RESPONSIBILITY FOR REVIEW: **Associate Warden Custody, Housing & Program Services**
REVIEWED ANNUALLY: **February**
DATE OF LAST REVIEW: **June 2021**

PROCEDURE NUMBER AND TITLE
254 INMATE ACCESS TO CONDOMS

PURPOSE

The purpose of this procedure is to provide condoms, free of charge, to inmates in the California Department of Corrections and Rehabilitation (CDCR), state prisons, in accordance with California (CA) Penal Code (PC), Section 6500. Specifically, it is recognized sexual contact between inmates occurs, despite disciplinary sanctions against such conduct and custodial practices designed to eliminate or reduce the frequency of such occurrences. This high risk behavior constitutes a substantial risk to the health and welfare of the inmate population at large, staff, and the public. The prevention of Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STI) within CDCR facilities is the goal.

REFERENCES

- CA PC, Sections 286 (e), and 6500
- California Code of Regulations (CCR), Title 15, Sections 3005 (a), (b), and (d), 3006, 3007, 3190, and 3287(a)(4)
- Department Operations Manual (DOM), Section 54020.33.15

APPROVAL AND REVIEW

This procedure shall be reviewed and updated annually by the Associate Warden, Custody, Housing, and Program Services (AWCHPS), and approved by the Warden and Chief Executive Officer.

RESPONSIBILITY

The Warden has overall responsibility for all Institutional procedures. The Chief Deputy Warden has delegated preparation responsibility to the four institutional division heads. The department heads of each division are directly responsible for compliance with the operational procedures in their areas of responsibility. This procedure is the direct responsibility of the AWCHPS.

POLICY STATEMENTS

METHODS

Condom Procedure Awareness
Brochures shall be made available to all inmates, including newly arriving inmates while in Receiving and Release (R&R). Posters shall be displayed in all housing units, as well as near access locations.

Inmate education shall include information about STIs, as well as other methods of contracting such infections (i.e., sexual contact, tattooing, intravenous drug needle sharing, etc.). Inmates shall be reminded sexual contact, while incarcerated, is a felony pursuant to CA, PC, Section 286(e) and 288a(e).

Staff shall be informed of the condom access procedure during New Employee Orientation and provided On-the-Job training on post or via Off-Post Training as needed. All staff are expected to maintain professionalism and refrain from discussion of specific inmates' possession of condoms unless there is a legitimate penological requirement for the discussion.

Inmates Authorized to Possess Condoms
All inmates housed in the housing units shall have access to condoms via this procedure. This procedure prohibits the access to and possession of condoms by inmates housed in the Administrative Segregation Unit, Security Housing Unit, and Psychiatric In-Patient Unit. Departmental review of condom access in all other units is ongoing and an addendum to this procedure shall be authored if additional access is permitted.

Inmate Condom Access
Two condom dispensers shall be placed at the General Population (GP) pill lines, one at the Support Care Unit (SCU) pill lines, one in the dayroom in Outpatient Housing Unit (OPHU), and one in R&R. This shall allow the inmate population to access the dispensers in a discrete, but uninhibited manner. Inmates may not possess more than three condoms at any given time. Any condoms in excess of this amount may be confiscated and disposed of, and a cell search receipt left in accordance with the CCR, Title 15, Section 3287 (a)(4). Staff is reminded to utilize universal precautions when conducting cell searches.

Maintaining and refilling condom dispensers shall be the responsibility of the designated inmate worker under the direction of the Health Care Access Sergeant in the GP and the SCU Sergeant. Although condoms are made available to the inmate population, any sexual behavior between inmates shall be documented and handled in accordance with existing CDCR and CA PC regulations. Condoms shall be placed in the nightstand drawers in each Family Visiting apartment by the Family Visiting Officer. Visitors shall be permitted to bring up to ten condoms when scheduled for a family visit, in accordance with DOM, Section 54020.33.15; however, inmates shall only possess condoms provided by CDCR once they leave the Family Visiting Units.

A condom dispenser shall be placed in R&R for inmates to access upon release from the Institution. Inmates may take approximately ten condoms upon release. This dispenser shall be filled by the designated inmate porter under the supervision of the R&R Sergeant.

Camp Inmate Condom Access
Camp inmates shall have condom access if participating in an overnight family visit. Condoms shall be placed in the nightstand drawers of each provided during parole processing. A condom dispenser shall be placed in the dayroom at both Camps, Puerta La Cruz and Malibu. These dispensers shall be maintained and re-supplied by the Camp Sergeant and designated inmate porter or clerk.

Condoms Found Outside of Packaging
If a condom is found outside of its packaging in a celled environment, staff shall secure the cell and immediately notify a supervisor. The inmate(s) assigned to the cell shall be individually interviewed in a confidential setting by staff at the level of sergeant or above to determine if any safety concerns exist. If a condom is found outside of its packaging in a dorm or other common area that does not have a locking door separating it from the rest of the building, staff shall evaluate the situation. If additional information is present that indicates an inmate may have been the victim of sexual violence, staff shall then notify a supervisor and interviews shall be conducted as noted above. If one of the inmates indicates an offender has been the victim of sexual violence, Prison Rape Elimination Act protocols shall be followed. The presence of a condom alone, without additional information or evidence does not indicate an assault has occurred.

ROB KETTLE
Associate Warden
Custody, Housing, and Program Services
California Institution for Women

6/28/21

JAMES K. ELLIOT, MA, CCHP DATE
Chief Executive Officer
California Institution for Women

MONA D. HOUSTON DATE 6/28/21
Warden (A)
California Institution for Women

Why are condoms available in CDCR prisons?

In the interest of public health and safety, state law now requires the CDCR to make condoms available in all state prisons. Condoms will be made available free of charge to inmates. Inmates will be allowed to possess up to three (3) condoms at any given time. **This new law does not change the fact that sexual activity between inmates is illegal and will be addressed according to California Code of Regulations, Title 15, and California Penal Code.**

Using condoms during sex can decrease the risk of becoming infected with a sexually transmitted infection (STI). STIs include HIV, Chlamydia, Gonorrhea, Syphilis, and Hepatitis.

The most effective way to avoid an STI is to not have sex while in prison. If you choose to have sex, condoms may decrease your risk of STI. Many people who have STIs have no symptoms and may not know that they are infected. **Using condoms during each and every sexual act will decrease the risk of STI.**

Types of STIs

HIV

HIV is the virus that weakens the body's ability to fight off germs. HIV lives in semen, blood, and other body fluids that have blood in them and it spreads from person to person during sex or by sharing needles.

Chlamydia

Chlamydia is a very common STI. It can be spread during vaginal, anal, or oral sex. Most people who have Chlamydia do not have any symptoms. You should be checked by a doctor or nurse if it hurts or burns when you pee or if you have an unusual discharge from the penis. If Chlamydia is not treated, it can be very serious.

Syphilis

Syphilis can be spread during vaginal, anal, or oral sex. Many people do not have any symptoms for years, and then get sick if not treated. During early infection, syphilis can show as a sore or a rash. If left untreated, syphilis can cause serious, life threatening complications.

Gonorrhea

Gonorrhea is one of the most common STIs. Gonorrhea can be spread during vaginal, anal, or oral sex. Some people who have Gonorrhea may not have any symptoms. You should be checked by a doctor or nurse if it hurts or burns when you pee or if you have a thick white, yellow, green, or bloody discharge from the penis.

Hepatitis B

People with hepatitis B and C usually do not have any symptoms. It is a virus found in the blood. Tests for hepatitis are offered in medical clinics. Hepatitis B is spread through the blood and during sex. You can keep from getting hepatitis B by being vaccinated.

Hepatitis C

Hepatitis C is spread through the blood, mainly through sharing needles, and works for drugs or tattoos. It also lives in tattoo ink. There is no vaccine to prevent hepatitis C. Around 20% of people in California prisons have hepatitis C.

If you agree with any of the following statements we recommend you get tested:

- I have had unprotected sex recently.
- It burns or hurts when I urinate or have sex.
- I have had multiple sex partners.
- I have had unprotected sex with an HIV+ partner.
- I had sex under the influence of alcohol and/or other substances.
- I have shared my drug injection equipment or snorting equipment.
- I have received a tattoo while in prison.
- I have come in contact with someone else's blood, semen, and/or vaginal fluids.

How to get tested:

In CDCR, the testing process is simple. You may request testing for STIs by submitting a CDCR 7362 Health Care Services Request Form to the medical department. Medical staff will process the form and provide you further direction.

Disposal of used condoms:

The recommended method of disposal is flushing down the toilet.

Expired condoms:

Expired condoms should be kept in the packaging and disposed of in the trash.

¿Por qué existen condones en prisiones de CDCR?
En el interés de la salud y seguridad pública, ley de California requiere que el CDCR sitúe condones disponibles en todas las prisiones del estado. Los condones se facilitarán gratuitamente a los presos. Los presos podrán poseer hasta tres (3) condones en cualquier momento. **Esta nueva ley no cambia el hecho de que la actividad sexual entre presos es ilegal y se tratarán según el Código de ordenamientos de California, Título 15 y Código Penal de California.**

Usar condones durante el sexo puede disminuir el riesgo de enfermarse de una infección de transmisión sexual (ITS). Las ITS incluyen VIH del SIDA, Clamidia, Gonorrea, Sífilis y Hepatitis.

La forma más eficaz para evitar una ITS es no tener sexo. Si usted decide tener relaciones sexuales, los condones disminuyen el riesgo de enfermarse con una ITS. Muchas personas que tienen una ITS no tienen síntomas y pueden no saber que están infectadas. **Usar condones durante cada acto sexual disminuye el riesgo de ITS.**

Tipos de ITS

VIH
El VIH es el virus que debilita la capacidad del cuerpo para luchar contra los gérmenes. VIH vive en semen, sangre y otros líquidos corporales y sanguíneos y se portan de persona a persona durante relaciones sexuales o por compartir agujas.

Clamidia
Clamidia es una ITS muy común. Puede transmitir la infección clamidia al tener relaciones sexuales anales, orales o vaginales con una persona que tiene esta infección. La mayoría de las personas que tienen clamidia no presentan síntomas. Usted debe consultar un médico o enfermera si le duele o arde cuando usted orina o si tiene una secreción inusual del pene. Si la clamidia no es tratada, puede ser muy grave.

Sífilis
La sífilis se puede transmitir durante el sexo anal, oral o vaginal. Muchas personas no presentan síntomas durante años y más tarde se enferman si no reciben tratamiento. Durante la infección temprana, la sífilis se exhibí como una llaga o salpicado (rosado). Si no se trata, la sífilis puede causar graves complicaciones mortales.

Gonorrea
La gonorrea es una de las ITS más comunes.
La gonorrea se puede transmitir durante el sexo anal, oral o vaginal. Algunas personas que tienen gonorrea no tienen ningún síntoma. Usted debe consultar un médico o enfermera si le duele o arde cuando usted orina o si tiene una secreción con sangre, blanca, amarilla o verde del pene.

Hepatitis B
Generalmente las personas con hepatitis B y C no tienen síntomas. Es un virus que se encuentra en la sangre. Pruebas de hepatitis se ofrecen en clínicas médicas. Hepatitis B se propaga a través de la sangre y durante el sexo. Vacunándose contra la hepatitis B puede evitar la enfermedad.

Hepatitis C
La hepatitis C se transmite por la sangre principalmente a través de compartir agujas para drogas o tatuajes. También vive en la tinta del tatuaje. No hay vacuna para prevenir la hepatitis C. Más de 20% de las personas en las prisiones de California tienen hepatitis C.

Si está de acuerdo con cualquiera de las siguientes afirmaciones le recomendamos que haga la prueba:

- Hace poco he tenido relaciones sexuales sin protección.
- Arde o duele cuando orino o tengo relaciones sexuales.
- He tenido relaciones sexuales con varias personas.
- He tenido relaciones sexuales con una persona VIH + sin protección.
- He tenido relaciones sexuales bajo la influencia del alcohol y/o otras sustancias.
- He compartido mi equipo de inyección de drogas o popote para inhalar drogas de polvo.
- He recibido un tatuaje en la prisión.
- He llegado en contacto con sangre o semen de otra persona o fluidos vaginales.

Cómo hacerse la prueba:
En CDCR, el proceso de prueba es simple. Usted puede solicitar pruebas de ITS mediante la presentación de un formulario de solicitud servicios de CDCR 7362 al departamento médico de salud.

Disposición de condones usados: el método de disposición recomendado es en el excusado (la letrina).
Condones Envejecidos: condones caducados deben mantenerse en el envase y desechar en la basura.

California LEGISLATIVE INFORMATION

AB-966 Prisoner Protections for Family and Community Health Act. (2013-2014)

Assembly Bill No. 966

CHAPTER 587

An act to add Chapter 10.9 (commencing with Section 6500) to Title 7 of Part 3 of the Penal Code, relating to prison inmates.

[Approved by Governor September 26, 2014. Filed with Secretary of State September 26, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 966, Bonta. Prisoner Protections for Family and Community Health Act.

Under existing law, the Secretary of the Department of Corrections and Rehabilitation is responsible for the administration of the state prisons. Existing law makes it a crime to engage in sodomy while incarcerated in a state prison and existing regulation prohibits inmates from participating in illegal sexual acts.

This bill would require the department to develop a 5-year plan to extend the availability of condoms in all California prisons.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. This act shall be known, and may be cited, as the Prisoner Protections for Family and Community Health Act.

SEC. 2. Chapter 10.9 (commencing with Section 6500) is added to Title 7 of Part 3 of the Penal Code, to read:

CHAPTER 10.9. Prisoner Protections for Family and Community Health Act

6500. Based on the recommendations contained in the "Evaluation of a Prisoner Condom Access Pilot Program Conducted in One California State Prison Facility" report, and in light of the successful pilot project conducted at California State Prison, Solano, the Department of Corrections and Rehabilitation shall develop a five-year plan to expand the availability of condoms in all California prisons.

California Department of
Corrections and Rehabilitation

Assembly Bill 966
Frequently Asked Questions

Q: Why is CDCR giving inmates access to condoms?
A: Assembly Bill 966 enacted Penal Code 6500, which requires CDCR to expand availability of condoms in all California prisons.

Q: If we give inmates access to condoms, aren't we just condoning sexual behavior between them?
A: CDCR does not condone sexual behavior within CDCR facilities. However, despite disciplinary sanctions against such conduct and custodial practices designed to eliminate or reduce the frequency of such occurrences, sexual contact between inmates occurs. This high risk behavior constitutes a substantial risk to the health and welfare of the inmate population at large, staff, and the public. HIV and other sexually transmitted infections (STIs) are prevalent in correctional settings. In fact, one in seven people in the USA with HIV passes through the Correctional system each year (Source: Centers for Disease Control and Prevention). It is the purpose of this procedure to reduce transmission of these infections within CDCR facilities.

Q: Doesn't allowing inmates access to condoms conflict with the Prison Rape Elimination Act (PREA) policy?
A: No. The intent of this program is to reduce the spread of STIs and thus protect inmates, staff, and the public. Although condoms are being made available to the inmate population, any sexual behavior between inmates will be documented and handled in accordance with existing CDCR regulations and the California Penal Code.

Q: What is the direction to staff if they find a condom outside of its packaging?
A: If a condom is found outside of its packaging in a celled environment, staff will secure the cell and immediately notify a supervisor. The inmate(s) assigned to that cell will be individually interviewed in a confidential setting by staff at the level of Sergeant or above to determine if any safety concerns exist. In areas housing three or more inmates, or common areas frequented by inmates, staff shall contact their supervisor, who will consider the totality of the circumstances and determine whether interviews are necessary. If, as a result of interviews, one of the inmates indicates safety concerns or makes a claim that a sexual assault occurred, or if there is evidence of assault, existing protocols will be followed. The presence of a condom alone is not evidence of an assault or criminal activity.

Q: Are inmates housed in Department of State Hospitals (DSH) being allowed access to condoms?
A: No, DSH inmates do not fall within CDCR's jurisdiction and therefore they are not included in this program.

Q: Are female institutions going to have access to condoms?
A: This program is first being implemented in the general population (including SNY GP, EOP, CCCMS) at male institutions. Implementation at the remainder of the institutions will be reviewed at a later time.

Q: Will ASU/SHU/PHU/PSU/Condemned inmates have access to condoms?
A: At this time, condoms are only being made available to inmates who are in General Population (and not in any type of restricted housing program). Condom access for non-GP populations will be reviewed at a later date.

Q: Will inmates at Minimum Support Facilities (MSFs) and Fire Camps have access to condoms?
A: Yes. When the condom access program is implemented at each institution, the MSF and Fire House are included in that implementation. When the condom access program is implemented at SCC, CCC, CMC, and CRC, the Fire Camps associated with those institutions will also implement condom access.

Q: How many condoms are inmates permitted to possess?
A: Inmates will be allowed no more than three state-issued, standard sized, latex, lubricated condoms at any given time.

Q: Can inmates be written up if they have more than three condoms in their possession or if they use them inappropriately?
A: CCR Title 15, Section 3006, Contraband, governs what is considered contraband and staff is directed to follow it as written.

Q: How much will this program cost CDCR?
A: It is estimated that the dispensers and condoms will cost approximately $128,240 for the initial purchase and implementation. That equates to approximately $1.17 per inmate. Expenditures past the initial year will vary based upon how frequently each institution needs to replenish their stock but the cost is approximately $138.00 per case of 1,008 condoms.

Q: Who is paying for these condoms and dispensers?
A: At this time, DAI is responsible for the purchase of condoms and dispensers and having them shipped to the institutions.

Q: What method will be used to dispense the condoms?
A: Dispensers will be mounted on the wall in locations determined by each institution. The dispensers are easily top-filled and are made of high-impact clear poly thermoplastic, which is 250-times stronger than glass (bulletproof). This is the same material that ballistic riot shields are made from. Staff is responsible for touring areas where dispensers are located to ensure their integrity is maintained. Institutions concerned about maintaining the integrity of the dispensers have the option of having their plant operations staff create expanded metal cases to go around the outside.

Q: Who is responsible for filling the dispensers? Will custody staff be required to give condoms out to inmates?
A: Each institution will determine how their dispensers will be filled and this will be addressed in their Operational Procedures; however, at this time there is no plan for any staff to physically hand out condoms.

Q: Will staff have to pass out condoms if inmates are on modified program or lockdown?

A: No.

AB-966 Prisoner Protections for Family and Community Health Act
Informational Discussion-Talking Points

Overview and History

- AB-966 is an Assembly Bill that was approved by Governor Brown on September 26, 2014. AB-966, known as Prisoner Protections for Family and Community Health Act, requires CDCR to develop a 5-year plan to extend the availability of condoms in all California prisons. Subsequently, Penal Code 6500 was enacted, making this law.
- A pilot program was conducted at CSP-Solano from November 5, 2008 through November 4, 2009. Many agencies and non-profit organizations collaborated to conduct this pilot program. The pilot was conducted on Facility II, a Level III General Population facility. Wall-mounted condom dispensing machines were placed in common areas in housing units, "G-dorm" (now the Level III Gym), the Medical Primary Care restrooms, and Education.
- During the pilot program at CSP-Solano, a total of 2,110 condoms were dispensed from the various machines.
- The condom dispensing machines and condoms were donated for the pilot program at CSP-Solano. The cost for the machine was $200 and the cost per condom was $.22 each.

Initial Concerns With the SOL Pilot

- Staff had two main concerns: Does providing condoms send a mixed message because sexual behavior is illegal in California prisons? Would the condoms be used for transporting contraband and other inappropriate activities?
- Inmates had five main concerns: Does this indicate staff condones sex among inmates? Will inmates be portrayed by the media as homosexual and consequently judged negatively by family/friends? Will daily routine be impacted? Increase in Rule Violation Reports? Do the dispensers being mounted in plain view send a mixed message?

Findings

- Researchers found no record of any incidents or Rule Violation Reports that involved condoms during the pilot period. There were six incidents of sexual misconduct, including masturbation and indecent exposure, with no condom use reported.

Lessons Learned

- None of the peer educators or Men's Advisory Council (MAC) inmates interviewed reported having observed inmates accessing the dispensers in the housing units, noting that the lack of privacy and peer pressure are barriers to using the machines.
- Machines in housing units were regularly vandalized.
- Inmates felt that the program would have been more effective if inmates received condoms through medical visits, medication windows, and with a brochure in the orientation kit given to new arrivals.
- The inmate peer educators and MAC felt the video played daily on the inmate TV channel appeared to be an effective way to disseminate information about the program.
- Inmates stressed that education for inmates should elaborate on the purpose of the program, and include more information about HIV/STIs and hepatitis in the prison setting, and be more public health oriented rather than lifestyle focused, as condoms do not prevent the non-sexual transmission of HIV and hepatitis. In a prison setting tattooing and IV drug usage are also common ways of spreading these diseases.

How is the Condom Access Program Being Implemented?

- The intent of this program is to reduce the spread of STIs and thus protect inmates, staff, and the public. Although condoms are being made available to the inmate population, any sexual behavior between inmates will be documented and handled in accordance with existing CDCR and California Penal Code regulations.
- In order to try and address any potential challenges prior to implementation, initially one institution from each mission was selected (California Medical Facility, Corcoran State Prison, Mule Creek State Prison, and San Quentin State Prison). After successful implementation at those four institutions, a schedule was developed that groups institutions geographically, with 3-4 prisons implementing per month, beginning in November 2015.
- This program is first being implemented in the general population (including SNY GP, EOP, CCCMS). Condom access for non-GP populations will be reviewed at a later date.
- Dispensers will be mounted on the wall in locations determined by each institution. The dispensers are easily top-filled and are made of high-impact clear poly thermoplastic, which is 250-times stronger than glass (bulletproof). This is the same material that ballistic riot shields are made from. Staff is responsible for touring areas where dispensers are located to ensure their integrity is maintained. Institutions concerned about maintaining the integrity of the dispensers have the option of having their plant operations staff create expanded metal cases to go around the outside.

Additional Information

- In 2010 the prevalence of HIV/AIDS in state prisons in the U.S. was 1.5%. http://www.bjs.gov/content/pub/pdf/hivp10.pdf)
- The Center for Disease Control (CDC) estimates that 1,218,400 persons aged 13 years and older are living with HIV infection, including 156,300 (12.8%) who are unaware of their infection. http://www.cdc.gov/hiv/statistics/basics/ataglance.html
- Given the population of the U.S. was 308,745,538 in 2010 (http://www.census.gov/2010census/data/), the prevalence of HIV in the general population is approximately 0.4% and the prevalence of HIV in state prisons in the U.S. is nearly four times that in the general population [1.5% / 0.4% = 3.75]
- 1 in 6 people with HIV in the U.S. pass through a correctional facility each year.
- In CDCR the current prevalence of hepatitis C is approximately 20%. (CCHCS hepatitis C registry)
- Condoms are made available to inmates in many other parts of the United States, and throughout the world. In the United States, condom distribution programs exist in the Los Angeles, San Francisco, New York City, Philadelphia, and Washington DC county jails, as well as in the Vermont prison system. Additionally, over 80 percent of European Union prison systems, the Correctional Service of Canada, and prisons in Australia, South Africa, Brazil, Indonesia, and Iran provide condoms for inmates.
- The wholesale cost of HIV treatment regimens ranges from $24,000 to $60,000 per person/per year, depending on which course of treatment is needed. One of the most commonly prescribed regimens to treat hepatitis C (HCV) costs approximately $1000 per day, or over $84,000 for a 12 week course of treatment for one patient. Some patients require longer treatment, increasing the cost. This cost does not include lab tests, imaging studies, and staff time. The cost of allowing all CDCR inmates access to condoms for 1 year is less than treating 2 patients who have HCV, or 3 patients who have HIV. (It is noted that research shows it is possible but not common to pass HCV through sex)
  http://www.nytimes.com/2014/03/16/opinion/sunday/how-much-should-hepatitis-c-treatment-cost.html
  https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/459/cost-considerations-and-antiretroviral-therapy