
POLICY BRIEF

Best police practices in support of HIV prevention, care and treatment among people who inject drugs in Myanmar

INTRODUCTION

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

Law enforcement agencies are pivotal in the protection and promotion of various aspects of public health. In many developed countries police are seen as critical actors in the HIV response for key populations, especially people who inject drugs (PWID). The law enforcement sector is often the most important determinant of the risk environment for these populations and the community. In spite of this, in many parts of the world, police are either not engaged, or are inadequately engaged, in rights-based, effective HIV responses, such as harm reduction programmes, among PWID.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).

Police interventions that are counterproductive to harm reduction initiatives have serious consequences for community health.¹ For example, drug users will avoid harm reduction services and increase their risky injecting behaviour when police conduct “crackdowns” with mass arrests or patrol nearby harm reduction programmes.² Direction of policing towards community safety and health outcomes is required.³

KEY MESSAGES

- Police are critical actors in the HIV response for many people at risk of HIV. They often play a key role in determining the risk environment for these populations.
- Evidence shows that harm reduction interventions produce positive public health outcomes, are cost effective and lead to reductions in drug-related criminal activity.
- Greater emphasis needs to be given to gaining police support for harm reduction services by explaining to police the benefits of supporting these programmes.
- Police support can be further enhanced by building the concept of harm reduction into operational practices that allow police to provide an enabling environment for harm reduction.

CHALLENGES

The impact of HIV in Myanmar is mostly experienced among key populations, particularly PWID.

Myanmar is one of the countries in Asia hardest hit by the HIV epidemic. With an estimated 220,000⁴ 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.⁵ 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.⁶

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.⁷

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

Harm reduction services, including needle and syringe programmes (NSP), were first introduced in Myanmar in 2003 as part of a comprehensive effort to respond to the twin epidemics of drug use and HIV. Despite the expansion of harm reduction services, many PWID still do not receive HIV prevention interventions and health services, especially in remote areas conflict areas in the north of the country where there are high levels of injecting drug use.

Police attitudes towards harm reduction services are often influenced by a range of factors:

- their experiences responding to situations where many lives are adversely affected by drugs;
- enforcing laws aimed at stopping drug use;
- pressure from many sectors to eradicate drugs from the community;
- policing systems that define police success by number of arrests;
- political and media messages describing police work as the "war on drugs".

Police may incorrectly believe that harm reduction services will:

- conflict with law enforcement goals;
- attract more drug users and dealers;
- initiate drug use;
- promote or condone drug use;
- compromise prevention of drug use and abstinence-based treatment;
- cause a loss of credibility among their peers if they support harm reduction programmes.

The following questions and answers will help address police concerns

1. Do harm reduction services such as needle and syringe programmes increase drug use or increase the frequency of drug injecting? **NO**

NSP do not increase drug use or the frequency of injecting. According to the World Health Organization (WHO): "After two decades of extensive research, there is no persuasive evidence that NSP increases the initiation, duration or frequency of drug use or drug injecting".⁸ Evaluations of NSP in Baltimore, USA, show a 20% reduction in the frequency of drug use among programme participants.⁹
2. Do NSP recruit new users or lower the age of first injecting? **NO**

NSP do not initiate injecting drug use or lower the age when a person first injects.^{10,11} When NSP are large scale and well established, fewer people start injecting drugs than in areas where there is strong law enforcement but either no NSP or smaller-scale programmes. In Amsterdam, Netherlands, a city with longstanding NSP offering high coverage, a study conducted between 1986 and 1998 found that 2-3% of drug users initiated injecting drug use per year compared to 10% in Montreal, 10% in New York, and 30% in China where NSP programmes either did not exist or were implemented on a significantly smaller scale.¹²

NSP have no magnet effect. In Baltimore, NSP did not attract PWID from other communities: 85% of the clients served by NSP in Baltimore resided in the same area.¹³ Likewise, NSP had no adverse impact on teenagers: youths seeing drug user clients at NSP were more likely to be discouraged, rather than encouraged, to use drugs.¹⁴
3. Do harm reduction services reduce B and C among PWID and in the community at large? **YES**

Research consistently shows that harm reduction reduces blood borne virus transmission.^{11, 15} A study published in 2002 compared HIV prevalence in 103 cities in 24 countries. In 36 cities where NSP was introduced, HIV prevalence declined by an average of 18.6% annually. In 67 cities lacking NSP, HIV prevalence increased by an average of 8.1% annually.¹⁶ In Malaysia, the implementation of the NSP and MMT are estimated to have directly averted about a third (12,600 infections) of the expected HIV cases between 2006 and 2013.¹⁷
4. Do NSP increase the number of needles found in a community? **NO**

Harm reduction services remove discarded needles as well as other paraphernalia.⁸ Numerous studies have found no increase in the number of needles and syringes discarded in public areas in locations where NSP have been implemented, because the needles and syringes were removed by the programmes.^{18, 19}
5. Do NSP act as an effective bridge to drug treatment? **YES**

NSP are gateways to medical treatment for drug dependence, medical, legal and social services.^{8, 10, 11} A study in Seattle, USA, showed that PWID attending NSP were five times more likely to enter drug treatment than injectors who did not attend.²⁰

<p>6. Do harm reduction services increase drug-related crime in the community?</p>	<p>NO</p>	<p>There is no evidence to suggest that NSP increase crime or violence.²¹ A survey carried out among 220 residents from a large urban neighbourhood in New York, USA, showed that NSP did not adversely affect the rates of violent crime, such as assaults or robbery, in their vicinity.²²</p> <p>Heroin users who are prescribed methadone show a dramatic and sustained reduction in their criminality.^{23, 24} In 2008, in London, UK, an evaluation was conducted on a sample of opiate and crack users who had recently offended, but not been jailed, and had started treatment in the community.</p> <p>This study, which matched criminal records data from the National Police Computer with the National Drug Treatment Monitoring System database, revealed that the number of offences committed almost halved following the start of treatment.²⁵</p>
<p>7. Do NSP increase health costs?</p>	<p>NO</p>	<p>NSP are cost-effective and reduce health costs, which benefits everyone.^{10, 11, 17, 24} In Australia, it was estimated that "for every dollar invested in NSP over a 10-year period [2000-2009], more than four dollars were returned (additional to the investment) in healthcare cost-savings in the short-term".¹⁶ In Yunnan, China, it was suggested that when the lifetime effects of NSP were taken into account, the return on investment was even greater: USD\$15 returned for every USD\$1 invested over seven years (2002-2008).²⁶</p>

ACTIONS

Police can take concrete steps in their daily operational practices to support harm reduction programmes and by doing so can contribute to the HIV response in Myanmar. The proper exercise of police discretion can help achieve positive, beneficial change and strengthen support for harm reduction programmes.

Police should

- **Not seize** needles and syringes as evidence of drug use or other drug offences.
- **Refer** PWID arrested for possession of drugs or injecting equipment for personal use to harm reduction services, drug treatment centres or other types of assistance.
- **Not wait or arrest** drug users who bring their syringes for exchange and use harm reduction services.
- **Use discretion**, cautions and warnings, diversions and alternatives to the criminal justice system when conducting crackdowns and dealing with PWID in possession of drugs or injecting equipment for personal use.
- **Not arrest** people at the scene of a drug overdose as it may discourage people from seeking medical help without delay for fear of prosecution.
- **Understand** that peer educators can be active drug users and **acknowledge their value** in referring PWID to health and harm reduction services and in reducing risky injecting behaviours among PWID.

- **Not interfere** with the work of outreach workers, including peer educators when they deliver or collect syringes and needles.
- **Not ask** peer educators to disclose clients' information.
- **Not target the vicinity of NSP and drop-in centres** to arrest users. Police crackdowns increase marginalization and act as a deterrent to people wishing to use health and harm reduction services.
- **Show awareness** of the benefits of public health and harm reduction efforts.
- **Take part in community education** about drugs, HIV prevention and harm reduction.

Harm reduction programmes should

- **Provide outreach workers with identification badges** or letters of authority with the relevant services' logos, signed or endorsed by local police.
- **Inform the police** of the location and working hours of services where drug users can be referred.
- **Set up a hotline** that police and community members can call to have discarded needles and syringes removed from the streets and other public places.
- **Share with police the on-duty behaviour rules** and standards of conduct that outreach workers are required to comply with.
- **Meet regularly with the police** to resolve problems and build more effective working relationships between police and outreach workers.
- **Sensitize police to the benefits of public health and harm reduction services**, including providing constructive ways for the police to visit drop-in centres and meet with outreach workers at appropriate times.
- **Establish, under the leadership of local administrations, Law Enforcement and Health sectors** adapted and flexible mechanisms aiming at coordination, information sharing, trouble shooting and standardized quality service delivery for people who use drugs.

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