

8<sup>th</sup> International Congress on AIDS in Asia and the Pacific  
Colombo 19-23 August 2007

# Harm Reduction in Asia

## No More Time To Wait

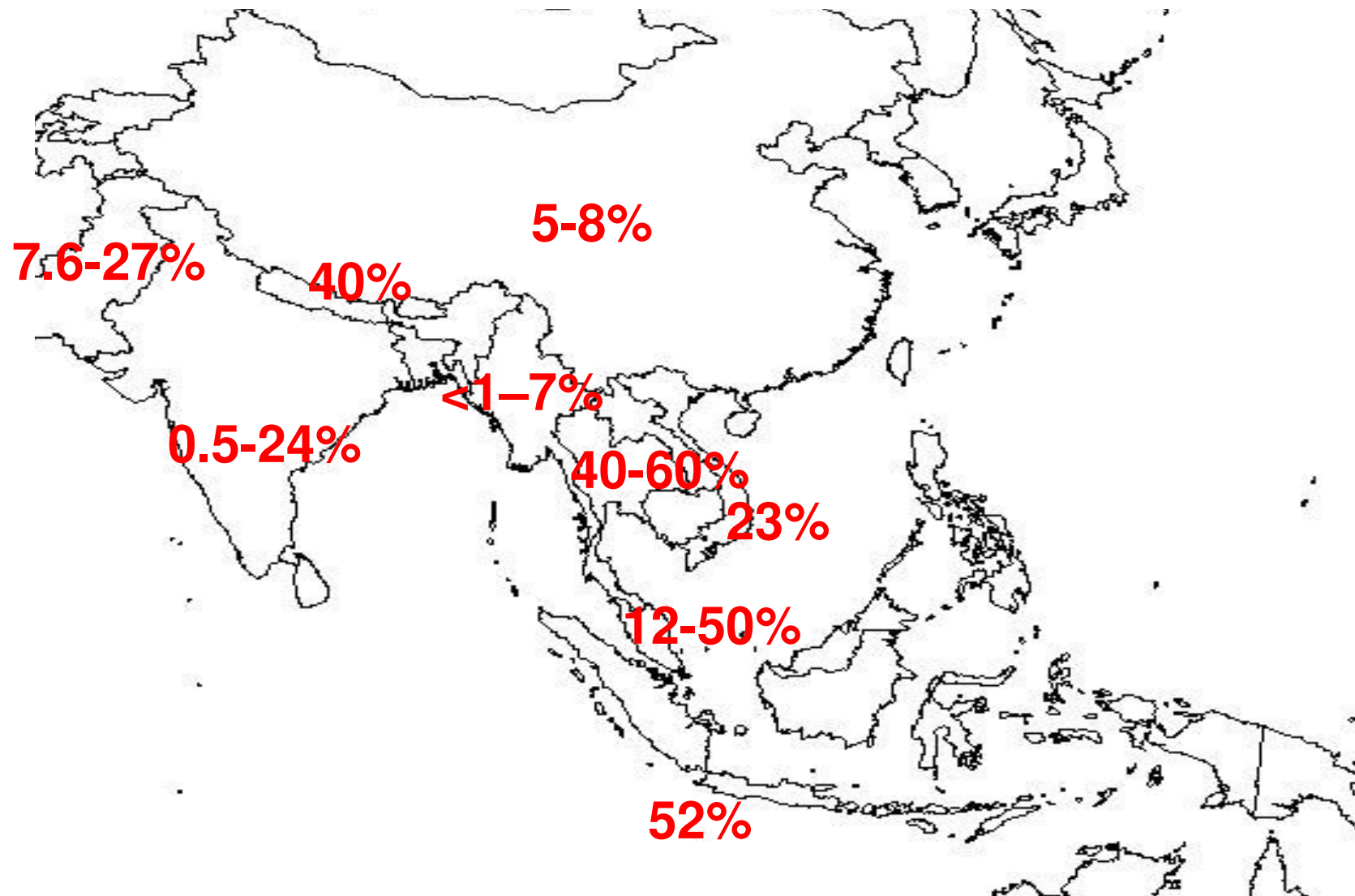
Adeeba Kamarulzaman

Malaysian AIDS Council

University Malaya Medical Centre



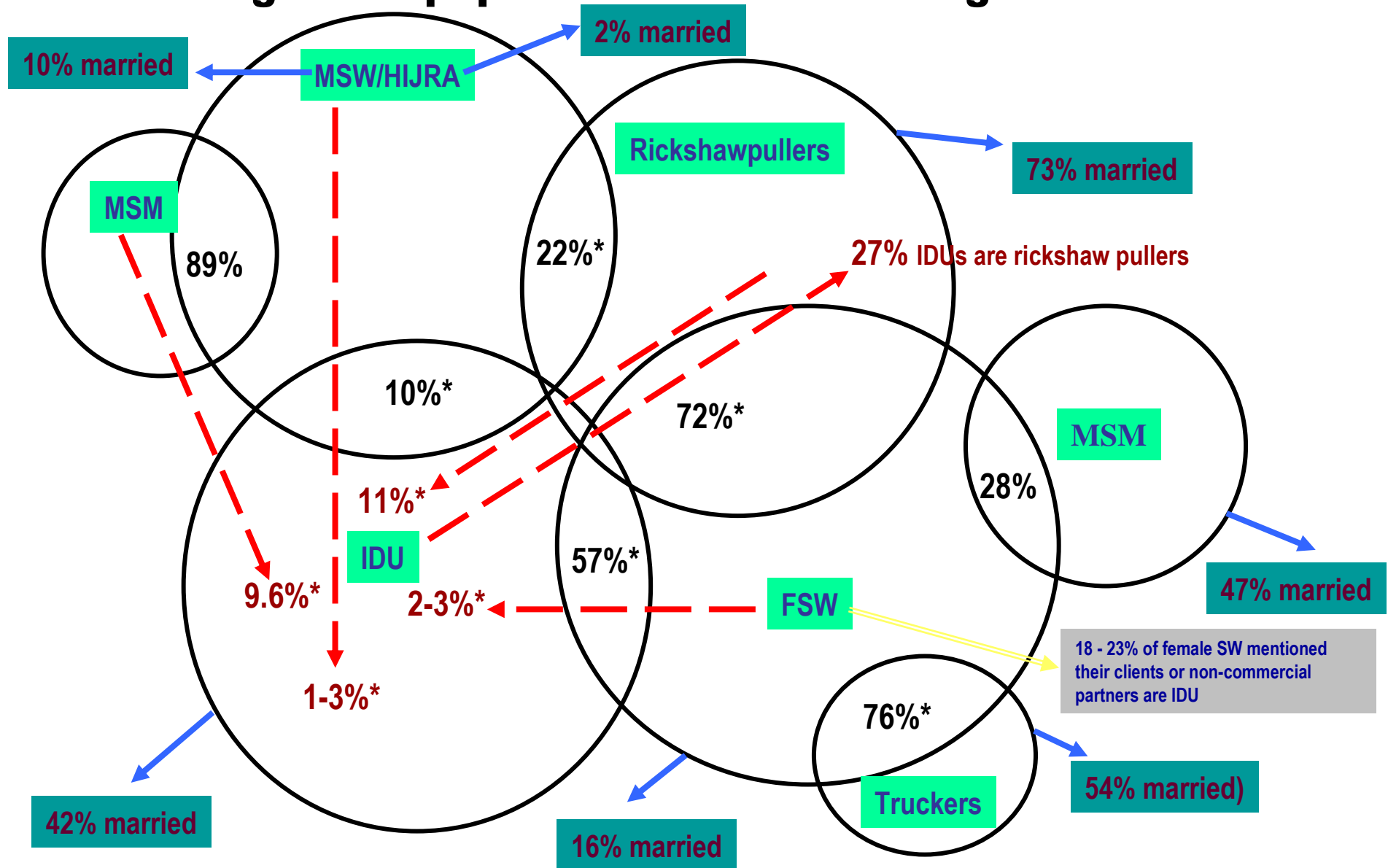
# Estimates of HIV Prevalence among IDU in Selected Asian Countries



# HIV in prison in low-income and middle-income countries

	Imprisonment (per 100 000)*	HIV prevalence in prisons	Proportion of IDU prisoners	HIV prevalence in IDU prisoners	Comments
<b>South Asia</b>					
Bangladesh <sup>77</sup>	50	0.2% in 1998	..	..	..
India <sup>45, 94, 78</sup>	29	1.7%; 9.5% (women)	Delhi: 4.9%	Manipur: 80%	..
Nepal <sup>45, 79</sup>	29	..	Five prisons: about 19%	..	"Infection by HIV appears to be low among IDU." <sup>79</sup>
Pakistan <sup>80, 82</sup>	55	Karachi: 2.7%, 6% (women)	Sindh: 4%	..	..
<b>East Asia and the Pacific</b>					
American Samoa <sup>83</sup>	301	0 cases	..	..	..
Cambodia <sup>84</sup>	47	Phnom Penh: 3.1%	..	..	..
China <sup>43, 85</sup>	118	Yunnan province: 3%	..	Cai Yuan City: 42%	48.8% of drug users were IDU <sup>85</sup> and 60% of those arrested for drug use were IDU. <sup>85</sup>
Indonesia <sup>20, 55, 86</sup>	38	15%; Jakarta: 22%	..	Bali: 56%	..
Laos <sup>87</sup>	69	Vientiane: 1%	..	..	..
Malaysia <sup>32, 88</sup>	174	6%; Kajang: 13.2%	..	..	..
Philippines <sup>92</sup>	94	Manila: 0 cases	..	..	IDU not prevalent; drug use mostly via inhalation. <sup>92</sup>
Thailand <sup>19, 90</sup>	264	Bangkok: 6%	..	..	31% of IDU injected in prison. <sup>90</sup>
Vietnam <sup>18, 48, 55</sup>	71	28.4%	37%	..	"Inmates represented 20% of all known HIV cases in the country" <sup>48</sup> ; and 28% of drug addicted inmates (not specifically IDU) HIV-positive. <sup>48</sup>

# Potential spread of HIV from at risk groups to the general population in Central Bangladesh



\*Star marked figures refer to last year

Black font figures refer to commercial sex

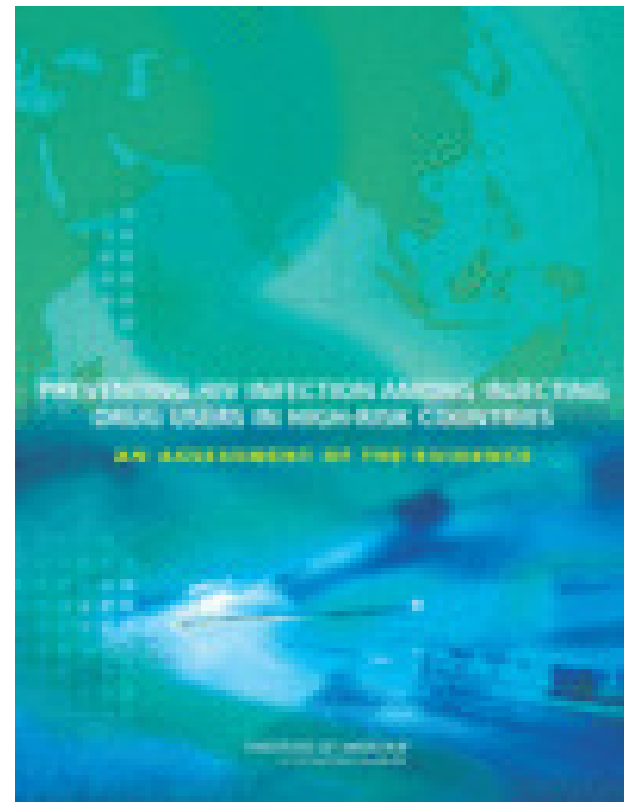


INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

1995



2006





World Health Organization



Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
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World Health Organization



Joint United Nations Programme on HIV/AIDS  
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Office on Drugs and Crime

# REDUCTION OF HIV TRANSMISSION THROUGH DRUG-DEPENDENCE TREATMENT

Evidence



World Health Organization



Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
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# POLICY BRIEF: REDUCTION OF HIV TRANSMISSION THROUGH DRUG-DEPENDENCE TREATMENT

Evidence for action on HIV/AIDS and injecting drug use

WHO/HIV/2005.1

Evidence



World Health Organization



Joint United Nations Programme on HIV/AIDS  
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# REDUCTION OF HIV TRANSMISSION THROUGH DRUG-DEPENDENCE TREATMENT

# POLICY BRIEF: ANTIRETROVIRAL THERAPY AND INJECTING DRUG USERS

Evidence for action on HIV/AIDS and injecting drug use

This policy brief reviews the evidence to date on providing antiretroviral (ARV) therapy to HIV-positive injecting drug users. A number of related medical, psychological and social issues are also addressed including the need to manage drug interactions and the benefit of harm reduction interventions in supporting optimum care for HIV-positive injecting drug users. General issues related to HIV care are examined in WHO (2003) *Scaling up Antiretroviral*



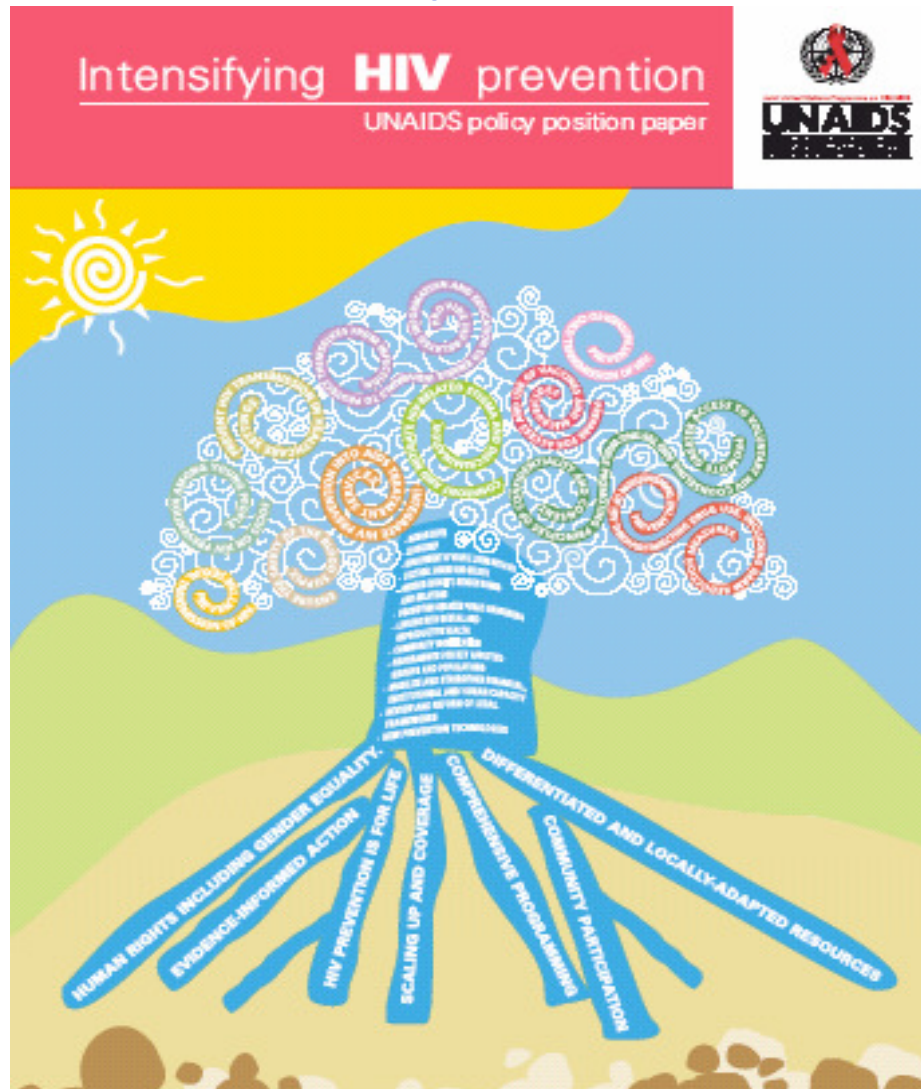
Joint United Programme on HIV/AIDS

# UNAIDS

UNICEF • UNDP • UNFPA • UNDCP  
UNESCO • WHO • WORLD BANK

## 1 July 2005

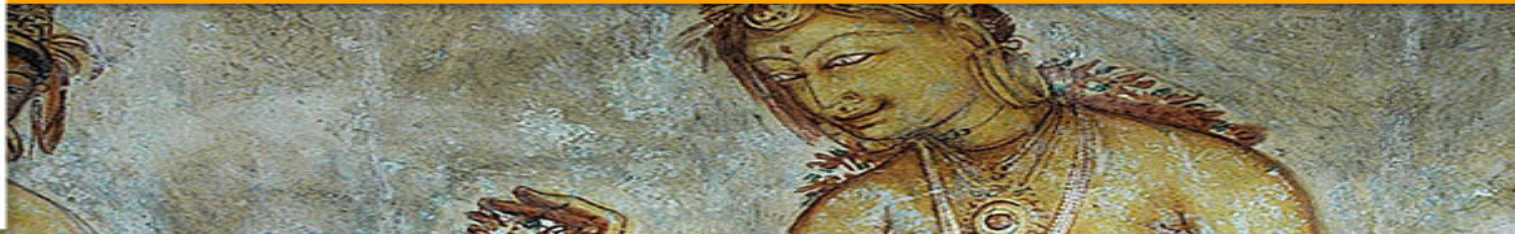
“The position paper is grounded in a number of **essential principles** crucial to the success of any effective HIV prevention effort.”



### Essential Programmatic Actions for HIV Prevention

1. Prevent the sexual transmission of HIV.
2. Prevent mother-to-child transmission of HIV.
3. Prevent the transmission of HIV through injecting drug use, including harm reduction measures.
4. Ensure the safety of the blood supply.
5. Prevent HIV transmission in health-care settings.
6. Promote greater access to voluntary HIV counselling and testing while promoting principles of confidentiality and consent.
7. Integrate HIV prevention into AIDS treatment services.
8. Focus on HIV prevention among young people.
9. Provide HIV-related information and education to enable individuals to protect themselves from infection.
10. Confront and mitigate HIV-related stigma and discrimination.
11. Prepare for access and use of vaccines and microbicides

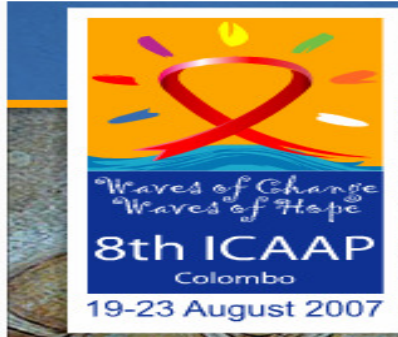
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**AND YET.....**







**8<sup>th</sup> International Congress on AIDS in Asia and the Pacific**  
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- **1 in 8 IDU has access to risk reduction message**
- **1 in 33 has access to clean needle program**
- **33,000 has access to substitution program**
- **Less than 10% IDU have access to ART**



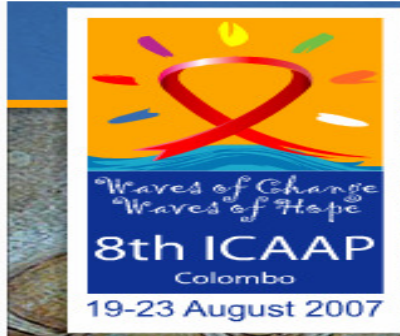
JVR P Rao, IHRC May 2007





# So What's Stopping Us?





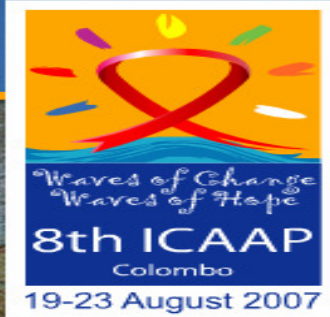
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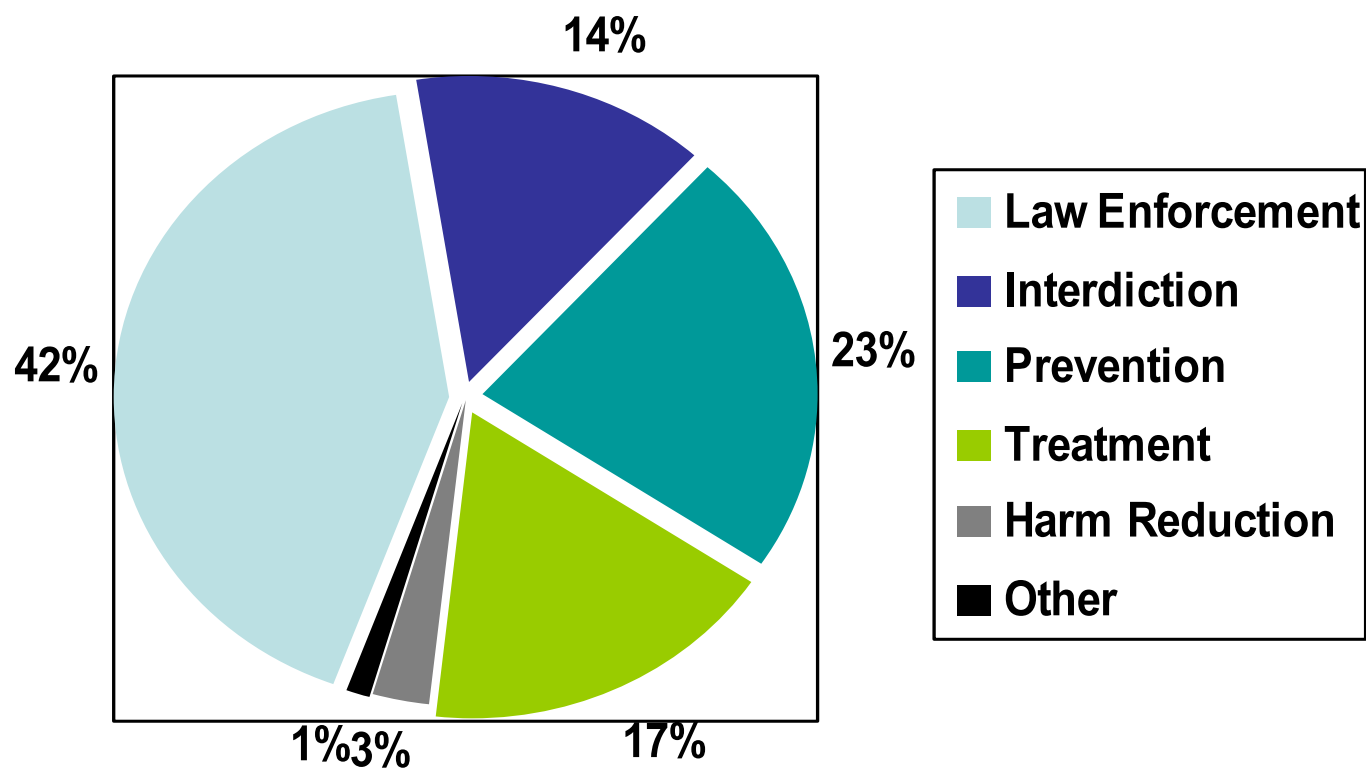
# Global Drug Policy

- Enforcement and incarceration remain the dominant approaches to drug policy throughout the world





## Australia's Drug Budget (2002/03)



Source: DPMP Monograph Series #1





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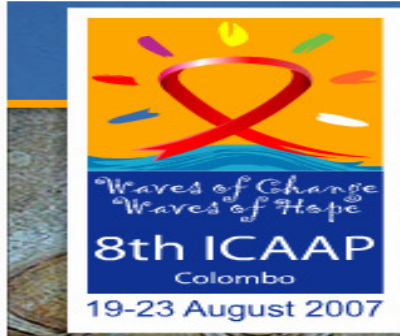


# Legal Restrictions

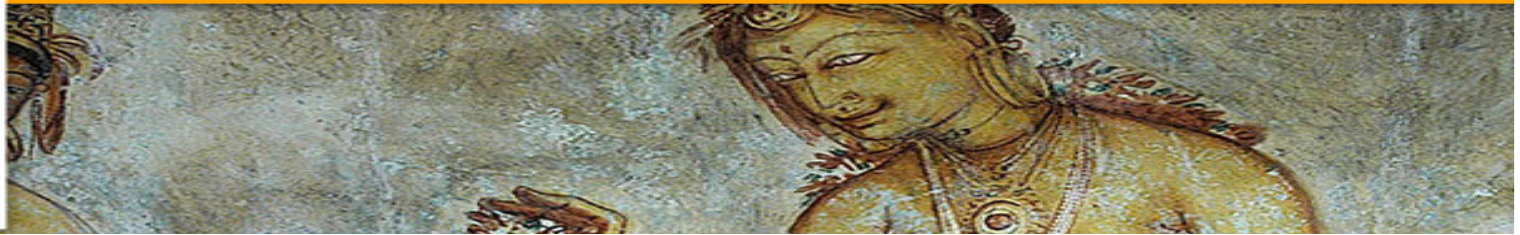
## Against

- Outreach
- Needle and Syringe Distribution
- Substitution drugs classified as narcotics





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# Prejudice

- **Medical**
- **Political**
- **Societal**





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# Addiction Is a Brain Disease, and It Matters

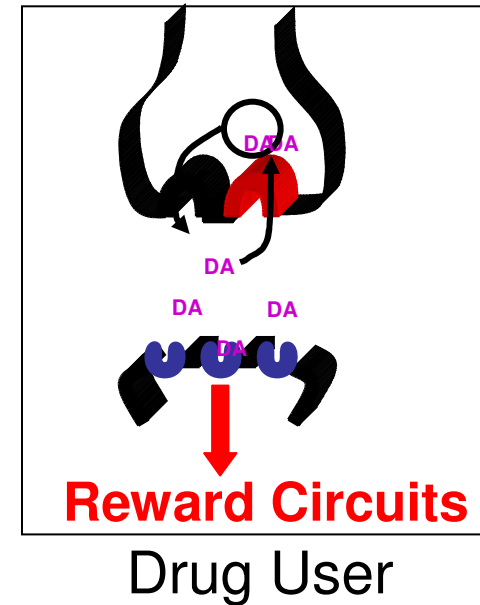
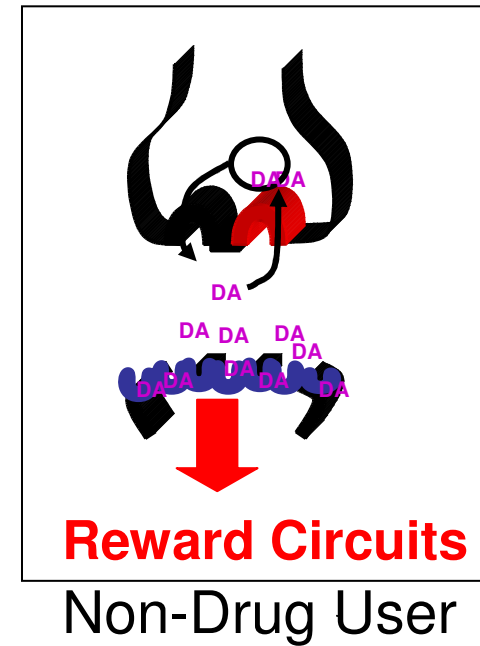
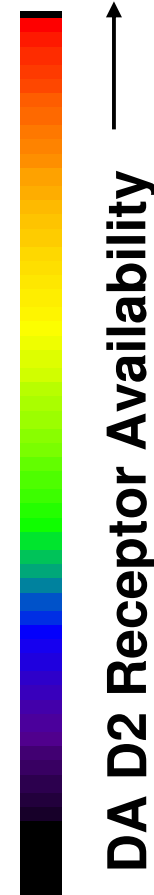
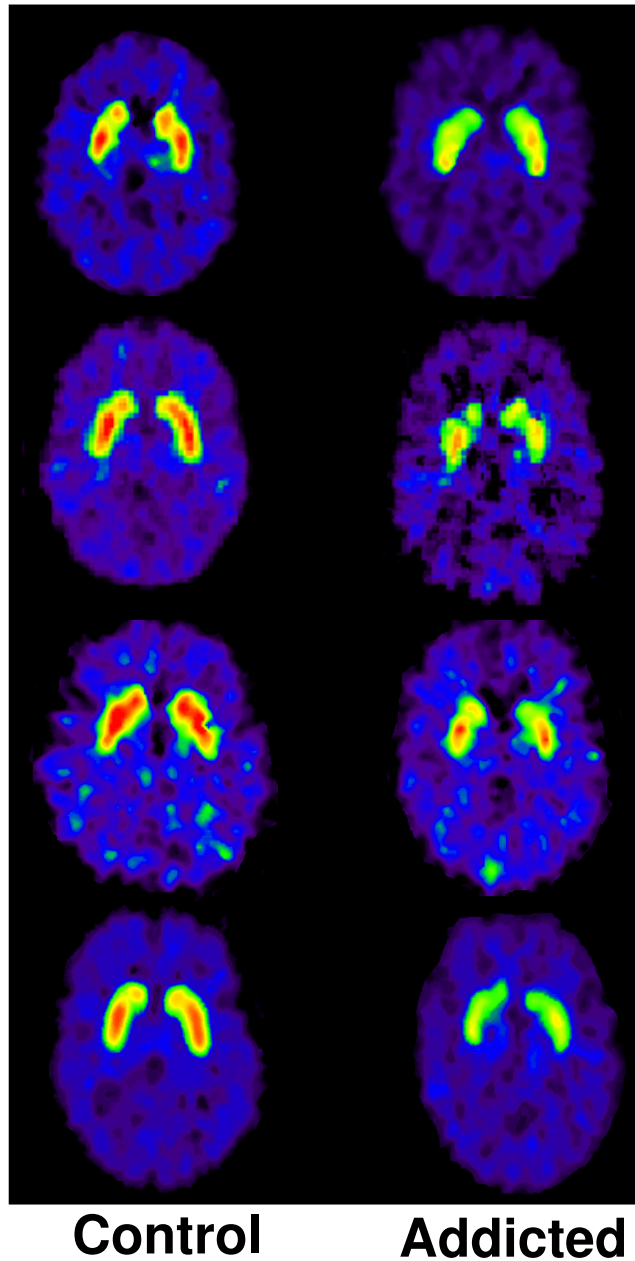
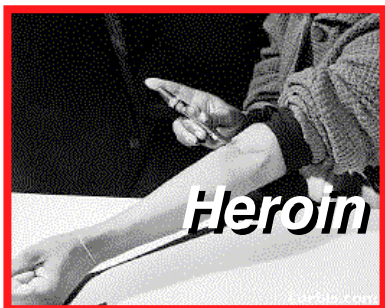
- Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.



Alan I. Leshner National Institute on Drug Abuse, National Institutes of Health  
*Science* 3 October 1997:  
Vol. 278. no. 5335, pp. 45 - 47



# Dopamine D2 Receptors are Lower in Addiction







- **WHO Model List of Essential Medicines**
  - Medicines that satisfy the priority health care needs of the population
  - Selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness
  - Intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford
- **Methadone and buprenorphine listed since 2005**
- **Remain unavailable, illegal in some countries**






# Prejudice

- **Medical**
- **Political**
- **Societal**





*I CAN'T WAIT UNTIL  
THIS WAR ON  
TERRORISM IS OVER  
AND THERE'S NO  
MORE TERRORISM!*

## The War on Terrorism—

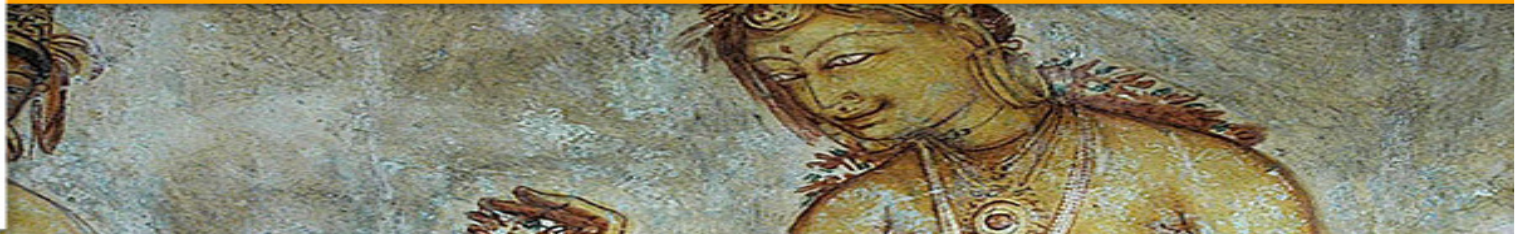
*it may not do much against terrorism,  
but it sure does a lot for War.*

By the end of December 2001, coalition forces in Afghanistan had captured or killed over 10,000 Taliban fighters. In Afghanistan, September 11 (9/11) killed 2,996 people, including the 2,606 passengers and crew members of the four hijacked planes. The war on terrorism has cost more lives, and the number of deaths is still rising. The war on terrorism has cost more lives than the war on drugs.

*RIGHT / REMEMBER HOW WE HAD  
THAT WAR ON DRUGS, AND NOW  
YOU CAN'T BUY DRUGS ANYMORE?*



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# Prejudice

- Medical
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- Societal



# RESOUNDING 'NO' FROM THE RAKYAT

By IFWAN TUN TUAH, NURUL AIN KAMIL and EMILY TOH

ALA LUMPUR: Health Minister Datuk Dr Chua Soi Lek's proposal to distribute needles and condoms to addicted addicts got thumbs down from the people yesterday.

Most of the people interviewed by *The Malay Mail* were against the idea. Here are some of their views:

**WAN HUSSIN ALI**, 47, teacher from Bachok: "I disagree with the proposal. It is against our culture and religion, especially Islam. It encourages people to use drugs and practise free

educate society on this."

□ **BASIR ZAHROM**, 22, college student from Johor Baru: "It should not be implemented. This is not a deterrent but an encouragement for addicts."

□ **YONG KAH KUAN**, 31, hotel maintenance staff from Jalan Ipoh: "It is not a smart move to give away free needles and condoms to addicted addicts. I think the money can be put to better use."

ated somewhere."

□ **KEANU TANG**, 23, operation executive from Mutiara Damansara: "The Government shouldn't encourage addicts to take more drugs. This will only make matters worse.

Send these drug addicts to a special centre and make them quit totally".

□ **JOSEPHINE TAN**, 24, pharmacist from Jalan Ipoh: "This will create more problems to the addicts and the



**Norizan:** Drug addicts may abuse it

39, customer service staff from Kelana Jaya: "The drug addicts will misuse these things. It is better if we provide them with jobs and



**Wan Hussin:** Against our culture and religion

without any follow-up action. The Government should also give counseling or advice."

□ **PADMAPRIA NAIRAIN-ON**, 23, secretary from



**Yong:** Not a smart move



NSR (18/6/05 p.16 (nation))  
AIDS/HIV: 'No need to give condoms'

KOTA BARU, Fri. — The AIDS/HIV problem is not serious enough to warrant the supply of condoms and needles to addicted users, Kelantan Menteri Besar Datuk Nik Aziz Nik Mat said.

He said there were other ways of tackling the problem which could instil fear of the consequences of their actions.

"The HIV/AIDS problem is nothing new and the Government has done a lot to overcome it.

"So, if these people (drug addicts) want to continue taking it, let them take it and die," he said after his weekly lecture at the State Pas headquarters today.

Prime Minister Datuk Seri Abdullah Ahmad Badawi yesterday threw his support behind the plan, saying the

## ■ POLICY ON ADDICTS NSR (17/6/05 p.20 (nation))

# Nothing good can come of proposal

I READ with dismay the statement by Health Minister Datuk Dr Chua Soi Lek on a proposal to provide free condoms and needles to drug users to control the spread of HIV and AIDS.

Drug addicts now need not fear capture and forced rehabilitation but, instead, they will be assisted in their addiction.

The Government has also said it will provide methadone, a pain-killer, to combat withdrawal symptoms.

Who is going to monitor them to ensure that, instead of trying to combat their addiction?

This proposal is as ridicu-

lous as the one made a few months ago to isolate all drug addicts on an island and give them an ample supply of drugs to feed their habit.

The only way to combat HIV and AIDS is continence and chastity.

I suppose this proposal should come as no surprise since the programmes in our drug rehabilitation centres are a failure.

To address this issue, the Government must first reassess its rehabilitation programmes and ascertain where its point of failure begins and then must make effective changes so that suc-



**DEADLY CYCLE:** Addicts getting their fix in Chow Kit.

cess breeds more success.

If necessary, they should study drug rehabilitation programmes in other countries with a higher success rate

than ours and implement those programmes here.

**ANDREA PAVEE**  
Petaling Jaya



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- Harm reduction practices perceived as being contrary to Islamic principles
- Legal maxims in Islam
  - “A lesser harm may be tolerated in order to eliminate a greater harm”
  - Public interest (Maslahah ammah) must be given priority over private concerns



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# Progress....



افراد چیست؟

بامتن

۱: هرگاه حضورشان در اجتماع باعث کمترین خطر در جمل امور شود چاره ای جز محدود ساختن آنها نیست ولی باید تا آنجا که ممکن است با آنها برخورد انسانی داشت و باید از بیت المال زندگی آنها اداره کرد = =

ایمکالای

### Grand Ayattolah Makarem Shirazi

..... To the extend possible ... public funds should pay their daily subsistence expenses

طرد این افراد صحیح نیست، بلکه لازم است که فواید و دوستی سایر افراد نسبت به آنان لطف و محبت نمایند و ایشان را در دامن پر مهر خود قرار دهند و جزو خواری ضروری مانند افراد سالم یا آنان رفتار نمایند. و این

سید محمد

بمقتضای  
ج. سؤال ابهام دارد چون به حال دفع است که هر انسانی حق حیات دارد و دیگران نمی تواند  
در اولین حق محروم نمایند و این بنیادین نیز مانند رقیب سایرین محتاج لطف و احسان از جانب  
دیگران می باشد و نباید بخاطر بیماریشان از جامه طرد شوند، آری رعایت نکات بهداشتی و  
پیشگیری از بیماری شدن رقیب افراد و آموزش آنان و دیگران برای جلوگیری از انتقال بیماری  
به افراد سالم لازم و واجب است  
بیت بیفتم محرم الحرام  
۱۳۲۶  
۸۳۶/۱۳۶/۱۹

### Grand Ayattolah Saanee

Every one has a right to life .... These people need additional support and attention and should not be discriminated

افراد چیست؟

### Grand Ayattolah Noori Hamedani

..... They should be treated like those who are healthy ....

این محتاج به محبت و مراقبت بیشتر هستند

بسم تعالی

ج. با رعایت نکات بهداشتی باید با چنین افرادی

مجلس استفتاء  
مقره حضرت آیت الله العظمی بروجردی

### Grand Ayattolah Bahjat

In contrary they need more attention and support.

### Grand Ayattolah Sistani

Observing health considerations, with these people you should have humane and Islamic relations

سید محمد





# 8<sup>th</sup> International Congress on AIDS in Asia and the Pacific Colombo 19-23 August 2007

## PM supports move to supply needles, condoms

ZUBAIDAH  
ABU BAKAR  
reporting from  
DOHA



DATUK Seri Abdullah Ahmad Badawi yesterday threw his support behind the controversial plan to give condoms and needles to drug users to curb the spread of AIDS.

He said the plan was the "best so far" for fighting HIV and AIDS, a problem that had reached a dangerous stage.

But if there were a better alternative to tackle the scourge, the Health Ministry would consider it, the Prime Minister said.

Abdullah, who is here to attend the G-77 summit, was speaking to Malaysian journalists.

Some 1,200 drug users will get condoms and needles in 10 government and private clinics in October on a trial basis.

The plan, announced by Health Minister Datuk Dr Chua Soi Lek early this month, has drawn mixed reactions, with many against the move.

Many religious groups have shot down the idea, saying that freely distributing condoms encourages sexual promiscuity.

However, Dr Chua gave an assurance that condoms would only be given to drug users under the close supervision of trained professionals.

Under the plan, 130,000 intravenous drug users will be given clean needles. More than 70 per cent of this group who are



**COMMON CAUSE:** Palestinian President Mahmoud Abbas (left) exchanging greetings with Abdullah during the summit of the G-77, the developing world's answer to the rich and powerful G-8, in Doha on Wednesday — Reuters picture

sexually active will be given condoms.

Abdullah hoped the proposed briefings by Dr Chua and Minister in the Prime Minister's Department Datuk Abdullah Md Zin to interest groups, including lead-

ers of all faiths, would clear doubts about the scheme and provide feedback to the authorities.

He said the Government was concerned by high risk of HIV/AIDS, especially among

wives of drug users.

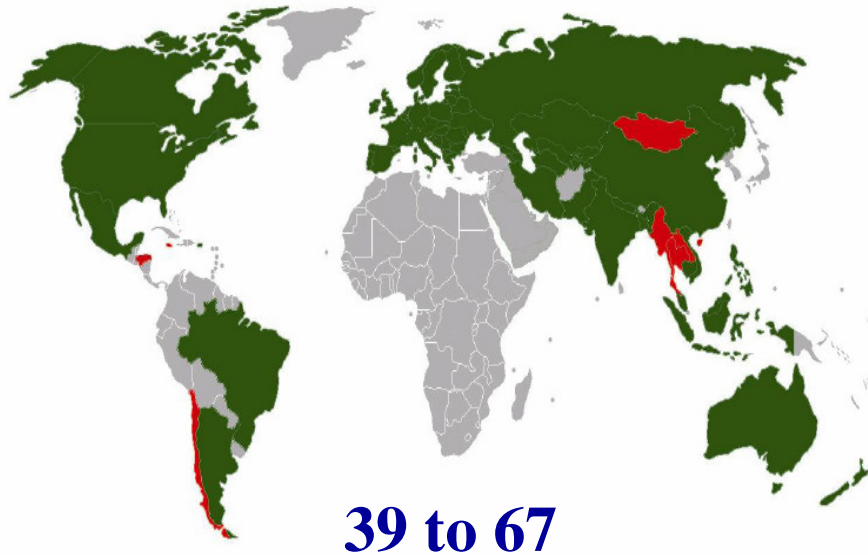
The latest figures show 64,430 people infected with HIV.

If nothing is done to curb the spread of the disease, this number is expected to escalate to 300,000 by 2015.



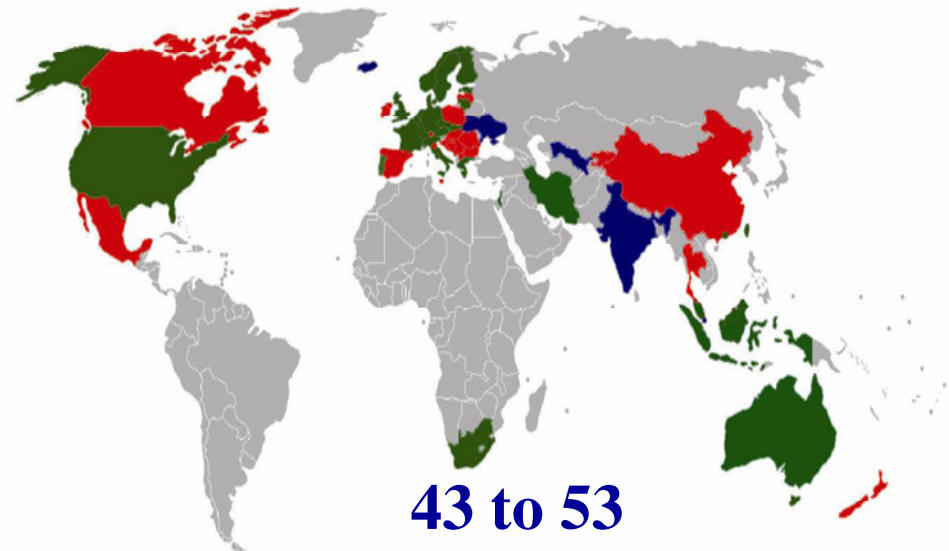
# Number of Countries with Harm Reduction Programs

## Global Needle Syringe Programmes



- At Least 1 Needle Syringe Programme (65)
- No Programme (10)
- Unknown

## Global Substitution Treatment



- Methadone & Buprenorphine
- Methadone (48)
- Buprenorphine (34)



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- Passage of an AIDS Law June 2006
- Issuance of a Decree to implement the law with express commitment to methadone and NSP June 2007
- At least 21 provinces implementing NSP
- Syringes are widely available
- Procurement and distribution plan to distribute 10,000,000 free syringes in total this year
- Methadone programme is to commence in October/November under funding from PEPFAR, World Bank and DFID in 3 sites each in two provinces



# High Coverage Sites

HIV Prevention among Injecting Drug Users  
in Transitional and Developing Countries

Case Studies

UNAIDS BEST PRACTICE COLLECTION

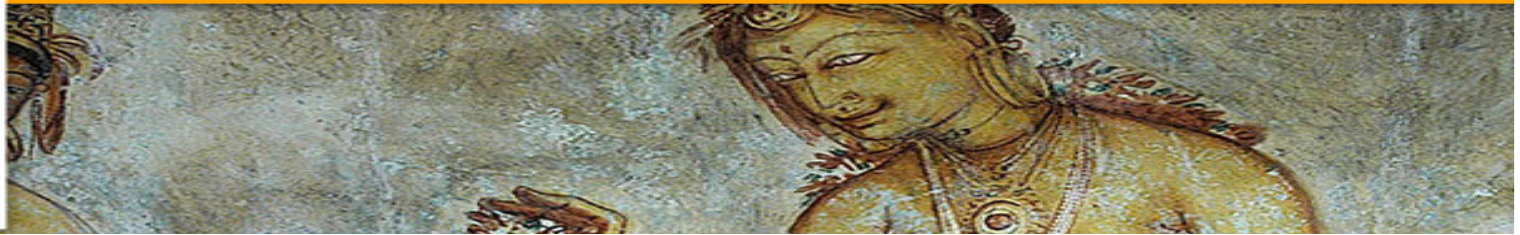




## **Common features of high level coverage programmes:**

- **Harm reduction principles were used to develop local programmes**
- **The general community, government, faith-based organizations and other opinion leaders need to support programmes**
- **Advocacy efforts needs to be prioritized, adequately staffed and funded**
- **The role of law enforcement services is crucial for success**





- **Sustained funding**
- **Differences in each setting result in different services and approaches to attract IDU to a programme**
- **A single programme can be replicated to address the needs of IDU in other districts, cities and provinces**
- **Convenience of access**
- **Involvement of IDUs**
- **Management issues**
- **Learning from experience**





# Challenges

- **Lack of Integration**
- **Lack of Services & Mainstreaming**
  - Burden of service delivery on civil society without resource or capacity
- **High Staff Turnover**
- **Lack of Involvement of Affected Community**
- **External Funding**





# What Do We Need To Do?







- **Recognise drugs primarily health problem; law enforcement secondary support**
- **Raise funding health measures same level law enforcement**
- **More inclusive planning: all major stakeholders involved**
- **Expanding coverage now *the* major priority many countries**
- **Base policy on science, human rights**



