

“Who Needs Protecting?” Rethinking HIV, Drugs and Security in the China Context

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In early 2004 China began implementation of a national Methadone Maintenance Therapy (MMT) program where opiate-addicted drug users could access methadone on a daily basis as they needed it. As of December 2005, 58 clinics in 10 provinces, autonomous regions and municipalities had provided voluntary outpatient treatment to more than 6500 opiate-addicted drug users. Funded with money earmarked for HIV programs, the program hopes to eventually reach 105,000 individuals.¹

The creation of this new service has sparked lively conversation among policy-makers, many of whom frame their support of or opposition to the program in terms of its potential effect on national security. The Chinese Vice-Minister of Health argued that the program is important because such efforts “not only control the spread of diseases, but also bring us a stable society.” Meanwhile, a police officer wrote that MMT creates an environment where “drug users will eventually fear nothing” and may threaten non-drug using populations.²

China’s Response to HIV/AIDS and Drug Abuse

In recent years, discussions framing HIV as a security issue have become increasingly common. In Russia, for example, the increase of HIV among conscripts is alarming army generals and politicians. Adult HIV prevalence rates that surpass 20 percent in Botswana, South Africa, and Zimbabwe have convinced some that the AIDS epidemic could

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¹ Unpublished Notes from MMT Experience Sharing Meeting, December 2005; Drew Thompson, “People’s war against drugs and HIV,” *China Brief* 5, 14 (2004): 8.

² Police officer Yu Sheng and Vice Minister of Health Wang Longde, “Drug Users Get the Point,” *Beijing Review Forum*, 2004, <www.bjreview.com.cn/200418/Forum.htm> (January 23, 2006).

eventually lead to collapsed states and regional instability. The programmatic responses made in the name of protecting security are not necessarily helpful if they treat people who are HIV positive, using drugs, or both as a security threat to their own society. The evolving, at time contradictory, policies towards drug users in China provide an example of how variations of security discourses can justify dramatically different interventions.

The current controversy around MMT stems from China's past policies towards drug use and HIV. After decades during Mao's reign when drugs were virtually unobtainable, twin injecting drug and HIV epidemics emerged with the country's economic and social liberalization in the 1980s. The government's early response to these new threats was to set up "lines of defense"³ to keep drugs (and, by association, HIV) from entering along the trafficking routes of Southeast Asian heroin producing neighbors. When this strategy failed to stem drug use in China, the government waged a "battle against drugs", which attempted to limit not only the movement of drugs but also the people who used them. Spearheaded by the Ministry of Public Security and gaining momentum over time, the "war on drugs" enlisted 17,000 anti-drug squad police who in 2004 detained 273,000 drug users through arrests made on streets, raids on people's homes, and other coordinated activities.⁴ If tested positive for illicit substances, suspected users were institutionalized for up to three years in ever-expanding network of government detention facilities.

This hard hitting, incarceration-focused approach to controlling drug use and HIV was meant to "protect the physical and mental health of Chinese citizens, maintain public order, and wipe out once and for all the scourge of drugs."⁵ In this formulation of public safety, drug users are seen as a potential security threat to the national population. This argument invokes programmatic responses, including the physical separation and marginalization of drug users, which quickly become forms of social control rather than means to assist those in need.

The crackdown approach in China to date has not produced the results that many had hoped. While policing budgets and arrest figures have skyrocketed over the past 15 years, the number of people using illicit drugs and infected by HIV also continue to climb, reaching five million and 288,000, respectively.⁶ Many of the compulsory rehabilitation and

³ Information Office of the State Council of the People's Republic of China, *White Papers: Narcotics Control in China*, 2000.

⁴ Xing Bao, "Drug war intensifies," *Shanghai Star*, June 24 2004; Drew Thompson, "The People's War against Drugs and HIV," *China Brief* 5, 4 (June 21 2004).

⁵ *White Papers: Narcotics Control in China*, 2000.

⁶ The number of drug users registered by the public security organs has increased from 148,000 in 1991 to 1.05 million in 2005. The five million figure comes from the country's application to the Global Fund. *White Papers: Narcotics Control in China*, 2000; Drew Thompson, "In Search of Harm Reduction," *The Standard*, June 23 2005; Country

reeducation-through-labor centers that house arrested drug users are overcrowded and under-funded and may provide sub-standard psychological and pharmacological care to those in treatment. The relapse rate among individuals leaving these state detention facilities has been officially reported to be between 90 percent and 95 percent, but NGO workers claim that the real number may be closer to 99 percent.⁷ A less publicized aspect of the country's war on drugs has been the lost opportunities of those mired in a cycle of arrest, detoxification, release, relapse and arrest. Many drug users live their lives in constant fear of police raids, endure difficult conditions and long periods away from friends and family while in confinement, and suffer high rates of unemployment and discrimination when they are not in government facilities.

Over the years, a growing number of observers have argued for an alternative approach to preventing illicit drug use and HIV in China. By emphasizing individual choice, the MMT program represents both a programmatic alternative to compulsory detention and a challenge to a security discourse that sees drug users as a threat to public health. The case for MMT is strengthened by the pragmatic argument that attention to drug users' needs, rather than those of an abstract public, ultimately ensures community security by more effectively reducing the transmission of HIV, increasing the likelihood of addicts' long term abstinence from illicit drugs, and helping to minimize drug-related crime.

By providing voluntary, demand-based services that minimally disrupt participants' daily lives, MMT avoids stigmatizing roundups and allows drug users the opportunity to lead productive lives in society while undergoing treatment. Services offered by the MMT may reach populations that escape police raids or fail to thrive in government detention programs. In Kyrgyzstan, a rare example of a country in Central Asia that has implemented a national MMT program, patients were far less likely to participate in criminal activity and reported enhanced happiness and health.⁸

Initial reports from Beijing confirm that methadone can be effective in the China context. Stories of individuals breaking drug habits and participating in work and social activities featured in a range of media

Coordinating Mechanism, *China Round Four HIV/AIDS Global Fund Proposal: Reducing HIV Transmission Among and From Vulnerable Groups and Alleviating its Impact in Seven Provinces in China*, 2004; Jim Yardley, “New Survey Reduces Estimate of AIDS and HIV Cases in China,” *New York Times*, January 25 2006.

⁷ Authors were unable to confirm figure. “Locked Doors: The Human Rights of People living with HIV/AIDS in China,” *Human Rights Watch* 15, 7 (2003): 44; Interview, NGO employee in Kunming, November 8 2005.

⁸ Daniel Wolfe, “Pointing the Way: Harm Reduction in Kyrgyz Republic,” (Bishkek: Harm Reduction Association of Kyrgyzstan, 2005).

outlets over the past two years. A national seminar reviewing preliminary data from pilot sites found that heroin use, intravenous injection, and drug-use related crime had diminished in participating areas.⁹

Despite these positive signs, the China program to date has been constrained by rules defining how it operates and who it is able to serve. Current regulations mandate that all potential participants must have a stable residence in the area where they are treated, be at least 20 years of age, and have spent time, generally a minimum of six months, in state detention facilities before entering the program. In addition, clinics require that potential participants register and receive approval from local police. The cost of the treatment, over \$30 a month at most sites, is also a significant barrier to those without a steady source of income. These limitations have resulted in disappointing enrollment numbers and high drop out rates in certain sites.

2006 will be a crucial period in the development of China's MMT program. While there is talk of eliminating user fees and easing eligibility requirements, the program in its current incarnation fails to serve a significant number of the most vulnerable portion of opiate-addicted individuals across the country. Securing funding for future expansion may also be a problem, as 70 approved clinics at the end of 2005 were still not operating due to delays in money transfers. The long-term viability and effectiveness of the program are still to be determined.

Rethinking HIV, Drugs and Security

MMT in China has been closely watched by neighboring governments, many of whom are considering similar programs. Recently, a Russian delegation visited China with an aim of assessing the appropriateness of methadone for its own drug users. While Kazakhstan and Tajikistan have considered implementing substitution treatment programs for over five years, substitution medication is still not registered in either country. In this context, a thriving, best-practice MMT in China could help build momentum for similar initiatives in the region, while a rigidly controlled or stalled effort could make other countries more likely to put the breaks on their own fledgling programs.

Decisions around MMT also have implications for the ongoing debate in China over how to balance harm reduction versus criminalization approaches to drug control. The Chinese government has expanded its portfolio of harm reduction activities to include pilot needle exchange

⁹ State Council HIV/AIDS Working Committee Office and UN Theme Group on HIV/AIDS in China. *A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China*, 2004, 17.

sites and peer education programs. However, it has also announced another round of the “people’s war on drugs” with a renewed commitment to locking up every drug user in the country. This uncomfortable blend of policies can be seen in recent public campaign messages displayed on adjacent billboards, where a policeman toting a gun with flaming contraband behind him urges the public to participate in the “people’s war on drugs” shares space with two smiling actors who ask the same population to “love life and prevent AIDS.”

China is not the only country where anti-drug activities have turned anti-drug user. Officially launched in February of 2003, a violent state-sponsored “war on drugs” in Thailand resulted in the unexplained killing of more than 2,000 persons, the arbitrary arrest or blacklisting of several thousand more, and the endorsement of extreme violence by government officials at the highest levels.¹⁰ The United States, which bans the use of federal funds for needle exchange, currently incarcerates half a million of its citizens for non-violent drug offences. With the highest per capita execution rate in the world, Singapore also continues its own prosecution of drug traffickers and users.

A rethinking of national security discourse can shift governments away from regressive, brutal policies towards drug users. Human security, defined as “protection from sudden and hurtful disruptions in the patterns of our daily lives — whether in our homes, our jobs, in our communities or in our environments”¹¹, complicates traditional national security arguments that minimize the human costs of crackdowns and mass incarcerations. Adopting a human security perspective re-figures the level of analysis on which security is defined and reminds governments that they are morally obligated to consider the individual safety of those affected by their policies, regardless of their social or health status.

A human security perspective not only resonates with the values of a liberal humanist community, it also rings true with the lessons learned from over 25 years of studying HIV prevention efforts. In a variety of contexts worldwide, social scientists have found that the virus spreads most quickly among groups that are economically and socially marginalized. Moreover, experience teaches us that government attempts to step up criminalization generally only serve to push undesirable behavior further underground and exacerbate associated harms. Successful prevention programs in Australia, Brazil, and Senegal have all focused on reducing harm rather than stigmatizing people at risk for contracting the virus. Community-based, voluntary services that are

¹⁰ “Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights,” *Human Rights Watch* 16, 8 (June 2004).

¹¹ UNDP, *Human Development Report* (New York: Oxford University Press, 1994), 3.

designed with broadly defined needs of drug users in mind will be most effective in reducing the spread of the virus.

Conclusions

In the name of keeping the nation secure, China has, like a number of other countries in recent times, developed an incarceration-focused response to its drug use and HIV problems. There is a moral, as well as pragmatic, imperative to build alternative programs that reduce the harms associated with intravenous drug use while treating drug users with dignity and respect. The debut of the national MMT program is an important initial step towards a drug-user centered, human security approach to prevention and treatment. However, Chinese leadership needs to do more. Without strong coordination and support among implementing Ministries at all levels, there is potential for the clinics themselves to become targets in the country's ongoing war on drugs. If the project sites are rigidly controlled and operate within a coercive environment, a lack of honesty and trust between service providers and participants could derail an otherwise valiant effort.

In addition, to successfully stem the looming HIV epidemic the Chinese government must make a range of community-based services, including needle exchange, peer education, and employment services, available to anyone who needs them. Collectively, these interventions would give drug users handholds to pull themselves out of drug addiction and HIV vulnerability. With nearly 80 percent of the world's 13 million injecting drug users living in developing countries and intravenous drug use fueling a "second wave" of infections across the globe,¹² China and its neighbors have much to gain from making the right security choices.

¹² United Nations Office on Drugs and Crime, *2005 World Drug Report: Volume 1: Analysis* (Vienna, Austria: UNODC, 2005), 148.