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Black Americans and incarceration: A neglected public health opportunity for HIV risk reduction

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Abstract

Black Americans are incarcerated at disproportionate rates, largely due to racial differences in the application of drug laws. Human immunodeficiency virus (HIV) prevalence rates among Black Americans are also disproportionately high. Moreover, availability of and access to HIV prevention services in correctional settings are limited. Recognizing that Blacks are at an elevated risk of contracting HIV, and that incarceration worsens health outcomes, this paper addresses the importance of implementing comprehensive prison-based HIV programs and prevention interventions to improve the health of this vulnerable population. In the absence of a vaccine, prevention interventions can serve as an effective method of systematically addressing HIV-related health disparities. Prevention strategies offered within correctional settings provide a unique opportunity to engage a high-risk population when its members may be receptive to behavior modification.

Keywords

Incarceration; Black Americans; HIV; prison

With 1.6 million individuals housed in State or Federal prisons,¹ the United States has now a greater proportion of citizens imprisoned than any other nation.² This intense incarceration has not been evenly distributed throughout the general population. Black Americans, for example, are incarcerated at grossly disproportionate rates. Blacks make up nearly 40% of the incarcerated population¹ but only approximately 13% of the general population of the U.S.³ Further, Black men are six times more likely and Black women are twice as likely, respectively, to be incarcerated as their White counterparts.¹ These differential incarceration rates are largely due to racial differences in the application of drug laws.⁴ Of the more than 700,000 marijuana arrests made each year, for instance, Black people are four times more likely to be arrested than their White counterparts.⁴ This is despite the fact that Blacks and Whites use the drug at similar rates.⁴ If current incarceration trends continue, it is estimated

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that one in three Black men will experience incarceration at some point during their lifetimes.⁵

Once incarcerated, there are a myriad of health and safety challenges faced by prisoners. Elevated risk for human immunodeficiency virus (HIV) has been documented.^{6–10} While a substantial proportion of individuals are infected with HIV prior to or post-incarceration,^{11–13} intra-prison seroconversion has been well documented.^{14–16} According to estimates, between 22% and 28% of Black men infected with HIV in the United States passed through a correctional institution on at least one occasion in 2006.¹⁷

HIV/AIDS prevalence rates among Black Americans in the general population are also disproportionately high. Among Black people HIV rates continue to increase while remaining stable among other groups.¹⁸ Black Americans constitute approximately 12% of the U.S. population but 44% of new HIV infections; it is estimated that one in 16 Black men and one in 32 Black women will be diagnosed with HIV in their lifetime.¹⁸ In New York City, Blacks represent approximately half of individuals recently diagnosed with HIV;¹⁹ such high prevalence rates exceed those for some countries in sub-Saharan Africa.²⁰ Furthermore, Blacks have a greater likelihood of being diagnosed with HIV at a more advanced stage of the illness²¹ and of having less access to high-quality care,²² which may contribute to greater AIDS-related mortality.

Correctional institutions concentrate individuals at risk of contracting HIV, and there is substantial evidence that risk behaviors such as nonconsensual sexual behavior and unprotected consensual sexual behavior and illicit drug use occur in correctional settings.^{23–26} Generally, U.S. correctional authorities may be reluctant to support harm reduction strategies such as syringe exchange and condom distribution programs because they are seen as conflicting with institutional prohibitions against sexual behavior and illicit drug use.²⁷ Only a few prison systems have implemented condom distribution programs, even though research has shown that such programs can be offered to prison populations at a low cost and are unobtrusive to the prison routine and institutional security.^{28,29} To our knowledge, no prison system in the U.S. offers syringe exchange programs. Hence, prisoners who engage in sexual and drug risk behaviors may not have access to HIV prevention services, potentially spreading infection within correctional environments

Incarceration disrupts drug-using and sexual networks such that incarcerated individuals may not have access to their trusted drug supply or safe sexual partner.^{25,30–32} This disruption is can be associated with syringe-sharing with strangers³³ and sexual activity with unknown partners, either could increase the risk of contracting a blood-borne illness.^{34,35} Further, new coercive partnerships may be formed within the correctional institution³⁶ that places prisoners at an even more elevated risk for HIV infection.¹⁶ Accordingly, Black Americans with a history of incarceration and those whose partners have a history of incarceration are at a greater risk of contracting HIV.^{34,37}

In some prison systems, Blacks constitute the highest proportion of HIV-infected prisoners,^{6,19,38} they also seroconvert at rates higher than any other incarcerated group.¹⁴ In this regard, prisons are ideal venues for HIV and other public health interventions, a position

that has been endorsed by numerous scholars.^{39–41} Even with the growing support for prison-based prevention services,^{17,42–48} there remains a lack of HIV-related programs that have been implemented institutionally to address this population's persistent health burdens. Recognizing that Blacks are at an elevated risk of contracting HIV/AIDS, and that incarceration worsens health outcomes,^{49,50} this paper addresses the importance of implementing comprehensive prison-based HIV programs and prevention interventions to improve the health of this vulnerable population.

Importance of HIV Prevention Interventions

HIV prevention interventions, even brief ones, have been shown to reduce risky behaviors among currently or recently incarcerated individuals.^{51–55} Even though research has demonstrated that exposure to HIV preventive strategies during incarceration may contribute to better decision-making and protect prisoners, their partners, and their social networks,^{53,56–57} comprehensive HIV-related strategies are not routinely used in correctional practice.⁵⁸ The lack of services in this regard is partly due to organizational constraints such as fewer financial resources, deficiencies in staff knowledge and training, and internal organizational structures that make it difficult to coordinate services.⁵⁹ Such challenges may be addressed by developing strong collaborations with public health agencies to improve access to prevention services and educational opportunities for staff members and prisoners, and leveraging technological resources, which allow for healthcare providers and educators to interact with prisoners from remote locations. Finally, in the interest of maintaining a safe environment and reducing prisoners' exposure to HIV infection, sexual violence reduction programs should be strengthened and sustained.⁶⁰

In response to the disproportionate impact of HIV/AIDS on Blacks, numerous agencies have launched corrective initiatives,⁶¹ largely consisting of community-based interventions and programs. For Black Americans who are at an elevated risk for HIV even when their risk behaviors are comparable to those reported by other racial groups,^{61–64} prevention interventions may be a highly effective technique for behavioral risk reduction.^{61,62,65–68} Prisoners are a captive audience and may be more receptive to change during incarceration. Since Black Americans may have difficulty obtaining such services in their home communities,^{42,69} the need for delivery of such services is even more pertinent while they are incarcerated. Because of the disparate power differential between correctional staff and prisoners, prisoners' limited autonomy and vulnerability to coercion, it is essential that services are offered in a manner that respects their rights. There are three specific strategies that can help reduce the risk of HIV among incarcerated Black Americans: HIV education, HIV testing and counseling, and HIV treatment and follow-up care.

Access to HIV Prevention Interventions in Prisons

Prisoners are largely isolated from public health campaigns and HIV prevention messages broadcast to the public. HIV and other sexually transmitted disease prevention programs in prisons are crucial for HIV risk reduction. In a study of prison-based educational programs with a sample of 2,600 inmates, 54% of whom were Black, less than 20% knew all routes of HIV transmission.⁷⁰ Even though a large percentage of high-risk individuals are housed in

correctional systems, prison-based programs designed to administer HIV education on risk-related behaviors are scarce and inconsistently offered to prison populations.⁴² Thus, HIV literacy among criminal justice populations is generally low, especially among Black Americans who experience incarceration disproportionately.^{70,71}

A number of studies have shown that increased access to HIV prevention information and risk-reduction strategies are effective tools to create and sustain positive behavioral change.⁷² For Black Americans, prevention efforts that promote HIV risk awareness,⁷³ use peer education,⁷⁴ change norms and beliefs related to risk reduction,^{74,75} include psycho-educational and skills building interventions,⁷⁶ and address multilevel layers of risk⁷⁶ are ideal to achieve meaningful behavioral changes. Additionally, interventions should be culturally sensitive,^{74,77} seek to empower individuals, and enhance communication skills.⁷⁸ For criminal-justice involved individuals, management of addiction and comorbid mental health disorders are seen as crucial components as well,⁷⁹ which may be critical to improving their ability to limit exposure to HIV.

HIV prevention programs serve as an effective method for disseminating important information about HIV risk to large groups of prisoners, who may be more likely to engage in risk behaviors than members of the general population.⁸⁰ Hence, correctional settings are uniquely capable of reaching vulnerable populations. Prevention programs reportedly increase rates of HIV testing among minority inmates,⁸¹ and can be tailored to meet their specific needs.

HIV Testing in Prison

Early diagnosis is critical to stop transmission of HIV.⁶¹ Although the Centers for Disease Control and Prevention recommends routine testing in correctional settings,⁸² adherence to these guidelines differs among institutions.⁸³ Even though acceptance of voluntary HIV testing is high among prisoners when offered,⁸⁴ only half of correctional agencies offer HIV testing.⁵⁹ Screening inmates for HIV has shown to be cost-effective in correctional settings and can prevent future cases of HIV for a minimal cost.^{85,86} Many of the tools needed to implement such programs are widely available.²⁷

Many HIV-infected prisoners become aware of their status while incarcerated.^{87,88} Once aware of their HIV status, individuals are more likely to change their behavior and seek treatment, which is crucial to lowering the likelihood of infecting others.⁸⁹ HIV-infected individuals unaware of their status are responsible for more than 55% of new HIV cases;⁹⁰ therefore, identifying new cases should be a priority for controlling the epidemic.

Antiretroviral Treatment and Care Pre-and Post-release

In addition to establishing seropositivity, HIV-positive prisoners can be immediately linked to a provider and remain in treatment for the duration of their incarceration, which is shown to sustain viral suppression and reduce infectivity.⁹¹ Achieving virologic suppression is essential for Black Americans who are less likely than Whites to obtain highly active antiretroviral therapy (HAART) in community settings immediately post-release,⁹² a therapy that substantially improves immune functioning.⁹³

Many HIV-infected inmates initiate their antiretroviral therapy while incarcerated,^{88,94,95} and adherence to the regimen is reportedly high.⁸⁸ It is particularly important that prescribed antiretroviral regimens be consistent with well-established standards for the HIV-infected individual's disease stage.⁹⁶ HIV-positive prisoners who maintain or initiate their treatment regimens while incarcerated have a greater likelihood of experiencing many public health benefits comparable to HIV-infected individuals in community settings.⁸⁸ HIV-infected prisoners who are actively engaged in treatment during incarceration also have a greater likelihood of accessing HIV treatment related services immediately post-release.⁹⁷ Being treated with HAART during periods of incarceration slows disease progression and may improve criminal justice outcomes of HIV-infected incarcerated individuals.⁹² Unfortunately, many of these health benefits are lost post-release due to poor discharge planning and competing demands placed upon formerly incarcerated individuals.^{88,98,99}

After being released from prison, many ex-offenders are in vulnerable positions, as many have already depleted their financial resources and family support. Therefore, they may be forced to rely on others for the essential necessities, which may involve engage engaging in risk behaviors in order to survive, further threatening community health.³⁰ For instance, research suggests that formerly incarcerated individuals may be more likely than individuals with no history of incarceration to engage in transactional sex to secure goods and services.¹⁰⁰ The immediate post-incarceration period may also consist of increased drug use,^{101–103} syringe sharing³² and unprotected sexual behavior.^{104,105} Because prisoners are generally prohibited from using illicit substances and engaging in sexual behavior while incarcerated, once released some may compensate for these restrictions by having unprotected sex and overindulging in drug use.⁴² Post-release, temptations and opportunities to return to their previous risky lifestyle may resurface, creating an environment where they may be particularly vulnerable to HIV infection.^{102,106}

Post-incarceration, HIV-positive formerly incarcerated individuals may have limited access to quality programming and services related to the management of HIV infection and HIV risk reduction.⁵⁸ Post-release planning should focus on medication adherence in addition to HIV risk reduction strategizing;⁵⁸ they are complementary tools,¹⁰⁷ both necessary for improving the likelihood that HIV-infected prisoners will have greater success in managing their condition and remain engaged in care once released into the community.

Providing prisoners with a free supply of HIV medication until they are able to locate an appropriate provider in the community helps to reinforce the notion that medication adherence is of the utmost importance.^{50,108} Identifying providers and providing treatment for HIV-positive prisoners may help ease the transition into their home communities.^{94,109} Given research indicating that only a small percentage of HIV-infected prisoners fill their ART prescriptions immediately post-release,¹¹⁰ it is critically important to have interventions that enhances medication compliance. By promoting the continuity of HIV care, correctional authorities will be supporting HIV-infected prisoners as they attempt to adopt and maintain a healthier lifestyle, subsequently lowering their reincarceration risk.⁹²

Correctional systems and prisoners could greatly benefit from closer alignment with community-based public health agencies to deliver some of the aforementioned

services,^{111,112} which may improve the quality of care and lower costs associated with HIV management, risk behaviors, care, and treatment. Improving and sustaining the likelihood of subsequent access to care for prisoners who are seropositive is critical to upholding and advancing human rights, and complies fully with the National HIV/AIDS strategy.

Conclusion

Black Americans with a history of incarceration are at an elevated risk for HIV infection. Although involvement in the criminal justice system among Black Americans appears to exacerbate their risk for HIV infection, there are few prevention efforts that have been implemented to improve HIV-related racial disparities. In the absence of a vaccine, harm reduction programs and appropriate correctional programming can help reduce the spread of HIV and result in improved provision of services for a segment of the population most vulnerable for HIV infection, morbidity, and mortality.

Many of the components of effective interventions and programming are relatively cost-effective to implement, and can result in significant cost savings. In the interest of stemming the spread of HIV, correctional systems can seek to establish strong collaborations with community-based agencies and health departments who are willing to collaborate to provide high-quality care while maintaining institutional and public safety. Additionally, prevention programs should be tailored to meet the needs of criminal justice-involved individuals. Finally, establishing and maintaining transitional support services, including linkage to health care providers in the community, are crucial to reducing HIV-related disparities.

Improving HIV prevention in prison settings and ensuring that incarcerated individuals are equipped with prevention knowledge and access to quality care is good public health policy and practice.^{113,114} By mounting ambitious efforts to confront the spread of HIV/AIDS and administering the appropriate prison-based health promotion programs, correctional officials and health professionals have the opportunity to reduce health disparities disfavoring a population that bears a disproportionate share of the burden of HIV infection.

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