Building support with law enforcement to enable harm reduction programmes

The lessons learned by the Asia Regional HIV/AIDS Project

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Sharing of injecting equipment is a major mode of HIV transmission in several countries of Asia where injecting drug users (IDUs) continue to be stigmatized and denied access to treatment and prevention services. The Asia Regional HIV/AIDS Project (ARHP) is a pilot project funded by the Australian government through AusAID. Commencing in July 2002, ARHP has implemented training and advocacy for counterparts in health and law enforcement in three countries, China, Myanmar and Vietnam. The experience of ARHP is that when law enforcement is committed to building relationships with the health sector and communities, services for IDUs can be implemented and effective in preventing HIV transmission in the region. Where law enforcement is unsupportive, practices by law enforcement can, in some cases, result in an increase in HIV transmission in the community. Lessons learned highlight the need for high-level support and community acceptance of services for IDUs, as well as cooperation with law enforcement at all levels.

"Harm reduction recognises that some drug users will not stop using drugs despite the risks." Harm reduction is a concept that uses evidence-based strategies to reduce the physical, psychological and social harms associated with drug use. One of the major harms currently associated with injecting drug use is the transmission of HIV. HIV prevalence among IDU communities has been effectively managed in countries such as Australia and the Netherlands, through the implementation of needle and syringe programmes (NSPs), outreach and peer education services, drug substitution therapies such as methadone and buprenorphine, and through providing primary health and social care and support for IDUs. Enabling access to sterile injecting equipment through NSPs has been proven in many studies to effectively prevent transmission of HIV, and in some cases has lowered prevalence of HIV and other blood borne viruses among injecting drug users and in the general community (see the box 'Some facts about harm reduction').

Lessons learned

- Ongoing advocacy at all levels of law enforcement is necessary before and during the implementation of harm reduction programmes.
- In order for local law enforcement to be effectively supportive, policy support and cooperation from high level government officials is needed.
- Only in areas where support from law enforcement has facilitated successful outreach and peer education a decrease in injecting and sexual risk behaviour can be expected.

Harm reduction is a necessary component of the strategy to prevent HIV transmission in Asia where epidemics of HIV have already been established amongst many IDU communities in many countries in the region. However, in many Asian countries, harm reduction continues to face opposition from policy makers and communities. In countries including China, Vietnam and Myanmar, IDUs are routinely targeted for continued opiate testing, resulting in incarceration for periods of up to four or five years. In Thailand, extra-judicial killings of drug users in 2003 resulted in the confirmed deaths of almost 3,000 people. HIV infection rates in these countries continue to increase among IDU populations.

In parts of Yunnan province, China, HIV prevalence among IDUs increased from below 5% in 1989 to over 40% within six months.[1] Some of these communities are now experiencing generalized HIV epidemics. Accessing harm reduction services for IDUs in Asia is often extremely difficult. Many drug users are treated as criminals whether or not they are involved in criminal activity beyond their own drug consumption, and law enforcement officials tend to be far more involved in 'rehabilitation' services than health workers. According to the MAP report *AIDS in Asia*: *"The subculture of needle sharing among IDUs is unlikely to change if the police and other sections of the community continue to victimize drug users, making it harder for them to adopt safer behaviors."*[2]

Even where there are services for IDUs, it can be difficult to build the trust that is necessary for the IDU population to feel safe accessing services. As a result, IDUs in many places continue to share injecting equipment even when they know the risk of HIV transmission is high. When there is police activity close to these services, or when police target harm reduction service delivery sites to make arrests, the numbers

Some facts about harm reduction

Harm reduction strategies have been shown to:

- reduce sharing of injecting equipment among IDUs;
- reduce transmission of HIV, and Hepatitis B and C;
- reduce sexual transmission of HIV and STIs between IDUs and their sexual partners through education and condom provision;
- provide and promote primary health and social care for injecting drug users;
- act as a bridge for drug users seeking treatment for their drug use;
- promote voluntary counselling and testing for HIV, and Hepatitis B and C;
- retain drug users in other health-related programmes;
- improve quality of life; and
- be cost effective.

According to many studies and research, harm reduction strategies *do not:*

- increase drug use;
- increase the frequency of injecting among drug users;
- introduce drugs or injectable drugs to new users;
- lower the age at which drug users first inject; or
- increase the number of needles and syringes discarded in the community.

of IDUs accessing sterile injecting equipment and other types of services decrease dramatically.

ARHP and law enforcement

In many parts of the world, police implement policies and practices that demonstrate acceptance and support for reducing the harms from illicit drug use. Such policies and practices include agreeing not to conduct unwarranted patrols or personal searches in the vicinity of fixed NSP sites, so that police activities do not act as a deterrent to people using those services. Police also agree not to arrest peer educators and outreach workers and not charge or arrest injecting drug users found only in possession of needles and syringes.

Commencing in July 2002, ARHP has implemented training and advocacy for counterparts in health and law enforcement, facilitating relationships between two government departments that traditionally have very different ways of addressing HIV and drug use in China (Yunnan province and Guangxi Zhuang Autonomous Region), Myanmar and Vietnam. ARHP works closely with law enforcement officials in these three countries. In order to implement the NSPs, outreach work and drop-in centres that form the backbone of the Project, ARHP first built relationships with senior law enforcement officials to gain political support by advocating for harm reduction approaches as an effective approach to tackling HIV transmission in the region. This high level support allowed the implementation of ten pilot sites in China, and five sites in Myanmar where injecting equipment and condoms are distributed, and IDUs receive primary health care, education and peer support.

ARHP also began training law enforcement trainers in police academies in China. Police officers in Yunnan and Guangxi now receive training about harm reduction, HIV and the role of law enforcement in protecting themselves and all members of the community from HIV transmission by supporting harm reduction interventions. In Vietnam, some law enforcement officers have taken part in a similar programme, providing law enforcement workers and detainees with education and training in harm reduction and HIV knowledge.

With these strategies in place, ARHP began building local support with officials from local level health and law enforcement departments. These government officials, with members of local communities, have formed steering committees for Effective Approaches Project (EAP) sites where drop-in centres have been established, and where outreach workers are based. The steering committees advocate for the Project in the local community. This includes advocacy for outreach workers and other staff who may be vulnerable to arrest due to their work activities. In some cases, local law enforcement have been instrumental in protecting ARHP outreach workers from harassment by law enforcement officers who come from outside the local area. These relationships are essential for working effectively with communities at the local level.

Barriers and challenges

ARHP experience has identified many barriers in working with law enforcement agencies in Asia. A major barrier is gaining support from different levels of law enforcement officials whose decisions affect the success of harm reduction programmes. For example, senior level national officials and operational level law enforcement may be supportive, but middle ranked officials, whose decisions and demands must be followed, could oppose harm reduction approaches.

In China, where many senior level officials support harm reduction, and policy allows for NSP pilot projects and methadone

Workshop at an ARHP Senior Police Harm Reduction Seminar, 2006

Some results from ARHP evaluations in Myanmar and China

- At the time of the follow-up survey 68% of drug users interviewed in Myanmar used new injection equipment for all injections compared with 63% in the first survey. In Guangxi, China, the increase was from 62% to 82%, and in Yunnan, China, from 40% to 61%.
- In all sites surveyed, the proportion of drug users borrowing syringes and needles reduced greatly and sharing of spoons, water and drug solution also declined.
- In Myanmar, condom use during last sex increased from 2% to 35% and in Yunnan, from 1% to 35%. Condom use during last *paid* sex increased from 13% to 73% in Guangxi.
- The qualitative data from all three locations indicated that the outreach workers were trusted by the drug-using communities and that they accepted the primary health care services that were offered.
- However, in several sites there were concerns about the police crackdown on drug users and non-availability of syringes in pharmacies. In Yunnan, it was reported that police arrest drug users carrying syringes and needles. Thus, continued advocacy is required with law enforcement for the smooth functioning of the EAPs.

More information: Evaluation of Effective Approaches Projects (EAPs) in Myanmar and China (Guangxi and Yunnan). Regional Summary. ARHP, October 2006: http://www.arhp.org.vn/Download/EAP_Evaluation_Regional_summary_final.doc

maintenance therapy, provincial level and prefectural level officials may require operational level police to fill quotas of arrested IDUs. Educating and receiving support from these middle levels remains a barrier to working at the local level, because filling quotas often results in police targeting clients of harm reduction services. These 'crackdowns' also have the unintended result that many IDUs who may previously have accessed harm reduction services 'go underground' which increases incidences of sharing of injecting equipment.

The issue of receiving support at all levels is also an issue of coverage. Where ARHP has project sites, there is ongoing advocacy resulting in support for NSP and harm reduction interventions. However, it requires huge amounts of resources to provide advocacy to all law enforcement officials all over the region. For this reason, many law enforcement officers have not received training and support from any organization and these officers are likely to oppose harm reduction. These people can directly and indirectly affect the success of existing projects and the ease at which new projects can be implemented.

Many law enforcement officers believe that *not* arresting IDUs who are caught using, and instead, finding alternatives such as referral to treatment or small fines, goes against their role of punishing criminal activity. However, with training and advocacy, many come to understand drug dependence as a health problem, understand harm reduction to have long-term benefits for the community, and try to assist IDUs in their local communities while making more efficient use of their policing by continuing to arrest drug traffickers.

Relationships with law enforcement need to be a high priority, as they take time to build and must be sustained. The demands on law enforcement officers at all levels are often high, and financial resources may be low. Gaining support for harm reduction must take these factors into account. ARHP has achieved some success by using the 'peer education' model, where supportive law enforcement officials from the region advocate for harm reduction with other officials and police academies include training in harm reduction in their curriculum.

Lessons learned

ARHP's experience is that ongoing advocacy at all levels of law enforcement is necessary before and during the implementation of harm reduction programmes. ARHP EAPs reach far more IDUs in sites where local law enforcement is supportive of peer education and harm reduction models of interventions. Similarly, in order for local law enforcement to be effectively supportive, policy support and cooperation from high level government officials is needed.

ARHP has experienced many barriers and successes in its four year operation. Between January 2005 and March 2006, over one million needles and syringes and over 200,000 condoms were distributed to IDUs in Myanmar, Yunnan and Guangxi. Evaluations of the project have revealed a decrease in injecting and sexual risk behaviour at project sites, especially in areas where support from law enforcement has facilitated successful outreach and peer education. HIV education as well as other health education and primary health care services continues in many communities with IDUs and the general community. These interventions have been most successful where community and law enforcement support is strongest, allowing peer educators and outreach workers to carry out their work unhindered. The lessons learnt by ARHP can be used by other organizations, and achievements can be building blocks for further developments within the region. Only by cooperating with law enforcement can the epidemic of HIV among IDUs and the rest of the community be stemmed. ■

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2. *AIDS in Asia: Face the facts*. Monitoring the AIDS Pandemic (MAP), 2004: http://www.mapnetwork.org/docs/MAP_AIDSinAsia2004.pdf