ANOTATED BIBLIOGRAPHY
HIV PREVENTION IN PRISONS

This article addresses the potential security concerns of condom distribution in correctional facilities, and touches on human rights issues germane to this public health approach.

- “Although inmates comprise only 0.8 percent of the U.S. population, it is estimated that 12-15 percent of Americans with chronic HBV infection, 39 percent of those with chronic HCV infection, and 20-26 percent of those with HIV infection pass through a correctional facility each year.”
- “In an editorial opinion letter published... in the San Francisco Chronicle, Sherriff (Michael) Hennessey (of San Francisco, where County prisons make condoms available to inmates,) stated that correctional officials should ‘do everything we can to prevent sexual activity in custody, but we shouldn’t turn a blind eye to the reality that it occurs.’ Further, he noted that 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.”
- “There are no reported U.S. cases addressing the constitutionality of a prison system’s failure to provide condoms to inmates but, arguably, the refusal to implement condom distribution programs in prisons meets the ‘deliberate indifference’ standard, particularly when the rates of infection among inmates, their high-risk behavior, and the incidence of transmission of disease is increasingly well documented.

Brief document describes California’s pilot program to distribute condoms in prison.

- “As anticipated with any prison condom access program, there have been several instances of dispenser tampering by inmates and condoms taken by staff, but no serious incidents involving harm to staff or inmates or unintended uses of condoms have been reported.”

Peer-reviewed journal article that looks to explore the cost-effectiveness of a condom distribution program using social marketing skills in Louisiana. Results show that there are significant financial and health benefits to undertaking condom distribution, and that the programs serve as a vital component of HIV prevention.
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- “Assuming that 55% of the condoms reached the African American population and that 50% of these condoms were wasted, the intervention can be credited with preventing a total of 170 HIV infections (63 primary and 107 secondary infections) and saving 1909 QALYs. Over $33 million in direct medical care costs were averted for a total cost per discounted QALY saved of $15,809.”
- By providing condoms (i.e., the intervention), “men increased their condom use by 30% and women by 29%)...The actual number of infections prevented may be even higher due to the uncounted ‘downstream’ infections prevented.”
- “The threshold analysis showed that condom distribution program continues to be cost-saving for lifetime treatment costs exceeding $17,652. Because this is an unrealistically low estimate of lifetime treatment costs of HIV-related illness, it is reasonable to assume that the cost-utility results are robust over a realistic range of estimates of HIV treatment.”

This study describes a pilot program it implemented in a Los Angeles County correctional facility. Researchers showed that there is a significant decline in HIV infections after implementing the condom distribution program.

- “.8 new infections per month would be expected in the absence of a condom distribution program. With condom distribution, the incidence rate falls to .6 per month.”
- If the model had assumed that the frequency of sexual activity remained unchanged after the introduction of condom distribution in correctional settings, as several reports in the literature suggest, our model would have predicted even greater reductions in transmission than our base case suggests.”
- “The cost of the intervention in the LA County jail was very modest, and the intervention remained cost-saving even if costs were ten times higher than observed. Inmates stay in jails for short periods of time and then are released back to the community, so the benefits of the reduced HIV transmission accrue to society as a whole.”
- “This study has shown that condom distribution in the MSM unit of the Los Angeles County Jail system can reduce transmission of HIV and reduce societal costs of HIV treatment...Thus, jail policies that increase access to condoms, including making them available at intake to the K6G unit, may increase the effectiveness and the cost-savings obtainable from condom distribution programs. Relaxing some of the restrictions on condom distribution in the Los Angeles Jail could make the program even more effective.”
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This literature review assesses the condom distribution programs that have been implemented in correctional facilities.

- “Prisoners use condoms to prevent HIV infection during sexual activity when condoms are easily accessible in prison (i.e., when prisoners can pick them up confidentially without having to ask for them).
- “It has been found that condom access represents no threat to security or operations, does not lead to an increase in sexual activity, and is accepted by most prisoners and correctional officers once it is introduced.”
- “However, in some countries where legal sanctions against sodomy exist in the community outside prison and where there are deeply held beliefs and prejudices against homosexuality, introduction of condoms into prisons as an HIV prevention measure may have to be particularly well prepared. This can be done through education and information about the purpose of the introduction of condoms, as well as initiatives to counter the stigma that people engaging in same-sex activity face.
- “Conjugal visits should also be allowed and an appropriate section of the prison outfitted for this purpose. Condoms should be available in that section and prisoners should be allowed to carry condoms back to their main prison, thus allowing for further discreet distribution.”
- International Guidelines on HIV/AIDS and Human Rights: “Prison authorities should take all necessary measures, including adequate staffing, effective surveillance and appropriate disciplinary measures to protect prisoners from rape sexual violence and coercion. Prison authorities should also provide prisoners and prison staff with access to HIV-related prevention information, education, voluntary testing and counseling, means of prevention (condoms, bleach, and clean injection equipment), treatment and care and voluntary participation in HIV-related clinical trials, as well as ensure confidentiality…”

Examines multiple aspects of HIV prevention in correctional facilities, highlighting condom distribution as a necessary component.

- “Inmates’ risky behaviors before and during incarceration also have a significant effect on their partners’ health. Incarcerated men report engaging in behaviors that elevate their risk for HIV and other sexually transmitted infections (STIs) both before incarceration and after release. These behaviors include injection drug use, needle sharing, and unprotected sex with multiple high-risk partners.”
- “Since approximately 50 percent of men who have been incarcerated or have passed through the correctional system consider themselves to be in committed heterosexual relationships and intend to return to their partners upon release
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from custody, as many as 6.5 million women each year will experience the risk of having a partner who has been incarcerated.”

- “In addition to higher rates of HIV infection and AIDS, correctional populations also have higher rates of co-morbid conditions that facilitate HIV transmission, such as STIs, substance use, mental health problems, and other infectious diseases such as tuberculosis and hepatitis.”

- “Although sexual and substance use behaviors are not permitted in incarcerated settings, the reality is that such behaviors do occur. Therefore, efforts to reduce the risk of infection from these behaviors would benefit both the incarcerated persons and the communities to which they return. Indeed, researchers and advocates have expressed the need for more harm reduction programs in prisons and jails.’

- “Contrary to critics’ arguments, few inmates have used condoms as weapons or to smuggle contraband into correctional facilities and there is no evidence that sexual activity within correctional facilities has increased as an outcome of condom distribution. In fact, in those correctional facilities (both in the US and elsewhere) where a condom availability program exists, there have been no security or custody issues that resulted in the closure of the program.”

- “As a step toward reinforcing HIV prevention education and minimizing misinformation and stigma, both inmates and correctional staff need comprehensive HIV/AIDS education, including information about the importance of repeat HIV testing for those practicing high-risk behaviors.”


This cohort study looks at clinical data to identify seroconverters in prisons and follow them up through their stay in the correctional facility. The study results look at how many people became HIV positive during their time in prison – eventually contributing their diagnosis to the seroconverters.

- “HIV prevention education for incoming inmates and reinforcement of HIV prevention messages for all inmates are essential to reducing HIV risk among prisoners. We reiterate the importance of evaluating HIV prevention interventions, such as condom distribution in correctional settings.”

**HIV Transmission In Prison. Krebs C. 5(1) p. 113-35. Criminology & Public Policy (February 2006).**

- “Numerous researchers have documented that high-risk HIV transmission behaviors occur inside prison. These include unprotected sex (estimates of the proportion of inmates who engage in homosexual sex while in prison range from 2% to 65%), rape (estimates of the proportion of inmates who are sexually assaulted inside prison range from 0% to 40%), injection drug use, often with shared equipment, and tattooing.”
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- “The scarcity of empirical evidence related to HIV transmission in corrections is a reflection of the difficulties inherent in conducting research on this controversial and complex topic. Yet preventing HIV transmission inside prison is an urgent correctional health and public health concern. Given the known prevalence of high risk behaviors, better prevention services are required.”

**New York State Department of Health Review of New York State Department of Correctional Services Policies and Practices Related to HIV/AIDS and Hepatitis C Prevention and Care. New York State Department of Health.**

This document describes the methods used by the New York State Department of Health to review the effectiveness of HIV and Hepatitis C prevention and care in the state correctional facilities.

- “Condom availability is a cornerstone of HIV prevention. Currently, condoms are available for family reunion visits, certain community release programs, and upon discharge from the DOCS system. While broader condom access is desirable from a disease prevention perspective, such access in United States prisons is rare. Discussions about this policy should continue.”

**World Health Organization, UNODC, UNAIDS, “Effectiveness of Interventions to Manage HIV in Prisons – Provision of Condoms and Other Measures to Decrease Sexual Transmission”**

- “Recognizing the fact that sexual activity occurs in prisons and given the risk of transmission of HIV and other STIs that it carries, providing condoms has been widely recommended. As early as 1993, WHO, in its Guidelines on HIV Infection and AIDS in Prisons, recommended that condoms be made available to prisoners throughout their period of detention and prior to any form of leave or release.”

- “In 1991, a WHO study found that 23 of 52 prison systems surveyed provided condoms to prisoners (Harding & Schaller, 1992). By 2001, 18 of the 23 prison systems in the pre-expansion European Union were making condoms available (Stöver et al., 2001). Today, many prison systems, including in Australia, Brazil, Canada, Indonesia, the Islamic Republic of Iran, South Africa, some countries from the former Soviet Union, and a small number of jail and prison systems in the United States, provide condoms.”