



HIV/AIDS and the Criminal Justice System



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**Drug Abuse and Risky Behaviors:
The Evolving Dynamics of HIV/AIDS**

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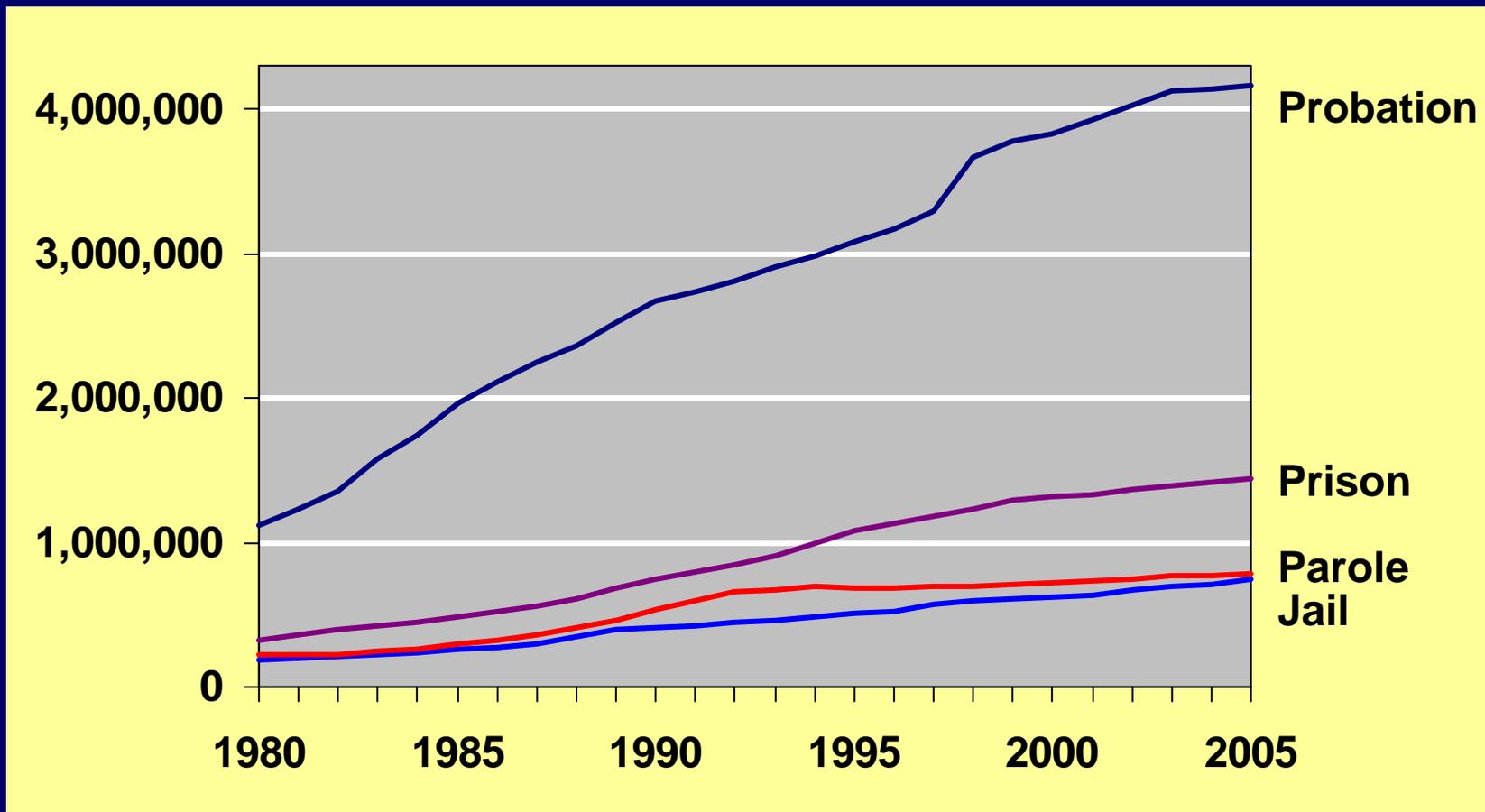
Acknowledgements

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Importance of Correctional Settings for HIV Diagnosis, Prevention, and Treatment

- Dramatic growth of incarcerated population — more than 2 million total.
- At least 80% of prisoners have substance abuse problems.
- Burden of infectious disease (and other health problems) is disproportionately heavy among inmates.
- Inmates have poor prior access to health care.
- Important opportunity to provide diagnosis, prevention, and treatment services in high-risk “captive” population.
- Correctional facilities are part of the community.
- Ripple effects for public health.
- Possible downstream savings in costs of health care, law enforcement, and incarceration.

Growth of Adult Correctional Populations, 1980-2005



Source: Bureau of Justice Statistics Correctional Surveys (The Annual Probation Survey, National Prisoner Statistics, Survey of Jails, and The Annual Parole Survey) as presented in **Correctional Populations in the United States, Annual, Prisoners in 2005** and **Probation and Parole in the United States, 2005**.

Substance Use and Incarceration

Measure	State Prisons (2004)	City/County Jails (2002)
Drug/alcohol involved	N/A	85%
Any prior drug use	83%	82%
Drug use month pre-arrest	56%	55%
Drug dependence/abuse	53%	68%
Current offense: drug possession	28%	N/A

Source: Bureau of Justice Statistics



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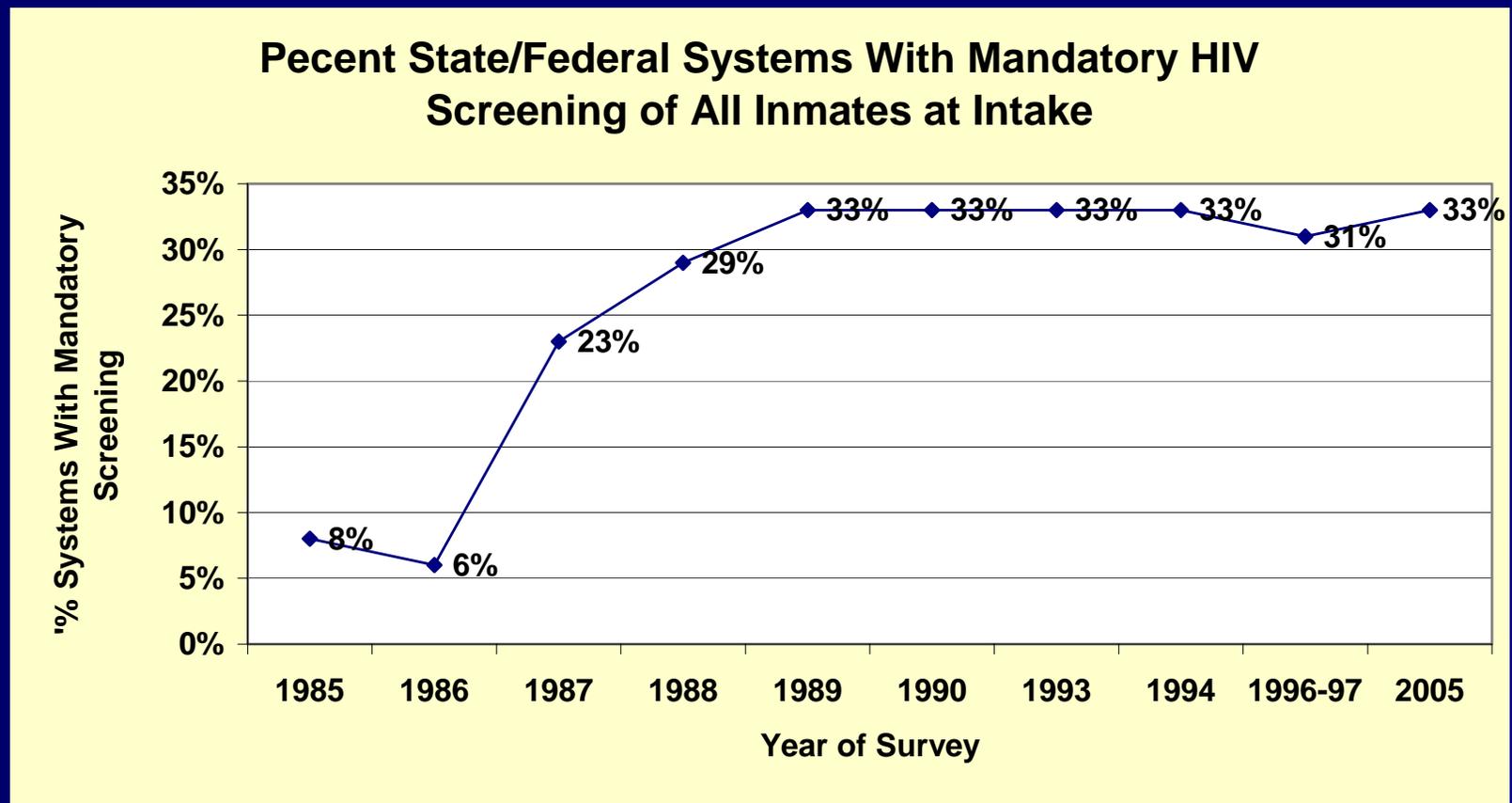
Percent of Total Burden of Infectious Disease Found Among People Passing Through Correctional Facilities, 1997

Condition	Estimated Number Releasees w/ Condition, 1997	Total Number in U.S. Population w/ Condition	Releasees w/ Condition as % of N in Total Pop. w/ Condition
AIDS	39,000	247,000	16%
HIV Infection (non-AIDS)	112,000–158,000	503,000	22–31%
TOTAL HIV/AIDS	151,000–197,000	750,000	20–26%
Current/Chronic Hepatitis B Infection	155,000	1,000,000–1,250,000	12–16%
Hepatitis C Infection	1,300,000–1,400,000	4,500,000	29–32%
TB Disease	12,000	32,000	38%

Source: Hammett et al., *Am J Public Health* 2002;92:1789-94.

Some Recent Trends in Correctional HIV/AIDS Policies

Changes in Mandatory HIV Screening Policies For All Inmates At Intake: 1985–2005



Note: 2005 total includes three state systems that did not respond to 2005 survey but are known to have mandatory testing.

Source: NIJ/CDC surveys



HIV Testing Policies For All Inmates at Admission (1997–2005)

	State & Federal		City & County	
	2005 (n = 47)	1997 (n=51)	2005 (n=33)	1997 (n=41)
Mandatory	32%	31%	0%	0%
Routine	7%	2%	0%	2%
Offered	45%	35%	36%	34%
On Request	16%	31%	48%	46%
No Policy	0%	0%	0%	17%
No Testing	0%	0%	15%	NA
Total	100%	99%	99%	99%

“Comprehensive”* HIV/AIDS Education and Prevention Programs in Correctional Systems

% With “Comprehensive” Programs

	<u>2005</u>	<u>1997</u>
State/Federal Prison Systems	2%	10%
City/County Jail Systems	6%	5%

*Provides all of the following in all of its facilities: instructor-led education, peer-led programs, and multi-session prevention counseling.

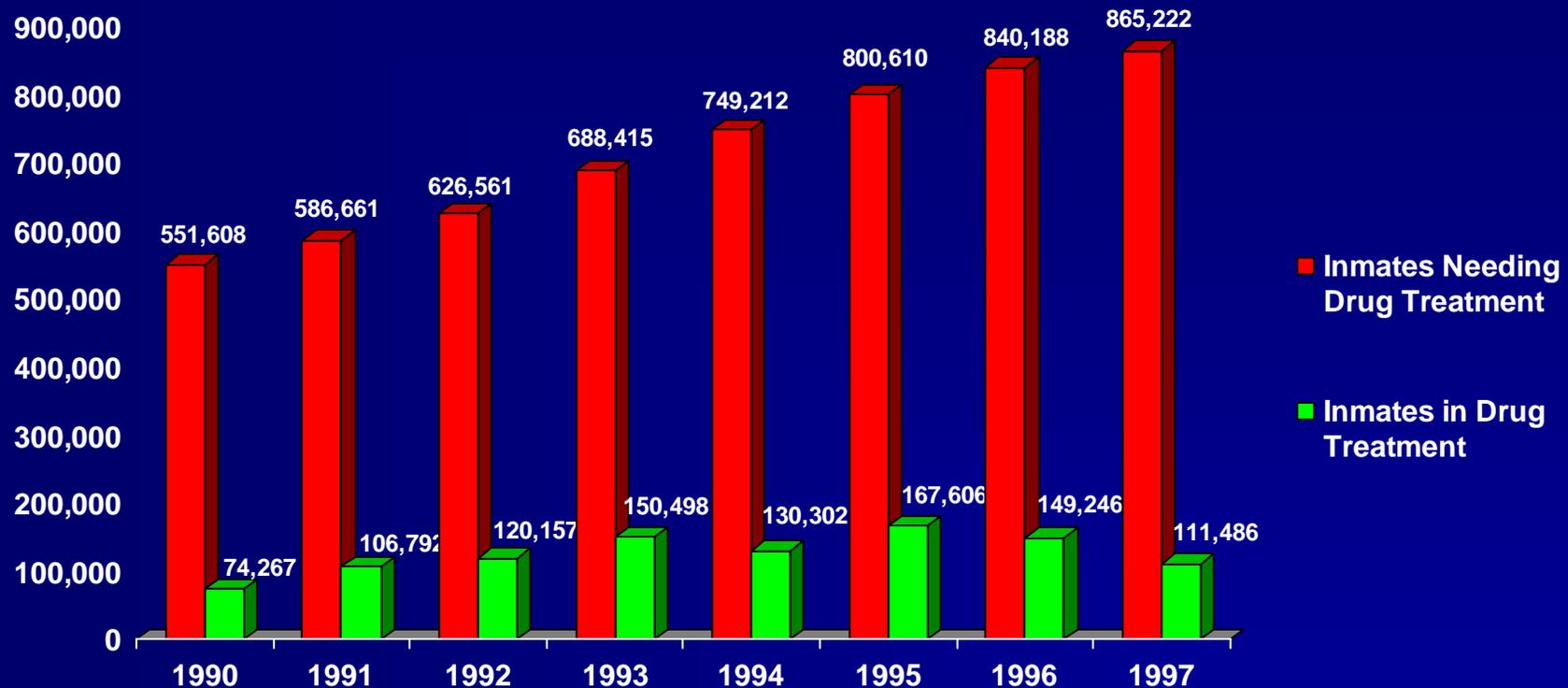
Source: NIJ/CDC Surveys



Harm Reduction in Correctional Settings?

- Condom provision: 2 state prison systems, 5 jail systems; little change in 15 years.
- Methadone maintenance: 1 jail system (NYC); Pilots in RI (J. Rich), Puerto Rico (R. Heimer).
- Needle/syringe exchange: some programs in Europe, Iran; all evaluation results positive.
- The Harm Reduction Debate +: encourages/facilitates not just risky but prohibited behavior. Most correctional administrators do not want to admit that prohibited behavior occurs.
- WHO guidelines, 1997: access to means of prevention; community standard applies to correctional facilities.

Drug Treatment Need vs. Number of State and Federal Inmates in Treatment



National Center on Addiction and Substance Abuse, [Behind Bars: Substance Abuse and America's Prison Population](#), Page 11; SAMHSA, [Substance Abuse Treatment in Adult and Juvenile Correctional Facilities](#), Page 16.

Discharge Planning

- Inmates approaching release may be offered a range of discharge planning services
- The most common, but least effective, approach is to provide referral lists for services.
- Specific appointments for releasees are more effective but much less common.
- Linkages are more limited for people being released from city/county jails than state/federal prisons.

Conclusions

- **Disproportionate share of infectious disease (16%–38%) found among people passing through correctional facilities; ~3% of U.S. population spend time in a prison or jail each year.**
- **Correctional facilities are critical settings for prevention and treatment interventions.**
- **Interventions to date have not have not taken advantage of this opportunity, especially HIV testing, education/prevention programs, drug treatment, and discharge planning/community linkages.**
- **Confidentiality and the rights of inmates must be respected in all policies, particularly expansion of testing.**
- **Collaborations among correctional, public health, and community-based organizations are needed to implement appropriate and effective HIV/AIDS policies and interventions in correctional settings.**