STRUCTURAL APPROACHES IN PUBLIC HEALTH

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BREAKING THE LINKS

Legal and paralegal assistance to reduce health risks of police and pre-trial detention of sex workers and people who use drugs

Daniel Wolfe, Jonathan Cohen, Heather Doyle, and Tatyana Margolin

While HIV prevention literature commonly describes sex workers and drugs users as 'hard to reach' populations, law enforcement has little difficulty finding them. In a survey conducted across Eastern Europe and Central Asia, 42 per cent of sex workers reported experiencing physical violence at the hands of the police, and 36 per cent had experienced sexual violence (Crago 2009). A 2009 report from Southern Africa documented a similar pattern of frequent arrests, unlawful or otherwise, and routine police abuse that included bribery, forced labour, and rape (Crago and Arnott 2009). The situation is equally severe for people who use drugs. A recent survey of young drug-using men in Tanzania found that 90 per cent had experienced arrest by age 30 (Mbwambo 2010). In virtually all countries where injecting drug users represent the largest share of those with HIV, laws criminalizing possession of small amounts of narcotics, combined with government registries shared by law or practice with the police, place users in constant contact with the law enforcement (Shields 2009; Wolfe 2007). The term 'unapprehended felons', coined by one advocate to refer to the fear created by laws criminalizing sodomy, aptly describes the daily reality for sex workers and people who use drugs.

The uncontrolled nature of these abuses makes even the threat of police contact a threat to health, causing sex workers and people who use drugs to retreat to isolated areas, to reuse and share syringes, to decline to call an ambulance in the event of a drug overdose, to not carry condoms or syringes, and to rush sexual transactions or drug injection (Burris *et al.* 2004; Ravi *et al.* 2007; Richter 2008; Wolfe 2007). Data increasingly suggest that police abuse may be part of a 'syndemic effect' (Singer and Clair 2003), increasing HIV risk in ways similar to correlations found between HIV incidence and past experience of sexual abuse or domestic violence. A recent study, for example, estimated that elimination of police beatings in Odessa, Ukraine might reduce risk of HIV acquisition among injecting drug users by as much as 29 per cent (Strathdee *et al.* 2010). Among Canadian sex workers, prior experience of police abuses was correlated with rape, sexual violence, and displacement from areas providing condoms and other HIV prevention services (Shannon *et al.* 2009). In addition to HIV acquisition risks, contacts with law enforcement bring with them other health-endangering abuses,

including confiscation of antiretroviral treatment at point of arrest, rape, beatings, and detention in facilities offering no medical treatment or protection from infection (Crago 2009; Csete and Cohen 2010; FIDA 2008; Human Rights Watch 2010; Schleifer 2006).

Human rights abuses related to law enforcement also reinforce the entrenched discrimination sex workers and people who use drugs face from health care providers, teachers, employers, and many in the general public (Tais Plus 2008; Wolfe 2007). As one sex worker describes, 'In our country, people think sex workers are the worst people in the world ... No one in the community will ever share water, food, or bowls with us' (Crago and Arnott 2009: 54). Living in constant fear of conflict with criminal law has detrimental psychological and physical effects: sex workers and drug users routinely conceal their identities, often leading to depression, inadequate diagnosis, and inadequate or interrupted treatment (Alexander 1998; Wolfe 2007; Wolffers and van Beelen 2003). Drug users and sex workers consistently report overt prejudice in health care delivery as a deterrent to seeking or continuing with health services (Grover 2010; Pinkham and Shapoval 2010; Wolfe 2007). The implicit message of criminalization, upheld by the practice of police violence without accountability, is that sex workers and drug users are unworthy of protection or support.

A striking feature of many encounters between police and sex workers or people who use drugs is that they often result not in trial or incarceration, but rather in 'pleading out' of the criminal justice system by informal means such as bribes, sex, or forced labour (FIDA 2008; Hayashi *et al.* 2009; Schleifer 2006). Thus, while multiple studies have detailed the mechanisms by which prison or incarceration acts as a structural determinant of HIV and tuberculosis risk (Beyrer *et al.* 2003; Jurgens *et al.* 2009), it is important to extend this analysis to highlight the adverse health effects of *any* form of police detention, which can begin long before incarceration and occur while in handcuffs in the street, being transported to the police station in the back of a van, or held in police lock-up or a pre-trial facility.

Structural interventions can both accentuate and diminish health risk. This chapter emphasizes the ways in which some structural factors – particularly police detention, harassment, and violence – accentuate the vulnerability of drug users and sex workers who are already marginalized in almost every society. At the same, we highlight a different structural intervention – legal services to diminish health risks associated with police action and pre-trial detention – as a means to reduce health risks. Needle and syringe programmes have been among the best-documented structural interventions for HIV prevention, moving beyond a focus on individual risk and reducing risk to injecting drug users by removing regulatory and physical impediments to sterile injection equipment. We examine ways that legal and paralegal assistance can similarly remove barriers to HIV prevention and treatment, particularly those barriers resulting from police and pre-trial detention. We define pre-trial detention, as sex workers and drug users would, to begin at the moment of first police contact. Building on previous work on the effects of legal services on reduction of HIV or health harms related to pre-trial detention (Csete and Cohen 2010; Wolfe and Cohen 2010), we describe a spectrum of scenarios and services provided anywhere from before police contact to before the initiation of trial. We emphasize the role of lawyers and paralegals not in defending people in the criminal justice system, but in keeping people *out* of that system, particularly in countries where weak rule of law diminishes the likelihood of fair trial, and for populations for whom even a single day of detention can carry acute health risks.

Advocates and high-profile United Nations officials have underscored the importance of 'decriminalization' as a means to remove impediments to effective HIV prevention and treatment (Ki-Moon 2009; Sidibé 2009). For sex workers and drug users, however, police surveillance and deprivation of liberty occur regardless of the letter of the law, including in countries where sex work per se is not against the law or where governments have proclaimed drug users 'patients rather than criminals'. The adverse health impacts of these experiences, and the mechanisms we describe to successfully mitigate them, underscore the importance of attention of what might be called de facto (as opposed to *de jure*) decriminalization. For sex workers and drug users who are often the targets of campaigns against 'social evils' or to improve 'quality of life' (Barton and Sovan 2008; Human Rights Watch 2010; Wolfe 2007), conferral of criminal status and predations by the police occur independent of the courtroom or the law on the books. It is axiomatic, though often ignored, that measures to address the health consequences of police surveillance and detention must also focus on interventions to change dynamics of arrest and detention practices, rather than only on reform of the criminal code.

Scenarios and interventions

In Russia, drug users have described police aggression as '*bezpredel*' (without limits) (Sarang *et al.* 2010). From the perspective of sex workers and people who use drugs, some of the most fearsome effects of this apparently limitless police power are felt long before incarceration or even trial. Drawing on multiple published and first-hand accounts, and our experience as grant-makers working with programmes to increase access to justice for sex workers and drug users in Eastern Europe, Africa, and Asia, we have identified four key phases of detention that occur before trial or incarceration: (1) the stop/search/arrest phase, during which police stop or round up individuals or groups, ostensibly to question, search, or arrest them; (2) the transport phase, during which police detain people in vehicles such as police vans for the purpose of transporting them to the police station; (3) the lock-up phase, during which individuals who have been 'booked' are held in police cells, prior to any determination of pre-trial release or bail; (4) the pre-trial phase, in which individuals who have been denied pre-trial release or bail are held in custody to await trial.

An important feature of the apparently limitless police power faced by sex workers and people who use drugs is that violations of due process at each of these four phases of detention routinely go unnoticed and unaddressed. Thus, while a conventional legal response to police and pre-trial detention may be to secure release through claiming due-process rights (for example, that the police lacked probable cause to arrest, that the conditions to deny bail have not been met), lawyers in this context must go beyond their traditional role. Table 11.1 illustrates a variety of ways in which lawyers and paralegals have intervened from before any police contact, when fear of detention can still result in health risk, through each phase of police and pre-trial detention.

In the sections that follow, we describe legal and paralegal interventions from three illustrative settings – Kenya, Indonesia, and Ukraine – where detention without due process at different points before trial contributes to substantial health risks for sex workers and people who use drugs. After describing each of these interventions and the contexts in which they occur, we reflect on the changing role of the legal professional in environments where criminalization and weak rule of law conspire to over-detain groups already at high risk of HIV and other health problems.

Table 11.1 Legal and paralegal interventions along the continuum from prior to police contact to pre-trial detention

Phase	*Interventions*		
1 Pre-arrest	Lawyers/communities strengthening relations with police through joint training workshops	Lawyers/paralegals accompanying outreach workers in heavily policed areas	Lawyers/paralegals training communities to know-your-rights and laws
2 Stop/search/ arrest	Paralegals on call to respond with 'legal first aid'	Communities carrying know-your-rights cards	
3 Transport	Lawyers/paralegals beating police to the station	Communities contacting paralegals via SMS	
4 Lock-up	Paralegals visiting lock-up to post bail or document conditions	Lawyers identifying and documenting procedural violations	
5 Pre-trial	Lawyers/doctors working together to obtain a medical exam	Lawyers/doctors working together to obtain necessary medical assistance	Lawyers/doctors working together to use health conditions to secure pre-trial release

Beyond the adversarial in Kenya: building police-community partnerships

> Just by having Joan around our programme, we have noted fewer violations against sex workers. Joan working with police officers and sharing legal matters has greatly improved how police officers view our work.
>
> (Keeping Alive Societies' Hope [KASH] 2010: 5)

The city of Kisumu in the Nyanza Province of Western Kenya is the country's third largest city, with a population of just over 355,000. Kisumu literally means 'a place of barter' in the local language and remains an epicentre for trade and business. It also has become an epicentre of the country's HIV epidemic. Nyanza Province's HIV prevalence rate is 13.9 per cent, or almost twice the national rate (National AIDS Control Council 2010). Sex workers are particularly hard-hit, with a 2001 study estimating HIV prevalence among them at 75 per cent (Morison *et al.* 2001).

Many factors contribute to the high HIV prevalence. Organizations in the region struggle with the impact of criminalization on those considered to be 'most at-risk' for HIV, including men who have sex with men, sex workers, and people who inject drugs (National AIDS Control Council 2010). Community or religious leaders periodically call for 'clean-ups' of urban and peri-urban areas, resulting in crack-downs and mass arrests by the police of sex workers (*Daily Nation* 2011; KASH 2011). With sex work not criminalized in Kenya per se and absent reasonable suspicion of another crime, many of these arrests are unlawful. Police arbitrarily arrest and detain people on suspicion of sex work based on non-probative factors such as what they are wearing or where they are walking at a certain time of night. Once arrested and detained, sex workers almost always end up paying a bribe or offering free sexual services to obtain release

without ever entering the police station. The cycle of arbitrary arrest and detention of sex workers is so entrenched that many sex workers pay or service police on regular schedules (FIDA 2008).

If and when sex workers are taken into police custody, they face extreme abuse including rape, beatings, intrusive body searches, and degrading treatment (FIDA 2008). Sex workers have reported being forced to perform chores at the officers' houses; if taken into police lock-up, they may be forced to wash the cells. After 24 to 48 hours, sex workers are typically released after pleading guilty and paying a fine. Rarely do they see a lawyer. A report from the Federation of Women Lawyers in Kenya noted that police themselves were unaware of a single case where an arrested sex worker pleaded not guilty and the case was heard and determined by a court. Such arrests, automatically marked as successful prosecutions, bring professional benefits to those officers who make them (FIDA 2008).

The organization Keeping Alive Societies' Hope (KASH) recognized the impact that police violence had on sex workers, and in turn their vulnerability to HIV infection. In 2007, KASH approached police leaders in the Nyanza Province about launching a partnership to reduce police violence against sex workers. With the assistance of a lawyer, they piloted training workshops where police and sex workers together learned relevant human rights and Kenyan law pertaining to sex work and due process. These forums provided a non-adversarial forum for police to understand the concerns of sex workers, and for sex workers to build relationships with police. As of 2011, KASH has been invited to lead regular training courses at the Kisumu provincial police training centre. Through KASH's work, at least 600 police officers in the region have been trained on human rights and Kenyan law on sex work and due process, and KASH continues to reach another 120 regular police officers through the government-funded training (KASH 2011).

The result of KASH's work has been a reduction in police violence against sex workers. Through the human rights training workshops, for example, sex workers learn to ask for bond release to avoid lengthy detention that may make it difficult to find other employment. Sex workers also describe situations in which police who have participated in one of KASH's training workshops helped negotiate their release from illegal detention. For example, Wilson Lomali, a police peer educator with KASH who works as head of a provincial police training facility in Kisumu, has assisted sex workers in several circumstances. In one instance when a sex worker called him from the police station where she was being detained, Lomali asked her to pass the phone to the nearest officer and worked to secure her release (Thomas 2011). Lomali has also travelled to bars in the middle of the night to intervene when clients become violent, ready to mediate or make an arrest, based on the sex workers' needs. In one scenario in which a sex worker had been raped and stabbed, Lomali became involved when staff at a local health facility tried to charge the woman for the free form required to document sexual assaults. In another incident when several sex workers reported that a specific police officer was forcing them to have sex without a condom and stealing their money, Lomali and his colleagues worked to ensure that the man was fired (Thomas 2011).

Police likewise have benefited from the trainings in terms of improved community relations, reporting that patrolling areas where sex work is prevalent can feel less threatening when they see sex workers they have met through the trainings. In an illustration of support for the programme from high-ranking officers, consistent involvement with

the training workshops is considered positively when weighing grounds for promotion. As the programme becomes recognized as a best practice for reducing violence and improving policing practices, police leaders are motivated to maintain and improve the initiative.

KASH engaged a lawyer, Joan, to assist in the development and implementation of the police training workshops. According to KASH, 'just by having Joan around our programme, we have noted fewer violations against sex workers. Joan's work with police officers and sharing on legal matters has greatly improved how police officers view our work' (KASH 2010: 5). In addition to offering substantive legal expertise in the development of the workshops, the lawyer contributes to other programmes that KASH offers to protect the human rights of sex workers. For example, she has trained a pool of sex workers as paralegals to receive and document complaints of human rights abuses through a mobile phone-based text services system known as Frontline SMS. If a sex worker is arrested, he or she is trained to immediately send a text message to a paralegal, who in turn responds or engages the lawyer to intervene immediately to attempt to stop the abuse. The information is then compiled to inform a legal and human rights advocacy strategy. KASH's lawyer also participates in a monthly advocacy planning session, which includes rotating members of police, sex workers, and other KASH programme staff, to continuously inform KASH's work on human rights and policy advocacy.

KASH's work attests not only to the importance of intervening at the pre-arrest stage, but also to the non-traditional role of the legal professional in contexts where due process and the rule of law are weak. To date, KASH's lawyer has not filed one case in court. Although her legal training and stature are likely critical to the success of KASH's efforts and to the police's willingness to participate in the training, her responsibilities are as much those of a trainer or programme officer as a practising lawyer. The services that she provides, while non-traditional for lawyers, are critical to sex workers obtaining justice and protecting their health.

'Legal first aid' in Indonesia: paralegals to keep people out of the system

> If you can stop it, stop it. If you can't stop it, document it.
>
> (Lembaga Bantuan Hukum Masyarakat [LBHM] 2011)

Indonesia is home to a concentrated HIV epidemic among people who inject drugs. The Indonesian government places the number of injecting drug users at 220,000 (Mathers *et al.* 2010), though harm-reduction NGOs have long noted that these are underestimates (Oppenheimer and Gunawan 2005). Almost half of Indonesia's injecting drug users are HIV positive (National AIDS Commission Republic of Indonesia 2009). Indonesian law allows for imposition of criminal penalties on those who fail to report illicit drug use voluntarily; though the law does provide for treatment alternatives to incarceration (Wardany 2009), judges rarely use this provision. This leaves drug users keenly aware of the potential dangers of going forward to trial: those caught with even small amounts of narcotics may serve a prison term of up to nine years, with pre-trial detention periods lasting months (Davis *et al.* 2009). More than 60 per cent of detainees

in Indonesia's overcrowded detention centres are there on drug-related charges (LBHM 2011). Even before entry into the system, injecting drug users routinely experience beatings or torture, with a recent survey of more than 1,000 injecting drug users finding that 60 per cent had experienced abuses at the hands of police (Davis *et al.* 2009).

In a typical scenario encountered by a Jakarta-based NGO Lembaga Bantuan Hukum Masyarakat (LBHM), who provide paralegal services to people who use drugs, police break into a home with several suspected drug users and arrest two of them. The police accuse the arrestees of selling *putaw* (street-grade heroin) and search them, finding nothing. After an hour, three more police officers, including the head of the unit, arrive. They take the two suspects into a car, where they intimidate them through such things as beatings, a gun to the head, or pulling off their fingernails to force a confession. Later, they take them to police lock-up, where they are threatened with more beating and asked to pay money for their release.

To respond to this abuse, LBHM has trained drug users as paralegals to reduce detention and increase access to justice. In what is referred to by LBHM as 'legal first aid', those vulnerable to police harassment and detention, including drug users and fishermen deemed illegal residents in Jakarta, are trained as paralegals to educate their peers about due process and other legal issues (Global Campaign for Pretrial Justice 2011). Training is rigorous, with participants joining for a series of legal education groups and subsequently tested for accuracy of understanding. In the first cycle, approximately half of drug-using participants failed the examination. Those trained successfully visit at the initial stages of detention to take testimony from detainees, and where procedural violations have occurred, try to secure release. Other paralegals, notified when drug users are being beaten, have arrived at the scene and used their mobile phones to interview witnesses or otherwise document abuses. Paralegals consult frequently with lawyers working for the sponsoring organization, who represent drug users in court if necessary. The paralegals are also community educators, conducting trainings on specifics of Indonesian law at meetings convened by local AIDS organizations and drug user groups.

Paralegals thus serve a combined function of providing support, connecting the vulnerable to immediate legal assistance, and documenting human rights violations. In the context of a police raid such as the one described above, paralegals might follow the arresting officers' car to the police station, negotiate conditions of detention and release with police, and contact families when money is needed for bail. In some cases, paralegals perform functions many family members might be unable to do, such as delivering antiretroviral medications or taking testimony from those whose families may not know of their HIV infection or drug use. Drug users report that having peers as 'first responders' at the police station reduces the risk of extortion, since the arrival of a lawyer may signal that the detainee's family has money.

Working the system in Ukraine: lawyers securing pre-trial release

> For drug users, 72 hours is too long to be held without drugs or treatment, but 144 hours is much longer – police take advantage of their state of withdrawal to get them to confess to anything.
>
> (Kaminska 2011a)

Driven primarily by drug use, Eastern Europe's HIV epidemic is one of the fastest growing in the world. Weak investment in harm-reduction services combined with hyper-criminalization have resulted in a situation where people who use drugs are more likely to be detained by police than to be provided with community-based HIV prevention and treatment. Excessive detention is fuelled by rampant violations of due process. These have also exacerbated the health problems faced by people who use drugs, who – like all pre-trial detainees – are held in police interrogation units and in institutions, known as SIZOs, where they spend months or years in facilities that are rife with violence and lacking in basic medical care (Global Campaign for Pretrial Justice 2010; Tumanov and Telehov 2011). Pre-trial detainees are routinely denied diagnosis or treatment, with authorities citing the ostensibly temporary nature of the facilities as justification for inaction (Csete 2012; Global Campaign for Pretrial Justice 2010, 2011). With overcrowding common and infection control limited, tuberculosis infection is a particular danger – with some studies showing highest risk in the first weeks of detention (Global Campaign for Pretrial Justice 2010, 2011; Reyes 2003). Detainees have reported interruption of treatment, whether for HIV, diabetes, epilepsy, or multiple other life-threatening conditions (Barry 2011; Csete 2012; European Court of Human Rights 2007). Detention also exacerbates risk of blood-borne illnesses such as HIV and hepatitis C, since unprotected sex and drug injection are common, but condoms and clean needles are unavailable (Csete 2012; Global Campaign for Pretrial Justice 2011).

Ukraine, with an HIV epidemic concentrated among injecting drug users and the highest HIV prevalence in Europe (Ukraine Ministry of Health 2009), subjects pre-trial detainees to multiple health risks. Although laws limit the length of time during which criminal suspects can be held without appearance before a judge, officials routinely use procedural tricks to extend detention, often in hopes of coercing a bribe or confession (Kaminska 2011b). In an illustrative recent example, a client of the organization All Together in Lviv was detained on suspicion of distribution of drugs because a neighbour 'reported' him. The suspect was handcuffed and taken to the police station. A lawyer from All Together called by the detainee's parents the next day was refused a visit, after which she filed several complaints about violation of criminal and administrative procedures. On the third day of his detention, the client was released on the condition of admitting guilt. The lawyer later discovered that the police had registered a detention on administrative grounds, allowing them to hold the client for an initial 72 hours, and then filed a criminal detention order allowing for an additional 72 hours, that is a total of 144 hours of detention without any formal charge (Kaminska 2011c).

An extra 72 hours of detention carries particular risks for those dependent on opioids. Patients on medications such as methadone or buprenorphine, as well as drug-dependent individuals not on treatment, are routinely left to experience painful withdrawal symptoms, with police using the physical punishment of withdrawal as means of coercing confessions. 'This is how it works', the head of the Ukrainian association of substitution treatment patients explains. 'They have a needle with drugs in one hand, and a blank paper in the other. They tell you, "Sign the paper, and we'll give you the drugs"' (Belayeva 2008). A police notation that the detainee was using her apartment as a 'den' for sex work or drugs may result in an extended prison sentence, and in forfeiture of the property (Belayeva 2008).

Mariya Kaminska, the lawyer who leads the Ukrainian NGO All Together, and who intervened in the arrest described above, has developed an effective intervention of

exploiting violations of internal procedure to get her clients, who are primarily people who use drugs, out of pre-trial detention. Kaminska recognized early on in her legal practice that respect for due process, much less a determination of guilt or innocence, is largely irrelevant to whether this population group remains detained. Even when evidence is absent to tie a drug user to a crime, the police will not hesitate to plant evidence, hire stand-in witnesses, or take other measures to pin an unsolved crime on an accused person (Schleifer 2006). Kaminska has consequently mastered procedures such as how to properly 'book' an arrestee as a negotiating tactic to persuade police to release a client rather than proceed with a trial that could easily result in a wrongful conviction (Kaminska 2011c). In the case described above, for example, Kaminska preemptively filed both criminal and administrative complaints against the police for their irregular booking procedures, undermining their claims of having legally obtained a confession and contributing to the criminal charges against her client to be dropped (Kaminska 2011c). In the climate of police acting '*bezpredel*' (without limits), it is mastery of these internal procedures, rather than due process claims or arguments made at trial, that constrain police action and result in release of detainees who might experience not only prolonged detention, but also exposure to or exacerbation of life-threatening illness.

Much of Kaminska's success has to do with the connections she has made between the basic principles of harm reduction, the provision of health services to drug users unable or unwilling to stop using drugs, and legal aid. Recognizing that establishing an alliance with her clients and 'meeting them where they are' is key to effectiveness, Kaminska is available to her clients 24 hours a day, and it is not unusual for her to receive text messages from those who are in the process of being detained or are en route to the police station. Her legal budget includes funds for sterile injection equipment, which she distributes on set dates in the areas of the city frequented by drug users. While on outreach, she also provides legal advice and distributes know-your-rights booklets, all of which list her contact information.

Restructuring risk: the role of the legal professional as health defender

Interventions that move risk reduction beyond the level of the individual, such as provision of sterile injection equipment and condoms, have been recognized as structural approaches that provide people who use drugs and sex workers with lifesaving commodities. In the HIV field generally, the provision of legal services has also been recognized as a structural intervention leading to decreased incarceration and improved health (Csete and Cohen 2010; UNAIDS *et al.* 2009). For legal services to be effective as a structural intervention, it is critical that they target the vast majority of injecting drug users and sex workers who are regularly detained by police, and for whom no court appearance or litigation occurs. Whether because of fear of painful withdrawal, police violence, public humiliation, or the need to get back to making money, these groups frequently submit to extortion or sexual abuse to 'plead out' of criminal justice systems they know to be too slow or inefficient to bring defendants to trial in a reasonable period. Reaching these individuals challenges our conventional understanding of legal services and, in turn, of structural interventions to prevent HIV. Non-traditional approaches to legal and paralegal services, and associated changes to police practices and patterns of detention, may ultimately be as critical to HIV prevention and other health protection as a clean needle or a condom.

Lawyers and paralegals seeking to bring their skills to bear on health protection of criminalized populations have redefined the role and locus of legal assistance. The legal and paralegal services provided to criminalized populations are not generally rendered in the court room, but rather in the training workshop, on the street, in the police van, or immediately at lock-up. These services may be less about defending someone in the criminal justice system than negotiating their way out of that system entirely. The provider of the services may be a lawyer, but it may equally be a paralegal drawn from the community who can triage services and make effective referrals. Shifting key tasks to paralegals may not only save money, but also build trust as people learn to provide legal advice and information to their own peers. The skills required of lawyers under this model also change. Strong trial skills are less essential then a mastery of procedures, relationships with the police, and perhaps most important, the capacity to listen to communities and officials and work with them to find innovative solutions to safeguard liberty.

In the context of HIV and AIDS, there is increasing recognition of the importance of shifting tasks traditionally performed by doctors towards community-based health workers who have the commitment, capacity, and community relationships to provide many needed health services. The legal profession is similarly recognizing the possibilities of 'task shifting' and the unique role played by community-based paralegals. The resulting blend of health and legal services is often expressed through physical as well as metaphoric integration: for example, providing food or clean needles as part of a legal or paralegal service gives lawyers and paralegals an opening to start a relationship and begin to build trust. In this regard, it is telling that the lawyer working in KASH, Joan, holds the title of programme officer, not unlike the sex workers KASH employs. In addition to her legal work, she assumes responsibilities such as developing programming and advocacy strategies, and recognizes that clients may need basic food or shelter before being able to discuss legal problems.

These kinds of legal and paralegal assistance also challenge police or public understanding of the social and legal position of sex workers and people who use drugs. Police actions against these populations, often conducted with attention to public display, play an important role in the formation of social attitudes about those undeserving of social support. Police in countries as varied as Macedonia and China have paraded 'prostitutes' in front of television cameras or jeering crowds in 'shame parades' (Doyle 2010; Watts 2006); China has also marked 26 June, the United Nations Day Against Illicit Drug Trafficking and Abuse, with public sentencing of alleged drug traffickers while crowds chant, 'Kill, kill!' (Wolfe 2007). In Thailand, Malaysia, Vietnam and Cambodia, government leaders have launched a variety of zero tolerance and 'strike hard' campaigns (Wolfe 2007), with Vietnam and Cambodia also devoting significant media attention to government plans to eliminate sex work (Human Rights Watch 2010). With detention so tied to social norms of good and evil, the appearance of a legal professional to help a drug user or sex worker signals that these individuals have social networks that extend beyond the criminal frame: those offering assistance outside the police van, station, or pre-trial facility affirm both the rights of those detained and their links to other social supports. In this sense, legal and paralegal assistance can be understood as stigma reduction, in a form that directly engages power relations in ways that many more generic approaches to stigma reduction campaigns may not (Parker and Aggleton 2003).

While the power of legal and paralegal services to secure liberty is lasting and deep, however, the interventions described in this chapter represent a stopgap solution to an unacceptable problem. Ultimately, it is the criminalization of populations at high risk of HIV combined with unaccountable police and weak rule of law that contributes to the abuses to which lawyers and paralegals must creatively respond. In the long term, the solution is to replace the *de jure* and de facto criminalization of sex workers and people who use drugs with a structural approach that minimizes or eliminates the intrusion of the criminal justice system into the arena of public health. Until such time as public health prevails over punishment, lawyers and paralegals will need to deploy all manner of tactics to protect the life, liberty, and health of some of society's most marginalized individuals, demonstrating a professional flexibility as 'without limits' as the abuse to which it must respond.

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