

Overview

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The topic HIV/AIDS and prisons has occasioned much public debate and was the focus of the first national conference on the subject organised by the Australian Institute of Criminology and the National Centre for Epidemiology and Population Health.

The conference brought together, in formal sessions and informal workshops, criminal justice and medical researchers, policy makers and administrators, prison officers, prison health workers, educators, social workers and members of community organisations. This diversity is reflected in the style and content of the papers published in this volume.

In his introductory paper, Professor Robert Douglas who is Director of the National Centre for Epidemiology and Population Health addresses the challenges presented by HIV/AIDS and prisons. Among the achievements of the conference was the consensus arrived at by participants which was reflected in a communique issued at the close of proceedings. A copy of the communique is appended to Professor Douglas' paper.

Among other things, the communique called for agreement between all Australian jurisdictions on the establishment of a common protocol for the collection of epidemiological data on HIV/AIDS in prisons, greater consideration of the use of non-custodial sentences for offenders convicted of drug-related crime, increased access to methadone in prisons, the provision of adequate compensation when HIV is occupationally acquired by prison officers and the implementation of universal infection control procedures.

Conference delegates agreed that sterilising agents should be made available to prisoners for the disinfection of drug injecting equipment. They also considered the vexed questions of condom distribution and needle and syringe exchange. A trial of condom availability was advocated and, in the case of needle exchange, 'a careful time limited evaluation of a strict needle exchange program' was recommended. A follow-up meeting to consider developments since the communique is planned for late 1991.

A United States perspective on HIV/AIDS in prisons epidemiology and policies was presented by Dr Theodore Hammett from the Massachusetts firm of Abt Associates. The long-standing experience of US correctional systems, where more than 5000 AIDS cases have been reported since 1981, provides valuable insights for Australians. US correctional administrators are now shifting their focus 'from short-term 'crisis' matters such as fear of casual transmission to 'long-haul' issues such as housing, programming, and medical care for prisoners with HIV disease'.

A review of HIV/AIDS policies in Australian prisons was provided in a paper delivered by Dr Sandra Egger, Senior Lecturer in Law at the University of New South Wales. Dr Egger also presented the results of a survey which revealed that the cumulative total of known HIV positive prisoners in Australia in the period 1985 to October 1990 was 206. She stressed, however, that present testing practices could not identify all HIV positive prisoners. For example, prisoners serving short sentences may not be tested and many jurisdictions do not retest prisoners during their sentence or prior to exit.

A conceptual approach to the development of HIV/AIDS policies in prisons was provided by Mr Justice Michael Kirby. He also spoke about the principles adopted by the World Health Organization Global Commission on AIDS, of which he is a member. The Commission has emphasised the special responsibility which prison administrators have to inform prisoners of the risk of HIV infection and has endorsed non-discriminatory policies, except when required for a prisoner's well-being. It also favours confidentiality of test results, possible compassionate early release for prisoners with AIDS and the provision of medical services equivalent to those available to AIDS patients in the wider community.

The Judge said that advice, education and counselling must be supplemented by access to the means of self-protection for those unable or unwilling to heed educational messages. And he urged the adoption of 'all proper steps to protect prison officers and prisoners alike. By protecting them we protect society'.

The subject of risk behaviours among prisoners has attracted much speculation but little research. Dr Matt Gaughwin from the National Centre for Epidemiology and Population Health presented a review of research to date. His paper highlights the importance of risk behaviours in developing an understanding of the epidemiology of HIV/AIDS in prisons, and in designing and implementing policies which will reduce the transmission of HIV, both in prisons and to the wider community.

Dr Gaughwin called for further research into the frequency and nature of the risk behaviours of seropositive and seronegative prisoners, both in and after prison. Such research will promote an understanding of whether the prison environment facilitates or inhibits risk behaviours.

Two researchers who have undertaken such studies were present at the conference. Ms Kate Dolan from the Centre for Research on Drugs and Health Behaviour in London described the findings of a number of studies of drug injectors in Britain. Drug injectors surveyed had an incarceration rate of 55-76 per cent. Importantly, some 23-30 per cent had injected in prison and 17-20 per cent had shared injecting equipment in custody.

Ms Dolan and her colleagues examined risk behaviours in prison and attitudes to harm minimisation measures - such as whether prisoners would use condoms if available. Interviewees were also asked about risk behaviours outside prison because such behaviours 'are an indication of the potential for the spread of HIV from prison to the community, should HIV infection be transmitted within the custodial setting'.

Dr Alex Wodak from the Drug and Alcohol Service at St Vincents Hospital in Sydney presented the results of a research study into the risk taking behaviours of Sydney male drug injectors. Some had spent time in prison, predominantly in the period 1985-87. Ex-prisoners were questioned about risk behaviours inside prison and on release. The study found that while the frequency of injection inside gaol is probably lower than outside, the risk per injection may well be higher due to more frequent sharing, inadequate cleaning and the possibility that sharing involves a greater number of people.

Dr Wodak and his colleagues reported a worrying level of risk behaviour including anal rape. On a more optimistic note the researchers found that prisoners were aware of AIDS and concerned about cleaning their needles. From the data collected, Dr Wodak raised the possibility that levels of high risk behaviour in prison may be declining but emphasised the need for further research to test this idea.

One approach to HIV prevention is the provision of methadone to drug users. Of some 5000 people on methadone in NSW, about 400 are in custody at any one time. The mechanics, costs, advantages and disadvantages of a prison methadone program were described by Dr Frank McLeod, Director of the NSW Prison Medical Service. The program recognises the existence of intravenous drug use in prison. Prison methadone was introduced in NSW primarily as an HIV prevention strategy rather than as a treatment for drug use. According to Dr McLeod there is evidence, in part from the results of urinalysis, that prison methadone does reduce IV drug use.

The law, HIV/AIDS and prison frequently intersect. Some examples are the liability of prison authorities for HIV transmission as the result of an assault, prison conditions for HIV positive inmates, and occupational health and safety measures for prison officers. Traditionally, prisoners have experienced many obstacles, both legal and practical, gaining access to the courts. In addition, legal issues associated with HIV/AIDS in prisons have rarely been addressed in Australia. Two conference speakers examined some of those issues.

In his paper, Mr John Godwin of the AIDS Council of NSW addressed the liability of prison authorities for HIV transmission incidents and the duties owed by them to prisoners, prison officers and third parties such as the sexual partners of prisoners. He called for the implementation of policies which adequately reflect duties to care for the health and well-being of prisoners and provide for a safe system of work for prison officers.

Prisoners rights were the subject of a paper by Ms Beverley Schurr of the Australian Council for Civil Liberties. She drew attention to the dearth of prisoners rights in Australia despite the existence of international conventions, United Nations and Australian standards. Australian courts have traditionally interpreted prisons legislation as providing no enforceable rights for prisoners. Among other things, Ms Schurr examined the situation of prisoners with regard to compulsory testing and treatment, and documentary confidentiality. She recommended the abolition of compulsory HIV testing of prisoners, the implementation of procedures to ensure consent is freely given to any testing that is carried out and the introduction of penalties for disclosure of test results.

A key plank in any HIV/AIDS platform is education for both prisoners and staff. Australian prison systems have been at the forefront of HIV/AIDS education in prisons. Speakers from NSW and South Australia gave their perspectives on the development and implementation of successful educational strategies. Given the traditional antagonisms which exist between prisoners and prison officers, Ms Kim Mannion (AIDS Coordinator with the NSW Department of Corrective Services) emphasised the need for the gradual implementation of HIV/AIDS education strategies. She also stressed the cost-effectiveness and credibility of peer education for both officers and prisoners, and the need for educational strategies to take account of the literacy levels and needs of the target audience.

Ms Eileen Adamson, a lecturer in AIDS Training at the NSW Corrective Services Academy, described the development of AIDS education for prison officers in NSW. She spoke of the early difficulties involved in convincing prison officers and administrators of the need for AIDS information, funding problems, and the difficulties of implementing occupational health and safety practices in the prison environment, due to peer pressure on new recruits from more senior prison officers.

In NSW the AIDS Management Course for prison officers aims to give educational programs credibility and lasting effect by training selected prison officers from each gaol in order to provide a "critical mass" and support mechanism to cut through the effect of peer group pressure'.

The importance of design and evaluation in HIV/AIDS education programs was emphasised by Ms Adamson who described the use of needs analysis, learning level assessment and post-course performance evaluation in the AIDS Management Course.

South Australian perspectives were provided by Mr Ollie Behrens-Peters, the State's Prison Health Project Officer. Experiential learning, emphasising participation in

and contribution to educational program development, has been used in South Australia. The approach has been to secure the support and commitment of prison officers to AIDS education before targeting prisoners. Inmates are then involved in developing the content and presentation style of educational programs. Mr Behrens-Peters also spoke of the need to include HIV/AIDS education in programs dealing with communicable and sexually transmitted diseases generally, in order to combat 'boredom' with the AIDS issue.

Ms Helen Close of Helen Close Research, a Western Australian firm, addressed the importance of determining information levels, fears, preferred educational methods and views on segregation and testing, as a prerequisite to developing AIDS policies and educational strategies. She remarked that these perceptions 'rather than an imposition of conceptual frameworks by outside parties, provide a critical basis when formulating effective guidelines and strategies for the effective implementation of AIDS prevention measures and AIDS educational programs in prisons'. In order to assess these perceptions her firm surveyed prisoners, prison officers and other prison staff in seven metropolitan prisons.

Management issues, both administrative and medical, were addressed by a number of speakers. Details of the NSW Government's response to HIV/AIDS were presented by Mrs Frances Buckeridge who delivered a paper on behalf of NSW Corrective Services Minister, Mr Michael Yabsley. The paper referred to the need to restrict prisoners' property in gaols in order to reduce the amount of contraband, and the potential use of condoms as weapons and as vehicles of violence and victimisation. NSW has Australia's largest prison population and introduced compulsory HIV testing from 5 November 1990. The NSW Government has introduced testing in order to monitor the HIV/AIDS epidemic and to discharge its responsibilities to the community.

The Director-General of the Victorian Office of Corrections, Mr Peter Harnsworth traced the development of HIV/AIDS policies in Victoria. Victoria has adopted voluntary testing, which has a compliance rate of about 99 per cent, and uses reverse integration. Reverse integration means that HIV positive prisoners are accommodated in a special unit in 'K' Division in Pentridge Prison with volunteer mainstream prisoners who are participating in a drug and alcohol program. The aim of the policy is to ensure that HIV positive prisoners are not isolated from other prisoners and are accommodated in a safe, secure and supportive environment.

The underlying philosophies and day-to-day operations of the special unit were detailed by Mr Paul Hamilton, Program Coordinator of 'K' Division in Pentridge Prison. A community ethos has been fostered and mutual goal setting used to produce a set of behavioural norms which are supported by both staff and prisoners. Mr Hamilton attributed the lack of violent incidents in the unit to this approach, despite the fact that it houses prisoners who pose management problems.

South Australian management approaches were provided by Ms Ann Bloor, Coordinator of Health and Welfare in the Department of Corrections. Compulsory HIV testing and integration are in place in South Australian prisons. Ms Bloor referred to the specific management problems posed by violent prisoners, promiscuous and attractive HIV positive prisoners, and HIV positive prisoners who spit or bite. She stressed the role of careful placement of prisoners by the Prisoner Assessment Committee in the success of integration.

Management from a medical viewpoint was the theme of a paper by Dr Christopher Liew, Director of the South Australian Prison Medical Service. Dr Liew highlighted the benefits of compulsory testing in the context of early diagnosis, the efficacy of AZT and the availability of preventive medication for opportunistic infections.

Industrial disputation has been a problem in the context of HIV/AIDS and prisons. As part of an attempt to promote good industrial relations, the South Australian Government has sought to convince prison officers that it is committed to protecting them. One strategy in this campaign has been to provide a hepatitis B vaccination program for prison officers. The program has been extended to prisoners.

One of the issues involved in HIV/AIDS and prisons is the relationship between health and corrections. This was the subject of a panel presentation and discussion involving corrections and health personnel from a number of jurisdictions. The two most frequently encountered models of health care in prisons are the provision of health services by medical staff employed by corrections authorities and the use of medical staff employed by health authorities. To overcome possible tensions between correctional and public health perspectives, a Corrections Health Board has been established in Victoria. Mr Stephen Kerr, Manager of the Corrections Health Board, outlined the functions of the Board. It consists of senior personnel from corrections and health departments.

The Conference also considered the needs of particular groups in the context of HIV/AIDS and prisons. NSW AIDS Education Officer, Ms Tracie Walsh, spoke about women prisoners and HIV/AIDS. She pointed to the drug-taking backgrounds of many women prisoners, the risks of woman-to-woman sex, and the possibility that the male sexual partners of women prisoners have also served prison terms. Particular difficulties identified by Ms Walsh in AIDS education for female prisoners were low self-esteem and the paucity of literature on safer woman-to-woman sex. She called for access to dental dams in prison to facilitate safer sex for women prisoners.

Aboriginal and Torres Strait Islander issues were presented by Mr Stanley Nangala, Chairperson of the Communicable Diseases Advisory Committee in the Aboriginal and Torres Strait Islander Commission. Of particular importance to Aboriginal and Torres Strait Islander prisoners who may acquire HIV is their generally low health status. Cultural and educational factors, which may reduce the usefulness of AIDS educational programs developed for other Australian prisoners, also need to be recognised. Mr Nangala drew the attention of Conference participants to the over-representation of Aboriginal and Torres Strait Islander peoples in Australian prisons and called for greater use of non-custodial sentences.

Institutionalised juveniles are another group whose needs are only just beginning to be addressed in Australia. Ms Lisa Ward and Mr Gerard Jones from Community Services Victoria spoke about the policy development process in relation to HIV/AIDS and juvenile corrections. The development and implementation of effective policies are important because young offenders may be at risk of HIV/AIDS due to their involvement in drug use and prostitution.

The emphasis in juvenile corrections in Victoria is on care. Detention is regarded as a good opportunity to teach risk minimisation. It is recognised that in the graded release system provided for juvenile detainees, risk behaviours may occur. Condoms and needles are not distributed at youth training establishments but information on their use and availability is provided.

Mr Tony Clunies-Ross from the Office of Corrections in Victoria outlined the Office's policy on HIV/AIDS and community based corrections. The number of known HIV-infected clients in Victoria is small - about eighteen in a total of 5 600 as at October 1990. However, according to Mr Clunies-Ross, a large number of offenders on pre-release, parole and community based orders are intravenous (IV) drug users. Community based corrections staff provide safe behaviours counselling and bleach sachets, and attempt to put HIV-infected clients with specialist community resources. This last aspect of their work can be a particular problem with clients who live in the country away from specialist services in metropolitan areas.

Conference delegates were fortunate to be addressed by a prison officer, Mr John Doyle, who is a union representative with the NSW Prison AIDS Project. Mr Doyle was seconded to the Project in 1990 to provide credible AIDS education and information to NSW prison officers. He also developed an occupational health and safety kit for use in prisons.

Mr Doyle spoke of the unpredictability and stressful nature of employment in a prison. He described the effect on prison officers of the recent alleged assault on a NSW prison officer who subsequently tested HIV positive. Provision of trauma counselling was recommended to assist prison officers who are exposed to body fluids as a result of

accidents, self-mutilations by prisoners, suicides and murders. Given the problem of drug use in prison Mr Doyle called for more effective drug surveillance and control measures, and for harsher penalties.

The Conference program would not have been complete without a prisoner's point of view. Fortunately, delegates were addressed by a serving HIV positive prisoner who had been granted special leave by the South Australian Department of Correctional Services. The prisoner drew delegates' attention to the problem of street kids, their involvement in IV drug use and prostitution and the potential they have to become HIV carriers in the prison system. He stressed the need to segregate dangerous HIV positive prisoners in order to protect everyone who comes into contact with the prison system; gave a prisoner's view of the frustrations and anxieties experienced in prison, and urged all interested parties to work together ' . . . where this virus is concerned, if we don't pull together and get together, we lose . . . It's life. It's not something you play with. It's someone's life.'