POLICY BRIEF

Expanding the role of law enforcement in the HIV response among people who inject drugs in Myanmar

INTRODUCTION

Good public security is good public health and good public health strengthens public security.

Historically, law enforcement agencies have played a critical role in the protection and maintenance of public health. Preventing the spread of HIV among people who inject drugs (PWID) through the provision of harm reduction services is a major public health challenge in which law enforcement agencies are essential partners.[1] Police often find themselves in a dilemma between meeting community expectations to uphold drug laws and allowing unhindered access to harm reduction programmes such as needle and syringe programmes (NSP). The negative impact of police activities on the delivery of harm reduction services is well documented, as is the evidence that police should place health and community safety first.[2]

In Myanmar, harm reduction programmes have been operating with government consent for over a decade. While a succession of supportive policy statements and coordinating mechanisms have been established at central level, there is a clear gap at the operational level where the interaction between law enforcement and harm reduction services is often challenging.[3]

KEY MESSAGES

- Harm reduction is a public health and human-rights-based approach that is critical to reducing the spread of blood-borne viruses such as HIV, hepatitis B and C and other drug-related health and social harms among PWID. Harm reduction policies and practices are cost-effective, pragmatic, comprehensive and evidence-informed. Harm reduction practices include peer education, needle-syringe programmes and opioid substitution therapy.
- A comprehensive package of evidence-based interventions to reduce harms associated with injecting drug use has been widely endorsed by the United Nations and major international donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief.[4, 5]
- Justice and law enforcement sectors, particularly the police and prison services, are key partners in the implementation of these programmes and are in a position to facilitate access to HIV prevention and treatment services for PWID.
- Justice and law enforcement sectors, together with the health sector, should work in partnership to develop and support legislation, policies and practices that facilitate the common goals of HIV prevention among PWID by improving access to HIV prevention programmes.
- The police can play a vital leadership role in the response to drug use and HIV by minimizing the potentially harmful impacts of anti-drug law enforcement, such as police crackdowns, in their daily practices. Police support for harm reduction can contribute to reducing stigmatization and discrimination against key populations.
- The ability of law enforcement agencies to achieve better health outcomes for PWID and meet their goals of increased community safety can be achieved through more appropriate allocation of law enforcement policies and guidelines.

CHALLENGES

The impact of HIV in Myanmar is mostly experienced among key populations, particularly people who inject drugs.

Myanmar is one of the countries in Asia hardest hit by the HIV epidemic. With an estimated 220,000[6] people aged 15 and above living with HIV (PLHIV) in 2016, Myanmar has the 6th largest number of PLHIV in the Asia and Pacific Region after India, China, Thailand, Indonesia and Viet Nam.[7] Although HIV prevalence among people aged 15 and above is 0.6%, it remains considerably high among key populations such as PWID, men who have sex with men and female sex workers.[8]

In 2014, the Integrated Biological and Behavioral Surveillance (IBBS) conducted in a representative sample of the population, showed a particularly high prevalence in specific areas. In Waimaw, Bamaw (Kachin State) and Muse (northern Shan State) nearly one in two PWID who participated in the survey tested HIV-positive. The national HIV prevalence among PWID based on HIV Sentinel Surveillance (HSS) and IBBS data in Asian Epidemic Model 2014 (AEM) is estimated at 28.5%. Over one quarter of new infections (29%) are due to the sharing of non-sterile injecting equipment.[9]

Harm reduction services are limited in Myanmar, particularly in remote border areas.

Harm reduction services including NSP were first introduced in Myanmar in 2003 as part of a comprehensive effort by the Government to respond to the twin epidemics of drug use and HIV. Currently, despite the expansion of these services, many PWID still do not receive HIV prevention interventions and health services, especially in remote areas and conflict areas where there are high levels of injecting drug use.

Since 2016, as a result of UNAIDS and UNODC advocacy efforts to foster an enabling environment for harm reduction and increase the coverage of services, the Central Committee for Drug Abuse Control (CCDAC) under the Ministry of Home Affairs has established Harm reduction Township Steering Committees, starting with Lashio (northern Shan State), Myitkyina (Kachin State) and Kalay (Sagaing Division). Through bringing together local representatives from law enforcement and health sectors, I/NGOs, drug users networks and community members; these committees contribute to troubleshooting issues in a multisectoral and collaborative way and enhancing the coordination of service delivery.

The policy and law environment in Myanmar send mixed messages about how drug use is seen; whether it is a health issue, or a criminal one.

Historically in Myanmar, there has been support at the policy level for the implementation of harm reduction services such as NSP. As early as 2003, the CCDAC took up a leadership role by helping to drive support for NSP in policy and at the township level. CCDAC continues to do so through the Myanmar National Strategic Plan on HIV and AIDS 2016-2020.[10] However, legal barriers still need to be addressed. Although the Burma Excise Act Legal (1917) has been amended in 2015 to repeal sections relating to the illegal possession of hypodermic needles, the Narcotic Drugs and Psychotropic Substances Law (1993) which requires compulsory registration of drug users remains in place. Failure to register for drug treatment can result in a prison sentence of up to 5 years.

Despite a growing awareness of the police role in meeting better health outcomes, particularly reducing the impact of HIV, a disconnect remains between law enforcement policy and practice.

> *"Prevention, treatment and harm reduction measures are critical to prevent (sic) the spread of HIV among drug users and the wider population … this approach will be given priority at the national level in a multi-sectoral and well-coordinated cooperation."*
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> *"HIV and injecting drug use are a threat to all people. Although it was commonly thought that health and social problems could be overcome by arresting … drug users, this actually had negative consequences. Therefore, [methadone] treatment programs for drug users must be actively promoted as they contribute to reduce (sic) drug-related crime and thus the costs associated with crime."*
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> *"The Narcotic Drugs and Psychotropic Substances Laws will be revised and will prioritize (sic) public health approach towards drug users [rather than criminal approaches]."*
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> Chief of Myanmar Police Force, Police Major General Zaw Win, Nay Pyi Taw, June 2014.[11]

HIV service implementers in Myanmar are raising concerns about community resistance to harm reduction programmes and law enforcement activities impacting on service delivery.

Criminalisation of drug users and lack of understanding of drug dependency by local communities (primarily faith-based organisations) continue to hamper harm reduction efforts, especially NSP. In response to community concerns, law enforcement activities including "crackdowns" deter PWID from using HIV and health services and can lead to the partial displacement of the drug scene to areas where PWID may be hard to reach by outreach services. In addition, police searches, detentions or other deterrents prevent outreach workers and peer educators from conducting their work.

Formal guidelines for law enforcement agencies to work with harm reduction services remain limited.

Many law enforcement agencies worldwide have developed guidelines and standard operating procedures that clarify their role when dealing with harm reduction services and their clients. Such guidelines need to be developed in Myanmar to help police understand how to make more considered and evidence -informed decisions in line with government policy when laws and policies seem to conflict. Further direction is required for police so they know what the preferred actions to adopt are.

ACTIONS

Create an enabling legislative environment for harm reduction services by amending the Narcotic Drugs and Psychotropic Substances Law (1993) to ensure it is in line with public health and rights-based approaches. It includes removing the death penalty for drug related offences; differentiating between drug use for personal consumption, drug possession with intention to sell, drug traffickers and others; and reviewing thresholds for possession to ensure proportionate sentencing and penalties.

Disseminate supportive statements made by senior police about harm reduction and drug use as a health issue. These statements should be disseminated as a priority to all police agencies involved in law enforcement activities in areas where harm reduction services are being provided.

Increase the coordinating mechanisms between health, social welfare and law enforcement agencies, such as the General Administration Department and Anti-Narcotic Task Forces, to ensure that police activities do not impact on harm reduction services in areas where several police agencies are operating.

Develop and implement documented law enforcement policies and practices that create an enabling environment for harm reduction services to operate unhindered by police activities. Written police guidelines and standard operating procedures should be developed to clarify police interventions towards people found accessing harm reduction services. These guidelines should include guidance on police actions towards PWID and peer educators in possession of injecting equipment and other instruments for drug use.

Develop a system that recognizes the good work undertaken by police who provide support for harm reduction services.

Strengthen the working relationship between law enforcement and public health-based harm reduction services at the local level to create a climate of understanding by encouraging ongoing engagement through meetings, workshops and specific events.

Focus attention at the township level on the role of community-based organisations (including faith-based groups) and conduct advocacy campaigns to address their concerns about drug issues in the community.

Strengthen existing mechanisms, or establish coordinating mechanisms such as steering committees at the township level, in order to solve problems and address community concerns about drug issues, with outcomes

focused on not resorting to the use of police crackdowns to address drug markets.

Highlight examples of good policy and practice undertaken by police in support of harm reduction services and disseminate these examples to other law enforcement agencies in Myanmar.

Undertake research that demonstrates the positive outcomes that can be achieved for police in supporting harm reduction services, in particular reduction in crime, calls for service, and improved health, social and welfare outcomes for PWID and community members.

References

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