

## **Review of the Saulius Caplinskas's publication „Controversies in response to AIDS and drug use“**

Manuscript „Controversies in response to AIDS and drug use“ is a consecutive (from foreign experience to Lithuanian experience, from globality to concrete case), versatile (from ethical aspects to methodology), comprehensive analytical work with enough space given to the newest both global and Lithuanian research. From the very first years of AIDS epidemic, drug use has been one of the major epidemic driving forces; both issues have been addressed by multiple programmes, strategical publications, various theories and points of views, suggestions and suppositions, recommendations have thrived. The issue was considered by politicians, medical officials, epidemiologists, economists, psychiatrists and psychologists, narcologists and philosophers. This work reviews many different sources related to the response to AIDS and drug use (Reference list includes almost 300 sources), summarizes and draws conclusions, there are lot of recommendatory statements, illustrations. In the preface the author puts lots of controversial questions that have thrilled the minds of experts already for 30 years and looks for answers through 11 manuscript chapters.

HIV epidemic management and prevention programme principles are discussed in the first chapter. Broader aims of WHO settled by UNAIDS helped to integrate specific HIV initiatives and priorities but the principle of Universal Access has not been yet realised. For millions of people in the world HIV prevention, treatment, specialized health care and social support services are inaccessible, consequently, their search for healthy living style, as well as education and employment chances that UNAIDS emphasized in the „Millennium“ documents were not actualized.

Trends of drug policy principle formation are analysed in the second chapter. Majority of European governments reckon that drug use is rather a health issue, and not a crime, respectively the national laws are adjusted. Opinion that prevention of drug use is the most efficient and cost-effective method of drug policy prevails. Every country has its own policy on illegal drug use; all the policies differ by the level of tolerance towards drug use and severity of compulsory measures.

Cornerstone of the EU drug policy is harm reduction. Objectives are reduction of drug use (especially among young people up to 18), reduction of drug-related deaths and health problems (especially AIDS), reduction of demand and supply and reduction of drug-related criminality. As the author notes, “official interventions in case somebody is arraigned for drug possession, use, etc. are similar in the whole Europe without reference to fact if this action is considered a crime or not”. Key principles of successful drug policy are also listed: 1. to acknowledge a problem – to take action, 2. everything always in the same time, 3. limitation of drug accessibility, 4. clear and shared public opinion is the most important.

In the third chapter of the manuscript the problem of drug dependence is analysed by using humanistic approach. Various drug dependence models created in different time are reviewed, individual and community welfare ratio is treated meaning that: individual support should not do any harm to community. In conclusion, the summarising and recommendatory findings of the drug policy are presented: to limit opportunities to get drugs and use them, to invest into broad prevention and to insure evidence-based treatment.

Hereafter, the focus is put on uncertainty and ambiguity of HIV epidemic and drug dependence as biosocial phenomena, theoretical aspects of biosocial phenomenon, social norm and compromise are discussed. Often discussions on HIV pandemic and drug dependence lead to contradictions because of different opinions of and terms used by various specialists. The cause of such contradictions is not malevolence or incompetence of supporters of the certain point of view but complicated nature of the biosocial phenomena itself. Biosocial contradictions could be solved by the compromise. The compromise is easier to reach by norms valid in the certain field of public life. As the author says, the most significant in prophylaxis is to prevent digression from the positive public health norms.

In the fifth chapter ethical aspects of different illegal drug concepts are considered. Ethics consists of systematisation, safeguarding and recommendation of the good (right/appropriate/publicly acceptable) and bad (wrong/inappropriate/publicly unacceptable) behavioural concepts. In medical ethics decisions are usually taken in respect of individual duties

and rights of others. This means that individual behaviour or decisions may be considered wrong even if pretty acceptable results are achieved. In terms of medical ethics, ways of reaching the targets are more important as results.

The author emphasizes the importance to speak about drug abuse in ethical categories while bearing in mind the immense harm of illegal drug use. Here, again, dilemma of individual and public welfare emerges. Because “the incline to use illegal drugs understood as striving of an individual for pleasure is earthly harmful in social view, for we could proceed with treating it as an issue of sheer personal decision”.

In sixth chapter efficiency of the harm reduction is analysed. In general, issues of drug harm reduction are very controversial. Drug policy is often discussed in moral aspects with majority of politicians standing for certain position without taking into account any of the scientific evidences. As the author says, up to now we do not have any evidence that syringe and needle exchange services have reduced injection drug use or methadone programmes efficiently helped to increase number of people abstaining from drugs. There are people thinking that needle exchange services are only the waste of money and surge the drug use, methadone programmes only prolong drug dependence and provide a chance for drug users to sell it on the streets to earn money for new drugs. In summary, we can maintain that research of harm reduction efficiency is not sufficient to draw undisputable conclusions. From one side efficiency research proved that some harm reduction means have positive results, from other side – it is clearly evident that, apart from HIV prevention, the widely applied harm reduction programmes do not help to reduce general drug-related harm. As the author concludes, “consistency of harm reduction and drug use reduction may evolve to the most serious problems of drug policy and drug control, which we will have to solve in the nearest decades”.

Chapter about another controversial issue – cohesive treatment of drug offenders provides for detailed analysis of drug problem in prison settings. As the author says, number of drug users in Lithuanian prisons has been on increase, the same as a number of the inmates infected by HIV through injected drugs. In confinements, where many people spend lot of time in cramped rooms, diseases prevention and treatment should be one of priorities. As the author notes, the inmates engaging into risky sex and injection drug use often have no chance to protect from infections. It appears in USA and some other countries including the Europe that drug offenders are faced with alternative: to enrol in dependence treatment programme in exchange of shortened punishment or even probation. Drug-dependent people requiring active intervention and support in abstaining from drugs may benefit from this approach. Following an example of USA, drug courts were very successively introduced in 14 countries, including Ireland, Norway, Italy and Macedonia.

In the chapter on HIV case management the HIV case care approach applied so widely in Western countries and USA (where even the respective professionals - case managers are trained, usually the social workers) is analysed in detail. Qualified HIV case managers address various problems faced by persons with HIV by drafting a patient case plan. Case managers can play a very important role in finding out and meeting the needs of patients. Objectives of HIV case management approach is to improve the quality of medical care and life of people with HIV, to coordinate various health care services, to insure accessibility of required medical, psychological, social services. This approach is especially useful in sense of public health since it assures continued health care of HIV patients; furthermore, it is very cost-effective because maximal limitation of work dubbing by various institutions.

Afterwards, the author summarizes and evaluates activity of the Lithuanian AIDS Centre – the former national institution specialized in HIV control and prevention. The Centre was established in 1989 as national institution to coordinate HIV prevention strategy. The main aim was to take care of Lithuanian population's health, to slow HIV transmission, to strive for Lithuania's remaining a country of low HIV prevalence, to reduce negative consequences of HIV infection on an individual and general population. These aims were followed by development of the national multi-sectorial AIDS prevention and control programmes and by coordination of programme implementation. With participation of various authorities the Centre has accomplished much in helping those to whom health care services were hardly accessible, in introducing HIV prevention, treatment and support models, which took into account specific needs of the risk contingents, in

coordination of mental health and dependence treatment services, early diagnosis and anonymous treatment of sexually transmitted diseases, services of dual prevention and low threshold.

Along with economic changes, effective treatments that slow HIV progression and with even more focus put on the treatment as prevention and along with changes in global understanding of AIDS, political position has shifted and specialised integrated prevention and care institution was dissolved. The Lithuanian AIDS Centre was reorganized in 2009, part of the functions were overtaken by new institution entitled to organise and assure epidemiological surveillance of communicable diseases.

In conclusion of the analysis of the controversies in AIDS and drug response the author implies that dependence treatment must be reorganised in principle. To stop HIV epidemic among drug users a new thinking, flexible health care and social policy is required. The author puts forward a proposal to change understanding of the key objective of drug policy: not “drug use-related harm reduction” but “considerable drug use reduction”. He finally concludes that “in times of the global project crisis many people are forced to review their previous positions and to propose other ways of solutions”.

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