Commission on Sex in Prison
Memorandum from NAT (National AIDS Trust)

Executive summary

1. Attempts to control consensual sexual activity between prisoners risk undermining efforts to promote HIV prevention and improved sexual health in prison populations.

2. Prisons in England and Wales should re-commit to providing safer sex advice, condoms and lubricants to all prisoners in as accessible a manner as possible, as well as access to Post Exposure Prophylaxis where needed.

About NAT

3. NAT (National AIDS Trust) welcomes the opportunity to submit evidence to the Commission on Sex in Prison. NAT is the UK's policy and campaigning charity on HIV. We are active on a wide range of policy issues which affect the lives of people living with HIV in the UK and which impact upon the UK's efforts to reduce onwards transmission of HIV.

4. As prisoners are disproportionately affected by blood borne viruses including HIV, policies and practice around HIV prevention, treatment and care in prisons have been one of NAT's key areas of work over the past decade.

5. In 2004, NAT worked with the Prison Reform Trust to survey prison healthcare managers about their practice in relation to HIV and Hepatitis prevention, testing, treatment and care.[1]

6. Based on the findings of this survey, which showed gaps in the care provided to prisoners, NAT developed a *Framework for Tackling Blood Borne Viruses in Prisons.* This was first published in 2007 and updated in 2011 with the support of the Department of Health Offender Health team.[2]

7. The area of investigation outlined in the Terms of Reference which NAT would particularly like to focus on in our submission is *Policies and practice regarding consensual sexual acts in prison.*

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[1] NAT and Prison Reform Trust. 2005. *HIV and hepatitis in UK prisons: addressing prisoners' healthcare needs*.
http://www.prisonreformtrust.org.uk/Portals/0/Documents/HIV%20Hep%20report.pdf

[2] NAT. 2011. *Tackling Blood Borne Viruses in Prison*.
http://www.nat.org.uk/media/Files/Policy/2011/Blood_Borne_Viruses_updateSept2011.pdf

Sexual health and HIV prevention services in prisons

8. Prisoners have a right to the same range and quality of care of services as the general public receives from the NHS.[3] This includes access to sexual health services including prevention, testing, treatment and care.

9. In England and Wales there are also Prison Health Performance and Quality Indicators (PHPQI) which address the sexual health needs of prisoners. Indicator 1.31 on Sexual Health states that "The Sexual Health of Prisoners is supported by all of the following. Prisoners:

- Are aware of the means of accessing condoms in prisons
- Access the social and life skills modules on sex and relationships education (SRE) or similar
- Have access to a Genito-Urinary Medicine (GUM) service (either provided externally or in house)
- Have access to a Chlamydia screening programme
- Have access to barrier protection and lubricants."[4]

10. Prisoners in England and Wales must be provided with condoms, lubricants and dental dams where these are needed to prevent the onwards transmission of HIV and other STIs. There are a range of different practices adopted in prisons including:

- distribution by healthcare staff
- by appointment with a doctor
- using a 'C card scheme' (where prisoners get a card with their own individual number on it which they can hand over to obtain condoms without needing to provide their name or prison number).

11. In addition to barrier protection, it is vital that prisoners should be made aware that Post Exposure Prophylaxis (PEP) against HIV transmission is available and must be accessed within 72 hours of possible exposure to HIV. NAT recommends in our *Framework for Tackling Blood Borne Viruses in Prisons* that PEP be covered in all prisoner inductions. Any prisoner requests for PEP should be acted on immediately, as the 72 hour window is the absolute latest that PEP should be accessed, and the sooner it is access the more chance of success.

Accessible safer sex advice, condoms and lubricants

12. Despite the above policies around barrier protection and lubricant, NAT continues to hear examples of prisoners in England and Wales who have not been able to consistently access the prevention tools they need to practice

[3] Ministry of Justice. 2004. Prison Service Performance Standards Manual. Section 22 – Health Services for Prisoners. http://www.justice.gov.uk/downloads/publications/hmps/2004/10000305_22HealthServicesforPrisoners.pdf

[4] Department of Health. Guidance: Prison Health Performance and Quality Indicators 2012. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/146744/dh_133382.pdf.pdf

safer sex while in prison. This was revealed by NAT's 2004 survey of HIV and hepatitis in prisons[5] and recent focus group research by Positively UK with organisations providing support services to people living with HIV in prison confirmed that there are still barriers to access.[6] This second report, for example, cites a case where a prisoner was asked to return a used condom in order to be given a new one. (See also the case study in point 18, below).

13. In addition to cases where prisoners have been actually denied access to barrier protection, there will be many others who have not actively sought condoms and lubricant. This may be either because of lack of safer sex education or because of fear of breaches of confidentiality, discrimination, harassment - or even punishment for revealing their intention to have sex.

14. Confidential survey research of prisoners would be a valuable way of finding out on the one hand how many have been refused barrier protection, and on the other how many have chosen not to ask for it, even when they may need it to prevent the transmission of HIV and other STIs.

15. In the absence of such data, it is vital that prisons in England and Wales re-commit to ensuring safer sex advice and barrier protection are easily accessible to all prisoners who need it. In the case of accessing condoms, the experience of prisons in Scotland has shown that uptake of condoms and lubricants is highest from vending machines, where access is open and discreet.[7] Prisons in England and Wales should learn from this experience and also move towards a system that reduces the need for prisoners to ask in person for the condoms and lubricant they need. The more they are empowered to access these independently, the more they can take responsibility for their own health and that of fellow prisoners.

Relationship between policies on consensual sex and HIV prevention

16. The commitment to provide barrier protection in addition to sexual health services in prisons is an acknowledgement that prisoners do have sex while in prison. It is vital that policies, practices and attitudes around consensual sex in prisons do not undermine these health promotion efforts.

17. Attempts to prevent consensual sex between prisoners will make those who are engaging in sex less likely to seek sexual health and HIV prevention services, including PEP. These are already stigmatised amongst prisoners and prison staff and any attempts to 'crack down' on sex in prison will increase this stigma.

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[5] [5] NAT and Prison Reform Trust. 2005. HIV and Hepatitis in prisons: Addressing prisoners' healthcare needs. http://www.nat.org.uk/Media%20library/Files/PDF%20documents/prisonsreport.pdf;

[6] Positively UK. 2013. HIV behind bars. http://www.positivelyuk.org/docs/HIV%20Behind%20Bars%20-%20Pos%20UK%20Prison%20Report.pdf

[7] NAT. 2011. *Tackling Blood Borne Viruses in Prison*. http://www.nat.org.uk/media/Files/Policy/2011/Blood_Borne_Viruses_updateSept2011.pdf

18. One example of the conflict between policies designed to prevent sex and those to prevent HIV transmission can be seen in sex offender treatment programmes (SOTPs). NAT has been told by colleagues in the voluntary sector who support prisoners living with and at risk of HIV that prisoners who are on a SOTP are asked to sign a contract not to engage in any sexual activity with fellow prisoners. As part of this agreement, they are prevented from accessing condoms and lubricant. As well as a breach of their right to an equivalent level of sexual health care to that provided in the community, this approach is needlessly risking onwards transmission of HIV.

19. Rather than trying to control prisoners' consensual sex, prisons should focus on ensuring that this sex is as safe as possible through better and more consistent provision of safer sex advice, condoms, lubricant and sexual health services (including emergency access to PEP).

NAT
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