

HIV and Incarceration: History, Opportunities, Challenges



David Alain Wohl, MD

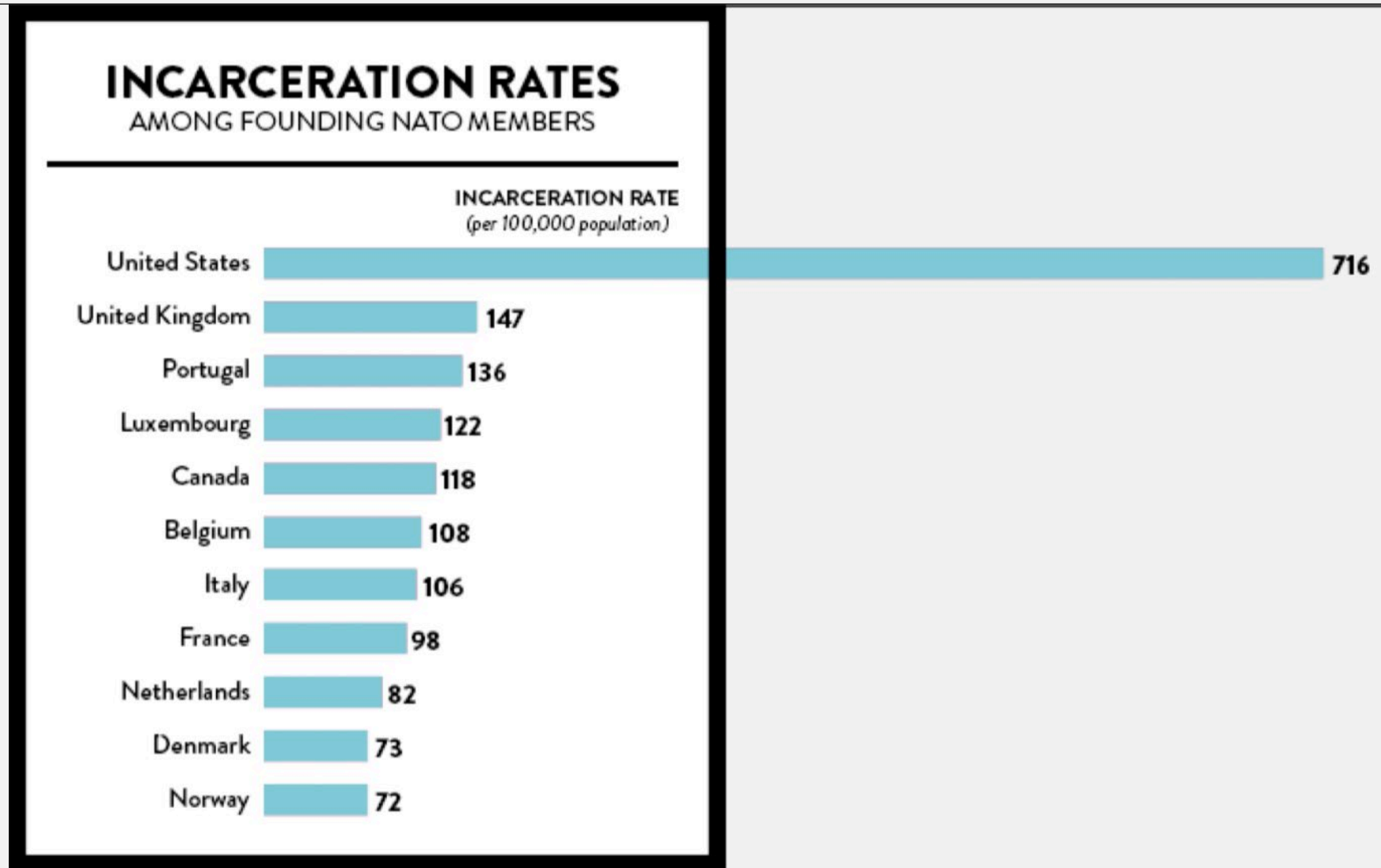
Institute of Global Health and Infectious Diseases

The University of North Carolina at Chapel Hill

HIV and Incarceration: History, Opportunities, Challenges

- The roots of Mass Incarceration
- Mass Incarceration and its impact on the HIV epidemic
 - Incarceration and HIV transmission
 - HIV screening of people passing through correctional facilities
 - Treatment for HIV in jails and prisons
- Ending of the Epidemic and criminal justice

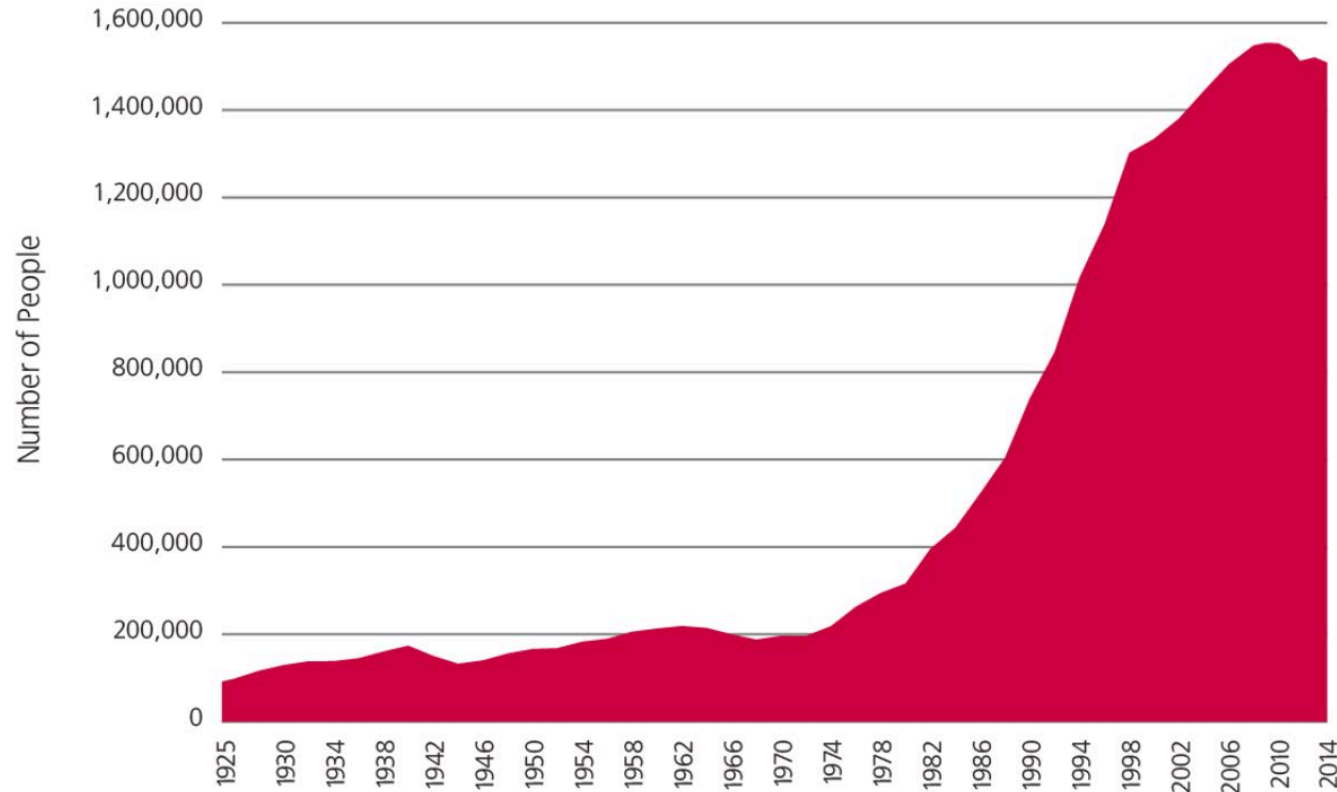
HIV and Incarceration: History, Opportunities, Challenges



Source: <http://www.prisonpolicy.org/global/>

The Roots of Mass Incarceration

U.S. State and Federal Prison Population, 1925-2014



Source: Bureau of Justice Statistics *Prisoners Series*.

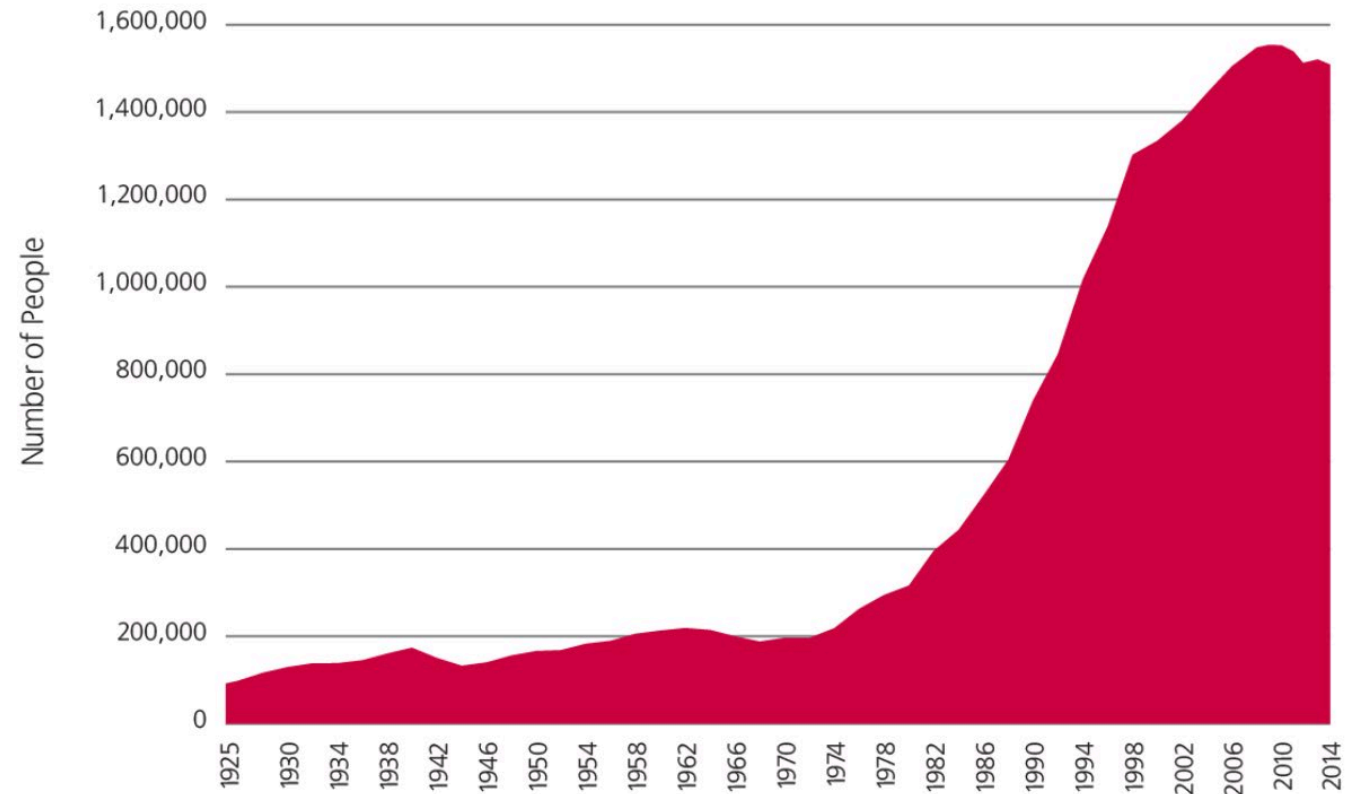


- Dramatic and sustained increase in incarceration late 1970's following rise in crime rate.
- Responses included longer sentences, mandatory minimums, and other "tough on crime" measures

The Roots of Mass Incarceration

- After the Civil War, restrictive Black Codes were instituted leading to imprisonment for vagrancy and unlawful assembly, movement or speech.
- Imprisonment led to convict leasing – unpaid work by inmates that laid the foundation for a system that continues today

U.S. State and Federal Prison Population, 1925-2014



Source: Bureau of Justice Statistics *Prisoners Series*.

The Roots of Mass Incarceration

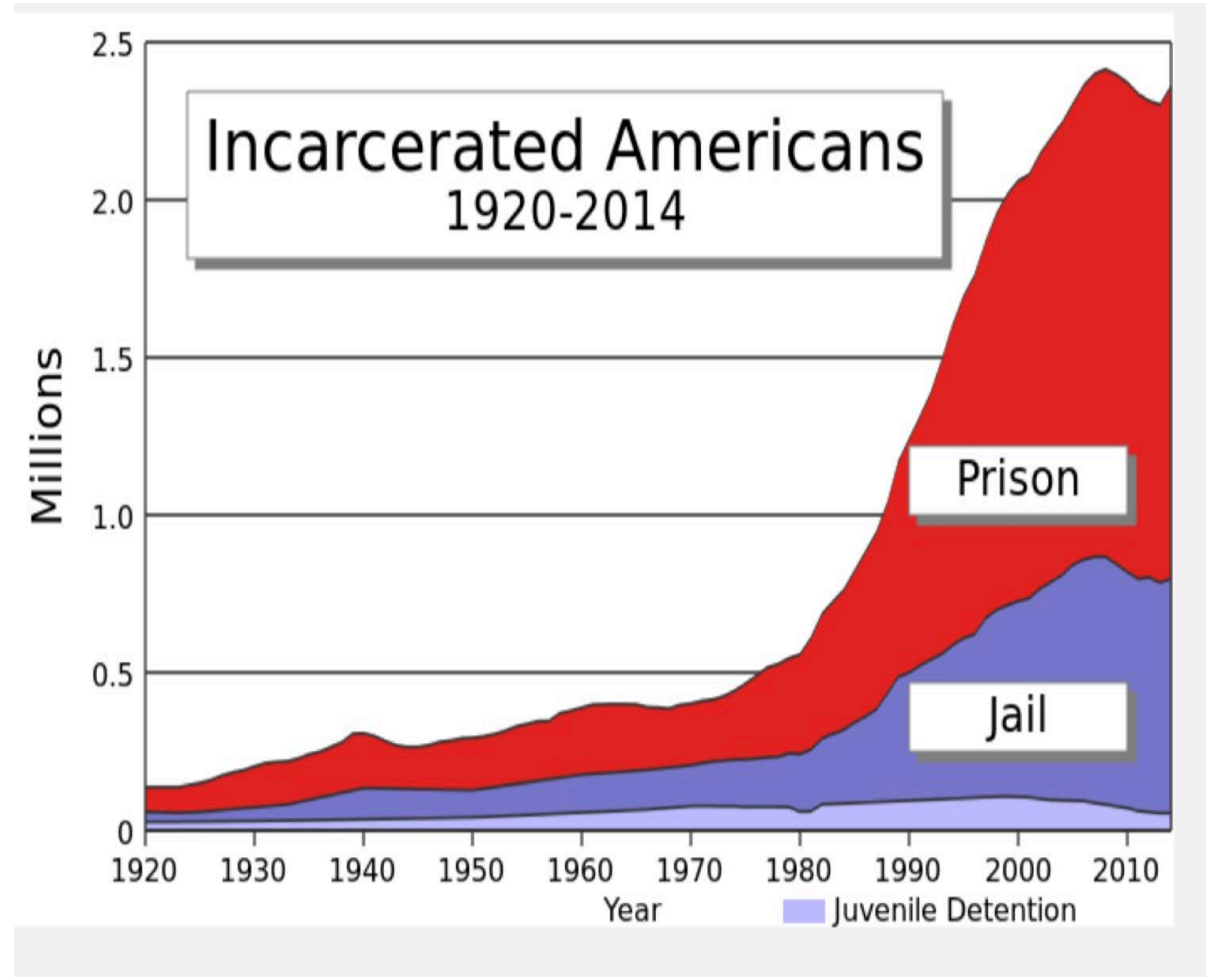
In **1893–1909** every Southern state except Tennessee passed new vagrancy laws.

These laws were more severe than the Black Codes passed in **1865**, and used vague terms that granted wide powers to police officers enforcing the law. In wartime, Black men were subjected to "work or fight" laws, which increased vagrancy penalties for those not in the military or employed.

The Supreme Court upheld racially discriminatory state laws and invalidated federal efforts to counteract them; in *Plessy v. Ferguson* (**1896**) it upheld the constitutionality of racial segregation and introduced the "separate but equal" doctrine.

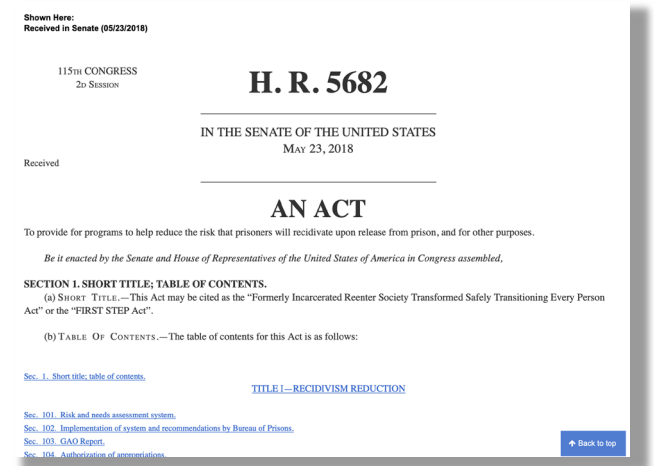
The Roots of Mass Incarceration

- **1970:** Congress passes the **Comprehensive Drug Abuse Prevention and Control Act:** strengthens law enforcement tactics against drug use.
- **1971:** Nixon declares the “**War on Drugs**”
- **1973:** **Drug Enforcement Administration** created. Over remainder of the decade, ~513,000 incarcerated in the US. Over double the amount of a decade earlier.
- **1982:** Reagan recommits to the “War on Drugs”.
- **1986:** **Anti-Drug Abuse Act** institutes 100:1 disparity—a minimum sentence of five years without parole for possessing five grams of crack cocaine



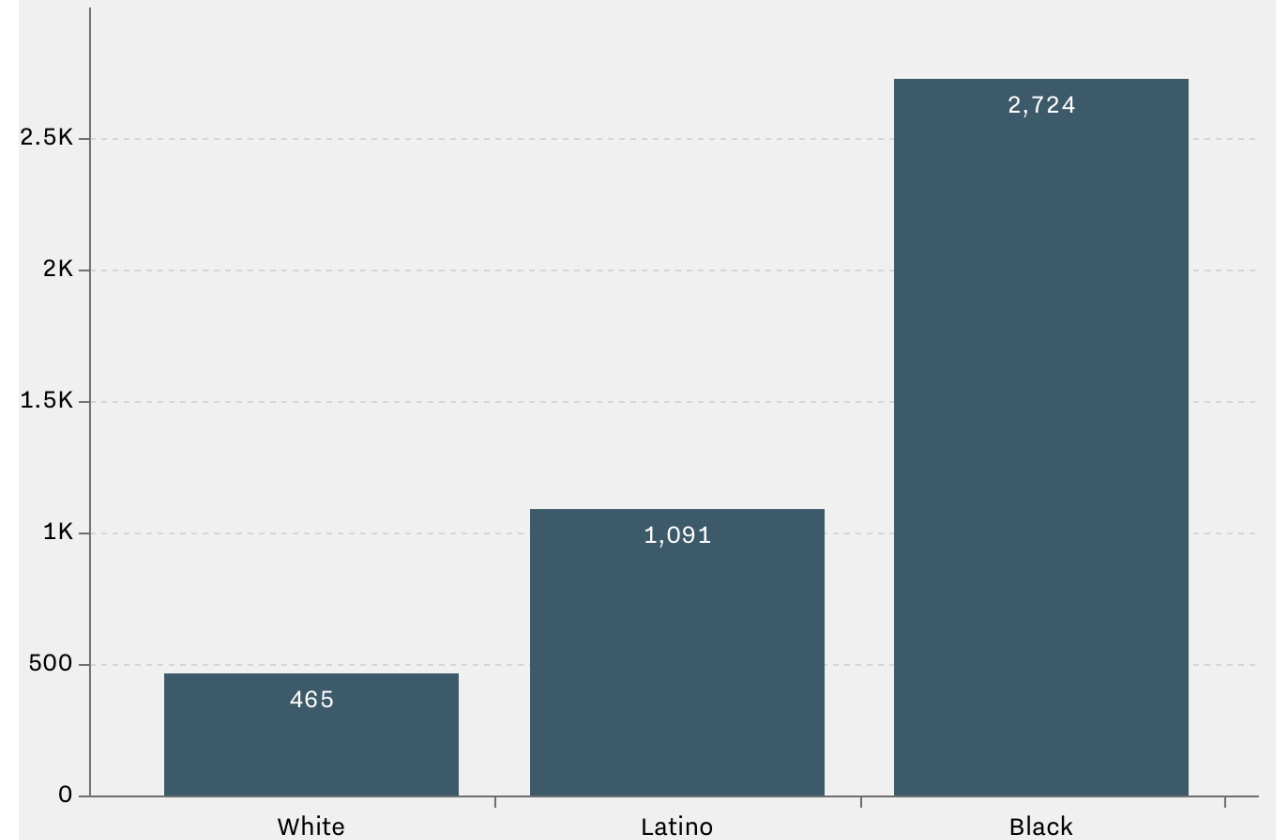
First Step Act of 2018

- Only applies to Federal prison system
- Reduce disparities in sentencing for powder vs crack cocaine
- Ease mandatory sentencing laws
- Increase good time credits that inmates earn (excluded are undocumented immigrants and those with higher-level offenses)
- Ban shackling of women during childbirth
- Place inmates closer to families



Mass Incarceration: Who we lock up

Incarceration rates per 100,000 US residents, by
race and ethnicity



Source: [Bureau of Justice Statistics](#)

Black Americans are disproportionately arrested for drugs

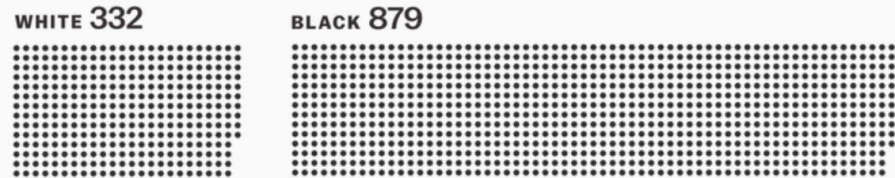
Past-month illicit drug use

2013 National Survey on Drug Use and Health



Drug-related arrests per 100,000 residents of each race

2013 FBI Uniform Crime Reports / US Census Bureau



Vox

Black people are much more likely to be **arrested for drugs**, even though they're not more likely to **use** or **sell** them.

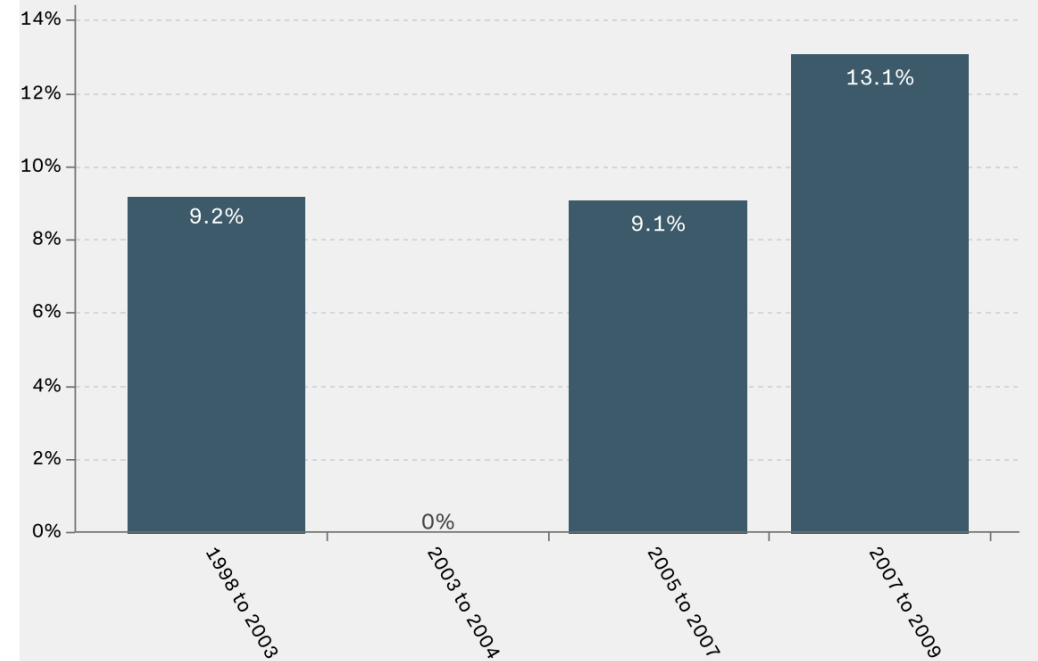
Chart credit: Joe Posner/Vox, with data from **FBI Uniform Crime Reports** and the **US Census Bureau**

Black defendants get longer sentences for the same crimes

Black Americans receive longer sentences than white Americans for the same crime



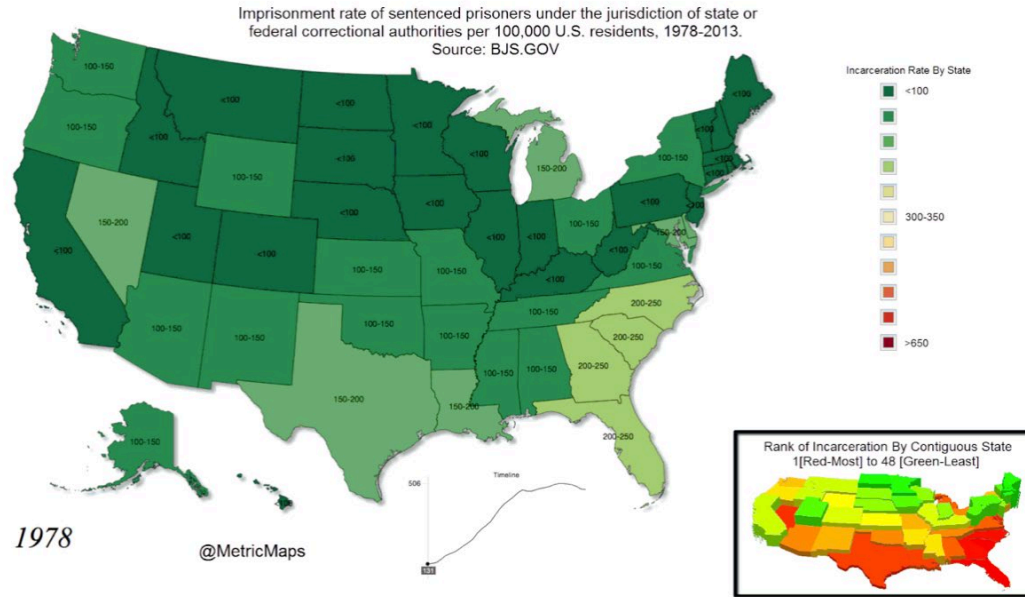
Percent length of sentences of black people for drug trafficking above those of white people



Source: [US Sentencing Commission](#)

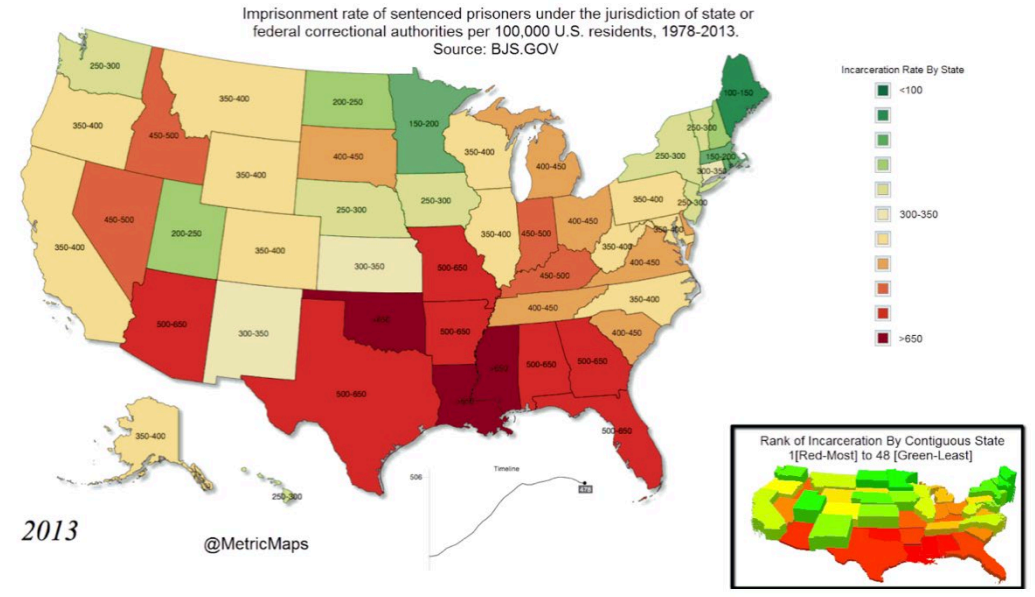
Vox

The South led the way in mass incarceration



Map credit: **MetricMaps**

The South led the way in mass incarceration



Map credit: **MetricMaps**

The Roots of Mass Incarceration

YEAR: SLAVERY

1790

1830

1860

BLACK POPULATION

1860

1910

1970

2010

SIZE: SLAVE POPULATION

100

1K

50K

1M+

COLOR: SLAVE POPULATION AS % OF TOTAL

0% 24% 48% 71% 95%

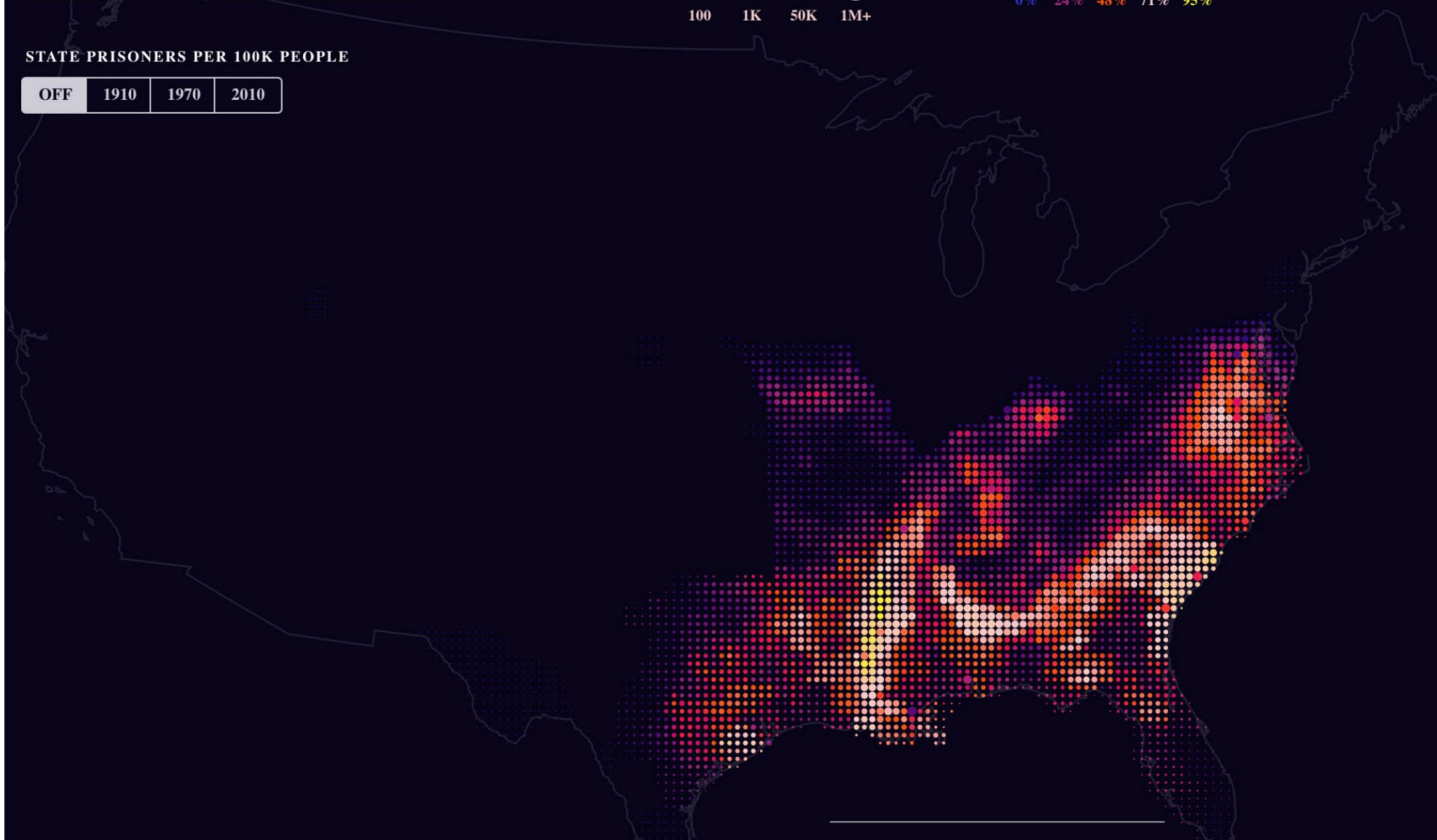
STATE PRISONERS PER 100K PEOPLE

OFF

1910

1970

2010



*U.S. Slave Pop. in
1860*

YEAR: SLAVERY

BLACK POPULATION

SIZE: BLACK POPULATION

COLOR: BLACK POPULATION AS % OF TOTAL

1790 1830 1860

1860 1910 1970 2010

100 1K 50K 1M+

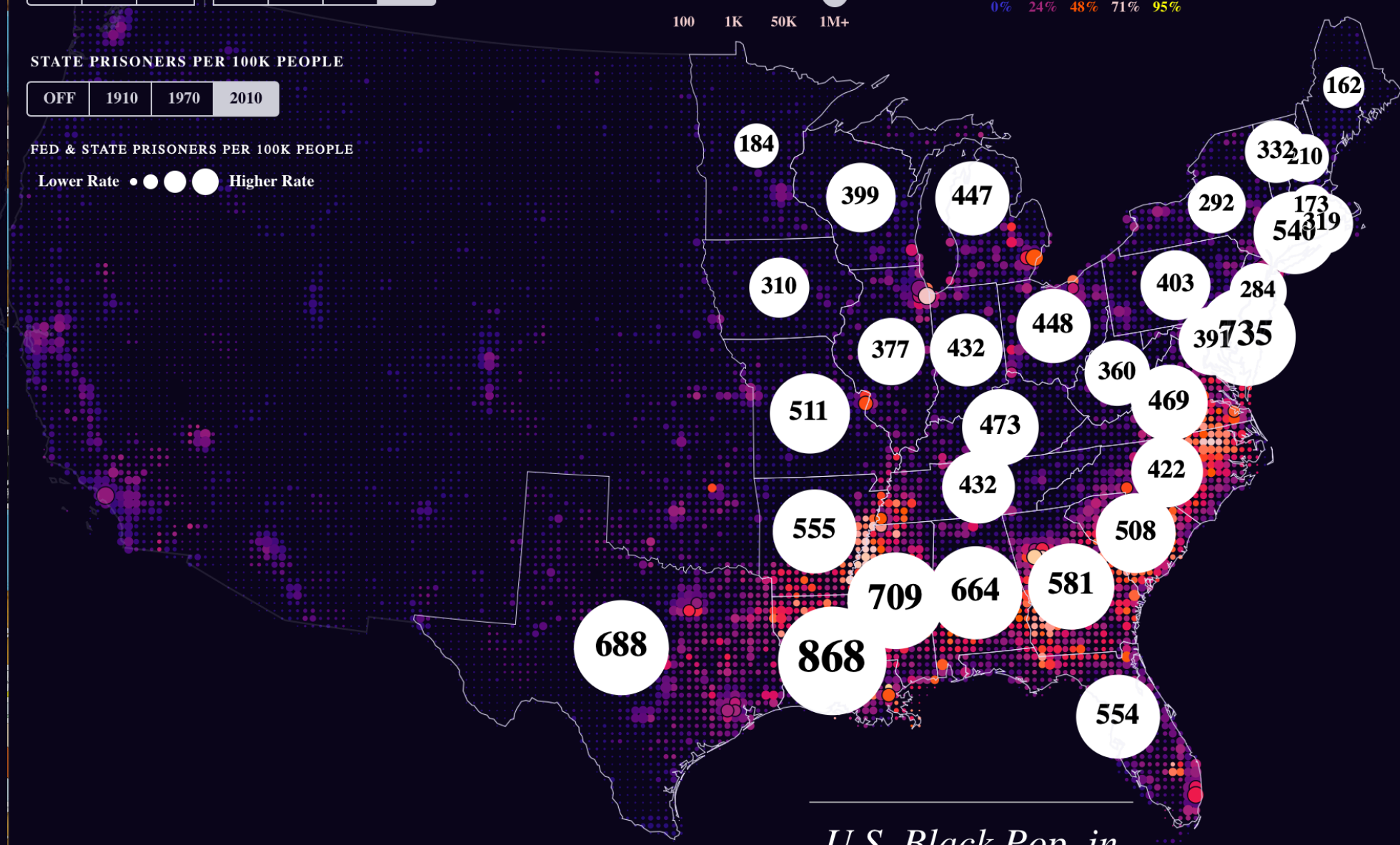
0% 24% 48% 71% 95%

STATE PRISONERS PER 100K PEOPLE

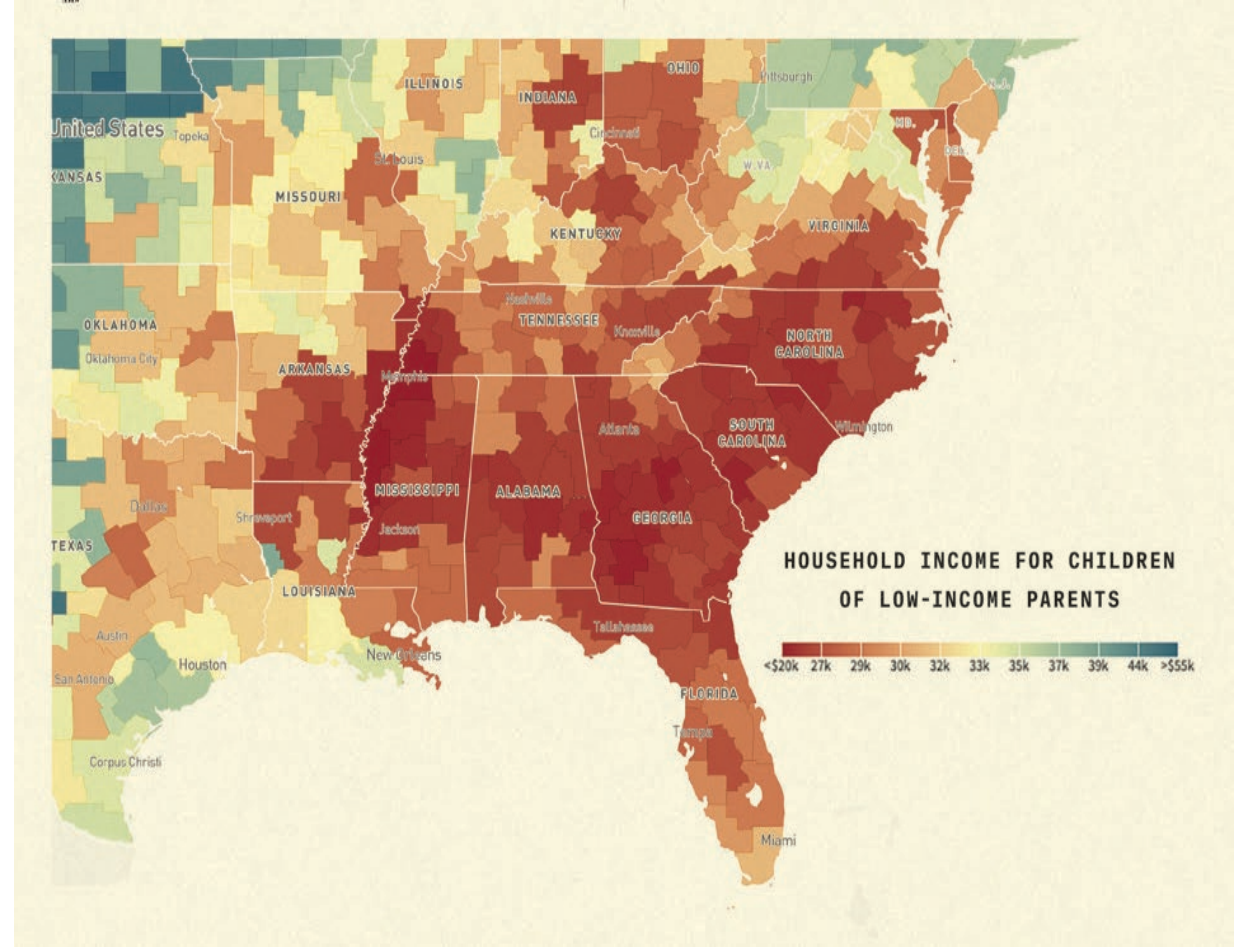
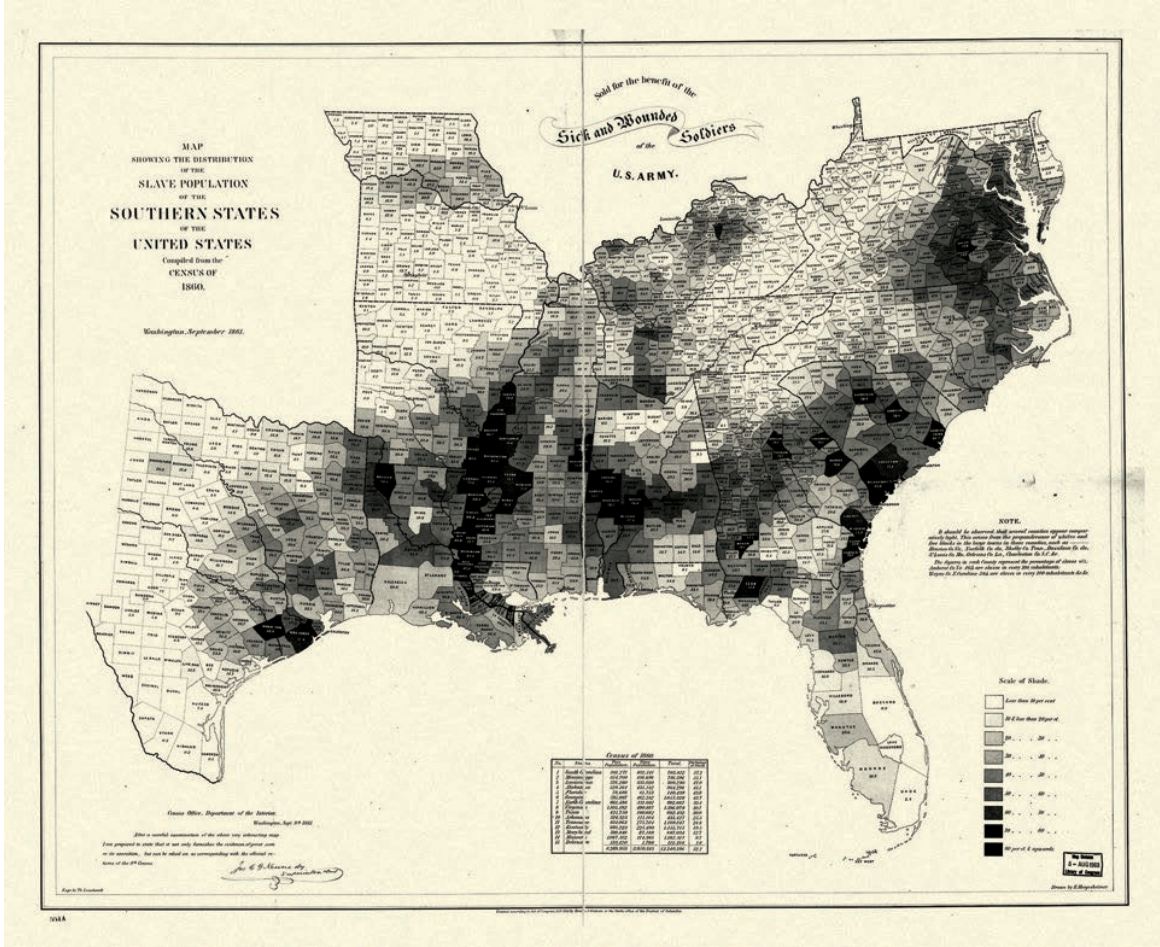
OFF 1910 1970 2010

FED & STATE PRISONERS PER 100K PEOPLE

Lower Rate Higher Rate



U.S. Black Pop. in 2010

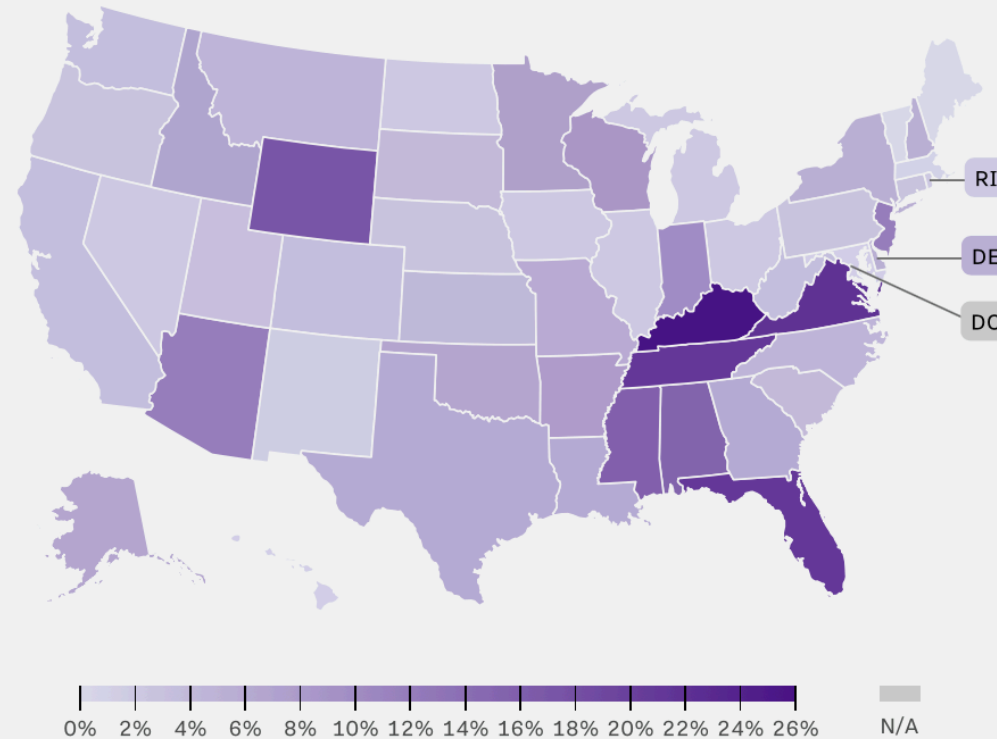


The Atlantic Magazine, 2019

In three states, more than one-fifth of the black electorate will be disenfranchised in 2016

Felon disenfranchisement of the black electorate in 2016

Percent of voting-age black citizens who can't vote due to a state's felon disenfranchisement laws



Source: Sentencing Project

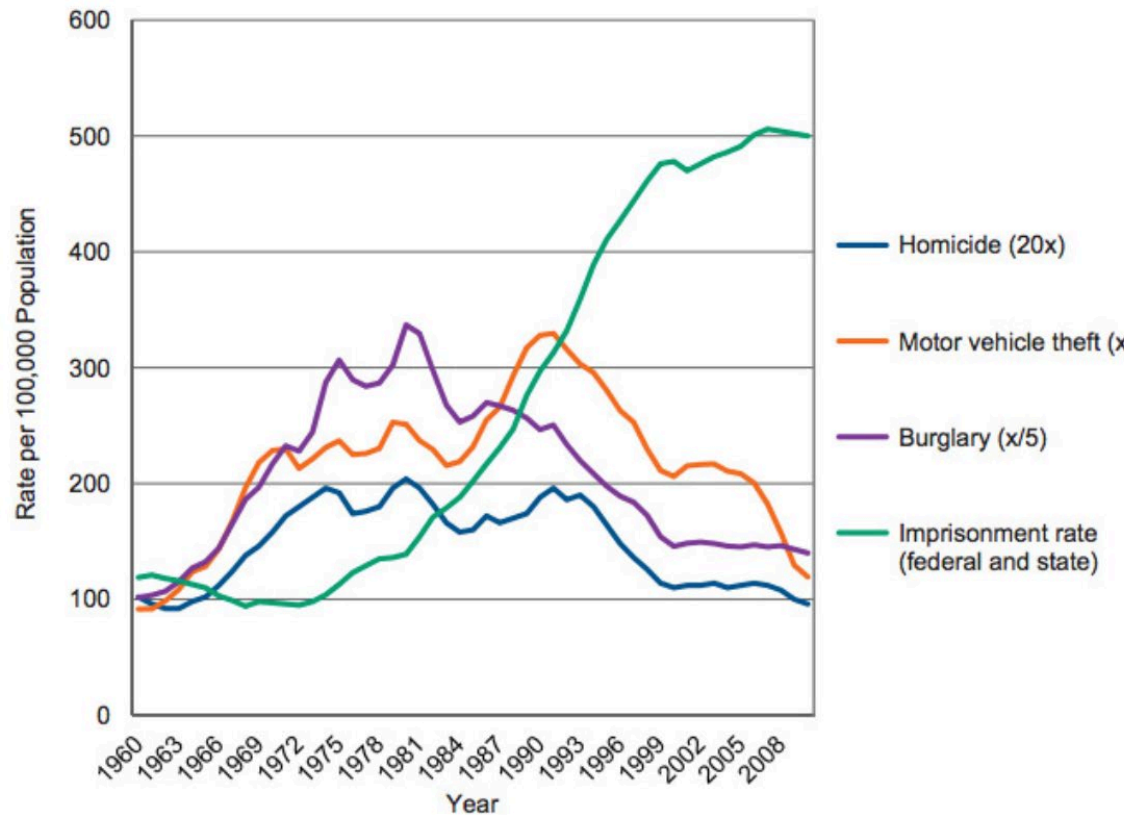
Credit: German Lopez

Vox

The Roots of Mass Incarceration

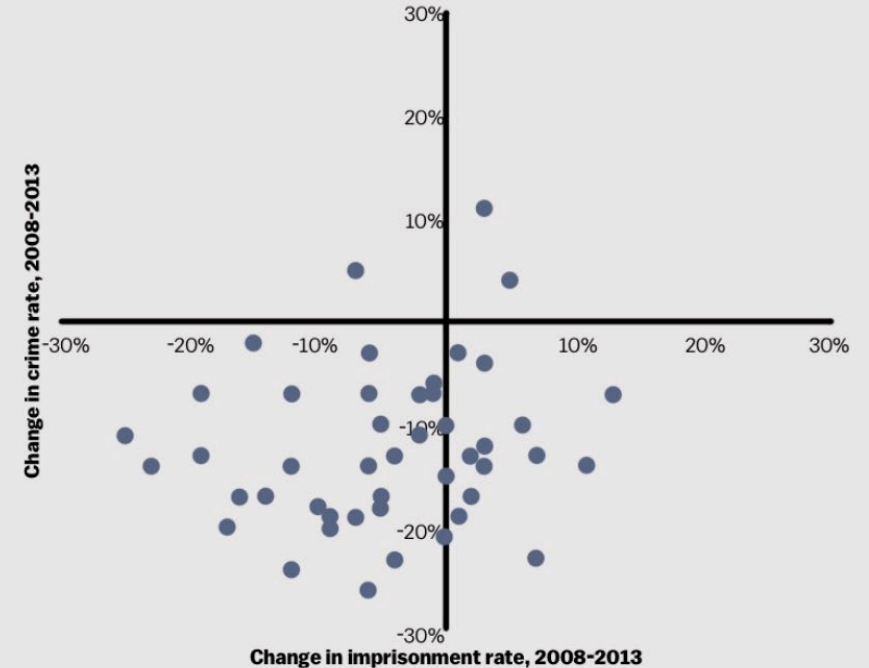
VI. Mass incarceration isn't effective

Incarceration long ago reached the point of diminishing returns



States that cut incarceration don't have more crime

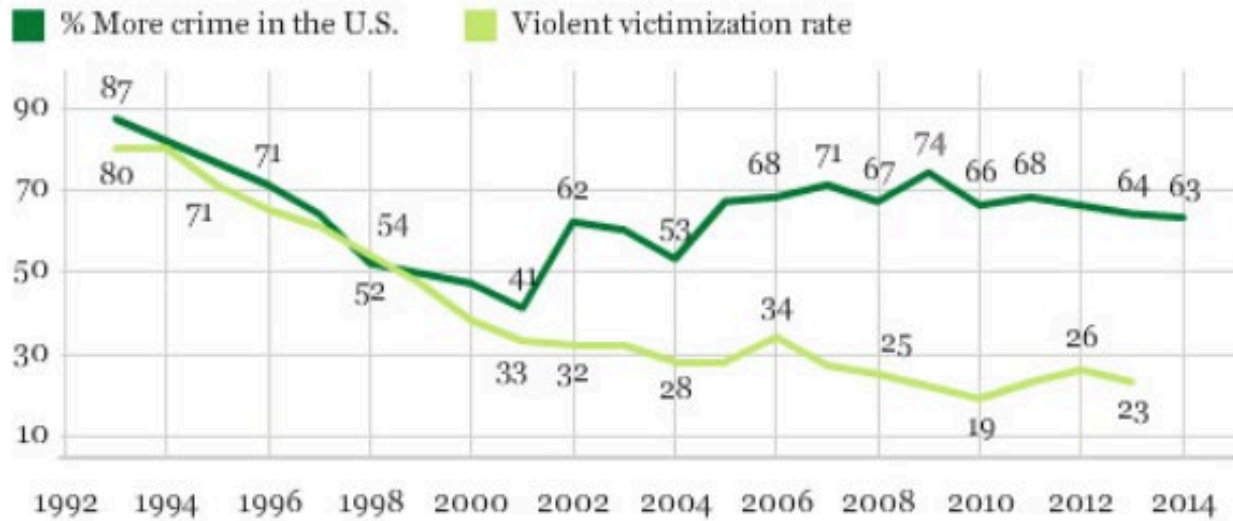
Less prison, but no more crime



SOURCE: Pew Charitable Trusts

Americans
unaware that
crime rates
have dropped

U.S. Violent Crime Rate[^] vs. Americans' Perception of Crime Rate vs. Year Ago



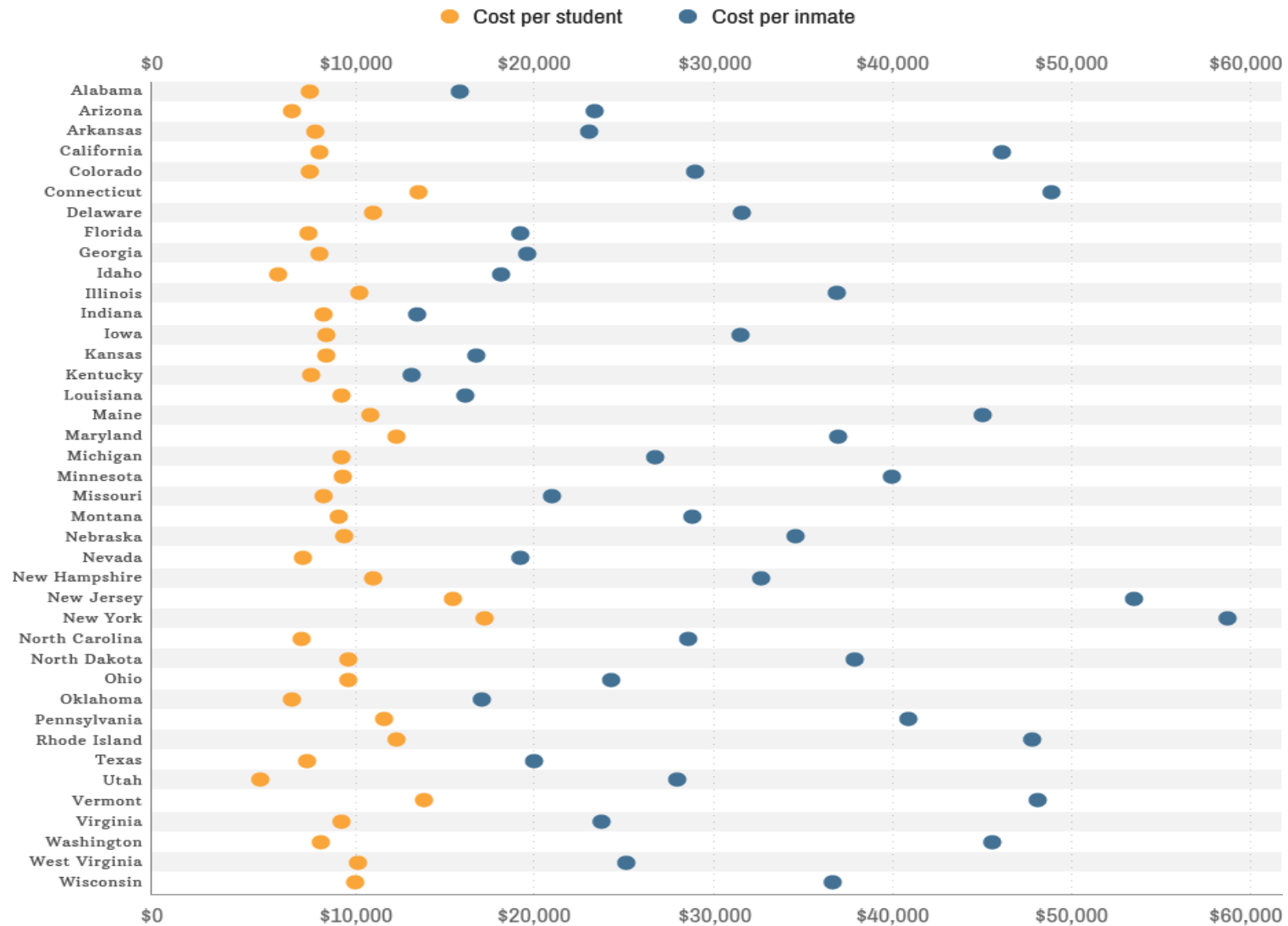
[^] Violent crime rate is number of victimizations per 1,000 persons that occurred during the year. Source: Bureau of Justice Statistics, National Crime Victimization Survey, 1996-2013

GALLUP

Crime rates have been dropping for more than 20 years now, but most Americans seem to have no idea. This is one reason mass incarceration is so entrenched in the US: If Americans don't know crime is dropping, how can they support locking up fewer people?

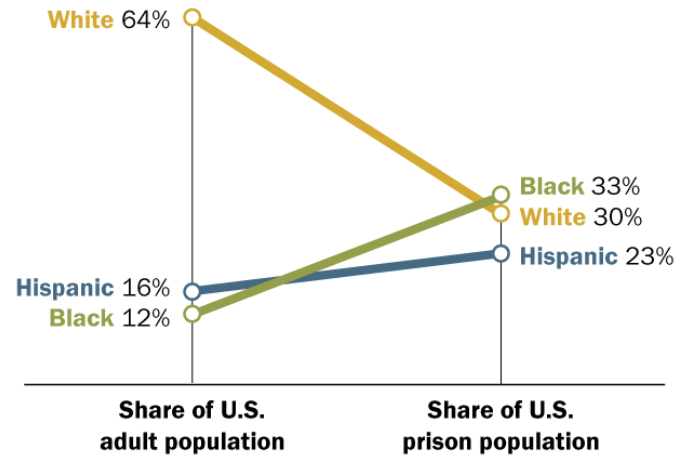
Annual government spending

(Elementary/secondary education vs. imprisonment, 2015)



Blacks, Hispanics make up larger shares of prisoners than of U.S. population

U.S. adult population and U.S. prison population by race and Hispanic origin, 2017



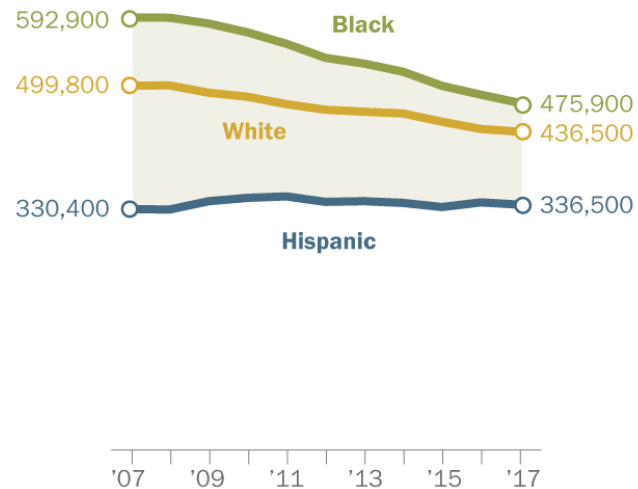
Note: Whites and blacks include those who report being only one race and are non-Hispanic. Hispanics are of any race. Prison population is defined as inmates sentenced to more than a year in federal or state prison.

Source: U.S. Census Bureau, Bureau of Justice Statistics.

PEW RESEARCH CENTER

Racial and ethnic gaps shrink in U.S. prison population

Sentenced federal and state prisoners by race and Hispanic origin, 2007-2017



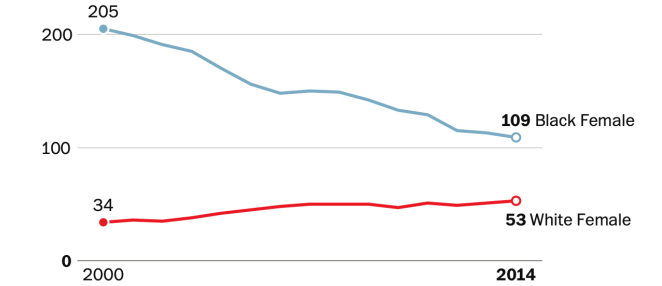
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Source: Bureau of Justice Statistics.

PEW RESEARCH CENTER

Imprisonment of black and white women

Measured in inmates per 100,000 people

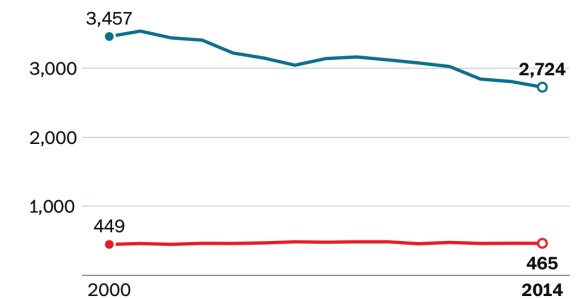


Source: BJS

WAP0.ST/WONKBLOG

Fewer black men are behind bars

Inmates per 100,000 people



Source: BJS

WAP0.ST/WONKBLOG

Mass Incarceration and its impact on the HIV epidemic

- Mass incarceration fuels the HIV epidemic
 - Removes men from communities where HIV can thrive, creating gender ratio imbalance, partnership concurrency, and disassortative mixing
 - Disrupts intimate relationships, some of which are protective
 - Reduces prospects for employment and reinforces poverty for releasees, further destabilizing relationships
 - Children of an incarcerated parent have greater risk for behaviors that can lead to STI and HIV infection later on in life, perpetuating impact
 - Uncommon but real risk of HIV acquisition during incarceration
 - In total, the impacts of incarceration multiply to become a toxic force in a community that increases its vulnerability to HIV

TheUpshot

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1.5 Million Missing Black Men

By JUSTIN WOLFERS, DAVID LEONHARDT and KEVIN QUEALY APRIL 20, 2015

For every 100 black women not in jail, there are only 83 black men. The remaining men – 1.5 million of them – are, in a sense, **missing**.



Figures are for non-incarcerated adults who are 25 to 54.

TheUpshot

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For every 100 black women not in jail, there are only 83 black men. The remaining men – 1.5 million of them – are, in a sense, **missing**.



Among cities with sizable black populations, the largest single gap is in **Ferguson, Mo.**



North Charleston, S.C., has a gap larger than 75 percent of cities.

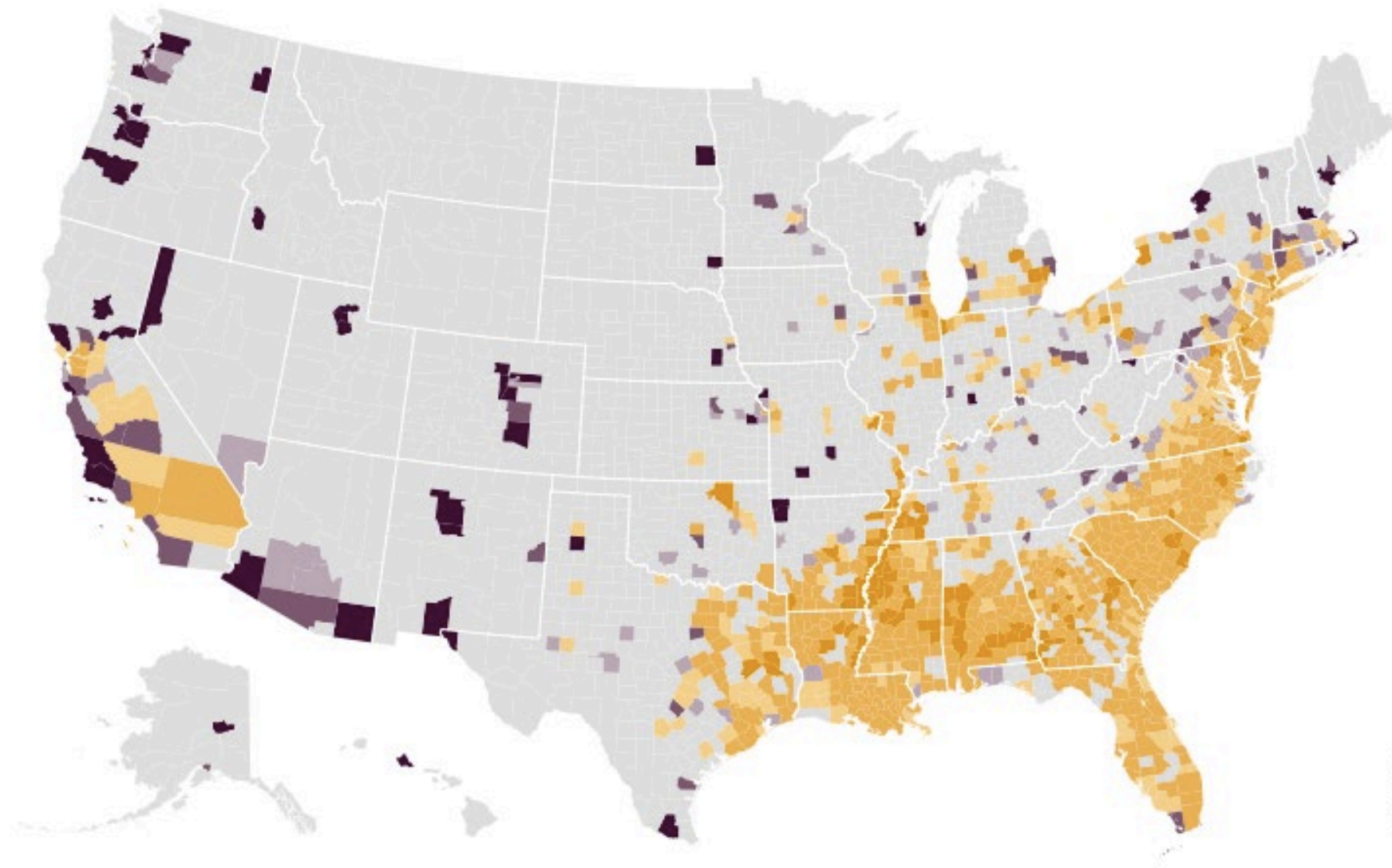


This gap – driven mostly by incarceration and early deaths – **barely exists among whites**.



Figures are for non-incarcerated adults who are 25 to 54.

Where black men are missing



Rates are shown in counties with at least 1,000 prime-age black men and women.

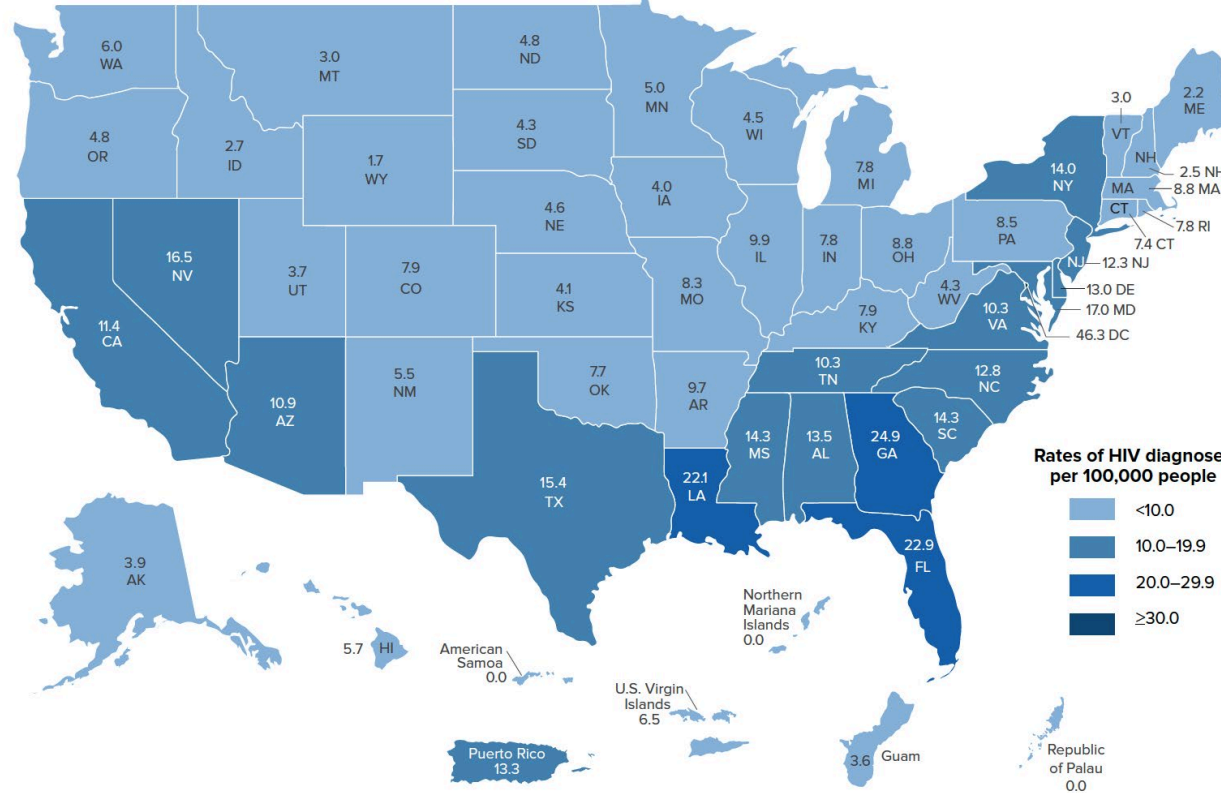
Black men, as a pct. of all black adults



43% 46% 49% 52% 55%

▲
National average, all races

Rates of New HIV Diagnoses in the US, 2017



Rates (per 100,000 people) of people in the US living with diagnosed HIV in 2016:

US Total 308.3

- Northeast 418.8
- Midwest 174.5
- West 253.7
- US dependent areas 459.2
- South 361.3

46%

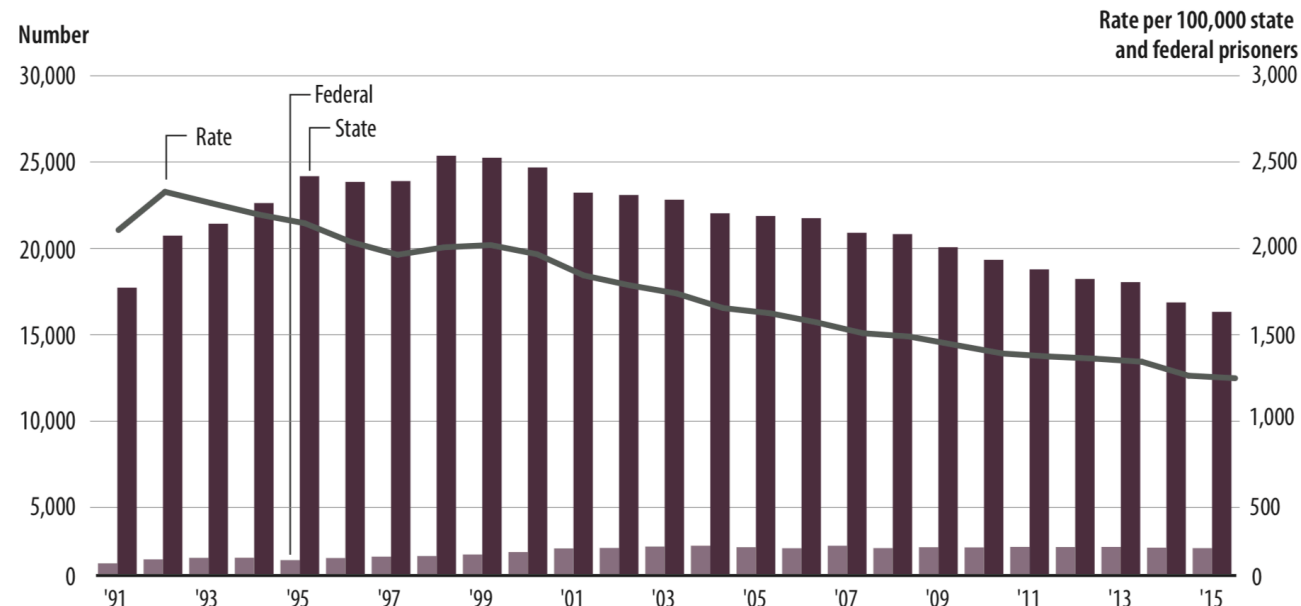
of all adults and adolescents with HIV in the US* live in the South.

Of the 38,739 new HIV diagnoses in the US in 2017, 19,968 (52%) were in the South.

Mass Incarceration and its impact on the HIV epidemic

- Incarceration that targets people and communities with greater risk of HIV infection, leads to a relatively high prevalence of HIV within jails and prisons

FIGURE 1
Number of prisoners who had HIV and rate of HIV per 100,000 in the custody of state and federal correctional authorities, 1991–2015



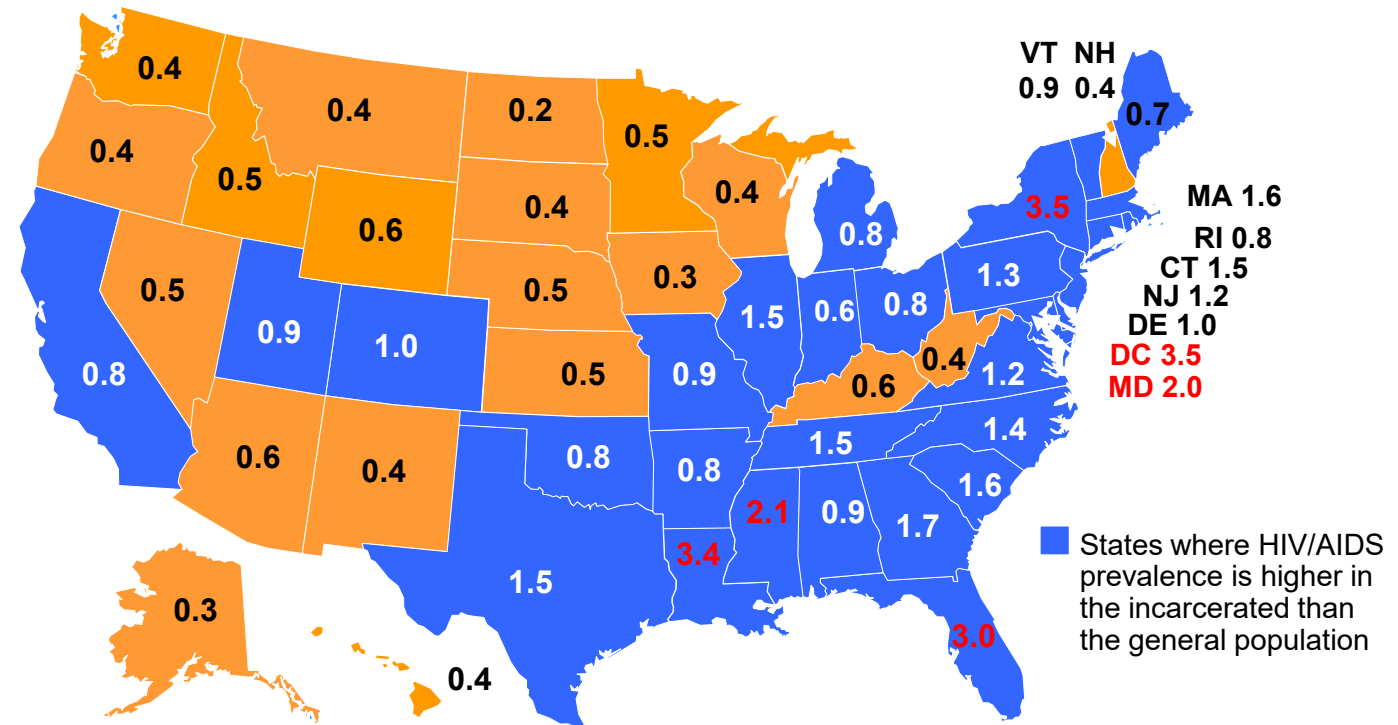
Note: Includes inmates in the custody of state and federal prison authorities that were known to be HIV-positive or had confirmed AIDS. See appendix table 1 for estimates.

Source: Bureau of Justice Statistics, National Prisoner Statistics Program, 1991–2015.

HIV in Federal and State Prisons (2010)

- 2 million persons incarcerated in the US
 - Number with HIV: 20,093 (rate: 146 per 10,000 inmates)
 - 51% of incarcerated HIV cases in 5 States (New York, Florida, Texas, California, Georgia)
- From 2001 to 2010, the rate of HIV and AIDS-related deaths have declined an average of 3% and 16% each year, respectively

HIV Prevalence in Prisons
1.3% Versus 0.6% in General Population



AIDS prevalence in State/Federal prisons is 2.3 times that of the general population: 0.39% versus 0.17%.

Maruschak LM. *Bur Justice Stat Bull.* September 2012 (Revised March 2015). <http://bjs.ojp.usdoj.gov/content/pub/pdf/hivp10.pdf>.



HHS Public Access

Author manuscript

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Early age at childhood parental incarceration and STI/HIV-related drug use and sex risk across the young adult lifecourse in the US: Heightened vulnerability of black and Hispanic youth

Maria R. Khan^{a,*}, Joy D. Scheidell^a, David L. Rosen^b, Amanda Geller^c, and Laurie M. Brotman^a

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^bDivision of Infectious Diseases, School of Medicine, University of North Carolina at Chapel Hill 130 Mason Farm Road, Chapel Hill, NC 27599, United States

^cDepartment of Sociology, New York University, 295 Lafayette Street, New York, NY 10012, United States

Abstract

Background—We measured associations between parental incarceration and STI/HIV-related drug use and sex risk, assessing differences by race, age at first parental incarceration, and potential mediators of the relationship.

Methods—We used Waves I (adolescence), III (young adulthood), and IV (adulthood) of the National Longitudinal Study of Adolescent to Adult Health (n=11,884) to measure associations between age of parental incarceration (never; < 8; 8–17; ≥18 years old) and marijuana and cocaine use, multiple partnerships, and STI in adolescence and adulthood among white, Black, and Hispanic participants and assessed mediation by sexual and physical abuse, mental disorder symptoms, and drug use.

Results—By Wave IV, approximately one in six had experienced a parental incarceration; high prevalence observed among black (26%) and Hispanic (20%) versus white (15%) respondents (p 0.0001). Parental incarceration at any age was moderately to strongly associated with STI/HIV risk outcomes. In multivariable models, parental incarceration at age < 8 years old (versus never) remained strongly associated with STI/HIV risk in both adolescence and adulthood, with stronger associations among non-whites. Among black participants, parental incarceration at < 8 years old was associated with over double the odds of adulthood use of marijuana (adjusted odds ratio

*Corresponding author. maria.khan@nyumc.org (M.R. Khan).

Contributors

MR Khan conceptualized the analyses, wrote the first draft of the manuscript, and revised subsequent versions. JD Scheidell conducted the statistical analyses and contributed to writing the manuscript. DL Rosen, A Geller, and LM Brotman assisted in designing the analyses, interpreting results, and contributed to writing the manuscript. All authors contributed to and approved final version.

Conflicts of interest

All authors state they have no conflicts of interest.

JUNE 21, 2013



Sesame Street reaches out to 2.7 million American children with an incarcerated parent

BY KATIE REILLY



Last week, Sesame Street added a new character, to whom more than 2.7 million American children can now relate. The show introduced Alex, a child whose father is in prison, in a video included in the online interactive, “[Little Children, Big Challenges: Incarceration.](#)”



Mass Incarceration and its impact on the HIV epidemic

- Incarceration offers opportunities to:
 - Screening
 - Counseling/Education
 - Access to HIV and general health care
 - Linkage

HIV testing and consent practices for state and federal prisoners during the intake process, by jurisdiction, 2015

Jurisdiction	Testing practices during intake						Consent			
	Mandatory	Opt-out	Opt-in	Upon assessment	Upon prisoner request	Other	Did not test	General	HIV test	None
Federal ^a						X				X
State										
Alabama	X									X
Arizona			X						X	
Arkansas	X									X
California		X							X	
Colorado		X						X		
Connecticut							X			X
Delaware			X					X		
Florida			X						X	
Georgia	X									X
Hawaii			X						X	
Idaho		X							X	
Illinois		X							X	
Indiana	X									X
Iowa		X								X
Kansas		X							X	
Kentucky				X					X	
Louisiana		X						X		
Maine ^b						X			X	
Maryland		X						X		
Massachusetts			X					X		
Michigan	X									X
Minnesota		X						X		
Mississippi	X									X
Missouri ^c						X				X
Montana ^d			X						X	
Nebraska		X						X		
New Hampshire	X									X
New Jersey		X						X		
New Mexico		X							X	
New York ^e						X			X	
North Carolina	X									X
North Dakota	X									X
Ohio	X									X
Oklahoma	X									X
Oregon			X						X	
Pennsylvania			X						X	
Rhode Island				X					X	
South Carolina	X									X
South Dakota				X					X	
Tennessee		X								X
Texas	X									X
Utah	X									X
Vermont		X						/	/	/
Virginia		X						X		
Washington		X							X	
West Virginia ^d						X			X	
Wisconsin		X							X	
Wyoming	X									X

Note: Alaska and Nevada did not report data on HIV testing practices during the intake process. As of December 31, 2001, sentenced felons from the District of Columbia were the responsibility of the Federal Bureau of Prisons; therefore, specific testing practices for the District of Columbia are not included in this table.

^aNot reported.

^bOpt-out testing was offered to those who were to be sentenced.

^cTested when clinically indicated and upon request.

^dTested upon entry unless previously known to be HIV-positive.

^eMay have also reported prisoners tested based upon an assessment of high-risk behavior, medical history, or other clinical evaluation.

- Most state prisons perform mandatory or opt-out HIV screening at entry
- Some also test during incarceration and at release
- Rate of new HIV diagnoses is unclear.
 - One study from NC from 2008-9 found very few persons who tested HIV+ at prison entry were not already known to be infected by state DHHS

Disease Prevalence and Use of Health Care among a National Sample of Black and White Male State Prisoners

David L. Rosen, MD, PhD, Wizdom P. Hammond, PhD, MPH, David A. Wohl, MD, and Carol E. Golin, MD
 The University of North Carolina at Chapel Hill (UNC—Chapel Hill, Cecil G. Sheps Center for Health Services Research (DLR), Gillings School of Global Public Health (WPH, CEG), Department of Medicine (DAH, CEG)

Abstract

U.S. prisons have a court-affirmed mandate to provide health care to prisoners. Given this mandate, we sought to determine whether use of prison health care was equitable across race using a nationally-representative sample of Black and White male state prisoners. We first examined the prevalence of health conditions by race. Then, across all health conditions and for each of 15 conditions, we compared the proportion of Black and White male prisoners with the condition who received health care. For most conditions including cancer, heart disease, and liver-related disorders, the age-adjusted prevalence of disease among Blacks was lower than among Whites ($p < .05$). Blacks were also modestly more likely than Whites to use health care for existing conditions ($p < .05$), particularly hypertension, cerebral vascular accident/brain injury, cirrhosis, flu-like illness, and injury. The observed racial disparities in health and health care use are different from those among non-incarcerated populations.

Keywords

Prisoners; health disparities; access to health care; health care systems

Remarkably, the incarceration rate among U.S. adults now exceeds one in 100, and 1.6 million adults are currently serving sentences in state or federal prisons.^{1,2} Many of these prisoners have engaged in illicit and non-illicit behaviors that can be harmful to health. For example, in national surveys, 57% of state prisoners reported drug use in the month prior to their offense,³ and 50% of prisoners report being current smokers.⁴ Additionally, before imprisonment many inmates resided in impoverished communities and had diminished access to health care.^{5–7} Several reports suggest that prison populations have a high burden of disease,^{3,4,8–11} and as correctional populations grow—and age—a wider spectrum of medical and mental health conditions will become increasingly prevalent within U.S. prisons.¹²

© Meharry Medical College
 Please address correspondence to: David L. Rosen, MD, PhD; The University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research, 725 Martin Luther King Jr. Blvd., Campus Box 7590, Chapel Hill, NC 27599-7590; (919) 966-0904; drosen@med.unc.edu.

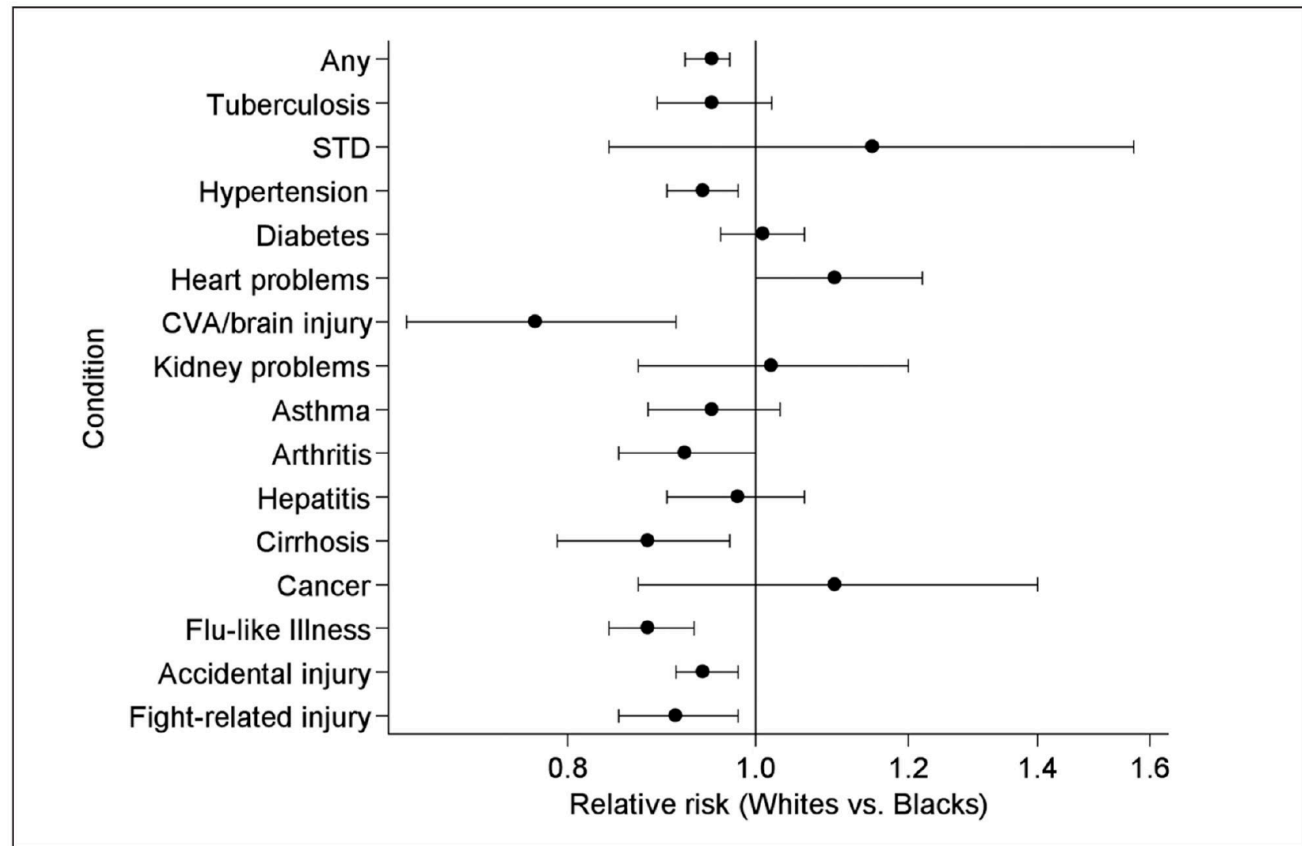


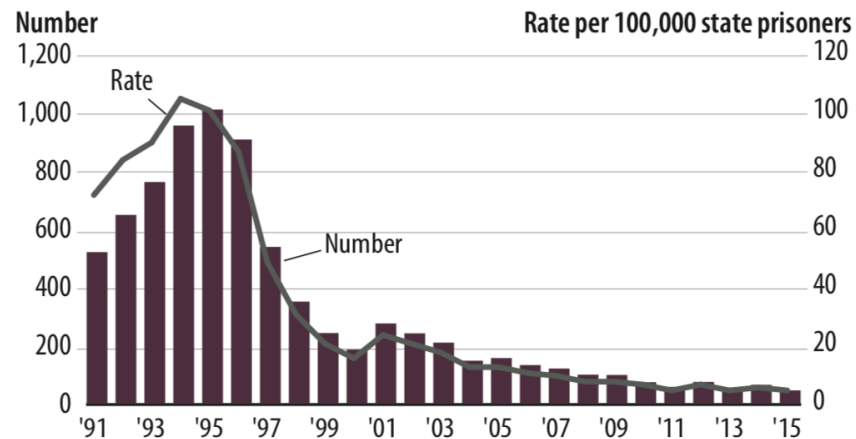
Figure 2.

Associations between race and use of health services among a nationally-representative sample of male prisoners reporting healthcare problems in 2004. Blacks are the referent.

Mass Incarceration and its impact on the HIV epidemic

- Incarceration that targets people and communities with greater risk of HIV infection, leads to a relatively high prevalence of HIV within jails and prisons

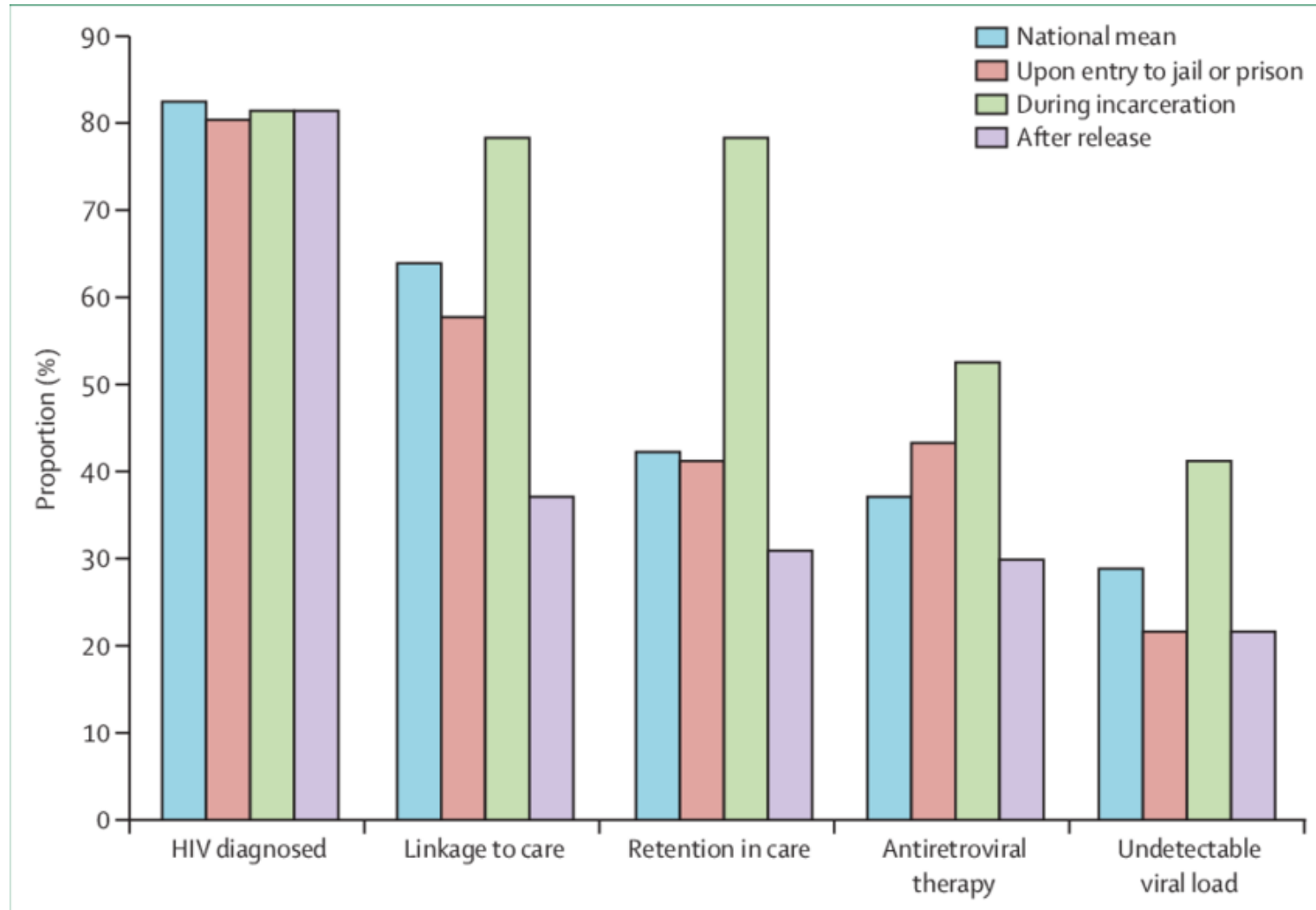
FIGURE 2
Number of AIDS-related deaths and mortality rate among state prisoners, 1991–2015



Note: AIDS-related deaths were based on the jurisdiction population from 1991 to 2000 and the custody population from 2001 to 2015. Use caution when comparing data prior to 2001 to data from 2001 and beyond. Jurisdiction refers to the legal authority of state and federal correctional officials over a prisoner, regardless of where the prisoner is held. See appendix table 2 for estimates.

Source: Bureau of Justice Statistics, National Prisoner Statistics Program, 1991–2000; and Deaths in Custody Reporting Program, 2001–2015.

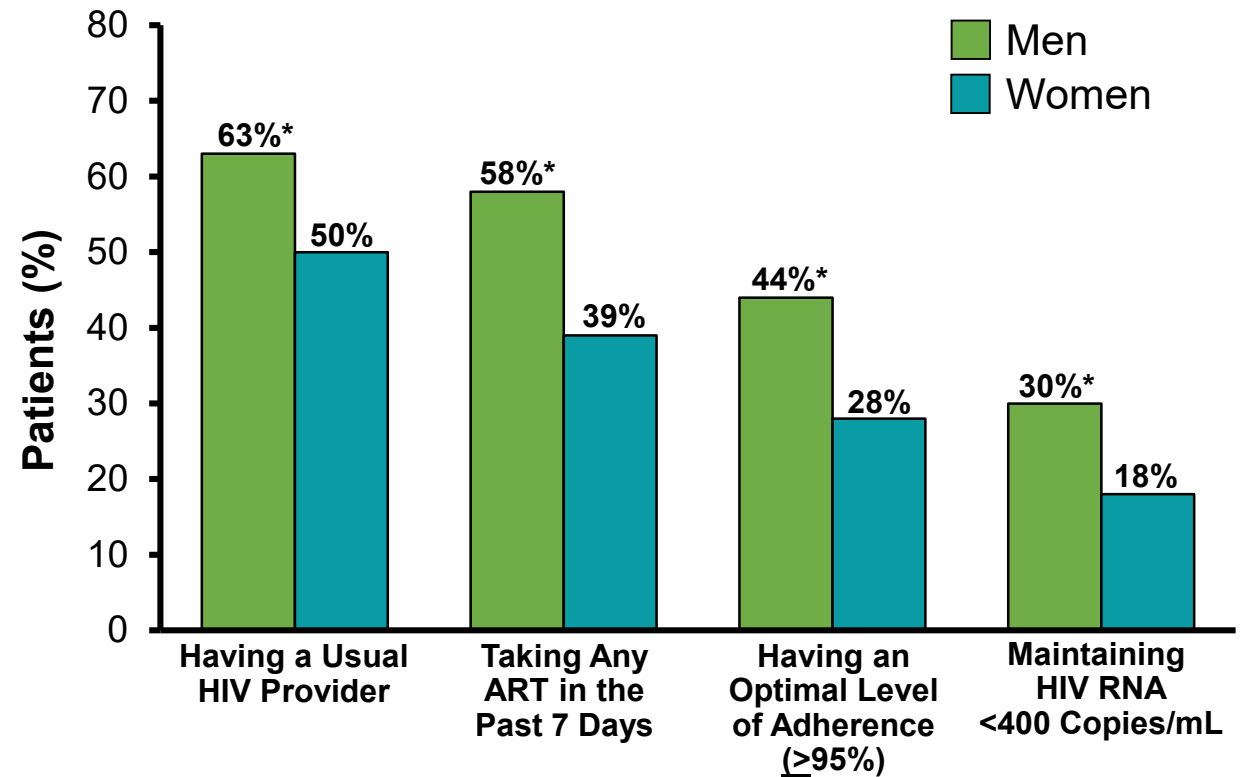
HIV Care Cascade Before, During, and After Incarceration: United States and Canada



HIV Treatment Outcomes Following Release From Jail: Men Versus Women

- Prospective, longitudinal study of HIV-infected jail detainees transitioning to the community (n=867)
 - Enhancing Linkages to HIV Primary Care and Services in Jail Setting Initiative (2008-2011)
- Correlates of HIV RNA <400 copies/mL 6-months post-release
 - Male: AOR 2.88 ($P=0.003$)
 - Mental health appointment: AOR 1.58 ($P=0.02$)
- Women with HIV transitioning from jail experience a disproportionate burden of medical, psychiatric, and social comorbidity compared to their male counterparts
 - Need for gender-specific transitional programs

Achieving HIV Treatment Outcomes 6 Months Following Release From Jail



* $P<0.001$ versus women.

AOR: adjusted odds ratio.

Meyer JP, et al. *Am J Public Health*. 2014;104:434-441.

Effectiveness of a Peer Navigation Intervention to Sustain Viral Suppression Among HIV-Positive Men and Transgender Women Released From Jail

The LINK LA Randomized Clinical Trial

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+ Supplemental content

IMPORTANCE Diagnosis of human immunodeficiency virus (HIV) infection, linkage and retention in care, and adherence to antiretroviral therapy are steps in the care continuum enabling consistent viral suppression for people living with HIV, and preventing further transmission. While incarcerated, people living with HIV are less likely to receive antiretroviral therapy and achieve viral suppression more consistent with the care continuum. No interventions have shown sustained viral suppression in released individuals.

OBJECTIVE To test the effect on viral suppression in released individuals of a peer navigation intervention (LINK LA) compared with standard transitional case management controls.

DESIGN, SETTING, AND PARTICIPANTS Randomized clinical trial conducted from 2012 through October 2016 with people living with HIV being released from Los Angeles County Jail. All participants were (1) 18 years or older; (2) either diagnosed with HIV; (3) English speaking; (4) selected for the program prior to enrollment; (5) residing in LA County; and (6) not receiving antiretroviral therapy.

MAIN OUTCOMES AND MEASURES Change in HIV viral suppression at 3 and 12 months.

INTERVENTIONS During the 12-session, 24-week LINK LA intervention, trained peer navigators counseled participants on goal setting, barriers to HIV care and adherence, starting while the participant was in jail. After release, they continued counseling while they accompanied them to clinic visits and facilitated communication with clinicians during visits.

RESULTS Of 356 participants randomized, 151 (42%) were black; 110 (31%) were Latino; 303 (85%) were men; 53 (15%) were transgender women; and the mean (SD) age was 39.5 (10.4) years. At 12 months, viral suppression was achieved by 62 (49.6%) of 125 participants in the peer navigation (intervention) arm compared with 45 (36.0%) of 125 in the transitional case management (control) arm, for an unadjusted treatment difference of 13.6% (95% CI, 1.34%-25.9%; $P = .03$). In the repeated measures, random effects, logistic model the adjusted probability of viral suppression declined from 52% at baseline to 30% among controls, while those in the peer navigation arm maintained viral suppression at 49% from baseline to 12 months, for a difference-in-difference of 22% (95% CI, 0.03-0.41; $P = .02$).

CONCLUSIONS AND RELEVANCE The LINK LA peer navigation intervention was successful at preventing declines in viral suppression, typically seen after release from incarceration, compared with standard transitional case management. Future research should examine ways to strengthen the intervention to increase viral suppression above baseline levels.

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Table 2. Effect of the LINK LA Intervention on Viral Suppression^a After Jail Release

Measurement Time	No./No. (Probability ^b)		Probability Difference (95% CI) ^c	P Value ^d
	Intervention	Control		
Baseline (n = 356)	88/180 (0.49)	91/176 (0.52)	-0.04 (-0.18 to 0.10)	.60
3 Months (n = 315)	82/157 (0.53)	63/158 (0.37)	0.16 (0.01 to 0.31)	.03
Change at 3 months (95% CI) ^{c,e}	0.04 (-0.08 to 0.17)	-0.16 (-0.28 to -0.03) ^f	0.20 (0.02 to 0.38)	.02
12 Months (n = 250)	62/125 (0.49)	45/125 (0.30)	0.18 (0.02 to 0.40)	.03
Change at 12 months (95% CI) ^{c,e}	0.003 (-0.130 to 0.140)	-0.22 (-0.35 to -0.09) ^g	0.22 (0.03 to 0.41)	.02

Ending
the
HIV
Epidemic

GOAL:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.

HHS Has Launched A New Initiative to End the HIV Epidemic in America



Diagnose all people with HIV as early as possible after infection.



Treat the infection rapidly and effectively to achieve sustained viral suppression.



Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.



Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



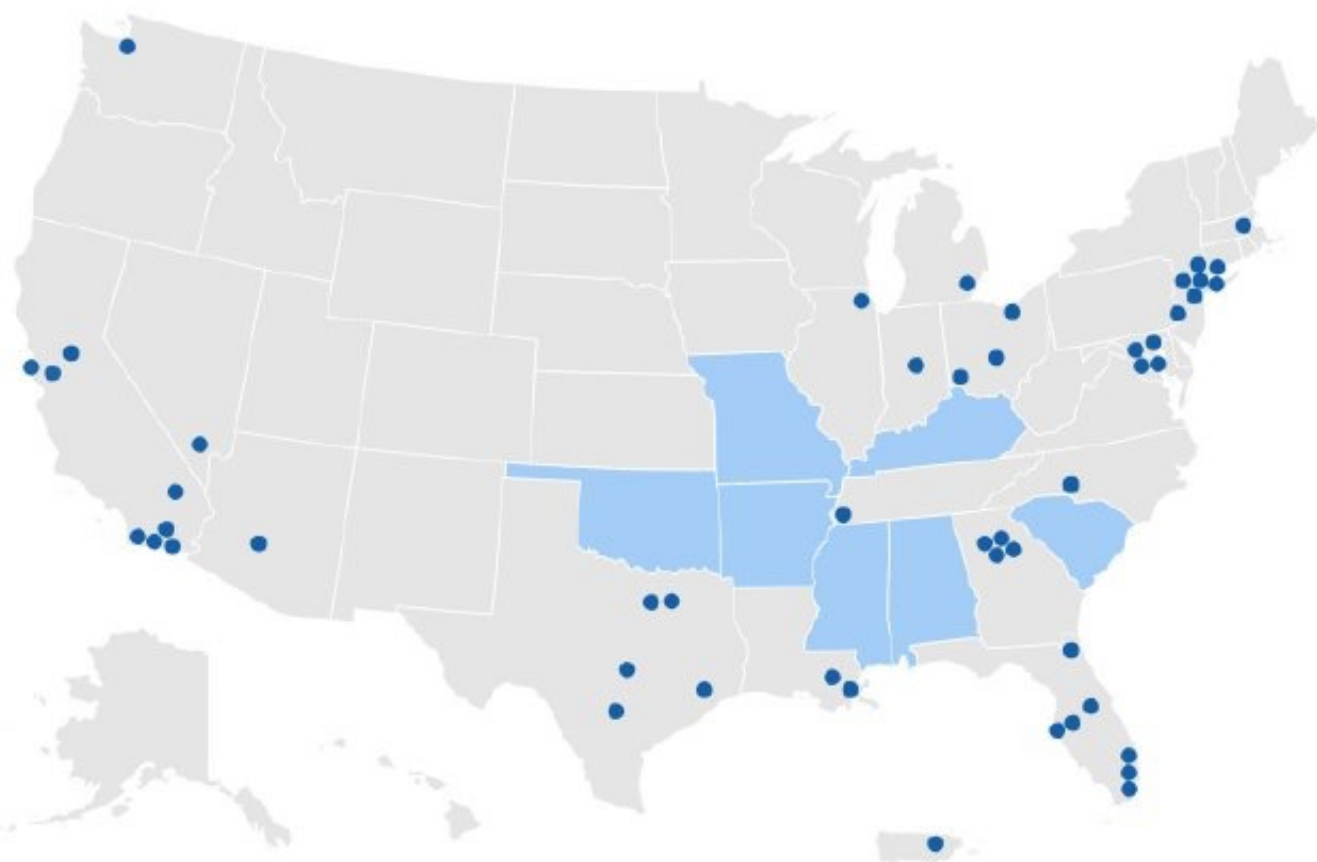
HIV HealthForce will establish elimination teams committed to the success of the Initiative in each jurisdiction.

STATE
★ of the ★
UNION

2 0 1 9



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending
the
HIV
Epidemic

*2016-2017 data

PrEP and Corrections

- Not much going on, at least publicly.
- Many issues:
 - Interest
 - In-facility/Post-release
 - Cost
 - Who prescribes
 - Competing needs
 - Stigma
 - Trust

RESEARCH ARTICLE

Knowledge, interest, and anticipated barriers of pre-exposure prophylaxis uptake and adherence among gay, bisexual, and men who have sex with men who are incarcerated

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Abstract

Criminal justice (CJ) settings disproportionately include populations at high risk for acquiring HIV, and CJ-involved individuals are often at the intersection of multiple overlapping risk factors. However, few studies have examined attitudes about pre-exposure prophylaxis (PrEP) among incarcerated men who have sex with men (MSM). This study explored interest in, knowledge of, and barriers to PrEP uptake among gay, bisexual, and other men who have sex with men at the Rhode Island Department of Corrections. Using semi-structured interviews, 26 MSM were interviewed about PrEP knowledge, interest, timing preferences for provision (e.g. before or after release), and barriers to uptake and adherence during community re-entry. Interviews were coded and analyzed using a general inductive approach. Participants demonstrated low initial knowledge of PrEP but high interest after being told more about it. Participants self-identified risk factors for HIV acquisition, including condomless sex and substance use. In addition, participants preferred provision of PrEP prior to release. Post-release barriers to PrEP uptake and adherence included 1) concerns about costs of PrEP medications; 2) anticipated partner or family disapproval; 3) lack of access to transportation; 4) unstable housing; 5) compounding impacts of multiple hardships leading to a de-prioritization of PrEP and 6) fears of future re-incarceration. These results point to the need for future PrEP interventions among incarcerated populations that address incarceration and PrEP related barriers during community re-entry via wraparound services that address PrEP and incarceration-related barriers.

PrEP and Corrections

- Not much going on, at least publicly.
- Many issues:
 - Interest
 - In-facility/Post-release
 - Cost
 - Who prescribes
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PLOS ONE RESEARCH ARTICLE

Knowledge, interest, and anticipated barriers

SHORT REPORT **Open Access**

Best practices for identifying men who have sex with men for corrections-based pre-exposure prophylaxis provision

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Abstract

Purpose: Men who have sex with men (MSM) who are incarcerated are at increased risk for HIV acquisition, yet there are challenges associated with disclosing sexual identity/orientation among people who are incarcerated.

Methods: The current study used semi-structured, qualitative interviews to explore attitudes and awareness of pre-exposure prophylaxis (PrEP) among 26 MSM who were incarcerated at the Rhode Island Department of Corrections.

Results: Participants noted variable levels of willingness to disclose sexual identity/orientation.

Conclusions: CJ institutions should consider involving medical staff and outside agencies when using the CDC PrEP guidelines or consider a WHO-based, rather than behavior-based, approach to determining candidacy for PrEP.

Keywords: Incarceration, HIV, Pre-exposure prophylaxis, Qualitative research

Men who have sex with men (MSM) are at increased risk for criminal justice (CJ) involvement and acquiring HIV (Lim et al., 2011; Beyrer et al., 2012). The incarceration rate of sexual minorities is three times that of the general population (Meyer et al., 2017). Almost 10% of men who are incarcerated report a prior same-sex experience (Meyer et al., 2017), and MSM who are incarcerated are three times more likely to perceive rape as a threat and two times more likely to request mental health services compared to heterosexual men who are incarcerated (Ratkalkar & Atkin-Plunk, 2017). However, many incarcerated MSM cite institutional distrust; and fear of bodily harm, violence, and social exclusion as barriers to disclosure of sexual orientation or identity (Peterson et al., 2018). Pre-exposure prophylaxis (PrEP) is a HIV prevention strategy that is effective (Grant et al., 2010) among MSM and could be deployed in correctional settings (Brinkley-Rubinstein et al., 2018a). However, identifying MSM in jails and prisons is challenging given the concerns associated with disclosure of sexual behaviors (Ratkalkar & Atkin-Plunk, 2017; Peterson et al., 2018). While some correctional systems screen for sexual identity or orientation upon intake, many MSM likely do not disclose (Ratkalkar & Atkin-Plunk, 2017; Peterson et al., 2018). Both the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) recommend PrEP for use of PrEP. The CDC recommends PrEP for HIV-negative individuals who report being gay, bisexual, or a MSM who has had condomless sex, has had a sexually transmitted infection in the past six months, or is in a serodiscordant relationship (CDC, 2014). The WHO has conceptualized PrEP eligibility differently and suggests that anyone belonging to a population that has an increased burden of HIV (defined as having a HIV incidence equal to or higher than 3 per 100 person-years) is at substantial risk, and, therefore, eligible for PrEP (World Health Organization, 2015). CJ populations have a general population making individuals who are in the CJ system at substantial risk, regardless of risk behaviors (Maruschak, 2012). Our research objective was to explore perceptions surrounding disclosure of sexual orientation and to identify

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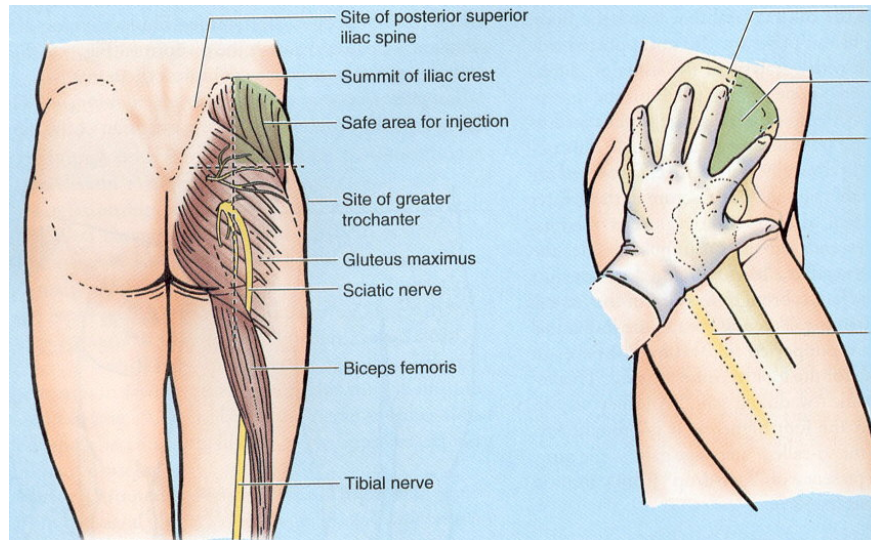
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New Long-Acting Injectables for Treatment and Prevention and Corrections

- Two long acting injectable (IM) HIV meds, Rilpivirine and Cabotegravir, are in late stage clinical trials as treatment
- Administered every 1-2 months subcutaneously (under skin)
- Will require a 'lead in' of pills
- Cabotegravir IM also being studied also as PrEP



Long-Acting Injectable Antiretroviral Therapy: An Opportunity to Improve Human Immunodeficiency Virus (HIV) Treatment and Reduce HIV Transmission Among Persons Being Released From Prison Facilities

TO THE EDITOR—Antiretroviral therapy (ART) has decreased human immunodeficiency virus (HIV) morbidity and mortality [1]. However, efficacy is dependent upon adherence, which is influenced by behavioral, social, and structural factors. Among these, incarceration can negatively impact ART adherence [2–4]. The time after release from incarceration, termed community reentry, can be a period of poor ART adherence, subsequent viral rebound, and potential HIV transmission to sexual and substance-using partners [3, 5, 6]. A recent review

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What is to be done?

- Recognize the toxic effects of massive incarceration
- Acknowledge the collateral damage of incarceration on individuals and communities
 - Contributions to perpetuation of the HIV epidemic via disruptions at the individual, community, and societal levels
- Evaluate and confront policies that would lead to reversal of downward trends in incarceration
- Vote
- Explore innovation to improve treatment and prevention
- Read

Further Reading

<https://www.pewresearch.org/topics/criminal-justice/>

<https://www.sentencingproject.org/issues/incarceration/>

<https://www.bjs.gov/index.cfm?ty=pbse&sid=7>

<https://www.theatlantic.com/magazine/archive/2015/10/the-black-family-in-the-age-of-mass-incarceration/403246/>

