

Minimising the Spread of the Human Immunodeficiency Virus Within the Australian Prison System

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It is a fact of prison life in Australia and indeed in most countries, that activities engaged in by prisoners may facilitate cross-infection with the Human Immunodeficiency Virus (HIV). Sexual intercourse between prisoners, 'institutional sex', and the sharing of needles and syringes while injecting various drugs intravenously, are common practices and represent high-risk activity in the context of the current AIDS epidemic.

In most Australian prisons, life is harsh with much overcrowding and a staff to prisoner ratio which makes it impossible to develop surveillance mechanisms within the gaol that would prevent high-risk behaviour from occurring. Prisons, therefore, must be seen as potential incubators for the spread of HIV. The possibility that many prisoners leaving the gaol system will help disseminate the virus into the general community is real and demands the urgent establishment of programs that will minimise this risk.

We are now into the second wave of HIV infection in our community. It is largely related to the inadvertent passing of HIV from the bloodstream of one person to another as intravenous drug users (IDUs) share injection equipment. As a very high proportion of crimes in our society are drug related, many prisoners are IDUs, and those who are not will be exposed in the gaol system to people who use intravenous drugs and who may introduce non-users to the habit. As no authority believes it is possible to eliminate drugs, needles and syringes from our gaols, we must face the fact that HIV positive intravenous drug users in our gaol system may infect others.

In a survey carried out by the author in the metropolitan remand prison at Long Bay Gaol in Sydney, data thought to be reliable suggested that more than 60 per cent of 260 prisoners were using intravenous drugs three times per week. To do this they were sharing, at most, fourteen syringes and needles.

Rates of HIV infection among prisoners in Western gaols, particularly in the UK, USA and France, have increased alarmingly with, for example, 12.5 per cent of prisoners in French gaols being HIV positive. Even in countries where the incidence of HIV infection in the general community remains low, such as Belgium and Israel, approximately 7 per cent of prisoners are found to be infected with the virus.

Current moves in States such as NSW to restrict the property held by prisoners and thus deprive them of various forms of currency, are likely to do little to minimise the introduction of needles, syringes and drugs into the gaol system while contact visits are allowed to continue. While all reasonable efforts to prevent the entrance of drugs and the instruments for their use into the gaol system must be encouraged, a package of preventative measures needs to be introduced urgently and simultaneously if we are to minimise the potential for gaols becoming institutions where many non-infected individuals are infected during their short stay in prison and a major hazard for the spread of the virus into the general community is created.

Recommendation

The World Health Organization issued statements on the minimisation of the spread of AIDS in prisons after an international meeting which representatives of twenty-six countries, including Australia, attended. Two key statements were:

- control and prevention of HIV infection must be viewed in the context of a need to improve significantly the overall hygiene and health facilities in prisons;
- prison authorities have a special responsibility to inform all prisoners of the risk of HIV infection from high risk behaviour such as intravenous drug use and homosexual activity.

Education therefore becomes a key component of any campaign.

My survey of the educational material available to prisoners, prison officers and other prison personnel, suggests that even today no State has adequate material for the task at hand. Pamphlets from Commonwealth and State health departments are available within prison systems. However, there seems little doubt from my discussions with most educationalists that the most effective means of educating prisoners, and indeed prison officers, is by video presentations coupled with peer group discussions of the material presented. Most of the videos which have been made for prison systems around Australia are either out-of-date or unlikely to be effective. They simply supply a lecture from a moving head and are of such a quality that one can have no confidence that prisoners' interest will be established, let alone maintained.

It is obvious that educational material for prisoners must be created jointly by health professionals who fully understand the AIDS epidemic and by experts from corrective services' departments who understand the needs of prisoners. Educational material must be presented in plain language that prisoners understand. It is highly desirable that material be developed that can be used throughout the nation. Uniformity, apart from producing significant financial savings, minimises the controversies which currently exist and are fostered when prison systems have different views on the way AIDS-related problems should be solved. An example of the latter is the segregation or non-segregation of known antibody positive prisoners.

Currently, the best plans for an educational program generated by the Department of Corrective Services in NSW, involve a film on prison lifestyle which can be broken up into a number of discrete modules, each approximately ten minutes in length. These modules discuss numerous aspects of prison life. Sections are devoted to sex and sexuality within the gaol system and sexually transmitted diseases, specifically AIDS. The concept involves showing these modules to stimulate discussion among prisoners. At the end of each module, the tape can be stopped so that an appropriately educated group leader can use the material as a catalyst for a constructive debate in a reasonably small group setting.

A number of prisons allow prisoners to view sexually explicit movies. If this practice is to continue, then interspersed into the movie, in a 'commercial-like' fashion, should be brief clips from educational modules or specifically prepared warnings emphasising the risk of contracting HIV and other sexually transmitted diseases from sexual activity within prisons.

In a number of gaol systems, closed-circuit television is available and, within those systems, educational material could be run frequently. Brief messages repeated many times are likely to have a much greater effect than a more elaborate message shown infrequently. Ongoing education and repetitive presentation of the most vital information in one form or another is clearly essential. While the material prepared for prisoners would no doubt be of educational value to prison officers, there appears to be a need to develop programs specifically for prison officers. Importantly, such educational material should involve detailed discussions about managing HIV-infected prisoners.

Counselling

Closely related to problems associated with the development of educational strategies are problems that relate to the lack of adequate counselling because of insufficient numbers of trained counsellors within the prison system. A general principle endorsed by the World Health Organization is that all those measures taken to educate, control and attend to HIV related problems in the community should be available within the prison system. Great efforts have been made in the general community to ensure that adequate counselling is available for high-risk individuals. It must remain a top priority within prison systems. While there is some variability from State to State, in general prison systems in Australia rely on current staff to supply one-on-one counselling where it is thought necessary. Often these counsellors are experienced only in drug and alcohol rehabilitation and there is little evidence that they are adequately trained to handle the sensitive and specific problems associated with the AIDS epidemic.

It is essential that prisoners who undergo HIV testing are counselled in a manner identical to that required for the outside community before being tested. The nature of the test, its limitations and the significance of a positive result in medical and social terms must be adequately explained. It is even more important that positive results are communicated to prisoners by knowledgeable and sympathetic counsellors who can answer accurately and immediately questions that are likely to follow the discovery that one is infected with the AIDS virus. Such counsellors must also be available to answer the questions which inevitably follow as a prisoner comes to grips with the information. Such counsellors, adequately trained, would be the ideal individuals to act as discussion leaders after the presentation of factual information by the video presentations described above.

Sexual Activity in Gaols

While it is nearly impossible to get accurate data on the number of violent sexual encounters that happen within gaol systems, such events undoubtedly occur. Far more common, however, is consensual sexual activity. This frequently involves anal intercourse and, within the prison system, is referred to as institutional sex rather than homosexual activity. Lack of single cell accommodation in almost all prisons and the impossibility of preventive surveillance, mean that tactics to minimise the spread of HIV through sexual intercourse within the prisons must be based on the acceptance of the fact that institutional sex will occur.

With the acceptance of this fact, supplementing the specific educational information described above to describe safer sexual practices becomes essential and condoms must be made available within prison systems. The distribution of condoms falls more naturally into the province of health care workers and AIDS counsellors rather than prison officers. Therefore, if vending machines are not installed, then condoms should be supplied freely and non-judgmentally by health care personnel. Clearly, whatever method is used in individual gaols, it must be possible to obtain condoms discreetly.

In States where sexual activity between consenting prisoners within the gaol is illegal the decriminalisation of such acts must become a major priority. Prisoners are less likely to worry about taking condoms, or being found with condoms, if sexual acts in prison between consenting males are not criminal offences.

In many gaol systems, transsexuals are allowed to dress in female clothing. A number of transsexuals are intravenous drug users and frequently have earned the money to buy their drugs from prostitution. They represent a particular hazard for the spread of HIV in prisons. Their psychological and physical needs and the minimisation of their role in the spread of HIV demands that they be housed in separate prison facilities.

In those gaols that do maintain AIDS units, females, especially female prostitutes, infected with the virus, must not be held in units with men infected with the virus or even transsexuals similarly infected. Sexual activity has occurred between male and female inmates of AIDS units under such circumstances.

Problems Associated with Intravenous Drug Use

Intravenous drug use with shared needles and syringes provides the major risk for the rapid spread of HIV within the gaol system. The average prisoner in an Australian gaol is incarcerated for three to four months only before returning to sexual partner(s), who in most cases are of the opposite sex. The spread of HIV into the heterosexual community might thus be accelerated if frequent transmission occurred within prisons. While there is no doubt that data collected from the general community allows us to state confidently that needle and syringe exchange programs are helping to minimise the sharing of equipment by intravenous drug users in the community, it would seem impossible at the present time to implement such strategies in gaols.

Sterilising solutions should be made available within the prison system so that needles and syringes can be disinfected each time they are used. Instructions for safe disinfection of equipment should be widely available. While it may seem inconsistent with such policies, random, regular and compulsory urine testing for those drugs that can be administered intravenously - narcotics, barbiturates and amphetamines - has much merit. Each prisoner's urine should be tested at least three times a year. The institution of a urinalysis program would obviously be advertised to prisoners so that they would know that they face a risk of being detected as a drug user. Some form of punishment would be necessary for the program to have a deterrent effect. The loss, for a prescribed period, of the privileges associated with contact visits has been suggested as an appropriate deterrent. Most prisoners who use drugs intravenously in gaol are not addicted to drugs but rather use them as a way of minimising the harshness of their day-to-day lives. Such prisoners may well respond to the deterrent effects of routine urine screening.

It is essential that prisoners who are addicted to intravenous drug use be given all the assistance that would be available to them from the best drug rehabilitation centres established in the community at large. Methadone programs run within the gaol system by healthworkers expert in the administration of such programs, must be of sufficient integrity and size to accommodate all prisoners who need such a program. The running of such programs requires highly specialised skills without which inadequate programs can develop. It would be essential that those prisoners due for release within a reasonable time have a liaison set up with a community drug rehabilitation program to ensure a smooth transition from the prison methadone program to a program within the community.

Compulsory Blood Testing for HIV Antibodies

Nothing has been more controversial than the establishment of a program which would force prisoners on admission and at three monthly intervals to have their blood tested for the presence of HIV antibodies. It has been argued that the institution of such a policy will in no way help prisoners themselves and is, in fact, for administrative convenience within the prison. Information about a prisoner's HIV status, it has been contended, is useless if not shared and confidentiality is therefore a meaningless concept.

If the sharing of information about HIV positivity was the primary goal of testing, then compulsory testing does present many ethical dilemmas. However, clearly, the major aim of compulsory blood testing should be to identify those prisoners who are infected, counsel

them about the risk that they may pose to others, help them and thus minimise the risk that they will infect sexual partners once they leave gaol. World Health Organization strategies widely accepted in Australia indicate that the major defence against the spread of HIV in the community relies on the identification of high-risk individuals. Prisons offer an excellent opportunity to locate some individuals who might not otherwise come forward for testing in the community. While anonymous testing of prisoners would give us information, and valuable information at that, about the prevalence of HIV-infected individuals within the prison system, involuntary and confidential testing is a far more constructive approach.

Compulsory testing cannot be endorsed if prisoners whose blood contains HIV antibodies are segregated. Prisoners who do not have sex with each other or share intravenous needles and/or syringes are not in danger of being infected with HIV. Segregation is therefore a social rather than a medical issue within the prison system. My experience over a number of years of caring for isolated individuals in an AIDS unit at Long Bay Gaol, suggests that discontent, violent behaviour, inappropriately dangerous behaviour and attacks on prison officers are far more likely to occur in a segregated rather than non-segregated situation.

It has been argued that failure to segregate antibody positive prisoners might result in them being violently treated by non-infected inmates. It is true, that despite advice to the contrary, prisoners do discuss their HIV status with others. Nevertheless, experience overseas, particularly in New York where there is a major HIV problem, has shown that with appropriate education even those prisoners known to be HIV positive can be accepted into the general prison population without violence occurring.

Segregation emphasises to those prisoners placed in isolation the stigma that is attached to being infected with HIV. The psychological effects are damaging. This is especially so if segregated prisoners are not exposed to counselling and support measures available to similarly infected people in the community.

Antibody testing can help us to understand the nature of the AIDS problem in our prison system and to monitor the success or otherwise of prevention strategies. There are also a growing number of reasons why it is to the advantage of an individual infected with HIV to know this fact. Lifestyle advice, if followed, may decrease chances of the progression of an infection to AIDS. The availability of drugs such as AZT mean that it is perfectly legitimate to tell an individual that it is better to know rather than to not know their HIV status.

Advance Planning for Release from Gaol

It is essential that those prisoners known to be infected with HIV receive adequate education and counselling before release from gaol. This counselling must include appropriate members of the family. It is the responsibility of prisons to make sure that family members, particularly spouses and sexual partners, are fully counselled with the prisoner's consent. It is also highly desirable that prison counselling services hand over particular cases to community counselling services so that follow-up within the community can occur.

Despite the efforts of a number of individuals, we have not managed to hold a national meeting of corrective services Ministers and health authorities expert in AIDS which has developed a national policy for all prisons. We need to combine the resources of the Federal Government and State Governments to produce appropriate educational material and institute research into efficient ways of implementing an educational campaign and assessing its outcome. Continuing dialogue with prison officers, especially in the current climate where it is alleged that an officer was infected after an attack by a prisoner who was HIV positive, is absolutely essential if there is to be acceptance of the principles outlined in this paper.