

Sleeping with the enemy? Engaging with law enforcement in prevention of HIV among and from injecting drug users in Asia

By the Law Enforcement and Harm Reduction at the Nossal Institute (LEHRN) Partnership

It is undeniable that the perception of police as 'the enemy' is often justified, and often brutally so. The 'war on drugs' mentality, fostered by political processes serving entrenched interests, creates and supports belief among many police that it is drug users who are the enemy. The elision from a 'war on drugs' to a 'war on drug users' is easily made, as was seen catastrophically in Thailand in 2003, with the extrajudicial police killings of up to 2,500 so-called drug users. From the perspective of police, it is the health authorities who are 'sleeping with the enemy'.

However, it is often the very perception of police as 'the enemy' in the fight against HIV that sets up barriers – often insuperable barriers – to effective interventions. As usual, the major impediments to effective responses to HIV exist within our minds and with our prejudices ... but this time, an accusation often levelled at others in society can be made about many among the 'AIDS community'.

Injecting drug use (IDU) has been a spreading phenomenon in much of the world over the last few decades. In many if not most countries of Central, South, South-East and East Asia it has been increasing numerically, expanding geographically, and penetrating many social strata, driven by the narco-economics of narco-states, by untrammelled economic development, and by globalisation. This has set the scene for epidemics of HIV among injecting drug users (IDUs) and from them to their sexual partners, especially where there is a crossover of IDU and sex work. This has led, in many places, to the generation of HIV epidemics which mimic heterosexually driven epidemics; outside sub-Saharan Africa, UNAIDS estimates that some 30% of all new HIV infections are as the result of sharing contaminated injecting equipment among IDUs. It has also set the scene for repressive and often brutal social responses to IDU and those who practise it.

The standard response to illicit drug use among countries in the Asian regions has been to conduct intensive street-level 'crackdowns' by law enforcement agencies, resulting in lengthy, and lengthening, internment in compulsory detention centres, variously labelled as 'residential drug treatment or rehabilitation', or 'resocialisation' or 'social reintegration', or similar periphrases. The names do nothing to hide the reality. These centres provide no drug treatment, and little (if any) real resocialisation, rehabilitation or reintegration into society. They are part of brutally repressive responses to illicit drug use, usually directed at the poorest elements of society whose lives are generally full of despair. In reality, many of these centres are breeding grounds for HIV and other blood-borne viruses as high-risk activities such as drug use, needle-sharing and unprotected sex occur amongst detainees (e.g. Amon 2009, bin Ali 2009, Pearshouse 2009).

Police are the front line of these responses. Police confront the drug user, arrest, extort, beat and send them to 'Compulsory Treatment Centres' or other administrative detention – often

using their unaccounted discretion, usually without trial or right of appeal, and often at cost to the person's family (e.g. Fairbairn et al, 2009).

But police are also at the front line of humane responses to these issues. That police can be your worst enemy or your best friend is a truism known to everyone who runs a harm reduction program, working to defend the humanity of their clientele and, at the most basic level, to help them defend themselves against HIV. Australia has seen the effectiveness of the police and harm reduction partnership, at the senior policy level and at the local, community partnerships level. Where this happens in Asia, similar effective responses are being generated. But while this is increasingly the case, it is still only in a small minority of communities.

Methadone as crime control in Hai Phong, Viet Nam:

'... district level police reported a 15% drop in petty crime in Le Chan district (which includes the main bus station) since the methadone program opened one year previously. The policeman was impressed. I was a bit disappointed only 15%, but then most of those accepted into methadone at that stage (around 250 patients) were lacking an active criminal history as one of their entrance criteria.'

Dr David Jacka (Medical Officer – HIV and IDU, World Health Organization, Hanoi, Viet Nam)

'Before these people used to have behaviours such as: theft, stealing chicken, ducks of their neighbors. Since they participated in this programme [methadone maintenance therapy] the theft rate reduced remarkably because previously they needed money to satisfy their illicit drug needs but now they do not need, they do not need to find money urgently.'

Local authority representative in Hai Phong (Preliminary evaluation of the pilot MMT in Hai Phong and Ho Chi Minh City, Ministry of Health, page 49)

A seminar on 'Law Enforcement and Harm Reduction: Effective Partnerships' was held in Phnom Penh on 24 February 2010, in conjunction with the Law Enforcement, Harm Reduction, Nossal Institute (LEHRN) Project. This is one of a series of seminars which is bringing together key players from research, law enforcement, health and harm reduction agencies in Southeast Asia, from government, NGOs and INGOs, UN/WHO and academia. The aim of the seminars is to better understand the importance of the harm reduction-law enforcement partnership in controlling HIV, and harms associated with illicit drug use in Southeast Asia and globally. The first seminar in the series was held in Melbourne in November 2009.

The LEHRN Project is based on the appreciation that while

the negative impact of law enforcement on illicit drug use and drug users, in terms of HIV prevention, is well described, we have poor understanding of how harm reduction philosophy and approaches (as practised by programs dealing with drug users) impact the policy and practice of law enforcement. Do we know how to engage law enforcement, to find common ground and common goals with harm reduction, to build effective partnerships? In the fight against HIV among and from illicit drug users, and against other harms to the individuals, their families and the wider communities of which they are a part, we need better knowledge of how to build these positive relationships. The LEHRN Project is therefore building the capacity of public health researchers in Laos, Cambodia and Viet Nam to research the impact of harm reduction programs on law enforcement policy and practice, to bring us closer to completing the circle of understanding, and enable more positive policy settings.

Speakers and discussants at the seminar covered:

- reviews of the situation regarding illicit drugs and the HIV epidemic in Southeast Asian countries and regionally;
- the perspective of these situations from the law enforcement point of view;
- responses at regional and national level; and
- reports and updates from the LEHRN Project's current research.

A major issue highlighted during the seminar was that harm reduction had generally failed to present evidence that was compelling in terms of the benefits for police. Advocacy with law enforcement by harm reductionists is almost always couched in health terms, seen as either foreign and/or irrelevant by law enforcement – 'it's not our job, why should we care?' In advocacy terms, recasting the approach to examine and present 'what's in it for them?' is a far more effective approach. It can stand as an exemplar of how harm reduction gains support from community groups, businesses and other influential players.

If it is possible to frame the evidence in a way that is compelling for police to support harm reduction – if they see it as being in their own self-interest – they will drive advocacy with these other groups. Self-interest comes in many forms – perhaps the simplest example being occupational health and safety for police: needle and syringe programs substantially reduce the risk of needlestick injuries to police, as well as to the rest of the community; and also substantially reduce the chance that a needlestick injury, if it happens, will be from someone infectious with a blood-borne virus. But there is much more in relation to self-interest for police in a harm reduction approach to policing illicit drug use.

A roundtable discussion was held with selected participants after the February seminar at the National Institute for Public Health (the Cambodian research partner for the LEHRN Project) in Phnom Penh. Its major purpose was to distil the lessons learned about the importance of building and strengthening the law enforcement and harm reduction partnership, share experience and research to date and to review information presented at the seminar and other experiences that participants had gained from working with law enforcement. Participants included members of UN/WHO agencies, Cambodian national law enforcement authorities, LEHRN Project research partners (from Vietnam,

Cambodia, Lao PDR, regionally and Australia) and others. Each spoke as individuals rather than as representatives of their agencies.

Key principles from which the LEHRN Project takes its starting point include:

- the law enforcement sector is key to the success of attempts to control the HIV epidemic among and from illicit drug users, and
- law enforcement can be a major barrier or a major ally in the fight against HIV: the harm reduction community must engage effectively with law enforcement if there is to be effective change.

Major points highlighted by the seminar include:

1. The involvement of law enforcement is critical to the success of harm reduction programs at all levels – regional, national and local.
2. There is a pressing need for law enforcement agencies and authorities to share ownership of harm reduction.
3. Police must be engaged early by harm reduction programs; not as a subsidiary but as a core partner.
4. There is a need to document the experiences of law enforcement and harm reduction working together in the region, at all levels, both positive and negative.
5. Involvement of law enforcement at local level must be through effective community partnerships based on mutual understanding and respect, and should include local communities, local police authorities and other relevant partners.
6. There need to be multi-sectoral structures among all key agencies involved at all levels, so that working relationships can be established and maintained.
7. To ensure police and others in the law enforcement sector are enabled to fulfil a harm reduction mission and have the capacity to be effective partners, they need adequate resourcing.
8. Harm reduction activities must be integrated into police planning, and show congruency with other government department plans.
9. Political awareness and support are fundamental to the success of law enforcement and harm reduction partnerships and programs, and must be matched by government leadership and investment in harm reduction.
10. Solutions must be practical and be seen to be of worth by police – police responses and responsibilities in the partnership must be operationalised.

There is a need to increase efforts for better understanding of what factors might provide incentives for law enforcement to have a greater stake in harm reduction. Partly this relates to better documentation and consideration of current experience, measuring outcomes against strategies – for instance, the impact of engagement versus confrontation of police – but it also requires new and innovative approaches to partnership building.

It is of particular importance that police feel supported by government in their commitment to harm reduction; conversely, government needs to have the support of police in developing holistic harm reduction approaches to problems of illicit drug-related harm.

These holistic approaches require the development of consensus among all sectors – or at least a willingness to work together towards a consensus approach – especially clear indications and agreements of the police role in the community partnership, and of what is expected, matched by resourcing particularly in areas that reduce harmful risks to police themselves. They must also take into account the many internal and external factors impacting law enforcement work.

Even where the desire exists to move away from reliance on a uni-dimensional law enforcement approach to problems associated with illicit drug use – as is increasingly the case – a major impediment to such a move is the lack of community-based services to which people can be transferred or referred. Progressive police often take the line that without a community-based alternative to compulsory detention, illicit drug users under current policy settings will likely end up in prison. Reform is certainly required in drug policy, where the problematic use of illicit drugs should come to be seen as an issue for health authorities to deal with, if it needs to be dealt with. In fact, most countries in the Asian regions do not have identifiable 'drug policies', relying instead on the classification of drugs issues under criminal or administrative law.

But this raises issues for health care systems desperately underfunded to deal with their current workloads, and entirely lacking support to tackle mental health problems which intersect with drug use in a major way.

Conclusion

Recognition of the adverse role of law enforcement in illicit drugs issues, of its contribution to increasing HIV risks and vulnerabilities, must be matched by recognition of the legitimate role police and other law enforcement agencies have in relation to public health. Working with police to change cultures and enhance their ability to work collaboratively and community-wide to protect all members of a society from preventable ills is critical to progress in stopping HIV epidemics among and from IDUs, and therefore in most Asian countries. But this work needs recognition from governments, donors and multilateral agencies that there is a need to urgently and massively boost other services for those at risk, especially illicit drug users and their families – primary health care, effective community-based drug treatment, and mental health services being among the most pressing.

At this stage of the HIV epidemic, after 25 years' experience in Asia, some lessons have been learnt:

- HIV epidemics in Asia will not be stopped until transmission is stopped among and from people who inject drugs;
- HIV transmission will not be stopped among and from these people until repressive uni-dimensional law enforcement approaches give way to rational drug policies, with provision of accessible, humane and effective community-based drug treatment programs for all who need them; and
- The underlying lack of opportunity for meaningful lives must be addressed at the community level in programs of human rights-based social and economic development.

This is, above all, a fight for human rights for the most marginalised of people, and as harm reductionists, our slogan is pragmatism. What works in this fight, we are

increasingly learning, is engagement with all members of society, including especially affected communities and law enforcement.

[The LEHRN Partnership is made up of the following:

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- National Institute for Public Health, Cambodia (Chheng Kannarath, Leang Supheap, Thou Chourn)
- Institute for Social Development Studies, Viet Nam (Khuat Thu Hong, Bui Thu Huong, Nguyen Thi Van Anh);
- The Nossal Institute for Global Health, Australia (Tim Moore, Liz Gill, Greg Denham, Nick Crofts, Melissa Jardine).]

The LEHRN website: http://www.ni.unimelb.edu.au/disease_prevention__and__health_promotion/hiv_aids/current_projects_and_consultancies/hiv_injecting_drug_use/lehrn

References

- Amon, J, 'Health and human rights concerns of drug users in detention in Guangxi Province, China', Harm Reduction 2009, Bangkok, 20-23 April; Abstract 821, Session C3.
- bin Ali, US, 'Break you down to build you up': the Malaysian experience', Harm Reduction 2009, Bangkok 20-23 April; Abstract 510, Session M2.
- Fairbairn, N, Kaplan, K, Hayashi, K, Suwannawong, P, Lai, C, Wood, E, Kerr, T, 'Reports of evidence planting by police among a community-based sample of injection drug users in Bangkok, Thailand', BMC International Health and Human Rights, Vol. 9 2009, p. 24
- Pearshouse, R, 'An overview of Thailand's compulsory drug rehabilitation', Harm Reduction 2009, Bangkok, 20-23 April; Abstract 836, Session M2.