HIV, drugs and the legal environment

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Overview

1. Introduction
2. Drug-Related Laws and Policies that Influence HIV Risk Behaviors
3. Policing Practices and HIV Risks
4. Avenues for Intervention
5. Conclusions/Recommendations
The HIV risk environment

- **Levels:**
  - Macro *(drug possession laws)*
  - Meso *(laws governing access to NSP and OST)*
  - Micro *(policing practices)*

Strathdee et al, Lancet 2010
Global Variations in Approaches to Responding to Drug Related Harms

• 14 countries: legislation allows judicial corporal punishment for drug and alcohol offences
• One country: has laws prohibiting OST
• 30 countries: have adopted at least some form of drug policy experimentation and/or depenalization
Conclusions

Globally, drug use is not distributed evenly and is not simply related to drug policy, since countries with stringent user-level illegal drug policies did not have lower levels of use than countries with liberal ones. Sex differences were consistently documented, but are decreasing in more recent cohorts, who also have higher levels of illegal drug use and extensions in the period of risk for initiation.
“Despite increased investments in enforcement-based supply reduction, illegal drug prices have generally decreased while drug purity has generally increased since 1990, suggesting that efforts to control illegal drug markets through law enforcement are failing.”

Source: Drug Enforcement Agency STRIDE Surveillance System
Note: Price adjusted for purity and inflation and expressed in 2011 USD
* Test for trend p < 0.001
** Test for trend p = 0.943
‘IT’S A WAR’

— Mexican President Felipe Calderón

The estimated number of people who have died in drug-related violence in Mexico since the start of 2007, shortly after Mexican President Felipe Calderón declared war on drug traffickers. The toll likely will rise above 20,000, the U.S. consul general in Mexico has estimated.
Effects of criminalization on HIV risk

- Disrupts access to harm reduction and other evidence-based prevention and treatment programs
- Drives PWID away from preventative medical care
- Reinforces stigma and discrimination

The War on Drugs and HIV/AIDS
How the Criminalization of Drug Use Fuels the Global Pandemic
The HIV risk environment

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Strathdee et al, Lancet 2010
ACCESS TO EVIDENCE-BASED HIV PREVENTION & TREATMENT

• NSP in 82 countries: yet only 5% of injections covered by sterile syringes

• OST in 71 countries: yet only 8 per 100 PWID covered with OST

• 47 countries reporting ART for PWID: yet only 4 per 100 PWID receiving ART

• 57 countries reporting: yet only 37% of PWID receiving an HIV test annually

Mathers et al., Lancet, 2010
Degenhardt et al., 2010; UNAIDS, 2012
Eliminating laws prohibiting OST, scaling up NSP and OST to 80% coverage in one African country could prevent 29% of new HIV infections among PWID over 5 years.

Strathdee et al, Lancet 2010
The HIV risk environment

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Strathdee et al, Lancet 2010
Legal Framework

- International
- Federal
- State
- Municipal

“Law on the Books ≠ Law on Street”

Policy Implementation Gap

Law as Implemented

Law as Written
Case Study: Where syringe purchase and possession is legal without a prescription

Q: Can you tell me, do you know if it is legal for you to carry syringes?

A: No. Every time I’ve had them I’ve gotten into trouble. It’s a joke! I have bought them literally for six pesos. But you can’t carry them on you; I don’t understand that. How come you’re allowed to buy them but not carry?

(Female, 31 years)
Direct Effects of Law Enforcement on HIV Risks

- Discourages PWID from carrying sterile or used syringes
- Fuel risky injection via “hurried injecting”
- Pressures PWID to inject in unsafe spaces (e.g., shooting galleries)
- Prompts risky drug and syringe storage practices that can contribute to needlestick injuries (NSI)
• 28% of PWID reported being detained by police in the last 6 months without being arrested

• 51% reported having had syringes confiscated; 6% reported immediately borrowing used syringes

• 34% had drugs confiscated; 70% reported that they immediately acquired more drugs
Indirect Effects of Law Enforcement on HIV Risks

- Displaces PWID into unsafe environments

- Discourages PWID from accessing HIV prevention programs (e.g., NSP, OST)

- Discourages PWID from accessing emergency response
Policing and risk of overdose mortality in urban neighborhoods

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ABSTRACT

Background: Accidental drug overdose is a major cause of mortality among drug users. Fears of police arrest may deter witnesses of drug overdose from calling for medical help and may be a determinant of drug overdose mortality. To our knowledge, no studies have empirically assessed the relation between levels of policing and drug overdose mortality. We hypothesized that levels of police activity, congruent with fears of police arrest, are positively associated with drug overdose mortality.

Methods: We assembled cross-sectional time-series data for 74 New York City (NYC) police precincts over the period 1990–1999 using data collected from the Office of the Chief Medical Examiner of NYC, the NYC Police Department, and the US Census Bureau. Misdemeanour arrest rate—reflecting police activity—was our primary independent variable of interest, and overdose rate our primary dependent variable of interest.

Results: The mean overdose rate per 100,000 among police precincts in NYC between 1990 and 1999 was 108 (standard deviation = 65.6). In a Bayesian hierarchical model that included random spatial and temporal effects and a space-time interaction, the misdemeanor arrest rate per 1000 was associated with higher overdose mortality (posterior mean = 0.005; 95% credible interval 0.0001, 0.005) after adjustment for overall drug use in the precinct and demographic characteristics.

Conclusions: Levels of police activity in a precinct are associated with accidental drug overdose mortality. Future research should examine aspects of police-community interactions that contribute to higher overdose mortality.

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1. Introduction

Drug overdose is common among drug users and is associated with considerable mortality. Approximately 40–70% of drug users experience an overdose during their lifetime (Sung et al., 2003; Warnier et al., 2002). Drug users have mortality rates 6–22.5 times greater than among the general population (Frischer et al., 1997; Hulse et al., 1999; Joe and Simpson, 1987), and much of this excess mortality is attributable to drug overdose. In New York City (NYC), drug overdose is a significant problem: in 2007 death due to drug use and accidental overdose was the third leading cause of death among residents aged 15–34, and the fourth leading cause of death among residents aged 35–54 (NYC Bureau of Vital Statistics, 2008). In several jurisdictions within NYC the death rates from drug overdose have exceeded death rates due to homicide (NYC Department of Mental Health and Hygiene, 2005).

Drug overdoses are frequently witnessed by members of drug use networks (Darke and Hall, 2003; Szeewos et al., 2003; Tracy et al., 2005), creating the opportunity for those present to mitigate drug overdose mortality by intervening on behalf of overdose victims. For example, because drug overdose is frequently associated with respiratory or cardiac failure (Fareed et al., 2004), calling for emergency medical help may improve survival from drug overdose by facilitating the response of paramedics to overdose events. It has been shown that heroin overdose victims who received emergency medical care while still exhibiting pulse and blood pressure had survival rates greater than 80% (Soper et al., 1996).

Despite the potential for witnesses to intervene on behalf of overdose victims in this manner, evidence indicates that a
Effects of law enforcement on HIV prevention

- National survey of NSPs in US:
  - 32% report weekly clientele harassment by police
  - 21% report weekly confiscation of legal equipment
  - 10% report weekly clientele arrest en route to NSP
  - 20% report monthly police visit/interference w/ program
  - 56% have no systematic way to document problems w/ police
  - 25% participate in training w/police, but only 1 program evaluates training
  - 17% programs report at least one client referral by police in the last year (3 programs report 6+ instances)

Beletsky et al, 2011
Extra-Legal Behaviors: Police Misconduct

- Sexual Abuse
- Physical Abuse
- Soliciting Bribes
- Evidence Planting
- Precipitating forced drug withdrawal
Of 33% who reported sexual favors for police, 86.2% of these were in exchange for not being arrested.

Beletsky et al, 2012
A Dose-Dependent Relationship between Exposure to Police Misconduct and Syringe Sharing among PWID

Hayashi et al, AIDS & Behavior, 2013
HIV infections averted by eliminating Police Beatings in Three Cities over 5 years

Police Perspective

- Fear of needle stick injury (NSI) and other occupational risks
- Poor knowledge of infectious disease transmission
- Often unaware of evidence demonstrating effectiveness of harm reduction, laws relating to syringe purchase and possession and availability and location of local harm reduction services

Beletsky et al, 2005
83% felt that on-duty NSI posed the same magnitude of risk as a gun-shot wound;
29.6% had an needle-stick injury of whom 27.7% had repeat NSIs
Correlates of NSI:
- Inexperienced,
- Night shifts,
- Conducting pat-down searches

Lorentz et al, 2000
Structural Interventions to Realign Policing and Public Health

• Two main types of intervention approaches:
  1) Law on the Books: through legislative advocacy or impact litigation, change the laws affecting PWID
  2) Law on the Streets: Change the way the laws on the books are enforced (or not)
Bundling occupational safety with HIV prevention information

1. Occupational Safety
   - Basic infectious disease info and Prevention tips
   - Glove and sharps containers distribution

2. Law relating to harm reduction efforts (e.g., syringe possession)

3. Public health rationale for harm reduction efforts
   - Service referral information

4. Law Enforcement and HIV Network (LEAHN) Statement of Support

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**NEEDLE SAFETY:**

**AVOID NEEDLE STICK INJURIES (NSI)**

DE Code Title 29 § 7993 provides registered members of Wilmington's Needle Exchange Program (NEP) with legal immunity from state paraphernalia laws for syringe possession, even when needles contain trace amounts of controlled substances. Experience shows that NEP initiatives lower the risk of transmission of HIV/AIDS, Hepatitis C, and other blood-borne pathogens to police officers by:

1. encouraging suspects to volunteer syringe possession during Terry stops and inventory searches;
2. collecting and securing dirty needles that could otherwise pose danger to police and others; and
3. reducing the spread of infectious disease among drug injectors, thus lowering police exposure to these pathogens.

When questioning or searching someone you think may possess syringes:

- Ask if suspect is carrying syringes, and where they are located.
- Inform the person that you will not confiscate syringes or arrest them for syringe possession.
- Use extreme caution and proper barrier protection (i.e., stick-resistant gloves) when performing a pat-down to protect against NSI.
- If you experience NSI, immediately contact your Infectious Disease Exposure Officer at (302) 655-9880, ext. 21.

For questions about the NEP program, call (302) 654-5326.

Davis & Beletsky, 2009
Locations where Pilot Police Education Programs (PEP) combine Harm Reduction with Occupational Safety

- United States
  - Wilmington, DE,
  - Philadelphia, PA
  - Pawtucket RI,
  - Baltimore, MD
- Kyrgyzstan
- Tijuana, Mexico
- Yunnan, China

Police Chief and UCSD researchers sign MOU in Tijuana, 2013
Impact of PEP on police legal knowledge in Baltimore, MD

It is legal for needle exchange clients to carry used syringes and other drug injection equipment

Disagree -> Agree

30% change
Impact of PEP on Police Intentions in Baltimore, MD

If syringes are found during a search but the person is not arrested, I would confiscate them.

29% change
Agree -> Disagree
PEP Outcomes in Kyrgyzstan (n=319)

- Having undergone training is independently associated with:
  - Intent *not* to confiscate syringes from PWID
  - Intent to refer PWID and SWs to public health programs
  - Institutional occupational safety procedures
- Additional research needed to determine if PEPs are associated with changes in problematic police behaviors

Beletsky et al, 2012
Conclusions

• Laws and policies that criminalize drug use and possession undermine access to harm reduction and are key drivers of HIV risks among PWID.
• Alternative regulatory frameworks have produced reductions in drug-related harms and promoted access to addiction treatment.
• Laws facilitating syringe access and OST are widely considered as effective structural interventions to curb HIV spread among PWID.
• Policing practices are a pervasive barrier to the implementation and effectiveness of harm reduction programs.
Policy and legal reforms that promote public health over the criminalization of drug use and PWID are urgently needed and need rigorous evaluation.

There is an urgent need to re-align harm reduction and law enforcement approaches to support prevention and treatment of HIV and viral hepatitis among PWID.
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