

LETTERS

edited by Jennifer Sills

Chinese Addiction Study and Human Rights

IN THE REPORT “A MEMORY RETRIEVAL-EXTINCTION PROCEDURE TO PREVENT DRUG CRAVING and relapse” (13 April, p. 241), Y.-X. Xue *et al.* describe experiments conducted on rats and drug users in Beijing, China. Although the authors state that the study participants gave written informed consent and that the research was approved by the Human Investigation Committee of the Peking University Health Center, substantial questions about ethical protections remain.

The authors do not mention that the Beijing Ankang Hospital and Tian-Tang-He Drug Rehabilitation Center, where their study participants reside, are compulsory treatment centers run by the Beijing Municipal Public Security Bureau and the Beijing Municipal Bureau of Justice (respectively), historically housing people detained without due process. Over the past few years, Chinese compulsory treatment centers have also begun accepting voluntary patients. The specific dates on which the research was conducted and whether the study participants in Xue *et al.*'s paper were voluntary patients or held under administrative detention are not clear from the Report, nor is the standard of drug dependency treatment provided in either center.

According to a 2010 article in *China Daily*, drug users arrested by the police typically spend 2 years at the Beijing Ankang drug detention center, engaged in nonstandard “therapies” such as boxing, art, sand-play therapy, and “traversing rope and chain bridges” (1). The center is staffed, according to the

article, by 20 psychologists “working ... alongside 30 policemen.” An older news article from 2004 described a hierarchy of forced labor at the center (2).

Less information is available about the Tian-Tang-He compulsory rehabilitation center, but another *China Daily* article, from 2009, reported that “patients are asked to live in quarantine” and showed photos of yoga classes taught by police officers and detainees hitting and kicking dummies (3). These too cannot be considered evidence-based or best practices in drug-dependency treatment.

Research in compulsory drug detention centers that detain drug users for long periods and operate outside of judicial oversight deserve strict scrutiny. Xue *et al.* do not explain what the “usual” treatment provided to individuals in the drug detention centers entails, nor do they specify the average length of detention. If, as has been previously reported, the “usual” treatment is unproven and non-evidence-based care, the study authors should address the ethical implications of those conditions. Furthermore, in labeling the participants as “patients” and the detention center as a “hospital,” the authors risk legitimizing the centers, and mischaracterizing study participants and the conditions in which the research was undertaken.

Since 2005, Human Rights Watch has conducted a series of investigations into access to HIV prevention and treatment for intravenous drug use in China (4), as well as conditions in compulsory drug detention centers (5). We and others have found a wide range of severe human rights abuses in so-called drug treatment or rehabilitation centers (6, 7), in violation of international human rights law (8). Recognition of these abuses has led to international calls for the closure of compulsory drug detention centers, including by the Executive Director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (9), and in a recent joint letter by 12 UN agencies (10).

In response to a 2011 Human Rights Watch report on drug detention centers in Vietnam that found similar conditions to what we have previously reported in China (11), the heads of the U.S. National Institute for Drug Abuse (NIDA) and the White House Office of National Drug Control Policy wrote that these conditions “not only would violate NIDA’s principles of drug treatment, but also would infringe upon internationally recognized human rights” (12). Two of the authors on the research paper are from NIDA, making it all the more important that the ethical questions involved in such research be answered.

JOSEPH J. AMON

Health and Human Rights Division, Human Rights Watch, New York, NY 10118–3299, USA. E-mail: amonj@hrw.org

References

1. Z. Yan, “New approach at drug rehab center,” *China Daily* (10 March 2010); www.chinadaily.com.cn/metro/2010-03/10/content_9566293.htm.
2. Xinhua News Agency, “Therapeutic community new model for drug rehab treatment” (26 June 2004); www.china.org.cn/english/Life/99468.htm.
3. “Rehab center opens to public in Beijing,” *China Daily* (16 April 2009); <http://english.sina.com/china/p/2009/0415/234278.htm>.
4. Human Rights Watch, *Restrictions on AIDS Activists in China* (Human Rights Watch, New York, 2005).
5. Human Rights Watch, *An Unbreakable Cycle: Drug*





Asymmetric assembly
of nanoparticles

530



Hawk or cuckoo?

532

Dependency Treatment, Mandatory Confinement, and HIV/AIDS in China's Guangxi Province (Human Rights Watch, New York, 2008).

- E. J. Cohen, J. J. Amon, *PLoS Med.* **5**, e234 (2008).
- D. Wolfe, *Int. J. Drug Pol.* **18**, 246 (2007).
- D. Wolfe, J. Cohen, J. Acquir. *Immune Defic. Syndr.* **1** (suppl. 1), S56 (2010).
- M. Kazatchkine, remarks at the XV International AIDS Conference, Vienna, Austria, 21 July 2010 (www.theglobalfund.org/documents/executive_director/ED_ProvingImpactPromotingRights_Speech_en/).
- United Nations, "Joint statement: Compulsory drug detention and rehabilitation centres" (6 March 2012); www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf.
- Human Rights Watch, *The Rehab Archipelago: Forced Labor and Other Abuses in Drug Detention Centers in Southern Vietnam* (Human Rights Watch, New York, 2011).
- R. G. Kerlikowske, N. Volkow, Executive Office of the President, Office of National Drug Policy (www.whitehouse.gov/sites/default/files/ondcp/Blog/ondcp_nida_letter.pdf).

Response

WE AGREE WITH AMON THAT THE SCIENTIFIC endeavour cannot be complicit in tacitly accepting or blithely ignoring human rights abuses in the name of research. In that vein, we can assure readers that we saw no indication of the abuses Amon describes in the Beijing Ankang Hospital or Tian-Tang-He Drug Rehabilitation Center, where we carried out the study. We interviewed all of the study participants in private, and we did not share their decision to participate or not with the staff in the treatment centers. This was done to prevent the decision from affecting their ongoing treatment. Furthermore, our confidential interviews with the study participants did not reveal any examples of abuses they encountered, and this is consistent with the observations of our research team. The human rights violations mentioned by Amon would have violated China's

Letters to the Editor

Letters (~300 words) discuss material published in *Science* in the past 3 months or matters of general interest. Letters are not acknowledged upon receipt. Whether published in full or in part, Letters are subject to editing for clarity and space. Letters submitted, published, or posted elsewhere, in print or online, will be disqualified. To submit a Letter, go to www.submit2science.org.

new National Narcotics Control Law (1) and Chinese law in general.

Our research was funded by the Chinese Natural Science Foundation. In 2010, before starting recruitment for the study, we received approval from the Human Investigation Committee of the Peking University Health Center. The review committee knew at the time of approval that participants were in court-mandated treatment and that all requirements for their inclusion in a research study were met. According to the regulation of the Human Investigation Committee, we had provided all details of our proposed recruitment process and our plans to compensate participants for their time.

For our study, we interviewed more than 200 patients who were in court-mandated treatment and only enrolled those who had an interest in participating and who signed the consent form. We explicitly told all participants that they had the right to withdraw their consent and quit the study at any time. As part of the study, we offered participants the opportunity to engage in cognitive-behavioral therapy (CBT), an evidence-based treatment aimed at helping them avoid environmental-cue-induced drug craving and relapse in the future. Withdrawing from the study did not affect participants' eligibility to receive the usual treatments typically provided in Beijing treatment centres. All of this was consistent with the Declaration of Helsinki (2).

Treatment centers in Beijing provide comprehensive care, including detoxification with methadone, relief from physical symptoms with various medications, psychological counseling, and regular medical treatment of conditions such as chronic pain, hypertension, diabetes, insomnia, and anxiety. All these services are provided for free. Patients with severe medical problems are transferred to specialized facilities (3). In some centers in China, addicted individuals voluntarily receive training in sports, art, and working skills, not for punitive reasons, but to equip them with coping skills and alternatives to drug abuse (4). Patients who work are always paid. This provision has been put into effect for many years, and recently has been written in the National Narcotics Con-

trol Law (1), which bans forced labor (5). After one year of treatment, each patient is evaluated by professional committees; if the patient is doing well behaviorally and medically, he or she will return to the community. The Chinese National Narcotic Law requires that the total duration of court-mandated rehabilitation treatment for drug addicts cannot be more than 2 years (1). According to the Annual Report on Drug Control in China (6), by the end of 2010, more than 200,000 former drug addicts had completed court-mandated treatment and are now free citizens in the community.

PING WU,* YANXUE XUE, YIXIAO LUO, HAISHUI SHI, WEILI ZHU, YANPING BAO, JIE SHI, LIN LU*

National Institute on Drug Dependence, Peking University, Beijing 100191, China.

*To whom correspondence should be addressed. E-mail: wuping@bjmu.edu.cn (P.W.); linlu@bjmu.edu.cn (L.L.)

References

- Standing Committee of the National People's Congress, Law of the People's Republic of China on Narcotics Control (China, 2007); www.lawinfochina.com/display.aspx?lib=law&id=6604.
- World Medical Association, WMA Declaration of Helsinki-Ethical Principles for Medical Research Involving Human Subjects (Seoul, South Korea, 2008); www.wma.net/en/30publications/10policies/b3/.
- Y. Zhang, "New approach at drug rehab center," *China Daily* (10 March 2010); www.chinadaily.com.cn/metro/2010-03/10/content_9566293.htm.
- E. Battaglia, "Addiction - A chronic medical illness?" *Drug and Alcohol Addiction Recovery Magazine* (26 February 2009); www.drugalcoholaddictionrecovery.com/?p=67.
- Y. N. Zhao, Y. Cao, "Forced labor outlawed for people in detention," *China Daily* (2 March 2012); www.chinadaily.com.cn/china/2012-03/02/content_14736523.htm.
- Office of the National Narcotics Control Commission, Annual Report on Drug Control in China (June, 2011); www.mps.gov.cn/n16/n80209/n80481/n804535/2804926.html.

Battling Bias at NIH

I HOPE THAT SCIENCE CONTINUES TO REPORT the quantitative evidence from National Institutes of Health (NIH) investigators of widespread bias in the NIH grant review process against black scientists ("Action urged to curb racial bias in NIH grants," M. Price, *News & Analysis*, 22 June, p. 1490). Giving attention to the extensive nature of unfair discrimination experienced by many black scientists—from their entry into science education, through their training, to the end of their under-supported careers—is one means of reducing, and perhaps one day eradicating, this form of racism. The article quotes NIH Director Francis Collins as saying, "To have this circumstance continue...is simply unacceptable." If NIH is sincere about reducing destructive racial bias in its grant review process, its director

must first recognize that this stain on NIH is more than just a “circumstance.” Given its widespread documentation throughout the NIH, racial bias is inherent in NIH review process itself.

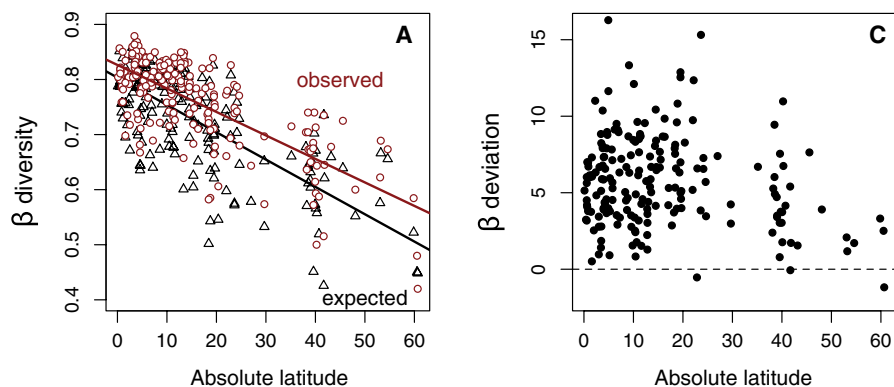
It is unlikely that NIH, or its invited reviewers, will ever give up the anonymity of the review process, which would be the most effective single action for reducing racial bias. Therefore, the NIH director and administrative staff must alter and augment the review process in other ways that reduce racial bias and its immediate fallout. I propose three steps forward: (i) Provide well-designed, NIH-relevant, racial bias awareness training required of all reviewers before review sessions. (ii) Require the same training for all NIH-funded investigators and trainees annually. (iii) Establish an effective reparative support fund that provides research support to black applicants who can show evidence of racial discrimination based on statistical analyses of success rates and/or racially biased comments in grant review summary statements. **JAMES L. SHERLEY**

Adult Stem Cell Technology Center, Boston Biomedical Research Institute, Boston, MA 02472, USA. E-mail: sherleyj@bbri.org

CORRECTIONS AND CLARIFICATIONS

Letters: “Good news for European vultures” by A. Margalida *et al.* (20 January, p. 284). The Letter incorrectly stated: “In Spain alone, avian scavengers are capable of removing 9.9 million tons of carcasses per year.” The correct figure is 9.9 thousand tons.

Reports: “Disentangling the drivers of β diversity along latitudinal and elevational gradients” by N. J. B. Kraft *et al.* (23 September 2011, p. 1755). An error was made when tabulating the number of individuals in the latitudinal data set; as a result, the median number of individuals in a subplot was reported as 31.4 instead of 35.3. This affects the application of the null model to the latitudinal data set (Fig. 3, A and C), as the null model randomizes individuals. This causes minor changes to the expected β diversity values in Fig. 3A, but no change to the central result that much of the relation between β diversity and latitude is expected under the null model. Dividing the difference between observed and expected β diversity (Fig. 3A) by the standard deviation of the null model yields the β deviation (Fig. 3C). In the corrected data set (shown below) there is a weak negative relation between the β deviation and latitude ($P = 0.01$) but, as in the initial analysis, the relation has very little explanatory power ($R^2 = 0.03$). Most important, 94% of the variance explained by the original β diversity-latitude relation ($R^2 = 0.54$) is removed by the null model. This has no impact on conclusions of the report. This also affects the β deviation values discussed in the related Technical Comment and Technical Response (30 March 2012, p. 1573), although likewise it has no impact on the conclusions.



AAAS Travels
Peru & Easter Island
January 18-31, 2013



Visit Machu Picchu & extraordinary archaeological sites!

Discover a delightful mix of Andean and coastal cultures, religion, Spanish colonial history, and spectacular scenery. A wealth of cultures and experiences awaits you! \$4,895 + air

For a detailed brochure, please call (800) 252-4910
 All prices are per person twin share + air

 **BETCHART EXPEDITIONS inc.**
 17050 Montebello Rd, Cupertino, CA 95014
 Email: AAASInfo@betchartexpeditions.com
 www.betchartexpeditions.com



AAAS is here –
 bringing scientific expertise
 to policy making.

Good science policy is the result of politicians understanding science and scientists understanding policy. Toward this end, AAAS manages the Science & Technology Policy Fellowships program, which embeds scientists and engineers in the federal government for up to two years. From Congress to the State Department, each class of Fellows contributes to the policy-making process while getting hands-on experience at the intersection of science and policy. As a AAAS member your dues support these efforts. If you're not yet a AAAS member, join us. Together we can make a difference.

To learn more, visit
aaas.org/plusyou/fellows

 **AAAS + U = Δ**