



Criminalization:

how social policy affects the response to hiv/aids



Thomas Friedrich | Path/PBS 210 | 13 Nov 2013

Could not construct a better way to transmit a blood borne disease - injecting drug users - renting needles

In the beginning



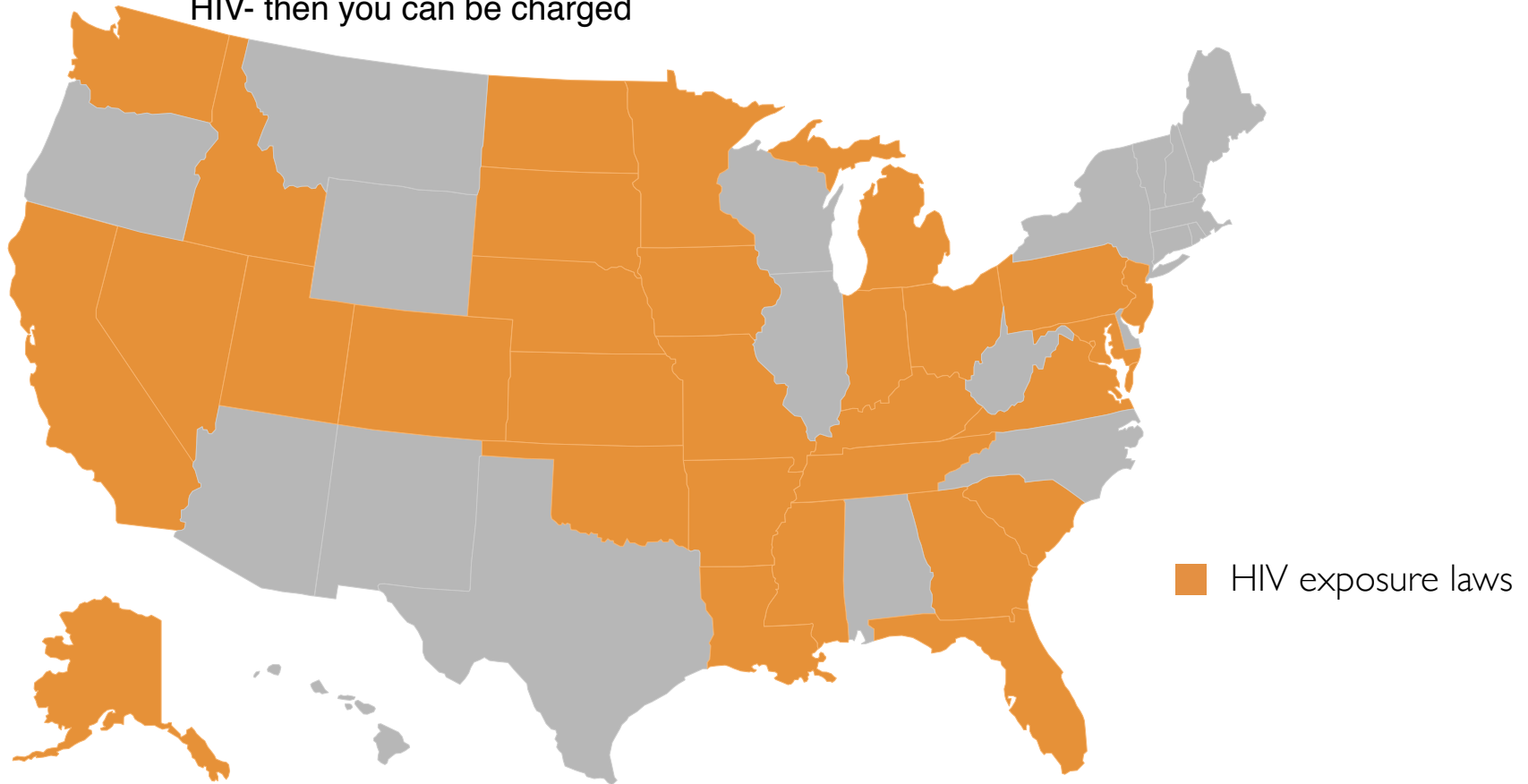
"The Age of AIDS," PBS *Frontline* 2006

AIDS: lose friends and family after diagnosis
AIDS killing all the right people

“For sex workers, as for men who have sex with men and other marginalized populations who have elevated risk of acquiring HIV, programmatic deficits are compounded by social and legal disadvantages **that increase vulnerability** and **deter individuals from obtaining the services they need.**”

32 states have criminal laws against HIV exposure

These 32 states have specific laws that say, if you knowingly expose someone to HIV that is HIV- then you can be charged



data: <http://www.cdc.gov/hiv/policies/law/states/exposure.html>

Deter & punish or reduce harm?

- ▶ Populations at high risk of HIV infection include people who engage in criminal and/or socially unacceptable behavior
- ▶ Criminalization = social regulation of behavior through deterrence and punishment
through societal rules to stop people from engaging in behavior that we don't want them to engage in and punish them for doing it if they do

Which populations may be most affected by “HIV criminalization?”



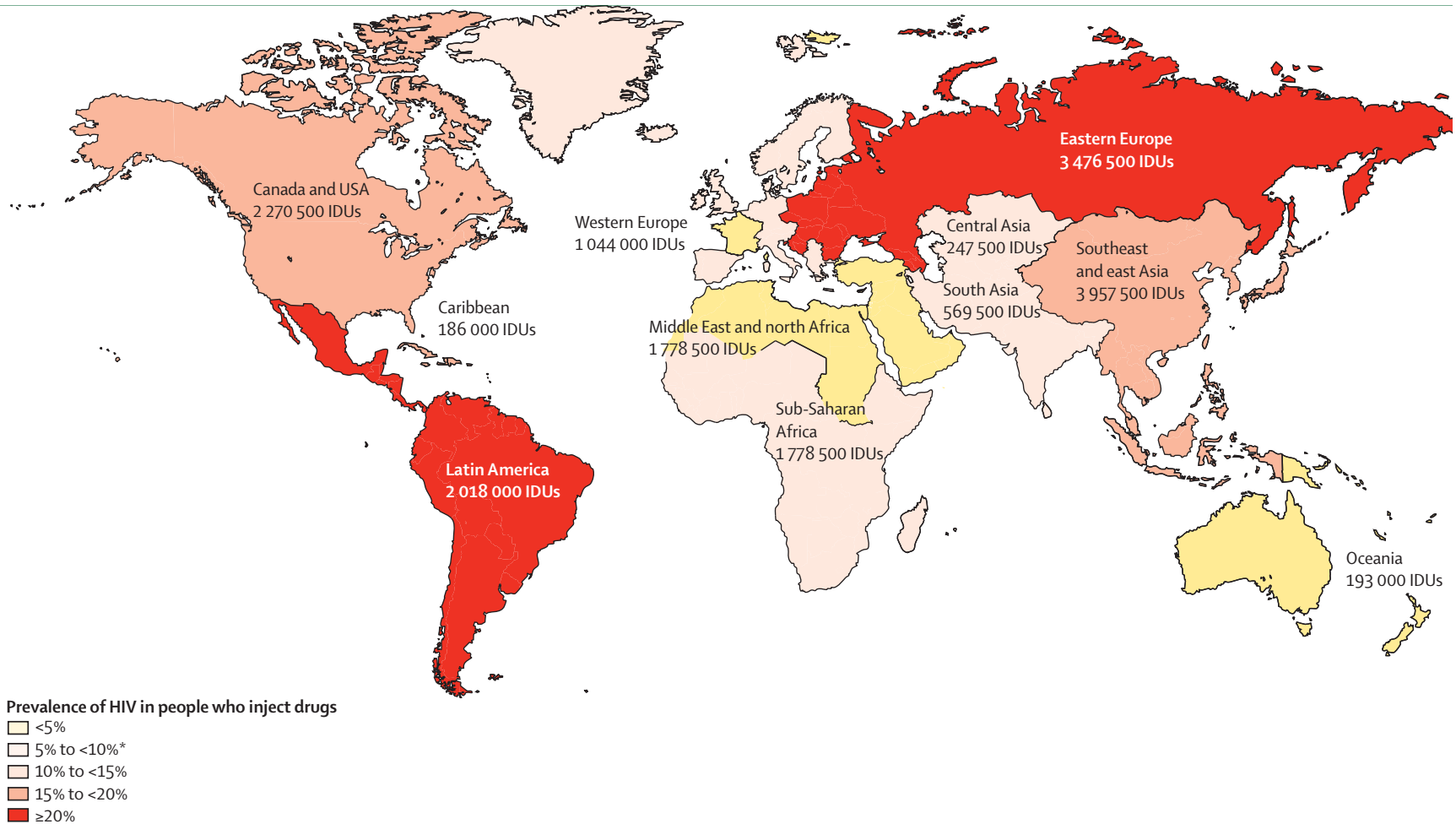
main

Criminalization of HIV: 3 populations

- ▶ Injecting drug users
- ▶ Commercial sex workers
- ▶ Men who have sex with men

intravenous drug users

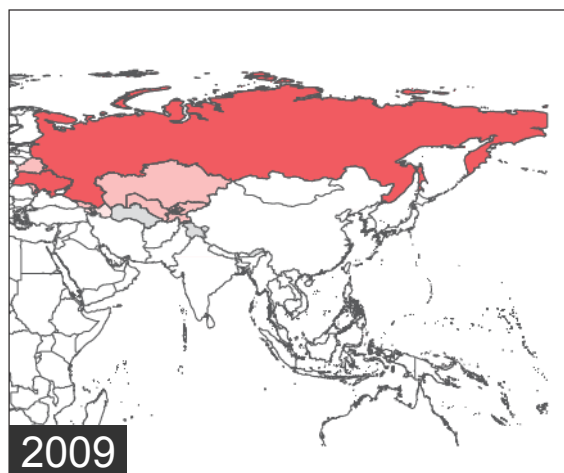
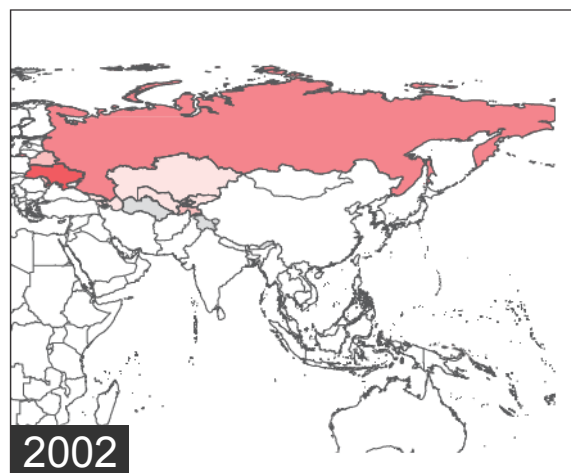
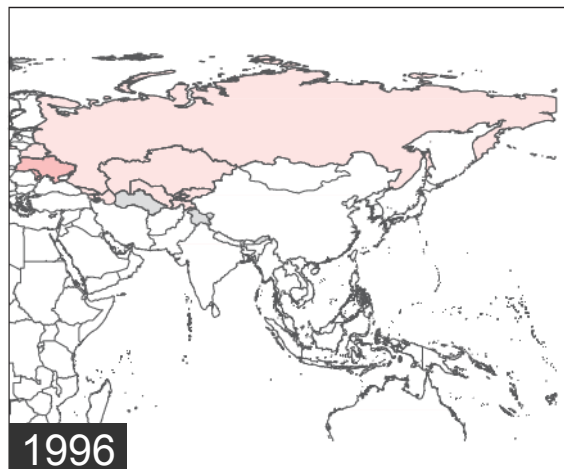
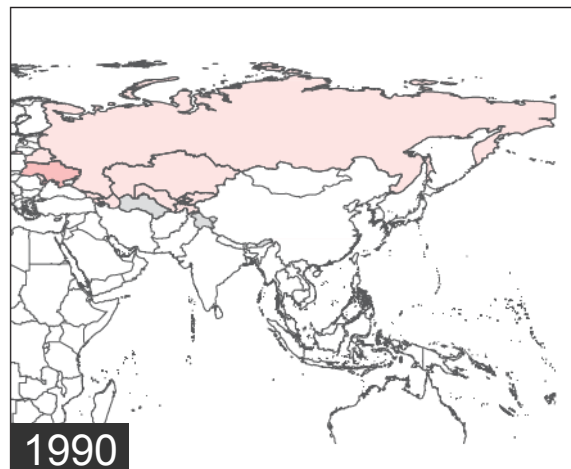
HIV prevalence among IVDU, 2010



HIV prevalence in IVDU, 2008 estimates

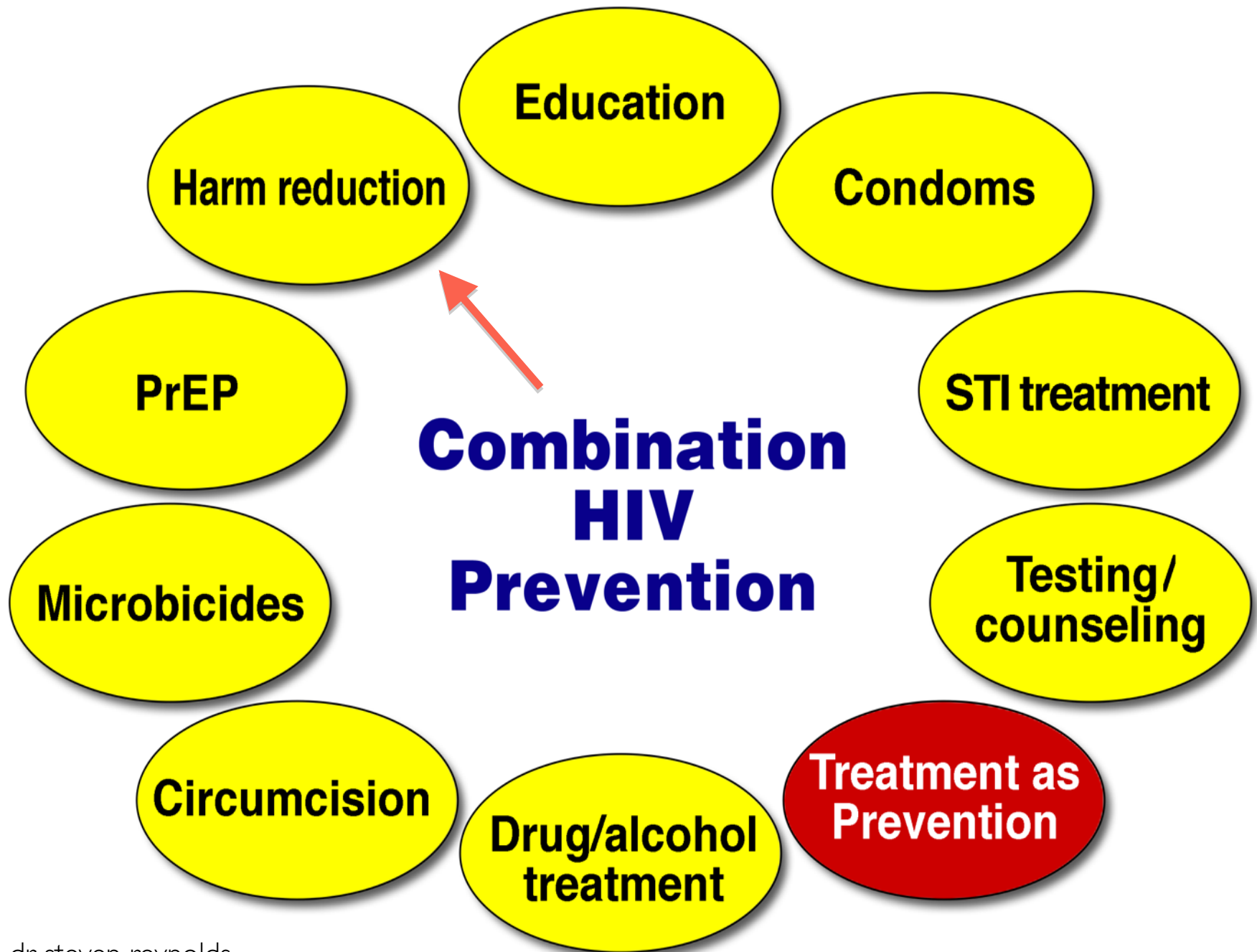
- ▶ Estimated 15.9 (11.0-21.2) million people inject drugs worldwide
- ▶ Estimated that 3 million people who inject drugs are HIV positive (1 in 5 drug users worldwide)
are HIV+ (20%)
- ▶ China, USA and Russia have largest number of injectors and prevalence of 12%, 16% and 37% respectively

HIV prevalence in Eastern Europe has rapidly expanded since 1990



IVDU and their partners are the populations at the highest risk for HIV infection in Eastern Europe and Central Asia.

■ No data ■ <.1% ■ .1% – <.5% ■ .5% – <1% ■ 1% – <2% ■ 2% – 5%



What is “harm reduction?”

making a risky behavior as safer or as safe as possible

“ [Harm reduction] policies and programs...aim to reduce the health, social, and economic costs of legal and illegal psychoactive drug use *without necessarily reducing drug consumption.* ”

Not necessarily stop the behavior, but to reduce the risk associated with the behavior

Why?

Harm reduction rationale

w/o condoning we realize that people have complex reasons for engaging


- ▶ Recognize that people have complex motivations for engaging in risky behavior (without necessarily condoning)
- ▶ Behavior may not change rapidly or easily Hard to change behavior
- ▶ Engage people on their own terms; provide support and strategies for reducing risks
- ▶ Evidence-based and rights-based arguments

They are people too, and we want to try to get them into clinics

**How might you apply harm
reduction principles to reduce
HIV transmission among IVDU?**

WHO recommendations for harm reduction in IVDU

Main drug with IVDU

- 
- ▶ Needle/syringe exchange programs
 - ▶ Opioid substitution therapy, other dependence treatment
 - ▶ Targeted HIV testing and counseling
 - ▶ Access to ART

Needle/syringe programs (NSPs)

- ▶ Provide access to sterile syringes and other injecting equipment, reducing exposure to others' blood
- ▶ Can be run by non-governmental organizations, local or national governments
- ▶ WHO: NSPs are cost-effective means of reducing HIV transmission among IVDU
 - they don't encourage people that already use to use more and they don't increase prevalence
- ▶ No evidence that NSPs exacerbate drug use by established IVDU or increase prevalence of drug use

Should governments or community organizations implement needle exchanges?

May have the perception that these programs are condoning
drug use

NSPs: Opinions vary

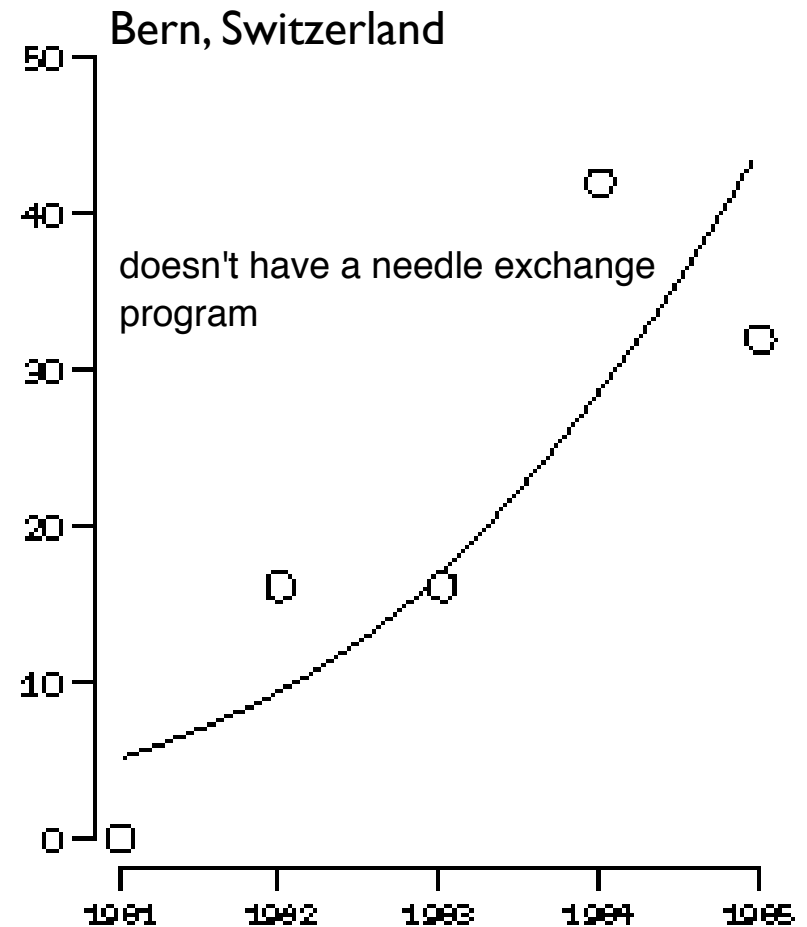
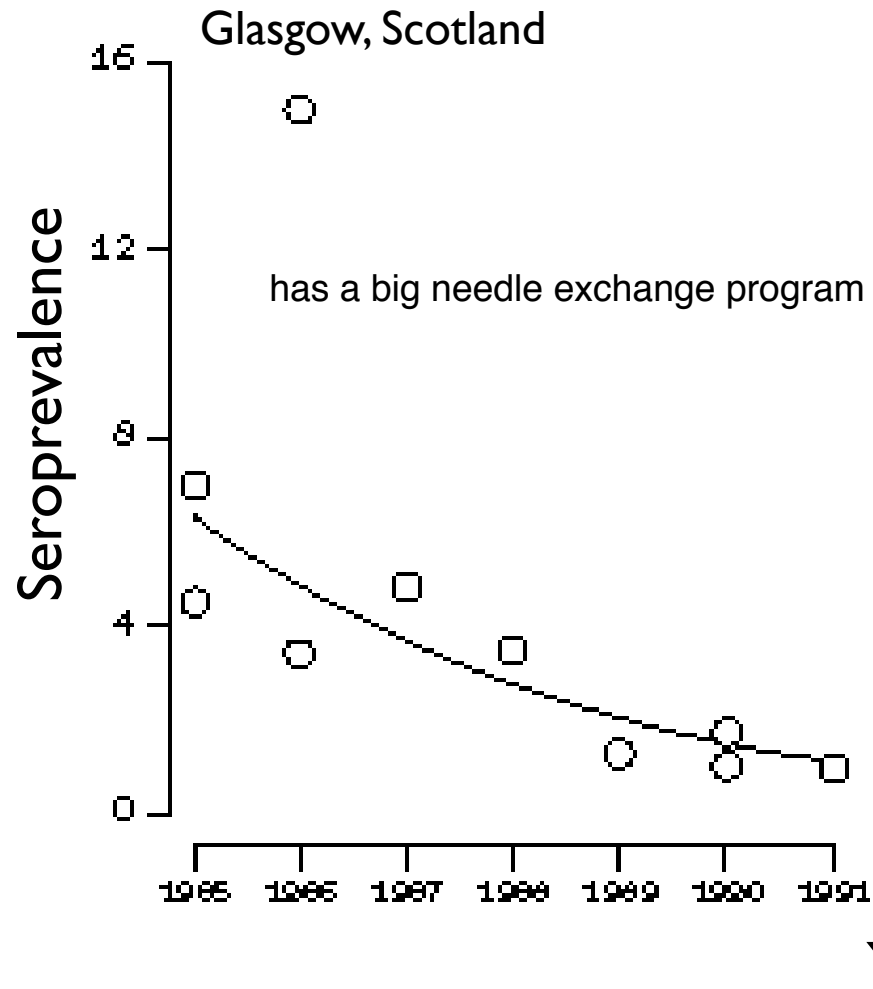
- ▶ “There’s a **mixed signal** when we’re telling kids stay off drugs, but in some cases 200 feet away, we’re allowing people to exchange needles.”
—Rep Jack Kingston (R, Georgia)



- ▶ “It does not result in an increase in drug abuse, and it does decrease the incidence of HIV. The idea that kids are going to walk out of school and start using drugs because clean needles are available is ridiculous.” —Dr Anthony Fauci



HIV seroprevalence among IVDU in 2 cities

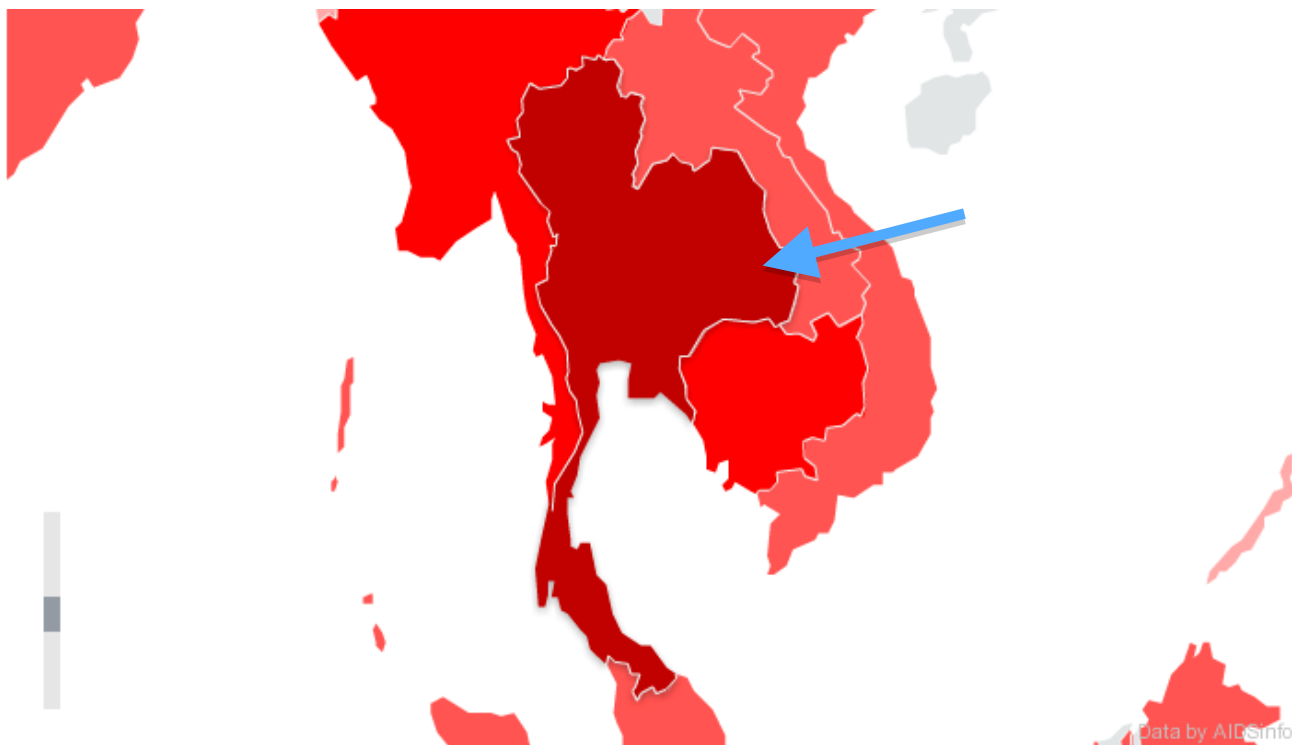
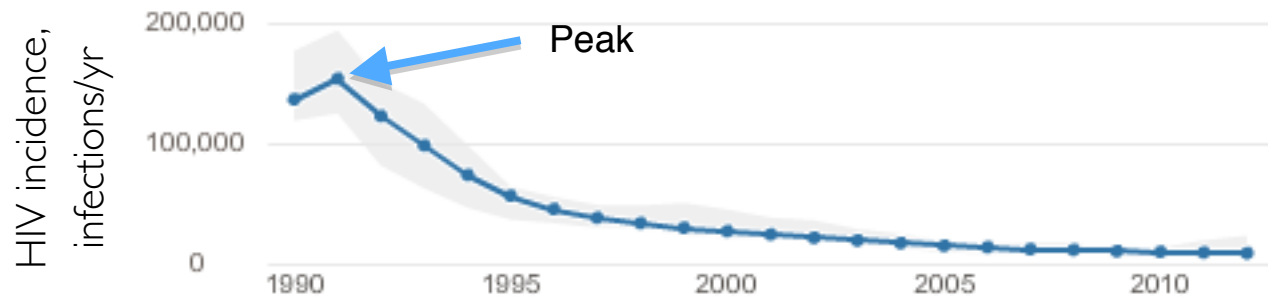


Harm reduction approaches reduce HIV transmission among IVDU

often need to enroll and/or coupled with counseling or HIV testing
-best practices

- ▶ US cities with NSPs showed 5% annual decrease in HIV seroprevalence between 1988 and 1993
- ▶ Cities without NSPs showed 6% annual increase
- ▶ Australia instituted strong NSPs (gov't and community-based) in late 1980s
- ▶ Modeling suggests significant impact on HIV, HCV prevalence

HIV in Thailand



data from unaids, aidsinfo.net

Sex work and HIV in Thailand

- ▶ Prostitution is illegal in Thailand
- ▶ “Commercial sex is a widely available form of male entertainment in Thailand, and ... enjoys wide social acceptance ... especially among unmarried men”
- ▶ 62% of male college students in Thailand reported patronizing CSWs in 1991 Before marriage
- ▶ Wives and girlfriends are often unaware of these activities

vanlandingham et al. *friends, wives and extramarital sex...*, 1995

ford and koetsawang, *soc sci med* 33:405, 1991

**How might you apply harm
reduction principles to reduce
HIV transmission among CSW
and their clients?**

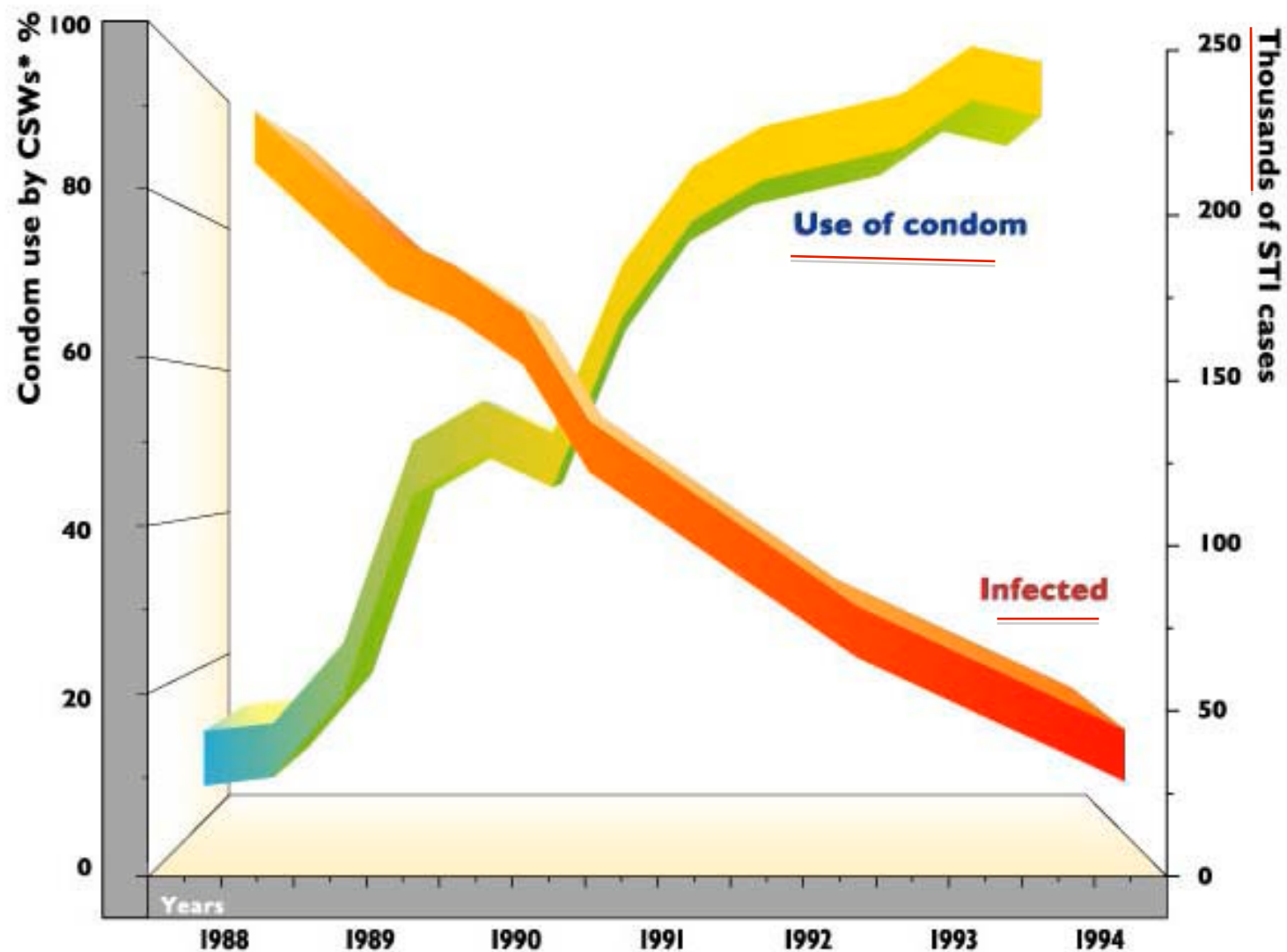
Harm reduction for commercial sex work

- ▶ Peer education/empowerment programs
- ▶ Strategies for condom negotiation encourage them to get tested
- ▶ Promote legalization/regulation of sex work
- ▶ Provision of condoms, lubricants, STI treatment and counseling

**In 1990, the Thai government
instituted a “100% condomization”
policy for commercial sex
establishments.***

*My use of the following slides from WHO in no way endorses their approach to graphic design.

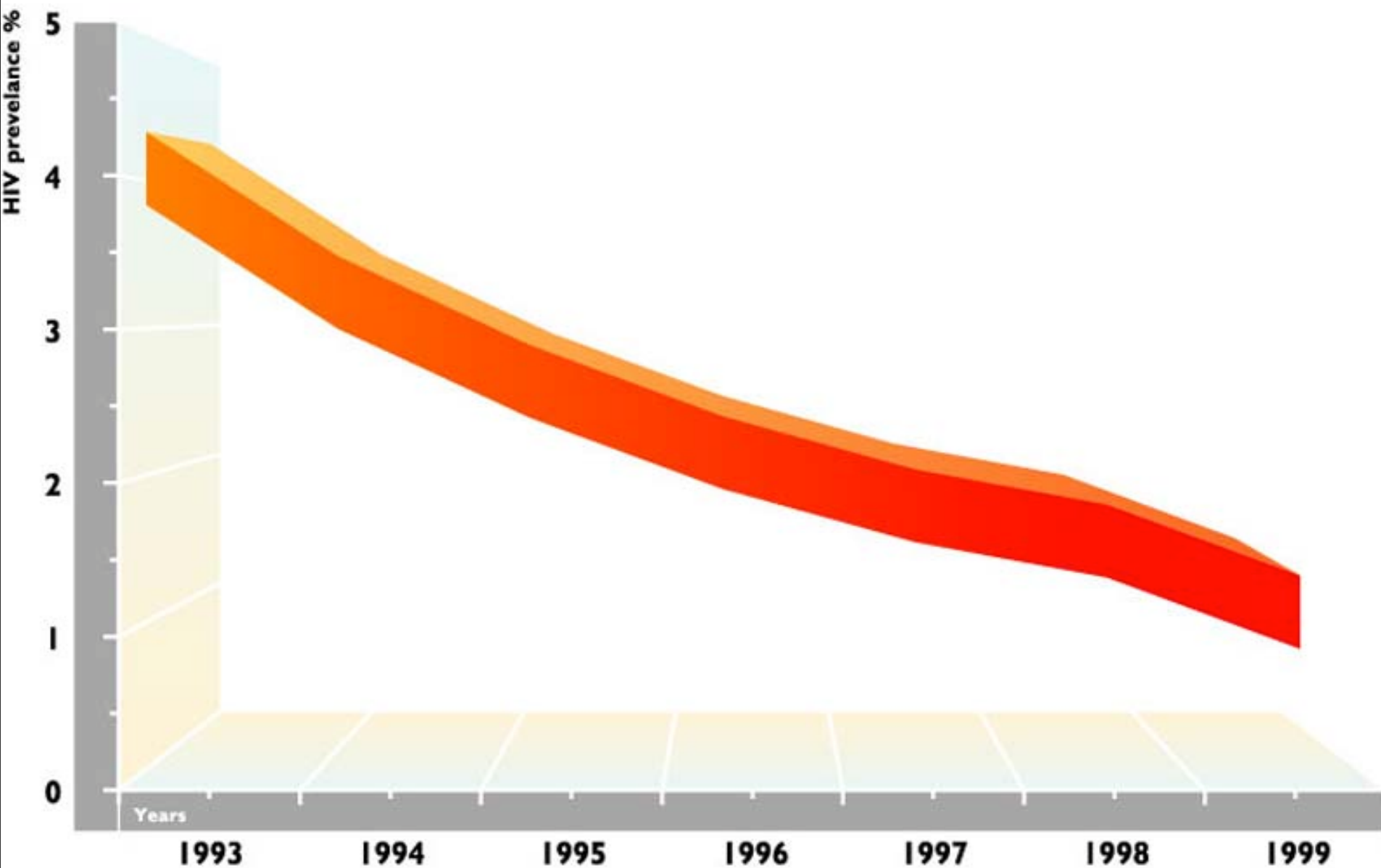
Increasing condom use by sex workers and decline in STIs* in Thailand



*STI: Sexually Transmitted Infections, *CSW: Commercial Sex Workers

Source: Rojanapithayakom and Hanenberg, 1996

HIV prevalence among 21-year-old military conscripts in Thailand



“100% condomization” in Thailand

- ▶ 90% reduction in HIV incidence, 1991-2011
- ▶ High “coverage” of condom use in commercial sex establishments, but harder to track informal sex workers
- ▶ Recent reports suggest young people are decreasing condom use, increasing number of partners

Have to separate law enforce and public health

Criminalization of homosexuality and HIV transmission

- ▶ MSM worldwide remain at high risk for HIV infection
- ▶ Recent legislative initiatives in several countries would criminalize homosexuality

Resentment Toward the West Bolsters Uganda's New Anti-Gay Bill



Michele Sibiloni/Associated Press

Backers of David Kato, a slain gay rights advocate, mourned at his funeral last year in Uganda.

By JOSH KRON

Published: February 28, 2012

KAMPALA, Uganda — At first, it was a fiery contempt for homosexuality that led a Ugandan lawmaker to introduce a bill in 2009 that carried the death penalty for a “serial offender” of the “offense of homosexuality.”

repeat offender

Russia Passes Bill Targeting Some Discussions of Homosexuality



Maxim Shemetov/Reuters

A radical Orthodox believer, right, threw an egg at gay rights activists in Moscow who were trying to express opposition to a bill in Parliament.

By [ANDREW E. KRAMER](#)

Published: June 11, 2013

MOSCOW — The Russian Parliament passed a bill on Tuesday that imposes a fine for what it calls propagandizing “nontraditional” sexual relationships among minors, in the latest in a wave of socially conservative new rules here.

Countries that criminalize homosexuality



Criminalization and HIV infection

- ▶ Criminalization of behaviors:
 - ▶ Discourages at-risk populations from engaging with health care system
 - ▶ Discourages frank discussion of risks and mitigation; may reduce perception of risk for other populations Us and them
 - ▶ Can foster stigmatization, discouraging social and financial support for interventions
- ▶ Harm reduction -as a way to combat the problem of criminalization