#BreakingBarriers

ACR Health
Keeping the community informed and healthy
Condom Access Programs in Correctional Settings: A Harm Reduction Approach

High-Impact HIV Prevention with Incarcerated Populations in New York State Department of Corrections & Community Supervision Facilities

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What is harm reduction?
Harm reduction is...

- A process which seeks, over time, to reduce personal risk, with the ultimate goal of optimal health outcomes based on individual circumstances.

- Anything that reduces the risk of injury, whether or not the individual is able to abstain from the risky behavior.

Harm Reduction Vs. Abstinence-Only

**Prevention Continuum**

- Seeks to minimize the risks/impacts of drug use and other risky behaviors. Elimination of behavior is long term strategy through facilitation, not directive instruction.

- Seeks to immediately eliminate drug use and other risky behaviors. Fails to recognize behavior will continue despite restricting access to education/tools/support.

Both strategies work together to drive down HIV/viral hepatitis infection.
A Prevention Continuum

HARM REDUCTION EXAMPLES
• Condom Access Programs
• Syringe Exchange Programs
• Medication-Assisted Therapies
• Narcan education/access
• Peer support and community mobilization
• Rights protection and policy reform
• Law Enforcement Assisted Diversion programs

ABSTINENCE-ONLY EXAMPLES
• Alcoholics/Narcotics Anonymous
• “DARE”/“Just Say No”
• Abstinence-only sex education
• Treatment programs where substance use is prohibited strictly
Harm Reduction in Our Daily Lives

- Flouride in water systems
- Car seat give-away & installation programs
- Minimum driving age laws
- Nicotine patches, gum, etc.
- Taxing tobacco, high-fat/high-sugar products
- Bicycle/Motorcycle helmet laws
- Seat belt laws
- Free school-lunch programs
What does High-Impact Prevention of HIV look like?
High-Impact Prevention (HIP) Strategies are...

Combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas.

Supporting the National HIV/AIDS Strategy with High-Impact Prevention (HIP)

Targeted distribution of CDC Core HIV Prevention funding, based on proportion of People Living with HIV/AIDS (PWLHA) in each state, AND:

- Expanding HIV Testing
- Identifying the combination of approaches with the greatest impacts
  - Behavioral modification education
  - Condom distribution programs
  - Partner Services
  - Prevention with Positives
  - PrEP
- Examining the interaction of interventions (with each other) and how interventions are targeted to priority populations
  - Men who have sex with men (MSM)
  - African Americans
  - Latinos
  - Transgender
  - Injection drug users
How can we offer HIP in correctional settings?
A Structural Intervention seeks to change social context in order to promote public health.

- 3 prongs of the program are to make condoms:
  1. Available
  2. Accessible
  3. Acceptable

- Changes the way a community (population) thinks about and engages in safer sex
Center for Disease Control – July 25, 2014
- Programs should consider integrating a condom distribution program with other HIV prevention strategies and health care services as part of a comprehensive HIV prevention approach.

World Health Organization – since 1993
- “All prisoners have the right to receive health care, including preventative measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status or nationality.”
Condom Access Endorsed By

- American Public Health Association Standards for Health in Correctional Institutions – 2003
  - recommends that condoms be available for inmates in order to prevent the transmission of infection

  - “Effectiveness of Interventions to Manage HIV in Prisons – Provision of condoms and other measures to decrease sexual transmission”

Condom Access Endorsed By

- NYSDOH AIDS Institute (2010) literature review
  - Annotated Bibliography: Sexual Behavior & STDs and the Need for Condoms in Prisons (PDF, 73pg.) Revised: Nov. 2010

- The Foundation for AIDS Research (amFAR), Issue Brief – 2008
  - “Correctional facilities should consider instituting harm reduction policies such as providing condoms and access to sterile syringes to inmates.”

“Regardless of institutional regulations, sexual activity occurs within jails and prisons and may have significant health consequences, which must be recognized and addressed by the health care providers.”

American Public Health Association Annual Meeting panel presentation (2000)
In a 2006 study (Struckman-Johnson & Struckman Johnson), 44% of male prisoners surveyed who had experienced sexual violence reported a fear of contracting HIV.
NYS Current Condom Policy

- A small number (less than 5) of NYS facilities permit access to condoms.
- Condoms are generally identified as contraband.
Models to Examine

**Louisiana**
Married couples are allowed to bring condoms into correctional facilities for conjugal visits.

**Vermont**
Incarcerated individuals can access condoms from health services staff.
California’s Experiment: Solano State Prison Pilot Program

SOLANO PILOT:
- One-year study period to assess “risk and viability”
- Condom dispensers placed in multiple discrete places and re-stocked weekly.
- Approx. 800 inmates were able to access condoms

BILL 966 PRESENTED TO GOVERNOR BROW
- Requires that the California Department of Corrections and Rehabilitation develop a 5-year plan to extend the availability of condoms in all California prisons;
- Beginning on January 1, 2015, no less than 5 prisons will be incorporated into the program each year; and,
- Develop comprehensive plan including every California prison by the final year.
The Results....
San Francisco Sherriff Michael Hennessey
- The risk of contraband smuggling was much greater from routine contact between inmates and outside visitors than from the availability of condoms inside the facility

Correctional Services of Canada evaluation report (1999), 6 years post-intervention:
- In all sites, staff could not recall any incident where either bleach or condoms had been used as a weapon...there is no hard evidence that significant incidents involving these products have resulted in injury to staff.
No jurisdictions that have permitted condom use have reversed their rules and subsequently banned latex barriers because of proven security risks.
Behavioral Outcomes

- NO evidence that sexual activity increased when condoms were made available.
  - Staff interviews and review of disciplinary reports
Cost Effectiveness

- Year 1 Start Up Costs: $1.50/inmate
- Annual Cost Year 2 On: $0.75/inmate
- The Solano Study “Dispensing machines provide a feasible and low cost method of condom distribution” (Harawa, Drew, et al, 2013)
- Average annual cost of treating one HIV patient: $40,800
An Opportunity to “Bend the Curve”
The “End of AIDS in NY” Plan

1. Identifying persons with HIV who remain undiagnosed and linking them to health care;
   ▪ Increased access to and improved effectiveness in HIV testing

2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
   ▪ Improved treatment and adherence for those who are HIV-positive

3. Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.
   ▪ Preventing the spread of HIV infection
A Proposed Partnership

Combination approach to condom distribution to HIV+ and “high-risk negative” incarcerated individuals:

- **Community Organizations**
  - HIV Counseling & Testing
  - Individual Risk Reduction Counseling
  - Group Interventions
  - Transitional Planning for HIV+ inmates

- **Public Health**
  - HIV Counseling and Testing
  - Partner Services Notification

- **Corrections**
  - Health Services
  - Visiting partners may bring condoms to conjugal visits
  - Inmates given condom and referrals upon release

Greater condom access + education $\rightarrow$ safer sexual activities = lower incidence of HIV/STIs/HCV
Next Steps

- Key personnel should receive information describing findings from peer-reviewed literature demonstrating that safety and security have not been impacted by the distribution of condoms.
- Locate dispensers in discrete areas
- Provide condoms confidentially through health services staff
- Provide access to dental dams for female inmates
- Provide sexual health education tools (videos, demonstration models, display cases), or allow such tools to be brought into the facility by contracted health educators to provide formal instruction on the proper use of condoms
- Allow contractors to leave condoms, educational literature and referral information with an inmate’s personal belongings when they are approaching their release dates
Closing Thoughts

Inmate peer educators, Advisory Counsels, medical, public health, custody, security and administrative personnel should be involved in all stages of planning and implementing a condom distribution program.


ACR Health offers comprehensive prevention services to those most-at-risk of HIV/sexually transmitted infections/viral hepatitis. Our prison-based services, funded by the AIDS Institute’s Criminal Justice Initiative, offers targeted testing for HIV in the Watertown Hub, and individual and group education, and transitional planning in 8 NYSDOCCS facilities in the Watertown and Elmira Hubs.

Other Prevention Services include initiatives targeting minority populations, men who have sex with men, women, and injection drug users. Syringe access and opioid overdose prevention training are our newest services.
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