

# HIV/AIDS and Incarceration

## Incarceration and HIV/AIDS: The Numbers

Internationally, most countries report HIV rates in prisons, which are significantly higher than those of the population outside of the prison<sup>1</sup>. The United States is no exception. Nationally, the prevalence of HIV/AIDS in state and federal prisons was estimated at 146 per 10,000 as of 2010<sup>2</sup>. This is significant given the high rate of incarceration in the US and the frequency with which HIV positive inmates circulate from prison into the community at large. About 14% of all HIV positive individuals in the US may be released from prison in any 12-month period<sup>3</sup>. The United States has had the highest rate of incarceration in the world since 2002, averaging 1.6 million prisoners in 2010 or about 500 prisoners per 100,000 residents<sup>4</sup>. In the US correctional system, men and women of color are disproportionately represented. Black men in particular are imprisoned at 7 times the rate of white men<sup>5</sup>. This places men and women of color at a higher risk for HIV infection. This is starkly illustrated by a 2008 CDC report, which noted that 65% of the AIDS related deaths in state prisons were among black inmates<sup>5</sup>.

### INCARCERATION & HIV/AIDS FAST FACTS

- The HIV infection rates among individuals incarcerated in the US is 1.5%, 3x higher than the national average<sup>6</sup>.
- Of the total HIV positive incarcerated population, 2/3 are diagnosed and begin treatment for the first time while incarcerated<sup>3</sup>.
- Many HIV positive incarcerated persons return to their community within 2 years<sup>3</sup>.
- Only 39% of prisons and 36% of jails do mandatory or routine HIV testing<sup>6</sup>.

## Testing, Transmission, Teaching

Multiple studies have shown that incarcerated persons of both sexes are more likely to accept HIV testing within the first 24 hours of incarceration [6]. While early testing helps incarcerated persons know their status and seek the appropriate medical care, testing alone does not decrease the risk of HIV transmission during incarceration. Sexual activity and needle sharing are common risk behaviors associated with HIV transmission.

Risk Behaviors	Necessary Harm Reduction Supplies	Key Behavioral Skills
<ul style="list-style-type: none"> <li>• Sexual Activity</li> </ul>	<ul style="list-style-type: none"> <li>• Condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Condom negotiating</li> <li>• Status disclosure</li> </ul>
<ul style="list-style-type: none"> <li>• Needle Sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Bleach</li> <li>• Needle exchange</li> <li>• Methadone programs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of needle sharing</li> <li>• Needle exchange program use</li> </ul>

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## **Incarceration and Antiretroviral Therapy (ART)**

An estimated 14% of HIV positive individuals do not know their status<sup>3</sup>. The correctional system often plays an important role in testing and then arranging treatment for HIV/AIDS. In fact, two thirds of the incarcerated population in the US is diagnosed for the first time and begin their first treatment for HIV/AIDS while in the correctional system<sup>3</sup>. While the correctional system can play an important role in detecting the virus, incarceration can also place individuals at risk of treatment failure. For individuals who are already receiving ART in the community, a brief incarceration of 30 or less days increases their risk of treatment failure over 7-fold<sup>6</sup>. Similarly, for individuals who begin to receive ART while incarcerated, release can cause an interruption in their care regime. Many recently released individuals lack health insurance and may be unable to obtain their ART prescription within the 10-day window necessary to suppress HIV. This, combined with other risk factors associated with community reentry, places recently released

## **RISKS IN COMMUNITY REENTRY**

Individuals are more likely to engage in sexual activity and substance use directly following release from prison<sup>6</sup>. In this time period, the risk of transmission is high. Individuals who have not received counseling prior to their release may not have had time to develop prevention skills such as condom negotiation and status disclosure<sup>3</sup>. These risks are amplified by a variety of factors, including a history of substance use. In fact, 85% of prisoners with opioid or alcohol dependence relapse following their release into the community<sup>6</sup>.

individuals at great risk. To this point, research indicates that the viral loads of individuals who have been treated while incarcerated and then released into the community show increased viral load at re-incarceration<sup>6</sup>.



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