

Denmark

Country statistics

The population of Denmark is 5,800,000. The HIV prevalence in the country is 0.1% with 5,800 diagnosis; HBV prevalence is 0.26% with 15,000; HCV prevalence is 0.29% with 17,000; and the TB incidence is about 300 cases per year.

The estimated number of drug users is 84,430 persons (2019)

The prevalence of people suffering of mental illness 10% (580,000 persons). The definition of mental illness includes stress. There are 600 cases of suicide annually.

The data on prevalence of STIs is not available.

Access in the general population

The general population has good access to all tools and methods of prevention and they have access to treatment of HIV, HBV, HCV, and TB.

Definition of closed setting – closed settings relevant in the national context

There is no definition used for closed settings in Denmark. They include prisons; pre-trial detention; police custody and centres for refugees and migrants.

Funding for prevention and health interventions in closed settings

Denmark is divided into 98 municipalities, 5 regions, and 1 state level. Health care services are paid for either by the state (general practitioners) or by the region (hospitals).

Health care in prisons are paid for by the state as part of the annual budget of the Danish Probation Service. However, this is not always the case. Should an inmate require or request other assistance from either a specialist or a hospital then the expenses will be covered by the given region.

As for the migrant centres, they function the same way; as a rule, each centre has a medical clinic, which is paid for by the state. Should special assistance be required then the expenses are covered by the region.

Prison statistics

The size of prison population was 3,945 (October 2019)

The prevalence (or estimate prevalence) of HIV was 5 cases (estimated 0.13 percent). The prevalence (or estimate prevalence) of HBV was 11 cases (estimated 0.27 percent). The prevalence (or estimate prevalence) of HCV was 21 cases. There were no credible estimates of TB prevalence.

The prevalence of mental illness was 400 cases (8 percent) and the rate of suicide thoughts was 1900 (47.3 percent), suicide rate was 8 persons in 2018 among detainees.

There were no credible estimates available of STIs in prisons.

Access and policies vs practice in prisons

The Danish Probation Service does not distinguish between pre-trial detention and prison - the data and information in this section covers both pre-trial detention and prisons.

In Danish prisons condoms and disinfectants (e.g. for hands, tattoos and piercings) are available as prevention methods. Treatment for HIV, HBV, HCV, and TB are available.

Regarding police custody, a person in Denmark has to be presented to a judge within the first 24 hours after apprehension. During these 24 hours, any medication that is indicated by the person's journal to be necessary must be made accessible to the apprehended individual.

All data related to inmates falls under the jurisdiction of the Danish Probation Service (Kriminalforsorgen). They do not register any diseases in a central database. The health data of inmates is included as part of the respective Danish region's data. It is always possible for the inmates to request a test for any of the mentioned conditions. Inmates that are required to stay for longer than 3 months will have a doctor and a nurse assigned.

Other issues in prisons

PLHIV and patients of viral hepatitis and TB are detained together with other inmates.

For necessary medical check-ups both visits by a specialist and a transfer to the closest hospital is possible upon preference of the person in detention.

The placement of inmates will always be a specific assessment. The Danish Probation Service does not register the gender identity of the inmates, but the gender of the person will be part of the placement assessment if the inmate informs that they are non-binary. Inmates can gain access to hormonal therapy upon request.

Doctor's appointments are always private and thus confidential. The policies are followed in practice.

PLHIV and patients with viral hepatitis or TB do not receive any special service. There are no special services offered to inmates based on their health status beside the proper medical service.

The health costs in the prisons are either paid for by the given region (if special medical assistance is required, if hospitalization is needed also) or by the state (the prison's own doctor).

Centres for refugees and migrants statistics

In Denmark there are four main types of centres: residence centres (7 centres with a total max capacity of 1,870), exit centres (3 centres with a max capacity of 1,400), child centres (3 centres with a max capacity of 214) and reception centres (1 centre with a max capacity of 600).

The practical operation of the centres are handled either by a local municipality or by the Danish Red Cross. The latter operates a total of 8 out of 14 centres. Of the people detained at the time (2019). The Red Cross oversees the well-being of 1,536 refugees and migrants out of the total of 2,512. The remaining 976 are being overseen by three different municipalities.

It is worth mentioning that there is a significant difference between the occurrences of mental illness in the centres operated by municipalities versus centres managed by Red Cross. The prevalence of mental illness in the Red Cross centres is 35.8 percent whereas the same prevalence in the centres operated by the municipalities is 1.8 percent. It has not been possible to locate the reason for this inconsistency.

Finally, the prevalence of STIs is so low in all centres that it is not seen as probable data and it is not possible to make a credible assessment.

For among others these reasons the Danish AIDS-Foundation finds that the data registered by especially the municipalities to be associated with some uncertainty. The Danish AIDS-Foundation is considering actions to take.

The prevalence of HIV is reported at 0.72% (18 cases), HBV is 1.11% (28 cases), HCV is 0.24% (6 cases), TB is 0.24% (6 cases).

The prevalence of mental illness is reported at 23.29% (585 cases) and in 2016 there were 120 reported suicide attempts in these centres.

Access in centres for refugees and migrants and policies vs practice in centres for refugees and migrants

Testing and screening is offered on an opt-in basis in these centres and there is no difference between policies and practice.

Condoms are available for free at most centres, while lubricants are only available on purchase and femidoms are not accessible.

PrEP and PEP are offered to those at risk or after exposure to those who request it.

NSP is offered through hospitals/substance abuse centres. OST is in theory handled by local substance abuse centres (each refugee/migrant centre has one assigned) However, in practice there is no known cases of opioid substitution in the Danish refugee/migrant centres according to Danish Red Cross. Naloxone is not available.

Vaccination for HAV and HBV is available but not for free.

Disinfectants and information leaflets are provided in the centres.

Treatment for HIV, viral hepatitis and TB are provided in the centres.

Other issues in centres for refugees and migrants

PLHIV, TB -, and hepatitis patients are together with other refugees and migrants. In general, they are transported out of the centres for check-ups. However, there is a difference in the course of action when a detainee needs (any) medication. Most centres have their own doctors present – but others require detainees to pick-up medication from local pharmacies.

Trans individuals and non-binary people are placed according to their expressed preference.

All medical data is strictly confidential and policies and regulations are kept in this regard in the centres.

Special services are not offered based on health status or condition. However, it is worth noting that psychological support is offered on a general basis, and detainees are encouraged to contact local organizations with special expertise – such

as the Danish AIDS-Foundation with regard to PLHIV.

Local NGOs are monitoring the centres closely, offering a wide variety of services, workshops, and so forth.