

毒品市场执法的公共健康和社会影响：证据审视

托马斯·克尔(Thomas Kerr) (a, b, *)、Will Small) (a)、Evan Wood(a, c)

摘要

在多数情况下，应对与非法注射吸毒有关的危害的主要方法涉及加强执法，以便限制毒品的供应和使用。20世纪80年代以来，警察途径越来越多地被应用于非法毒品市场中，尽管对其效果的科学证明十分有限。相反，越来越多的研究机构指出，这些途径可能实质性地产生有害的健康和社会影响，包括干扰向注射吸毒者（IDU）提供医疗保健，增加与传染病传播和吸毒过量有关的高危行为，以及将以前不受影响的社群暴露在与非法吸毒有关的危害之下。但是，传统的以执法为目标的途径的有些替代措施可能实质上较少有潜在的消极健康和社会后果，而且更可能有纯粹的社会利益。这些政策中有些涉及修改警务实践，培养警察和公共健康机构之间的伙伴关系，以及制订监督警务实践的制度。另一些替代措施涉及提供减低危害服务，如帮助减低与毒品有关的危害的安全注射设施；以及最终帮助减低对非法毒品的需求的毒瘾治疗服务。

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序

发达国家和发展中国家中，应对与非法吸毒有关的危害的主要方法是加强执法，以便限制毒品的供应和使用(Drucker, 1999; Kerr, Kaplan, Suwannawong, Jurgens, & Wood, 2004; Knutsson, 2000; Wodak, 2001)。在大量资源被用于减少毒品供应的同时，重点越来越多地被放在地方执法工作上，包括在销售和消费毒品的毒品市场中进行的执法(Natarajan & Hough, 2000; Williams, 1990)。

毒品市场执法正在变得越来越有争议，因为为数不多但是正在迅速增长的研究机构已经证实：这些途径常常产生各种身体、社会和行为后果，导致与健康有关的危害的加剧和使问题出现在全新的领域中(Dixon & Coffin, 1999; Maher & Dixon, 1999)。这些途径的持续应用证明：再三呼吁执法的公众和渴望安抚其选民的政客对这些途径的消极影响的理解很差，或者干脆将其忽视。

目前，人们在分析毒品相关危害和描述各种因素在其中交互作用，产生危害的更大的“高危环境”的生态途径上的兴趣日益增长(Burris, Blankenship, & Donoghoe, 2004; Rhodes, 2002)。这种途径的目标之一是找出物理和社会环境中对风险有决定作用的元素，以及改变环境和通过重要的减低危害措施来进行的结构性干预措施(Des Jarlais, 2000; Link & Phelan, 1995; Rhodes, 2002)。根据这些进展，我们集中讨论发生在毒品市场中的警务活动与非法吸毒者的健康和做法、医疗保健的提供、以及对邻近社区的影响的交互作用的机制。然后我们用把毒品市场与警务和这一特殊途径的替代措施联系起来的收益和成本讨论作为结束。

文献回顾

已发表的研究是通过使用各种研究术语（如“警察镇压”、“毒品市场”和“毒品执法”）对医学文献数据库(MEDLINE)和社会科学索引数据库(Social Science Index databases)进行计算机搜索找到的。另外的参考资料是通过已发表的稿件中的参考文献清单获得的，我们还通过本文件的评论者来留意更多尚未发表的评估。虽然我们的重点主要是注射吸毒者(IDU)的健康，但我们也查阅了记录对非注射吸毒者的影响的文献。这一回顾是有限的，因为回顾仅限于英语出版物，而且严重依赖在澳大利亚、加拿大、美国和英国所做的研究。

非法毒品市场执法

毒品市场一般位于市中心地区，其特征是特定地区吸毒者和毒品交易高度集中(Curtis & Wendel, 2000; Hough & Natarajan, 2000)。毒品市场的特征可以根据它们是“公开”的还是“封闭”的来概括(May, Harocopos, Turnbull, & Hough, 2000; May & Hough, 2001a)。公开的市场

往往是在可见的公共环境中，接近它们很少存在障碍，不认识毒贩的人也能购买毒品。相反，封闭的市场在隐蔽的地点运转，寻找毒品的人必须认识或被介绍给一位毒贩。

毒品市场执法的方式多种多样，其中包括：扫荡——包括短期内在特定地区部署大量警官；在较长时间里实质性增加特定地区的警官数量；部署秘密警察充当预期的毒贩或吸毒者，从事“购买和逮捕”，还可能进行毒品“购买测试”，后面会进行分析；以及用闭路电视和其他技术进行监视 (Dixon & Coffin, 1999; Greene, 1996; Hough & Edmunds, 1999; Jacobson, 1999; Zimmer, 1990)。毒品市场执法途径常常包括传统的警务方法，包括使用“动手”的方法（例如搜身）、吸毒者与警察之间的街道追逐以及身体约束 (Kersten, 2000)。毒品市场执法旨在实现几个目标，其中包括：破坏固定的市场，藉此减少公共秩序混乱，以及阻断供应，藉此抬高毒品价格和增加吸毒者花在寻找毒品上的时间 (Caulkins, 1993; Hough & Natarajan, 2000; Kleiman, 1992; Lee, 1996; Murji, 1998)。这些途径还旨在促使吸毒者由于恐惧不利后果（如逮捕、监禁）或由于毒品价格上涨难以维持这一习惯而戒除吸毒或参加治疗 (Weatherburn & Lind, 1997; Zimmer, 1990)。虽然毒品市场执法对犯罪和公共秩序的影响已经得到了长期的调查，但这些途径的健康和社会影响只是最近才得到了科学文献的注意 (Burris et al., 2004; Maher & Dixon, 2001)

公共健康和社会影响

注射与高危行为

毒品市场执法能够促进注射行为的改变，加剧产生不利的健康后果的风险。毒品市场的警察驻守增加之后，购买和消费毒品之间的时间成为吸毒者遭到法律惩处的可能性提高的因素之一 (Dovey, Fitzgerald, & Choi, 2001)，研究还显示，作为应对方式，注射吸毒者会为了避开警察而改变其行为。为了确保在毒品被没收之前使用它们，注射吸毒者在注射过程中会很匆忙 (Aitken, Moore, Higgs, Kelsall, & Kreger, 2002; Dixon & Maher, 2002; Maher & Dixon, 1999, 2001; Small et al., in press)。匆忙注射会导致一些伤害。例如，注射吸毒者在准备毒品溶液时更可能会跳过重要的步骤 (Broadhead, Kerr, Grund, & Altice, 2002; Maher & Dixon, 1999)。例子之一是“摇和烤”的毒品准备方法：毒品与血或水混合在一起，没有事先加热杀死细菌和过滤去除杂质 (Wood, Kerr, Small, et al., 2003; Wood, Kerr, Spittal, et al., 2003; Wood, Tyndall, et al., 2003; Wood, Zettel, & Stewart, 2003)。同样，匆忙注射时，注射吸毒者也较少可能在注射前清洁注射部位或在注射后包扎伤口 (Broadhead et al., 2002)，由于用匆忙的方式插入注射器，血管损伤的风险也增加了 (Maher & Dixon, 2001)。随后这些做法会增加脓肿和细菌感染的风险 (Murphy et al., 2001)，这种问题过去被发现在住院的注射吸毒者中占多数 (Palepu et al., 2001)。证据还指出：由于匆忙注射，注射吸毒者更可能在准备毒品溶液时卷入间接共用注射工具 (Maher & Dixon, 2001)。匆忙还可能增加吸毒过量的危险，因为吸毒者快速注射毒品，没有先试验其浓度 (Broadhead et al., 2002; Maher & Dixon, 2001)。

加拿大温哥华警方镇压时也能发现偶然的注射器共用 (Small et al., in press)。在这种例子中，两个临时隐藏自己的注射器以避免逮捕的HIV血清阳性注射吸毒者的注射器偶然混在了一起。同样的评估还发现了吸毒者注意警察的压力能够会如何增加注射的风险，一位参与者报告在对一个朋友进行颈静脉注射时一直注意警察——这种做法即使没有这种分心的事也有由于血管意外而导致重伤的重大危险。

众所周知的还有，注射吸毒者在注射时会寻找提供更多私密和伪装的地点——如小巷出入口 (Dovey et al., 2001; Latkin et al., 1994; Small et al., in press)。众所周知，这种位置会增加过量吸毒的风险，因为这种环境常常处于能够提供帮助或呼救的旁观者的视线之外，没有地址可以给急救人员指路，而且急救设备很难到达 (Broadhead et al., 2002; Darke & Ross, 1998; McGregor, Darke, Ali, & Christie, 1998)。

Maher和Dixon (1999)在其有重大影响的关于警察对公共健康的影响的研究中描述了警察压力加强时，吸毒者和毒贩如何采用鼻子和口腔存毒等危险做法。这两种储存方式都能导致重大伤害；但是口腔储存尤其危险，因为这会促进过量吸毒，如果毒品偶然或为了瞒过警察而被咽下去的话 (Havis & Best, 2003; Heinemann, Miyaishi, Iwersen, Schmoldt, & Puschel, 1998; Wetli, Rao, & Rao, 1997)。Maher和Dixon (2001)还描述了毒贩从自己的嘴或鼻子里把毒品拿出来交给买主时

如何增加了传染病传播的风险。

物理位置与健康服务提供

许多与健康有关的伤害还来自注射吸毒者转入偏僻不公开的地点的物理位置。这种位置的典型例子是“注射场”(Des Jarlais & Friedman, 1990)。虽然研究中描述了各种注射场,但多数是隐蔽的室内地点,其中毒品交易和高危行为活跃。其中包括吸毒者共用注射器(Neaigus et al., 1994),储存注射器供将来使用(Rhodes et al., 2003),或者从职业毒贩/注射者那里接受注射——他们用同一支注射器给几位顾客注射(Ball, Rana, & Dehne, 1998)——的环境。在美国,注射场的使用再三被归因于害怕逮捕(Celentano et al., 1991; Schneider, 1998)。注射吸毒者位于这种地点时,消毒注射器往往不容易得到,而用过的注射器和不清洁的水源常常被拿来作替代品(Chitwood et al., 1995)。这起到了增加注射器被反复使用和共用的可能性的作用(Lachance et al., 1996; Latkin et al., 1994),因此,注射场出席率与HIV感染有关(Battjes, Pickens, Haverkos, & Sloboda, 1994; Chaisson, Moss, Onishi, Osmond, & Carlson, 1987; Zolopa et al., 1994)。

毒品市场执法更加广为人知的影响包括干扰注射吸毒者使用健康服务。这些影响一般是注射吸毒者转移的结果,虽然干扰服务也可能发生在仍然留在被警察严密监视的毒品市场内的注射吸毒者中(Aitken et al., 2002; Bluthenthal, Lorvick, Kral, Erringer, & Kahn, 1999; Rhodes et al., 2003; Small et al., in press; Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004)。若干研究指出:注射吸毒者往往很难为了提供促进健康和预防疾病的预防资料、治疗和教育信息而取得联系和保持沟通(Broadhead et al., 1998; Conviser & Rutledge, 1989)。当注射吸毒者由于发生执法而转移时,预防工作会遭到进一步损害,因为即使是最有经验的外展工作者也可能会发现很难找到搬到全新的地方去的注射吸毒者(Curtis et al., 1995)。警察驻守率高的时候,服务干扰可能会进一步恶化,因为有些吸毒者会避免与服务提供者公开交谈,以免被认为是吸毒者(Small et al., in press)。转移还会导致注射吸毒者在新地方得不到足够的服务。例子之一发生在澳大利亚墨尔本的郊区,警察镇压发生之后,邻近地区的注射器交换项目被大量需求所淹没(Aitken et al., 2002)。

若干研究已经证实:获得消毒注射器的充足机会可能是防止或逆转由注射吸毒驱动HIV疫情的唯一最重要的因素(Des Jarlais, 2000)。但是,大量研究已经证实,注射吸毒者常常由于恐惧逮捕而不愿接近注射器交换项目或亲自携带注射器,在某些情况下消毒注射器会被警察没收(Bastos & Strathdee, 2000; Bluthenthal, Kral, Lorvick, & Watters, 1997; Bluthenthal et al., 1999; Bourgois, 1998; Diaz, Vlahov, Hadden, & Edwards, 1999; Gleghorn, Jones, Doherty, Celentano, & Vlahov, 1995; Grund, Blanken, et al., 1992; Grund, Heckathorn, Broadhead, & Anthony, 1995; Grund, Stern, Kaplan, Adriaans, & Drucker, 1992; Koester, 1994; Rhodes et al., 2003; Weinstein, Toce, Katz, & Ryan, 1998; Zule, 1992)。这已经导致警察镇压期间注射器获得率较低的结果(Aitken et al., 2002; Davis et al., in press; Grund, Blanken, et al., 1992; Grund, Stern, et al., 1992; Maher & Dixon, 1999; Wood, Kerr, Small, et al., 2003; Wood, Kerr, Spittal, et al., 2003; Wood, Tyndall, et al., 2003; Wood, Zettl, et al., 2003),在毒品工具法禁止注射吸毒者持有注射器的情况下,针具交换项目的使用率也很低(Calsyn, Saxon, Freeman, & Whittaker, 1991; Case, Meehan, & Jones, 1998; Cotten-Oldenburg, Carr, DeBoer, Collison, & Novotny, 2001; Taussig, Weinstein, Burris, & Jones, 2000)。同样,注射吸毒者可能在获得毒品之后发现自己没有消毒注射工具,而且当时戒断症状可能最多。这种后果尤其令人担忧,因为观察指出:由于警察驻守而导致的注射器交换项目使用率低与注射吸毒者中注射器共用率提高有关(Aitken et al., 2002; Maher & Dixon, 1999; Rhodes et al., 2003)。众所周知,不愿携带注射工具也会导致不适当地处理注射器的比例提高,因为注射吸毒者可能为避免被警察拦住时持有用过的注射器而简单地把注射工具扔在街上(Aitken et al., 2002; Cooper, Moore, Gruskin, & Krieger, 2004; Dixon & Maher, 2002; Small et al., in press)。美国的研究还显示:有些吸毒者还由于恐惧逮捕而不愿携带安全注射和漂白剂工具箱(Blankenship & Koester, 2002),在加拿大所做的研究指出:警察驻守可能降低注射吸毒者携带安全注射设备的比例(Kerr, Wood, Small, Palepu, & Tyndall, 2003; Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004)。研究中也发现了警察驻守对获得健康服务的影响的证据,这些研究

报告说：许多注射吸毒者由于害怕警察会跟着急救人员进入吸毒地点，然后发生逮捕，因此在吸毒过量时或吸毒过量之后不愿寻求医疗帮助(Blankenship & Koester, 2002; Darke, Ross, & Hall, 1996; Davidson, Ochoa, Hahn, Evans, & Moss, 2002; Seal et al., 2003; Sergeev, Karpets, Sarang, & Tikhonov, 2003)。

注射吸毒者与警察之间的身体对抗

注射吸毒者与警察之间的身体对抗是与健康有关的损害的常见来源(Cooper et al., 2004)。毒品市场执法涉及经常使用“动手”的做法(如搜身)，更多使用身体约束(如锁喉)和其他间接的身体失能方法，如使用眩晕枪或辣椒水喷雾剂(Milliken, 1998; Pollanen, Chiasson, Cairns, & Young, 1998)。这些方法极大增加了给有关注射吸毒者和警察造成身体伤害的可能。越来越多的文献指出：警察使用约束措施被牵涉到与兴奋性精神错乱有关的死亡中(Ruttenber et al., 1997)，众所周知，这种情况是由使用娱乐剂量水平的可卡因导致的(Welti & Fishbain, 1985)。身体约束和姿势约束——包括常见的锁喉——也与警察监管下的意外死亡有关(Kirschner, 1997; Reay & Eisele, 1982)，使用辣椒水喷雾剂与角膜损伤的高发有关(Brown, Takeuchi, & Challoner, 2000)。

除了身体约束和失能的惯常做法之外，毒品市场执法也涉及了偏离可接受的警务实践的警察过度使用武力的例子(Caulkins, 1993)。因为巡警工作是能见度低的警务，很难观察和施加管理控制(Hough & Natarajan, 2000)，这可以解释为什么在若干国家中可以注意到过度使用武力和暴力威胁(Cooper et al., 2004; Dixon & Maher, 2002; Human Rights Watch, 2003a, 2004; Kerr et al., 2004; Kirschner, 1997; Zakrisson, Hamel, & Hwang, 2004)。最严重的由毒品执法导致伤害的例子可能来自泰国，在该国，由联邦政府下令的警察镇压行动导致了成千上万法外杀害吸毒者和毒贩嫌疑人的报告(Kerr et al., 2004; Human Rights Watch, 2004)。毒品执法也涉及其他与健康有关的伤害和侵犯人权事件，包括警察敲诈勒索吸毒嫌疑人、强迫戒毒、强制HIV检测和强迫劳动(Human Rights Watch, 2003a, 2003b, 2004)。

吸毒者和毒贩中暴力和动荡的增加也与毒品市场执法有关(Brownstein, Crimmins, & Spunt, 2000; Goldstein, 1989; Maher & Dixon, 1999; May & Hough, 2001a; Small et al., in press)。尤其是毒贩被逮捕或从通常的地点转移，市场中已经建立的关系中断的时候(Maher & Dixon, 2001)。这种中断被观察到的后果之一是欺骗(如卖假货或低质量的毒品)增加(Aitken et al., 2002; Maher & Dixon, 2001; Small et al., in press)。警察驻守率高的时候欺骗更容易实现，因为交易进行得更快，买主看看卖给他们的的是什么的时间更少。因为在这些情况下，吸毒者没有权威可以诉诸，毒品交易中使用暴力来解决债务和争端十分常见(Brownstein, Baci, Goldstein, & Ryan, 1992; Erickson, 2001; Taylor & Brownstein, 2003)。来自哥伦比亚波哥大的证据指出：让固定的毒贩转移的执法行动可能导致毒贩失去势力范围，加剧争夺地盘暴力争端(Ross, 2002)。

当警察驻守率的提高起到使街头吸毒者转移至完全不同的地区的作用时，还会产生进一步的社会影响(Caulkins, 1992; Cornish & Clarke, 1987; Dorn & Murji, 1992; May & Hough, 2001a; Norris & Armstrong, 1999; Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004; Zimmer, 1990)。虽然可能的公共秩序改善可能导致目标社区中安全感提高，但对邻近地区的溢出效应有重大的公共健康意义，因为邻近地区可能会发生贩毒、吸毒、公开注射和不安全处理注射器(Aitken et al., 2002; Maher & Dixon, 2001; Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004)。这种转移还可能加剧传染病的传播，因为注射吸毒者的社会网络被破坏，新的注射器共用网络开始建立(Curtis et al., 1995; Friedman et al., 2000; Rhodes et al., 2003)。

近年来，街头青少年注射吸毒和这一群体中HIV传播的风险日益增长的报告已经导致重点越来越多地被放在预防注射吸毒的开始上(Fuller et al., 2003)。由于许多原因——包括缺乏关于吸毒的教育、性危机、性和身体暴力、贫困和忽视，以及不稳定的生活条件——青少年可能特别容易开始注射(Fuller et al., 2003; Roy et al., 2003)。因此，如果毒品交易和使用的转移有使吸毒在以前未暴露的高危青少年或其他脆弱人群——他们随后会开始注射吸毒——中正正常化的后果，就可能会发生负面影响。之前的研究已经证实，这一担忧不是毫无根据的，因为新的注射吸毒者往往是毒贩、年长的性伙伴或皮条客介绍吸毒的脆弱的青少年(Miller et al., 2002)。

定向毒品执法战略在非法毒品市场中的作用

详细的成本收益分析需要确定常用的执法措施是否应该被认为是处理与毒品市场有关的问题的合法战略(Maher&Dixon, 2001)。从收益上来说,有证据——主要来自美国和瑞典——显示:毒品市场执法行动能够成功地实现公共秩序目标和提高公众的安全感,而且在有些情况下不是仅仅促使毒品市场转移到邻近地区(Caulkins, Larson, & Rich, 1993; Knutsson, 2000; Sherman & Wiesburd, 1995; Smith, 2001; Weisburd & Green, 1995)。虽然具有争议,但澳大利亚一项研究被反复引用来支持执法实践能够促使吸毒者参加毒品治疗的论点(Weatherburn & Lind, 1997)。还有些证据显示,执法行动有提高毒品价格的作用(Caulkins et al., 1993; Zimmer, 1990),有些人认为这会制止偶然的吸毒者和刚开始吸毒的人(Murji, 1998)。

虽然有些证据支持毒品市场定向执法的有效性,但多数研究显示这些途径在实现上述目标上一般是失败的(Dixon & Coffin, 1999)。此外,还有大量研究显示,由毒品市场执法导致的在公共秩序上的收获一般时间很有限(Caulkins, 1992; Sherman & Rogan, 1995; Sherman & Wiesburd, 1995),而且常常完全被毒品市场和吸毒者转移到邻近地区所抵消(Caulkins, 1992; Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004)。虽然转移并不总被认为是消极结果(Caulkins, 1992; Moore, 1976; Zimmer, 1990),但转移的对健康和社会的负面后果已经被充分确定(Aitken et al., 2002; Celentano et al., 1991; Maher & Dixon, 2001; Schneider, 1998)。此外,毒品执法腐败和有关的侵犯健康权的证据已经在若干国家中被证实(Human Rights Watch, 2003a, 2003b, 2004)。

来自不同国家的证据还显示:毒品执法一般对毒品的价格、可得性和吸毒的频率少有影响——如果有的话(Best, Strang, Beswick, & Gossop, 2001; Polich, Ellickson, Reuter, & Kalion, 1984; Wood, Kerr, Small, et al., 2003; Wood, Kerr, Spittal, et al., 2003; Wood, Tyndall, et al., 2003; Wood, Zettel, et al., 2003)。但是,虽然有些证据指出毒品价格可能由于毒品市场执法而提高,但这一结果实际上起到了刺激毒品市场的活动和有关危害的作用(May & Hough, 2001a)。这是由于以下事实:虽然毒品的价格一般是有弹性的,但毒品的需求——尤其是长期吸毒者的需求——一般是无弹性的(Reuter&Kleiman, 1986)。因此,当执法实践刺激毒品价格上涨时,吸毒者为了维持习惯性吸毒可能会在毒品上花更多的钱,这就意味着会进行更多犯罪(Caulkins et al., 1993; Hough & Natarajan, 2000; Maher & Dixon, 2001)。如果毒品经常被没收,在与警务有关的犯罪上也会发生同样的情况。价格提高的进一步的负面后果是销售毒品的收入会增加(Caulkins et al., 1993),因此更多潜在的毒贩会为了寻求高回报而被吸引到毒品交易中,这反而可能起到了使离开毒品市场的毒贩迅速返回的作用(Caulkins & MacCoun, 2003; May & Hough, 2001b)。尽管有某些相反的证据,但研究已经指出:警察镇压毒品市场没有促使参加毒瘾治疗——包括美沙酮维持治疗——的吸毒者人数增加(Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004)。毒品市场执法一般不会导致逮捕高层供应者,反而与频繁逮捕底层毒贩和吸毒者有关(Dixon & Coffin, 1999)。最后,有人论证说:在警察预算有限的情况下,在毒品执法上的投入的机会成本是其他预定的警务活动(如交通执法、社区警务)(Benson, Leburn, & Rasmussen, 2001)。

有充足证据指出:由于在地点和毒品市场中使用的方法上发生的改变,毒品市场在面对执法压力时非常不屈不挠(Caulkins, 1992; Chaiken, 1988; Hough & Natarajan, 2000; May et al., 2000; Natarajan, Clarke, & Johnson, 1995; Pearson & Hobbs, 2001; Sterk & Elifson, 2000; Worden, Bynum, & Frank, 1994)。较常见的后果之一是开放的市场迅速变为封闭的市场(Bless, Korf, & Freeman, 1995; Edmunds, Hough, & Urquia, 1996; Johnson, Hamid, & Sanabria, 1992),这自然使警察更加难办,因为吸毒者和毒贩在隐蔽的地点重新开始了其活动(May & Hough, 2001b)。其他广为人知的变化包括毒品市场的复杂性增加,其中包括用人的复杂性增加,如毒贩和买主之间使用中介(如“诱骗者”)(Maher & Dixon, 2001)、毒品“走私者”(Mieczkowski, 1986)和一直监视警察的“望风者”(Ross, 2002; Small et al., in press)。最普遍的毒品市场形式之一涉及使用目前警察事实上不可能追踪和跟踪的技术(如报纸、手机)(Aitken et al., 2002; Caulkins & MacCoun, 2003; Chaiken, 1988; Chatterton et al., 1995; Edmunds et al., 1996; Murji, 1998)。

毒品供应网络一般不限于少数“中心人物”,而是包括许多不同的企业,因此消灭整个供应网络超出了即使是资源供应最充分的执法机构的资源和能力(Dorn & South, 1990)。例如,20世纪80年代的估计显示:美国至少有750,000名街头毒贩,1990年,仅在华盛顿特区估计就有24,000名

毒贩(Reuter & Kleiman, 1986; Reuter, MacCoun, Murphy, Abrahamsen, & Simon, 1990)。根据这些数字和由于被监禁而失去的毒贩被迅速取代的证据(Cornish & Clarke, 1987; Dixon & Maher, 2002; May & Hough, 2001b), 任何持续的企图逮捕所有活跃的毒贩的尝试最终都会压倒司法系统(Caulkins, 1992), 并且导致与监禁有关的进一步伤害(Beyrer et al., 2003; Frost & Tchertkov, 2002)。

政策与实践的意义

目前的观点指出: 毒品市场执法活动对更大的注射吸毒者高危环境中的因素有强烈影响, 因此通过许多机制加剧了健康和社会危害。同样, 毒品市场执法与各种情境中的严重侵犯人权事件有关。这些动态指出: 为了减轻其危害所产生的影响, 我们需要直接注意这一特殊的决定健康的环境因素(Burris et al., 2004)。

我们必须做出努力, 把改变警务实践当作减少通常与毒品市场警务有关的健康和社会后果的工具。传统的警务措施的替代方法包括更多使用解决问题的方法和自由裁量权(Goldstein, 1990; Maher & Dixon, 1999)。在使用自由裁量权时, 警察通过使用警告和告诫, 以及使用介绍去适当的健康和社会服务的方法来代替逮捕和没收注射工具(Maher & Dixon, 1999; Reardon et al., 1993)。另一些人还建议警官与吸毒者使用的健康服务保持距离, 以免阻碍人们接近这种服务(Kerr et al., 2003)。Maher 和 Dixon (1999) 还建议警察避免影响注射过程中的注射吸毒者, 因为这时影响他们可能会迅速导致本可避免的伤害。但是, 这一途径可能与经常要求公共秩序的公众的意愿相悖, 因此可能需要教育公众, 以确保这种警务实践得到接受(Maher & Dixon, 1999)。其他替代措施涉及向警官提供危害教育培训, 或直接吸引警察参加减低危害活动(Burris et al., 2004; Forell & Price, 1997; Grund, Blanken, et al., 1992; Grund, Stern, et al., 1992)。但是, 重要的是要知道: 不同的文化和国家中, 公众对警察和警务实践的作用的理解有很大差异, 不是所有的传统毒品市场执法替代措施都同样适用。例如, 虽然在某些环境中, 介绍治疗可以被用作逮捕的替代措施, 但另一些地方不鼓励警察行使这种自由裁量权, 介绍治疗只在逮捕之后才提供(Hough, 2002)。

还有警察和健康机构之间建立伙伴关系, 以确保警务实践尽可能与公共健康工作互为补充的例子(Lough, 1998; Midford, Acres, Lenton, Loxley, & Boots, 2002; Smith, Novak, Frank, & Travis, 2000)。最早的这种途径之一是Goldstein (1990) 倡导的“问题导向”的途径, 该途径涉及与当地社区建立伙伴关系, 集中于找到社会问题的根源和最有效的处理问题的行动。另一种流行的途径涉及创建毒品行动组(Drug Action Teams, DAT), 该途径在英国首先发展起来, 同样是基于警察、社会服务与健康机构之间的伙伴关系(Smith et al., 2000)。毒品行动组的常见产物包括为警察开发以健康为中心的培训, 以及开发由警察散发、列举了可用的健康和社会服务的介绍卡片。虽然少数评估指出了毒品行动组的某些正面益处, 如提高了警察对健康问题和减低危害的注意, 加强了合作伙伴之间的合作, 但一般来说影响还是有限的, 要实现与毒品行动组有关的许多更宏伟的目标被证明很难(Hough, 2002; Midford et al., 2002; Smith et al., 2000)。显然, 要确保这种伙伴关系的成功必须要做更多的工作, 人们已经发现这种伙伴关系很难培养, 这有几个原因。例如, 警察和服务提供者常常有不同的目标、价值和治疗思想(如戒毒对减低危害), 因此在培养健康的工作关系上有困难, 尤其是按照自上而下的模式被迫建立的伙伴关系(Hough, 2002; Smith et al., 2000)。因此我们建议特别关注这种伙伴关系的实施和吸引非专家的低级警官参与这种伙伴关系的设计和实施(Forell & Price, 1997; Hough, 2002)。

但是应该注意: 虽然可以采取的措施, 以与公共健康目标更加一致的方式重新规定警察工作的职责和目标, 但证据指出, 警察的组织和文化中存在着实质性的变革障碍(Goldstein, 1990; Paoline, 2004; Zhao, Lovrich, & Robinson, 2001)。同样, 虽然公安部门可能接受补充公共健康工作的政策, 但街头警官的个人行为却可能会偏离部门的政策(Burris et al., 2004; Goldstein, 1990; Hough, 2002)。

同样重要的是要注意到: 尽管有促进警务措施与公共健康目标更加一致的努力, 但与毒品市场警务有关的持续的警察腐败和粗暴行为的证据在许多国家中被证实(Human Rights Watch, 2003a, 2003b, 2004)。因此我们需要考虑处理危害健康和侵犯已建立的国际人权标准的警务实践的方法。美国和澳大利亚已经通过使用专门培训、公众和警察调查以及积极的警察监督机制来对付这些做法(Prenzler & Ronken, 2003)。但是, 廉洁测试等新式监督方法已经成功应用于某些环境中(Newham,

2003)。廉洁测试一般包括创造一个真实生活情境，在其中测试各位警官的廉洁度(Prenzler & Ronken, 2003)。测试中会给予警官犯罪的机会(如偷嫌疑人的钱)，但警官会被密切监视(Newham, 2003)。廉洁测试通常是随机使用，这样警官就会认为与公众的任何遭遇事实上都可能是廉洁测试(Newham, 2003)。但是，虽然廉洁测试已经引起了大量兴趣，但是法律、伦理和实际考虑阻止了在若干情境中实施这种方法(Prenzler & Ronken, 2001)。

研究已经显示：各种以健康为中心的途径也可以被用来处理与毒品市场有关的危害。其中包括安全注射设施(SIF)，在这种设施中，注射吸毒者可以在监督之下注射之前获得的非法毒品(Broadhead et al., 2002)。安全注射设施已经在若干有着巨大公开的非法毒品市场的城市中实施，其中包括西欧许多城市、澳大利亚的一个城市和加拿大的一个城市(Broadhead et al., 2002; Kerr et al., 2003)。现在有报告说，在若干情境下，安全注射设施实施之后，公开吸毒和有关的公共秩序混乱(如丢弃注射器)减少了(Kemmesies, 1999; Wood, Kerr, et al., 2004; Wood, Spittal, et al., 2004)。安全注射设施在提供机会使执法和公共健康工作相结合上也是独一无二的，因为在街上工作的警官可以命令在公共场所注射的注射吸毒者去这些地方。

毒瘾治疗可以让成瘾者完全离开毒品市场或确保人们减少非法毒品使用程度，通过这些来成为非常有效的预防非法毒品使用的社会和健康相关危害的干预措施，这已经得到了充分的承认(Wood, Kerr, Spittal, et al., 2003; Wood, Tyndall, et al., 2003; Wood, Zettel, et al., 2003)。这对目前的审视尤其有意义，因为有实质性的证据显示：提供毒瘾治疗可能比利用执法资源来处理吸毒问题更有成本效益(Cartwright, 1988; Rydell, Caulkins, & Everingham, 1996)。但是在多数情境下，毒瘾治疗服务严重供不应求(Wenger & Rosenbaum, 1994)。在朝更有效地解决吸毒问题的方向前进的过程中，必不可少的工作是实质性地增加以证据为基础的毒品治疗服务。

总结

处理与毒品有关的危害的先决条件包括考虑到决定健康的环境因素。对可用的证据进行的审视指出：毒品市场执法途径与更大的注射吸毒者高危环境中的各种做法和社会动态形成了互动，并且改变了这些做法和社会动态，因此构成了毒品市场中的危害的有力来源。尽管证实其有效性的科学证据十分有限，而且这些途径已经产生了危害，但这些途径仍被越来越多地应用于毒品市场中。但是，有些传统执法途径的替代措施也可以被应用于毒品市场中。这些途径中有些涉及寻求补充公共健康工作的新式执法实践，另一些途径则涉及提供减低危害服务和毒瘾治疗。虽然有大量科学证据显示：这些替代措施实际上比毒品市场执法更有成本效益，危害更小，但减少与非法毒品使用有关的大量公共秩序和公共健康问题需要政策制订者方面有勇气，这样就可以用基于证据的方式来处理与毒品有关的危害。

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