

Research Team

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Main Findings

- It is feasible to install and maintain a condom dispensing machine in a county jail gym facility to provide prisoners access to condoms.
- As a result of installing such a machine:
 - Prisoners take and use condoms from the machine;
 - Prisoner and staff knowledge that condoms are available to prisoners increases;
 - Sexual activity in the jail does not increase;
 - Discipline or behavior problems in the jail do not increase, nor are custody operations otherwise disrupted; and
- Jail administrators continue to feel that allowing condom access at the same time that sex in jail is illegal sends the "wrong message" to prisoners.

Background

Correctional facilities concentrate populations that are at risk for HIV infection: persons of color, persons with substance abuse histories, and persons living in poverty.^{1,2} As a result, the prevalence of HIV among US incarcerated populations is five to seven times that of the general US population.^{3,4} Furthermore, about 25% of people living with HIV in the US have been incarcerated.⁵ These statistics support the need for access to effective means of HIV prevention and harm reduction strategies in correctional facilities.

Condoms are highly effective at preventing the transmission of HIV.⁶ Despite the fact that there is a growing consensus that in-custody HIV transmission is not trivial,⁷ condoms are made available to only a minute fraction of the US prisoner population. The manner in which condoms are currently made available to prisoners in California varies widely. In the Los Angeles County Jail, the Center for Health Justice distributes condoms to a segregated gay male population only, one condom per week by request. In San Francisco, prior to this project, condoms were distributed by request through the Forensic AIDS Project's public health staff in one-on-one health counseling sessions, one per person, per request.

Why this project?

In 1989, San Francisco became the first county jail system in California to distribute condoms to prisoners. Condom distribution began as a collaborative effort between the San Francisco City/County Sheriff and the Department of Public Health. Every condom distributed required one-on-one counseling from a health educator. Counseling included the reminder that having sex in jails is illegal and can be charged as a felony; the message that, if you are going to have sex, use a condom and the warning that, if found with an open condom, it will be confiscated. This ongoing one-on-one counseling and condom distribution program has been an excellent means to distribute condoms to prisoners in jail, but has limitations. First, the effectiveness of the program depends on prisoners' comfort with the person who is distributing condoms and staff willingness to offer and promote condom distribution. Second, only a limited number of prisoners could have access to condoms this way. Third, it involves a very complex prevention message.



The "mainline," hallway leading to the gym at San Francisco County Jail where the condom dispensing machine is installed.

In 2007, our project tested a new approach to distributing condoms to prisoners via a condom dispensing machine which would provide more privacy, allow more access and increase the number of condoms that could be distributed.

The Center for AIDS Prevention Studies (CAPS), in collaboration with the Center for Health Justice, the Forensic AIDS Project, and the San Francisco Sheriff's Department, conducted a feasibility study of a novel method of providing condoms to prisoners by installing a condom dispensing

Jail Staff Qualitative Interview Guide

1. Are you aware that condoms are currently available to prisoners in jail in San Francisco?
2. If so, do you know how that program or programs work(s)?
3. Are you aware of any problems caused by condoms in jails? In this jail?
4. Do you think it is a good idea to distribute condoms in jail generally? Why or why not?
5. Do you think there is a better way to provide prisoners access to condoms than is currently operating in this jail system? If so, what might that be and why would it be better?
6. Based on your experience, how often do you think sexual activity occurs in this jail? Tell me about how and under what circumstances you think people have sex in jail – is it a few people having a little/lot of sex, lots of people often/occasionally having sex, or something else?
7. Are you in favor or against providing jail inmates condoms? Why or why not?

ing machine in the San Francisco County Jail. This study begins to address the dearth of research on prisoner condom access programs, a novel component of HIV prevention behavioral interventions among an extremely high-risk population, and to identify a method of providing prisoners condoms on a larger scale than any current program. Further, this pilot feasibility study has the potential to stimulate research on the impact of condom distribution and consideration of legislation in other jurisdictions to allow prisoners access to condoms.

Intervention

With the assistance and collaboration of the SF Sheriff's Department, we installed, stocked and monitored a condom dispensing machine in a jail facility gymnasium to which 800 prisoners have access on a weekly basis to determine the feasibility of such a condom distribution program. Prior to installation we conducted surveys and interviews with prisoners and staff to determine attitudes toward prisoner condom access and to assess prisoners' risk behavior. After the machine had been in operation for four months, we conducted follow-up surveys and interviews to assess changes in attitudes or behavior.

"At first I believe [staff] were very apprehensive... but through the months that the machine was up here it became more commonplace to have it there."

-Jail staff

Condom machine

The condom machine was installed on April 17, 2007, in the gymnasium of the Hall of Justice. That gymnasium is used by two floors of prisoners. We monitored its use over the course of four months, including recording the number of condoms dispensed, and information about disciplinary incidents relating to the machine or to increased access to condoms within the jail.

The machine, the "Condomatic C-1" was purchased online as were vending condoms, condoms individually wrapped in a small cardboard box and cellophane wrap in addition to a clear plastic wrapper around the condom. Due to mechanical problems, we replaced the "Condomatic C-1" machine with the "Series 1000" machine (www.condommachines.com), which is the dispensing machine currently used at the jail.

On April 17, 2007, the condom dispensing machine was installed and a laminated sign was put up by the machine, with the "Condom Machine Rules" in English, Spanish and Mandarin.

The Condom Machine Rules read:

- Take only one condom per visit to the gym.
- Immediately open condom package and discard the external paper box and cellophane wrapper.
- Condoms enclosed in the clear sealed plastic wrapper are not contraband.
- Condoms remaining in the orange box or removed from the clear sealed plastic wrapper are contraband and will be confiscated.
- Having sex in jail is illegal under California Penal Code § 286(e).
- Failure to obey these rules will result in discontinuation of this condom program.

Over the next four months a member of the research team visited the machine weekly to monitor and fill the machine.

Evaluation

To determine the feasibility and potential impact of distributing condoms to jail prisoners via a condom machine, we conducted qualitative interviews with Sheriff's Department staff prior to and four months-post installation to assess attitudes and barriers and facilitators of this risk-reduction approach (see Interview Guide at left). We also conducted quantitative surveys with prisoners prior to and four months post-installation to assess risk behavior, attitudes and barriers and facilitators of condom distribution. Four months post-installation, we conducted qualitative interviews with 9 prisoners who had access to the condom machine.

In addition, we stocked and monitored the condom dispensing machine to determine how many condoms had been dispensed. We routinely screened for reports of problems with the machine or disciplinary issues involving condoms among prisoners with access to the condom dispensing machine during the four month study period. The research design is shown below.



Condom dispensing machine installed (rules are posted to the left)

March-April, 2007 (Pre-Intervention)

- 5 Key Staff Interviews (administrators and line staff)
- 77 quantitative surveys with prisoners

April 17, 2007

- Condom machine installed

August-November, 2007 (Post-Intervention)

- 4 Key Staff Interviews (administrators and line staff)
- 69 quantitative surveys with prisoners
- 9 interviews with prisoners

Key Findings

Increasing access to condoms

Our project was successful at increasing the availability and knowledge of condom distribution in the San Francisco County Jail. See Table 1 for details.

- During the four month study period (April 17-August 17, 2007) 1,331 condoms were placed in the machine, for an average of 102 condoms per week.

Comparing the pre- and post-intervention prisoner surveys:

- The percentage of prisoners knowing that condoms were available in jail increased from 12% to 58%.
- The number of prisoners who received a condom in the jail increased from 4 to 22.

Discipline issues

In interviews prior to the intervention, line staff were primarily concerned about discipline and operational issues (such as increased incidence of prisoners having sex or prisoners using condoms to transport drugs). Administrative staff expressed more concern about “sending the wrong message” or “sending a mixed message” about sex in the jail. One asked, for example, why we would focus on condom distribution rather than putting efforts toward halting sex among prisoners.

Following the intervention period, staff reported that there were no disciplinary issues related to condoms or the condom dispensing machine.

Some prisoners who were interviewed post-intervention appeared to be genuinely puzzled by staff concerns about prisoners using condoms to carry contraband or for other illegal uses.

Sex among prisoners

In pre-intervention interviews, staff viewed sex among prisoners as “infrequent” or “occasional” and, unless asked specifically about consensual sex, tended to focus their comments on sexual assault issues and examples.

TABLE 1: Results from prisoner surveys

	Pre-intervention n=77	Post-intervention n=69
Average age	38 years	42 years
Gender		
Male	86%	90%
Female		
Transgender/Other	14%	10%
Sexual orientation		
Heterosexual	86%	87%
Gay/Bisexual/Other	14%	13%
Ethnicity		
Black	56%	49%
White	19%	32%
Latino	13%	3%
Asian	10%	10%
Native American	3%	4%
Had been incarcerated before	88%	87%
Average time incarcerated (this time)	374 days	235 days
Tested for HIV at least once	88%	93%
Reported being HIV+	13%	9%
Knew condoms were available	9 (12%)	47 (58%)
Ever received a condom at San Francisco City Jail (SFCJ)	4	22 (20 from machine and 2 from counselor)
Had sex with condom at SFCJ	3	4
Had sex without condom at SFCJ	5	6

All prisoners who were interviewed post-intervention acknowledged that sex occurs in the jail and noted that prisoners would be reluctant to admit that they themselves have sex in jail. This findings supports the need for more anonymous condom access methods.

Condom distribution in jail

In pre-intervention interviews, most staff were not aware of the current one-on-one HIV counseling and condom distribution program being conducted by the Forensic AIDS Project.

In post-intervention interviews, some, although not all, staff reported being more positively inclined toward allowing condom access at the jail. Even those who continued to be opposed to condom use reported that they supported access to condoms on release from jail.

Of the nine prisoners we interviewed post-intervention, eight were aware that condoms were being distributed in the jail and most knew about both types of programs. The same eight interview participants supported condom access in the jail, and the one who did not said he did not “because sex is illegal in prison.” Several prisoners who were interviewed suggested that prisoners were more likely to have sex in jail if condoms were

available because “it (sex) can be safe.” We did not, however, see any increases in prisoners’ reports of having had sex at the jail following the condom access intervention.

Finally, there were few reports of stigma-related events involving people who took condoms from the machine.

“I think you should have them [condoms] because that way it’s provided to be safe if it [sex] was to happen. And I think everybody should have that option to be safe.”

-Prisoner

Dissemination

Preliminary findings were presented at the 2007 American Correctional Health Services Association (ACHSA) and National Commission on Correctional Health Care (NCCCHC) conferences, along with research on other condom access programs for prisoners. At the conclusion of the study the research team presented findings at the 2008 CAPS conference. The condom machine remains available to prisoners at the San Francisco County Jail.

Recommendations

Researchers

- Researchers should investigate the impact of condom availability in jails and prisons on prisoners’ post-release condom attitudes and behavior. In this project we became aware of the possibility that condom access in prison could increase interest, normalize condom use, improve attitudes and result in risk reduction after return to the community.

Community-Based Service Providers

- Community-based service providers who are interested in exploring condom access for prisoners should partner with agencies who are already providing HIV prevention services in jails and consider dispensing machines as a low-cost, feasible and acceptable option.
- Service providers should consider correctional administrators as potential partners in HIV prevention efforts. This project was possible only as a collaboration of researchers, community-based agencies and correctional administrators.

Policy Makers

- Correctional jurisdictions implementing condom access programs for prisoners should consider dispensing machines as a low-cost, relatively anonymous method that can reach more prisoners than staff-intensive models.

Lessons Learned/Challenges

- The quality of the condom dispensing machine is critical to the smooth functioning of the program. The machine must be easy to use, easy to stock, unlikely to jam and of appropriate capacity for the number of prisoners accessing it.
- Support from correctional staff is crucial to the success of a prisoner condom access program. We provided information about the program and gave staff at all levels the opportunity to ask questions and express concerns about the program before it was implemented.

References

1. Fenton, KA & Valdiserri RO (2006b). Twenty-Five Years of HIV/AIDS – United States, 1981-2006: Successes in HIV Prevention. *Morbidity and Mortality Weekly Report*. 55(21), 585-588.
2. Harrison, PM. & Beck AJ. (2006). Prison and Jail Inmates at midyear 2005. *The Bureau of Justice Statistics Bulletin*. NCJ213133, 1-13.
3. Hammett TM, Harmon P & Maruschak LM (1999). 1996-1997 update: HIV/AIDS, STDs, and TB in correctional facilities (NCJ Publication No 176344). Washington, DC: National Institute of Justice.
4. Maruschak, L. (2005). HIV in Prisons 2003. U.S. Department of Justice, Bureau of Justice Statistics Bulletin NCJ 210344)
5. Weinbaum CM, Sabin KM & Santibanez SS. (2005). Hepatitis B, hepatitis C, and HIV in correctional populations: a review of epidemiology and prevention. *AIDS*. 19 (3), S41-6.
6. Scientific evidence on condom effectiveness for STD prevention. Report from the NIAID. (July 2001)
7. Arriola, KRJ (2006) Debunking the myth of the safe haven: toward a better understanding of intraprisn HIV transmission. *Criminology and Public Policy*. 5, 601-612.

Acknowledgements

Thanks to all of our study participants and to the staff of the San Francisco County Jail for their cooperation and support of this project.

The Novel Condom Access project was funded by the National Institute of Mental Health through an Innovative Research Grant from the UCSF Center for AIDS Prevention Studies (CAPS).

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