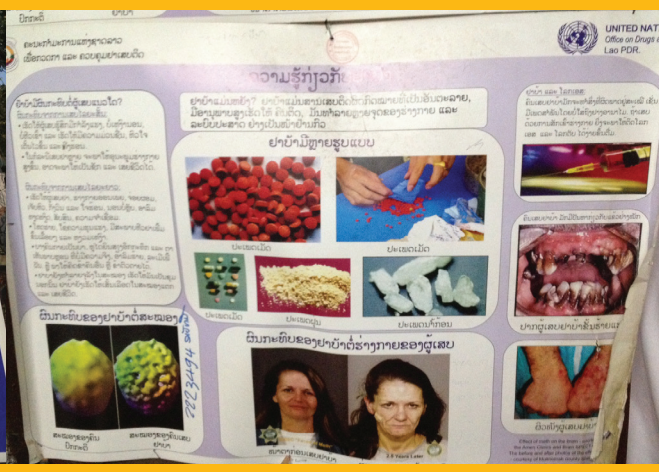
The Impact of Harm Reduction Programs on Law Enforcement in Southeast Asia: What Works and What Doesn't

To be published in the a special issue of the harm reduction journal due out on 08 July 2012


ສູນເພື່ອນມິດ
Peuan mit center
ໂຄງການຊ່ວຍເຫຼືອເດັກຂ້າງຖະໜົນ ແລະ ສ້າງຂຸມຄະລາກອນບໍລິຫານແບບຍືນຍົງໃນ ສ ປ ປລາວ
Building a Sustainable of Street Children Project in Lao PDR - Implementation and capacity Building
ໂຄງການຮ່ວມມືລະຫວ່າງ
ກະຊວງແຮງງານ ແລະ ສະຫວັດດີການສັງຄົມ
ແລະ ອົງການ ເຟຣັນ ຍິນເຕີເນຊິເນວ
In collaboration
Ministry of Labor and Social Welfare- Lao PDR
and FRIENDS-INTERNATIONAL
021 261 389
laos@friends-international.org


UNITED NAT
Office on Drugs
Lao PDR

Contents

1 Foreword: Public health, public policy, politics and policing

Daniel Tarantola

3 Assessing the impact of harm reduction programs on law enforcement in Southeast Asia: a description of a regional research methodology

Nick Thomson, Tim Moore, Nick Crofts

13 Harm reduction in Cambodia: a disconnect between policy and practice

Kannarath Chheng, Leang Supheap, Nick Thomson, Timothy Moore, Nick Crofts

27 The Village/Commune Safety Policy and HIV Prevention Efforts among Key Affected Populations in Cambodia: Finding a balance

Nick Thomson, Leang Supheap, Kannarath Chheng, Amy Weissman, Graham Shaw, Nick Crofts

31 Defining and redefining harm reduction in the Lao context

Vanphanom Sychareun, Visanou Hansana, Sysavanh Phommachanh, Vathsana Somphet, Phouthong Phommavongsa, Brigitte Tenni, Timothy Moore, Nick Crofts

43 Laos case study: Peuan Mit

Brigitte Tenni, Vanphanom Sychareun

46 Harm reduction and “Clean” community: can Viet Nam have both?

Khuat Thu Hong, Bui Thu Hong, Nguyen Van Anh, Melissa Jardine, Tim Moore, Nick Crofts

61 Harm reduction and law enforcement in Vietnam: influences on street policing

Melissa Jardine, Nick Crofts, Geoff Monaghan, Martha Morrow

77 Case Study: Methadone maintenance treatment in Hanoi, Vietnam

Melissa Jardine, Nguyen Van Anh, Khuat Thu Hong

80 Partnering with law enforcement to deliver good public health: the experience of the HIV/AIDS Asia Regional Program

Mukta Sharma, Anindya Chatterjee

89 Police, Policing, and HIV: New Partnerships and Paradigms

Chris Beyrer

This research was funded by the Australian Agency for International Development (AusAID) through the Australian Development Research Awards. Any views expressed within do not necessarily represent the views of AusAID or the Australian government.

Harm Reduction Journal
Special Issue: Policing and Harm Reduction in SE Asia

Foreword: Public health, public policy, politics and policing

Author: Daniel Tarantola

Reducing harm from drug use lies at the intersection of public health, public policy, politics and policing. In an ideal world, evidence of public health gains achievable through new approaches or technologies should inform public policy and help shape political agendas in support of policy change. This, in turn, should translate into law and regulations and then to their application. The goal of this transformative process should be to yield the highest attainable health benefits to vulnerable individuals, communities and to society as a whole.

Harm reduction, as a public health issue, encompasses a wide and diverse array of approaches aimed at minimizing negative individual and collective impacts of risky behaviours. Road safety measures such as speed limitation and the enforcement of seat belt and motorcycle helmet legislation are examples of such measures. In the realm of HIV/AIDS, harm reduction approaches have had significant impacts on HIV transmission among men who have sex with men (MSM) and injecting drug users (IDUs) as well as in the context of heterosexual and transactional sex. Elimination of risk, vulnerability and impact will remain remote goals until a cure and highly effective vaccines become available, and most-at-risk populations are no longer subjected to discrimination and social exclusion. Until then, harm reduction approaches have proven the approaches of choice, demonstrated by declining HIV prevalence and incidence over the last two decades in populations where prevention and early access to treatment have been instituted at scale.

Evidence abounds supporting the introduction in public policy and in practice of measures aimed principally at minimizing the spread of HIV (and Hepatitis B and C) resulting from the sharing of unsterile paraphernalia. Those who have patiently and rigorously collected, analysed and disseminated this evidence have produced a very robust body of evidence for policy change. Often in adverse environments, they have established that making sterile injection equipment available to drug users and switching from injection – involving high risks of blood-borne contamination – to less harmful forms of drug use, including the oral administration of opiate substitutes, substantially lowers risk and transmission of HIV. They have repeatedly shown that these measures are effective on the individual and community levels when combined with individual counselling, community networking and public information. Notably, they have also documented that these approaches do not impact negatively on public health, for example by fuelling the widespread use of drugs in non-user populations. Funding agencies that have supported this work deserve special recognition too.

Thus, the evidence strongly militates in favour of structural changes that lower vulnerability to HIV and other blood-borne infections, by including drug-related harm reduction in all prevention programmes targeted at IDUs. Yet desirable policy changes have been hampered by ignorance, neglect or denial within government and political circles. As Albert Camus put it: “By definition, a government has no conscience. Sometimes it has a policy, but nothing more.” And even where sound policies exist, they are not sufficiently or not at all supported by legislation, or even less so by state capacity to enforce it. Informed by evidence, political agendas should be geared to induce public understanding and acceptance of these changes and support their entrenchment in existing or new legislation and regulations. Regrettably, however, a

disconnect remains between such policies as may be embodied in national HIV/AIDS strategies, on the one hand, and laws decrees and regulations that prohibit its implementation, on the other.

In turn, when the legislation allows, law enforcement should recognize and respect the newly established boundaries within which they are set to operate. However, these boundaries are blurred, and the interpretation and enforcement of the law inconsistent. The seemingly logical chain linking public health rationale to policy, politics and policing has many weak links and is divorced from reality in most countries, regardless of their level of economic development. Politicians have not displayed the leadership and pragmatism needed to introduce reforms perceived as benefiting marginalized populations primarily treated as law offenders or even labelled as the manifestation of "social evils".

Paradoxically – in every sense of the term – law enforcement authorities have occasionally displayed greater understanding than policy makers and legislators that neither the "war on drugs" nor HIV prevention are served well by occasional, random crack-downs on drug users or their deprivation of access to harm reduction methods. Where ineffective laws disallow any interaction other than repression and coercion between enforcement officers and drug users, the interpretation of the law is left to those expected to enforce it. Such interpretation is dangerously flawed, however, by the lack of clarity about what comprehensive drug-related harm reduction should actually entail in given geopolitical and epidemiological contexts, the inadequacy of guidance and skills received by law enforcement officers, the misconceived incentives offered them to stimulate their interventions, and abuses of power often associated with personal profits.

Ever since HIV emerged, policing has been blamed for creating obstacles to access by affected communities to prevention programmes primarily intended for their benefit. Yet, in almost all Southeast Asian nations, ground-breaking harm reduction projects have been tolerated even though they were not entrenched in, or were prohibited by policies and laws. The tolerance which benefited a number of these projects, as fragile, unpredictable and subjected to repeated setbacks as it was, has allowed projects to gather the evidence supporting harm reduction approaches, and, combined with international advocacy, to persuade policy makers that it was time for a change.

Drawing from selected Southeast Asian country case-studies, this very timely Special Issue takes a pragmatic look at opportunities and barriers to effect this change. Specifically, it examines some of the factors that have determined the conflictual relationship between law enforcement and the protection of public health. It suggests that policing, when well conceived and implemented, actually constitutes a largely untapped resource in HIV prevention benefiting substance users and the rest of the population. As several articles in this Issue underscore, progress in this direction does not merely imply sensitizing law enforcement services to sound public health practices by imposing on them a public health agenda laid out in public health terms they may not be familiar with. It also implies recasting and supporting the role of these services taking into account their obligations, structures, competing priorities, accountability, cultural specificity and the social context within which they operate. Several of these factors of change, as well as the required caution and the associated risks in acting on them, are invoked in this excellent collection of articles, in the hope of constructing a new understanding of how policing must contribute to, rather than hamper, the prevention of HIV transmission through IDU. Borrowing from Jawaharlal Nehru: "The policy of being too cautious is the greatest risk of all."

Assessing the impact of harm reduction programs on law enforcement in Southeast Asia: a description of a regional research methodology

Nick Thomson[1,2,3] Email: nthomson@jhsph.edu
Tim Moore[1*] Email: tim.moore@unimelb.edu.au
Nick Crofts [3,4] Email: nick.crofts@unimelb.edu.au
* Corresponding author

[1] Nossal Institute for Global Health, University of Melbourne, 4th Floor, 161 Barry St, Carlton, Victoria 3010, Australia
[2] Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA
[3] Centre for Law Enforcement and Public Health, Melbourne, Australia
[4] Melbourne School of Population Health, University of Melbourne, 207 Bouverie Street, Parkville, 3100, Australian

Abstract

For over 15 years the Australian Agency for International Development (AusAID) has been a leading donor for harm reduction projects in Southeast Asia. The recent AusAID-supported harm reduction projects of greatest significance have included the Asia Regional HIV Project (AHRP), from 2002 until 2007, [1] and the HIV/AIDS Asia Regional Project (HAARP), from 2007 until 2015. [2] Both projects included in their design specific strategies for engaging with law enforcement agencies at country level. The main focus of these strategies has been to develop law enforcement harm reduction policy and curriculum, and the design and implementation of specific harm reduction training for law enforcement officers.

In July 2008, the Australian Development Research Awards (ADRA) funded the Nossal Institute for Global Health at the University of Melbourne to establish a research project created to assess the influence of harm reduction programs on the policy and operational practices of law enforcement agencies in Southeast Asia, known as the LEHRN Project (Law Enforcement and Harm Reduction at the Nossal Institute). The ADRA is a unique grant research mechanism that specifically funds development research to improve the understanding and informed decision making of the implementation of Australian aid effectiveness.

While the need to engage law enforcement when establishing harm reduction programs was well documented, little was known about the impact or influence of harm reduction programs on policy and practices of law enforcement agencies. The LEHRN Project provided the opportunity to assess the impact of harm reduction programs on law enforcement in Southeast Asia, with a focus on Vietnam, Cambodia and Lao PDR.

INTRODUCTION

For over 15 years the Australian Agency for International Development (AusAID) has been a leading donor for harm reduction projects in Southeast Asia. The recent AusAID-supported harm reduction projects of greatest significance have included the Asia Regional HIV Project (AHRP), from 2002 until 2007 [1], and the HIV/AIDS Asia Regional Project (HAARP), from 2007 until 2015 [2]. Both projects included in their design specific strategies for engaging with law enforcement agencies at country level. The main focus of these strategies has been to develop law enforcement harm reduction policy and curriculum, and the design and implementation of specific harm reduction training for law enforcement officers.

In July 2008, the Australian Development Research Awards (ADRA) funded the Nossal Institute for Global Health at the University of Melbourne to establish a research project created to assess the influence of harm reduction programs on the policy and operational practices of law enforcement agencies in Southeast Asia, known as the LEHRN Project (Law Enforcement, Harm Reduction, Nossal Institute Project). The ADRA is a unique grant research mechanism that specifically funds development research to improve the understanding and informed decision making of the implementation of Australian aid effectiveness.a

While the need to engage law enforcement when establishing harm reduction programs was well documented, little was known about the impact or influence of harm reduction programs on policy and practices of law enforcement agencies. The LEHRN Project provided the opportunity to assess the impact of harm reduction programs on law enforcement in Southeast Asia, with a focus on Vietnam, Cambodia and Lao PDR.

BACKGROUND AND RATIONALE

The HIV epidemic in Southeast Asia is largely a concentrated epidemic among key affected populations including people who inject drugs, men who have sex with men and sex workers. [3] In many countries across Asia the use of illicit drugs, sex between men and sex work are criminalised and this often brings people who engage in these activities into damaging interactions with law enforcement agencies. Harm reduction in the context of injecting drug use and HIV has been slowly evolving across countries in Southeast Asia but has not at this stage been able to reach coverage rates considered necessary to halt and reverse the spread of HIV. The inability to take harm reduction programs to scale is largely a result of being unable to resolve the tensions that exist between the policies and programs established to address HIV among people who inject drugs (PWID), on the one hand, and policies and approaches aiming to control or eradicate the availability and use of illicit drugs on the other. As a result of the latter, the law enforcement community often seeks to arrest, prosecute and detain PWID. Clearly, effective approaches to minimise HIV risk among and from PWID must occur within the context of supportive law enforcement policy and practice.

Law enforcement policy and practice is explicitly, if gradually, evolving towards greater endorsement of harm reduction approaches in Vietnam, Cambodia and Lao PDR. AusAID's programs and complementary initiatives are occurring at a critical juncture to effect supportive and sustainable change to such policy and practice in the region, and thus allow and support the scaling up of efforts to prevent HIV among and from PWID.

The impacts – generally negative – of law enforcement policy and practice on HIV risk environments and behaviours and on harm reduction programs has been researched and documented, but little is known about how harm reduction programs impact law enforcement policy and practice in Asia. Are the programs and approaches (including advocacy) which are aimed at fostering an environment supportive of harm reduction for all people who used drugs, effective at influencing law enforcement policy and practice? The LEHRN Project was established to address this crucial knowledge gap by elucidating fundamental enablers and barriers to change within the culture of law enforcement agencies, and by key law enforcement actors, in various settings, from national to grass-roots level.

This paper describes the overall project methodology used to understand the impact of harm reduction programs on law enforcement policy and practice in Vietnam, Cambodia and Lao PDR.

RESEARCH OBJECTIVES

The LEHRN Project was aimed at addressing two main objectives:

1. To identify key drivers of the endorsement and incorporation of harm reduction principles in law enforcement policy and practice, in a variety of socio-political contexts, in three countries of Southeast Asia in order:

    - To build a stronger evidence base to guide effective harm reduction policy and programs;
    - To help create supportive environments for street-level harm reduction activities for women and men who inject drugs and;
    - To provide practical, field-derived and tested recommendations for AusAID and other agencies implementing harm reduction programs in Southeast Asia in regard to establishing positive collaboration with law enforcement.

2. To strengthen the regional capacity of relevant researchers and institutes in Asia, and of existing agencies, forums and networks, to understand and work more effectively with law enforcement in the context of HIV prevention and harm reduction programs working with PWID.

In working towards the study objectives, the project employed three distinct phases implemented over a 4-year time period. Phase one included a conceptual study design phase, the building of the study infrastructure and conducting the background contextual analysis. Phase two involved the collection of primary data and an initial country level analysis. The third phase involved a more in-depth comparative analysis of the results from each of the three countries, the write up of papers and the dissemination of the research findings. The following section describes these phases and comments on the limitations and challenges that resulted and adjustments that were made in order to adapt to the different country contexts.

PHASE ONE: STUDY DESIGN, INFRASTRUCTURE BUILDING AND BACKGROUND CONTEXTUAL ANALYSIS

The research design used qualitative methods to map the associations between various harm reduction approaches and changes in formal/informal law enforcement policy and practice. The study was designed with the expectation that, at the local level, the researchers would form working relationships with law enforcement actors and use semi-structured interviews and observational techniques to understand the law enforcement cultures, practices and influences. It was expected that detailed examples of how law enforcement policy and practices was influenced by harm reduction programs and policies could be identified. It was further expected that through analysis of interviews, observations and case studies, pathways and determinants of change in policy and practice of law enforcement could be produced to identify patterns of association.

The design was underpinned by a conceptual framework that recognised: (1) there are often contradictions between policy and practice and each may influence the other; (2) the pace of policy change is often uneven; (3) formal policy development often occurs subsequent to 'on the ground' experience, and responds to pragmatic imperatives; and (4) different levels of government (e.g., national, district) can influence policy at other levels. Given the vastly different contexts of drug use, policing and harm reduction programs in each of the selected countries, the study design was not expected to be identical in all countries. Using qualitative approaches offered advantages not only for flexible exploration of local dynamics, but allowed for adaptation to local conditions.

SELECTION OF FIELD SITES

The three countries were selected to provide a diversity of settings in relation to drugs, HIV and policy development that would enable comparisons to be drawn. Vietnam was directly involved in AusAID's ARHP, and all three subsequently, during the course of the LEHRN Project, in HAARP, thus conferring potential for rapid uptake of research findings. The countries were further selected as LEHRN Project team members from the Nossal Institute had several affiliates stationed in Southeast Asia with multi-country experience in working in HIV projects and facilitating research in partnership with national institutions.

At the time of the study design, the following country specific details were considered relevant: Vietnam had a high prevalence of both illicit drugs and of HIV among people who injected drugs; a long exposure to harm reduction approaches; a nationally endorsed harm reduction policy, had implemented programs to varying degrees of scale and had been a recipient of AusAID harm reduction programs since 2002. Cambodia had a relatively high HIV prevalence among the general population that has fallen; was in the midst of an early and rapid rise in injecting drug use and of HIV among injecting drug users; and a good basic policy that was early in development. The Lao PDR was considered a low prevalence country for both injecting drug use and of HIV; was very early in the policy development cycle of harm reduction; and was a recipient of development assistance for harm reduction programs post-opium eradication.

RESEARCH INFRASTRUCTURE AND PARTNERSHIPS

During this phase several site visits were made by the Principal Investigator and project staff from the Nossal Institute to strengthen relationships with partner institutes in the three countries to develop and ratify Letters of Understanding governing the research and capacity-building relationships and communication strategies. The Nossal Institute sought Country Research Partners with strengths in social

and public health research and potential to contribute to national policy development. The selected partner for Vietnam was the Institute for Social Development Studies (ISDS), an institute with sound experience in research, training and advocacy on gender and sexuality, health policy development, HIV and social development. The ISDS had recently undertaken research titled *Understanding subcultures of drug users for HIV interventions*. For Cambodia, the Nossal Institute established collaboration with the National Institute of Public Health (NIPH), a semi-autonomous institution located within the Ministry of Health (MOH). The NIPH is considered influential in determining health policies and direction through evidence-based research provided to Ministry of Health. In Laos PDR, the Nossal Institute identified the University of Health Sciences as the preferred partner for its good track record in social research and potential to influence national drugs and HIV policy.

The Principal Investigator and key team members from the Nossal Institute brought to the LEHRN Project intimate understanding of issues around injecting drug use and HIV responses in Southeast Asia. This was complemented by the activation of a reference group, of particular importance in Phase One, comprising noted academics from the University of Melbourne, Macquarie University and Johns Hopkins/Chiang Mai Universities. The reference group members' expertise included research methodology, gender, policy development, drug and law enforcement culture, and anthropology, public health and harm reduction. A further and crucial addition to the core project team was a postgraduate Research Fellow, who was also an active constable of the Victoria Police (Australia), and who undertook an advanced policy design course once engaged.

REGIONAL WORKSHOPS, TRAININGS AND RESEARCH TEAM COMMUNICATION

After partner selection, a regional workshop in Hanoi brought together key primary team members, including Country Research Partners, as well as regional collaborators including AusAID staff. The workshop helped to cement the wider LEHRN Project team and provided an opportunity for further discussions on the research design, the training requirements and the ethic approval processes. This was the first of five project regional workshops facilitated during the life of the project.

BACKGROUND SITUATIONAL ANALYSIS

Phase one involved a background situational analysis upon which to contextualise the research in each country and create a baseline from which the influences of harm reduction programs on police policy and practice over time could be assessed. The background situational analysis was underpinned by a comprehensive desk review. In conjunction with the Country Research Partners the project team collected relevant country level policy documents and literature, reviews of existing studies and donor project evaluations that had generated data or recommendations on working with police and regional/country-level harm reduction programs to understand any relevant initiatives that were currently operating. The LEHRN team attempted to develop an understanding of the mechanisms of policy development and policy review across the law enforcement and health sectors and how this applied to the intersection of police and public health policies and practice in relation to harm reduction, HIV and injecting drug use in each of the three countries. By examining the theoretical determinants of positive change to policy and practice within given law enforcement cultures and settings, the policy review process was originally designed to generate hypotheses of the impacts of harm reduction strategies and advocacy on the harm reduction and law enforcement nexus that could be tested through primary data collection phase.

PHASE TWO: STAKEHOLDER MAPPING, PRIMARY QUALITATIVE DATA COLLECTION AND PRELIMINARY ANALYSIS

Phase two of the project comprised stakeholder mappings, finalisation of qualitative data collection tools, primary data gathering and preliminary analysis. After analysis of the background context of each country, project team members from the Nossal Institute travelled to each country in order to finalise the qualitative data collection tools and decide upon a sampling framework for recruitment of participants to conduct interviews. In order to finalise the qualitative interview guides, the research teams undertook a stakeholder mapping exercise to better understand how each country's law enforcement sector was structured.

STAKEHOLDER MAPPING

Detailed national-level mappings of protagonists within law enforcement agencies, and actors positioned sufficiently closely to them to be of influence or make astute comment thereof, constituted a major component. In addition, the research teams gave thought to where harm reduction programs would intersect with police and where decisions around police responses to harm reduction would be made. This mapping was a critical step to identify chief interviewees and focal points for this phase of the project.

QUALITATIVE DATA TOOL DEVELOPMENT

The original conceptual study design was based upon interviewing key informants to provide the basis for an inductive approach to identification and description of policy and decision-making networks and influential processes. Primary data was to not only be collected using semi-structured interview guides with key informants, but also through semi-structured observation of the relationship between relevant sectors and consistency between explicit policy and grass-roots practice. These approaches were designed to enable the mapping of key nodes in policy development and would potentially result in the ability of the research to map networks of influence, both formal and informal, of government as well as non-government and private sectors.

The original research design proposed to ask law enforcement officials: "Who is important to you, within your professional network, regarding policy and practice?" It was further proposed that key informant interviews with regional and in-country stakeholders would explore the links between harm reduction programs and law enforcement policy and practice. Stakeholders that the original research design proposed to interview included law enforcement representatives, MOH/MOPH, AusAID HIV project offices, UN agencies, people who used drugs, relevant NGOs/CBOs.

During the background analysis and stakeholder mapping exercise, it became clear each country was at a very different stage of the development of harm reduction policies and programs. In addition, country research teams had very different perceptions about their abilities to interview the various levels of police and other law enforcement protagonists identified by the stakeholder mapping. The resulting primary data collection tools were a reflection of both where the country was in its response to drug use and HIV, and the various power dynamics between researchers and law enforcement officials. The resulting set of semi-structured interview guides for both key informants and participants are described more completely in the country specific papers.

REGIONAL WORKSHOPS, TRAININGS AND RESEARCH TEAM COMMUNICATION

The second regional workshop was held in Bangkok alongside the 'Harm Reduction 2009: Harm Reduction International's 20th International Conference', at which LEHRN Project team members also presented.

Early in Phase Two it became apparent that extended contact time between the research teams was required. As such, all partners were brought together for three weeks in Melbourne with the Nossal Institute, toward the end of 2009. This helped to consolidate each of the country level background analyses and stakeholder mappings, initiate the development of papers for publication, bolstered the teams' confidence and approaches to undertaking research in the politically charged environment of law enforcement and HIV, clarified issues of project administration and forward planning, and generally instilled a spirit of collegiality among the project staff especially the Country Research Partners. A seminar on "Law Enforcement and Harm Reduction in Southeast Asia" was held during that time to coincide with the partners' visit, for which LEHRN Project representatives from each of the three nations gave presentations to a diverse audience.

In February 2010, the LEHRN Project hosted a fourth workshop, this time in Phnom Penh, which included training in NVivo software (see below). This was one of three back-to-back events. The second was the seminar on "Law Enforcement and Harm Reduction: Effective Partnerships" for which, once again, the LEHRN Project delivered several presentations to a local and regional audience including Cambodian police representatives. The closing event was the "Roundtable Discussion on Law Enforcement and Harm Reduction in Cambodia". The outputs of this event included a first set of recommendations about engaging law enforcement in the harm reduction enterprise and are outlined below. [4]

POLICING AND HARM REDUCTION – PRINCIPLES OF COLLABORATION

Major points highlighted by the LEHRN Seminar, Phnom Penh, Feb 2010:

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.

Later that year, the LEHRN Project gave presentations at the "Health and Human Rights Conference" in Hanoi.

PRELIMINARY ANALYSIS

As described, the research teams in each country were introduced to the use of the NVivo software to analyse qualitative data in a training led by ISDS staff members expert in using this software package. The training provided opportunity to share and reflect on the preliminary data. In particular, the LEHRN Project team discussed and systematically collated the themes that were emerging. Thus a comprehensive "node tree" or well-populated thematic clusters were established to enable country research teams to code and analyse the qualitative data being collected. These clusters fell within several broad categories: "harm reduction – evidence"; "harm reduction – programs and services"; "means of influence"; "law enforcement/police – policy"; law enforcement/police – practice"; and "other factors".

CASE STUDIES

The original study design had planned on tracking national case studies following the documented development of and changes in law enforcement policy and practice related to illicit drugs and harm reduction. The case studies were to be supported by the conducting of supplementary key informant interviews and participant observation of police practice and attitudes. Given the often closed and opaque cultures of law enforcement in the selected research countries, it became clear that our research teams would be unlikely to be able to conduct this level of observation. The research team instead decided to support the key informant and participant interviews with follow up case studies on country specific topics of interest. As such, relevant and complementary studies emerged for Vietnam, Lao PDR and Cambodia that highlight unique insights into particular intersections of law enforcement and harm reduction programs or practices and provide contextual examples which reinforce the findings reported in the country papers.

PHASE THREE: COMPARATIVE ANALYSIS, COUNTRY RESEARCH PAPERS AND A DISSEMINATION STRATEGY

Upon completing the interviews and conducting a preliminary analysis, each country team drafted a research report and paper. These papers were also worked on by project staff from the Nossal Institute and sent for peer review. As the sampling framework of key informant interviews was different in each country, it became clear that a comparative analysis using NVivo software would likely prove difficult. The research team instead opted for a descriptive comparative analysis that will be described in a further paper. Regional and country-level forums were held to disseminate findings to key stakeholders. The

dissemination workshops in each country followed a regional launch of the monograph in Bangkok in the first week of July 2012. The regional launch and country level disseminations were conducted with collaborative inputs and support from the AusAID Regional Office in Bangkok and were designed as advocacy opportunities to highlight vital strategies and important considerations for harm reduction program design and implementation in the context of the need for partnership development with law enforcement agencies working at both the political and program level in Vietnam, Cambodia and Laos PDR.

DISCUSSION OF METHODOLOGY

This multi-country research project was the first of its kind to examine the role and influence of harm reduction programs on law enforcement policy and practice with regards to issues of illicit drug use and HIV. It was hoped that we would be able to produce models of 'good' harm reduction and law enforcement outcomes and to a certain degree the series of papers and its concluding and comparative analysis has been able to highlight set principles and strategies by which harm reduction programs can work more effectively with law enforcement. As an exercise in conceptual research design which leads to on-the-ground implementation, it has also been a very informative exercise that warrants further reflection.

The LEHRN team set out to document real time changes in law enforcement policy and practice over a two-year data collection period. It was intended to get serial interviews to ascertain how key informants and agencies responded to expansions in harm reduction programs. Although this happened to some extent, unearthing real-time changes proved somewhat difficult in Cambodia and Lao PDR, particularly as the evolution of harm reduction in these contexts is complex and often opaque. Furthermore the complexity of the nexus of harm reduction and law enforcement in each country impacted the capacity of research teams to conduct this type of research, in an operational sense, in what is a very narrow political space. This became relevant in the analysis and understanding of the relationship, and therefore potential influence, prominent members of the health and academic sectors in each of the three countries could have with and on law enforcement.

Our original conceptual research was designed before the project had fully engaged at country level with our Country Research Partners. The design was complex and aspirational and had the team tracking shifts in regional and country level harm reduction initiatives, and national law enforcement policy and practices, measured against set baseline indicators and assessed using theories of law enforcement and health sector policy development across each country. The aim was to conduct comparative case studies grounded in primary data that could be compared by identifying natural experiments demonstrating before and after change, differences between comparable settings, and so forth.

This work would have involved making the models specific to the context, with identification of particular drivers and modifiers of policy and practice from the data.

In reality, we were able to implement the research design much as originally planned, but not to the level of sophistication envisaged at the outset. In order to accomplish research objectives, the team needed to be sufficiently flexible and adaptable, moving within the design framework and maintain a realistic outlook regarding research outputs. Viewed from that perspective, research efforts have been successful and the project has indeed been able to show the two-way relationship between policy and practice in relation to law enforcement and harm reduction programs, and the need for meaningful relationships between law

enforcement and harm reduction programs to produce better outcomes for people who use drugs and their communities in terms of HIV.

Moreover, the ADRA grant mechanism is not only aimed at answering research questions: equally it is about capacity development. That is, the ADRA model is not purely about research and it is not just a project. Unequivocally, the LEHRN Project built a close network of country teams in Australasia, confident and capable of continuing to work on cutting-edge research at the intersection of complex issues around law enforcement and public health.

COMPETING INTERESTS

The authors declare that they have no competing interests.

AUTHORS' CONTRIBUTION

All authors were involved in the writing of this manuscript. TM and NC were responsible for the original study design. TM and NC were also primarily responsible for the training workshops described in this manuscript. NT and TM were responsible for drafting the original version of this manuscript. TM and NC were responsible for revising the manuscript into its current form. All authors read and approved the final manuscript.

END NOTES

[a] More information on the ADRA mechanism is available at http://www.ausaid.gov.au/research/default.cfm. Accessed on 17 January 2012.

REFERENCES

1. AusAID: *Asia Regional HIV Project.* http://www.ausaid.gov.au/Publications/Pages/9194_7467_5306_2671_5674.aspx, accessed 28 May 2012.

2. AusAID: *HIV/AIDS Asia Regional Project.* http://www.haarp-online.org/ Accessed 28 May 2012.

3. UNAIDS: *Global Fact Sheet; Asia.* 2010. http://www.unaids.org/documents/20101123_FS_Asia_em_en.pdf. Accessed 21 January 2012.

4. Sleeping with the enemy: *Engaging with law enforcement in prevention of HIV among and from injecting drug users in Asia. HIV Matters Volume 2, Number 16.* 2010.

Harm reduction in Cambodia: a disconnect between policy and practice

Kannarath Chheng[1]	Email: krniph@yahoo.com
Supheap Leang[1*]	Email: leangsupheap@yahoo.com
Nick Thomson[2,3,4]	Email: nthomson@jhsph.edu
Timothy Moore[2]	Email: tim.moore@unimelb.edu.au
Nick Crofts[3,5]	Email: nick.crofts@unimelb.edu.au

* Corresponding author

[1] National Institute for Public Health, #2, Street 289, Toul Kork, Phnom Penh, Cambodia
[2] Nossal Institute for Global Health, University of Melbourne, 161 Barry Street, Carlton, 3010, Australia
[3] Centre for Law Enforcement and Public Health, Melbourne, Australia
[4] Johns Hopkins Bloomberg School of Public Health, Baltimore, USA
[5] Melbourne School of Population Health, University of Melbourne, 207 Bouverie Street, Parkville, 3100, Australian

Abstract

In 2003 the Government of Cambodia officially began to recognise that harm reduction was an essential approach to preventing HIV among people who use drugs and their sexual partners. Several programs aiming to control and prevent HIV among drug users have been implemented in Cambodia, mostly in the capital, Phnom Penh. However, there have been ongoing tensions between law enforcement and harm reduction actors, despite several advocacy efforts targeting law enforcement. This study attempts to better understand the implementation of harm reduction in Cambodia and how the policy environment and harm reduction program implementation has intersected with the role of law enforcement officials in Cambodia.

INTRODUCTION

Cambodia is a country of about 14 million people, sharing land borders with Lao PDR, Thailand and Vietnam. [1] Despite recent economic growth, Cambodia remains one of the poorest countries in the region: the country's GDP per capita stood at $830 in 2010, and the proportion of people living under the poverty line was about 30% of the population in 2007. [2,3] Cambodia's geographical location, poverty, high level of illiteracy and the loose legal system resulting from decades of internal conflicts have made Cambodia especially vulnerable to drug trafficking, drug use and its consequences. [4]

Estimations of the availability, patterns of use and trends of illicit drug use in Cambodia vary. In 2004, an expert consensus group estimated there to be 20,000 Amphetamine-Type-Stimulant (ATS) users and 2,500 heroin users, of whom about 1,750 inject. In 2007 the National Authority for Combating Drugs (NACD)

reported that there were 5,797 drug users who had come into contact with local authorities, during the same time period UNAIDS estimated that there were 46,300 drug users in the country of whom 23,150 (50%) were using ATS and some 2,900 (6.3%) heroin, including 2,025 (range: 1,250-7,500) who injected. [5] The UNODC has reportedly estimated that 4% of Cambodia's population have ever used drugs which would mean a potential estimation of the total number of drug users of around 500,000 [4] although the non-injecting use of ATS would account for the majority of this figure as ATS continues to be the predominately used illicit drug in Cambodia [6].

While it is difficult to estimate the proportion of drug users who inject, it is believed to be growing. One study estimated that the injection of drugs had increased from 0.6% of all drug use in 2000 to 10% in 2004. [7] In 2007, of an estimated 46,300 illicit drug users in Phnom Penh, the vast majority were aged 18–25, most were male; half were regularly using ATS, with only 6.3% reporting regular heroin use while it was estimated that 4.4% of the drug using population in Phnom Penh injected drugs. [8] The NACD estimated that by 2007 there were between 600 to 10,000 injectors in Cambodia. [9]

HIV infection was first detected in Cambodia in 1991; since then, transmission has been predominantly heterosexual. Cambodia was one of the countries hardest hit by the HIV epidemic in Asia. With persistent, concerted and targeted efforts to contain the epidemic, the country has been able to significantly reduce the prevalence of HIV from as high as almost 3% to less than 1%. [10] The major prevention and control measures targeted groups at highest risk, especially sex workers and other entertainment workers, the armed forces and mobile populations.

Only in the last 8 years have drug users been recognized as an emerging risk group for HIV. In 2004, HIV among people who inject drugs (PWIDs) was estimated to be between 14% and 31%, compared with between 3% and 18% among non-injecting drug users (non-IDU). In one study in 2007, 24.4% of PWIDs were infected with HIV, compared with 1.1% of non-IDU. [10] One survey reported that the risk factors for continued transmission of HIV among PWIDs and from them to their sexual partners included PWIDs having multiple sex partners, high rates of unsafe sex (40% not regularly using condoms), the selling of blood, and low awareness of HIV transmission – with 47% of PWIDs sharing injecting equipment. [11]

The increasing drug availability and use in Cambodia has resulted in the proliferation and use of compulsory drug treatment centers, [12] but in 2003 the Government of Cambodia officially began to recognise that harm reduction was an essential approach to preventing HIV among people who used drugs and their sexual partners. Since then, several programs aiming to control and prevent HIV among drug users have been implemented in Cambodia, mostly in the capital, Phnom Penh. However, there have been ongoing tensions between law enforcement and harm reduction actors, despite several advocacy efforts targeting law enforcement. This study attempts to better understand the implementation of harm reduction in Cambodia and how the policy environment and harm reduction program implementation has intersected with the role of law enforcement officials in Cambodia.

METHODS

This research was conducted as part of the Law Enforcement and Harm Reduction at the Nossal Institute (LEHRN) regional project, which looked at the impact of harm reduction on law enforcement policy and practice in Cambodia, Laos and Vietnam. This qualitative research consisted of a background literature

review supported by in-depth interviews with key informants. The background document review examined government laws, policies, guidelines, reports, newspaper articles and government announcements related to harm reduction. We conducted 21 in-depth interviews with key informants from law enforcement and health agencies, development partners, NGOs and community representatives. Participants were selected from both a policy and implementation level.

The data were analyzed using thematic analysis. The qualitative computer program Nvivo was used to assist in the thematic coding of interviews. Many themes were explored during the analysis including: interactions between harm reduction programs and law enforcement officials, attitudes of police and the community towards harm reduction, positive and negative influences on harm reduction program implementation, the drivers of police interactions with harm reduction programs and suggestions about what was required to improve the implementation of harm reduction in Cambodia.

RESULTS

EVOLUTION OF HARM REDUCTION IN CAMBODIA

In 2003, against a backdrop of rising HIV prevalence among injecting drugs users and an international community advocating for the need to implement a harm reduction response, the Government of Cambodia developed a policy for mounting a strategic response to harm reduction. [13] An enabling environment for harm reduction began to slowly emerge. High-level political statements began to use language that indicated the government was beginning to conceptualize drug use as a health issue rather than a criminal issue and these statements provided a platform for harm reduction initiatives to move forward. In 2003, Prime Minister Hun Sen stated:

> *"In accordance with the drug control law of Cambodia, drug addicted people must have received consultation, treatment and rehabilitation rather than being taken to court. Drug addicted people badly need health support and support from society rather than leaving them as outlawed people of society."*

Ongoing sustained advocacy efforts, especially of key people within the UN system in Cambodia, led to the subsequent development and changes in policies. In 2004, these advocacy efforts resulted in a memorandum of understanding (MoU) that was signed between the NACD and National AIDS Authority (NAA) to collaborate in preventing drug-related HIV/AIDS. [13] As one UN official familiar with the development of enabling political environments for harm reduction commented,

> *"We worked on advocating with NACD and NCHADS about the benefit of collaboration. In 2004 the NACD and the NAA signed an agreement of cooperation that was the result of the advocacy work by the G22 project and national project with UNODC."- UN Official*

Building the political infrastructure to support harm reduction resulted in the creation of the position of HIV/AIDS coordinator within the Department of Prevention, Education, and Legislation by the NACD. The MoU also led to the establishment of an Illicit Drug-related HIV and AIDS Working Group (DHAWG) in order to support the integration of HIV/AIDS into the full range of illicit drug-related activities nationwide. DHWAG continues to meet every quarter.

While there is no doubt that the sustained international advocacy was critical in creating political space for harm reduction, key informants indicated that the HIV related donor funding opportunities available to the government, if it embraced harm reduction, also acted as catalysts for increasing political support. In the effort to secure donor investment in HIV prevention, the government may not have fully comprehended what would be required to be internationally acknowledged as implementing harm reduction. Study tours assisted authorities in realizing that harm reduction strategies were supported by a convincing public health argument and harm reduction began to build strong local advocates.

> *"It was a kind of all-or-nothing situation. If we wanted to have the project, we had to accept all its components, which included harm reduction. We were reluctant since we knew nothing about harm reduction. However, after learning the potential benefits through conferences and study visits to Australia, we felt proud that we brought the concept to Cambodia".* – Police officers from the NACD

Further political support for harm reduction was reflected by the language used in the first Five-year National Plan on Drug Control in Cambodia 2005 to 2010 which explicitly noted that one of the strategies was the 'reduction of risk caused by drug abuse' [14]. In the same year, the government approved the first needle and syringe program (NSP) in Phnom Penh.

By 2005 it was clear that, politically at least, harm reduction was integrated into Cambodian national policy. In 2005, the NAA National Strategic Plan for 2006–2010 adopted harm reduction as a guiding principle, [15] and in 2008 the first National strategic plan for HIV/AIDS related to illicit drug use (2008–2010) was published. In 2010, the Government launched the methadone maintenance program, set up in Khmer-Soviet hospital in Phnom Penh.

In November 2011, a new Law on the Control of Drugs continued to make explicit legal provision for the delivery of harm reduction services and for the receipt of such services by people who use drugs in Cambodia.

> *"…The state shall also ensure the provision of services to reduce harms resulting from drug abuses, of health services and national policies aiming to reduce health, social and economic harms due to drugs on individuals, communities and societies…" – from Article 100 of the law on control of drugs (passed by the National Assembly on November 25, 2011).*

CHALLENGES IN PROGRAM IMPLEMENTATION

In 2005, the NACD granted two local NGOs licenses to operate some components of a harm reduction program including the provision of needles and syringes through community outreach and drop-in centre activities. While the intensive advocacy efforts occurring at the highest political levels led to an enabling policy environment, the same level of advocacy efforts were not being made at the local implementation level. The responsibility for advocacy with the local police and the community was given to the NGOs attempting to implement the first NSPs, which placed undue pressure on nascent programs. A disconnect between policy and implementation began to emerge:

> *"There was no advocacy program or leaflet to help people [at the community level] understand. Although the government ordered the NGO to conduct advocacy, the NSP never did so. The NSP did not reach standard implementation practices and when problems occurred, the community complained."* - An officer from the NACD

Upon reflection, staff from organisations providing harm reduction services believe that there should have been more sustained community advocacy and education. It was noted that while harm reduction programs were trying to operate and establish themselves in the community, there was ongoing anti-drug propaganda. Participants felt that harm reduction advocacy should have been as active and sustained as advocacy and health promotion efforts to raise community awareness about HIV.

> *"There is still only a very limited promotion of drug use issues even from a drug prevention level. The main strategy used by the government is to inform people and the general public only about the danger of drug use through the use of posters or advertising on the radio and TV. But, there is no sustainable public information that is giving practical information or information about harm reduction. The fact is that this type of useful information is not given to the grass root levels in the society or even to the people developing policy, because they also don't seem to have received adequate information about the benefits of harm reduction".* - A staff member from an organisation providing harm reduction services in Cambodia.

It became clear that despite the government of Cambodia approving harm reduction, the law enforcement community operating at the local level were never fully aware of the harm reduction programs or their role in supporting program implementation. Law enforcement officers at the local level were not adequately brought in to the initial planning of the implementation stage. In fact, the first exposure many law enforcement officials had to the harm reduction program was at the implementation launch.

> *"Local law enforcement officers invited to the launching workshop of the harm reduction program were surprised to see the strategies and unconvinced they would work, but they said they took it as an order from the boss"* – an official from the NACD

Program implementers also acknowledged that despite the enabling policy environment and the need to have law enforcement on side, there was not enough effort made to bring them on board:

> *"Policy is good, but there is a gap between policy and practice because relevant implementing agencies, such as law enforcement officers in Phnom Penh and the province, don't get invited to attend the monthly DHA meeting. This means they are not involved in discussions on implementation nor are they learning about the new harm reduction policy or strategies".* – Harm reduction program implementer

In fact, participants interviewed remarked that there was no local level participation of the community nor the police at the implementation level, in either local policy or planning development. This reportedly led to a lack of cooperation from the law enforcement community who perceived that harm reduction program implementation was mostly being driven by the donor community with support of the UN agencies.

> *"Policies were written by an external consultant. They cannot understand 100% of the real Cambodian context. Sometimes the way that they designed the intervention does not fit with the Cambodian context"* – Harm reduction program staff

The UN readily acknowledges that more advocacy efforts were required into all levels and agencies considered part of law enforcement in Cambodia.

> *"I think the fundamental mistake that we made in the UN system was with the partner*

development. It was pragmatic to support the NACD because they are on the top of the food chain. The problem was we did not invest efficient enough time in developing awareness with the broader law enforcement community in Cambodia."- UN Official

Important components of successful harm reduction programs include the coordination and cooperation of multiple sectors of society. In Cambodia this would include policy makers, the NACD officers and law enforcement officers in the community. It should be expected that all of these sectors understand the harm reduction concept and that all partners could unify, coordinate and collaborate. It was clear early on in the implementation of harm reduction in Cambodia that not only was multisectoral coordination and collaboration lacking, but NGOs providing harm reduction services were not coordinated. This lack of coordination at the NGO level had implications for both service coverage and created negative perceptions of the harm reduction programs by the NACD.

"There were not clear target areas between {NGO X} and {NGO Y}. Both organisations focus on different target people. NGO X focused on the street children aged less than 25 years, while NGO Y focused on people aged over 25 years. They still fight in the same location for distribution and collection of syringes". - An officer from the NACD

POSITIVE STRATEGIES THAT ASSISTED HARM REDUCTION IMPLEMENTATION

Participants in this study noted several strategies that had a positive effect on program implementation including the provision of harm reduction training to local police, law enforcement officers, local authorities and communities. Training and sensitisation efforts reportedly led to better communication and collaboration between law enforcement officers and HR implementers. These efforts resulted in the community having a better understanding of harm reduction concepts and slowly changing attitudes of both community and the police towards harm reduction actors and programs and also towards drug users.

"Police used to hate the outreach staff from {named NGO} because they helped drug users, who we considered as bad people. After attending harm reduction training, police began to take pity on the people working with drug users and decided to cooperate more. Now police understand the role of harm reduction and refer drug users to services". – Harm reduction implementer

As community relations improved and communication between the community and programs improved, both community and programs were able to collectively improve the enabling environment for harm reduction services.

"Before, the community complained about increased crimes, improper needles/syringes disposal, and public order disturbances. Nowadays when the NSP has been implemented the IDUs do not throw away needles and syringes because of encouragement and awareness from the people working with the NSP. Some people in the community even volunteer to help collect needles and syringes". Harm reduction program implementer

Harm reduction implementation also improved when the implementers regularly visited the local police who worked in the district as well as the other local government officials. Furthermore, keeping good relationships between the program implementers and high-ranking government officials was equally important.

"{Named NGO} has a regular visit to the local police, the official worker and the local social affair officer. We also work regularly on keeping regular contact to the people in high levels of authority. That is the key element; it is not just to go to the people that have the problems, it's to communicate with everyone". – Harm reduction program implementer

FACTORS THAT RELATED TO NEGATIVE PROGRAM IMPLEMENTATION EXPERIENCE

One of the NGOs that had been granted a license to implement NSPs did not have its license renewed by the NACD. While the exact reasons for this remain unclear, perceived issues associated with the program management were thought to play a part. The police received complaints from local communities about increased crimes, improper needles/syringes disposal, and public order disturbances. The police also suggested that drug dealing around the drop-in center gave the police an uneasy feeling about the program that resulted in a lack of trust, communication and cooperation. It was also believed that international people associated with the program were not sensitive enough towards local Khmer customs and culture with regard to the need for formality when interacting with government officials.

"The community asked the police to close {Named NGO} because there were syringes with blood everywhere. The syringe collectors could not collect the syringes properly and that could have led to HIV transmission. Therefore, the impact of the program appeared to be more negative than positive. This showed that inappropriate implementation of harm reduction can have a bad impact". – Local police officer familiar with the issue

THE ROLE OF THE NACD IN HARM REDUCTION IMPLEMENTATION

Harm reduction in Cambodia ostensibly falls under the responsibility of the NACD. The NACD is meant to be the national management and coordination mechanism for all drug related issues in Cambodia. The NACD is meant to coordinate the flow of information about harm reduction both horizontally and vertically but believes that its role in communicating information about harm reduction to other police agencies is somewhat compromised because it appears their harm reduction mandate contradicts that of the Anti-Drug Department.

"The Anti-Drug Department's role is to crack down on drugs, arrest drug users and drug dealers. So, it is difficult to talk about harm reduction concepts with the Anti-Drug Department". - An officer at NACD

The NACD however sees itself as the nominal watchdog for harm reduction implementation in Cambodia and in addition to controlling the licenses for harm reduction programming, attempts to monitor the NSPs and their ability to collect used needles.

"The NACD should control needle and syringe programs (NSPs), how needles and syringes are distributed and collected. For example, 10,000 needles and syringes were distributed, but if there were only 2,000 needles and syringes collected, where are the 8000 needles and syringes? We need to know whether they sold them or injected with them and then disposed them everywhere in the communities."- Official from the NACD

Despite having the legal mandate to monitor harm reduction programs, some observers believe the NACD does not have the technical capacity to manage the whole spectrum of drug related issues related to

health and HIV including evidenced-based treatment. The NACD even acknowledges that people within their own department do not support harm reduction.

> *"Even though the NACD launched the harm reduction policy in 2009, police still don't understand the concept"* - an official at NACD

PERCEPTIONS OF HARM REDUCTION ACROSS SOCIETY IN CAMBODIA

Harm reduction concepts have not been well understood by the general public in Cambodia. While the concept itself is a relatively new concept for managing drug issues in Cambodia, there is actually no single Khmer word that defines the concept. Harm reduction refers to a set of programs and approaches aiming to reduce harms resulting from drug abuse. At the policy level, this concept is fairly well understood. However, at local level where English is not spoken, NACD officials refer to the Needle and Syringe program as harm reduction even though they acknowledge that harm reduction entails much more.

> *"When we talk about harm reduction, people always refer to needles and syringe. In fact, harm reduction is about many things"* – Official from the NACD

PERCEPTIONS OF DRUG USERS AND HARM REDUCTION

The implementation of harm reduction in Cambodia has been negatively affected by the ongoing negative community perceptions and attitudes towards drug users. In Cambodia, drug users are often thought to be associated with crimes such as theft and violence. Police officers report that many drug users are believed to be involved in distributing drugs and they use this perception to justify ongoing arrest of drug users.

> *"It's difficult to distinguish between drug users and drug distributors. They are doing both". -* Local law enforcement official

> *"7 out of 10 drug users are also drug sellers. They must be arrested."* - Local law enforcement official.

As the harm reduction concept is generally not that well understood, people across many levels of Cambodian society have a negative attitude towards harm reduction. At a policy level, despite the fairly good understanding of the harm reduction concept, people are still in doubt of its applicability in the Cambodian context. A lack of locally generated evidence of the success of harm reduction in Cambodia continues to hamper ongoing advocacy efforts across the community.

> *"At the beginning, we were proud to be the first to bring the program into Cambodia. Now we fear that we might be bringing an inappropriate concept into this country."* – Complaint officers at NACD

> *"There is no evidence of NSP, although the NSP has been implemented since 2005. We have not had evidence based on NSP in our country. We only took two or three cases of evidence from other countries. I have been angry for a long time with NSP, there has been no evidence base although it has been implemented for a long time. Differently, in Taiwan after only one year of implementation, evidenced base is available now."* - An officer at NACD

The doubts are more pronounced at the local police and community level. Despite some support developed among local police towards people implementing harm reduction programs, simply collecting inappropriately disposed needles and syringes has not led the communities to believe that the program will make their communities safer.

> *"Providing needles and syringes would encourage drug users to continue using drugs"*- said a local police officer

> *"Locals say syringe handouts draw criminals" Phnom Penh Post article: [Sept 28, 2009].*

LAW ENFORCEMENT OPERATIONAL CULTURE AND PRACTICE

During interviews with key informants it became clear that the police in Cambodia do not perceive their role as including reduction of individual level drug related harm. Police are preoccupied by their role in keeping public order, security and safety in the communities.

> *"Police are ordered to crack down on drug users nearly everyday".* - A local level law enforcement official

Furthermore, the role of police in HIV prevention, treatment, care or support has never been perceived or acknowledged by the local police. Local police actually played down the significance of drug use in HIV infection.

> *"NSPs encourage drug users to continue using drugs but not reduce HIV transmission. The actual numbers of HIV infections transmitted by injecting drug is much less than by sexual infection".* – Local law enforcement official

While the police do not acknowledge their role in HIV prevention, their perceived understanding of the patterns and trends of drug use and the culture of drug using was high. Their knowledge about the cycle of drug dependence and its relation with crime was given as one reason that NSP licenses may not be given out:

> *"Injecting drug users inject drugs 3 to 4 times a day, it cost 1200 Riels every time. Often the jobs that drug users do is collecting recycled waste disposal, and they may be stealing something for money as well. If we continued to give licenses for NSPs, we encourages drug users to do illegal work."* - An official from the NACD

Some key informants acknowledged that while some police officers understand the harm reduction concept, when their boss orders them to solve the problem of drug users, they try to push drug users from their local authority areas in order to keep the area clean. They are essentially ordered from higher level to get rid of drug users as part of their duties. In addition, it is clear that crimes associated with drug use are perceived to be crimes first and health related issues second.

> *"When the monitoring comes and the director comes they need to go out and arrest 50 drug users or whatever. They have to do it. It's their job. It is a very difficult position because you learn to believe in a certain process and then you are told by the supervisor to do something which is completely different"* - Local police official

"Police understand that drug users are a victim, but when drug users steal bicycles and some properties from local people, polices have to arrest them" - Local police official

The successful implementation of harm reduction was perceived by police to occur when law enforcement officers turned a blind eye towards the NSP.

"When outreach staff distributes needles and syringes to DU, my staff and I don't take any action because there is a licensed program. However, for me I don't agree with NSPs because it encourages drug users to use more drugs". - Local police official

Many participants believe that the local police have a low level of knowledge of harm reduction as a concept and how harm reduction works in practice. Furthermore, they suggest that law enforcement officers are unaware of the public health benefits of harm reduction. This is somewhat supported by the fact that only a very small number of local level Phnom Penh police have ever received training in harm reduction.

"The belief that harm reduction approaches help reduce HIV transmission among drug users is not shared by people, even at NACD" – An official from NACD

"They don't understand harm reduction well, so they try to arrest drug users rather than consider that drug users are a victim because they think that if they don't arrest drug users they cannot find drug dealers." – Harm reduction program implementer

INVESTING IN POLICE TRAINING AND RELATIONSHIP BUILDING

In order to change attitudes of police toward harm reduction approaches, investing in training appears to yield positive results in terms of police attitude and environment for service delivery:

"I used to hate outreach staff from {Named NGO} because they helped drug users, who we considered as bad people. After attending harm reduction training, I began to take pity on the people working with drug users and decided to cooperate more, now we understand the role of harm reduction and refer drug users to services" - a police officer.

When programs began working actively with police, it has been shown in Cambodia that police can play an important role in getting people in connection with harm reduction programs.

"{Named NGO} has a good relationship with local police through collaboration with us and when there are street children, using drugs and stealing something, we always refer street children to {Named NGO}" - A local police official

At the local level drug use is regarded more as a security issue than a social and health issue in Cambodia. From the community perspective, the state of the security of their neighborhood takes precedence over that of HIV prevention, which is viewed as more an issue of individuals. Responding to this expectation, the government has put forwards the 'commune/village safety policies' for local law enforcement agencies to implement [16]. The policy defines 'safe communities' as those with no thefts/robberies, gambling, drug use, prostitutions or criminal. This has put local law enforcement officers in very difficult dilemma with regards the implementation of harm reduction. In addition, local police in Cambodia are often requested by the parents of drug users in the local community to take them away to the rehabilitation centers.

"Parents told us to just take their children away, anywhere, because they cause lots of troubles in the families and they have no money to pay for the rehabilitation". - A local police official

MOVING FORWARD WITH HARM REDUCTION IN CAMBODIA

"The issue of injecting drug use and HIV in Cambodia can be compared to a time bomb. If it explodes, we could see a second wave of HIV/AIDS in Cambodia". – UN Official

Comprehensive harm reduction programs need to be taken to scale in Cambodia to avert a secondary epidemic of HIV among people who use drugs and their sexual partners. To move forward with harm reduction in Cambodia, it is clear that many structural components associated with both program delivery and with the ongoing tension between the role of programs and the role of police, have to be resolved. It is clear that widespread advocacy, awareness raising and education across multiple sectors and levels of Cambodian society are required. In addition, the coordination of harm reduction programs at the local level requires a much better mechanism that includes local religious actors.

"HR can work here. It can penetrate into the communities through persons who have decision-making power in the communities. The head of the monks in the communities have great influence on the residences, better than the chief of police in the communities." – A staff member from a harm reduction implementation program

Capacity building at the local level on the technical components of harm reduction is crucial component of moving forward with harm reduction in Cambodia.

"NACD, law enforcement officers, local authorities, communities, and relevant partners should understand harm reduction concepts and practices well. Then society will accept it." – An official from the NACD

DISCUSSION

This study has shed some light on the impact of harm reduction on law enforcement in Cambodia. It also raised some potential ideas for ensuring that harm reduction in Cambodia can move forward in the future. Evidence from many settings around the world suggests that harm reduction is effective in preventing the spread of HIV among drug users and beyond. However, each country has its own particular political, social, cultural and economic context. This particularity requires that harm reduction programs be designed in a way that adapts well to its local context to be successful. [17] The success of the program requires not only enabling policies but also a society that supports the rights of drug users to access services without fear of being arrested or discriminated. In Cambodia, there is much work to be done, as the prevailing attitude towards drug users remains negative. [18]

The capacity of implementing agencies to do harm reduction is still very limited. There is no clear or consistent understanding or approach to what constitutes harm reduction or the delivery of such services among organisations that deliver services to people who use drugs in Cambodia. There is a need for an effective coordination mechanism, and for national guidelines, standard operating procedures and protocols on rehabilitation and reintegration of people dependent on drugs for services being provided by NGOs.

The main focus of harm reduction is to prevent HIV transmission among drug users and their sexual partners and the Cambodian government recognises that drug users are an important target group in the fight against the spread HIV. Harm reduction is however mainly handled by the NACD, a body whose primary task is to deal with drug production, trafficking and use. It is difficult for the NACD to, at the same time, promote harm reduction and control drugs while the two concepts are politically, socially and culturally at odds. In addition, the Village Commune Safety Policy directly conflicts with the implementation of harm reduction programs and creates and challenging operational environment for the police who are on one hand being asked by harm reduction implementers to allow harm reduction programs to success while on the other being told to "clean up" the streets.

HIV programs involving other target group such as commercial sex workers face similar challenges, for example, the 100% condom use program has ongoing intervention challenges due to the anti-human trafficking law [19]. The 100% condom program perhaps faces less negative influences from law enforcement compared with those faced by harm reduction programs as sex work is more socially tolerated than drug use, and a higher emphasis has been placed on HIV among sex workers by the HIV/AIDS control agencies. There is strong but perhaps fragile political support for harm reduction. There need to be more concerted efforts to sustain the momentum. In addition, too little attention is paid to local contexts – "local solutions for local contexts": if it doesn't work at the community level, it doesn't matter how good policy and law are.

There has been very limited monitoring or evaluation of harm reduction service delivery and outcomes in Cambodia. Evidence of program effectiveness is essential to influence policy. [20] It is clear that locally generated evidence is essential to supporting advocacy effort. Since harm reduction is context sensitive, evidences of success in other cultural contexts would not be sufficient to sustainably influence policy, attitude and practice here in Cambodia. Local programs have yet to produce convincing evidence to show that harm reduction would do more good than harm to drug users and communities at large.

The researchers acknowledge that there are significant efforts being undertaken by all relevant actors in Cambodia to find solutions that will allow harm reduction programs to succeed within the Village Commune Safety Policy framework. This paper suggests that ongoing collaboration between the Government of Cambodia, its law enforcement agencies, the UN and local and international NGOs is required to find solutions that work "on the ground" in the Cambodian specific context. These collaborative efforts should continue to be aimed at enhancing the ability of law enforcement agencies to be positive collaborators and enablers of HIV prevention programs among all key affected populations in Cambodia, including HIV prevention among and from people who use drugs.

COMPETING INTERESTS

The authors declare that they have no competing interests

AUTHORS' CONTRIBUTIONS

KC and SL were responsible for the collection of all primary data in Cambodia and responsible for the analysis and first draft of the manuscript. NT provided assistance with analysis and editing subsequent

versions of this manuscript. TM and NC provided technical research guidance during all stages of the research design and data collection as well as providing ongoing assistance with editing the final version. All authors read and approved the final version of this manuscript.

REFERENCES

1. National Institute of Statistics: General Population Census of Cambodia 2008. Phnom Penh: National Institute of Statistics; 2009.

2. National Institute of Statistics, Cambodia: Key Figures. Phnom Penh: National Institute of Statistics; 2010.

3. World Bank: *Poverty Headcount Ratio at National Poverty Line.* 2007. Available at: http://data.worldbank.org/country/cambodia. Accessed on 21 January, 2012.

4. Devaney M, Reid G, Baldwin S: *A Situational Analysis of Illicit Drug Use and Responses in the Asia-Pacific Regions:* Burnet Institute and Turning Point Alcohol and Drug Centre; Melbourne, 2006.

5. National AIDS Authority: *UNGASS Cambodia Country Progress Report for reporting period January 2006-December 2007.* Phnom Penh; 31 January 2008.

6. Global Smart Program: *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific 2011:* United Nations Office of Drugs and Crime; Vienna; 2011.

7. Mith Samlanh: *Survey of Substance Use among Young People on the Streets of Phnom Penh.* Mith Samlanh, Phnom Penh; 2006.

8. National AIDS Authority: *UNGASS Country Progress Report Cambodia.* National AIDS Authority, Phnom Penh; 2008.

9. National Authority for Combating Drug: *National AIDS Authority:* ***National Strategic Plan for Illicit Drug Use Related HIV/AIDS 2008–2010.*** NACD/NAA, Phnom Penh; 2008.

10. National Center for HIV/AIDS Dermatology and STD: *Annual Report 2009.* Ministry of Health, Phnom Penh; 2010.

11. Macdonald V: *Korsang Routine Risk Assessment Report.* Korsang, Phnom Penh; 2007.

12. Thomson N: *Detention as Treatment: Detention of Methamphetamine Users in Cambodia.* Laos and Thailand: Open Society Institute, New York; 2010.

13. Mesquita F, Jacka D, Ricard D, Shaw G, Tiera H, Hu Y, Poundstone K, Fujita M, Singh N: **Accelerating harm reduction interventions to confront the HIV epidemic in the Western Pacific and Asia: the role of WHO (WPRO).** *Harm Reduct J* 2008, 5:26.

14. Ministry of Interior: *The 5-year national plan on drug control 2005–2010.* 18th edition. Phnom Penh, Cambodia: Ministry of Interior, Kingdom of Cambodia; 2005:30.

15. National AIDS, Authority (Cambodia): ***National strategic plan for a comprehensive and multisectoral response to HIV/AIDS 2006–2010.*** Royal Government of Cambodia, NAA, Phnom Penh; 2005.

16. Ministry of Interior: *Safety village commune/Sangkat Policy Guideline.* Ministry of Interior of the Kingdom of Cambodia; Phnom Penh, Cambodia; August 2010.

17. Friedman SR, de Jong W, Rossi D, Touze G, Rockwell R, Des Jarlais DC, Elovich R: **Harm reduction theory: users' culture, micro-social indigenous harm reduction, and the self-organization and outside-organizing of users' groups.** *Int J Drug Policy 2007,* 18:107–117.

18. Hurley KH: *What do Cambodian people think of drug use and people who use drugs?* AMS in International Health: The University of Melbourne; Melbourne; 2011.

19. Maher L, Mooney-Somers J, Phlong P, Couture M-C, Stein E, Evans J, Cockroft M, Sansothy N, Nemoto T, Page K: **Selling sex in unsafe spaces: sex work risk environment in Phnom Pehn Cambodia.** *Harm Reduction J* 2011, 8:30.

20. Tkatchenko-Schmidt E, Renton A, Gevorgyan R, Davydenko L, Atun R: **Prevention of HIV/AIDS among injecting drug users in Russia: opportunities and barriers to scaling-up of harm reduction programmes.** *Health Policy* 2008, 85:162–171.

The Village/Commune Safety Policy and HIV Prevention Efforts among Key Affected Populations in Cambodia: Finding a balance

Nick Thomson[2,3,4*]	Email: nthomson@jhsph.edu
Supheap Leang[1]	Email: leangsupheap@yahoo.com
Kannarath Chheng[1]	Email: krniph@yahoo.com
Amy Weissman[6]	Email: amy@fhi.org.kh
Graham Shaw[5]	Email: shawg@wpro.who.int
Nick Crofts[3,7]	Email: nick.crofts@unimelb.edu.au

*Corresponding author

[1] National Institute for Public Health, Phnom Penh, Cambodia
[2] Nossal Institute for Global Health, University of Melbourne, Melbourne, Australia
[3] Centre for Law Enforcement and Public Health, Melbourne, Australia
[4] Johns Hopkins Bloomberg School of Public Health, Baltimore, USA
[5] World Health Organization, Cambodian Country Office, Phnom Penh, Cambodia
[6] FHI 360, Cambodian Country Office, Phnom Penh, Cambodia
[7] Melbourne School of Population Health, University of Melbourne, 207 Bouverie Street, Parkville, 3100, Australian

On the 16th of August 2010, the Co-minister of the Ministry of Interior announced the Village/Commune Safety Policy as a priority policy for the Kingdom of Cambodia. The policy urged authorities at the commune level to ensure that there was no stealing, drug production or dealing, prostitution, child trafficking, domestic violence, gangsters, illegal gaming, use of illegal weapons or crime occurring at any commune in Cambodia.[1]

With regards illicit drugs the policy stated that authorities were to specifically:

> *"Take action to cut off and eliminate production, dealing and use of illegal drugs at the village commune/Sangkat by following the guideline No 052 National Department of the Police dated 21st 2006 on the implementation of a warlike approach to fighting any drug crime and to especially focus the law on drug control."*[1]

The policy has had negative implications for HIV prevention among risk groups including harm reduction programs; a fact not lost on the Government of Cambodia who have acknowledged that the policy has made it much more difficult to access people who use drugs and has made "service provision for their benefit very difficult due to the misunderstanding of the law enforcement officers, especially at the commune level." [2]

Although the Village/Commune Safety policy has further highlighted the direct impact that law enforcement policy and practices can have on HIV prevention, many agencies have actively been trying to find a balance between law enforcement and HIV prevention efforts among most-at-risk populations (MARPs) in Cambodia over the last several years. Recognising that law enforcement practices were negatively affecting HIV prevention among sex workers, men who have sex with men and drug users, UNAIDS began working with the National AIDS Authority on a MARPs Community Partnership Initiative (MCPI). The MCPI was being designed as a standard operating protocol that could be implemented to decrease the impacts of law enforcement practices in HIV risk environments. Specifically the MCPI was designed to,

> *"Restore the enabling environment so as to allow the effective and smooth delivery of all forms of services to all MARPs"* – UN Official familiar with the MCPI

Under the MCPI and with support from USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria, Family Health International in Cambodia (FHI360) has been piloting initiatives aimed at improving the enabling environments for HIV prevention among MARPs in Banteay Meanchey province. These pilot endeavours have been done in conjunction with the AIDS Secretariat of the Ministry of Interior and focus on strengthening a collaborative partnership among Provincial AIDS Committees/Secretariats, local authorities, police, military police, development partners, non-governmental organisations and members of the MARPs communities. During implementation of this pilot project the local authorities, health care providers and NGO staff conducted sensitisation information sessions to the police about the HIV prevention needs of MARPs and the role of the police in the HIV prevention enabling environment. [3]

The police were made aware of the HIV programs working with these groups including the specific activities being implemented to support them. Early evaluations of these sensitisation efforts indicate that the police no longer use possession of condoms by sex workers as evidence for arrest and the police are discussing drug related arrests more carefully with other service providers resulting in them distinguishing drug dealers from drug users and then releasing drug users back to the community. [3]

These initial successes are building momentum and FHI360 is being funded by AusAID's HIV/AIDS Asia Regional Project (HAARP) to conduct a similar pilot program with police in Phnom Penh. Furthermore, officials from the Ministry of Interior involved with the work in Banteay Meanchey are reportedly looking to expand the effort into other provinces. Furthermore, UNODC are also working closely with its partners in Banteay Meanchey and other provinces to ensure that law enforcement officials are working collaboratively with other sectors to enhance the HIV prevention efforts among drug users.

> *"There are key officials from the Ministry of Interior who have been providing local and national political support to these pilot program efforts and this is leading officials to want to expand these efforts into Phnom Penh and Sihanoukville."* – UN Official familiar with the pilot projects.

While the original efforts towards the development of a formal standard operating protocol for the MCPI were with the NAA, it became clear that ultimately the Ministry of Interior needed to be able to lead efforts that were being designed to work with law enforcement officials at the local level, especially in relation to HIV prevention among people who use drugs. The Ministry of Interior agrees and has now specifically requested that resources be redirected so that they can train and build the capacity of all of its law enforcement agencies to play a collaborative leadership role in HIV prevention among MARPs.

> *"The Ministry of Interior are key players if we want to make a meaningful impact on the enabling environment for HIV prevention among drug users. There are currently renewed efforts being made to bring the Ministry of Interior further on board with HIV prevention efforts. We need to support these efforts with resources so that the Ministry of Interior can coordinate positive law enforcement efforts with the enabling environment for HIV prevention among MARPs."* – UN official familiar with the increasing involvement of the Ministry of Interior in HIV prevention

In addition to work on the enabling environment on the ground, efforts are also being made to reform police education with regards harm reduction. With support from HAARP, FHI360 has developed and begun to implement a harm reduction training curriculum for the Cambodian Police training academy. In November of 2011, the National Harm Reduction Curriculum was officially approved by the Cambodian Deputy Prime Minister and early evaluation has demonstrated positive results.

- Training pre-post test results showed a 34% increase (at least 27 out of 33) in answers provided that favoured a law enforcement approach and support of HR programs
- A comprehensive nine module curriculum on HIV, drug use and its link with HIV, harm reduction principles and practices and on the new drug laws is being adopted by six police academies around Cambodia. [4]

The MCPI project work being done in Banteay Meanchey is about to be reviewed by a delegation that includes the Ministry of Interior. With ongoing technical support from UNAIDS, UNODC, WHO, and FHI360 and in collaboration with the Ministry of Interior the lessons being learned in Banteay Meanchey are being used to develop a new Police Community Partnership Initiative protocol. The protocol may include the formation of Rapid Response Teams to be comprised of police, local authority, NGO representatives and other key stakeholders at the local level to refer MARPs away from police arrest and into HIV prevention services.

It is clear that the Ministry of Interior in Cambodia is serious about improving the role of law enforcement in HIV prevention among MARPs groups and the development and implementation of the Police Community Partnership Initiative is a critical step towards the realization of this goal.

COMPETING INTERESTS

The authors declare they have no competing interests

AUTHORS' CONTRIBUTION

NT, KC, SL and NC discussed the initial concept of this case study presentation. KC and SL conducted background research into the issue of the village/commune safety policy in Cambodia. NT conducted interviews with key informants familiar with the issue in Cambodia and drafted the initial manuscript. GS and AW provided unique insights, guidance and information with regards to this issue in Cambodia. GS, AW and NC provided editing assistance to reach the final stage of this manuscript. All authors read and approved the final version of this manuscript.

REFERENCES

[1] Ministry of Interior: **Safety village commune/Sangkat Policy Guideline.** Phnom Penh, Cambodia: Ministry of Interior, Kingdom of Cambodia, August 2010.

[2] National AIDS Authority: **Cambodia Country Progress Report on Monitoring the progress towards the implementation of the Declaration of the Commitment on HIV/AIDS for reporting period January 2010-2011.** Global AIDS Progress Report, 2012.

[3] FHI360: Semi-Annual Progress Report to USAID/Cambodia, Prasit Project. Submitted May 2012.

[4] FHI360: **Cultivating Harm Reduction Principles and Practices with Law Enforcement in Cambodia.** Conference Abstract AIDS 2012

Defining and redefining harm reduction in the Lao context

Vanphanom Sychareun[1*]	Email: vsychareun@gmail.com
Visanou Hansana1	Email: visanou65@yahoo.com
Sysavanh Phommachanh[1]	Email: Phommachnah-sysavanhp@yahoo.com
Vathsana Somphet[1]	Email: svathsana@yahoo.com
Phouthong Phommavongsa[1]	Email: phummavongsa@yahoo.com
Brigitte Tenni[2]	Email: btenni@unimelb.edu.au
Timothy Moore[2]	Email: tim.moore@unimelb.edu.au
Nick Crofts[2,3]	Email: nick.crofts@unimelb.edu.au

* Corresponding author

[1] Faculty of Postgraduate Studies, University of Health Sciences, Vientiane, Lao PDR

[2] Nossal Institute for Global health, University of Melbourne, 161 Barry Street, Carlton, 3010, Melbourne, Australia

[3] Melbourne School of Population Health, University of Melbourne, 207 Bouverie Street, Parkville, 3100, Melbourne, Australia

Abstract

The response to drug use in Laos has focused on reducing opium supply (supply reduction) and rates of drug use (demand reduction). However, recently there has been an increased interest among government counterparts to discuss and develop broader responses to injecting drug use (IDU) including the introduction of harm reduction programs. The concept of harm reduction has just been introduced to Lao PDR and as yet there is no agreement on a definition of the concept. We highlight here a range of issues that remain controversial in Lao PDR in the HIV, drug use and harm reduction discourse, the definition of 'harm reduction' and related terms; and the scope of harm reduction.

This was a qualitative study, consisting of in-depth interviews with 27 law enforcement and 8 health officers who work in the fields of HIV and/or drug control about their understanding of HIV related to drug use, and concepts of harm reduction. Content analysis was performed to identify the coding, categories and themes.

We found that law enforcement officers in particular had a limited understanding about harm reduction and the feasibility and appropriateness of harm reduction services in the Lao context.

Harm reduction should be a core element of a public health response to HIV where drug use and IDU exists. Recommendations include the necessity of increasing the awareness of harm reduction among law enforcement officers and providing appropriate evidence to support the needs of harm reduction policy and programs. In Lao PDR, HIV prevention and treatment strategies should be integrated within the existing social and cultural frameworks and also include working with the national task force for HIV/IDU and other government counterparts.

BACKGROUND

ILLEGAL DRUGS IN LAO PDR

The use of illicit drugs is growing throughout South East Asia, including Lao PDR, with negative implications for individuals and public health becoming increasingly apparent. [1] The prevalence of illegal drug use in Lao PDR is not known accurately known, but has been estimated to be higher than 2%. [2] The major substances consumed recreationally in Lao PDR are opium and its derivatives, amphetamine type stimulants (ATS) and volatile substances (glue, petrol). It was estimated in 2004 that there were 8,000 injecting drug users (IDUs) in Lao PDR. [3] A school survey in 1999 found 17% of youth had tried some form of drugs in their life and 7% had used marijuana, hashish, inhalants or amphetamines. [4]

The prevalence of amphetamine use was 0.7% of the population aged 15–64 years, while opiate use was estimated at 0.5% of 15–64 year olds [5] leading to an assumption that approximately 40,600 people use ATS and 29,000 use opium. Several small studies into ATS use in Laos initiated by the Lao PDR government have focused on the prevalence of drug use among vulnerable groups, and previous quantitative studies on drug use in Northern Laos. [6,7] Other surveys conducted in 2002 by the Laos PDR National Commission for Drug Control and Supervision (LCDC) and the United Nations Office of Drugs and Crime (UNODC) Laos Country Office suggested high ATS lifetime prevalence for unemployed youth (42%), bar clients (34%), and service women (14%). [8-10]

Laos shares borders with areas of high prevalence of IDU, especially southern China and Vietnam, and lies on a heroin trafficking route. [11] Heroin has been found in border areas, in particular along the Lao-Vietnam border in the north-east, where heroin is cheaper than opium, facilitating the transition of former opium users to heroin. [12] A survey carried out by LCDC/UNODC found 2.8% of the population 15 years old and above in 35 villages in 3 border areas were using heroin [13], and there is growing evidence of transition from opium to heroin use, due to the decline in opium production and the consequent decrease in its availability [5].

HIV AND IDU IN LAO PDR

Because IDUs are vulnerable to infection with HIV, and have emerged in some communities in the border areas, there is a need to plan HIV preventive responses; however, there is no systematic collection of data relating to IDUs. [6] A straw in the wind may be indicated by the results of a recent rapid assessment and response exercise (RAR) carried out in two Northern provinces, which found 1.7% of 530 drug users surveyed were HIV positive. [14]

HIV among IDUs is therefore emerging as a potentially serious health issue for Lao PDR, even though currently Laos is categorized as a low HIV prevalence country, with an estimated 0.2% HIV prevalence. [15] According to a UNODC HIV report [3], 2% of the estimated 1,400 HIV cases in Lao PDR acquired the infection through IDU. This trend could potentially change if drug consuming patterns shift. [16] Higher HIV prevalence rates have however been found among sex workers at 1.1% in 2001 [17] and increased to 3.3% in 2004 [18] and the prevalence among men who have sex with men (MSM) in Vientiane was 5.6% [19,20].

HARM REDUCTION IN LAO PDR

Recently, with UN support, the government of Lao PDR set up a ‘Task Force on HIV and Drug Use’ with the

objectives of developing policy, proposing concrete activities to address the vulnerability of drug users to HIV, and developing guidelines for harm reduction and treatment of drug use [21]. This Task Force is jointly chaired by the LCDC and the Ministry of Health, and is composed of different stakeholders from the many sectors who are enlisted in the response to HIV.

Harm reduction for IDUs is entrenched in the National HIV/AIDS/STI Strategy 2011–2015 [22] which includes; measures to increase awareness of the vulnerability of drug users, to ensure an enabling legal and policy environment for harm reduction, and to expand behavioural change interventions including safe injecting. The strategy includes the following expected outcomes:

(i) at least 55% of injecting drug users will use sterile injecting equipment
(ii) 60% of drug users are reached through harm reduction interventions;
(iii) 55% of IDU report consistent condom use with their sexual partners.

So far the harm reduction activities are very incipient in the country and rely on outreach work. The HIV/AIDS Law was launched in July 2010 that included reference to harm reduction for IDUs in Article 16. [23] Despite the inclusion of harm reduction in the National HIV Strategy, there are no policies to support the delivery of harm reduction services, and there are not yet any harm reduction services other than information and counselling for IDUs. The Government of Laos and donor agencies have recently agreed to implement harm reduction programs in Laos despite the lack of data to inform these programs.

Harm reduction themed programs to date have included the Swedish International Development Cooperation Agency (SIDA) supported 'Harm Reduction, Human Rights, Human Resources' (HR3) Project from 2008 to 2009, the objectives of which were to build regional capacity to deliver harm reduction services to prevent and reduce HIV related harm among IDUs. The activities of the project included identifying stakeholders and training themes and advocacy and technical support for the development, operation, and extension of community based delivery services and a combination of local and regional training in order to understand the requirements and conditions for success of harm reduction programs and a survey of IDUs in the Northern provinces which was co-funded by the SIDA and AusAID's HIV/AIDS Asia Regional Program (HAARP). [24]

A more recent harm reduction initiative is AusAID's (HAARP), which expanded to include Laos in October 2009. Its primary objective is to reduce HIV transmission associated with drug use, including IDU in Lao PDR. Expected outcomes of the program included the strengthening of the National Task Force on HIV and Drug Use, establishing Pilot Provincial Task Forces in 2 provinces, developing evidence and data to understand the level of coverage and types of services provided, developing the capacity of harm reduction service providers. The HAARP project has also focused on law enforcement through activities aimed at strengthening the capacity in harm reduction of high-level officials from among the law enforcement sector and drug treatment sector. [25] In addition, activities implemented in the HAARP project in Laos also included specific harm reduction training for law enforcement officials and study visits to observe harm reduction service delivery in other countries. The law enforcement sector also received harm reduction training from the Burnet Institute in 2009.

METHODS

This study employed qualitative research methods to interview key informants from the law enforcement sector such as the LCDC, Provincial Committee on Drug Control (PCDC) and police officers and members of the health sector such as the Centre for HIV/AIDS/STI (CHAS) and staff of drug rehabilitation centres. Additionally, staff from relevant UN agencies such as WHO, UNAIDS, and UNODC were interviewed. Harm reduction program documents and reports relating to ATS were reviewed, and the investigators informally spoke with various agencies to understand how the definition of harm reduction in Laos is constructed. In-depth interviews were conducted to explore personal narratives and experiences related to drugs, knowledge of harm reduction program aims and approaches, and perceptions of HIV and drug use. In all, 27 law enforcement officers and 8 health officers currently working within the context of HIV and drug control and supervision were interviewed about their understanding of HIV related to drug use and the concepts of harm reduction.

The research protocol, field guides and consent forms were reviewed and approved by the National Ethical Committee for the Health Research, Ministry of Health, Lao PDR and ethics approval was obtained from the University of Melbourne. Oral consent was obtained from the participants after the research team had explained the objectives using the Plain Language Statement of the study and expectations of the study participants. Study participants were assured confidentiality and privacy.

STUDY SETTING

The study was undertaken in Vientiane, the largest city in Lao PDR with a population of 700,000. Bordering north-east Thailand, 82% of the province of Vientiane Capital's population lives in urban areas. In contrast, 25% of the total Lao population lives in urban areas. [26] Government, UN and nongovernment agencies are concentrated in Vientiane Capital.

DATA ANALYSIS

Content analysis was carried out using both manifest and latent analysis. The interviews and discussions were taped, transcribed, summarised and translated into English by the interviewers and the researchers. A transcript-based analysis was used for the project with the aid of Nvivo software. A preliminary reading of the transcripts identified potential themes and/or patterns. Quotes were identified that exemplified or reflected these themes. Emergent themes included the understanding of harm reduction, components of harm reduction, attitudes towards harm reduction and understanding of the role of law enforcement in supporting implementation of harm reduction in Laos.

RESULTS

UNDERSTANDING OF HARM REDUCTION

Most key informants at the central level from the law enforcement and health sectors had heard of harm reduction, however, they showed little understanding of the definition and components of harm reduction approaches. Harm reduction as a concept had only been introduced in Lao PDR a few years prior by the HR3 and HAARP projects. Many key informants mentioned that harm reduction is a new concept for Laos:

"Harm Reduction concepts are new for Laos and we cannot move things so fast and you cannot change things faster. This is a testing time." (Male, 40 years old).

There was little agreement amongst the key informants at the central level about the definition of ham reduction. Some key informants from LCDC and Ministry of Health and Ministry of Public Security, who have been trained in harm reduction, could give some definition of harm reduction as demonstrated by:

"Definition of harm reduction encompasses reducing the severity of IDUs." (Female, 59 years)

Some NGO staff gave a definition of harm reduction that encompassed a broader, more philosophical understanding of the harm reduction approach that was more in keeping with the international standard.

"The definition of harm reduction of drug use is a policy determination, planning, service and an operational activity for health risk reduction, socio and economically related to drug use." (Female, 55 years old)

"Harm reduction (HR) concept is defined as reduced harm of the IDUs by exchanging clean needles" (Group interview)

"Harm reduction concept accepts that drug users still use drugs, but need to avoid HIV/AIDS." (Male, 51 years old)

Some key informants mentioned that the definition of harm reduction should be broader and encompass drug users (DUs) in addition to IDUs, and should range from the prevention of drug use to the prevention of the transition from non-injecting to injecting forms of drug use.

"I think that non-injecting drugs are widespread, why we did not discuss about HR [harm reduction] related to DUs, while IDUs are not widespread yet." (Male, 35 years old)

Some respondents mentioned that harm reduction should also encompass all drugs and this was seen as one of the strengths of the approach.

"HR is not just for IDUs, this should also include DUs such as ATS, providing knowledge on HIV/AIDS and providing a means of prevention of HIV/AIDS." (Female, 54 years old)

"HR should cover both DU and IDU while the pattern of drug use in the country is mainly amphetamine type stimulants. There was a lot of amphetamine stimulant users compared to IDUs, so the HR should be targeted to DU as well as IDU." (Male, 56 years old)

Some respondents highlighted the problem of translating "harm reduction' into the Lao language to capture its true meaning. There was no one word in Lao for "harm reduction" which was likely to create confusion in the Lao context.

"The definition of HR has not been cleared yet due to various translations, so there are different meanings. Hence we have to discuss this, using the medical term would be easier." (Male, 55 years old)

Most of the law enforcement respondents at the grassroots level did not understand the concept of harm reduction and confused it with supply reduction. When asked about harm reduction, they referred to the establishment of villages without drugs and criminal offences:

> *"We have a policy to create villages without drugs based on four basic standards (no drug users, no drug dealers, no drug production and no persons hiding drug users) and 11 activities. Villages without drugs does not mean that they do not have drugs in their villages, however, it means that they have to reduce drugs step by step and meet the criteria mentioned above by at least 90%. Villages without drugs are declared year by year."* (Male, 35 years old)

> *"Now, we are establishing safe villages without criminals and villages without drugs. Our village is a public security village which includes 5 criteria such as village health model, cultural village, village without criminal cases and without drugs."* (Male, 56 years old)

> *"For harm reduction, I did not understand clearly. I am responsible for Vientiane capital city, so I did not have activities to cut the trafficking routes of transportation of drugs. I just provide health education or propaganda to drug users. If we can reduce drug use, we also could reduce drug dealers."* (Group interview)

Many respondents maintained that Laos did not have IDU or that there was no evidence of HIV amongst the small number of IDU in Laos. Many believed that one implemented harm reduction programs only if there was a high prevalence of HIV amongst the IDU population and referred to the Australian experience:

> *"Many think you only implement when you already have problem of HIV in IDU. – Like in Australia. Our country has many problems such as poverty and high maternal mortality."* (Male, 63 years old)

> *"The IDUs are not the priority yet as the prevalence of IDUs is small, there was some evidence of IDUs in the 2 northern provinces, thus there will be some HIV/AIDS responses."* (Male, 73 years old)

> *"We did rapid assessment of IDUs in the 2 Northern provinces. Among 550 DU/IDUs, 49 were IDUs and the prevalence of HIV among DU and IDUs is 1.5%, however, we could not say this is representative because the sample size is small."* (Female, 62 years old)

Many respondents also thought DU and IDU were at risk of HIV due to sexual transmission rather than blood borne HIV risk from using unsterile injecting equipment. They therefore did not see the need for harm reduction programs.

> *"I did not agree that we have to focus on IDU because the problem of IDU is still low, so we need to focus on prevention. The transmission of HIV/AIDS in our country is transmitted mainly through heterosexual intercourse. So, we need to pay attention to this issue."* (Male, 63 years old)

COMPONENTS OF HARM REDUCTION

Most respondents who mentioned harm reduction programs in Laos were focused on just one or two elements of the comprehensive strategy – needle and syringe programs (NSP) and opioid substitution therapy (OST); and even these two elements were incomplete. Other components considered being

integral to a comprehensive harm reduction approach such as peer outreach, condom distribution and ARV provision were mentioned only by a few respondents.

> *"The component of HR consisted of different components such as methadone, NSP, condom distribution and providing health education to drug users."* (Female, 55 years)

Few of them highlighted the overall importance of a comprehensive harm reduction approach:

> *"The components of HR are the same as in anywhere else in the world which consists of health education, condom distribution, syringe and needle exchange and methadone."* (Male, 40 years old)

There was disagreement about the essential elements of a comprehensive harm reduction program. Some respondents' answers focused on peer education, outreach programs and condom use. No respondents could give details of all nine components of a comprehensive harm reduction program and often omitted the diagnosis and treatment of and vaccination for hepatitis and the prevention, diagnosis and treatment of tuberculosis (TB).

> *"The components of HR consist of different components such as methadone, NSP, condom distribution and providing health education."* (Male, 54 years old)

> *"We need to discuss the HR components in our country, which one is suitable for Laos?"* (Male, 55 years old)

ATTITUDES TOWARDS HARM REDUCTION

Most key informants hold negative attitudes towards the introduction of harm reduction and saw it as promoting the use of new prohibited drugs. They saw it as inappropriate for the Laos context and against the law:

> *"If we introduced HR programs into Laos, this in turn will promote IDU and demonstrate that this is more effective than DU and the effects last longer than DU."* (Male, 60 years old)

> *"I think that the distribution of needles is to promote them to use by IDUs because they would like to try new things. Right now they swallow or inhale drugs. When they have needles, they would like to try injecting."* (Male, 38 years old)

> *"HR program is not appropriate in our context, because it will be more encouragement, and it would be against the law."* (Male, 54 years old)

> *"If we introduced HR related to IDUs, this seemed to me that we encouraged them to inject drugs as they would like to try injecting."* (Male, 35 years old)

Respondents' perspectives also reflected the low priority of IDU given Laos' many competing public health priorities and limited financial resources to implement harm reduction.

> *"We could not afford to buy methadone for a small proportion of IDUs. If we have a natural disaster, how can we find the budget to buy methadone? The government has not enough budget for the salary of government staff. If we spend our budget to buy methadone, it is*

better to spend that budget to increase the staff's salary. So, it is better to do prevention, reduce drug supply by arresting drug smugglers and fine them. Then, we can use that money to help the remote people with regard to vocational training. For the developed countries, the government has budget to provide methadone. For example, harm reduction in Vietnam is internationally funded, what happens when international aid in Viet Nam finishes?"
(Male, 70 years old)

Lack of evidence of IDU was also mentioned as a reason not to implement harm reduction programs for IDUs. Respondents highlighted the need to know more about the size of the IDU population before harm reduction programs could be initiated.

"The government needs some evidence about the size of IDUs, what are the negative health effects of IDUs, what percentage of them need assistance? What percentage have HIV/AIDS, what percentage have HIV from sexual intercourse, what percentage have HIV from DU and IDU. Then, we can discuss HR such as NSP and methadone." (Male, 70 years old)

The issue of opioid substitution therapy such as methadone was raised by law enforcement and those from the health sectors at the central level. The attitude toward methadone substitution therapy was rather controversial among different groups. Some of the LCDC and health officers considered opium tincture therapy to be substitution therapy and a necessary element of a harm reduction strategy. Respondents working in the field of drug control and supervision considered methadone substitution therapy to be absolutely unacceptable. In contrast, a few respondents from NGOs stated that substitution therapy could be very helpful in specific cases:

"I think that providing methadone is a good way because it is able to help drug users to change from illegal drug use to legal, and not develop to be IDUs, and the IDUs will be able to check their health status. Thus, IDUs can access health services and the health care providers can provide health education to IDUs." (Female, 37 years old)

Few of them mentioned the possibility of introducing methadone therapy to help IDUs and how the advantages of methadone far outweighed the disadvantages.

"....The disadvantage is that we support them to use drugs; however, if drug users could not withdraw from drugs, it is better to switch from illegal use to legal use and we can manage them. If we think about introducing methadone, we need to get international support as our GPD is small and the sustainability is still a problem for government. When we get international support from the beginning, then when we can stand by ourselves, so the international aid will be stopped step by step. For example, ARV treatment is also expensive, however, the government received international support for ARV." (Female, 52 years old)

UNDERSTANDING OF THE ROLE OF LAW ENFORCEMENT IN SUPPORTING IMPLEMENTATION OF HARM REDUCTION

Some key informants mentioned that there is a need to have law enforcement support for harm reduction programs.

> *"If you were really wanted to implement harm reduction, you need to change the law or you need to make a new law to authorize HR intervention."* (Male, 44 years old)

> *"We need to discuss with LE to understand HR because this is wrong according to LE, distributing needles are illegal because they use drugs illegally."* (Male, 44 years old)

Some law enforcement officials saw harm reduction as an essential component to drug control and complementary to supply and demand reduction.

> *"In reality, drug activities should incorporate three components, such as, drug demand reduction, supply reduction, and harm reduction."* (Male, 45 years old)

Despite the significant role law enforcement plays in supporting harm reduction programs, many respondents stated that law enforcement officers and the government did not understand or accept harm reduction yet and therefore suggested that there is a need to advocate for harm reduction with the policy makers and law enforcement officers.

> *"We need to advocate to the government of the need for HR. If we don't implement HR, there will be spread of HIV/AIDS and increases in the cost of treatment of HIV/AIDS even though right now, the government does not accept it, they will accept it in the future. We need to provide some evidence to them about the cost of treatment if there was no intervention and how the cost will be reduced if there was some interventions."* (Female, 52 years old)

One respondent said that it was necessary to train police in harm reduction so that they better understand and support programs.

> *"In order to implement the harm reduction program, firstly we have to advocate with the police for their understanding about harm reduction, and then train the police as trainers how to advocate about HR for the other police groups. This is because police are more likely trust each other and are better at providing information than others."* (Female, 37 years old)

DISCUSSION

Considerable disagreement and debate exists within Laos about the definition and the essential components of a harm reduction program, and about harm reduction's relevance to the Laos context. Many stakeholders believe harm reduction programs are not appropriate for Laos, but for differing reasons, and without necessarily a fully informed appreciation of what such an approach entails. It was clear that many police in Laos did not understand harm reduction, however this is understandable given that its relevance or acceptance has never been articulated from a police point of view.

The lack of national data on prevalence of injecting drug use is often cited as reason to delay the introduction of harm reduction programs until there is reliable data and evidence. In addition many stakeholders believe that harm reduction programs should only be initiated when there is evidence of a high prevalence of HIV within IDU populations – when in reality harm reduction program need to be initiated early, to prevent the rapid spread of HIV among people who inject drugs. This reluctance could reflect uninformed attitudes, or the lack of understanding of, or belief in, the aims and evidence base

on which harm reduction approaches are built as well as ingrained negative and prejudiced opinions towards drug users. District police in particular were confused as to what harm reduction comprises and in many instances described and expressed a preference for a supply reduction approach, despite the ineffectiveness of uni-dimensional supply reduction approaches in diminishing increased supply and demand of illegal drugs.

Other members of law enforcement were skeptical of the benefits of harm reduction, especially needle syringe programs, and saw it as encouraging, condoning and potentially leading to increases in injecting drug use, especially in a context of low rates of IDU. This common misconception can easily be refuted by data from harm reduction programs implemented in a vast array of culturally, religiously and politically diverse contexts around the world – including countries very close to Laos, such as Vietnam and Malaysia.

Most respondents pointed to the limitations of applying a harm reduction approach only to injecting drug use and not to non-injecting drug use, and drew a link between non-injecting drug use and the risk of sexual transmission of HIV. These are valid points given Laos' much higher rates of ATS and traditional opium use and the focus of current programming on harm reduction for injecting drug use only. This gap highlights the challenges Laos faces to developing comprehensive and responsible drug policy given its history, geography and patterns of drug use. However the response to drug use in Laos does need to anticipate an increase in injection, especially in the border regions and interventions need to reflect the local context but also be mindful of evidence from other countries.

The confusion in terminology and understanding highlights the need for clear and consistent harm reduction messaging and strong leadership at all levels of government, health and law enforcement. Countries in the Mekong region are facing multiple drug-related challenges, including major epidemics of non-injected amphetamine. This poses the further challenge for the public health and harm reduction communities to broaden their focus to include all aspects of drug use, and thus respond both to the communities' perceived needs (harms associated with amphetamine use, especially sexual transmission of HIV and transitions to injecting) and those known to be potentially threatening Laos (heroin injecting and HIV transmission).

CONCLUSION

This paper provides a platform to explore the various understandings of harm reduction as it applies to the Lao context, and how various stakeholders inform this understanding. It highlights the need for a mutual understanding among programmers, government, health sector and law enforcement of the basic definition of harm reduction, its' essential components and what harm reduction aims to achieve. Additionally, it underscores the need for police advocates to take the lead in framing harm reduction from a law enforcement perspective if harm reduction and humane and effective drug policy in Laos is to progress. This will help to ensure that future harm reduction programs are contextually relevant, based on solid evidence and incorporate a multi-sectoral approach.

COMPETING INTERESTS

The authors declare that they have no competing interests

AUTHORS' CONTRIBUTION

VS, SP, VS and PP collected data. VS, BT, NC collated and analysed the data. VS, VH, BT, TM and NC drafted the manuscript. All authors read and approved the final manuscript.

REFERENCES

1. UNODC: *'Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs, Asia and the Pacific. A Report from the Global SMART Programme;* Vienna, November 2011.

2. Devaney M, Reid G, Baldwin S: **Prevalence of illicit drug use in Asia and the Pacific.** *Drug Alcohol Rev* 2007, (26):97–102.

3. UNODC: *World Drug Report. Volume 2: statistics.* Vienna; 2004a.

4. UNODC: *Survey of Drug use among youth in Vientiane, School survey.* [Lao PDR, Vientiane]; 2000.

5. LCDC/UNODC: *National Drug Control Master Plan. A Five-Year Strategy to Address the Illicit Drug Control Problem in the Lao PDR (2009–2013)*: 2010.

6. LCDC, UNODC, CHAS and Burnet Institute: *Drug Use and HIV Risk Bolikhamxay, Luang Namtha, Phongsaly.* Lao PDR; 2005.

7. Phimphachanh C, Menorath S, Sychareun V, Manivong S, Phengsavanh A, Chanlivong N, Thomson N, Santavasy B, Fischer A, Power R: *Amphetamine type stimulant use in Laos: Implications for individuals and public health and public security:* 2008. Unpublished paper.

8. LCDC/UNODC: *Survey of Drug use among unemployed youth.* [Lao PDR, Vientiane]; 2002a.

9. LCDC/UNODC: *Survey of Drug use among disco clients.* [Lao PDR, Vientiane]; 2002b.

10. LCDC/UNODC: *Survey of Drug use among service girls.* [Lao PDR, Vientiane]; 2002c.

11. Beyrer C, Razak MT, Lisamb K, Chen J, Lui W, Yu XF: **Overland heroin trafficking routes and HIV-1 spread in south and south-east Asia.** *AIDS* 2000, (14): 75–83.

12. UNODC: *Lao Country Report.* [Lao PDR, Vientiane]; 2010.

13. LCDC/UNODC: *Reduce the spread of HIV harm associated with drug use amongst men and women in the Lao PDR: -HAARP Country Flexible Program Lao PDR (LAO/K18);* 2007. Available at the website: http://www.unodc.org/laopdr/en/projects/K18/K18.html.

14. LCDC/Ministry of Health/CHAS/HAARP/UNODC/UNAIDS/WHO: *Rapid Assessment and response to drug use in Houaphanh and Phongsaly provinces in Lao PDR;* [Lao PDR, Vientiane]; 2010.

15. UNAIDS: *HIV/AIDS Health Profile for Lao PDR;* 2009. Available at the website: http://www.unaids.org/en/regionscountries/countries/laopeoplesdemocraticrepublic/.

16. UNODC: *Drugs and HIV in South East Asia A Review of Critical Geographic Areas of HIV/AIDS Infection among Injecting Drug Users and of National Programme Responses in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam;* 2004b.

17. CHAS/FHI 2001: *Behavioural Surveillance Survey 2001.* Lao People Democratic Republic; 2003.

18. CHAS/FHI 2004: *Second generation surveillance 2nd round on HIV, STI and Behavior, 2004.* Lao People Democratic Republic; 2005.

19. CHAS/BI, 2008: *Second Round, Second Generation BBS Surveillance 2007.* Lao People Democratic Republic; 2008.

20. Sheridan S, Phimphachanh C, Chanlivong N, Manivong S, Khamsyvolsvong S, Lattanavong P, Sisouk T, Toledo C, Scherzer M, Toole M, van Griensven F: *HIV prevalence and risk behaviour among men who have sex with men in Vientiane Capital, Lao People's Democratic Republic;* 2009.

21. LCDC: *Terms of reference of Lao task force on HIV and drug use.* [Lao PDR, Vientiane]; 2007.

22. CHAS: *National Strategic and Action Plan on HIV/AIDS/STI 2011–2015.* [Lao PDR, Vientiane]; 2011.

23. Ministry of Health, Ministry of Justice: *HIV/AIDS Law.* [Lao PDR, Vientiane]; 2011.

24. WHO: *The HR3 Project (Harm Reduction, Human Rights, Human Resources). 2007. Building Comprehensive Harm Reduction Services for Injecting Drug Users in the Lao People's Democratic, Cambodia and Vietnam: Towards Universal Access to HIV/AIDS prevention, Treatment & Care;* 2007.

25. UNODC: *Lao K 18-Reduce the spread of HIV harm associated with drug use in the Lao PDR: HAARP Country Flexible Program Lao PDR;* 2009.

26. National Statistic Center: *National Household survey 2005.* [Lao PDR, Vientiane]; 2006.

Laos case study: Peuan Mit

Brigitte Tenni[1*] Email: btenni@unimelb.edu.au
Vanphanom Sychareun[2] Email: vsychareun@gmail.com
*Corresponding author

[1] Nossal Institute for Global health, University of Melbourne, 161 Barry Street, Carlton, 3010, Melbourne, Australia
[2] Faculty of Postgraduate Studies, University of Health Sciences, Vientiane, Lao PDR

Abstract

Peuan Mit is a Lao organization working to address the needs of children and youth living and working on the streets. This case study outlines how a trusted and strong relationship with local police provides mutual benefit.

LAOS CASE STUDY: PEUAN MIT

Peuan Mit ('friends' in the Lao language) is a program designed and implemented by Friends International, in partnership with the Ministry of Labor and Social Welfare, to address the needs of street children and youth in Laos. The Peuan Mit project started in May 2004 with the support of the Vientiane Municipality and is the only program of its kind in Lao PDR that responds to the needs of children living and working on the streets. [1] Many of the children with whom Peuan Mit work face very challenging issues such as conflict with parents or the police, drug use, disability, trauma and sex work.

In 2007, Peuan Mit carried out a knowledge, attitude and practice (KAP) survey. Although not a representative sample, it provided useful information about 'at risk' and street based children in Vientiane. More than a third (38.7%) of those interviewed reported a history of drug use, with most recent use ranging from over 10 years to 2 weeks. Drugs reportedly used included methamphetamine, opium, heroin, cannabis, solvents (glue), and alcohol. Of those who reported drug use, methamphetamine was most commonly used; all who reported methamphetamine use said that their most recent drug use was smoking methamphetamine. [2]

Every month Peuan Mit works with 800 children and youth in Vientiane to prevent homelessness amongst children and help young people reintegrate into Lao society. They support children and young people to return to school, find employment, return to their families, become citizens, to experience culture and to express themselves. A team of 50 Lao staff at Peuan Mit provides a range of services including a mobile

school, remedial classes, hygiene facilities, recreational workshops (art, dance, drama, sport) emergency shelter, life-skills education, counselling sessions, vocational training and job placement and family reintegration. [1]

Peuan Mit has no formal Memorandum of Understanding (MoU) with the Ministry of Public Security or with operational police, and no regular meetings; however they have developed informal relationships with local police in the course of their work. Peuan Mit invite police to join the twice-yearly Project Advisory Committee meeting which includes local counter-parts, Ministries and donors. Peuan Mit works closely with young people in conflict with the law and visits young people incarcerated in drug detention centres and prisons to advocate on their behalf and attempt to link them into Peuan Mit services.

> *"If they commit a crime and then we meet with them- we make a plan- if they want to come with us then we make a letter to the police station- takes about one month."* Peuan Mit staff

Police who know of Peuan Mit's work refer young people to them. If the young person is under 15 years and the crime committed has no victim, the police may choose to release the young person into their care.

> *"Now the good thing is that they know us more, they know our staff and it's good for them to refer to us."* Peuan Mit staff

Peuan Mit view relationships with police as an opportunity to facilitate access to young people in need. Without a good relationship with law enforcement, gaining access to these vulnerable young people would be all the more difficult. Recently a police officer even assisted Peuan Mit to find work for a young person who had been released from detention.

> *"They open the door for us to these people [and] open the discussion."* Peuan Mit staff

Ultimately Peuan Mit would like to see greater opportunities for diversion for young people and alternatives to incarceration. They are also interested in pursuing an MoU with the Ministry of Public Security to facilitate relations with police. Police interviewed saw Peuan Mit as providing important services for homeless street children such as life skills and vocational training. They saw Peuan Mit as an important referral option for young people and an alternative to detaining young people with adults especially when "clearing the streets" before a public event.

Police reported sending children to Peuan Mit if they had no family or if their family could not control their behaviour. They also sent children under 15 years who had been arrested to Peuan Mit, which they perceived to be a better outcome than incarceration. Children under 15 years cannot be charged with a crime in Lao PDR.

The Ministry of Labour and Social Welfare represents Peuan Mit within the government and liaises with the Ministry of Public Security where relevant. As the police explain:

> *"We don't have a 'partnership' with Peuan Mit, we refer to the Ministry of Social Welfare…we work through the Ministry and district police station."* A Lao PDR Police Officer

Staff at the Ministry of Labour and Social Welfare stated that children under 18 who have been arrested may be sent by the police to Peuan Mit, and this is advocated on a case-by-case basis.

The relationship between police and Peuan Mit is not formalised and is largely based on personal relationships and trust. This has been aided by the reputation that Peuan Mit has developed over time in responding to youth at risk. It demonstrates the additional value of developing positive relationships with law enforcement to achieve better outcomes for young people in conflict with the law including young people who use drugs.

COMPETING INTERESTS

The authors declare that they have no competing interests

AUTHORS' CONTRIBUTIONS

BT and VS collected, collated and analysed data and drafted the manuscript. Both authors read and approved the final manuscript.

REFERENCES

1. http://www.friends-international.org/wherewework/peuanmit-history.asp?mainmenu=wherewework&page=laopdr.

2. Friends International, UNODC: *Drug use among street children in Vientiane, Lao PDR.* March 2007.

Harm reduction and “Clean” community: can Viet Nam have both?

Thu Hong Khuat[1*]	Email: hongisds@gmail.com
Van Anh Thi Nguyen[1]	Email: nguyentva@gmail.com
Melissa Jardine[2]	Email: m.jardine@pgrad.unimelb.edu.au
Timothy Moore[2]	Email: tim.moore@unimelb.edu.au
Thu Huong Bui[1]	Email: huongbt@isds.org.vn
Nick Crofts[3,4]	Email: nick.crofts@unimelb.edu.au

* Corresponding author

[1] Institute for Social Development Studies, Suite 225; Entry 11; Block CT5; Song Da - My Dinh area; Pham Hung road; Ha Noi; Vietnam

[2] Nossal Institute for Global Health, University of Melbourne, 161 Barry Sreet, Carlton, 3010, Australia.

[3] Centre for Law Enforcement and Public Health, Melbourne, Australia.

[4] Melbourne School of Population Health, University of Melbourne, 207 Bouverie Street, Parkville, 3100, Australia

Abstract

The findings of our research show that while police play multiple roles in the fight against drug-related crime, they often perceived their tasks – especially preventing and controlling drug use on the one hand, and supporting harm reduction on the other – as contradictory, and this creates tensions in their work and relations with their communities. Although they are leaders and implementers of harm reduction, not all police know about it, and some remain skeptical or perceive it as contradictory to their main task of fighting drugs. Methadone treatment is seen by some as in competition with their main task of coordinating conventional drug treatment in the rehabilitation centre.

The history of drug use and the evolution of discourses on drug use in Viet Nam have created these conflicting pressures on police, and thus created contradictory expectations and led to different views and attitudes of police regarding various harm reduction measures. This might aid understanding why, despite the comprehensive and progressive policies on HIV & AIDS and harm reduction in Viet Nam, it is not easy for police to actively and effectively support and be involved in harm reduction at the ground level.

To promote the wider acceptance of harm reduction the concept of community safety must be expanded to include community health; harm reduction must be integrated into the “new society” movement; and laws and policies need further revision to reduce contradiction between current drug laws and HIV laws.

Harm reduction guidelines for police and other actors need to be disseminated and supported, embodying better ways of working between sectors, and all sectors in the partnership require support for building capacity to contribute to the overall goal.

INTRODUCTION

Viet Nam has had a major concentrated epidemic of HIV, from detection of the first case in 1990 to an estimated 280,000 infected in 2012, approximately 0.47% of the population. Around 65% of those infected have histories of injecting drug use (IDU), and among them HIV prevalence have reached 70% or more. [1] As detailed elsewhere in this volume, Viet Nam has responded with development of comprehensive and progressive policies on HIV and AIDS, including policy and legal support for harm reduction. [2]

How effectively do these policies translate to street level; and do they actually enable the work of implementers of harm reduction approaches? And more specifically, given that the major mechanism of implementation of laws is through law enforcement, especially by police: how effectively is law enforcement, especially community-level policing, involved in harm reduction in Viet Nam, and how can this involvement be improved?

We here examine the involvement of law enforcement in harm reduction in Viet Nam, illustrating the experience of police at street level, to make recommendations about how the police role can be more effective. This research was part of a broader program of research entitled "*The Impact of Harm Reduction Programs on Law Enforcement in Southeast Asia: What Works and What Doesn't*" administered by the Nossal Institute for Global Health in partnership with the Institute for Social Development Studies (Vietnam), the National Institute of Public Health of Cambodia and Laos University of Health Sciences.

BACKGROUND

CURRENT SITUATION OF DRUG USE AND HIV IN VIET NAM

As of 30th November 2011, there were 158,414 drug users recorded nationwide, an increase of 5.7 percent compared to the same time in 2010; this figure reflects only those registered – it is unknown how it relates to the actual number. Heroin was the most popular drug used in Viet Nam and it was predominantly injected. [3] About 40,000 drug users, 18.2 percent of those registered, are at any one time in 121 rehabilitation centres across the country. [4]

Since the first case of HIV was detected in Ho Chi Minh City in 1990, Vietnam experienced a growing epidemic of HIV. Nationwide, by the end of 2011, there were 197,335 people living with HIV, of whom 48,720 had developed AIDS and 52,325 had died as a result of AIDS. The major factors driving the epidemic include the sharing of injecting equipment among injecting drug users (IDUs), with IDUs accounting for 43.1% of the total number of infected individuals. HIV prevalence among IDUs in 2011 was 13.4%, down 3.8% compared to 2010, yet still the highest of any group since the early 1990s. In several provinces, the proportion of IDUs among HIV-infected people is as high as 65 to 70%. Men who have sex with men (MSM) have the second highest national prevalence rate, at 5%, followed by female sex workers (SWs) with a rate of 3%. [5] There is overlap between IDUs and sex workers, with high proportions of IDU among sex workers in some cities of Viet Nam. [5]

However, while still considered a 'concentrated' epidemic primarily affecting IDUs, female SWs and MSM, in some areas HIV is spreading to the general population through chains of sexual contact involving male IDUs and their female sexual partners, and sex workers and their clients, associated with an increasing

overlap of the two groups. While male cases still predominate, the proportion of HIV-infected people who are female is increasing each year. In 2011, females made up 31% of all those infected, up two percent from 2010.

HARM REDUCTION

By the end of 2011, harm reduction programs involving provision of sterile needles and syringes have been implemented in 60 provinces and cities, while condom distribution occurs in all 63 provinces and cities. More than 30 million needles and syringes were distributed by peer educators to drug users and about 28 million condoms were distributed free of charge to populations with high risk behaviours in 2011, increased by 11.2 percent and 12 percent respectively compared with 2010.

By the end of 2011, methadone maintenance therapy (MMT) has been implemented in 11 provinces and cities in 41 centres for 6,931 patients with positive results in various aspects including improvement in health and well-being, improved measures of cost effectiveness, and reduced crime and family conflict.[3] The government has decided to expand the MMT program to 30 provinces and cities by 2015. Anticipating the decrease of international support in the coming years as Viet Nam has reached the classification of Middle Level Income country, the Ministry of Health is now drafting plans to produce methadone locally to meet the demand of hundreds of thousands of drug users. This plan is to be submitted to the Prime Minister for approval during 2012.

Taking into account the fact that the first pilot harm reduction activities were in 1993, nineteen years ago, and the multiple but unsuccessful efforts to advocate for substitution therapy, specifically MMT, for years, one may raise the question of why harm reduction has only recently been expanded widely … and why it took Viet Nam such a long time to accept it?

METHODS

After an intensive review of all policy documents and research literature on illicit drugs, HIV and AIDS, and harm reduction accessibility in Vietnam, a consultation workshop was held with experts and representatives of agencies working on harm reduction in Viet Nam, who helped to provide the research team with an overview of the situation of drugs, HIV and AIDS, and harm reduction in Viet Nam and suggested a list of potential research participants. With this background, we conducted interviews in Ha Noi between April and October of 2011; the research participants were policy makers, program managers and police working on drugs, harm reduction and HIV and AIDS at different levels from national and city down to community level, and community leaders. A total of 58 people participated in the interviews and focus group discussions: of 40 people interviewed individually, 20 were police at district and commune level; as well, 27 local authorities and leaders of social organizations from three communities of Ha Noi took part in three focus group discussions.

The participants were categorized as policy makers, program managers, police and local leaders. Interview question guides and discussion guidelines were then developed for each category of the participants. The research instrument and protocol were reviewed and approved by the Internal Review Committee of the Institute for Social Development Studies. Each participant was contacted in advance by telephone and informed about the purpose and the procedures of the research. Before interview, verbal

consent was obtained after participants were informed about confidentiality of their personal identification and that their participation was voluntary and could be ceased at any time. Each participant was given a gift valued about VND100,000 (USD5) as acknowledgement for his or her time. On average, each interview lasted about an hour and each focus group discussion took two hours or more. Most interviews and focus group discussion were taped, with permission of the participants.

Interviews and focus group discussions were then transcribed and categorized. The data analysis included developing codes, identifying themes and connecting the themes.

To ensure confidentiality, each research participant has been given a fictional name, and information about their work place has been kept broad.

RESULTS

POLICE AT STREET LEVEL –"BETWEEN THE DEVIL AND THE DEEP BLUE SEA"

Here we examine the involvement of police in harm reduction in Viet Nam, illustrating their position through the experiences of the police officers.

Through their stories, we found police at street level are caught in a difficult position. On the one hand, they have to fulfil the tasks assigned by their superiors; on the other, trying to fulfil those tasks, they risk going beyond or against other policies … or if they follow these other policies, they risk losing trust of the community, who expect them to maintain security and social order in the neighbourhood.

FULFILING THE POLICE ROLE IN DRUG TREATMENT - "MEETING QUOTAS IS VERY STRESSFUL"

Fighting against drugs is seen as crucial for the socio-economic development of the country. In this battle against drugs, police are assigned a key role which is reflected in various legal and policy documents. For instance, the Drug Law 2000, article 38, stipulates that police have "to direct the detection of drug users and the arrangement of sending them to the compulsory drug treatment establishments, keep security and order in these establishments, control drug treatment in community and in drug treatment establishments". [6]

The Decision 61/2000 TTg by the Prime Minister on the establishment of the National Committee on AIDS, Drugs and Prostitution defined the role of Police as a standing agency in preventing and combating drugs; with responsibilities

- to coordinate, organize and lead implementation of multi-sectoral program on prevention, combating and controlling drugs nationwide; and
- to gather, categorize drug users and sex workers to send them to treatment establishments in accordance with the Ordinance of Administration Violation.

At the grassroots level, in those communes affected by drug problems, the commune president can set up a communal board to implement activities for prevention of AIDS, drugs and prostitution in the community [7]. One Vice-president of the Commune is the Chair of this Board, and the Vice-head of the Commune Police is appointed as Vice-chair, in charge of drug issues. For this reason, when we contacted local

authorities in Ha Noi for this research, we were often referred to meet with the Vice-head of the Commune Police. From interviews with those police officers we learned a great deal about how police at street level are involved in drug issues, including drug treatment and harm reduction.

The first police officer we met was An, a Vice-head of a police station of a ward a in the northern part of Ha Noi, one of the drug hubs of the national capital. He is also a Vice-chair of the Board for prevention of AIDS, drugs and prostitution of his ward. An described the work of police at the street level:

> *"Regarding the work of the ward police, there are two major tasks. First, fighting against drug related crimes such as drug smuggling and trafficking; second, controlling drug users in the ward and sending them to rehabilitation centres for treatment. Police always play a key role in the fight against drugs."*

An was very proud of the task of ensuring security and social order in his ward. Detecting and fighting against drug crimes and controlling drug users is an important part of maintaining social security and order in the community and thus contributing to the protection of the society:

> *"The police task is to protect the Party, the Government and people. I am responsible for all security matters in this commune including prevention and combating drugs and supervising drug users. I report to the communal party unit and local authorities and recommend the measures to deal with drug users within our community."*

An said his community used to be a hot spot in terms of drug problems in the city a few years ago, with more than 100 drug users and dozens of drug smuggling spots. However, the situation has been controlled and gradually improved. He believes that to maintain this achievement, three activities must be well implemented simultaneously: education, combating drug trafficking and drug treatment and post-treatment rehabilitation, including employment support. Police were assigned to coordinate the implementation of both drug treatment measures: community-based voluntary treatment, and compulsory detention in the rehabilitation centre. However, An believed that community-based treatment was ineffective and resource wasteful.

Regarding the task of police in coordinating drug treatment, An described it thus:

> *"Police control [the] situation [in the ward], particularly the number of all drug addicts, and every month to have a meeting with them to educate them and warn them that they should not relapse. If they show signs of relapsing they would be educated within the community for about six months. If they fail, then the ward police compile their record for sending them away [to a rehabilitation centre]."*

The routine of the police at ground level includes not only fighting drug crime and controlling drug use in their community, but also supervising those who have returned from a 06 centre.b Nam, a police officer in a residential cluster of a district in the Southern part of Hanoi said:

> *"Regarding those who return from the centre, we invite them to the ward police station, ask them to write a commitment not to use drugs again. Every quarter, they have to come here to take a test. If they relapse, they need to be educated. Those who keep using drugs will be arrested. That is the duty of ward police."*

According to Tan, a Vice-head of police of another district which is an important hub of the drug trade in the centre of Ha Noi, his district has a larger number of drug users as compared to other districts of the city. He said that in this district there were almost 2,400 drug users, about 1,000 to 1,200 of them reintegrating in the community, having left the 06 centre. Tan said:

> *"To prevent HIV infection and reduce crimes there is no other way better than controlling drug users. There are various controlling measures. First, to send to 06 centre those drug users who met criteria of compulsory treatment. Second, to help sending those who can afford to pay voluntary treatment to the centre. Lastly, to organize and supervise community-based treatment."*

However, the tasks of police at street level regarding drug treatment are not simple, and are often stressful because they have to meet quotas of drug users to be sent to rehabilitation centres. According to the officer of the Centre for AIDS Prevention of Ha Noi, each year the Department of Labor, Invalid and Social Affairs (DOLISA) of Ha Noi City assigns every district a quota of 200 to 300 drug users to be sent to rehabilitation centres. The District Office of Labor, Invalid and Social Affairs divides the quota to the wards or communes, depending on the perceived situation of drugs in the wards.

Talking about the quota, Huy, a police officer from a southeast area of the city, said:

> *"This year [the] District Office of Labor is assigned a quota of 210 drug users to be sent to rehabilitation centre. The District Office distributes the quota to wards. My ward, for instance, gets a quota of 20 drug users. You do not fulfil your task if you do not meet the quota, which means you would be ranked B or C only. It is very stressful to meet the quota."*

Huy complained that the quota is too high for his ward, and explained that it is hard to meet the quota, not because there are few drug users in his ward, but because of constraints which come from the Decree 135. [8] According to this Decree, drug users who have relapsed after time in the rehabilitation centre can only be sent to the centre again after 24 months from the day they were released from the centre. Within this period of time, the drug user is to undertake drug treatment in the community for six months, in accordance with Resolution 163 on measures of education in the community for drug users [9]. At the time of interview in his ward there were 94 drug users but they did not fit the criteria of Decree 135, as all of them had left the centre less than 24 months previously. Huy was therefore unable to meet the quota of 20 drug users to be sent to the centre, but had to process a lot of paper work to arrange community-based treatment for those 94 drug users. Huy wished to recommend revision of Decree 135 so that those drug users who tested positive would be sent to the centre immediately, regardless of how long they had been out of the centre. He believed that education and treatment in the community was wasteful, because all drug users relapsed, some even returning to drug use immediately after release from the centre. Huy felt very anxious because when there were too many drug users in the community they could commit bad things and he would be blamed for not fulfiling his task, especially if the drug users of his ward were caught in the neighboring ward.

Phan, a police officer in a ward in the old quarter of Ha Noi, said his ward has been assigned a quota of 27 to 30 drug users to send to the rehabilitation centre each year. This number could be distributed to all residential clusters in the ward depending on the prevalence of drug users in each cluster. In 2010 he was able to send three drug users to the rehabilitation centre. However, he said

"Honestly speaking, we have to meet the quota but not because of that we could send any drug user to the centre. We have to re-educate them, persuade them for a while and can only arrest them when those measures failed. It is not necessary to meet the quota of 30 if there are people who do not fit the criteria."

Long, the police officer in the southeast area of Ha Noi said it was often very stressful for him to meet the quota. In 2008, he was assigned to send 49 drug users to the centre but he could send 23 people only. He felt bad because he could not fulfil his task. However, Long raised another difficulty in meeting the quota. It was not easy to send drug users to the centre because their families often did not collaborate with the police. The drug users could run away before they were caught. Long said:

"Their family is miserable with the drug user but often do not support the police if we come to take him to the centre. So that when we receive a letter,c we have to come to his house immediately and take him right away. He would run away if we inform him in advance. One police officer reads the letter, the other has to handcuff him right away. This year, if we are assigned a quota of 5 we have to find 5 by all means."

This also happened to An. Some weeks previously, a man came to see An and begged him to take his son away. An and his colleague spent two days tracing the young man and finally caught him when he was injecting drugs. However, when the documents were being processed, his father came back and again begged An to release his son. The father wanted to help his only son to undertake treatment at home.

Not only being stressed by the need to meet a quota, the police reported also feeling low-spirited sometimes. Almost all the police we interviewed shared the same feeling as Nam:

"… Our ward is strong during the last few years but only strong in sending [drug users] to the centre. In fact, very few of them can quit drugs … Therefore controlling and supervising drug users is very tiring. This is a thorny problem for us. I work with this problem for many years but it remains unsolved."

Phan feels very sorry for drug users and their families, but he believes that sending drug users to rehabilitation centres is better for both drug users and their family:

"In general, it is miserable. You would feel sorry for them if you know their life. Both drug users and their family suffer. It is very sorry to see a drug user who from morning until noon keeps eating a bowl of rice but cannot finish it. Some drug user was chained by their family like a dog. It is very pitiful but if he was unchained, he would commit bad things. I agree that drug users cannot be seen as criminals because their family often ends up in a miserable situation. Sending drug users to the rehabilitation centre for two years may keep them alive but they would die if they stayed home."

The police are often caught trapped between the regulations of policy and the expectations of their community. Anxiety and complaints from people in the community about drug users are an additional pressure on police. Huy felt bad because he failed to keep security in his ward. Because of regulation of the Decree 135, he could not send even one of the 94 drug users in his ward, although many of them had relapsed. Huy said:

"Among those who returned from the centre I know at least 60 to 70 percent of them relapsed. Some of them even relapsed right after being released from the centre. What can we do with those guys? When they tested positive, I passed them to post-treatment program run by the Women's Union and the Youth Union or the War Veteran's Association who are keen to help them to be good people again but they failed to be good people. Their parents were also hopeless about them. The police tried hard to educate them but they did not change. People in community anxiously ask "Why don't you send them to the centre?"

Regardless of how hard their work is in sending drug users to the rehabilitation centres, like Hung, who cited below, many police officers believed that it is better to send all drug users to the centres and to keep them there for a long time, because:

"Those guys are, anyway, already addicted. We just want for our community to be clean and peaceful. If we let these guys stay home, a lot of problems happen daily, like petty theft or stealing money or things. It is very stressful. Sometime, I was assigned a quota of 1 or 2 only but those guys who are really bad would also be taken."

According to Hien, a colleague of Hung, compulsory treatment is the optimal approach because it provides treatment to drug users and keeps them away from drugs. So Hien believed that all drug users including those who relapsed soon after they left the centre should be kept there. Many drug users died at home because of overdose, so being in the centre can also save their lives. Hien said that to reduce stress and burden for police it is better to send those drug users who tested positive to the centres immediately, to prevent them from running away. The police sometimes have to trace runaway drug users as far as Hoa Binh province. He found this insecure and costly. At the time of the interview Hien said he still owed one person from his quota because the guy ran away after a positive urine test.

An on the other hand thought it impossible for IDUs to get off drugs. On average, out of 100 drug users, after detoxification 98 relapsed, one was put back into jail and one was found dead. He said:

"I see that needles and syringes are very cheap and easy to buy now in Vietnam, if not free for drug users. As far as I know, they often buy new syringes every time they want to inject, together with a pack of drug and some water. However, because more often than not they don't have enough money they tend to share one dose among three people using just one syringe and needle. They may know they should use clean needles and syringes but because of their tight economic situation, and the relatively high cost of drugs, they rarely do so."

Being Vice-head of the Community Standing Board for the prevention of AIDS, drugs and prostitution, An should quite properly be concerned about this, as the HIV epidemic in Vietnam HIV is driven by drug injection.

In summary, controlling drug users and sending them to rehabilitation centres are major tasks of police at street level. However, these tasks can be stressful for them because of conflicts between the quota system and policies such as Decree 135 and Circular 163, community attitudes and pressures and the lack of collaboration or negative attitudes of some families of drug users.

DOING HARM REDUCTION: "SHOWING THE PATH FOR THE DEER TO RUN AWAY?" [d]

Harm reduction was introduced to Viet Nam in 1993; however it remained as pilot activities in limited areas of the country for more than fifteen years, before harm reduction was officially accepted by the National Strategy on HIV/AIDS Prevention and Control in 2010, in its vision to 2020. Nevertheless, more intensive harm reduction programs could only be expanded after the issuance of the AIDS Law 2006, which permits the implementation of harm reduction and stipulates general principles for harm reduction. One year later, in 2007, Decree 108 provided further guidance for harm reduction activities to be implemented nationwide. Soon after, the National Action Plan on harm reduction for HIV prevention in 2007–2010 set targets and indicators for implementation in all provinces and cities of the country. The Revised Drug Law 2008 regards drug users as victims or patients and thus deserving of treatment, further reinforcing harm reduction.

The role of police role as leader and implementer of harm reduction intervention programs in collaboration with the Ministry of Health and relevant agencies was defined by the National Action Plan on Harm Reduction.

But in practice, not all police know about harm reduction. Lu, the policeman from the ward in the southwest area of Ha Noi, said he has never heard the term "harm reduction" and has not yet been assigned any task related to the distribution of needles and syringes or condoms:

> *"I have never participated in harm reduction activities. Police in our ward never have been mobilized to take part in any activity like condom distribution. Probably this is assigned for mass organizations. We are not involved in this. Our regular task is to just educate and supervise drug users."*

Lu, however, was skeptical about programs supplying needles and syringes after it was explained to him what this meant. He advocated increasing the time drug users stay in the rehabilitation centres and believed this would be better than carrying out harm reduction activities.

When asked what he would do if he saw a woman giving a clean syringe with needle to a drug user, Phan said:

> *"You say she distributes the syringe and needle for him to inject drug? No, it is impossible. This means to encourage him to use drug. It can be tolerated in case if he is in the latest stage of AIDS. However, for a drug user who is trying to quit drugs, giving him a syringe and needle may make him come back to drugs. This means showing the path for the deer to run away. This means the government allows him to use drug, then how the police can arrest him? No, I don't accept that."*

Like Phan, Ba, a policeman from a residential cluster of the central district of Ha Noi, and other policemen interviewed also believed that providing needles and syringes is encouraging drug use:

> *"Providing syringe and needle to IDUs is said to prevent HIV. However, in fact, this looks like encouragement of drug use. Meanwhile police has to force them to go to the compulsory drug treatment centre … In my personal opinion the provision of needle and syringe is a sort of encouragement."*

Lam, a policeman from the southern area of Ha Noi, said supplying needles and syringes to drug users is unreasonable. He would not want to take part in this activity because he did not want to be misunderstood by the community:

> *"If I provide syringe and needle to drug users, their families would protest, saying you police facilitate drug use. Therefore I'd rather not be involved in this activity."*

Long understands that distributing clean needles and syringes is for HIV prevention, but he sees this as encouraging the use of drugs. He found this contradictory to his task of sending drug users to rehabilitation centres.

Chien, a high ranking police officer at the Ministry level, while strongly supporting harm reduction, is also fully aware of the concern of people in the community about the needle and syringe program:

> *"In several provinces, war veterans and retired officers as well as community people did not support this program. In a northern province, a strong campaign was launched to mobilize people to detect drug users and to send them to rehabilitation centre, then they found this syringe and needle program contradictory to their efforts in keeping the community clean. In the meetings of war veterans or retired officers, many of them expressed disapproval."*

Tan, the Deputy Head of district police considered the police role as: being supportive, but staying behind:

> *"… regarding the provision of syringe and needle, the ward health centre is instructed to collaborate with peer educators – who used to be drug users. Police are better to stay aside, because the drug users are afraid [of police]. Therefore, although we support this, we stay behind."*

Tan has openly appreciated methadone therapy and said he would support this program in his district:

> *"If IDUs change to use methadone, I think this should be effective. We would gather IDUs to inform them about the effects of methadone: it is cheap; like a normal medicine, if taking it every day one would no longer crave for drugs, especially it has no risk of HIV infection, meaning safe addiction. Being told that, they would be happy to use methadone. I think 100 percent of them will like to use methadone… We were waiting for this program for years but it never comes."*

However, he suggested that police must be closely involved in the process with strong measures of a punitive nature:

> *"I already said to the steering committee that implementing methadone program will be impossible without police's hands. At first, police must be involved, then it will become routine … Because from the beginning, IDUs may not be comfortable, they would be scared … Police would bring them in, one or two times, ask them to write a commitment. Those who violate the commitment will be immediately sent to [rehab] centre by the police, as an example for others."*

Phan confirmed that he would strongly disagree with the supply of needles and syringes for drug users but he accepted drug treatment with substitution of methadone. He believed that once methadone became available, the police burden would be relieved:

"I agree with methadone. We will be more relaxed, won't we? I hope methadone will be accessible in my ward. It is not as harmful as heroin, is it? I support methadone. It is good and should be made available to drug users."

Hung was, on the other hand, skeptical about the effectiveness of methadone. He did not think that methadone could help those who were heavily addicted to heroin to quit. Hung thought that if the harsh measures of conventional drug treatment did not help then methadone would also fail.

Son, Vice-Head of police in a ward in a northwest area of Ha Noi, expressed his concerns about security in the community if drug users, instead of being sent away to the rehabilitation centres, were to stay in the community for methadone treatment:

"My greatest concern is for security and order in our community. When drug users change from heroin to methadone and are no longer sent to the centre, what if there are thefts or disorder? Implementing the methadone program means the number of drug users sent to the rehabilitation centre will be reduced, but how can I certain that those who use methadone will be able to quit heroin? Because the methadone is too light for those who are heavily addicted to drugs, who knows what would happen during this process? I think methadone is not suitable for those who are heavily addicted."

The officer of the Centre for AIDS prevention revealed that in some districts, police still were concerned about the quota for the centres:

"In one district, in the meeting to prepare for implementation of methadone treatment, some police said they have to meet quota so they would send drug users to rehabilitation centre but not to methadone treatment."

Long openly confirmed that he would rather prioritize meeting the quota than "sharing" drug users to the methadone program because he wanted to fulfil his major task and because he was not yet convinced about methadone.

Han, Vice-head of police in a ward of a northwest district of Ha Noi, where a pilot methadone program has been running since 2010, was highly appreciative of this new method of drug treatment. He was convinced about the benefits of the program but wondered about its sustainability. He was concerned how long the program would last, and if the program ceased because the budget was no longer available, if the participants would return to drug use again. Han was also concerned about the "competition" between the methadone program and the conventional compulsory drug treatment in the centre and sometimes, because of pressures of quotas, how police would prefer to send drug users to the rehabilitation centres rather than encouraging them to join the methadone treatment.

A high-ranking police officer at the national level stressed the importance of consensus among community members on various measures of harm reduction. He said police do not want to do things of which the community is still not supportive. He was also concerned about sustainability of the methadone program. He said:

"We police are very closely attached to community. We spend 24 hours a day with people, taking care of security matters, convincing community members to support the methadone

program. Let's say, when people are happy about the program it is terminated because resources are no longer available. Then we police become liars. We lose people's trust. It is worst thing of worsts because we need people's support."

The officer of the Ha Noi AIDS Centre expressed a similar concern:

"We all know that compulsory drug treatment in 06 centres and methadone treatment are simultaneously implemented. Those people who are heavily addicted and frequently relapse often create troubles in the community. They are of course the most wanted for the compulsory treatment in the 06 centre. This obviously affects the methadone program. Many drug users want to join methadone treatment but they do not dare to disclose themselves because they are afraid of being sent to the 06 centre - so they do not register for the methadone program. This is a challenge to our program. It is difficult to have clarity in this situation, because both programs target drug users. There is a dilemma that the heavily addicted people are the most wanted for compulsory treatment in the centre while these people are also of the priority of the methadone program."

In summary, although they were assigned the role of leader and implementer of harm reduction programs, not all police we interviewed knew about it, and some were still skeptical about the effects of the program or perceived it as contradictory to their main task of fighting drugs. They saw supplying needles and syringes as encouragement of drug injection – "showing the path for deer to run away". Some police even see that support to methadone treatment would compete with their role in coordinating conventional drug treatment in the rehabilitation centres.

DISCUSSION

It is clear from the stories of An and the other police that the difficulties they face in their working lives come about because of their conflicting tasks - detecting, arresting and putting drug users into 06 centres while promoting harm reduction. Anand his colleagues feel trapped being fighters against drug users on the one hand, and supporters on the other. Why are the police caught in such a difficult situation?

In an attempt to answer to this question we reviewed the history of drugs and the way drug use has been constructed and addressed in Viet Nam (presented elsewhere in this volume). We found that the discourses of drugs have been evolving over time, though there was no clear line between various discourses, but rather some overlap. We also realized that understanding drug issues is impossible in isolation from the broader socio-political context of the country.

Working in such a web of overlapping and sometime conflicting policies, police at street level find themselves inextricably entangled and conflicted, as is reflected in their narratives. On one hand, being in charge of keeping security and maintaining social order in the community, they devote themselves to their tasks of fighting drugs. On the other hand, being aware of the threat of HIV transmission, many do appreciate the importance of harm reduction. They are torn between the pressure of meeting their quotas and the expectations of their community, and their wish to contribute to the prevention of the HIV epidemic. Being put in such a dilemma, it is understandable if the police prioritize fighting drugs.

In fact, underlying the conflict between policies about drugs, about HIV & AIDS and about harm reduction, is an ideological issue. As a war veteran we interviewed openly expressed during his interview, people do not accept harm reduction not because they think it is ineffective, but because of ideology. However, ideology has evolved as the discourses of drug use have evolved over time. When drug use is constructed as a legacy of colonialism or as the negative remnants of capitalism, the fight against this problem must be seen as part of the class struggle. When it becomes a side effect of the market economy, drug use turns instead to be a threat to a healthy socialist society. Lastly, when it is realized as a global issue, drug use becomes accepted as a health issue, and drug users become patients.

In this concluding section, we would like to cite an officer from National Committee of AIDS, Drugs and Prostitution who confirmed to us that methadone treatment should be under the management of the health sector, and not police, because drug addiction is a health issue, and from a human rights point of view, drug users should not be viewed as social evils. She strongly believed that without harm reduction being promoted and implemented in Viet Nam the HIV epidemic would be much more severe and the problem of drug use would be much more serious. It is also worth adding the opinion of the high-ranking police officer that since there is no ultimate solution to drug addiction, harm reduction is the best available approach, and involvement in harm reduction activities is of benefit to police in many ways.

To promote the wider acceptance of harm reduction among police as well as among the community, first, and conceptually underpinning every other initiative, the concept of *community safety* must be expanded to include *community health*. In the Vietnamese context, harm reduction needs to become an integral component of the “new society” movement. To bring reality to this concept, laws and policies need further review and revision to reduce contradictions, especially those between current drug laws and HIV laws.

Practically, and of use to An in his multiple roles, harm reduction guidelines for police and other actors need to be disseminated and supported by An’s superiors and the community. Better ways of working between sectors on overlapping issues such as drugs, HIV, criminality and rehabilitation are needed – especially by making referral services available through the enhancement of partnerships among sectors. And all sectors in the partnership – all sectors in the community – require support for building their capacities to contribute to the overall goal.

There should be further conversations with police at the grassroots level, to better understand the position in which they find themselves, and to better decipher how we can help them resolve these difficulties and be able to act effectively in concert with effective community health approaches. An remains trapped between the two approaches which are, at first, seemingly in contradiction with each other: that of public security, and that of public health. However, these two approaches should not be contradictory – there is no reason they should not be complementary; and, second, the need to strengthen the partnership between sectors, set up community consultative mechanisms, and make referral services available and effective, so as to help An and his colleagues to get out of the trap – as, because of the quota system, the only choice he has now is to send IDUs to the 06 camps.

ENDNOTES

[a] Ward *(phuong)* is an administrative unit in a grassroot level in the urban area. In the sub-urban or rural area it is commune *(xa)*.

[b] 06 centre is 'Rehabilitation Centre' for drug users which was established after the Resolution 06 of the Government of January 1993. These centres are under the functioning of the MOLISA. According to MOLISA 2012, currently there are 121 centre of this type operating nationwide.

[c] The letter from the president of the ward informing the decision to send a drug user to a rehabilitation centre.

[d] A Vietnamese proverb, meaning to encourage inappropriate behavior by providing an opportunity/means. Literally: a [stupid] hunter creates a path for his hunted animal to escape.

COMPETING INTERESTS

The authors declare that they have no competing interests

AUTHORS' CONTRIBUTIONS

THK was research field director in Viet Nam and primarily responsible for writing this paper. VATN conducted the field research and contributed to analysis and writing; THB was member of the country research team and contributed to first phase of the field research. MJ contributed to field research, analysis and writing; TM was co-Investigator on the study, responsible for liaison, co-ordination and design of the research project. NC was Chief Investigator, responsible for design and supervision of the research project. All authors read and approved the final manuscript.

REFERENCES

1. Devaney ML, Reid G, Baldwin S: **Prevalence of illicit drug use in Asia and the Pacific.** *Drug Alcohol Rev* 2007, 26(1):97–102.

2. Jardine M, Monaghan G, Morrow M, Crofts N: **Harm reduction and law enforcement in Vietnam: influences on street policing.** *Harm Reduction Journal Special edition. In press 2012.*

3. Ministry of Public Security: *Annual report on drug prevention and control activities 2011 to the National Committee on AIDS, Drug and Prostitution;* 2010.

4. MOLISA: *Annual report of drug treatment program in 2011*; 2012.

5. MOH: *Annual report of HIV prevention in 2011 and Planning orientation for 2012.*: 2012.

6. Drug Law: *Article 38, Item h. Issued by the National Assembly on December 9th 2000*; 2000.

7. Government of Viet Nam: *Decision 61/2000 TTg, June 5th 2000*; 2000.

8. Government of Viet Nam: *Decree 135/2004/ND-CP dated 10th June 2004 stipulating regulations and measures of sending drug users to rehabilitation centre, organization of the rehabilitation centre in accordance to the Ordinance of Administration Violation and regulations applied for adolescents and drug users in rehabilitation centre on volunteer basis*; 2004.

9. Government of Viet Nam: *Resolution 163/2003/ND-CP dated 19th December 2003 providing detailed guideline for implementation of educational measures in community for drug users*; 2003.

Harm reduction and law enforcement in Vietnam: influences on street policing

Melissa Jardine[1,*] Email: m.jardine@pgrad.unimelb.edu.au
Nick Crofts[2,3] Email: nick.crofts@unimelb.edu.au
Geoff Monaghan[4] Email: geoffmonagahn54@gmail.com
Martha Morrow[1] Email: martham@unimelb.edu.au
* Corresponding author

[1] Nossal Institute for Global Health, The University of Melbourne, 161 Barry st, Carlton, 3010, Australia
[2] Melbourne School of Population Health, University of Melbourne, 207 Bouverie Street, Parkville, 3100, Australia
[3] Centre for Law Enforcement and Public Health, Melbourne, Australia
[4] Research Fellow with the Semeion Research Center for the Science of Communication, Rome, Italy

Abstract

BACKGROUND AND RATIONALE

The HIV epidemic in Vietnam has from its start been concentrated among injecting drug users. Vietnam instituted the 2006 HIV/AIDS Law which includes comprehensive harm reduction measures, but these are unevenly accepted and inadequately implemented. Ward police are a major determinant of risk for IDUs, required to participate in drug control practices (especially meeting quotas for detention centres) which impede support for harm reduction. We studied influences on ward level police regarding harm reduction in Hanoi to learn how to better target education and structural change.

METHODS

After document review, we interviewed informants from government, NGOs, INGOs, multilateral agencies, and police, using semi-structured guides. Topics covered included perceptions of harm reduction and the police role in drug law enforcement, and harm reduction training and advocacy among police.

RESULTS

Police perceive conflicting responsibilities, but overwhelmingly see their responsibility as enforcing drug laws, identifying and knowing drug users, and selecting those for compulsory detention. Harm reduction training was very patchy, ward police not being seen as important to it; and understanding of harm reduction was limited, tending to reflect drug control priorities. Justification for methadone was as much crime prevention as HIV prevention.

Competing pressures on ward police create much anxiety, with performance measures based around drug control; recourse to detention resolves competing pressures more safely. There is much recognition of the importance of discretion, and much use of it to maintain good social order. Policy dissemination approaches within the law enforcement sector were inconsistent, with little communication about harm reduction programs or approaches, and an unfounded assumption that training at senior levels would naturally reach to the street.

DISCUSSION

Ward police have not been systematically included in harm reduction advocacy or training strategies to support or operationalise legalised harm reduction interventions. The practices of street police challenge harm reduction policies, entirely understandably given the competing pressures on them. For harm reduction to be effective in Vietnam, it is essential that the ambiguities and contradictions between laws to control HIV and to control drugs be resolved for the street-level police.

INTRODUCTION

Where there is injecting drug use (IDU), there is risk of transmission of blood-borne viruses (BBV), including HIV and hepatitis B and C (HBV/HCV). Comprehensive harm reduction approaches have been convincingly shown to diminish this risk and to prevent BBV transmission. After the first HIV case was reported in Vietnam in 1990, the number of reported HIV infections grew rapidly in all provinces [1]. Through this time the major group at risk of HIV infection has been injecting drug users (IDUs); this continues to be the case [2]. In 2009, the Vietnamese Government estimated there were 150,000 drug users nationwide, of which 83 % were IDUs [3]. In 2007, WHO reported the national adult HIV prevalence as 0.5 % (WHO/UNAIDS/UNICEF [4]).

Key harm reduction measures enjoy official recognition and support in Vietnam through the *Law on HIV/AIDS Prevention and Control* [5] (hereinafter referred to as the 2006 HIV/AIDS Law). Nevertheless, these measures are unevenly accepted at grassroots level and inadequately implemented to have maximum impact on reducing HIV transmission among and from IDUs [6]. The 2006 HIV/AIDS Law describes 'harm reduction intervention measures' as including education, mobilisation, the encouragement of the use of condoms and clean needles and syringes, substitution therapy for opiate addiction and '…other harm reduction intervention measures in order to facilitate safe behaviours to prevent HIV transmission' (Article 2.15). The Law was passed by the National Assembly of Vietnam, the highest level of government. The following year, Decree 108 [7], which provides details for the implementation of the 2006 HIV/AIDS Law, was passed 'at the proposal of the Minister of Health'; Article 22 states that the Minister for Health is responsible for implementing the Decree. Although forming part of the legal framework for the health sector regarding HIV/AIDS, Decree 108 stipulates responsibilities for other sectors including the Ministry of Public Security (MoPS) and the government and Communist Party lowest bureaucratic level – the ward (urban) or commune (rural) level. Specifically, Decree 108 states that the ward or commune level People's Committee (community level arm of the Communist Party) and police must be notified prior to the implementation of any harm reduction intervention in their jurisdiction, and these actors share responsibility for '…creating favourable conditions for programs and projects to operate…' The implication is that ward police (also referred to in this paper as 'street police' due to the nature of their work taking

place at the street or community level) and the People's Committees must not only be notified of planned interventions, but also have access to harm reduction information in order to fulfil these responsibilities.

MoPS is responsible for the police, drug control and administrative bodies; injection of illicit drugs means that MoPS is a major influence on injecting behaviour and HIV risk among IDUs. Approaches to minimise HIV risk among IDUs must therefore involve MoPS. The National Strategy for HIV/AIDS Prevention and Control [8], which preceded the 2006 HIV/AIDS Law, described the model of 'Ward policemen to participate in HIV/AIDS prevention and control' as a typical activity, formulated and implemented by the MoPS. However, to date there is a lack of documentation about what this model looks like or how it is carried out at the operational policing level. The 2006 HIV/AIDS Law highlighted the need to link HIV/AIDS prevention with high-risk behaviours such as drug use and sex work through their 'prevention and control', but added that importance should be attached to harm reduction intervention measures (Article 3.3).

From a law enforcement perspective, there are two prevailing legal documents which pertain to the implementation of harm reduction approaches, namely, the Law on Drug Prevention and Control 2000 [9] (amended in 2008 to include explicit support for harm reduction interventions) [10] and the Ordinance for Handling Administrative Violations 2008 (OHAV) [11]. Draconian drug control policies and practices present major impediments to effective harm reduction services, which need to operate in environments in which clients feel confident that accessing services will not expose them to police harassment, arrest and incarceration [12]. Draconian approaches also tend to push drug use further underground, where needle sharing becomes more common, with related increased BBV transmission risk. The proximate agent of this influence is the law enforcement sector, in particular, for the IDU on the street, the police. Some studies have indicated that police behaviour may be one of the strongest determinants of IDU HIV risk behaviour [13], in addition to illicit drug laws and policies which contribute to the macroenvironmental risk factors [12].

In Vietnam, many IDUs are sent to compulsory detention centres (also referred to as '06 Centres') to undergo forced detoxification. The number of people sent to these centres is largely dependent on a system which requires police to meet a set quota, although some, albeit very few, go voluntarily. Forced detoxification in compulsory detention fails to conform to evidence-based drug treatment approaches [6] although the police are still required to send IDUs to them based on annual Government directed Action Plans.

Drug control laws are frequently cited as barriers to effective harm reduction interventions [14], although the published literature offers little by way of explication as to why police services and other law enforcement agencies choose to support or impede the lawful implementation of harm reduction policies and practices. Previous studies in Vietnam have been critical of police behaviour towards IDUs, which is seen to impair confidence in accessing harm reduction services [15]. Some studies, however, reported positive relationships between IDUs and police [16] [17]; these and other studies have recognised that engaging with the law enforcement sector is essential to successful outcomes for harm reduction approaches [18]. Like a number of countries, Vietnam is grappling with diverse and conflicting pressures in developing its HIV prevention approaches. The law enforcement sector is clearly critical to effective HIV prevention, but there is a gap in understanding the influences on and processes of change within the sector.

Importantly, harm reduction advocacy or training for police must be targeted at those who are empowered to assist in harm reduction implementation, whether through policy design or grassroots practice.

Targeting harm reduction advocacy at senior police with a view to attaining whole of law enforcement sector support is, in theory, an appropriate objective; however, it is yet to be clearly demonstrated how police or policy makers in Vietnam, who are aware of harm reduction, translate knowledge or expectations of behaviour to subordinate levels of police for implementation.

In many policing jurisdictions, it is common for police recruits to be trained at and graduate from a single type of training institution. In Vietnam, there are three police training institutions; acceptance at a particular institution determines the level at which police will work, with each level having a corresponding seniority and status in the hierarchy. Lower results in competitive examinations gain entry into the Police College (a training institution for ward police), which offers just three years' training, versus the Police Academy, which is five years and bestows the equivalent of a university degree. Police College graduates end up serving at the lowest administrative level, the commune (rural) or ward (urban) – the equivalent of 'street police', and the bottom of the hierarchy. Academy graduates are destined for district level or above, which offers far greater scope for promotion and specialisation. The third training institution for police has greater focus on policy than operational police duties and is perceived to be superior to both the College and Academy.

The study reported here explores to what extent and in what ways harm reduction advocacy has influenced police practice at street level (commune or ward) in Vietnam. This research seeks to bring a deeper understanding of the structural and cultural conditions facing police and the impact of these on decision-making processes.

METHODS

A range of methods was used, including document review, key informant interviews and a survey. Document review was used to identify the legal and policy framework relevant for our investigation. Principal documents included:

- 2006 HIV/AIDS Law
- Law on Drug Control 2000 (amended 2008)
- National Strategy on HIV/AIDS 2004
- Decree Detailing the Implementation of a Number of Articles of the Law on HIV/AIDS Prevention and Control (Decree 108) 2007
- The Law on People's Public Security Forces 2005
- Ordinance on Commune Police 2008; and,
- Ordinance on Handling Administrative Violations (OHAV) 2008.

A total of 36 individual interviews using semi-structured guides were conducted to investigate factors that facilitate or impede police support for harm reduction. Informants were identified from a range of key government policy areas, in addition to relevant international agencies and local non-governmental organisations (NGOs). Thirteen interviews were with police, including those from ward or district level within two districts of Hanoi, central level (serving and retired) and international representatives from law enforcement agencies. Topics covered in key informant interviews included: perceptions of harm reduction approaches and the role of police; the internal organisational structure of police in Vietnam; general police

training and recruitment practices; and the nature of harm reduction training and advocacy to garner support among police. Informed consent was obtained from interviewees for publication of this report.

Given that the conflicting HIV/AIDS Law and Drug Control Laws may have elicited criticism of government policies, interviews were not tape recorded. An interpreter was used and hand written notes were made for interviews with Vietnamese police.

A structured, self-administered questionnaire was used to survey 27 police working at street level in two Hanoi districts with concentrations of drug use (21 police from the Division of Ward Police [District level], District A, and 6 ward level police, District B).

Transcripts of interviews were prepared and analysed using thematic analysis, while simple descriptive statistics were derived from the survey using Microsoft Excel. All data sets were further analysed using Chan's interactive model of the production of police practice [19]. This model posits that police should be regarded as 'actors' who experience a range of influences at a micro and macro level producing complex, dynamic, and, at times, unpredictable outcomes with respect to police reform and behaviour change.

RESULTS

Results are presented according to the study objectives, drawing on different data sets as appropriate.

POLICE ROLE IN AND UNDERSTANDING OF HARM REDUCTION AT THE WARD LEVEL

In order to examine the police role in harm reduction at the ward level we must first describe the role of ward police in general. These officers fulfil duties performed by community-beat police, street police, front-line police or general duties police in other jurisdictions, as well as functions that are specific to the drug law enforcement context in Vietnam. The Ordinance on Commune Police 2008 [19] outlines the tasks of ward police, which include, inter alia:

- . *apply measures to prevent and combat crimes and other law violations related to security, social order and safety* … (Article 3.2)
- … *to manage persons under special amnesty, drug-detoxified persons and persons having completely served their prison terms and being subject to further management according to law*… (Article 9.3)
- …*to enforce the law on residence management, people's identity cards and other travel papers*… (Article 9.5)
- …*to body-search, check belongings and personal papers and seize weapons or murder weapons of persons who are caught red-handed in committing illegal acts*… (Article 9.6)
- …*organize the [protection] of victims*… (Article 9.6)
- …*protect the scenes [of crimes]*… (Article 9.6)
- …*make initial records, take testimonies of victims and witnesses* (Article 9.6)
- …*to seize and preserve material evidences*… (Article 9.6); and,
- *To sanction administrative violations; make dossiers proposing the application of other administrative sanctions against violators*… (Article 9.8).

According to one Ward Police Chief, “Drugs are only a portion of our work. We deal with terrorism, traffic, fraud, robbery, counterfeit money and fake products.” Another Ward Police Officer described his roles this way:

> *The main one is to learn by heart the [identity and circumstances of the] 2000 people [in the ward]; second, to go to their houses and learn about updates, what is happening. Also we must compile profiles on the businesses, companies and shops … Also, do some analysis of [our local statistics] and give it to the district level. Sometimes we are messengers, giving out district level information to the local people, sometimes trying to do fundraising for poor people to raise money, such as for people affected by the floods. Sometimes there will be a campaign to vaccinate the dogs and cats for rabies or diseases. On the night shift sometimes we have to go out to deal with fighting between husbands and wives.*
> (Ward Police Officer 1, District B)

With the introduction of harm reduction interventions in Vietnam, the role of ward police in maintaining drug user profiles – which form the basis of decisions about compulsory residence in 06 centres – conflicts with their harm reduction implementation responsibilities as stipulated in Decree 108 [7], which requires them to support an enabling environment for the 2006 HIV/AIDS Law.

Whilst there has been no systematic approach to harm reduction training for ward police, they have been trained in some locations through programs supported by international agencies. Several police interviewees at the ward and district level said that the ward police were important to harm reduction but they were rarely, if ever, the target of training or advocacy to garner their support for harm reduction approaches.

> *There are no classes or no training about this at the Police College. I just heard about the programs. I haven’t been trained. I learned from mass media, and other ward police haven’t been given any training.*
> (Ward Police Officer 1, District B)

Some police interviewees indicated that while familiar with the term ‘harm reduction’, they did not know what it meant in practice for police. Knowing that IDU is a major driver of the HIV epidemic in Vietnam, some police described their role in HIV prevention as being the prevention of drug use and monitoring of drug users. Although the 2006 HIV/AIDS Law states that infected people have the right to privacy and their sero-status being kept confidential (Article 4.d), one District Police Chief, who claimed to have been trained in harm reduction policies, stated that ward police bear the greatest responsibility for HIV prevention, part of which was “…to review the names of drug users and which ones have HIV”. He added that the focus of the HIV/AIDS Steering Committee of Hanoi was to reduce drug use in order to reduce HIV. One ward police officer (2, District B) said the role of police in HIV prevention was ‘clear’ but followed that with comments suggesting this meant drug law enforcement. Most police interviewed said that monitoring and conducting surveillance on drug users was a pervasive police activity.

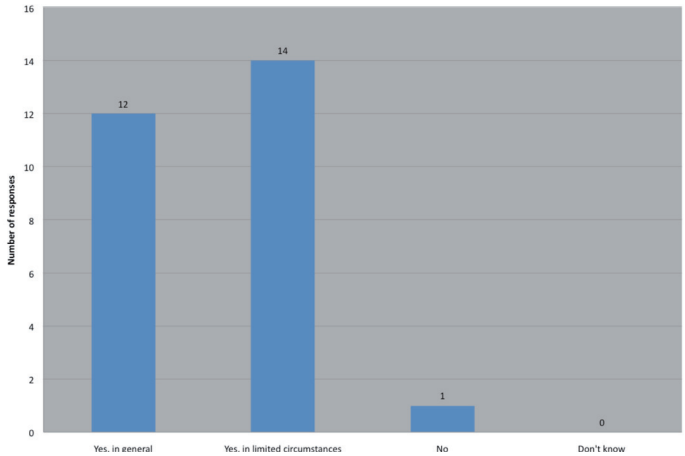
> *The police need to know who is in the [local drug users’ support program directed by the local authorities], their phone number, where they live and so on, so that they know who they need to keep under surveillance. Also, the police help the drug users [after they are released from the 06 centre], give them [encouragement] and consult with their family to help them prevent drug use again and to help them get a job.*
> (Ward Police Officer 1, District B)

Police around the world use a variety of methods to gather intelligence about criminal activities. The following quote describes a surveillance technique used by Vietnamese police for drug law enforcement.

> *The [ward] police mostly sit on the coffee corner and pretend they are reading a book or the paper, but they are really listening to people talk and finding out about things. Many criminals hang out on the coffee corner. The police wear plain clothes for this.*
> (Central level Police Officer B)

Although aware of the legality of harm reduction approaches such as needle and syringe programs (NSPs), some police explicitly stated they did not support NSPs, and instead exploited the existence of sites where needles and syringes (NS) are obtained as opportunities for police to identify IDUs (See Figure 1 below).

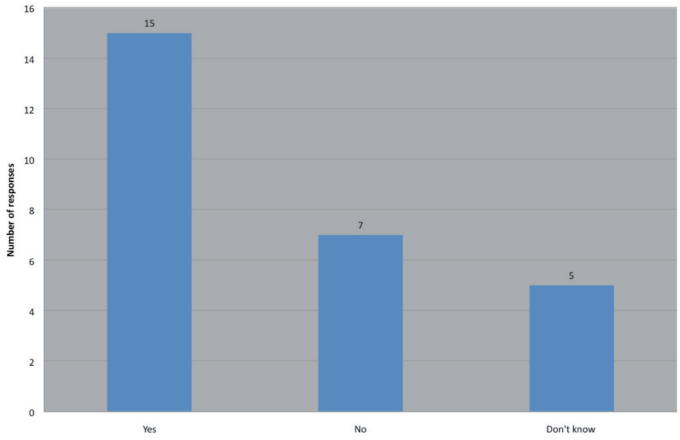
Figure 1: Police views on appropriateness of surveillance around NS access points as an effective way to identify drug users



> *Most of the activities of police [drug law enforcement is that] they will catch drug users who just wander around, but we have programs to use surveillance of pharmacies to watch the drug user buy needles and syringes. Some pharmacies sell needles and syringes to drug users and some don't … The ward police have no responsibilities for needle and syringe programs. Even if a program was started here I would still not be in favour of this … I will surely never be in favour of such a program because it also makes drug users need drugs more.*
> (Ward Police Chief, District B)

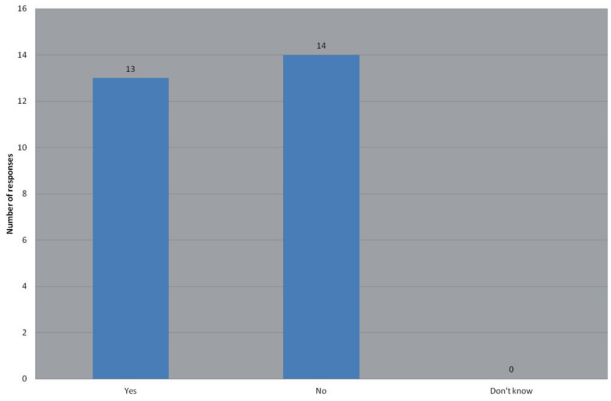
When asked if police were aware of any policies regarding their role in or near places to procure NS, over half of respondents reported that they were (Figure 2). The survey then provided a space for respondents to 'please briefly summarise the policy.' Only six wrote out the requested summary, which in every case related to the role of police in collecting used NS or organising the community to do so. Examples include: *"Conduct frequent surveillance all areas where drugs are used and then locate and seize syringes"; and "Getting all organisations and associations to collect all needles and syringes in the community according to [laws on] drugs and prostitution control".*

Figure 2: Police awareness of policies on their role in or near places IDUs obtain NS



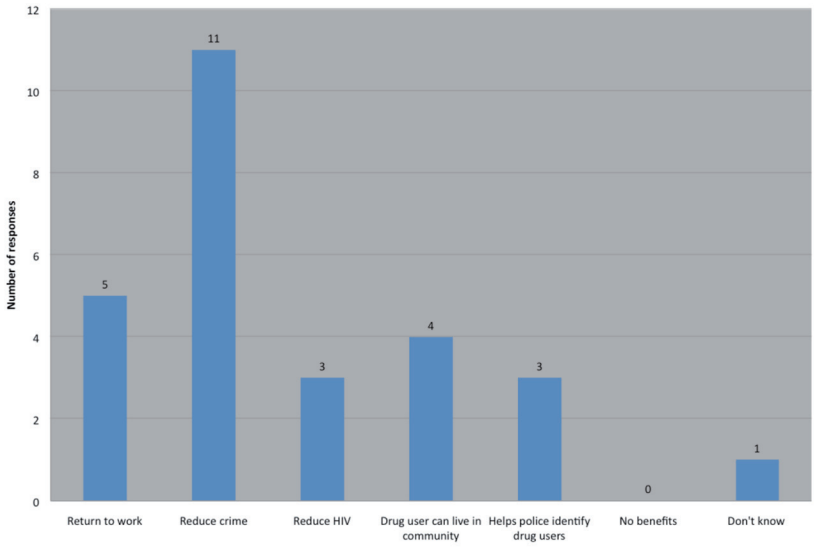
It is clear from the previous responses and Figure 3 that many police lack clear understanding of the Law on HIV/AIDS 2006. For example, almost half believed it was illegal to carry a needle and syringe for the purpose of injecting drugs although Articles 4.2 and 9 of Decree 108 (the implementing guidelines of the 2006 HIV/AIDS Law) expressly allow for this. To be fair, some of the respondents in answering this question might have had in mind Article 46 of the 2008 OHAV which makes it an administrative violation to possess materials or things used to facilitate an administrative violation which includes drug use.

Figure 3: Police responses to whether it is illegal to carry a needle and syringe for the purpose of using drugs



With respect to methadone maintenance therapy (MMT), although most police were aware of the therapy's benefits in reducing HIV risk through reduced needle sharing among IDUs, almost half (11) of police surveyed saw the primary benefit of MMT as the subsequent reduction in crime, rather than a reduction in HIV risk (see Figure 4 below)

Figure 4: Police views on the primary benefit of MMT



INFLUENCES ON POLICE BEHAVIOUR REGARDING DRUG LAW ENFORCEMENT AND HARM REDUCTION

Police behaviour with respect to drug law enforcement is regulated not only by legislation but a variety of factors which have a bearing on job security and promotion, including quotas for arrests, career reputation and internal police disciplinary procedures. The way these factors create anxiety is evident from the following quote, which relates to fulfilment of a key ward police duty: knowledge of residents in their jurisdiction.

> *Because there is a clear regulation for police that each ward police officer has to take care of 500 houses and about 1-2000 people, we must know and profile all the people. If we don't know one house or one person we will be punished by the [district] police… Annually there is a team set up by the district to [audit our registrations]. If a ward police officer can't meet his requirements he will be forced to quit his job. The number of warnings a police officer might get is not clear.*

A typical way an officer could lose his job is when a drug addict has been arrested by another police officer and [it became clear] the ward police didn't know that person.
(Ward Police Officer 1, District B)

Pressure on police to identify and arrest drug users in their area was described as a stressor for ward police.

Actually, the ward police don't really like [crack-down] campaigns but we must do it. We are under pressure. It is hard work. Because nowadays the criminals know the campaigns, they know when they happen so they keep a low profile; so do the drug users. They can hide in another ward. In some campaigns, ward police in another ward or district might catch the drug users from your own ward who are hiding there. If they haven't been profiled [by you] it's a big problem. It is our biggest fear.
(Ward police officer 1, District B)

Quotas for arresting IDUs and sending them to detention centres are part of the performance measurement system. These apply both to individual police and to the ward as a whole.

[If we are unable to meet the quota, the ward police] get no more awards, but the focus will be on the capacity of the Ward Chief… If the [quota] is not met for many years and [the ward police] can't achieve their action plan the Chief will be rotated to another place and replaced by a new Chief. That's why every year the Chief decides each person's action plan. Each person will be allocated three cases. But the more [arrests] you make the more prestige for the officer, so everybody is trying to do their best.
(Ward police officer 1, District B)

Opportunities to be recognised for their performance through receiving certificates of merit for drug arrests may also prompt police to take action against drug use.

Happiness at work is when police can feel good because they have [conducted a good investigation]; they can feel good about it for years. Vietnamese police sometimes get a certificate for good work which is a kind of benefit....
(Ward police officer 2, District B)

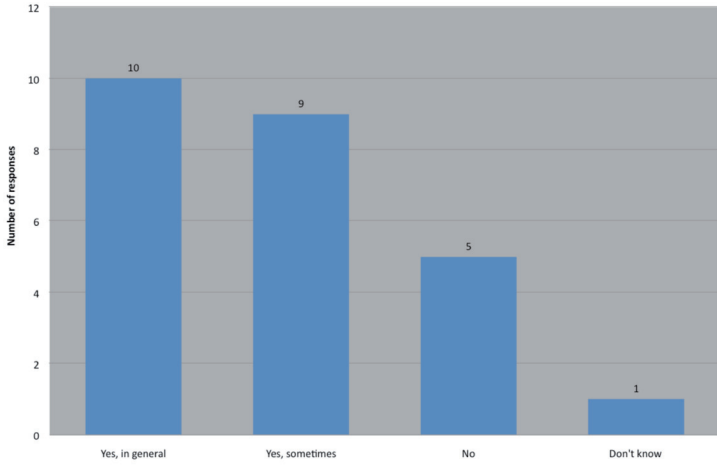
It is not just performance measurement indicators that may influence police behaviour regarding drugs, users and harm reduction. During key informant interviews, some police reported that discretion was used at times for the following reasons: police were too busy and had to prioritise responding to more serious offenses, police regarded the drug user as being from a 'good' family or that the drug user was not 'causing problems' in the community. As the following quote illustrates, local police do have some discretion, which almost all police interviewed agreed was commonly used. Discretion is particularly relevant for the critical domain of police-community relationship; this emerges in decisions not to enforce the law in particular cases, especially first-time offences considered lesser infractions.

One of the important things [to note is], we just use the law and punish people when the issue is serious. We try to help people to understand the law and give them a second chance, and then if they do it again we will use the law. Where minor crimes are committed, we never use the law. In Vietnam we consider the relationship between the police and the community the most important so we only use the law if needed. This is the reality in law enforcement.

Sometimes minor infringements are not reported.
(Ward Police Chief, District B)

The question of discretion, its use and purpose, was also put to police in the survey. Responses in Figure 5 show an overwhelming endorsement of using discretion for less serious matters as a means of discouraging further criminality.

Figure 5: Police views on appropriateness of using discretion for minor infractions to prevent further crime



It was interesting that the obligation placed on ward police to get to know each individual in the area had an unexpectedly positive impact on police perceptions of drug users; a degree of empathy developed through this familiarity, as is evident from the following quote.

As a student I thought all drug users were bad people and we had to stay away [from them]. I was scared of them all. But after I joined the police, I had to talk and deal with the drug users … All the time I have to keep an eye on the drug users, and now I feel normal about them, not scared. I've concluded that not all drug users are bad people because there are so many different reasons why they take drugs, like family break ups or peer pressure.

INFLUENCES ON THE ENGAGEMENT OF WARD POLICE FOR HARM REDUCTION ADVOCACY AND TRAINING

Interviews with police from the international co-ordination arm of MoPS indicated that ward police were not considered as important actors in the realm of harm reduction. This perception may be influenced by the Ordinance on Commune Police 2008 which refers to the ward/commune police as a 'part-time armed force in the organisational system of the People's Police' (Article 3) [20].

At the ward level the police are not really police - they are like half police. They deal with social order, they don't have weapons and they are not professional police … The ward police get information and know about the drug users in their area. The ward police have not had training to be police. They don't go to the Academy.
(Central level Police Officer A)

Given that limited resources are available for harm reduction advocacy and training among police, priority is usually given to those at senior levels, with the spoken or unspoken assumption that information and policy will trickle down. A police advisor to a major internationally-funded advocacy project targeted at the law enforcement sector in several sites in Vietnam stated that ward police were not included.

No, [the ward police] are not trained. They might find out about harm reduction by reading the law but I don't know. I don't know how they would learn about it. So far we have concentrated on the provincial level and maybe some police at the district level. We would like to train ward police but it is very difficult to train so many police. Maybe in the future we will plan to train ward police, but not yet.
(Central level Police Officer A)

Interviewees reported that not only was there a lack of police training in harm reduction at the ward level, but also that it is unclear how district and higher level police, while aware of harm reduction, actually disseminate that knowledge to enable harm reduction approaches to be implemented by police in the field. As the following quote demonstrates, it appears that ward police are left to rely only on written guidelines, which may be inadequate for concrete decision-making.

The HIV/AIDS Steering Committee of Hanoi…organises training for the district level [police], but just for the leaders and the commanders, and those in key roles … We have a guidance book in every ward police station. They will have this for MMT and they already have it for NSP; these were sent out to every ward police station.
(District B Police Chief)

The Ordinance on Commune Police 2008 clearly indicates that the specified tasks of the ward police make them appropriate targets for harm reduction information. Perceptions of organisational recruitment and training procedures, however, may impact upon perceptions of the ward level police capability in executing their duties, as the following quote suggests.

After I met the ward police they were much smarter than I expected even though they only went to the Police College.
(Central level Police Officer B)

POLICY DISSEMINATION AND COMMUNICATION WITHIN THE POLICE ORGANISATION

We found an inconsistent approach to policy dissemination within the law enforcement sector. Policy directives or official letters are common ways in which senior police communicate policy information to the ward level. According to a Vietnamese UN agency researcher, the provincial level will disseminate a law, policy document or letter but "the documents are normally simplistic, with not much detail," leaving it up to the subordinate levels to interpret and implement. This respondent went on to say that "a good leader will think of the local context," and revise the document to include greater detail, but if the leader is lazy or does not support the policy he/she will forward the document down the hierarchy without providing further guidance for localised implementation.

Due to a lack of access to technology at ward police stations, dissemination of information often relied upon fax or face-to-face meetings.

[District level] Counter-narcotics police are allocated maybe three wards each and they have to keep in touch and share information with their wards. The Counter-narcotics police work at the district level and they go to the wards just for meetings … Every month the Counter-narcotics police have a meeting with the ward police to share information about drugs and to tell them what is going on in the ward.
(Central level Police Officer B)

While some district level police had frequent contact with ward police, those interviewed were not aware of any communication about harm reduction programs or approaches. When asked about how harm reduction training or advocacy targeted at police is communicated to the lower levels of the hierarchy, the director of an internationally-funded harm reduction project in Vietnam responded, “We don’t know. This is a problem. Our project only works at the Central and Provincial level.” A former Central level police officer also indicated that there was uneven communication, at best, regarding harm reduction within the policing organisation.

> *When I was training, it would only be one person from the provincial level. I don’t think they would have passed on the information down to the ward level, maybe just among some people in their division.*
> (Former Central level Police Officer)

According to a Vietnamese NGO researcher, harm reduction advocacy in Vietnam has typically targeted senior police and authorities, without any mechanisms to reach lower levels. The resulting lack of awareness among lower level police meant a continuation of the traditional drug control approaches.

> *Maybe at best some police at the district level know [about harm reduction] but I don’t see any effort to go down to the lower level. [The senior levels of police] don’t collaborate and so [the ward police] do their things like drug control and arrest drug users and lock them up to keep the streets clean or they put them in detention or prison.*
> (Vietnamese NGO researcher)

DISCUSSION

This study, conducted between 2010 and 2012, reviewed secondary sources and conducted stakeholder interviews and a survey with police to identify the nature and impact of harm reduction advocacy at ward level in urban Vietnam. Given the fact that the survey sample is small and interviewee responses impossible to verify for accuracy, our observations and conclusions are couched in general terms. Despite these limitations, the consistency of responses and the use of multiple methods (including secondary sources) offers some confidence that our findings address gaps in understanding of the critical role played by grassroots police in HIV prevention.

Official HIV/AIDS policy in Vietnam, expressed through the National Strategy on HIV/AIDS [1] and Decree 108 2007, explicitly states that ward police have a key role in HIV prevention; however, to date it appears there has been a lack of systematic inclusion of ward police in harm reduction advocacy strategies to garner their support, or in training to assist them to operationalise these new approaches.

Drug law enforcement and, particularly, crackdowns against drug users, are common practice in Vietnam. These instil fear in drug users about being caught carrying injecting equipment [20]. Legalisation of harm reduction interventions through the 2006 HIV/AIDS Law remains in competition not only with official drug control laws, but operational police cultures and practices which influence police behaviour. The provision of harm reduction services such as NSPs and methadone has been undermined by their use as opportunities for intelligence gathering for the purposes of drug law enforcement, rather than public health. Despite the view that drug control was their primary responsibility, ward police reported exercising

considerable discretion for a variety of reasons. These included maintaining good relationships with the community through demonstrating a level of latitude. At present there is little evidence that discretion is explicitly used to support harm reduction approaches; however, its existence as a strategy offers a potential avenue for its use in this regard. Given the international data showing that punitive policing contributes to risk-taking among IDUs – and thus, possible spread of HIV – it is critically important that the official endorsement of harm reduction as an HIV-prevention vehicle be disseminated to all levels of policing.

Our study found that even though key harm reduction programs have a legal foundation in Vietnam, police openly acknowledged engaging in activities such as monitoring pharmacies to identify IDUs accessing clean NS which has been shown to discourage uptake of these programs. Clearly, public policy alone is insufficient without active mechanisms for its dissemination, acceptance and uptake. In the absence of such mechanisms, particularly at street level, other influences act as counterweights to policing. These include the quota system for compulsory detention, internal police disciplinary action and performance review based on the primacy of drug control.

In her study of Australian policing among visible (racial) minorities, Chan argues for the need to "consider our state of knowledge about change" among police [19], and better understand police organisations and cultures. Although Chan states that her results do not produce a manual for change management due to the inherent complexities of police culture, she highlights the need for greater awareness of the "…contingencies and vagaries of reform" [19]. Central to her argument is the dearth of theories to help understand police culture, which has hindered the ability to answer important questions regarding why some policy reforms "…often make little difference to police practice" [19]. Chan describes a framework which draws on the social theory of Bourdieu [22] and leads her to focus on the role of police as 'actors'; within this framework, the dynamic nature of police cultures and behaviours are highlighted. She proposes that the outcomes of police practice do not necessarily follow a linear progression but are interactive, where the structural or environmental conditions surrounding police work interact with 'cultural knowledge', or the manifestation of personal experience that individual police apply to their police work. The interaction of these factors means that police practice is not necessarily predictable, and that reform or behaviour change can be easily stymied at both the organisation and individual level.

Ward police could be regarded as street-level bureaucrats in the language of Lipsky's typology of the process of policy implementation [23]. His street-level bureaucrat plays an integral role in determining the extent to which enactment of policy at the grassroots remains consistent with its intent. It is generally accepted that the more layers of bureaucracy the smaller the likelihood of this consistency [24]. The dearth of harm reduction advocacy and training at ward level in Vietnam clearly presents challenges to the survival of both the spirit and letter of new policies in the practices of street police.

As our research findings have demonstrated, ignoring the role of ward police as important actors in policy implementation could further thwart the implementation of harm reduction policies as envisaged by the National Assembly of Vietnam. Ward police, due to their intimacy with local populations, are ideally placed to negotiate the delicate balance between their obligations to deter criminality, ensure safety, and promote effective HIV prevention strategies. Their potential to exercise discretion in this sphere represents a lost opportunity if ward police are not armed with current knowledge about the efficacy and likely public security advantages of harm reduction measures, as well as about their legitimate role in safeguarding and promoting these measures. It is unfortunate and paradoxical that the relatively lower status of ward police

in the law enforcement hierarchy has appeared to result in their tacit exclusion from active advocacy and training.

Whilst it is desirable to have harm reduction covered as part of formal police recruit training, it has been argued that ongoing training is more important for the deeper consolidation of particular policing practices [25]. For example, some research has found that recruit academy training can foster police support for policies such as community policing [25] and racial sensitivity [26], but that favourable attitudes dissipated among graduates following exposure to the realities of police work, and police organisation and culture. Haarr [25] argues that formal training must be succeeded by on-street training of approaches learned in the classroom. These observations are likely to have relevance for our area of study.

Project managers, researchers and harm reduction staff must better understand internal police organisational structures and cultures to identify the most effective and efficient strategy to inform and engage the law enforcement sector in Vietnam. The results of this study suggest a range of strategies may be relevant, from capacity building for better internal dissemination systems, to advocating with senior levels on behalf of training for street police on the basis of their potential role in facilitating or inhibiting harm reduction programs. However, it is also essential, based on our findings, that the apparent ambiguities and contradictions between laws to control HIV and to control drugs be discussed more openly in order to clarify the primacy of each for street-level police.

COMPETING INTERESTS

The authors declare that they have no competing interests.

AUTHOR CONTRIBUTIONS

MJ was primary researcher conducting field research, analysis and writing this paper; NC and MM were responsible for supervision of research, design and writing; and, GM responsible for liaison, co-ordination and writing.

REFERENCES

1. UNAIDS/WHO: *Vietnam: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections.* Geneva: Update; 2004.

2. Ministry of Health: *National Action Plan on Harm Reduction Intervention in HIV Prevention in 2007-2010 Period.* Vietnam: Ministry of Health; 2007. 34/2007/QD-BYT.

3. Socialist Republic of Vietnam: *UNGASS Report for the Declaration of Commitment on HIV and AIDS.* Hanoi, Ministry of Labour, Invalids and Social Affairs: Cited in. Report on detoxification, rehabilitation and anti-prostitution in 2009; 2010.

4. WHO/UNAIDS/UNICEF,: *Epidemiological Fact Sheet on HIV and AIDS: 2008 Update.* Geneva: UNAIDS/WHO Working Group on Global HIV/AIDS and STI; 2008.

5. National Assembly of Vietnam: *Law on HIV/AIDS Prevention and Control.* Vietnam: National Assembly of the Socialist Republic of Vietnam; 2006. 64/2006/QH11.

6. WHO: *Assessment of compulsory treatment of people who use drugs in Cambodia.* China, Malaysia and Viet Nam: An application of selected human rights principles W. P. R. World Health Organization. Manila; 2009.

7. Ministry of Health: *Detailing the Implementation of a Number of Articles of the Law on HIV/AIDS Prevention and Control.* Vietnam: Ministry of Health; 2007. 108/2007/ND-CP.

8. Ministry of Health: *National Strategy on HIV/AIDS Prevention and Control in Vietnam until.* Ministry of Health. Vietnam:; . No. 36/2004/QD-TTg.

9. National Assembly of Vietnam: *Law on Preventing and Combating Narcotic Drugs.* Vietnam: National Assembly of the Socialist Republic of Vietnam; 2000.

10. National Assembly of Vietnam: *Law Amending and Supplementing a Number of Articles of the Law on Drug Prevention and Control.* Vietnam: National Assembly of the Socialist Republic of Vietnam; 2008. 16/2008/QH12.

11. National Assembly of Vietnam: *Ordinance on Handling of Administrative Violations.* Vietnam: National Assembly of the Socialist Republic of Vietnam; 2008. 04/2008/PL-UBTVQH12.

12. Strathdee SA, Hallett TB, *et al*: **HIV and risk environment for injecting drug users: the past, present, and future.** The Lancet 2010, 376(9737):268–284.

13. Crofts N, Costigan G, *et al*: *Harm reduction in Asia.* a successful response to hidden epidemics: a successful response to hidden epidemics; 115:109–115.

14. Rhodes T, Stimson GV, *et al*: **Rapid assessment, injecting drug use, and public health.** *The Lancet* 1999, **354(9172)**:65–68.

15. Maher L, Coupland H, *et al*: **Scaling up HIV treatment, care and support for injecting drug users in Vietnam.** *International Journal of Drug Policy* 2006, 18(4):296–305.

16. Hammett TM, Des Jarlais DC, *et al*: **Development and implementation of a cross-border HIV prevention intervention for injection drug users in Ning Ming County (Guangxi Province), China and Lang Son Province, Vietnam.** *International Journal of Drug Policy* 2003, **14(5–6)**:389–398.

17. Des Jarlais DC, Kling R, *et al*: **Reducing HIV infection among new injecting drug users in the China - Vietnam Cross Border Project.** AIDS 2007, 21(Supp 8):S109–S114.

18. Ngo AD, Schmich L, *et al*: **Qualitative evaluation of a peer-based needle syringe programme in Vietnam.** International Journal of Drug Policy 2009, 20:179–182.

19. Chan, J. B. L. (1997). *Changing Police Culture: Policing in a multicultural society.* Cambridge, Cambridge University Press.

20. National Assembly of Vietnam: *Ordinance on Commune Police.* Vietnam: National Assembly of the Socialist Republic of Vietnam; 2008. 06/2008/PL-UBTVQH12.

21. Hammett TM, Jarlais DD, *et al*: **HIV prevention for injection drug users in China and Vietnam: Policy and research considerations.** *Global Public Health* 2007, **2(2)**:125–139.

22. Bourdieu P, Wacquant LJD: *An Invitation to Reflexive Sociology.* Chicago: The University of Chicago Press; 1992.

23. Lipsky M: *Street-level Bureaucracy: Dilemmas of the Individual in Public Services.* New York: Russell Sage; 1980.

24. DiNitto, D. M. and L. K: *Implementing and Evaluating Social Welfare Policy,* What Happens after a Law is Passed. Boston, Pearson Education: Social Welfare: Politics and Public Policy. D. M. DiNitto; 2005:511–523.

25. Haarr RN: **The making of a Community Policing Officer: the impact of basic training and occupational socialization on police recruits.** *Police Quarterly* 2001, 4:402–433.

26. Wortley RK, Homel RJ: **Police Prejudice as a Function of Training and Outgroup Contact: A Longitudinal Investigation.** *Law and Human Behaviour* 1995, **19(3)**:305–317.

Case Study: Methadone maintenance treatment in Hanoi, Vietnam

Melissa Jardine[1*] Email: m.jardine@pgrad.unimelb.edu.au
Nguyen Van Anh[2] Email: nguyentva@gmail.com
Khuat Thu Hong[2] Email: hongisds@gmail.com
* Corresponding author

[1] Nossal Institute for Global Health, The University of Melbourne, Australia
[2] Institute for Social Development Studies, Hanoi, Vietnam

INTRODUCTION

Methadone maintenance therapy (MMT) was introduced in the rapidly developing semi-rural district of Tu Liem in Hanoi in December, 2009. Located at the District Health Centre, the MMT program complemented a variety of other HIV prevention services being offered including the distribution of clean needles, syringes and condoms, as well as HIV testing and counselling and peer education for people who are at higher risk of HIV transmission, specifically injecting drug users (IDUs). Initially, only 15 IDUs were permitted to commence MMT in 2009, but by March 2012, the MMT program had expanded to include 250 clients. Health centre staff hoped the program would be expanded further.

IMPACT OF COMMUNE POLICE ON MMT ACCESSIBILITY

> *"The commune police are the most important because they directly monitor, filter and choose which IDUs will be selected for the MMT program"* (District Health Centre staff)

The role of commune police in drug law enforcement conflicts with their legislated role in referring IDUs to MMT. Police in Vietnam have to meet annual quotas of IDUs sent to compulsory detention centres. Commune police reported that these quotas were becoming more difficult to meet following the introduction and expansion of MMT in Tu Liem. Whilst police from both the district and commune level regarded the overall responsibility of the MMT program to be of the Ministry of Health, the commune police are firmly linked to the processes surrounding MMT accessibility for IDUs because it is their role to compile lists of IDUs who are eligible for MMT.

District Health Centre staff reported that commune police were the most crucial to the MMT program because they acted as a 'filter' in determining who is not only permitted to commence, but continue, using MMT. The filtering process is carried out by commune police in a number of ways. Initially, commune police distinguish between 'good' and 'bad' IDUs (the distinction is described further below) and compile

a list of those eligible for MMT. The commune police influence selection for MMT by placing 'good' IDUs at the top of the list - who are subsequently considered above all others. The commune police present the list to the Commune Steering Committee (comprised of a number of local authorities) for approval (which appears to be a rubber stamp process) prior to being sent to the District level Steering Committee for final selection. Thus, the commune police play a central role in determining which IDUs receive approval to access MMT in Tu Liem.

It is also the role of commune police to monitor MMT clients to ensure they abstain from drug use and abide by clinic regulations. The result of an infraction against MMT regulations usually results in the IDUs being sent to compulsory detention by the commune police.

'GOOD' VERSUS 'BAD' INJECTING DRUG USERS

> *"The guidelines [for selection of IDUs for MMT] are unclear, so I have to be flexible when choosing [IDUs] at the commune because I will put the 'good' IDUs at the top of the list and the 'bad' IDUs at the bottom"* (Ward Policeman, Tu Liem District)

Police interviewed at the commune level in Tu Liem reported categorising IDUs as either 'good' or 'bad'. 'Good' IDUs were considered people who, whilst addicted to drugs, were not known to commit crimes such as theft or robbery to support their addiction, nor did they cause arguments or violence amongst their family, or cause social order problems. 'Bad' IDUs were people the police knew or suspected of being engaged in some or all of the aforementioned behaviours. In practical terms, the distinction, or discrimination, between these two categories is that commune police effectively 'reward' IDUs for their 'good' behaviour by enabling them to access MMT, whilst IDUs considered problematic were excluded. When questioned about increasing the overall outcomes of MMT in Tu Liem by prioritising 'bad' IDUs for the program, commune police responded by saying 'bad' IDUs rarely change their criminal or disruptive behaviour, even after MMT, so investing in their rehabilitation was not worthwhile.

SOCIAL BENEFITS OF MMT PRIORITISED OVER HEALTH BENEFITS IN TU LIEM

> *"Before [MMT], almost every day there were reports of theft cases but now there are almost no cases that IDUs steal or rob from their families, neighbours or in the community"* (Ward Policeman, Tu Liem District)

Of those interviewed for the case study from the health sector, police and IDUs, not one person said that the primary benefit of MMT was HIV prevention. The three most common responses were crime prevention, reduced family violence and improved social order. Interestingly, these were also the three primary benefits reported by the IDUs interviewed. Other reported benefits included, the ability to return to a normal life which included work and not arguing with family about money, improvements in physical health and appearance, specifically changes to the face, particularly to the skin and mouth.

CHALLENGES

Pressure for commune police to meet quotas for both compulsory detention and MMT presented a conflict for police and the Steering Committees in determining which IDUs are given approval to access MMT. Both commune police and health sector staff reported that the criteria defining who should be given access to MMT were so vague that it gave police wide-ranging discretion as to who was selected. As described above, the concept of 'good and 'bad' IDUs was a discriminatory practice used by commune police to give some IDUs preference over others.

> *"I don't think IDUs should go directly to the clinic…if they go directly to the clinic, we won't know who can go to the [compulsory detention centre].*
> (Ward policeman, Tu Liem District)

Currently, there is no option for IDUs to directly access MMT at the health centre – which would remove the need for police involvement in approving eligibility. Changing the legal framework to enable direct access is problematic. In Vietnam, IDUs have to be registered with their local commune police who subsequently monitor their behaviour and try to promote abstinence. In Tu Liem, commune police described MMT as being an 'alternative measure' and was referred to as being another method by which police could monitor or manage IDUs, rather than being a form of health treatment – presenting problems for the separation of MMT management from the scrutiny of police.

District Health Centre staff believed that if commune police were educated about the nature of addiction they might be more inclined to overlook minor breaches of the MMT program regulations, such as if MMT clients are caught occasionally using drugs resulting in being sent to compulsory detention by commune police. Furthermore, training for commune police could encourage police to acknowledge that IDUs, even those perceived as 'bad', can be rehabilitated and therefore given approval to benefit from MMT.

COMPETING INTERESTS

The authors declare that they have no competing interests.

AUTHOR CONTRIBUTIONS

MJ was primary researcher responsible for field research, analysis and writing. KTH and NVA were responsible for co-ordination and liaison. All authors read and approved the final manuscript.

Partnering with law enforcement to deliver good public health: the experience of the HIV/AIDS Asia Regional Program

Authors: Mukta Sharma1* and Anindya Chatterjee[2]

[1] Team Leader, Technical Support Unit, HIV/AIDS Asia Regional Program (HAARP), Bangkok, Thailand
Email: mukta.sharma8@gmail.com

[2] Senior Advisor, UNAIDS Regional Support Team, Johannesburg, South Africa and former Director of HAARP
Email: chatterjeea@unaids.org

*Corresponding author

Abstract

In the South-East Asia region, the drug control and supply reduction agenda is of high political importance. A multitude of law enforcement agencies are engaged in this work. Nationwide campaigns such as the “Strike- Hard” campaign in China or the “war on drugs” in Thailand dominate the landscape. Viet Nam’s response to drug use has historically focused on deterrence through punishment and supply-side measures. This policy environment is further complicated by lack of evidence-based drug dependence treatment in several settings. The public health consequences of this approach have been extremely serious, with some of the highest documented prevalence of preventable blood-borne viral infections, including HIV, and hepatitis B and C. The wider socioeconomic consequences of this have been borne by families, communities and the governments themselves.

The HIV/AIDS Asia Regional Program (HAARP) aims to stop the spread of HIV associated with drug use in South-East Asia and parts of southern China. HAARP works across five countries (Cambodia, China Burma, Laos, Viet Nam) chiefly through the Ministries of Health and Social Affairs, National Drug Control Agencies, and Public Security sectors, including prisons. HAARP has also engaged with UN agencies and a wide range of civil society organisations, including organisations of people who use drugs, to ensure their meaningful involvement in matters that directly affect them. We describe the experience of HAARP in implementing a large-scale harm reduction programme in the Sub-Mekong Region. HAARP chose to direct its efforts in three main areas: supporting an enabling environment for effective harm reduction policies, building core capacity among national health and law enforcement agencies, and supporting “universal access” goals by making effective, high-coverage services available to injecting drug users and their partners.

The activities supported by HAARP are humble yet important steps. However, a much higher political-level dialogue is needed. The current huge gap of human rights standards in drug control practices also needs to be bridged immediately. Public health that embraces a rights-based approach must be given its fair share of policy space, budget and influence.

BACKGROUND

The HIV/AIDS Asia Regional Program (HAARP) aims to stop the spread of HIV associated with drug use in South-East Asia and parts of southern China. HAARP is funded by the Australian Government (co-funded by the Government of the Netherlands in Viet Nam) and is one of the largest and longest-duration harm reduction programmes in Asia. In keeping with the commitments of the Australian Agency for International Development (AusAID) to the Paris and Accra Declarations, HAARP is implemented using a programme-based approach. HAARP works across five countries (Cambodia, China Burma, Laos, Viet Nam) chiefly through the Ministries of Health and Social Affairs, National Drug Control Agencies, and Public Security sectors, including prisons. HAARP has also engaged with UN agencies and a wide range of civil society organisations, including organisations of people who use drugs, to ensure their meaningful involvement in matters that directly affect them.

In the South-East Asia region, the drug control and supply reduction agenda is of particularly high political importance. Nationwide campaigns such as the “Strike- Hard” campaign in China (*Yanda*) or the “war on drugs” in Thailand (*Songkram Yaseptid)* dominate the landscape. [1] Viet Nam’s response to drug use has historically focused on deterrence through punishment and supply-side measures. [2] A multitude of law enforcement agencies are engaged in this work, ranging from border security forces, the army, police and specialised narcotics control forces. Drug control agencies in the region, often headed by Deputy Prime Ministers (e.g. in Cambodia and Viet Nam), wield significantly more influence than health or social welfare agencies.

Effective HIV prevention and AIDS care requires the use of humane and evidence-based harm reduction policies, which are poorly supported or understood by the law enforcement sector. A particular feature of the South-East Asian region is that countries currently pursue both goals – one (drug control) seen as more important than the other (public health). This policy environment is further complicated by lack of evidence-based drug dependence treatment in several settings. Quackery, boot camps, labour camps and use of forced treatment are common responses. This kind of compulsory treatment and incarceration is in contravention of international human rights conventions. [3]

The public health consequences of this approach have been extremely serious, with some of the highest documented prevalence of preventable blood-borne viral infections, including HIV, and hepatitis B and C. [4] People who use drugs have disproportionately high rates of tuberculosis, overdose, suicide and trauma .[4] The wider socioeconomic consequences of this have been borne by families, communities and eventually by the governments themselves – with overloaded prison systems, human rights-related abuse and consequences of such law enforcement campaigns. For example, between 1996 and 2002, the Thai prison population increased by 250%; 53% of all Thai prisoners were incarcerated for drug-related offences (70% in Bangkok). [5] In Viet Nam, the number of government-funded compulsory drug detention centres increased by over 60%, from 80 in 1995 to 129 by June 2010. [6] The reported number of (registered) drug users in Viet Nam in June 2011 was 149,900. [7]

We describe the experience of HAARP in implementing a large-scale harm reduction programme in the Sub-Mekong Region. Effective engagement and collaboration with the drug control and law enforcement sectors was critical to the ability of the Program to provide and expand harm reduction services to people who use drugs within a restricted policy space. We describe the strategies and activities that the Program used across the five countries, using the current literature and data collected as part of routine monitoring and evaluation in HAARP to support our assertions. We discuss how law enforcement actors can be positively influenced by other agents, including civil society, in order to support effective public health actions.

STRATEGIES USED BY HAARP

Delivering effective and large-scale harm reduction programmes within such a challenging and contradictory policy environment needed careful planning and strategic thinking. This involved consideration of the nature of partnerships needed, as well as the influence and capacity of concerned institutions in supporting a scaled-up response to the epidemic of blood-borne viral infections.

The need to work at multiple levels and partners was identified early. HAARP chose to direct its efforts in three main areas: supporting an enabling environment for effective harm reduction policies, building core capacity among national health and law enforcement agencies, and supporting "universal access" goals by making effective, high-coverage services available to injecting drug users (IDUs) and their partners.

SUPPORTING AN ENABLING ENVIRONMENT

A crucial decision was to position the Program in such a way that regular policy dialogue was possible between drug control, social affairs and health sectors. At the operational level, it was critical to involve drug control, social welfare and AIDS control agencies to ensure collaboration and efficiency (Table 1). Project Steering Committees were set up at the national and provincial levels, co-chaired by government officials from law enforcement (e.g. Ministry of Public Security), Ministry of Social Affairs and the health sector (e.g. Ministry of Health, Centers for Disease Control, national AIDS control agencies).

Table 1: Strategies for engaging with law enforcement agencies by the HIV/AIDS Asia Regional Program (HAARP)

No.	Strategies	Countries
1.	Locating the programme in drug control agencies and signing agreements of partnership	Cambodia, Laos, Myanmar
2.	Working with existing national inter-agency mechanisms, e.g. national Task Forces	Cambodia, Laos
3.	Involving law enforcement in the governance of the programme	All HAARP countries
4.	Supporting large-scale training of law enforcement officials on harm reduction	Myanmar, China, Cambodia, Viet Nam
5.	Providing financial and technical resources to develop capacity of drug control agencies	Cambodia and Viet Nam
6.	Supporting HIV-related activities in prisons and drug detention centres	Viet Nam and China
7.	Supporting study trips of senior officials and politicians	Cambodia, Viet Nam, Laos, China

The engagement with law enforcement partners was well resourced, with budgets allocated to specific agencies in some cases to strengthen their capacity and coordination ability to respond to HIV, AIDS and treatment of substance use. This was also done in partnership with UN agencies in two countries (United Nations Office on Drugs and Crime and the World Health Organization).

HAARP also engages in active advocacy with law enforcement agencies at the community, provincial and national levels to address informal and formal policies and practices that either prevented the introduction (as in Laos) or hampered the scale-up of harm reduction service delivery. Leveraging the bilateral relationships between Australia and HAARP countries, and engaging senior-level officials, politicians and sometimes Deputy Prime Ministers in policy dialogue on evidence-based and humane approaches to drug use and HIV was found to be handy.

BUILDING CORE CAPACITY

A key thrust has been to help law enforcement personnel understand the need for policy coherence on drug and HIV control, and provide them with the knowledge and skills to support harm reduction programmes. In order to build the capacity of law enforcement personnel, HAARP partnered with law enforcement training institutions. For example, the Yunnan Police Training Academy, with financial support from HAARP Yunnan, has been a key training agency within China and for other countries including Cambodia, Myanmar, and Laos.

A harm reduction training curriculum was also developed, which was contextualised and translated to suit the requirements of different HAARP country programmes. In some cases (e.g. Cambodia), this curriculum has been approved to be part of the national police training curriculum. In Myanmar, this curriculum forms the basis of a Drug and HIV/AIDS Awareness Training for Police Officers at the Central Police Academy (*Zee Pin Gyi*). Pre- and post-test training questionnaires show a significant improvement in HIV- and drug-related knowledge. HAARP has also provided 6849 person-times training in closed settings.

Table 2: Volume of harm reduction training for law enforcement staff in community and closed settings during 2009–2011

Trainee type	2009	2010	2011	TOTAL
Person times law enforcement staff at training academies and in the community	2119	2217	1525	5861

HELPING LAW ENFORCEMENT TO COME ON BOARD TO SUPPORT HARM REDUCTION SERVICE DELIVERY IN LAOS

In 2010, rapid assessment surveys undertaken by HAARP confirmed the existence of worrying levels of HIV prevalence among IDUs in four districts of Lao PDR bordering Viet Nam, in Phongsaly and Houaphan provinces; nearly 17% of them were living with HIV infection.[1] These findings led to a national-level discussion convened by the National Task Force on HIV and Injecting Drug Use. This body is co-chaired by the Lao Commission on Drug Control (LCDC) and the Ministry of Health, and has representatives

[1] It should be noted that this prevalence was found in a small sample (N = 49) and should not be seen as an estimate of national-level prevalence among IDUs in Lao PDR.

from the Ministry of Public Security (MPS), UN organisations and civil society groups. While international best practice indicated that Lao should implement high-coverage harm reduction interventions as early as possible, Government understanding and support for such an initiative was mixed, with health sector representatives being fully supportive, and LCDC and MPS having some reservations. Not only was harm reduction a very new concept in Lao PDR, but it also posed policy contradictions for law enforcement agencies who have worked hard to control supply and demand. There were also concerns regarding the feasibility of delivering harm reduction interventions in geographically remote and sparsely populated locations using the standard service modalities, and community acceptance of harm reduction approaches in rural societies.

There was clearly a need for more first-hand information, understanding and reassurance that harm reduction could be culturally and politically appropriate in the Lao context before these agencies could be asked to support enabling policies and effective public health action. This information and reassurance needed to be based on examples not from developed-country settings, but from resource-poor, culturally and politically similar locations.

After consultation between government partners, UNODC and HAARP, it was agreed that key government counterparts would be funded through HAARP to attend a study visit to Viet Nam – a country with which Laos PDR has traditionally had very close links.

The Chairman of the Lao National Commission for Drug Control and Supervision, the Vice Minister of the Ministry of Public Security, the Vice minister of the Ministry of Health, the Deputy head of the Centre for HIV and Sexually Transmitted Infections (CHAS), the Co-Chair of National Task Force, and the UNODC Representative joined a nine-member delegation on a visit to Hanoi and Haiphong from 21 to 24 August 2011. For the first time, both policy-level decision-makers and technical experts from the Lao PDR jointly conducted a study visit of this kind.

Photo: Ministers and delegation members from Laos PDR watch methadone dispensing for opioid-dependent individuals in Haiphong. Courtesy: UNODC Lao PDR

The objective was to study how Viet Nam had addressed the issue of injecting drug use, HIV and AIDS, and how policy contradictions had been managed and minimised to support service provision.

The participants met and discussed with high-ranking health and public security officials at the national and provincial levels, as well as drug users and health staff on the issue of drug control, drug use, HIV/AIDS, and harm reduction. They observed the flexibility and coordination between the law enforcement and health sectors to provide better opportunities for IDUs to access HIV treatment, care, support and prevention, specifically regarding opioid substitution therapy and clean needle and syringe programmes (see picture).

After the visit to Laos, high-level policy-makers agreed to pilot similar programmes in two provinces of Houaphan and Phongsaly in northern Laos, although the specificities of service delivery modalities and terminology used to describe clean needle–syringe programmes have been adjusted to fit with the realities on the ground in these provinces. Plans to commence service delivery are currently being worked out.

SUPPORTING DRUG USERS' ORGANISATIONS TO ENGAGE LAW ENFORCEMENT FOR IMPROVING POLICY

The National Ministry of Public Security in China had set up a Dynamic Surveillance System (DSS) focusing on people who had a criminal record in 2006. Sixty-eight thousand former drug users had been included in the DSS till 2010. The DSS allowed data entry but no exit; with Public Security Departments at local levels not being entitled to modify the information in the DSS. It influenced the daily life of 68,000 former drug users, as policemen would interrogate them and undertake urine testing when these individuals used their identity cards in different situations such as renting an apartment or attempting to secure a place at school for their children. The Yunnan Harm Reduction Network staff observed that registered former drug users were facing serious difficulties due to the impact of this system on their daily lives. HAARP supported the Yunnan Drug User Network in collecting evidence of the impact of this policy – supporting the design of the research, data collection tool development, and help with data analysis, report writing, organization and participation in advocacy activities.

The research focused on former drug users who had been abstinent or on methadone maintenance therapy (MMT) for 3–5 years, and included their family members, community members, and local policemen. Information was collected via a survey (*N*=200) and 17 in-depth interviews in two municipalities and seven counties in Yunnan and Guangxi Provinces.

The results of the research indicated that former drug users were harassed when checking into hotels (92.9%), applying for papers and documents (88.4%), travelling (95.9%), and renting apartments (14.5%). The DSS negatively influenced their work, life, family, marriage, and mental health, and continued to stigmatize them. It also negatively impacted the motivation of thousands of drug users who had been on MMT for years but continued to be treated like offenders. The research highlighted the vast expense and time expended by law enforcement personnel in keeping their obligations of implementing the DSS.

A joint advocacy effort to reverse this policy was undertaken in partnership with eight non-governmental partners. The results were presented in different venues and forums at the provincial and national levels, and shared via key messengers with the Yunnan Narcotics Bureau, the National Narcotic Control Office, as well as the media. A decision was taken in December 2010 to change the national regulation on Narcotics Control and 68,000 former drug users were successfully removed from the DSS. On 22 June 2011, the

new Narcotics Control Law was adopted. Article 7 clearly states that the former drug users who had been abstinent or on MMT for three years and above were no longer under supervision as part of the DSS.

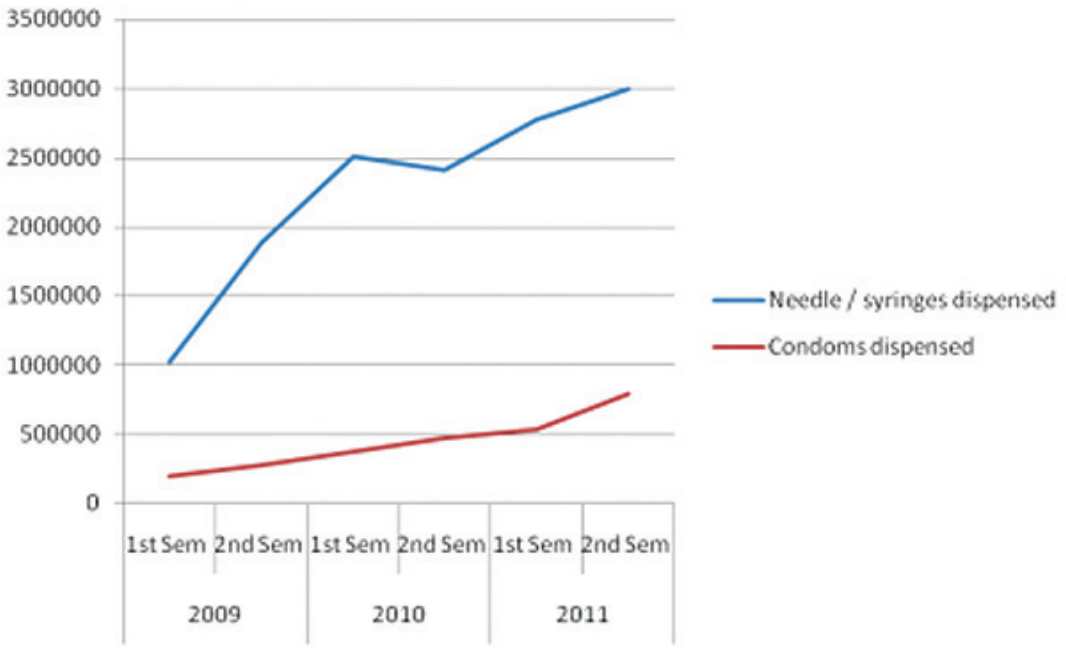
PROVIDING EFFECTIVE, HIGH-COVERAGE SERVICES

Achieving scale-up

Since the beginning of 2009, a total of 13,592,475 needle/syringes and 2,651,492 condoms have been dispensed through HAARP country programmes. There has been a 300% scale up in terms of individual drug users reached and, despite the difficult policy environment, the total number of needle/syringe programme sites has increased from 11 in 2008 to 82 in 2012. In the second half of 2011 alone, HAARP reached 21,606 individuals (17,417 IDUs and 4189 non-injecting drug users) with harm reduction services. HAARP Cambodia saw the setting up of the first MMT facility located within the Soviet–Khmer Hospital in Phnom Penh in July 2010. The National Authority for Combating Drugs (NACD) as well as the Deputy Prime Minister's office have been very supportive of this initiative. The intervention has been recently evaluated as being effective and plans are in place to scale up MMT across other sites in Cambodia.

A significant part of this scale up can be attributed to more effective intersectoral dialogue and common understanding of what the issues are at the ground level, e.g. law enforcement practices that disrupt services, agreement on not arresting outreach workers, and treating drop-in centres as safe places for people who use drugs.

Figure 1: Needle/syringes and condoms dispensed through HAARP service sites between January 2009 and December 2011



CHALLENGES

The lack of coherence across drug and HIV policy remains an unfinished agenda in the region. While service delivery has been scaled up in some countries through collaboration such as with HAARP and, more importantly, where national leadership supported such approaches, the thrust of drug policies in the direction of a "drug-free" outcome has continued to stand in the way of real progress. Policy stalemates have negatively impacted programme implementation in some settings, notably in Cambodia. The intensification of law enforcement campaigns against people who use drugs as part of the commune competitive plan which became operational in 2008, and the village/commune safety policy enacted in August 2010, have been in direct conflict with Cambodia's National AIDS Strategic Plan. No new NSP licenses were issued by the NACD since 2005. This has limited the number of agencies that can implement such programmes in the community and thereby resulted in a lack of expansion of such services.

FUTURE STEPS

A much higher political-level dialogue than is now the case is the need of the hour to innovatively explore the costs and consequences of different policy choices. The current huge gap of human rights standards in drug control practices also needs to be bridged immediately. Public health that embraces a rights-based approach has to claim its fair share of policy space, budget and influence, which is long overdue. The activities supported by HAARP are humble yet important steps in that direction.

COMPETING INTERESTS

The authors' declare that they have no competing interests

AUTHORS' CONTRIBUTION

Both MS and AC drafted the manuscript. MS and AC both edited and commented on the draft. MS was responsible for final edits. Both authors read and approved the final manuscript.

REFERENCES

1. Open Society Institute: *At what cost? HIV and human rights consequences of the global "war on drugs".* New York: International Harm Reduction Development Program, Public Health Program, Open Society Institute; 2009.

2. Hammett TM, Wu Z, Duc TT, Stephens D, Sullivan S, Liu W, *et al*: (2008). **"Social evils" and harm reduction: the evolving policy environment for human immunodeficiency virus prevention among injection drug users in China and Vietnam.** *Addiction* 2008, **103**: 137–145.

3. HAARP: *Law and Policy Review, September 2011 Revision.* Canberra: Commonwealth of Australia; 2011.

4. Degenhardt L, Hall W: **Extent of illicit drug use and dependence, and their contribution to the global burden of disease.** *Lancet* 2012, **379**:55–70.

5. Phongpaichit P: **Drug policy in Thailand.** In: *Proceedings of the 2003 Lisbon International Symposium on Global Drug Policy, 23–25 October 2003.* Available at: www.senliscouncil.net/modules/events/lisbon/lisbon_materials/05_phongpaichit

6. Vuong T, Ali R, Baldwin S, Mills S: **Drug policy in Vietnam: a decade of change?** *Int J Drug Policy* 2011, doi:10.1016/j.drugpo.2011.11.005

7. Ministry of Public Security (Viet Nam): *Review of illicit drug control activities of the first 6 months of 2011.* [Hanoi, Viet Nam] 2011.

Afterword

Police, Policing, and HIV: New Partnerships and Paradigms

Chris Beyrer MD, MPH
Director, The Center for Public Health and Human Rights
Johns Hopkins University

The important work in this volume tells us some powerful truths. It has long been clear that law enforcement has critical roles to play in protecting the health of the public, and that law enforcement entities have legitimate concerns of public safety, security, and protection. That these roles have led to a broad array of responses to substance use and substance users, which have ranged from harmful to helpful, has also been clear. But in the research and policy pieces brought together here by Nick Crofts, Nicholas Thomson, Brigitte Tenni, Tim Moore and their in-country and regional colleagues, a new paradigm emerges with the potential to have real impacts on key shared goals. Harm reductionists seek to see declines in the health and social consequences of substance use, including reductions in new HIV infections that will be so key to the trajectory of HIV epidemics in much of the world. Law enforcement seeks to see declines in crime, in insecurity, and increases in public safety. Both groups, and all of society more broadly, need to seek declines in unnecessary detention, incarceration, and the destruction of young lives which the use of detention for substance use has wrought. The new paradigm suggests that these goals are not inherently antagonistic—and indeed, are powerfully synergistic. How?

By re-envisioning the role of law enforcement as supporting harm reduction, evidence-based substance use treatment, and the protections of human rights for all citizens, the goals of disease prevention and public safety can both be met. Harm reduction is an effective outreach tool for prevention, for public safety, and for accessing those who want, and need, access to drug treatment services. Partnering with law enforcement in new strategic alliances can empower public health authorities, and allow the voices and concerns of substance users to be heard in debates relevant to their lives and needs. And, as Professor Crofts has shown, police to police dialogues can be steps in the process of moving from aggressive resistance to harm reduction, to an embrace of the principles of engagement, health-centered approaches, and pragmatism.

What remains to be done? As the reports here demonstrate, the ongoing use of detention, particularly novel forms of administrative detention without trial for substance users in Southeast Asia and in China, have emerged as real threats to the health and wellbeing of people who use substances or who have been detained for their putative use. These facilities continue to expand in too many countries, and continue to profit from the unpaid labor of detainees. This approach to substance use violates public health principles and human rights, but also undermines the role of law enforcement, creating parallel systems under uncertain legal grounds and often outside the scrutiny of courts and legal systems. This is bad public policy, bad public health, and threatens to undermine the impressive advances in policing practice documented here.

We can do better. And the evidence now suggests that many states and countries are doing better. The theme of the 19th International AIDS Conference in July of 2012 is “Turning the Tide Together.” The theme attempts to capture the new optimism that an “AIDS Free Generation” is possible with the impressive

new tools and policies we now have to fight HIV. But this optimism is tempered by the very real concern that HIV continues to spread in some key populations, including people who inject drugs. Yet this is one population where the evidence is the most abundant that HIV spread can be almost entirely prevented with an affordable package of services, including harm reduction, effective drug treatment, and access to anti-viral therapy for those living with the virus. This is one fight we know how to win. But we cannot win it without the engagement and support of law enforcement as partners in the HIV effort. With the new paradigm presented here this fight can be won, and an AIDS free generation just might be possible. What an achievement that would be for all who are working on these issues, public health, affected communities, and law enforcement. That's the "together" part of the AIDS 2012 theme, and you have in your hands part of the blueprint for the way forward.


THE UNIVERSITY OF
MELBOURNE
THE
NOSSAL
INSTITUTE
FOR GLOBAL
HEALTH


ISDS
Institute for Social Development Studies


UHS
UNIVERSITY OF HEALTH SCIENCES


NIPH
NATIONAL INSTITUTE OF PUBLIC HEALTH


Australian
AID