

# HIV Prevention and Treatment Among People Involved in the Criminal Legal System

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## Lesson Objectives

Describe the state of incarceration in the US

Describe HIV among individuals who have experienced incarceration

Discuss the barriers to HIV treatment among people who have recently experienced incarceration

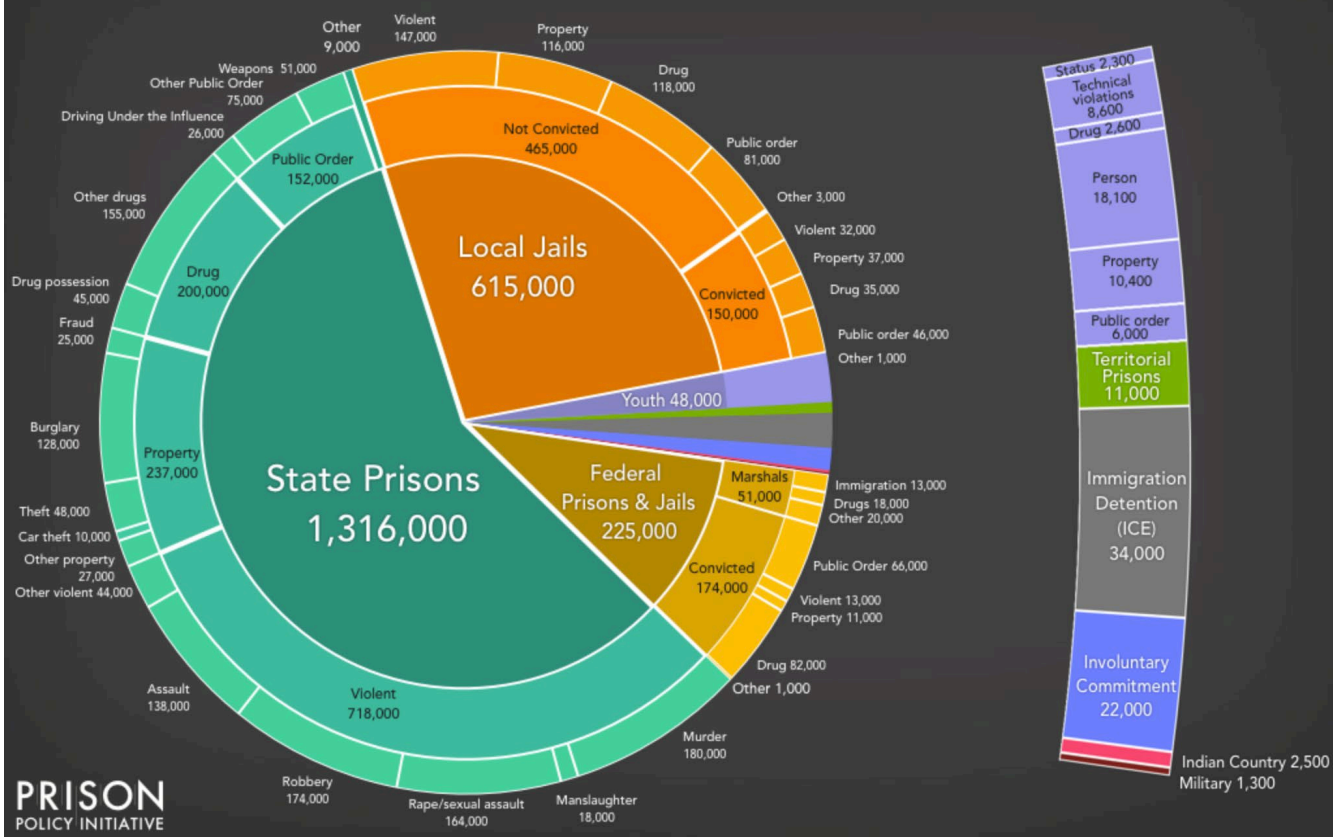
Discuss PrEP initiatives in carceral settings

(Briefly) Opioid use and HIV in justice affected populations

Sub-study on PrEP, future HIV vaccine attitudes, and COVID-19 vaccines

# How many people are locked up in the United States?

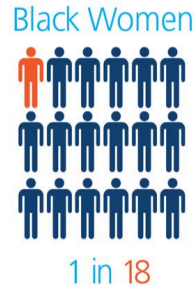
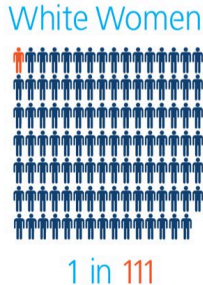
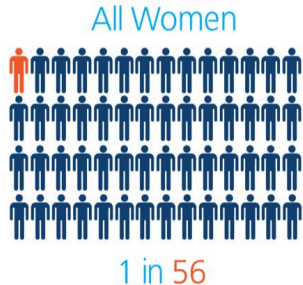
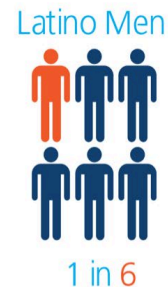
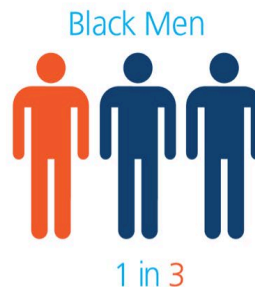
The United States locks up more people, per capita, than any other nation. But grappling with why requires us to first consider the many types of correctional facilities and the reasons that 2.3 million people are confined there.



**PRISON**  
POLICY INITIATIVE

Sources and data notes: See <https://www.prisonpolicy.org/reports/pie2018.html>

### Lifetime Likelihood of Imprisonment



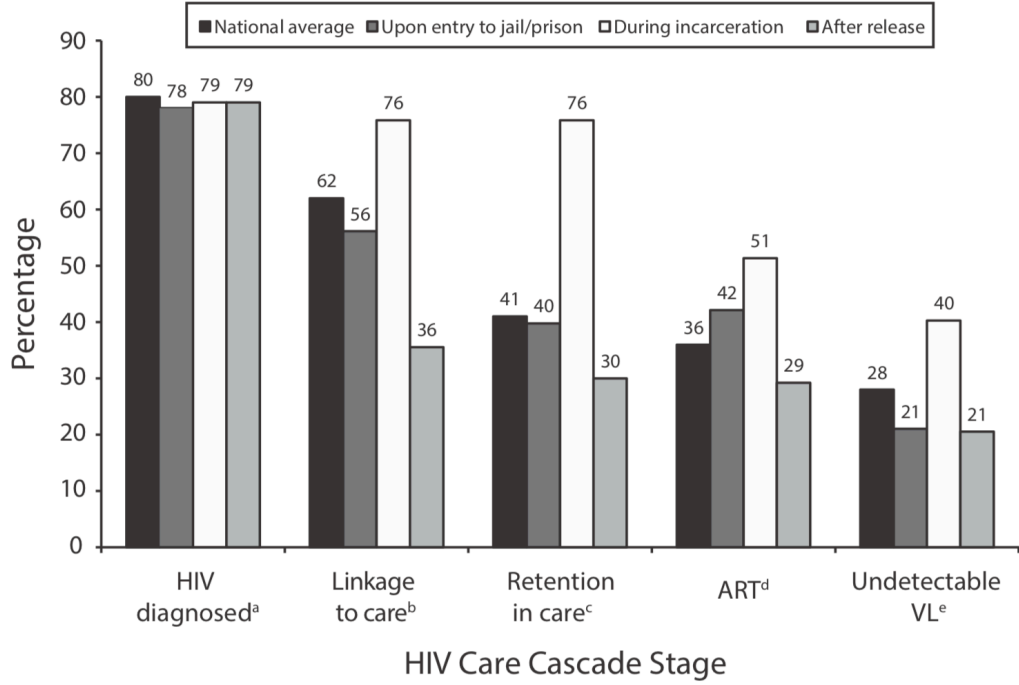
Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974–2001*. Washington, D.C.: Bureau of Justice Statistics



# HIV among People who are Incarcerated

- One in seven HIV positive individuals cycle through a correctional setting in any given year (Spaulding, et al., 2009)
- HIV among incarcerated populations is 3 times that of the general population (Maruschak, 2017)
- Correctional populations represent about 1/3 of total US HCV cases (Varan, 2014)

# HIV Continuum of Care among those who have Experienced Incarceration



# Barriers to HIV Treatment During Community Re-Entry

## Access to ART

Intersectional stigma related to both HIV and incarceration

Lack of access to addiction treatment

Competing needs in the community

# Pre-Exposure Prophylaxis in Carceral Settings

**AMONG 417 MEN WHO WERE SCREENED FOR PREP RISK BEHAVIORS AT INTAKE AT THE RHODE ISLAND DEPARTMENT OF CORRECTIONS (Brinkley-Rubinstein, 2018):**

- 82% had never heard of PrEP
- A higher proportion of White men had heard of PrEP previously (15.8% of White people vs. 7.7% of Black people and 7.9% of Latinx people.
- Twenty-one percent (21%; n=88) were interested in learning more about PrEP
- Forty-one percent (41%; n=31) of those who reported ever injecting drugs and 50% (n=7) of men who ever had condomless sex with another man were interested in learning more about PrEP
- Finally, when asked if they would consider taking a daily medication to prevent HIV 22.8% (n=95)



# Pre-Exposure Prophylaxis in Carceral Settings

**AMONG 498 WOMEN WHO WERE SCREENED FOR PREP RISK BEHAVIORS AT INTAKE AT THE PULASKI COUNTY REGIONAL DETENTION FACILITY (Neher, 2019):**

- Nearly 10% reported history of IDU (30% of these reported sharing syringes)
- 93.7% had never heard of PrEP
- Around twelve percent (12.4%; n=42) were interested in learning more about PrEP
- High rates of condomless sex
- Majority had not been tested for HIV or had not been tested for >1 year

# Pre-Exposure Prophylaxis in Carceral Settings

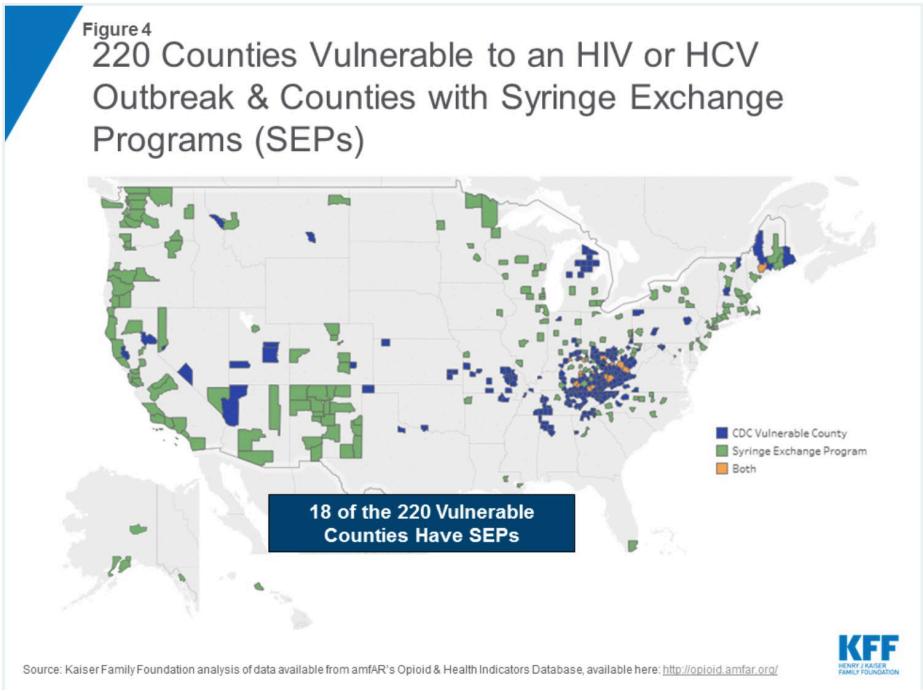
## **MSM IN RHODE ISLAND ANTICIPATED THE FOLLOWING BARRIERS (Brinkley-Rubinstein, 2018):**

- Concerns about costs of PrEP medications
- Anticipated partner or family disapproval
- Lack of access to transportation
- Unstable housing
- Compounding impacts of multiple hardships
- Fears of future re-incarceration

# HIV Prevention Underapplied in CL Settings

- People who have experienced incarceration face multi-level obstacles that act as barriers to HIV prevention efforts, making existing approaches to HIV prevention insufficient for reducing HIV incidence
- Pre-Exposure Prophylaxis (PrEP) has been considered as an HIV prevention method for incarcerated populations but has never been systematically applied
- Incarcerated individuals' knowledge and acceptability of PrEP is largely unknown
- Nor has it been established the degree to which individual, social, and structural barriers to PrEP uptake are exacerbated by incarceration and how they interact to impact use of PrEP

# Opioid Use and HIV



# PrEP Provision Preferences of Providers and People who inject drugs

- Qualitative study found that people who inject opioids would prefer to have PrEP mobile services provided in their community. PrEP providers would prefer a referral to a community clinic (Hershow, 2019)
- Many advocated for co-location of HR and PrEP services and scaled-up outreach services. PrEP providers emphasized maintenance of clinical requirements, while HR providers emphasized flexibility when treating PWID.

# Planning for Tomorrow: What PrEP and COVID-19 Vaccine Uptake can Teach us About Novel Approaches to HIV Prevention



## Sub-study Objectives

### OBJECTIVE 1:

- ➔ Review differential health impacts of COVID-19 and HIV in criminal legal (CL)-involved populations

### OBJECTIVE 2:

- ➔ Identify attitudes, concerns, and barriers to preventative interventions among CL-involved individuals (COVID-19 Vaccines and PrEP uptake)

### OBJECTIVE 3:

- ➔ Explore strategies to improve implementation of future approaches to PrEP, and ways to promote an HIV vaccine more effectively to CL-involved individuals



## Two Diseases in Context



### OVERLAPPING IMPACTS

CL-involved individuals are affected by inequities in both COVID-19 and HIV<sup>1</sup>



### SHARED RISK OF EXPOSURE

CL-involved individuals and their communities are at high-risk for COVID-19 and HIV due to environmental and individual-level factors<sup>5,6</sup>



### HEIGHTENED PREVALENCE

HIV prevalence among CL-involved adults is three-times higher than the general population<sup>2,3</sup>

COVID-19 prevalence among CL-involved adults was more than five times higher than the nation's overall rate<sup>4</sup>



### MUTUAL FOCUS

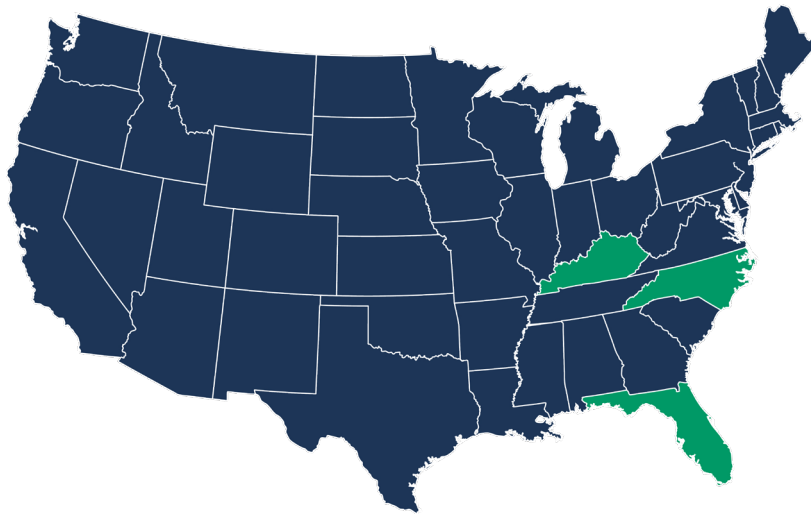
Given the impact of both HIV and COVID-19 among those involved in the CL system, there is a need to learn from both diseases as we consider future preventative interventions



# Methods



# SPECS Study



## THE SOUTHERN PRE-EXPOSURE PROPHYLAXIS [PREP] COHORT STUDY: SPECS



Multi-site, five-year cohort study in **North Carolina**, **Kentucky**, and **Florida** enrolling PrEP indicated individuals on community supervision (N=312)

### AIM 3 QUALITATIVE INTERVIEWS -



Planned to do 75 semi-structured interviews conducted upon study completion to qualitatively assess PrEP acceptability



This presentation covers preliminary data from N =16 interviews

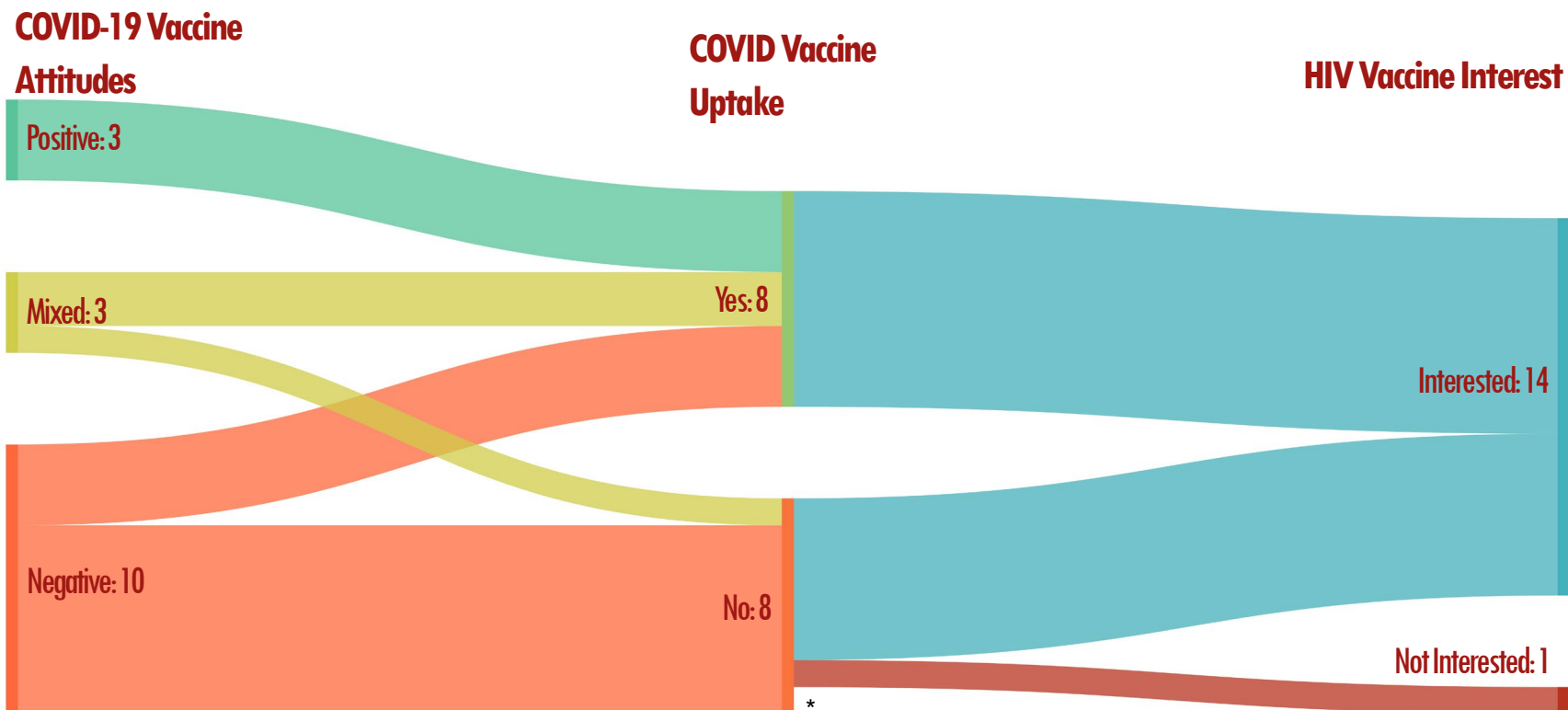
- Domains examining COVID-19 vaccine uptake, PrEP engagement, interest in HIV vaccines.
- Inductive/deductive codes developed by five coders
- Themes & quotes collected for insights on prevention modalities



# Results



# Vaccine Attitudes, Uptake, HIV Vax Interest



\*1 participant did not provide a response

## COVID-19 Vaccine Facilitators/Barriers

### COVID-19 Vaccine Facilitators:

- High risk assessment of COVID-19
- Institutional trust
- Medical trust (relationships with providers)
- Vaccine-supportive social networks
- Programs incentivizing vaccines
- Vaccine accessibility



### COVID-19 Vaccine

#### Barriers:

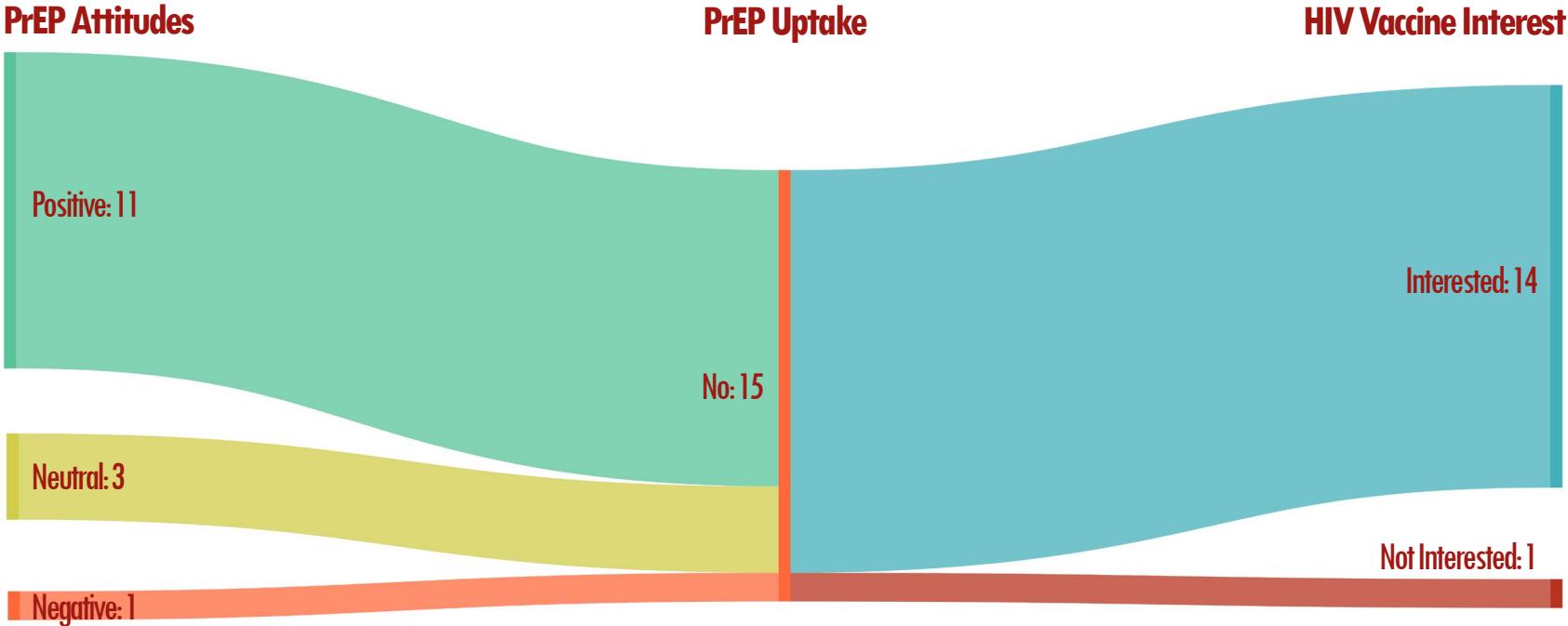
- Low risk perception
- Medical/institutional distrust
- Limited vaccine knowledge
- High vaccine skepticism:
  - Concerns regarding production speed/process, efficacy, side effects
- Overvaluing of anecdotal evidence

## HIV Vaccine — COVID-19

Participants expressed an increased openness to an HIV vaccine even in the context of negative COVID-19 vaccine attitudes

- 1 Reduced concerns regarding side effects, production speed
- 2 Increased relative risk evaluation
- 3 Lack of pre-formed narrative regarding vaccine

# PrEP Attitudes, Uptake, HIV Vax Interest



## PrEP Facilitators/Barriers

### Primary PrEP Facilitators:

- PrEP knowledge
- PrEP-supportive social networks
- Medical trust



### Primary PrEP Barriers:

- **Low risk perception**
- Stigma
- Competing priorities
- PrEP administration burden
- Narrow PrEP messaging
- Inaccessibility (cost, healthcare access)



## HIV Vaccine — PrEP

Participants expressed an increased openness to an HIV vaccine even in the context of no PrEP uptake

1

Benefits afforded by a vaccine compared to model available for PrEP

2

Lowered barrier to uptake proportional to risk assessment

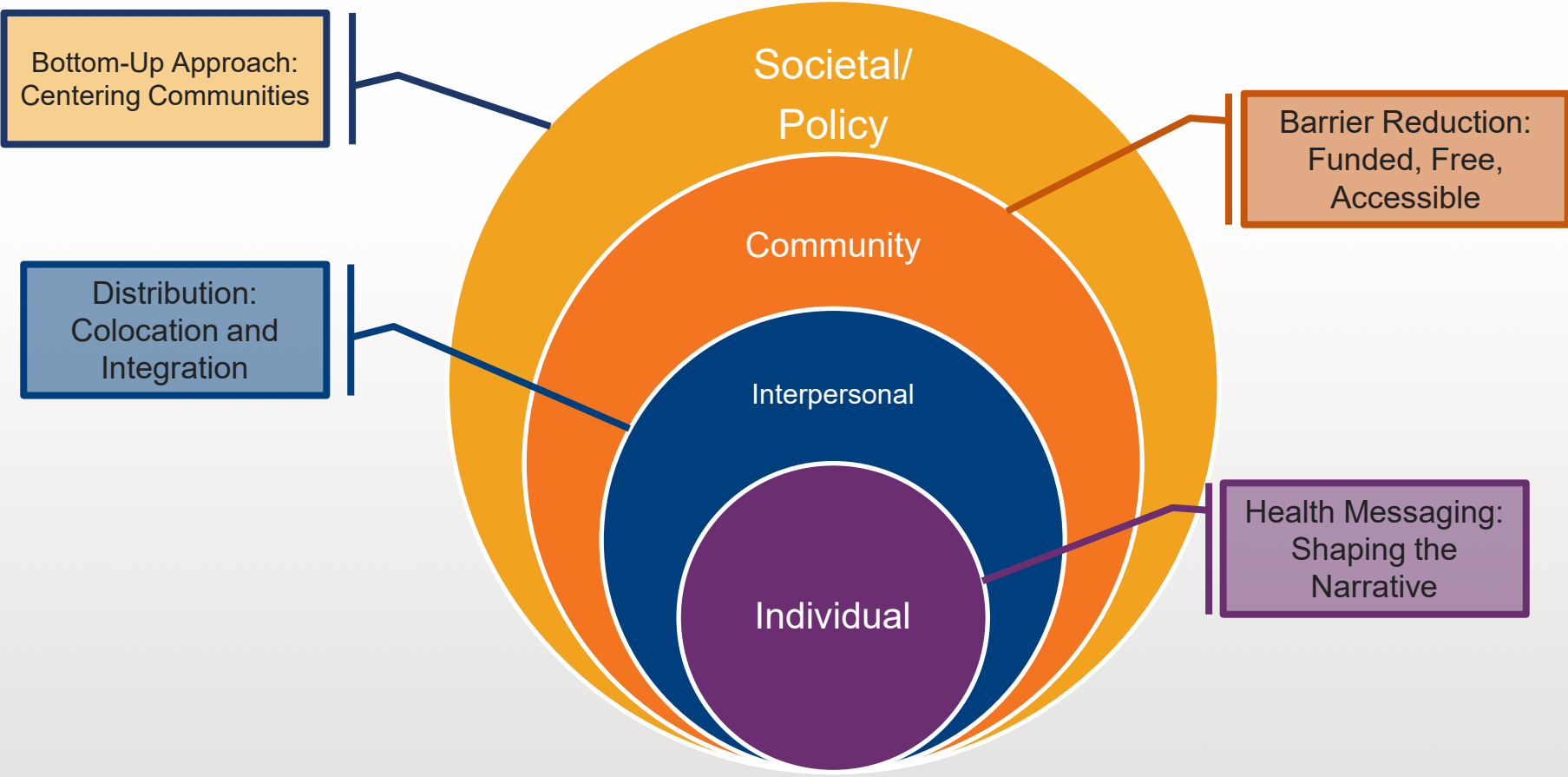
3

Decreased stigma in vaccine engagement compared to PrEP

# Implications



# HIV Vaccine Implications Overview



# Health Messaging: Shaping the Narrative



## UNFORMED NARRATIVE



It is yet to be determined how communities will feel about the HIV vaccine, and preliminary data indicates openness to a vaccine. This presents a health messaging opportunity for public health practitioners

## CONSISTENCY AND CLARITY



The COVID-19 vaccine's shifting narrative heightened mistrust and confusion. Clear and consistent messaging about an HIV vaccine can support a narrative of safety and efficacy based in evidence

## Health Messaging, ctd.

### MESSAGING APPROACH

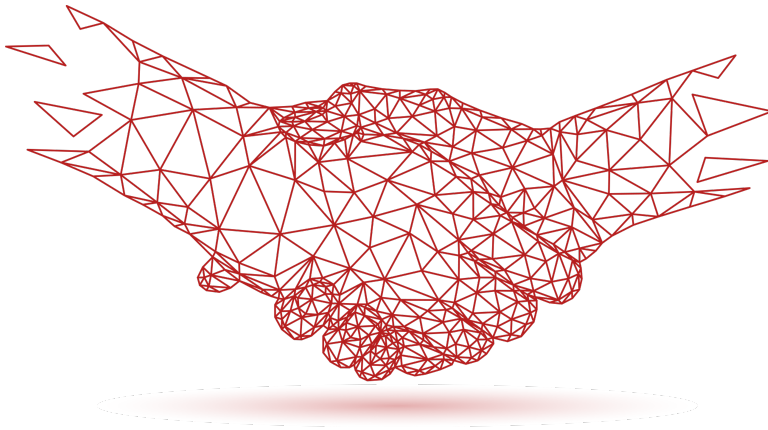
- Messaging should seek to **increase individuals' knowledge of HIV vaccines**, heighten relevancy amongst competing priorities, and elevate risk evaluation to facilitate vaccine deliberation

### ACKNOWLEDGE CONCERNS

- A social climate predisposed towards vaccine hesitancy *will* impact the rollout of HIV vaccines. Anticipating vaccine myths will support accurate vaccine information



# Distribution: Colocation & Integration



## UTILIZE RELATIONSHIPS

- ➔ Pre-existing social networks and relationships with healthcare providers had significant impacts on vaccine decision making and medical trust. Utilize social networks to facilitate vaccine distribution and messaging

## COLOCATE SERVICES

- ➔ **Locate HIV vaccine distribution alongside current health and community services.** Utilize local pharmacies, SUD providers, clinics, mental health services as vaccine providers and messengers

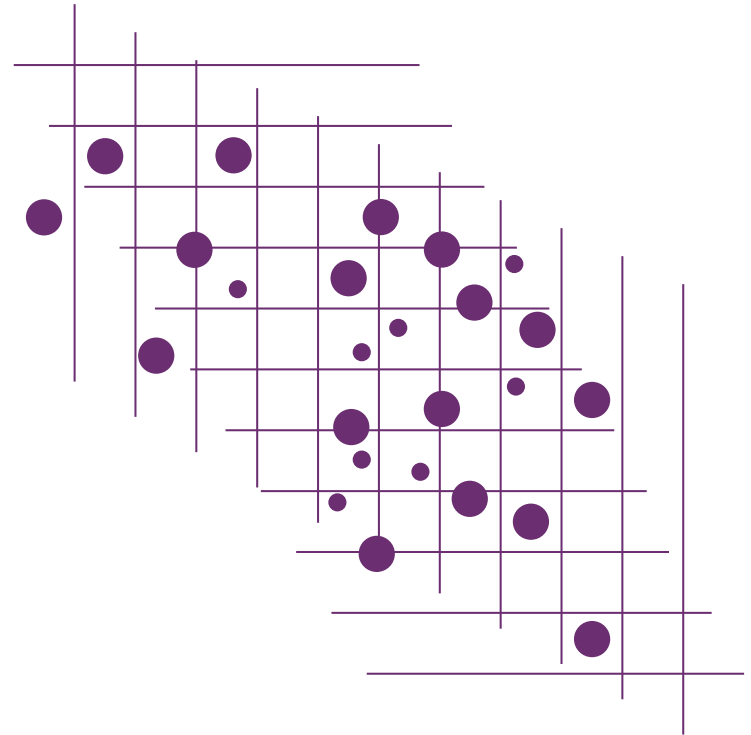
# Barrier Reduction: Funded, Free, Accessible

## REDUCE STRUCTURAL BARRIERS

- ➔ Support policies and initiatives that provide novel PrEP & HIV vaccines for **free or reduced cost** to underinsured individuals, and those navigating CL systems

## INCREASE ACCESSIBILITY

- ➔ Implement approaches that increase vaccine accessibility
- ➔ Support **integration of HIV prevention interventions within CL systems**



# Bottom-Up Approach: Centering Communities



## TARGETED FOCUS

- Vast disparities occur in HIV prevention adoption. CL involved individuals stand to benefit greatly but without a targeted focus, disparities in utilization will persist

## NECESSITY FOR RESEARCH

- Support research highlighting barriers and facilitators for CL involved individuals. Pilot programs distributing novel approaches in CL systems and upon release

## ENDING THE EPIDEMIC

- Closing the gaps that persist among most at-risk individuals is the fastest way to end the epidemic across all communities



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