

## Conclusions and recommendations regarding condom provision

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The available research and the experience of the many prison systems in different parts of the world in which condoms have been provided to prisoners for many years, without any reported problems, suggest that providing condoms in prisons is feasible in a wide range of prison settings.

There is evidence that support for condom provision increases once a condom programme is started, and that a majority of prisoners and staff will support condom provision. However, in some countries where legal sanctions against sodomy exist in the community outside prison, and where there are deeply held beliefs and prejudices against homosexuality, introduction of condoms into prisons as an HIV prevention measure may have to be particularly well prepared through education and information about the purpose of the introduction of condoms, as well as initiatives to counter the stigma that people engaging in same-sex activity face.

There is no convincing evidence of any major, unintended consequences of condom provision for safety and security in prisons. No prison system allowing condoms has reversed its policy, and none has reported security problems or any other relevant major negative consequences. In particular, it has been found that condom access is unobtrusive to the prison routine, represents no threat to security or operations, and does not lead to an increase in sexual activity or drug use.

While studies have not determined whether infections have been prevented thanks to condom provision in prison, there is evidence that prisoners use condoms to prevent infection during sexual activity when condoms are accessible in prison. It can therefore be considered likely that infections have been prevented. At the same time, there is evidence that making condoms available to prisoners is not enough – they need to be easily accessible in various locations in the prison, so that prisoners do not have to ask for them and can pick them up without being seen by staff or fellow prisoners.



Therefore, it is recommended that:

1. **Prison authorities in jurisdictions where condoms are currently not provided should introduce condom distribution programmes and expand implementation to scale as soon as possible.**
2. **Condoms should be made easily and discreetly accessible to prisoners so that they can pick them up at various locations in the prison, without having to ask for them and without being seen by others.** Ideally, they should be made available in areas such as toilets, shower areas, waiting rooms, workshops, or day rooms where prisoners can pick up a condom without being seen by others. Distribution can be done by health staff, by dispensing machines, by trained prisoners (peers) or in a combination of these ways. Each prison should determine how to best make condoms available, to ensure easy and discreet access. Prisoners should not have to ask for condoms, since few prisoners will do so because they do not want to disclose that they engage in same-sex sexual activity. Condoms should be provided free of charge, and can be made available to all prisoners in a “health kit” given to them at entry, and containing HIV/AIDS and other health information, but also other items such as a razor, toothbrush, soap, etc.
3. **Together with condoms, water-based lubricant should also be provided since it reduces the probability of condom breakage and/or rectal tearing, both of which contribute to the risk of HIV transmission.** There is no data comparing condom provision in prison with and without water-based lubricant. However, given that lubricants reduce the probability of condom breakage and/or rectal tearing, it is logical that providing lubricant assists the aim of condom provision in decreasing the risk of HIV infection.
4. **Educational and informational activities for prisoners and for staff should precede the introduction of condom distribution programmes, which should be carefully prepared.** This is particularly important in prison systems that face or could face initial opposition to the provision of condoms.



**5. Female prisoners should have access to condoms as well as dental dams.**

Currently, there is a lack of data on the effectiveness of providing female prisoners with access to condoms and dental dams. The data come from New South Wales, Australia, where policy requirements state that dental dams must be provided to prisoners in addition to condoms and lubricant (Yap et al., 2007). Nevertheless, in light of the reported frequency of sexual relations of female prisoners, including with male correctional officers, female prisoners should be provided with access to condoms as well as dental dams. Such programmes should be carefully evaluated to assess their effectiveness.

