



Criminal Justice | Drug Abuse Treatment Studies
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Brief Report Series

HIV/Hepatitis Prevention for Re-entering Offenders

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Rationale and Objectives. The prevalence of HIV and other infectious diseases such as Hepatitis C (HCV) have been found to be high among prisoners in many jurisdictions (Clarke, Stein, Hanna, Sobota, & Rich, 2001; DeNoon & Key 1999; Key & DeNoon, 1999; Rapposelli, Kennedy, Miles, Tinsley, Rauch, Austin, Dooley, Aranda-Naranjo, & Moore, 2002). In fact, a recent estimate suggested that HIV seropositivity rates in U.S. correctional settings were roughly 8-10 times higher than those in the general population (Cooper, 1999), while AIDS cases have been estimated to be three times higher in state and federal prisons than in the U.S. general population. Although HIV prevalence varies dramatically from one state jurisdiction to the next, overall, AIDS-related illnesses are among the leading causes of death among prison inmates (De Groot, 2000). And, as bad as it is, HIV may not be as great a health risk among offenders as is HCV. Figures for HCV infection among inmates are difficult to come by, but the rates of infection in criminal justice populations are undoubtedly higher than in the general population with estimates ranging from 16% to 41% (Centers for Disease Control and Prevention 2003).

More important to this study is the fact that HIV/HCV risk behaviors engaged in prior to incarceration typically resume and/or increase after release from the institution (Braithwaite & Arriola, 2003). Especially troubling is that many offenders attempt to "make up for lost time," which often involves seeking and engaging in risky sexual behavior and drug use (Seal, Margolis, Sosman, Kacanek, Binson, & The Project START Study Group, 2003). Findings from the CDC-sponsored Project START indicate that 13% of releasees engaged in risky sex within one week of reentry into the community, and that 36% report engaging in risky sex within six months of release (MacGowan, Margolis, Gaiter, Marrow, Zack, Askew, McAuliffe, Sosman, & Eldridge, 2003). The reentry period is thus a pivotal period in which prevention efforts have the potential for significant impact.

Due to the severe need to address HIV and hepatitis risk levels among offenders in the criminal justice system, effective interventions are very much needed. This two and one-half year project is being conducted to investigate the efficacy of providing HIV and hepatitis prevention interventions to re-entering parolees. In a multi-site field trial, including sites in

Delaware, Virginia, and Kentucky, this project will offer an evaluation of an existing state-of-the-art HIV intervention (NIDA Standard) and a new multi-media, DVD-based approach tailored to the specific risk circumstances of offenders re-entering the community (Targeted Intervention). These two interventions will be contrasted with a group of parolees re-entering the community via current correctional system practices. Information will be collected on HIV and hepatitis risk behaviors, HIV/HCV serostatus, and related service utilization for all participants. Three overall goals guide this project:

- To demonstrate the feasibility and effect of introducing a proven didactic intervention (NIDA Standard) in a multi-site criminal justice demonstration project,
- To test the increased effectiveness of an interactive DVD-based HIV/HCV prevention/intervention protocol designed for, and with input from, the community corrections client population, and
- To gather and report data on HIV and Hepatitis C prevalence among this sample of re-entering criminal offenders.

Hypotheses. It is hypothesized that parolees completing either the NIDA Standard or the new Targeted Intervention will report significant reductions in risk behaviors for HIV/HCV, compared to the “current practices” group. It is also hypothesized that parolees completing the NIDA Standard or Targeted Intervention will report significant reduction in risk behaviors for HIV/HCV compared to the baseline report of behaviors for each group. Finally, it is hypothesized that clients in the new Targeted Intervention will show greater reduction in risk behaviors than parolees completing the NIDA Standard. The main outcome measures to be tested in this project are a reduction in the number of sex partners, increased use of condoms, reduction in injection drug use, and a reduction in cocaine and opiate use.

Procedures. The new approach to be investigated in this project is a multi-media prevention intervention utilizing an interactive DVD tailored specifically to a criminal justice population. This approach draws from communications research as well as theories of learning styles. According to this literature, people have different learning styles and utilize different mediums for processing and understanding information. Thus, for greater educational success, it is necessary to use various techniques in order to accommodate different learning styles. The new intervention, therefore, utilizes a two-pronged approach involving a near-peer interventionist and the interactive DVD to appeal to all types of learners. By utilizing existing resources from the National Institute on Drug Abuse (NIDA), the Center for Disease Control and Prevention (CDC), other grantees, and health services resources, the DVD contains interactive presentations with question and answer portions as well as video clips to approach the information using multiple modes. The client is required to answer questions as s/he works through the presentation. In addition, the interventionist guides the presentation, assists and engages the client while answering questions, and relates the material back to the client’s own experience.

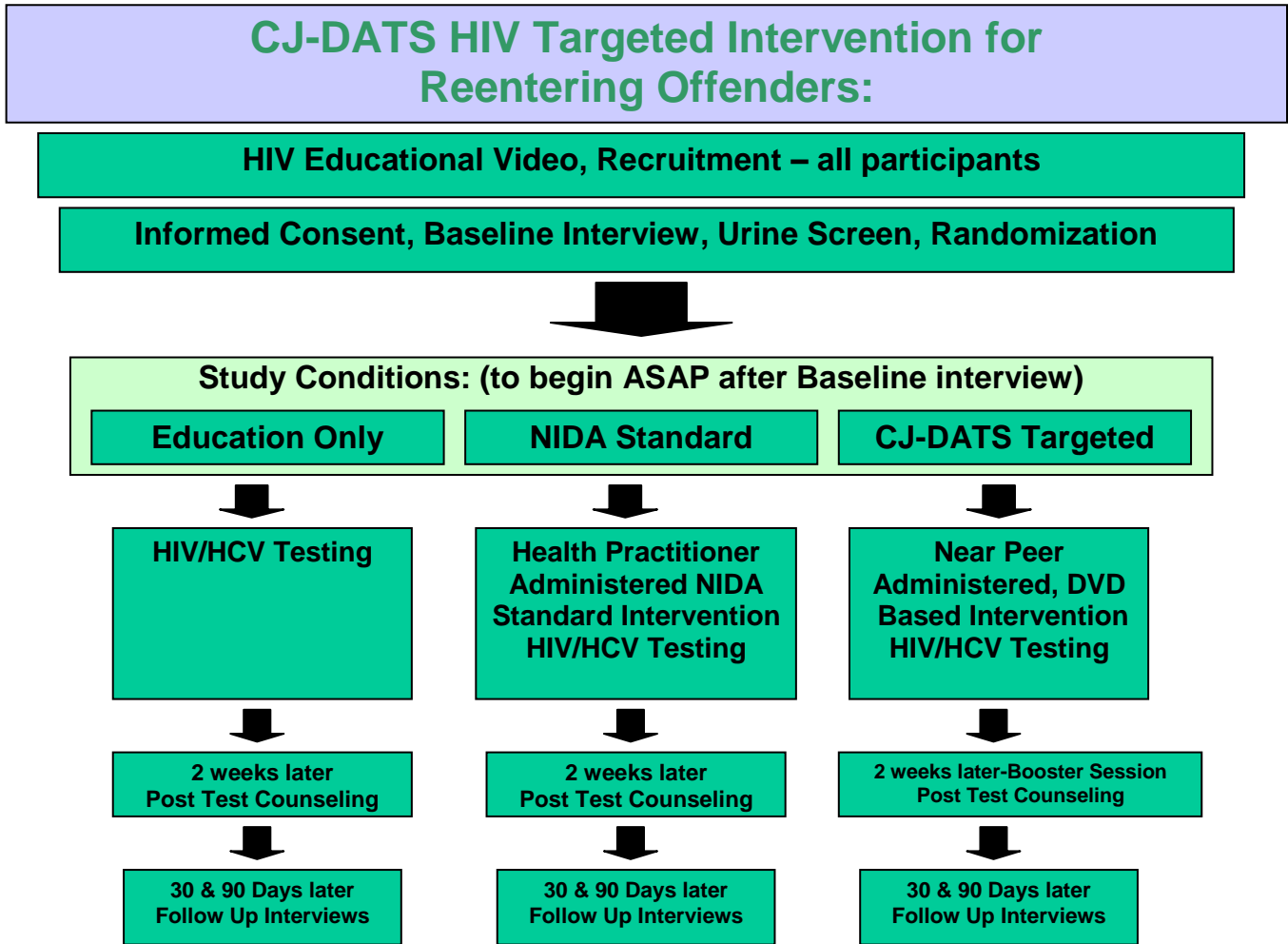
In addition to communication research, the Targeted Intervention also draws on social relevance theories. This literature suggests that personal change occurs within a complex of social influences. Social influences may either aid or undermine efforts at personal change; therefore, it is important that change agents are highly similar to the target audience and have a high degree of safety credibility (being perceived as trustworthy) by group members. Similarly, intimate knowledge of the unique population group is necessary to formulate

appropriate messages for the targeted individuals. For these reasons, the new approach is conducted by staff from outside of the correctional system—a community-based peer counselor who is not a correctional employee and not subject to correctional reporting requirements. In addition, the DVD includes linguistic embellishments that utilize appropriate language and street slang specific to the inmate subculture, and major risk factors of the client (e.g., injection drug use or sex practices).

All participants receive information regarding HIV and HCV tests and their benefits and consequences. Individuals are informed of the importance of obtaining test results and explicit procedures for doing so, and they are given the meaning of test results in explicit, understandable language. Voluntary testing for HIV/HCV is offered to participants in all study conditions, and in all instances, the test results will be delivered in a private, individual setting with appropriate post-test counseling. Moreover, clients will receive information on where to obtain further information or, if applicable, HIV/HCV prevention counseling. They are also informed on where to obtain other services locally, and are offered assistance in accessing these resources.

Participants are being recruited into the project over a two-year period. Each of the three different sampling locations (Delaware, Virginia, and Kentucky) will recruit 300-400 participants, with equal numbers into each of the three conditions. The diagram on the next page describes the 3-Group study process, and the table provides a brief description of the research sites and case flow.

HIV for Reentering Criminal Justice Offenders Study Design



Research Sites and Case flow

STATE	INSTITUTION BEFORE COMMUNITY RELEASE	PAROLE COMMUNITY	ESTIMATED POPULATION	ESTIMATED MONTHLY RECRUITMENT
DE	Plummer Work Release Center	Wilmington/NCC	325 Male, 75 female	15-20
KY	Kentucky Correctional Institute for Women	Lexington/Fayette	726 Female	15-20
KY	Blackburn Correctional Complex	Lexington/Fayette	594 Male	15-20
KY	Kentucky Women’s CI	Lexington/Fayette	80 female	15-20
VA	Fluvanna Women’s Correctional Center	Richmond	899 Female	15-20
VA	Powhatan Correctional Center	Richmond	801	15-20

Each research center shows the educational video and distributes a brochure tailored to the specific site that introduces the study to participants. The brochure provides information about the study, and stresses its voluntary nature and the fact that it is not part of their correctional

supervision. The sample will include a total of 900 – 1,000 drug-involved African-American and White women and men who have been released from institutions to some form of structured re-entry, usually parole or probation. Women will be over sampled, to insure an adequate sample for analysis.

This project is expected to generate important information about HIV and HCV risk behaviors, including sexual behaviors and drug use. In addition, it will provide information about the relative effectiveness of two different risk reduction initiatives, relative to current practices.

References

- Braithwaite, R.L. & Arriola, K.R.J. (2003). Male prisoners and HIV prevention: A call for action ignored. *American Journal of Public Health*, 93(5), 759-763.
- Centers for Disease Control and Prevention (2001). Revised guidelines for HIV counseling, testing, and referral and revised recommendations for HIV screening of pregnant women. *MMWR*, 50(No. RR-19).
- Clarke, J.G., Stein, M.D., Hanna, L., Sobota, M., & Rich, J.D. (2001). Active and former injection drug users report of HIV risk behaviors during periods of incarceration. *Substance Abuse*, 22, 209-216.
- Cooper, M. (1999). High AIDS rates seen in U.S. prisons: Study. *Reuters NewMedia*, August 31. Available at: <http://www.aegis.com/news/re/1999/RE990807.html>.
- De Groot, A.S. (2000). Shedding light on correctional HIV care. *AIDS Reader*, 10, 285-286.
- DeNoon, D.J. & Key, S.W. (1999). Prevention opportunities missed in jails, prisons. *AIDS Weekly Plus*, 4-6.
- Key, S.W. & DeNoon, D.J. (1999). High AIDS rates, other infectious diseases reported in U.S. prisons. *AIDS Weekly Plus*, 11-15.
- MacGowan, R.J., Margolis, A., Gaiter, J., Marrow, K., Zack, B., Askew, J., McAuliffe, T., Sosman, J.M., & Eldridge, G.D. (2003). Predictors of risky sex of young men after release from prison. *International Journal of STD & AIDS*, 14, 519-523.
- Maruschak, L.M. (2004). *HIV in Prisons 2001*. Bureau of Justice Statistics: Washington, D.C.
- Rapposelli, K.K., Kennedy, M.G., Miles, J.R., Tinsley, M.J., Rauch, K.J., Austin, L., Dooley, S., Aranda-Naranjo, B. & Moore, R.A. (2002). HIV/AIDS in correctional settings: A salient priority for CDC and HRSA. *AIDS Education and Prevention*, 14(Suppl. B), 103-113.
- Seal, D.W., Margolis, A.D., Sosman, J., Kacaneck, D., Binson, D., & the Project START Study Group (2003). HIV and STD risk behavior among 18- to 25-year-old men released from U.S. prisons: Provider perspectives. *AIDS and Behavior*, 7(2), 131-141.