A Novel Condom Access Program for County Jail Prisoners

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Incarceration Epidemic in the US

- 2.3 million Americans are currently incarcerated in jails and prisons; 4.6 million more on probation/parole
- That’s 25% of all prisoners worldwide; US has the highest per capita incarceration rate in the world (751/100,000)
- California has the largest state prison system in the US (approx. 175,000 prisoners)
Incarceration Epidemic in the US

- 60% of prisoners are people of color
- Poor, unemployed and homeless individuals are more likely to become incarcerated
- US incarceration rates driven by war on drugs, mandatory sentencing, “prison industrial complex”
History of incarceration associated with health risk

- 8-10 times more likely to be living with HIV
- 5 times more likely to be diagnosed with AIDS
- 9-10 times more likely to have Hepatitis C
- 4-17 times more likely to have active TB
Why are prisoners at disproportionate risk for infectious diseases and other poor health outcomes?

- Inequality in prosecution, arrest and sentencing of the poor and people of color who already suffer health inequity
- Lack of access to means of prevention and health care after incarceration in jail and prison
Prison Health is Public Health

- 9 out of 10 prisoners are eventually released back to their communities.
- Ironically, jail is an opportunity to improve community health by reaching those who may not have had access to care and prevention and by facilitating resources after release.
- Behavioral interventions cannot address the issue of access to the means of prevention.
HIV Risk Associated with Incarceration

- Tattoos done with re-used equipment
- Needle sharing for injection drug use
- Unprotected sex is not uncommon in jail and prison
- Condoms, needles and bleach are contraband in most US prisons
Condom Access for Prisoners

Mary Sylla
Where is this being done currently?

- **County Jails**

- **State Prisons**
  - Vermont and Mississippi
Different models in U.S.

Through health educator
- Los Angeles
- San Francisco
- Philadelphia
- Washington, D.C.
- Vermont

Through other means
- San Francisco
- Philadelphia
History of condom access at San Francisco County Jail

Kate Monico Klein
Forensic AIDS Project, circa 1985

These bars will NOT PROTECT YOU FROM AIDS

People with AIDS can be inmates. Are you at risk? Know the facts!

Talk to your counselor.

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History

- Condom distribution began in the San Francisco County Jails in 1989.
- Distribution was a collaborative effort of the San Francisco Sheriff’s Department and the Department of Public Health.
- San Francisco was the first county jail system in California to distribute condoms.
- Nationwide, San Francisco was 5th in the country to implement condom distribution.
FAP’s Condom Distribution Protocol from 1989 – 2007:

- Every condom distributed required AIDS Education.
- Every condom distributed required counseling.
- Counseling included the reminder that having sex in jail can be charged as a felony.
Lessons Learned

Lesson 1: FAP’s condom access involved the delivery of a very complex message:

- Sex in jails is illegal.
- If you are going to have sex, use a condom.
- If you are found with an open condom, it will be confiscated.
- You can be charged with a rule violation if you are found with an open condom.
Lessons Learned

Lesson 2: Condom distribution is tied to who distributes condoms.

Lesson 3: None of the concerns originally articulated came to pass.

Lesson 4: The relationship between custody and healthcare was significant to the success of condom distribution effort.
San Francisco In 1989

“The historic struggle against A.I.D.S. has created responsibilities for jail and prison administrators far beyond the traditional mandates to run humane facilities and prevent escapes. The spectre of A.I.D.S. also makes us accountable to public health issues involving life and death for millions of Americans.” -- Sheriff Michael Hennessey, Press Release. July 13, 1989
2007 Condom Access Pilot Project
2007 Condom Access Pilot Project

- Administered by the Center for Health Justice and the Forensic AIDS Project
- Began in April 2007
- Novel method of providing condoms
- Machine in gym – an area to which many prisoners regularly have access
Condom Machine Rules

- Take only one condom per visit to the gym.
- Immediately open condom package and discard the external paper box and cellophane wrapper.
- Condoms enclosed in the clear sealed plastic wrapper are not contraband.
- Condoms remaining in the orange box or removed from the clear sealed plastic wrapper are contraband and will be confiscated.
- Having sex in jail is illegal under California Penal Code § 286(e).
- Failure to obey these rules will result in discontinuation of this condom access program.
Research Questions

What is the feasibility of distributing condoms to prisoners using a condom machine?

Does increased availability of condoms result in increased disciplinary issues?

Does increased condom access result in increased sexual behavior in the jail?
Research Methods

- March-April, 2007 (Pre-Intervention)
  - 5 Key Staff Interviews
  - 77 quantitative surveys with prisoners

- April 17, 2007
  - Condom machine installed (and still up)

- August-November, 2007 (Post-Intervention)
  - 4 Key Staff Interviews
  - 69 quantitative surveys with prisoners
  - 9 interviews with prisoners
Five interviews included administrators and line staff.

Line staff concerned about discipline (increased sex) and operational issues.

Administrators more concerned about “giving the wrong message” or “a mixed message” – why not focus on stopping sex instead?
Pre-Intervention Staff Interviews

- Staff saw sex as “infrequent” and “occasional” and often focused their comments on sexual assault.
- Most were not aware of current program of condom distribution by health educators.
Pre-Intervention Prisoner Surveys

- N=77
- Average age = 38 years
- 86% male, 14% female/transgender/other
- 86% heterosexual, 14% gay/bi/other
- 56% Black, 19% White, 13% Latino,
  10% Asian, 3% Native American
- 88% had been incarcerated before
Pre-Intervention Prisoner Surveys

- Average time incarcerated = 374 days
- 88% had tested for HIV at least once; 13% reported being HIV-seropositive
- 9 (12%) knew condoms were available
- 4 ever received a condom at SFCJ; 3 had sex with condoms at SFCJ
- 5 had sex without condoms at SFCJ
Post-Intervention Staff Interviews

- Four interviews included administrators and line staff.
- Staff reported no disciplinary issues related to condoms or the machine.
- Some, not all staff were more positively inclined toward allowing condom access.
- Those who were against condoms in prison supported access upon release.
Post-Intervention Prisoner Surveys

- Average age = 42 years
- 90% male, 10% female/transgender/other
- N = 69
- 87% heterosexual, 13% gay/bi/other
- 49% Black, 32% White, 3% Latino, 10% Asian, 4% Native American
- 87% had been incarcerated before
Post-Intervention Prisoner Surveys

- Average time incarcerated = 235 days
- 93% had tested for HIV at least once; 9% reported being HIV-seropositive
- 47 (58%) knew condoms were available
- 22 ever received a condom at SFCJ; 20 from the machine and 2 from FAP
- 4 had sex with condoms at SFCJ
- 6 had sex without condoms at SFCJ
Post-Intervention Prisoner Interviews

- Nine prisoners were post-intervention
- 8/9 were aware of condoms; most knew of both types of programs
- 8/9 supported condom access
- One opposed condom access “because sex is illegal in prison”
- Several suggested that prisoners more likely to have sex “if it can be safe”
Post-Intervention Prisoner Interviews

- Everyone knows that sex happens but no one admits to it themselves
- Prisoners are puzzled by concerns about contraband and other illegal uses
- Few reports of stigma-related events involving people who took condoms
Conclusions

- Prisoners will take condoms from a public machine; less stigma than expected
- Program increased prisoner and staff knowledge that condoms available; many were unaware of current HE program
- No evidence that this novel condom access program increased sex in the jail
Conclusions

- Staff post-intervention interviews indicate that discipline was not a problem.
- Program did not resolve the “wrong message” issue; some staff continued to oppose access despite successful program.
- Based on these results, we support a condom access pilot for CA prisons.
Conclusions

Any reservoir of infection as large as a prison would warrant, by simple public health logic, that we do our best to reduce the risk of transmission. The issue has never been “Do we understand what has to happen to reduce the risks?” It’s always been, “Do we have the political will necessary to put what we know is effective into operation?”

-- Robert Fullilove, Ph.D.
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