THE RELATIONSHIP BETWEEN ADDICTION, INCARCERATION, AND HIV CARE AMONG INDIVIDUALS RETURNING HOME

By
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HIV, Addiction and Incarceration

- 2 million people incarcerated on any given day in the USA
- Prevalence of HIV in correctional population TWICE the prevalence of general population
- 14% of PLWH pass through correctional system each year

- ½ of prison inmates meet DSM criteria for substance abuse or dependence
- 4x more likely to have a history of substance abuse than the non-incarcerated population
HIV, Addiction, Incarceration – What We Know

Incarceration
- Identified as HIV+
- Treatment Initiation
- Viral Suppression
- Not using

Drug Use
HIV Infection

Addiction Relapse

Community

Treatment Interruption
Research Questions

• What are the factors that impede continued HIV care for individuals as they return home from incarceration?

• What are the factors that facilitate continued HIV care for individuals as they return home from incarceration?
Methods

• Recruitment

• In-depth Interviews
  • n=30
## Sample (n=30)

<table>
<thead>
<tr>
<th>Demographic</th>
<th>N</th>
<th>Health</th>
<th>N</th>
<th>Incarceration</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td><strong>Receiving Treatment For...</strong></td>
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<td><strong>Range of Incarceration Length</strong></td>
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<td>Male</td>
<td>15</td>
<td>HIV/AIDS</td>
<td>30</td>
<td>&lt;30 days-&gt;6 months</td>
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<tr>
<td>Female</td>
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<td>(Not on HIV medication)</td>
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<td>Mental/Emotional Issues</td>
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<tr>
<td>Race</td>
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<td><strong>Range of Year Released</strong></td>
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<td><strong>Range of Year Released</strong></td>
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<tr>
<td>Black</td>
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<td>Alcohol/Drugs</td>
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<td>Other physical problems</td>
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<td>Modal: 2005-2010</td>
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<td>White</td>
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<tr>
<td>Ethnicity</td>
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<td><strong>Range of Years Tested HIV+</strong></td>
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<td>Latino</td>
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<td>1980-2010</td>
<td>9</td>
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<td>Native American</td>
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<td>Modal: 2000-2004</td>
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<td>Age Range</td>
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<td><strong>Primary Testing Sites</strong></td>
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<td>28-57yrs</td>
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<td>Community Center</td>
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<tr>
<td>Modal: 41-50 yrs</td>
<td>20</td>
<td><strong>Modal Reason for HIV Test</strong></td>
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<tr>
<td></td>
<td></td>
<td>Sick/Hospitalized</td>
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</table>
FINDINGS

Addiction Relapse
Released from Prison

Serious Health Problems:
- Illness (pneumonia; meningitis)
- Hospitalization
- AIDS-defined

Relapse

Interrupted HIV Treatment:
- Failure to link to care at all
- Missed Appointments
- Medication Inconsistency

Just Don’t Care:
- About HIV; About anything

Symptomatology:
- Addiction
- Untreated HIV

People, Places, Things:
- Housing
- Reuniting with Substance abusing partners
- Death of a Loved One
FINDINGS

Adversarial Post-Traumatic Growth
Adversarial Post-Traumatic Growth

“I felt as though out of all the things that’s been happening, I owed it to myself to start considering what I may or may not want out of all this...life or whatever it may be. Like, okay, I done hit rock bottom. So there’s only one way to go. So [getting sick] was a reality check for me. It just made me more responsible. It made me think about it. It made me consider things. Because I had never been faced with these types of dilemmas in my life. Bills, sickness… before this, I didn’t even have a medical record. I never been in the hospital or anything. I mean, all this stuff it was new to me.”
Traumatic Event - Serious Health Problem (Illness; Hospitalization; AIDS-defined)

Motivations to Link to HIV Care:
- Post-Traumatic Growth Domains:
  1) Greater Appreciation of Life/Shift in Priorities
  2) Intimate Relationships
  3) Spiritual Development

Contact with Healthcare System (hospital):
- Improved Health Literacy

Key
- = Individual-level
- = Structural-level

Linkage to HIV Care

Retention in HIV Care:
- Improved HIV Literacy
- Effects of Treatment

- Post-Traumatic Growth Domain:
  4) Greater Sense of Personal Strength/Empowerment
  5) New possibilities/paths
Domain #5 and Substance Use Cessation

- I can’t run from the drugs cause there’s drugs everywhere. So I just gotta be…make sure I get my mental right. Because the drugs, they mess with the [HIV] medicine too. So. I gotta think about that now.

- I don’t do no drugs, or you know… I be drinkin beer. I can’t be drinkin too much anyway, cause I have that virus and [drinking beer] ain’t help. [Drinking] helps speed [the virus] up, so I don’t get down too much. You know. I drink a couple beers and that’s it. I don’t do no liquor, no weed. I don’t do nothin [like that].
Domain #5 and Desistance

• “When I came back home again this time [after being incarcerated with HIV], I really wasn’t getting in no more trouble cause the prison system isn’t good for anybody that’s living with HIV.”

• “I said, I can’t put myself in this predicament no more. I’m not going back to no jail. I’m straight. Ain’t nothing on me, nothing. I’m good. Ain’t gonna make that move again. I’ll die in there. I ain’t doing that.”
Three Key Points

• Addiction relapse is a major barrier to continuous HIV care for individuals leaving prison

• Individual level motivation is intertwined with structural level contact and intervention
  • Structural Points of Intervention (e.g., Motivational Interviewing)
    • HIV diagnosis; Hospitalization
    • Addiction treatment programs
    • Initial linkage to HIV care
    • Reentry – take advantage of their motivation and assist them in navigating structure; avoiding people, places, and things

• Empowerment and education
  • Linkage to and retention in HIV care
  • **Could keep them out of prison and off of drugs**