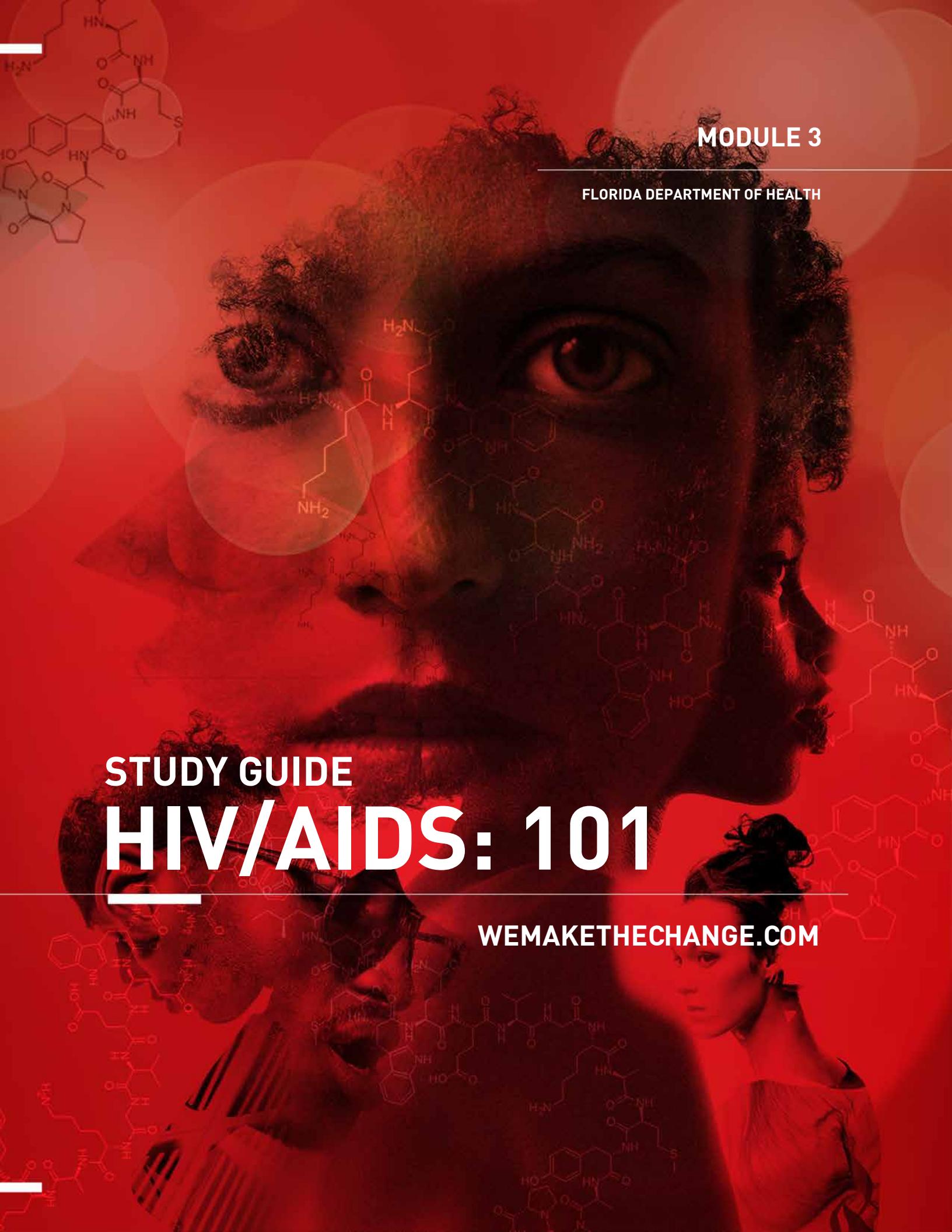

MODULE 3

FLORIDA DEPARTMENT OF HEALTH

STUDY GUIDE

HIV/AIDS: 101

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CONSIDERATIONS FOR PERSONS IN CORRECTIONAL FACILITIES

Incarcerated populations often engage in high-risk sexual activities without protection because barrier methods (e.g. condoms) are not readily available. Sometimes these activities occur without consent, and people are too embarrassed to discuss it. This presents an even greater challenge for HIV counselors in identifying HIV risks, particularly for male inmates who may not acknowledge same sex activities.

Incarceration is a unique opportunity for education and empowerment regarding health promotion, disease prevention, and treatment.

High-risk behaviors: Although no specific data exists for Florida, a study done in the United States has demonstrated that inmates participate in a number of high-risk behaviors while incarcerated, including intravenous drug use (IDU), which is the risk behavior that contributes most to new HIV, HBV, and HCV infections.

Additionally, it is highly probable that an inmate who is being treated for IDU has been exposed to unsafe sex (trading sex for drugs or money, for instance), meaning possible exposure not only to blood borne viruses like HBV and HCV, but also to HIV and other STDs.

The key to prevention: It's critical that HIV counselors focus on the unsafe behaviors (anal sex without a condom, sharing needles, etc.) and NOT the people (man having sex with a man, injecting-drug user) with whom it occurred. By doing so, clients may feel more comfortable discussing their HIV risks and accepting testing, and they may be more receptive to allowing the counselor to assist them with devising a risk/harm reduction plan. In fact, as of July 1, 2002, Florida law requires all inmates in state prison (DOC facilities) to be tested for HIV at least 60 days prior to release.

The key to counseling: Prevention counseling messages should include discussions of the benefits of early diagnosis and education regarding repeated testing—especially if potential exposure continues. Many clients behind bars may not participate in these risky behaviors on the "outside" and they go on with their regular lives once released, possibly infecting their partners. HIV testing and post-test counseling prior to release should be strongly encouraged with incarcerated populations.

Overcoming obstacles: Those incarcerated have serious concerns about loss of confidentiality, which can result in a fear of potential stigma. This fear can prevent someone in custody from voluntarily testing. Other obstacles among inmates include denial and fear of illness.

Concern about the cost of treatment by jails and correctional facilities may also contribute to delays in diagnosis.

It's also important to note that many people who are incarcerated have multiple psychosocial and logistical obstacles that limit access and opportunity for healthcare outside the prison walls. Incarceration is a unique opportunity for education and empowerment regarding health promotion, disease prevention and treatment.

Persistence is important: HIV testing and education should be offered more than once during incarceration, especially to persons with the following conditions:

- Pregnancy, diagnosis of cervical neoplasm, and/or dysplasia in women
- Diagnosis of a prior or current sexually transmitted disease, diagnosis of hepatitis B or C, history of commercial sex work, history of sexual abuse, or history of drug use for men and women.

Every effort should be made with incarcerated clients and jail/prison staff to overcome these barriers. Given the short duration of time many inmates spend in county jails, rapid HIV testing should be used whenever possible.