

AIDS in Australian Prisons What are the Challenges?

Robert Douglas
Director
National Centre for Epidemiology
and Population Health
Australian National University
Canberra, ACT

The Human Immunodeficiency Virus is a massive challenge to public health and is changing the human face of our planet. Nowhere is the challenge more complex than in the prison systems of the world.

The National Centre for Epidemiology and Population Health, has State, national and global commitments to the AIDS challenge. At the State level, we have been trying to understand the dynamics of the epidemic in South Australian prisons, and to identify rational approaches to epidemic containment. Nationally, a team led by our statisticians is working in close collaboration with the National Centre for HIV Epidemiology and Clinical Research, to improve our predictions about the way the epidemic will affect Australia in coming years. At the global level our demographers are trying to understand the dimensions of the calamity that is occurring in sub-Saharan Africa, including particularly the factors which facilitate transmission to women.

The issues we faced during this conference and about which conference participants formulated a series of recommendations to the Australian community, are biologically complex, but from the public health perspective they are relatively easy to understand. The public health facts have been shouted from the rooftops, in the media, and discussed extensively at scientific meetings. Transmission of the Human Immunodeficiency Virus occurs directly by exchange of bodily fluids. Exchange can occur by transfusion or injection of blood and by means of seminal fluid. If these simple processes could be stopped, the epidemic would cease.

Of course, what makes the challenge an immensely difficult one is not these public health facts, but their social and behavioural ramifications. Human sexuality and the intravenous injection of drugs, are two areas of great social sensitivity. Until the permissive 1970s we did not discuss them much at all. Even now in the 1990s they are subjects about which we are profoundly ignorant, and those facts which we do know, we would prefer to ignore, rather than face their implications.

Punishment and imprisonment are also taboo items. Societies like to see things in black and white, and prisons are the simplistic solution for punishing those who step beyond the conventional view of what is right. The public at large does not particularly want to explore the grey areas of this issue either. Any public debate on the question whether or not society's interests are best served by incarceration of huge numbers of individuals, and by a

system of retribution rather than rehabilitation, quickly get swallowed and replaced by concerns for security and control.

Small wonder then, that it took so long to hold a national meeting about HIV infection in prisons. All of the issues discussed in these pages are uncomfortable and sensitive ones. All of them infringe social and cultural taboos. In consequence, public policies which bear upon them are laced with inconsistencies and strong disagreement among policy makers.

What makes it imperative that we now face these inconsistencies and develop a unified approach to them across Australia, is that we are now at a critical point in the AIDS epidemic where concerted action could significantly influence its future direction, having effects on the health, not only of the population of prisoners, but indeed the entire population of Australia. What goes on in the prisons could materially influence the course of the epidemic outside prison.

There is a large turnover of prison populations. Intravenous drug users, because of current attitudes to this form of substance use, constitute a substantial proportion of the prison population. Presently, HIV infection is only slightly established in Australian drug users. But experience in other parts of the world shows that it can rise rapidly and that if it does so, and if shared needles are widely used, the increase in rate is exponential. If it rises significantly, the chances of heterosexual spread of the epidemic are considerably enhanced, and the problems in prisons - already very serious - will multiply.

It has become very important then that we develop a national strategy for containing the spread of the epidemic in the prison setting, and that we have the support of the entire community in developing that strategy. Because sexuality, substance abuse, and imprisonment are such taboo issues, most of our politicians would prefer to avoid them. They are the stuff of which scandals are made and the journalists love them. A lack of policy in this area is the consequence.

This Conference was unique. It gathered together many of Australia's influential decision makers, researchers and opinion leaders on the 'AIDS in Prisons' issue. Some of the world's leading researchers in the area came to the Conference and gave of their experiences and advice freely.

As the Conference progressed it became apparent that there was an extraordinary willingness to consider the issues and problems seriously, to cooperate and develop a meaningful statement of a way forward to deal with HIV and AIDS in prisons. The communique is the product of that cooperation and consideration.

Immediately after the meeting, the statement was sent to every State and Territory politician in Australia and to appropriate Federal Ministers. It has stimulated wide discussion on attitudes and practices, and many of the Conference participants are working to see the recommendations implemented.

The jury's verdict is awaited. At stake may be the future outcome of the Australian AIDS epidemic.

Communique - HIV/AIDS and Prisons Conference

The first national HIV/AIDS and Prisons Conference held in Melbourne from 19-21 November 1990 was attended by a widely representative group of 150 individuals from across Australia including senior prison administrators, prison officers, prison medical officers, academics in law, social welfare, medicine and public health, prisoners and former prisoners, church and welfare workers, juvenile justice workers, criminologists and interested citizens. The meeting was jointly organised by the Australian Institute of Criminology and the National Centre for Epidemiology and Population Health, and received sponsorship support from the Commonwealth Department of Community Services and Health and the National Centre for HIV Social Research.

The Conference heard papers on many aspects of the problem of HIV/AIDS and prisons both in Australia and overseas, and paid careful attention to a number of controversial questions which have not been resolved previously in Australia. The following statement was endorsed by those attending the final session of the meeting after a series of

workshops had considered its practical implications, and is being widely distributed to politicians, journalists and the community-at-large because the Conference believes it vitally concerns every Australian.

Influence of HIV/AIDS in prison on those in the wider community

What happens now in the Australian prison system could materially influence whether the HIV epidemic will extend to the wider community in the future, or will be contained. The future direction of the epidemic depends greatly on the extent to which the virus becomes established in those who inject drugs in the wider community. At this stage, intravenous drug users in Australia have relatively low rates of infection, a situation which could quickly change as it has done in many other countries. A high proportion of regular intravenous drug users pass through the prison system and back into the general community. With their incarceration, they carry into the prison environment their dangerous risk behaviours which become even more dangerous inside prison. In prison, under current circumstances they heighten the danger to those already incarcerated.

Recognising the realities of prison life

Conditions in Australian prisons are conducive to the spread of HIV. Shared needles and failure adequately to clean injecting apparatus are the norm in Australian prisons and injecting of drugs of various kinds is common. Anal intercourse is less common than intravenous drug use, but when it occurs it is nearly always unprotected and sometimes accompanied by violence and lack of consent. Overcrowding of prisons is a growing problem which favours these activities. While these problems should be addressed regardless of HIV, its presence in the prison population makes action particularly urgent. The Australian community ignores this urgency at its own peril.

Prison officers and administrators are placed in an impossible situation when prisons are overcrowded, when resources are inadequate, and they are expected to stamp out illegal sexual and drug using behaviour. The fact is that they are unable to do so, and this difficulty they share with every prison system in the Western world.

Under these circumstances, there must be a recognition of the need to minimise harm. A lesser of two evils approach recognises that illegal activities are going on in prisons and that prisoners ought to have both the knowledge and the capacity to protect themselves against HIV infection. There is, both for society and for individual health and prison workers, a serious practical dilemma in making the means available to prisoners to do this without appearing to sanction what is very often illegal behaviour. And yet, if the public health problem is to be seriously addressed, those engaging in these behaviours in prison should have access to condoms and to bleach for cleaning injecting apparatus.

Sexuality in the prison setting

Attitudes towards sex in prison vary widely in the community, and among prison staff. Further education of prison staff in the area of HIV transmission risks and attitudes towards people with HIV infection should occur.

It is recognised that sex does occur in Australian custodial institutions and that it may not always be consensual. But the nature and extent of these activities is not well understood, and further research is needed. Some sexual activities are safe or safer than others with respect to HIV transmission, and prisoner education should include specific information on the relative safety of different sexual practices, with a view to discouraging high risk activities when, and if sex does occur. It is recognised that single cell accommodation may reduce sexual activity in prison and we believe that single cell accommodation should be available for all prisoners.

Appropriate use of condoms and other barrier methods, will substantially reduce HIV infection. Before advocating widespread condom availability in Australian prisons, we

believe that a trial program should be instituted in one or more jurisdictions, including an evaluation of used condom disposal. They should be made available as part of health services aimed at reducing disease transmission in prisons.

Incarceration in prison does not necessarily involve cessation of the right to interpersonal social contact, but such contact (for example conjugal visits) will depend on the nature and level of security of the institution.

The management of transsexual inmates requires special consideration, and policies should be developed in consultation with appropriate community groups.

Drug use in prison

Intravenous drug use occurs in Australian prisons and as a consequence, those who share needles are at risk of transmitting HIV. We believe that tangible means should be available to reduce exposure to risk without condoning or facilitating these activities. The measures should include peer and professional education programs, and measures to ensure that the risks of intravenous drug use are fully understood.

A range of education and therapeutic options should be made available to all prisoners who wish to reduce the adverse consequences of their drug use. In efforts to reduce unsafe injecting practices, methadone programs should be made more widely available and be consistent with the principles incorporated within the national methadone guidelines.

It is clear that urinary drug screening within prisons is used by both health and correctional services. Urinary drug screening, undertaken as part of a therapeutic endeavour, should remain confidential. Where mandatory screening is undertaken in an effort to identify the size of the drug problem, screening should be confined to injectable drugs.

Bleach should be available throughout the prison system as a general disinfectant for those who engage in intravenous drug use, and all prisoners should have access to information which tells them how best to use it to disinfect injecting apparatus.

Needle exchange programs have proved to be an effective means of protection against transmission in community programs but have obvious dangers in the prison setting. Isolated overseas reports of successful needle exchange programs in the prison lead us to suggest that consideration should be given to, a careful time limited evaluation of a pilot strict needle exchange program [to] be undertaken somewhere in Australia in order to maximise the range of strategies available to contain the epidemic.

Judicial authorities should consider the use of non-custodial sentence[s] for individuals who come before the courts with drug related crime. Such an option may be in the best interest of both the community and the individual concerned.

Education

Appropriately targeted education strategies for all staff and all inmates is the key initiative in preventing the spread of HIV infection through the prison system and out into the community. The development of these strategies must start with an understanding of the language, literacy, knowledge, attitudes and values of the target group.

Education should provide an understanding of how the virus works and how it is transmitted, and should provide practical understanding on how infection can be prevented. All Australians should have this information, and prison staff and inmates are no exception.

All education should be conducted in clear and unambivalent language, assisted by graphics, and adapted to meet the requirements of the target group. All educational strategies must be evaluated to ensure that they are effective.

Detection and management of HIV-infected prisoners

Testing for HIV infection has two purposes; first the monitoring of the status of the epidemic both in the prison population and, because the prison population is a special subset of the general population, in the community at large. Linked testing is not necessary for the first

purpose. Its second purpose is as part of a therapeutic regime. It is particularly important that where testing is done for the second purpose, that it is done voluntarily.

The conference believes that where HIV testing is being done, whether as a mandatory requirement or on a voluntary basis, quality counselling both before and after testing must be provided. Pretest counselling should target all inmates and should encourage all to become actively involved in the testing program. If the test is negative, counselling should focus on positive reinforcement and encouragement for the individual to become involved in an infectious disease education program.

If a test is positive, individual counselling should be oriented toward the ongoing management of the disease and support for the individual and their family. Specific facilities providing specialised medical services, lifestyle education and peer support should be made available and voluntarily accessible to all inmates. The principles of normalisation for people infected with HIV should be applied.

The normal processes of prisoner classification should apply regardless of HIV status. HIV infected prisoners should have access to the same range of services and programs as uninfected prisoners subject to the same limitations as apply outside prison.

After prison

Even under ordinary circumstances, an offender who has spent time in prison will encounter bias, discrimination and prejudice as he/she attempts to re-establish him/herself within the community. If the same offender happens to be HIV positive, the odds stacked against them may at times appear to be insurmountable. Correctional authorities should be proactive in supporting the establishment of self-help groups for HIV/AIDS infected persons and particular help will be needed by those who reside in rural and remote communities. The needs of families and partners of prisoners who are HIV positive are particularly acute, and special counselling and education should be provided about safe practices.

State Correctional authorities should accept responsibility for developing strategies which ensure continuity between HIV/AIDS counselling and support received both within and out of prison. HIV/AIDS testing should be available to prisoners four months prior to their anticipated release and again one month prior to release.

HIV information kits should be provided to prisoners upon release which contain bleach, condoms and information on how to use and obtain these products.

Occupational health and safety

The risks to prison workers from routine contact with prisoners with HIV is no greater than the risk posed by HIV in the community in general. The principal risks to be considered for prison workers are exposure to blood during violence, from prisoner inflicted injury and [from] accidental needle stick injuries acquired during cell searches. Prisoners with access to HIV may use HIV to intimidate other prisoners and prison workers.

There will be some areas in which the legitimate interests of prisoners will constrain the extent to which the threat of HIV can be removed from prison workers. It is accepted that prisoners have a legitimate interest in rehabilitation in humane surroundings. Strategies which reduce the transmission of HIV between prisoners will reduce the risk to prison workers.

Prison workers have a right to expect that all reasonable measures will be taken to provide safe working conditions, but it is recognised that the threat of infection in this environment can be reduced but cannot be totally removed.

The aim of prison worker education should include elimination of misinformed fear and should also include specific education on adverse exposure to HIV with particular reference to usefulness of drug treatment. AZT or such other drug as may be the treatment of choice, should be immediately available and on the prison premises.

All prisons should provide adequate equipment for dealing with exposures to blood and bodily fluids. Universal infection control procedures should be mandatory in all corrective services institutions.

The advent of HIV infection adds urgency to the need to isolate prisoners who are violent or sexual predators, regardless of their HIV status. Isolation should be reviewed regularly. The use of HIV blood as a weapon should be subject to severe penalties.

Provisions for compensation of prison officers who become infected in the course of their duties should be investigated to reduce delays and to ensure their adequacy. The practicability of providing first party personal accident insurance covering HIV infection to all prison workers would be investigated.

Collection of epidemiological information

The Conference believes that although a great deal of testing is being done in prisons, the information that it provides is not being adequately used, either to measure the HIV infection present, or to evaluate the impact of preventive and control activities. These deficiencies can, and should be remedied.

We believe that Australian prison jurisdictions should agree to a common protocol for collection of basic information on HIV infection in prison, and develop mechanisms for funding and systematic review of procedures. Jurisdictions should share data on HIV in prison on a regular basis among themselves and with other appropriate bodies, and should make use of this information in the evaluation of HIV prevention measures as they are implemented.

Legal obligations of prison authorities

The obligations of prison authorities to provide prisoners with access to reasonable medical care and treatment necessary for the promotion and preservation of health should be set out in legislation.

In developing supporting policies, the following issues need to be included:

- provision of extensive and continuing education about HIV transmission to prisoners and prison officers;
- prisoner access to condoms combined with appropriate condom disposal systems;
- provision of access to appropriate sterilising material and information about sterilising injecting equipment;
- access to a range of drug treatment programs including methadone;
- provision of access to medical treatment at the same standard as that available to those outside prisons; and
- information on HIV status should be recorded separately from other prisoner details. Prison authorities should be responsible for devising systems to keep this information secure.

Prison authorities should not be immune from liability for breaches of common law or statutory duties.