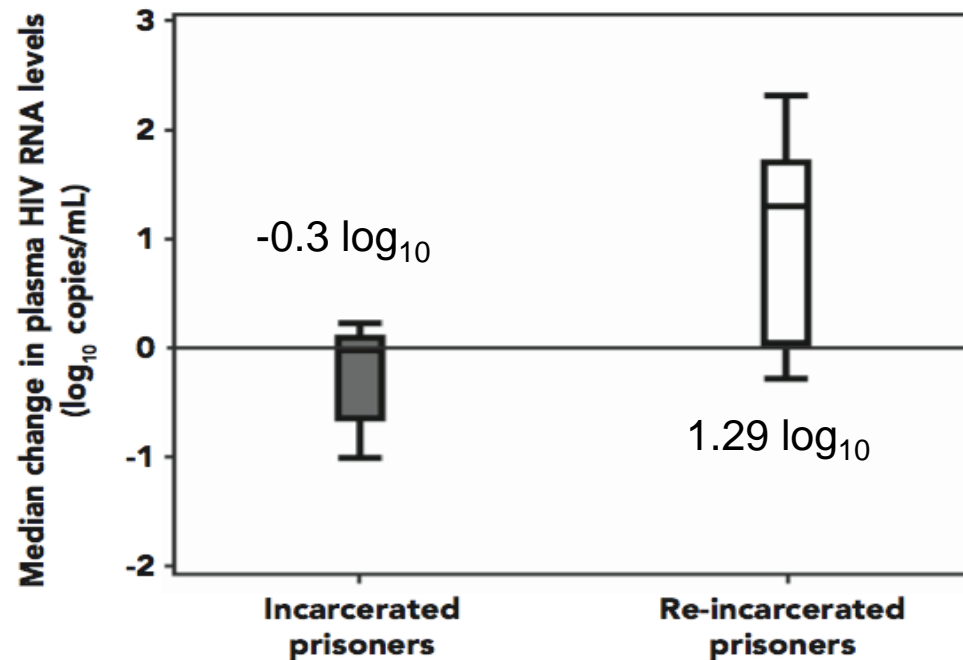
Effect of Release from Prison on HIV Viral Load



Effect of Release on HIV Viral Load

- Median CD4+ ↓ from 224 to 157 ($p = 0.01$) among releasees, but ↑ from 446 to 653 ($p = 0.003$) among incarcerated.

Figure. Median changes in plasma HIV RNA levels (\log_{10} copies/mL) for re-incarcerated ($n=15$) and incarcerated prisoners ($n=30$)





The Benefits of Transitional Care

- ◆ Continuity of care
- ◆ Education regarding medical and social services available post-release
- ◆ Decrease costs associated with preventable medical events & duplication of services pre- & post-release
- ◆ HIV prevention for positives: Decreased burden of HIV for the community



Correctional Health =
Public Health

HIV and Incarceration

- The arrest, incarceration and release of large numbers of HIV+ persons has a number of effects on the dynamics of the HIV epidemic:
- **Disadvantages:**
 - Incarceration is socially disruptive
 - Removing a significant proportion of men from a community can foster behaviors associated with HIV transmission
 - Increased risk behaviors by the released inmate
 - Increased risk behavior by the partner remaining in the community



"Hi, honey! I'm at large again!"

HIV and Incarceration

- The arrest, incarceration and release of large numbers of HIV+ persons has a number of effects on the dynamics of the HIV epidemic:
- **Advantages:**
 - Incarceration is opportunity for HIV testing
 - Transmission risk reduction interventions can be applied in correctional settings
 - In-prison HIV treatment improves the health & potential productivity of the inmate during & possibly after incarceration and reduces infectiousness
 - Discharge planning linking the patient to community resources & services can, ideally, be achieved prior to release setting the stage for long term health care

Take Home Points

- HIV and incarceration are intertwined epidemics
- Incarceration fuels the HIV epidemic
- There are challenges to the effectiveness of HIV therapy in corrections, however, data suggest HIV outcomes are better in prison than the general community
- Incarceration is an opportunity for HIV diagnosis, counseling and engagement in care
- Transitional planning is key to long-term success.



HIV Web Study

<http://depts.washington.edu/hivaids/>

Thank you - Questions?



Careers : Become a Prison Doctor.