

WHO CARES ABOUT THE ASIAN PANDEMIC? Asia at risk of "major, generalized epidemics" of AIDS, driven by intravenous drug use, unsafe sex, and tainted blood transfusions.

Asia is home to 53% of the world's population where the threat of "major, generalized epidemics" of AIDS, driven by intravenous drug use, unsafe sex, and tainted blood transfusions is very real. This year, 1.07 million adults and children were newly infected with HIV in Asia and the Pacific, bringing to 7.1 million the total number of people living with HIV/AIDS in this region alone. Of particular concern are the marked increases registered in some of the world's most heavily populated countries. For example in China, with prevalence rates higher than 70% among injecting drug users in a number of areas, such as Yili Prefecture in Xinjiang and Ruili County in Yunnan, some other provinces are possibly on the brink of HIV epidemics among injecting drug users because of very high rates of needle sharing. At the same time heterosexually transmitted HIV epidemics are on the rise in at least some of the Southern Provinces with HIV rates reaching 4.6%-10.7% among sentinel sex worker populations in 2000.

Another example is Indonesia, the world's fourth most populous country, where HIV infection in injecting drug users was not considered worth measuring until 1999/2000. Indonesia is experiencing a surge in infection rates among injecting drug users and sex workers and, in some places, an "exponential" rise in infection among blood donors. As the World AIDS Report indicates 40% of injectors in treatment in Jakarta are already infected. In Bogor, in West Java Province, 25% of injecting drug users tested were HIV-infected, while among drug-using prisoners tested in Bali, prevalence was 53%.

H.I.V. is also on the rise in the central Asian republics of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. This rise can be attributed to such factors as widespread unemployment, economic insecurity, changing social mores, the use of injected drugs and the disintegration of public health institutions. In other Asian countries such as Vietnam, Thailand, Malaysia, Nepal, India, Pakistan and Iran the HIV virus has been causing havoc among injecting drug users for many years.

But do we really care about drug users? Arguably this is the most disenfranchised and marginalised group in society today, the subject of vilification and the victims of confused policy making. It is about time that drug addiction is considered a chronic relapsing illness, and as such should be addressed as a personal and public health problem, not a public security issue. Moreover, recent reports from Monitoring the AIDS Pandemic (MAP) Network supported by UNAIDS and USAid reconfirm clearly that the theory of a "self-contained epidemic" among drug injectors does not hold true for Asia.

In many Western countries it has been recognised that investing in the prevention of HIV among (injecting) drug users is most worthwhile. Yet we have seen very limited support and solidarity from these countries to overcome challenges in this area elsewhere in the world. The Dutch and Australian Government are one of the few exceptions to this rule.

THE DUTCH HAVE JUST DEMONSTRATED THAT THEY ARE CONCERNED ABOUT BOTH ISSUES. NOT JUST AT THE HOME FRONT BUT ALSO ELSEWHERE IN THE WORLD.

“Today, it was announced that The Royal Dutch Government will continue supporting the Asian Harm Reduction Network for programmes targeting HIV/AIDS and drug use.”

AHRN Executive Director Mr. Ton Smits said: “This is great news, they have provided support for our core programme activities throughout Asia for the next five years.

“It is only this year that politicians and policy makers have accepted that they must address the double issue, the double problems of HIV and injecting drug use, if they are to prevent a pandemic that will make the African situation seem small in comparison,” he continued.

What else is needed? If we are really going to prevent a public health disaster and development crisis in Asia, then several things must happen now, he continued.

POLITICAL COMMITMENT IS URGENTLY REQUIRED

First, there must be visible political commitment and action from governments that signed the UNGASS Declaration in June of this year. This year’s World AIDS Day slogan is “Men make a difference: I care ... do you? ”. With a majority of politicians and leaders in the Asia Pacific Region being male, this is certainly an area where they can make a difference in whether we are going to win this battle or face a further spread of HIV of unknown proportions.

BEHAVIORAL RESEARCH MUST BE UNDERTAKEN NOW

There must be a concerted effort to understand the twin epidemics (drug use and HIV) so that good public health policy can be developed. Behavioural surveillance must become standard practice if we want to understand the size of these problems and behavioural factors involved and target our interventions effectively.

TREATMENT FOR DRUG ADDICTION

In most Asian countries there are few treatment options for drug users who want to cease their drug use. The mainstream is still “the lock them up policy” which is certain to result in pushing the issue further underground. A broad variety of quality drug treatment services inclusive of needle and syringe availability programs and long-term drug methadone or bupronorphine therapy programs, need to be made widely available and accessible if we want to win this battle.

MAKE (EX-) DRUG USERS PART OF THE SOLUTION

In numerous cases it has been shown that (former) drug users are a vital partner in developing and implementing interventions. They have a good understanding of drug users’ needs and ways of communicating with them and therefore need to be given a much more prominent role in addressing the twin epidemics.

FINANCIAL SUPPORT TO LARGE SCALE PROGRAMMING

In large parts of Asia and the Pacific, prevention programs are poorly funded and resourced. Typically, small projects are scattered across countries and do not acquire the scale or coherence that is needed to halt the epidemic's spread. National budget allocations need to emphasize much more on preventing HIV among so-called

“vulnerable groups” such as drug users, sex workers and men having sex with men. Increased financial support and solidarity from Western countries will be equally crucial.

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