

HIV Prevention for IDUs in China and Vietnam: The Problem of Inconsistent Policies

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Outline

- **Importance of policy and legal environment.**
- **Inconsistent policies and practices in China and Vietnam.**
- **Practical effects of inconsistencies.**
- **What can be done?**

HIV Prevention Strategies for IDUs

- **Peer outreach and education;**
- **Access to sterile needles/syringes;**
- **Condom distribution/promotion;**
- **Opioid maintenance treatment; and**
- **Comprehensive programs.**

Policy and Legal Environment

- **Consistently supportive environment needed for maximum benefit.**
- **Hostile government policies threaten HIV prevention programs in the U.S., Russia, some parts of Eastern Europe, and Asia.**
- **Situation in China and Vietnam is more complex but still problematic.**

HIV/AIDS in China and Vietnam

- **Began among IDUs in late 1980s (China), early 1990s (Vietnam).**
- **Still concentrated among IDUs—HIV prevalence >50% in some areas.**
- **Recently emerging evidence of epidemic generalization — >1% HIV prevalence among antenatal women in some places (UNAIDS definition of generalized epidemic).**

The Problem of Inconsistent Policies

- **Government support for community-based HIV prevention interventions...but also...**
- **Continued repression of IDUs: “social evils” approach, crackdowns, large-scale arrest and confinement in compulsory detoxification/rehabilitation centers, labor camps, prisons.**
- **Repressive policies have more political support and funding than community-based prevention.**

China: Government Support for Community-Based Prevention

- **Action Plan for Reducing and Preventing the Spread of HIV/AIDS, 2006–2010 (State Council).**
- **State Council Office directs implementation at all levels (Doc No. 13, February 27, 2006).**

China: Government Support for Community-Based Prevention (2)

- **Government-supported methadone maintenance treatment (MMT):** End of 2005 — 128 MMT sites, ~10,000 clients; plan by 2008 — 1,000 – 1,500 sites with 200,000 – 300,000 clients.
- **Government-supported needle/syringe exchange in rural areas; also some NSE supported by international donors.**

China: Depiction of inconsistent policies

- **Billboards on two sides of a building in Kunming (Yunnan):**
 - 1. “Love Life, Prevent AIDS”.
 - 2. Photo (by Nick Bartlett) in following slide.

“All People Move Together to Strike a Battle in the People’s War on Drugs”



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Agenda for HIV/AIDS Policy Training Workshop, Kunming, 2005

全社会行动起来，打一场禁毒和防治艾滋病的人民战争！

Let's Take Actions to Declare the People's War

Against Narcotics and HIV/AIDS!

China: effect of inconsistent policies

- 273,000 IDUs confined (2004).
- Ning Ming County (Guangxi)—Cross-Border Project
 - Strong government support.
 - No direct interference by police, but...
 - Continued crackdowns, arrests and
 - Chilling effect on IDUs' willingness to contact peer educators and obtain needles/syringes and pharmacy vouchers.

China: effect of inconsistent policies (2)

- Declining monthly average numbers of needles/syringes provided from 12,000 in 2003 to 8,000 in 2005.
- Potentially more sharing of injection equipment and more HIV transmission.

■ Kunming (Yunnan)

- Implementation of drug treatment (DAYTOP), peer outreach, NSE.

China: effect of inconsistent policies (3)

- Police crackdowns; quotas for arrest and confinement of IDUs.
- Direct disruption of interventions followed killing of police officer by a drug user.
- NSE participation dropped from 2,000 to 200 per month.

Vietnam: Government Support for Community-Based Prevention

- **National HIV/AIDS Strategy (2005): support for MMT, NSE, peer education.**
- **New National HIV/AIDS Law (passed by National Assembly, May 2006): defines HR to include promotion of clean needles/syringes and condoms, opioid maintenance treatment (Art 2:15) and calls for implementation of HR interventions (Art 21) “subject to economic-social conditions”.**

Vietnam: Inconsistent Policies

- **Communist Party Directive: November 30, 2005: “The party executive committees and government agencies at all levels should...develop action plans for...HIV/AIDS prevention and control, together with drug use [and] prostitution prevention and control.”**
- **Is there a conflict between HIV prevention and drug control?**

Vietnam: effect of inconsistent policies

- **Peer education and NSE in some provinces.**
- **Continued crackdowns/arrest of IDUs.**
- **In Cross-Border Project in Lang Son:**
 - No direct interference with project.
 - Monthly numbers of needles/syringes provided fluctuates with level of police crackdowns; reduced provision may lead to more sharing and HIV risk.

Vietnam: effect of inconsistencies (2)

- IDUs reluctant to keep needles/syringes for exchange.
- In one site, police watch pharmacy to see if IDUs redeem vouchers, then arrest them if they possess drugs.
- **Resistance to Methadone Maintenance Treatment among some stakeholders and currently no legal MMT (but may change with new HIV/AIDS law).**

Vietnam: effect of inconsistencies (3)

- **>60,000 IDUs in drug rehabilitation (06) centers nationwide, 35,000 in Ho Chi Minh City alone. No evidence that mass incarceration is an effective HIV prevention or drug control strategy (relapse rate among releasees >90%).**
- **Few HIV services in 06 Centers. Mainly detoxification and “moral education”.**

What can be done?

- **Consider effects of crackdowns/mass arrests on HIV prevention.**
- **Incorporate primary prevention of drug use into HIV prevention programs.**
- **Continue research on efficacy and effectiveness of community-based prevention.**
- **Improve consistency in laws and policies.**
- **Conduct multi-sectoral training on HIV prevention strategies.**

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