

Features

Building Synergies

between public health & public security for the prevention of drug-related harm

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Drug control is rooted in issues of national security. The evolution of drug related problems in Asian nations, i.e., HIV transmission, are not easily explained or understood. Certainly, historical residue from the size and impact of the opium industry during the late nineteenth and early twentieth centuries has settled on the current regional experience.

The overall size of the regional illicit drug industry is immense

The emergent production and distribution of heroin from many of the same opium producing areas reinforced the size and nature of the drug industry. And within the past five years those areas have also been accountable for almost unimaginable production and distribution of methamphetamine tablets counted in the hundreds millions. Today, the region is still faced with all of the poisonous fallout of the opium and heroin trends in production, distribution and abuse, amid a dual growing epidemic of amphetamine type substance misuse among much wider populations of youth and workers. These trends clearly infer a real and present threat to public security and social order with the consequent need for a range of drug control responses.

Law enforcement agencies in East Asia take a major responsibility for drug control

Until the 1980s, and even today, much of the responsibility and burden of the public security imperative toward illicit drug supply and demand has been assigned to the criminal justice system. Historical public and political sentiment has linked opium and heroin abuse to

minority group or "special populations" status operating on the margins of mainstream societies, and ascribed with immoral and counterproductive social motivation. Drug abuse was seen as an extension of the illegal production and distribution continuum, with recourse to be taken through the criminal justice system, including punishment through confinement in compulsory rehabilitation facilities and prisons.

During the same period public health agencies in the region had little obligation or commitment to share that burden of responsibility. Some attention was given to a few selective measures to counter some of the secondary socio-medical effects of drug abuse, such as intoxication or involvement in property crimes to ensure enough funds for an uninterrupted drug supply. Detoxification programmes were established in many countries of East Asia as a way of handling public intoxication, while two states established methadone programmes essentially as a mechanism to reduce drug-related crime.

Conventional drug abuse control measures have been shaken by the emergence of HIV in the mid 80s and its linkage to public transmission through injecting drug use

There is clear evidence that heroin abuse trends in the region are directly connected to high risk injecting practices and related sexual transmission, with the consequent reality of HIV threatening to become a major regional public health issue. Available data from China, Indonesia, Myanmar, and Vietnam definitively points to these risks. In the Asian region over 7.2 million people now have the AIDS virus. That is 600,000 more people who are HIV positive

now than when the last Global AIDS Report was released in mid 2002. An estimated 490,000 Asians have died of AIDS-related illnesses in the last year. Projections indicate that another eleven million Asians will contract HIV in the next five years.

Alternative approaches toward improved responses in tackling the drug and HIV nexus have been guided by two special sessions of the United Nations General Assembly. In 1998 member nations developed guiding principles of drug demand reduction as part of the larger agenda devoted to countering the world drug problem. These principles aim toward preventing drug abuse and reducing the adverse consequences of abuse while also encouraging participation of individuals at the community level and in situations of particular risk. The principles also insist on culture and gender sensitivity together with the development and sustainability of supportive environments.

Within the UN system, the principles are operationalized through the guidance of the Administrative Committee on Coordination (ACC) where programming priorities have identified to provide advice, technical assistance, and information on best strategies to member states. This includes the development and implementation of national demand reduction strategies to cover all areas of prevention, including a reduction in the negative health and social consequences of drug abuse, as well as developing capacities within the criminal justice system for assisting drug abusers' reintegration into society. The UN system is also advised to concentrate on drug related HIV/AIDS as one of four critical areas for the identification of best strategies.

In 2001, many of the guiding principles were reinforced by the special session on HIV/AIDS and the declaration of commitment. This included a call for assurance; in the development and implementation of multisectoral national strategies to address the HIV/AIDS epidemic, and engaging the full participation of those in vulnerable groups and people most at risk, including injecting drug users.

The declaration highlighted the need for a human rights based approach as a condition to successful interventions. At the same time, it departed from the explicit guiding principles of demand reduction by calling for appropriate legislation, regulations and other measures to eliminate all forms of discrimination against members of vulnerable groups.

The human rights based approach is not only right per se; it is also effective if one just measures its impact on drug control policies. In the context of current regional trends toward HIV vulnerability from injecting drug use, applications of the human rights approach have important ramifications for the existing legislation and regulations, i.e. some national laws stigmatize drug use and dependence as an illegal behaviour that is counterproductive to public security and therefore justified as a punishable criminal act.

For some countries, a commitment to both declarations is indicative of a policy dilemma as to how the human rights perspective on drug related HIV should best be handled in the mutual interest of national public security and public health.

Some legal experts suggest that a pathway through the dilemma might be found in legal mechanisms to maximize information



for independent choice. Advocates of civil liberties would welcome limiting prescriptive recourse to any behaviour that does not infringe upon the rights of others or hurt social or national public security interests. Sexual intercourse among consenting adults and drug abuse are mentioned as examples of such behaviours.

it. These changes, for example in China and Myanmar, clearly demonstrate adaptive changes that are prerequisite to a wider and more effective regional response to the drug related elements of the HIV epidemic.

The fact that public security agencies are, in some instances, leading that dialogue, is indica-

conductive to HIV transmission. Conversely, they also represent an opportunity to quickly influence and facilitate interventions that can reduce extrinsic harms.

Through these efforts, in conjunction with the reciprocal exchange of public security and public health programme competencies, together with technical assistance from the UNODC and its related cosponsor UNAIDS and donor agencies, there are solid opportunities to divert the region from a major expansion of the HIV/AIDS epidemic. The main target is to prevent harm to communities in executing the task of protecting people, and to minimize HIV transmission as one of the major contributors to the dark side of globalisation.

Toward a partnership of modern-day healers

Most of the above-mentioned goals and good practices can be translated in day-to-day effective harm reduction activities through wide partnerships cutting across many concerned protagonists of public safety. Even where differences are cause of mutual advantage and not of conflict, it will always be necessary to recognize some common goals. As a matter of fact differences can be the cause of misunderstandings and conflicts, as they can be and often are, the foundation of a true and strong partnership cemented by common values.

Do no harm!

Hippocrates, who lived 2,500 years ago (Fifth Century BC), is the founder of European modern Medicine. He is remembered for his scientific approach to medical research and therapies and also for his ethical stand in the Oath of Hippocrates. The Oath pledges the physician "to work for the good of the patient, to do him or her no harm". Its essential principle is "Primus Non Nocere" = "Do No Harm". It is a fundamental oath that is still passed by today's doctors in many countries. It is the same

principle that has guided relevant public health laws and policies.

In philosophy it would be called a postulate, a statement that does not need to be proved because it is self demonstrated. We sincerely hope that harm reduction practitioners will not have significant differences on this principle. In fact anybody who wishes to heal, should have first renounced to cause harm.

Peoples' and communities' peace of mind are an output of evidence-based policies

Successful and well-balanced harm reduction policies require a strong partnership between public health and law enforcement agencies. Beyond the differences, there is a common goal to ensure the welfare, peace and tranquillity of affected communities. The challenge posed by the HIV/AIDS epidemic calls for a continued review of our approach to drug control, against the fundamental Hippocratic principles. Such review by itself should also cause no harm: therefore it should not only be continuous but also accurate, transparent, participatory and evidence-based.

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Some countries in the region have already begun to search for resolution of such issues through informal practices, for example by minimizing interdiction in the purchase, possession and use of needles and syringes.

From the UN perspective the need for attention to the human rights issue is unquestionable, since it must be guided by its own declarations and resolutions, including the Declaration of Human Rights proclaimed in 1948. The protection of human rights is also critical to the more recent position of the United Nations system in preventing the transmission of HIV among drug abusers.

Adaptive changes need more momentum

From the surveillance of various drugs and HIV information networks in the region, awareness of the drugs and HIV connection has shown a dramatic improvement in the past five years; at both national and regional levels, policy dialogue on drugs and HIV has become more focused and explic-

tive of intent to resolve the injecting drug use issues within the framework of public security and public safety. It also demonstrates that they are willing to take on an even greater burden of the national drug control responsibilities by facilitating better-coordinated responses to the direct and extrinsic harms of drug abuse, such as HIV infection.

The desire for partnership in that agenda by public health agencies will be a critical factor in the direct minimization of drug and HIV related harms. Strategic partnerships are required at the national level that allow public health systems to interact with public security systems; at the local and community level, law enforcement agencies need to establish partnerships that focus more clearly on the personal and social dimensions of the drug problem in the context of health models for disease prevention. Prisons and other custodial facilities for drug abusers are communities of special concern since they too often provide a social environment highly

