

# *Communicable disease control among marginalized populations in Europe: the role of law enforcement*

**LEPH 2012: The First International Conference  
On Law Enforcement and Public Health  
Melbourne, Australia**

# *Communicable disease epidemics (HIV, tuberculosis and hepatitis) in Europe*

- Communicable disease epidemics (HIV, tuberculosis and hepatitis) in **Europe** are diverse
- In all European countries (particularly Eastern Europe and Central Asia) disproportionately affect **socially marginalised** and people whose behaviour is **socially stigmatized** or **illegal**
- Presentation will evidence
  - structural factors associated with communicable disease
  - how marginalisation of populations and criminalisation of behaviours increases communicable disease risk
  - how **law enforcement** and the **criminal justice system** can be mobilized to control communicable disease in marginalised communities

## *Western Europe*

Andorra | Austria | Belgium | Denmark | Finland | France | Germany | Greece | Iceland | Ireland | Israel | Italy | Liechtenstein | Luxembourg | Malta | Monaco | The Netherlands | Norway | Portugal | San Marino | Spain | Sweden | Switzerland | United Kingdom

## *Central Europe*

Albania | Bosnia and Herzegovina | Bulgaria | Croatia | Cyprus | Czech Republic | Hungary | Macedonia (FYR) | Montenegro | Poland | Romania | Serbia | Slovakia | Slovenia | Turkey

## *Eastern Europe & Central Asia*

Armenia | Azerbaijan | Belarus | Estonia | Georgia | Kazakhstan | Kyrgyzstan | Latvia | Lithuania | Republic of Moldova | Russian Federation | Tajikistan | Turkmenistan | Ukraine | Uzbekistan

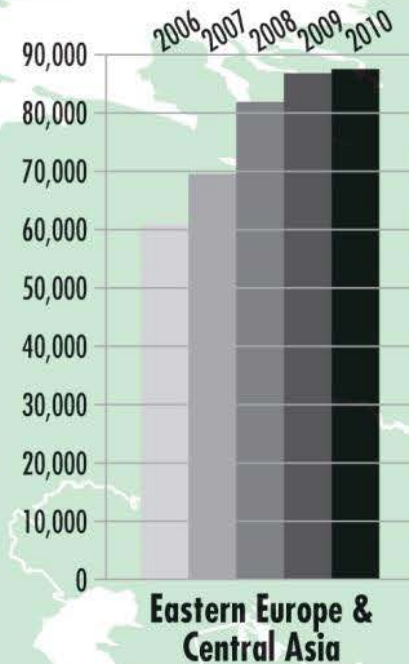
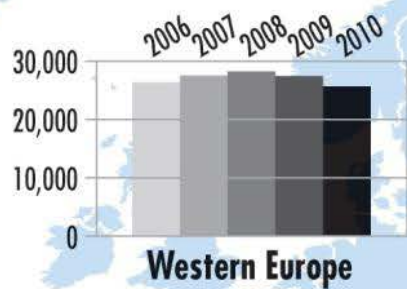
# ANNUAL NUMBER OF HIV CASE REPORTS BY EUROPEAN REGION, 2006–2010



Sources: ECDC/WHO European Office HIV Report 2011 and Russian AIDS Centre Report 2011.  
Data for most recent years may be revised due to delays in case reporting.

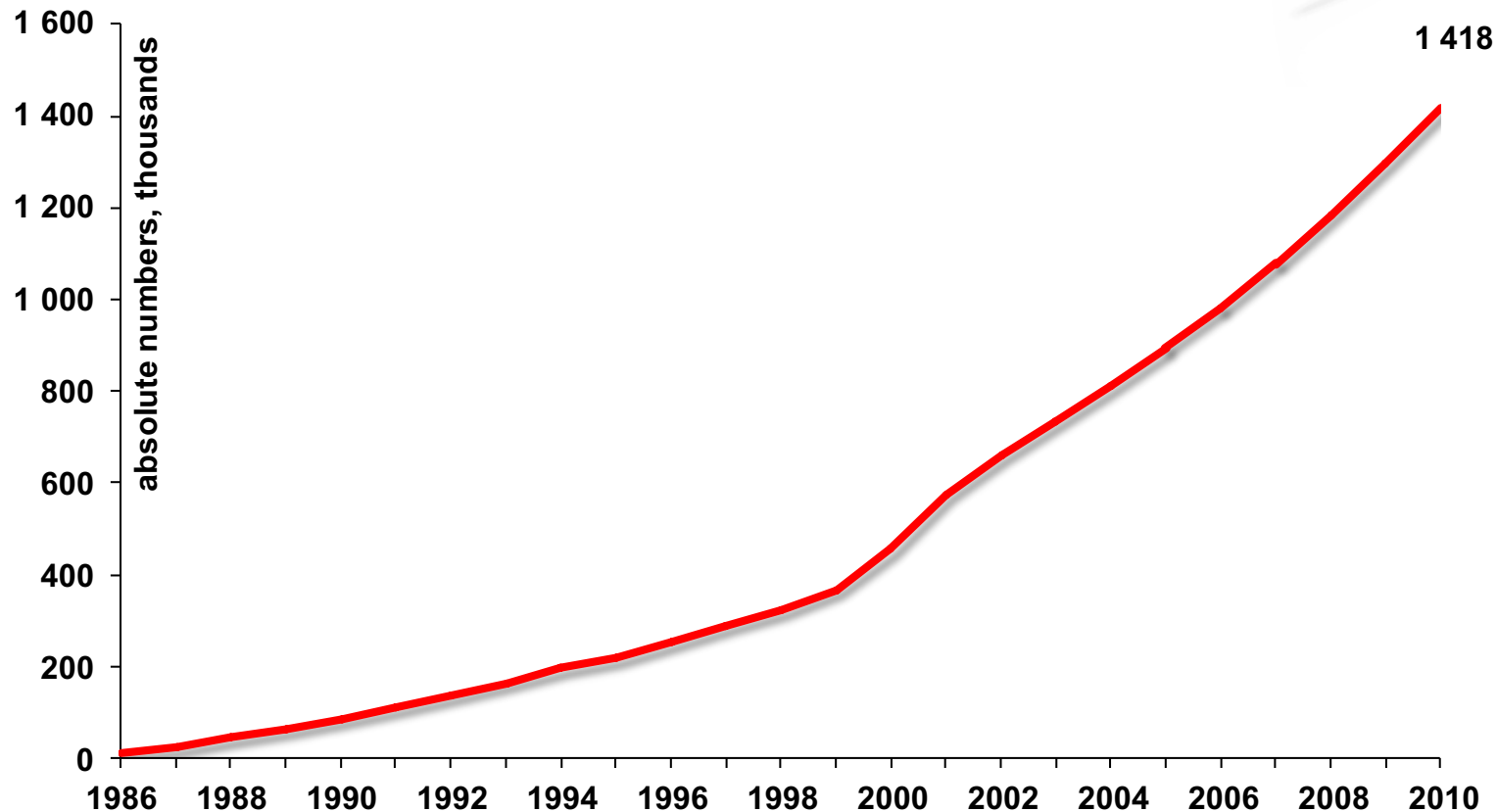
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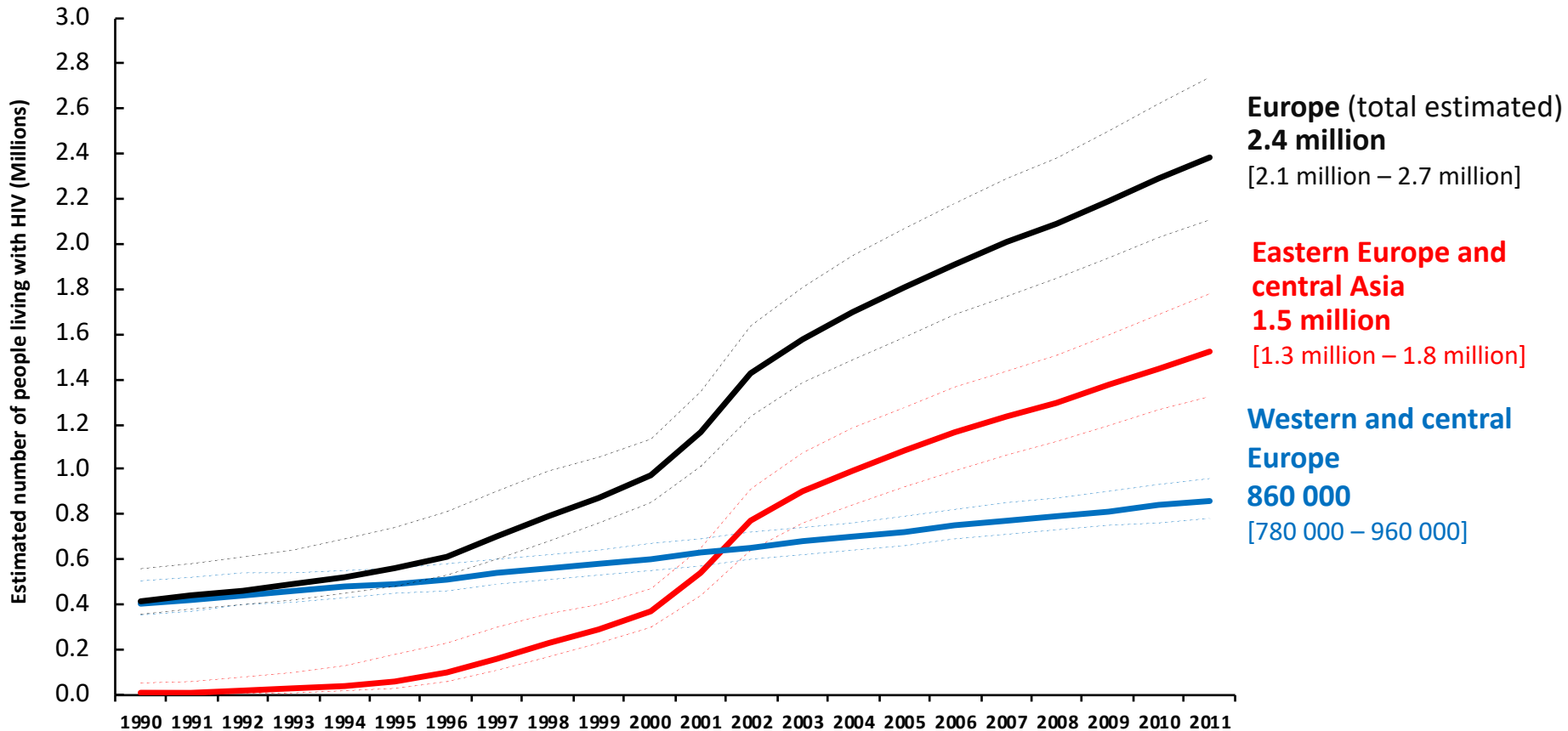
# *HIV epidemic in Europe still not under control*

Cumulative number of diagnosed cases (in thousands),  
WHO European Region, 1986–2010

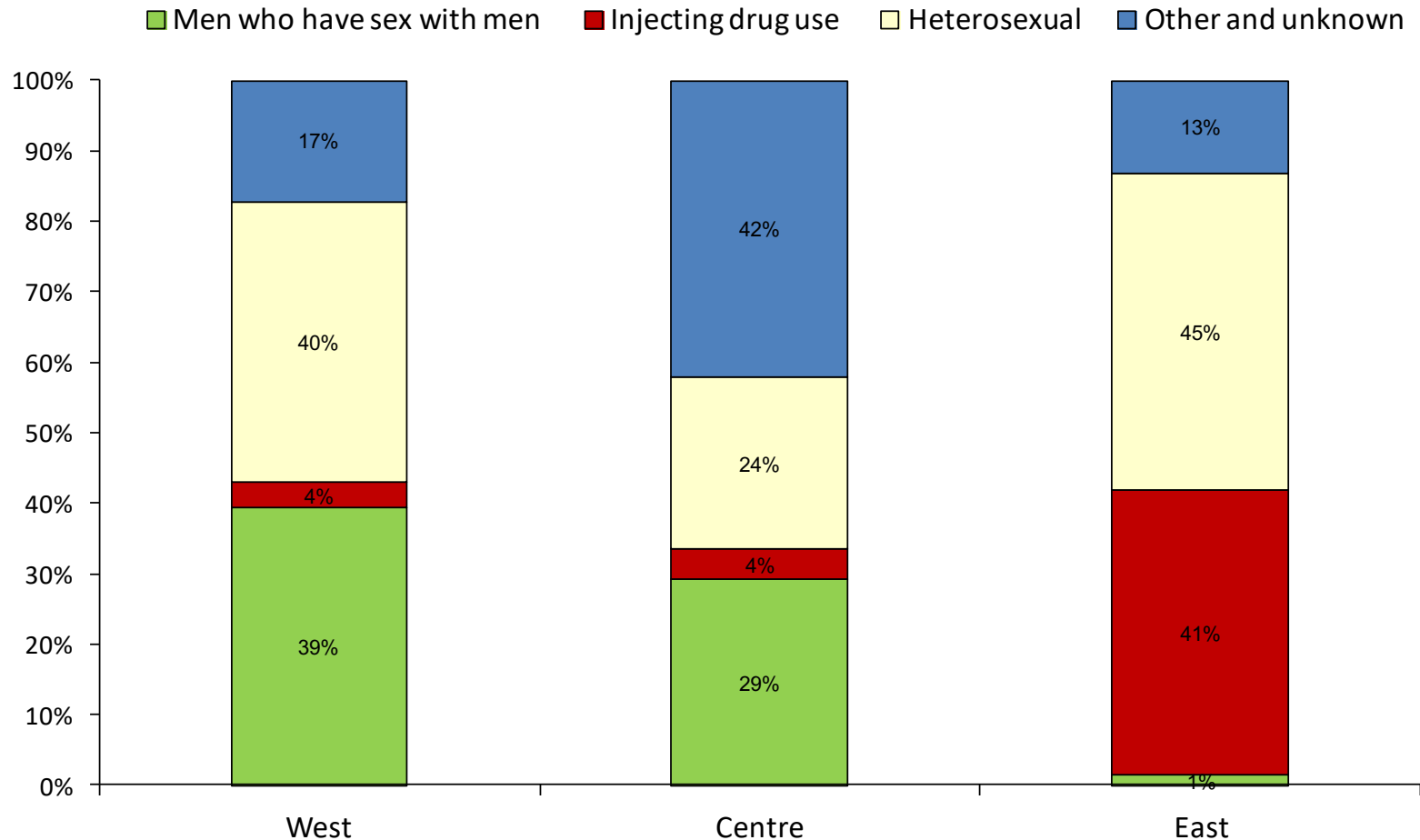


# People living with HIV: fast growing numbers in eastern Europe and central Asia

Estimated number of people living with HIV in Europe, 1990-2011



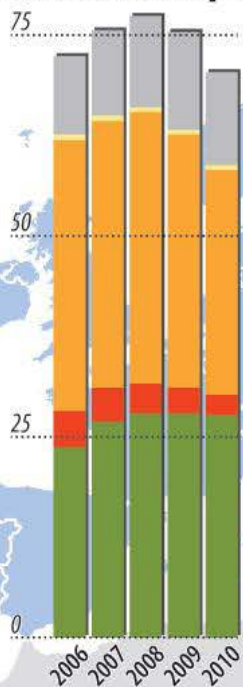
# HIV infections diagnosed 2010 WHO European Region: transmission mode and geographical area



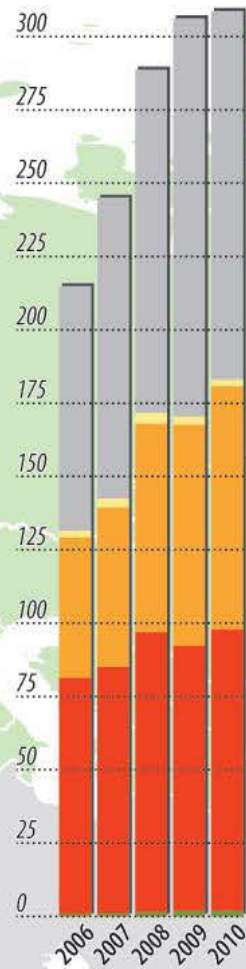
# ANNUAL HIV CASE REPORTS PER MILLION POPULATION BY EUROPEAN REGION AND REPORTED EXPOSURE, 2006–2010



## Western Europe



## Central Europe



## Eastern Europe & Central Asia



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Sources: ECDC/WHO European Office HIV Report 2011 and Russian AIDS Centre Report 2011.  
 "Other not known": Between 2006 and 2010 there were 740 with other transmission risk, that is, either haemophilic/transfusion recipient or nosocomial infection. In the East, a large proportion of HIV case reports had no information on exposure type.

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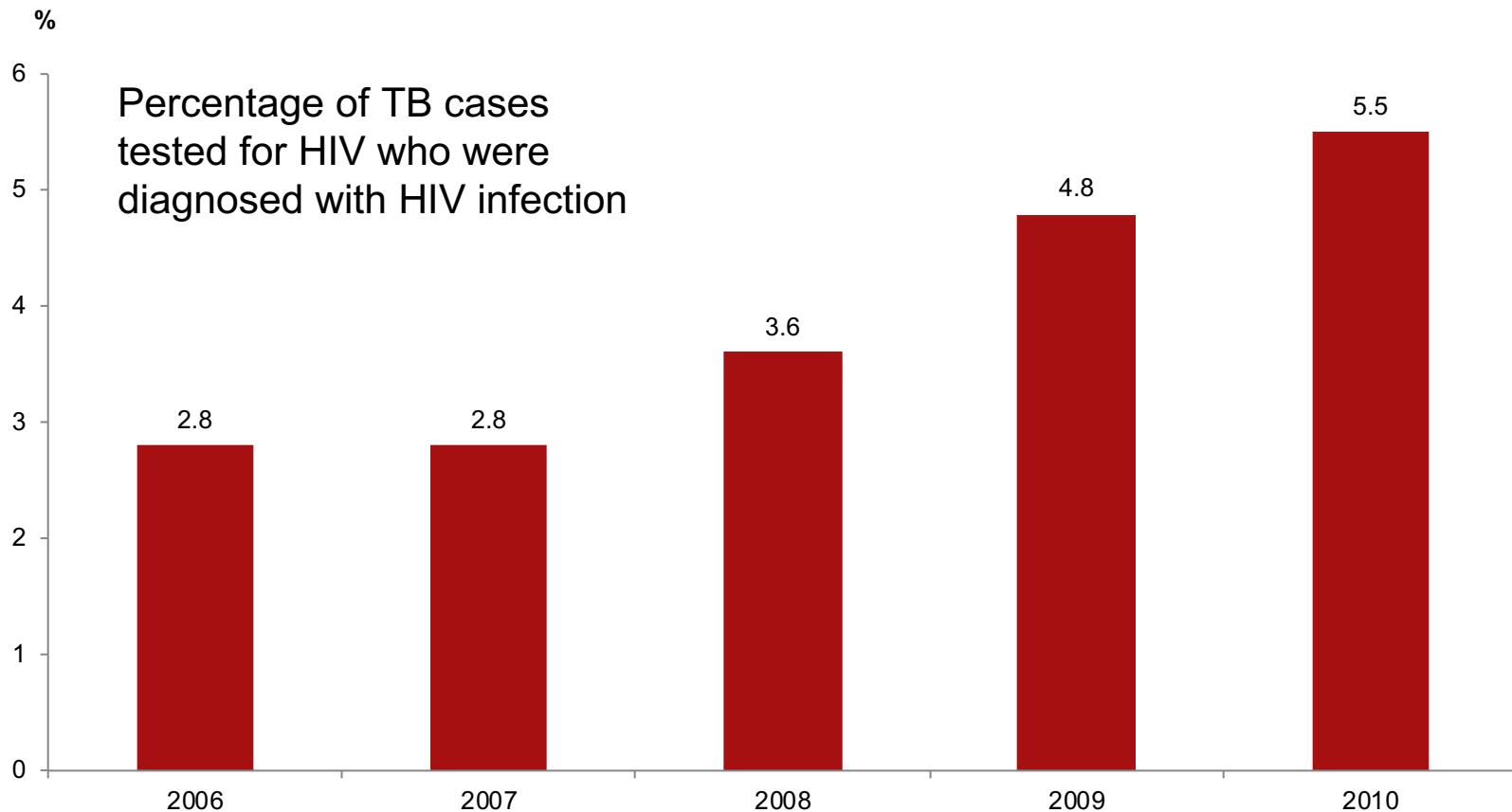
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# *Tuberculosis and hepatitis*



# *HIV infection among all TB cases tested for HIV in the WHO European Region (2006-2010)*



# *Tuberculosis*

- TB leading cause of mortality among people living with HIV
- 16/27 countries globally with high burden of multidrug-resistant TB in Europe and central Asia
- TB treatment complicated/long hospitalization is widespread, often six months or more
- High prevalence of HIV, TB and hepatitis C among **two million prison inmates in Europe and central Asia**

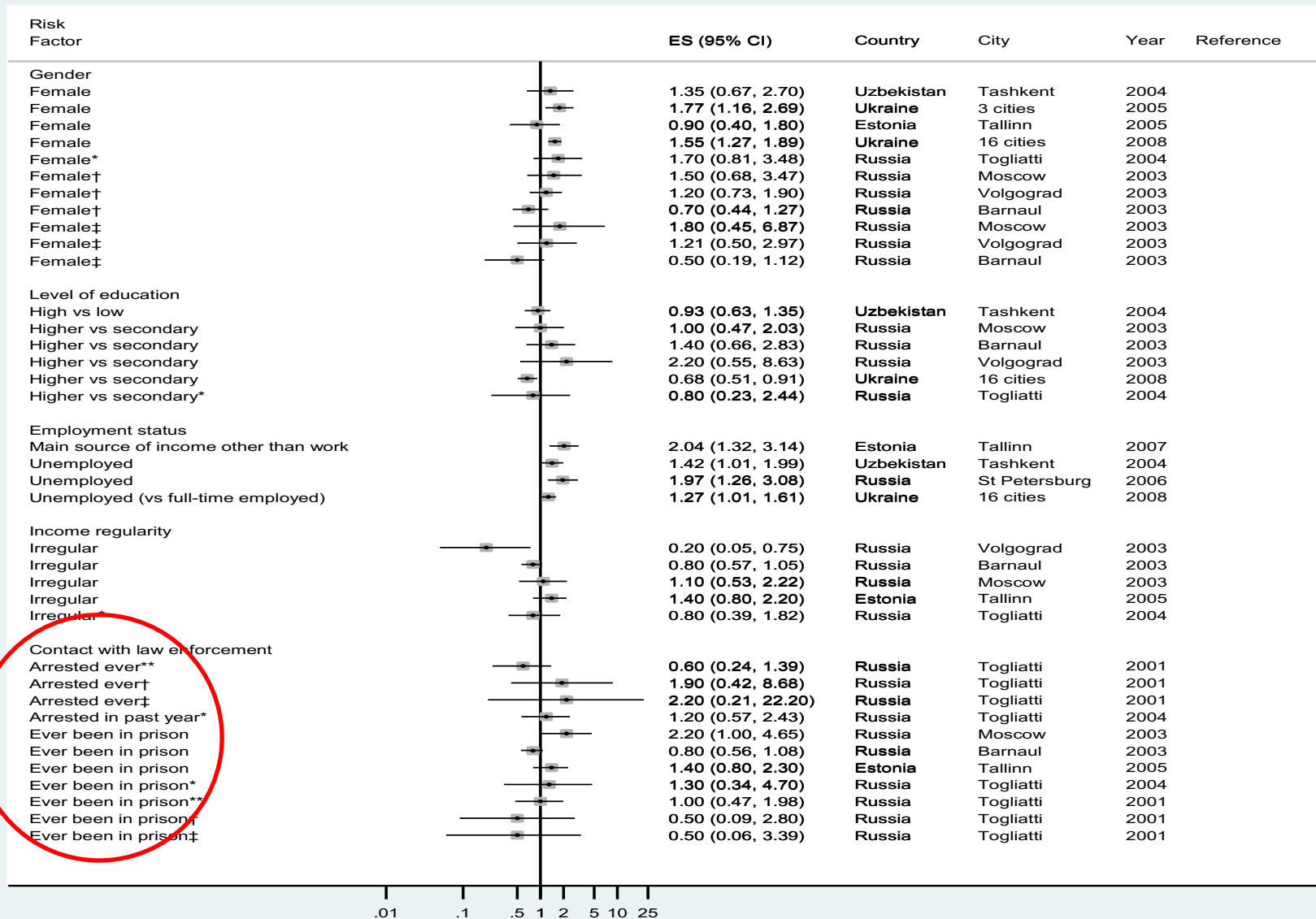
# *Tuberculosis*

- Delivery of TB, HIV and drug-dependence services generally not linked or integrated
- HIV testing coverage in TB settings good (86%)
- TB incidence rates declining (<1% per year)
- Comprehensive programmes implemented in prisons in selected countries demonstrate effectiveness in reducing the prevalence of HIV, TB and hepatitis C

# Vulnerability and marginalisation

Key laws supporting or blocking universal access in countries in the east of the region, July 2010

Countries	Protective laws		Punitive laws					
	A Laws and regulations that protect people living with HIV against discrimination	B Non-discrimination laws or regulations that specify protections for vulnerable subpopulations	C Laws, regulations or policies that present obstacles to access to prevention, treatment, care and support for vulnerable subpopulations	D HIV-specific restrictions on entry, stay or residence	E Laws that specifically criminalize HIV transmission or exposure	F Laws that criminalize same-sex sexual activities between consenting adults	G Laws deeming sex work ("prostitution") to be illegal	H Laws that impose compulsory treatment for people who use drugs and/or provide for death penalty for drug offences
Armenia	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Azerbaijan	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Belarus	Yes	Yes	Yes	Yes	Yes		Yes	Yes
Estonia	Yes	No	No	No	No	No	No	
Georgia	Yes	No	Yes	No	Yes	No	Yes	
Kazakhstan	Yes	Yes	No	No	Yes	No	No	Yes
Kyrgyzstan	Yes	Yes	No	No	Yes	No	No	
Latvia	Yes	No	No	No		No	No	
Lithuania	Yes	Yes	Yes	Yes	No	No	Yes	
Republic of Moldova	Yes	Yes	No	Yes	Yes	No	Yes	
Russian Federation	Yes	Yes	Yes	Yes		No	Yes	
Tajikistan	Yes	Yes	No	Yes		No	Yes	
Turkmenistan				Yes	Yes	Yes	Yes	
Ukraine	Yes	Yes	Yes	Yes		No	Yes	
Uzbekistan	Yes	Yes	No	Yes	Yes	Yes	Yes	



## *Contact with criminal justice systems*

- Arrest and incarceration of PWID a common experience (50–75% in prison at least once)
- Prison populations have high HIV prevalence and incarceration increases HIV (five countries report HIV rates > 5% )
- Incarceration a risk factor for HIV and other communicable disease

## *Prison and incarceration*

- High prevalence of HIV, TB and hepatitis C among **two million inmates** in Europe and central Asia
- Few countries support comprehensive HIV programmes in prisons (**only ten in European Region and three in Eastern Europe and Central Asia**)
- Provision of antiretroviral therapy for prisoners living with HIV is inadequate and untimely

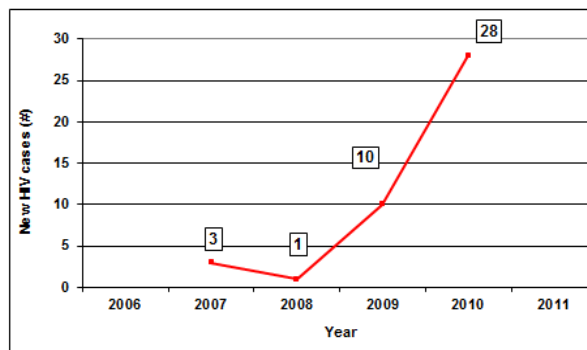


# HIV epidemics in prisons: Lithuania and Spain

## Prisoners in Lithuania newly infected with HIV in the absence of prevention services

Intervention	Availability
Needle and syringe programme	No
Opioid substitution therapy	No
HIV testing	Yes
Antiretroviral therapy	18%
Harm reduction education	5 pilot projects

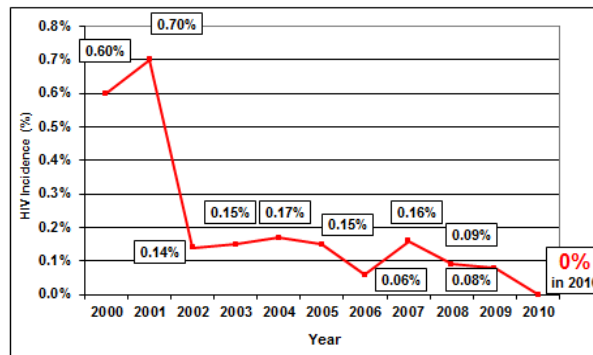
Number of prisoners newly infected with HIV in Lithuania



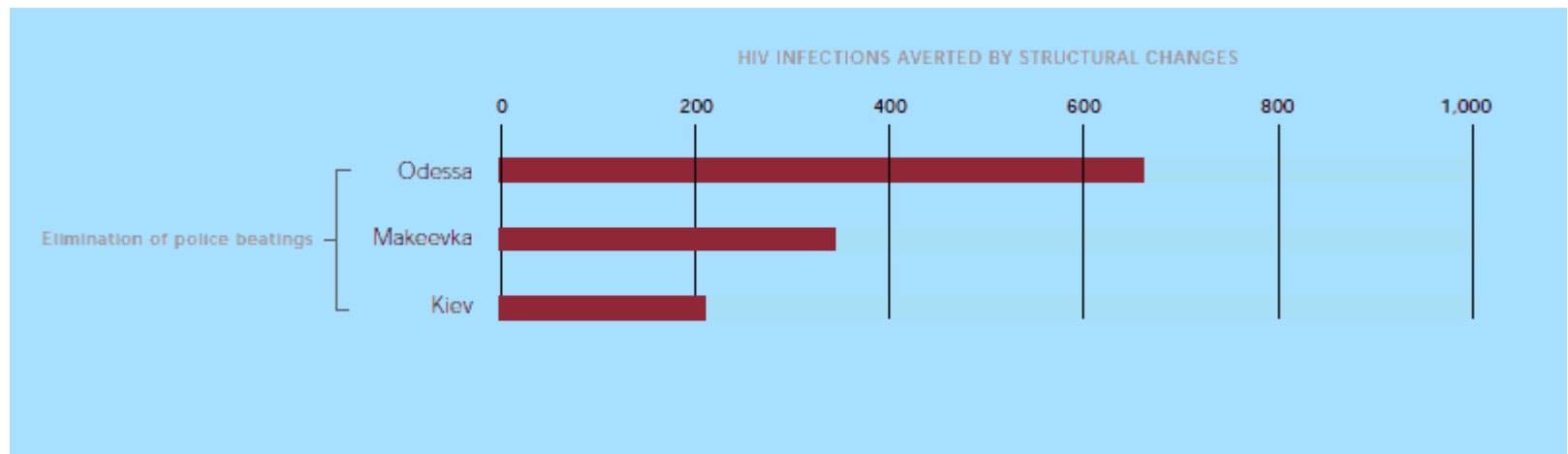
## Prisoners in Spain newly infected with HIV in the presence of prevention services

Intervention	Availability
Needle and syringe programme	Yes, 30 Prisons
Opioid substitution therapy	10.2% of inmates (6429 in 2010)
HIV Testing	76%
Antiretroviral therapy	64.6% (2668 in 2010)
Harm reduction education	100%

Percentage of prisoners newly infected with HIV in Spain



# *Estimated number of people who could avoid acquiring HIV infection by eliminating police violence against people who inject drugs in three cities in Ukraine*



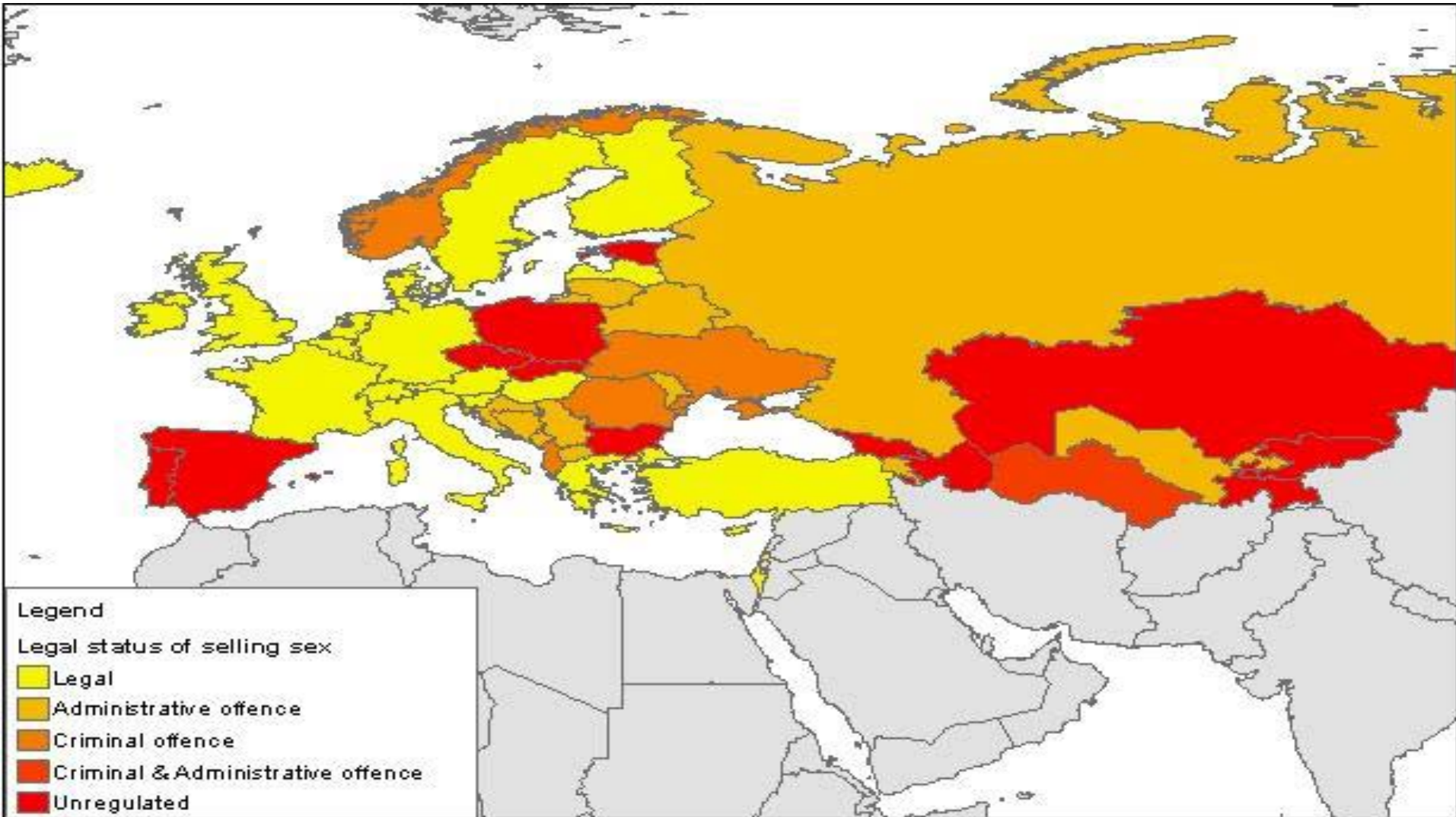
# *Street based policing impacts HIV and TB vulnerability and service integration*

- **Portugal:** police not a barrier to integrated HIV, TB and drug dependency care
- **Ukraine:** police harassment and arrest of OST clients a major barrier to treatment access and integrated care
- **Russia:** police harassment and arrest of drug users deters drug users from approaching services

# *Street level policing increases HIV risk behaviour of drug injectors in Russia*

- Fear of arrest, rushed injections and increased risk
- Police confiscate injecting equipment or use as evidence of drug use
- Police surveillance and harassment of clients and staff of harm reduction services
- Forced registration as a drug user increases marginalisation

# *Legal status of selling sex in European Region*



# *Stigma, discrimination and violence increase vulnerability*

- Preventing negotiation of condom use
- Reducing access to services (fear of harassment by law enforcement authorities or ill treatment by service providers)
- Forced to exchange unpaid and unprotected sex with law enforcement authorities (to escape arrest or harassment, obtain release from prison or avoid being deported)

# *Migrant sex workers, vulnerable, marginalised and criminalised*

- In western Europe estimated 65% of sex workers migrants
- Migrant sex workers have worst conditions
- Undocumented migrants face deportation and unable to access legal, social and health care services
- Threat of arrest and expulsion make migrant sex workers especially vulnerable and difficult to reach

# Sex workers, violence and street level policing

**TABLE 1:** Sex workers who were physically and/or sexually assaulted by police during the past year (2007)

	PHYSICAL ASSAULT		SEXUAL ASSAULT	
BULGARIA	70.0%	(7/10)	20.0%	(2/10)
KYRGYZSTAN	64.2%	(9/14)	89.5%	(17/19)
LATVIA	42.9%	(9/21)	23.8%	(5/21)
LITHUANIA	15.0%	(3/20)	-	-
MACEDONIA	100.0%	(17/17)	82.4%	(14/17)
POLAND	-	-	7.7%	(1/13)
RUSSIA (North-West district)	30.0%	(6/20)	30.0%	(6/20)
RUSSIA (Siberia)	55.0%	(11/20)	55.0%	(11/20)
SERBIA	62.5%	(5/8)	75.0%	(6/8)
SLOVAKIA	5.0%	(1/20)	30.0%	(6/20)
UKRAINE	85.0%	(17/20)	45.0%	(9/20)
<b>TOTAL</b>	<b>41.7%</b>	<b>(86/206)</b>	<b>36.5%</b>	<b>(77/211)</b>



# *How can we respond to reduce vulnerability and marginalisation?*



# *How law enforcement and the criminal justice system can be mobilized to control disease in marginalised communities Specific Actions (1)*

- Removal of laws and policies that criminalize same-sex sexual activities or sex work; dictate compulsory treatment; criminalize HIV exposure or transmission; present obstacles to access to services for vulnerable populations; that do not adhere to human rights standards, such as protection and enforcement of confidentiality and against involuntary sharing of medical information

## *How law enforcement and the criminal justice system can be mobilized to control disease in marginalised communities Specific Actions (2)*

- Amend drug laws and policies that interfere with health service delivery, such as laws that interpret information on safer injecting practices as pro-drug propaganda.
- Establish lawyers who specialize in rights of PLWHIV, drug users, migrants, sex workers or prisoners, who can provide legal aid
- Establish systems to monitor and report incidents of stigma and discrimination

*How law enforcement and the criminal justice system can be mobilized to control communicable disease in marginalised communities PWIDs (1)*

- Promote policy reform and legal change
- Provide legal access to HIV interventions
- Remove legal requirements of compulsory registration to access drug services
- Introduce drug control policies that distinguish drug users from traders/traffickers
- Apply administrative rather than criminal penalties

## *How law enforcement and the criminal justice system can be mobilized to control communicable disease in marginalised communities PWIDs (2)*

- Promote police HIV prevention training and partnerships
- Develop alternatives to prison, including community penalties and court orders
- Provide sterile injecting equipment and OST in prisons
- Interventions enabling legal aid and legal rights literacy to protect against rights violation

*How law enforcement and the criminal justice system can be mobilized to control communicable disease in marginalised communities (Sex Workers 1)*

- **Community-level interventions**
  - **Managed street sex work zones**
    - reducing incidences of violence and providing a safer place to work
    - need consent of local communities
    - clearly assign responsibilities to authorities to manage the zone

## *How law enforcement and the criminal justice system can be mobilized to control communicable disease in marginalised communities (Sex Workers 2)*

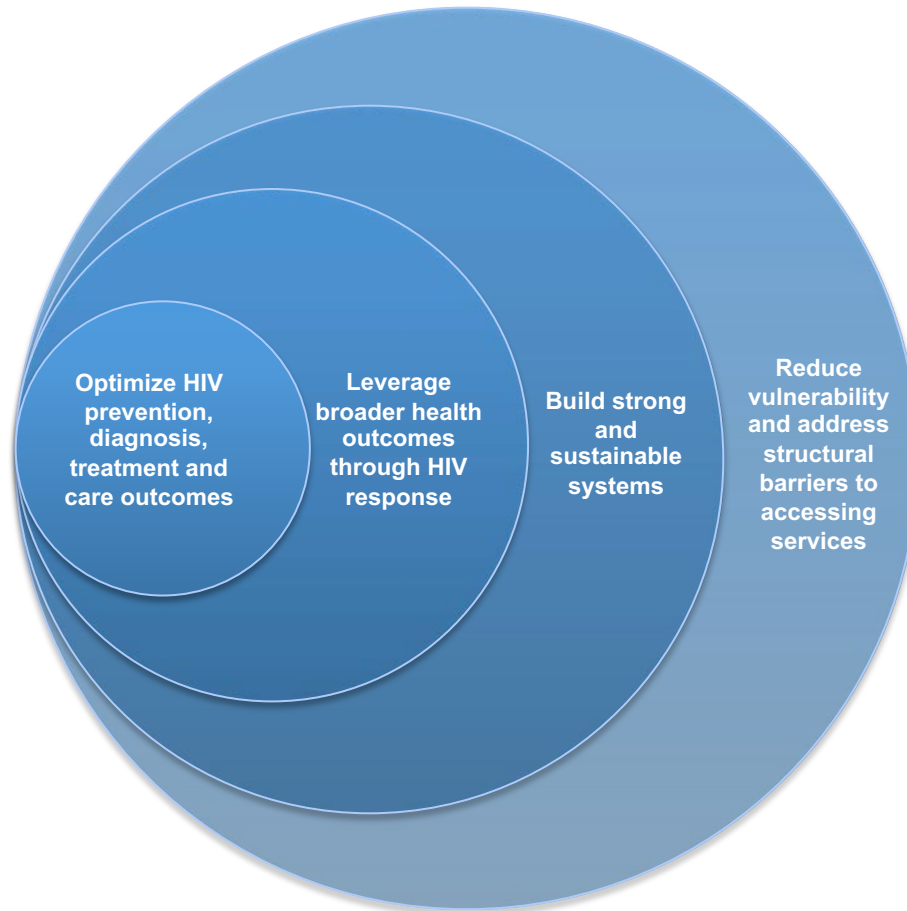
- Decriminalization of sex work across the region
  - would positively impact HIV prevention
  - reduction in violence and incarceration rates

## *How law enforcement and the criminal justice system can be mobilized to control communicable disease in marginalised communities (MSM)*

- Remove legal prohibitions on sex between men
- Prosecute police involved in harassment, assault or extortion of MSM
- Require police to enforce the laws against assault for MSM equal with the rest of population
- Provide legal recognition and protection of same sex relationships



# *Four strategic directions of the European Action Plan for HIV/AIDS 2012–2015*



# *European Action Plan for HIV/AIDS 2012–2015*

## *Reducing vulnerability and the structural barriers to accessing services*

- Anchored in principles of:
  - Equity in health; community participation, and protection of human rights; evidence informed policies and ethical public health approaches
- Addresses laws and regulations; stigma, discrimination and other human rights abuses
- Addresses social determinants
- Strengthening community systems

# *Communicable disease control among marginalized populations in Europe: the role of law enforcement*

