

THIS WORKS

**PILOTING ALTERNATIVES
TO INCARCERATION
TO ADDRESS DRUG USE
IN CHINA**

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere.

Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, almost 2 million people were infected with HIV in 2017 and almost 1 million died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS

Frontline AIDS

91-101 Davigdor Road
Hove, East Sussex
BN3 1RE
United Kingdom

Tel: +44 1273 718 900

Fax: +44 1273 718 901

Email: mail@frontlineaids.org

Registered charity number
1038860

www.frontlineaids.org

Coverphoto: Gemma Taylor
for Frontline AIDS



INTRODUCTION

There is a global HIV and Hepatitis C crisis going on – half of the 15.6 million people who inject drugs are living with Hepatitis C and a quarter are living with HIV.

Less than 1% of people live in countries with sufficient access to WHO-recommended harm reduction services, making millions of people unnecessarily vulnerable to HIV, Hepatitis C and other health issues.¹

Harm reduction prevents HIV and saves lives – but rather than offer these services, many governments punish people who use drugs. More than 56% of people who use drugs worldwide experienced incarceration over the past 12 months.²

Alongside our partners, Frontline AIDS is leading life-saving programmes, offering support to more than 300,000 people who use drugs around the world.

→ CHINA'S RESPONSE TO DRUG USE

In China, there are 2.56 million people who inject drugs. Between 6% and 18.3% of these people are living with HIV.¹ The country has one of the highest rates of injecting drug use in the world, alongside Russia and the USA.

Although drug use is technically not criminalised, a host of social and legal restrictions can be placed on people identified by authorities as using drugs. People identified in this way are forced to register as 'drug users' or 'drug addicts' with their local police. This status is then attached to their national identification card, and their movements surveyed through a sophisticated surveillance system, which can make it extremely difficult to lead a normal life.

The police have targets for the number of drug users they need to arrest, and these targets are related to their performance. As a result, hundreds of thousands of people who use drugs are arrested and put into the compulsory detoxification centres without trial, often for years.

China's anti-drug law stipulates that community-based treatment is one of the four core mechanisms of the Chinese response to drug use. However, in practice – and despite having one of the world's largest opioid substitution therapy programmes – there are few alternative options to compulsory detoxification.

Bottle for take-home methadone.





AN ALTERNATIVE APPROACH

COMMUNITY-BASED DRUG TREATMENT

In Yunnan Province in southwest China, Yunnan Institute of Drug Abuse (YIDA) and AIDS Care China, a Frontline AIDS partner, are collaborating with local police and health authorities to develop a model of community-based treatment, which **aims to put people in the community treatment system rather than arresting them and sending them to a compulsory detoxification centre**. The model uses software to assess the risk that someone who is registered as a drug user will relapse into problematic drug use, based on their treatment records. As the methadone treatment programme is jointly managed by the police and the public health authority, the police have access to this information already.

The risk assessment is done through an algorithm, which calculates someone's relapse risk in relation to how well they have adhered to methadone maintenance treatment (MMT), regular urine test results and the possible harm someone could cause to society, based on their criminal record.

AIDS Care China has been working with YIDA since 2013 to improve the coverage of MMT by making the dosage more flexible and individually tailored, and allowing people to take it home. The risk assessment system depends on MMT being available and of good quality, with people supported to adhere to it. If people enrolled on the treatment programme are found by police using heroin, yet registered as having a low relapse risk according to the risk assessment result, they will be given a warning rather than being sent to a compulsory detoxification centre. Rather than taking a 'zero tolerance' approach to drug use, such a system tolerates occasional relapse and makes it more likely that people will stay on MMT.

NEW TECHNOLOGY HELPS AVOID DETENTION

The system **uses an application, which can be installed on a smart phone**, and can only be accessed through an approved login. This generates a score that indicates how likely someone is to relapse into regular or problematic drug use. Although the risk score is calculated using patient and criminal records, the app user cannot see this data.

Each person with low risk will be given one opportunity of being referred to a community-based treatment programme rather than a compulsory treatment centre per year, **thus reducing the number of people being incarcerated**. In addition, this process helps the police officer to get a good performance-indicator score.

Training and ongoing collaboration with police and other authorities is critical to the model. For example, police officers are trained to understand why occasional relapses (which will result in positive urine tests) are a common part of the rehabilitation process for people who use drugs, but do not strengthen their dependence on drugs or necessarily predict long-term relapse and should therefore be tolerated.

People who use drugs can also monitor their risk-level with the mobile application. **This empowers people with information, and enables them to take action to maintain a low-risk score or to lower their score over time.**

LINKING THE APP TO COMMUNITY-BASED TREATMENT PROGRAMMES

As part of the wider community-based treatment programme, **family members, peer outreach workers and health workers are trained to use the application.** With help from the application, health workers and peer outreach workers can focus on people with increasing risk of relapse by offering them additional services and support to adhere to their treatment. Family members can also use the app to support people to adhere to MMT and help them manage their risk of relapsing to problematic drug use.

Any clients that stay on and adhere to the community-based treatment programme will be at 'low risk' if they take methadone doses on time, receive regular negative urine test results, and participate in programme activities, such as peer support gatherings. **The model's principal assumption is that any person who uses drugs who adheres to these requirements will eventually be reintegrated into mainstream society.** This belief includes an understanding that treatment is a long process, and it is normal for people to relapse several times during the process. Someone's low-risk status means they should not be put into a compulsory detoxification centre if they are found using drugs occasionally.

If a person has an on-going low-risk score for three years, **their data will be removed from the national police's monitoring system.** Therefore they will no longer be as likely to be harassed by police, and restrictions to certain activities or professions, such as driving, will cease.

COLLABORATION IS ESSENTIAL

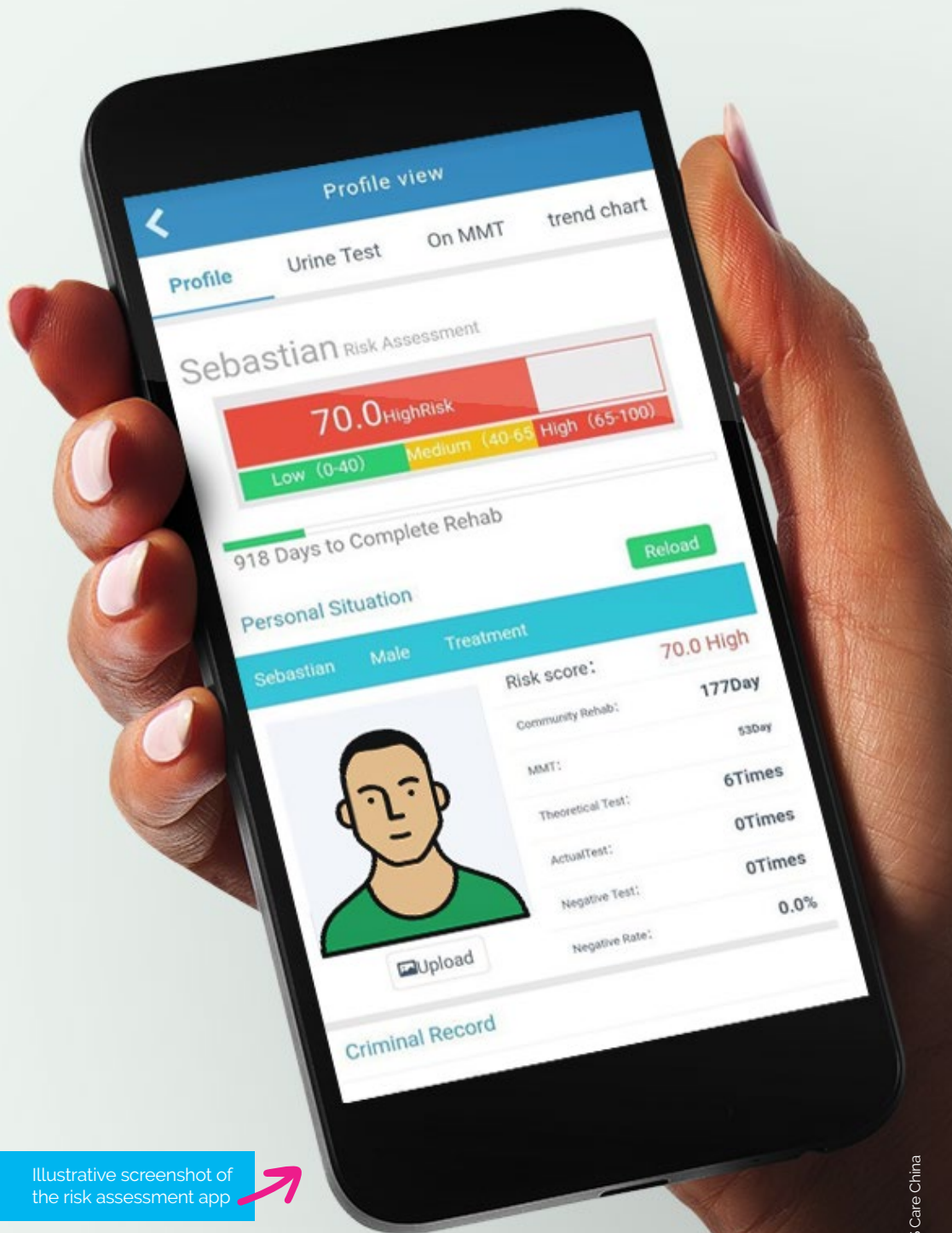
This intervention relies on close cooperation between communities, medical service providers, police and other government agencies, which sometimes have divergent mandates. Significant effort was required to achieve mutual agreement between those involved in the pilot in order to convince local authorities to support it. Collaboration with the authorities is ongoing and is central to the pilot's success.



PREVENTING POWER ABUSE

There are understandable concerns that making medical and criminal record information accessible could result in it being used against people who use drugs. This is mitigated by several approaches. Firstly, the application users can only get a score using existing records and an agreed algorithm and cannot access actual clinical records. Secondly, other private data, such as HIV testing records, are not shared.

The application does not allow police to review lists of people who use drugs and obtain their details. This prevents them from using it against drug users en masse, for example by organising a raid. Police are only able to check the risk assessment score when they encounter a registered client demonstrating signs of illicit drug use. This limitation is important, as it curbs the police's ability to screen for clients at high risk and target them for arrest.



Profile view

< Profile Urine Test On MMT trend chart

Sebastian Risk Assessment



918 Days to Complete Rehab

Reload

Personal Situation

Sebastian Male Treatment



Upload

Risk score:	70.0 High
Community Rehab:	177Day
MMT:	530day
Theoretical Test:	6Times
Actual Test:	0Times
Negative Test:	0Times
Negative Rate:	0.0%

Criminal Record

Illustrative screenshot of the risk assessment app



REFERENCES

1 Harm Reduction International (2018) The Global State of Harm Reduction: 6th edition. Available at <https://www.hri.global/global-state-harm-reduction-2018>

2 Larney, S et al. (2017) 'Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review', The Lancet Global Health, 5 (12), Pe1208-e1220.



JOIN US. END IT.

www.frontlineaids.org