Harm Reduction in Asia

No More Time To Wait

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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

<table>
<thead>
<tr>
<th>Country</th>
<th>Imprisonment (per 100 000)*</th>
<th>HIV prevalence in prisons</th>
<th>Proportion of IDU prisoners</th>
<th>HIV prevalence in IDU prisoners</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South Asia</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Bangladesh</td>
<td>50</td>
<td>0.2% in 1998</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>India</td>
<td>29</td>
<td>1.7%; 9.5% (women)</td>
<td>Delhi: 4.9%</td>
<td>Manipur: 83%</td>
<td>..</td>
</tr>
<tr>
<td>Nepal</td>
<td>29</td>
<td>..</td>
<td>Five prisons: about 19%</td>
<td>..</td>
<td>“Infection by HIV appears to be low among IDU.”</td>
</tr>
<tr>
<td>Pakistan</td>
<td>55</td>
<td>Karachi: 2.7%, 6% (women)</td>
<td>Sindhi: 4%</td>
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<tr>
<td><strong>East Asia and the Pacific</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>American Samoa</td>
<td>301</td>
<td>0 cases</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Cambodia</td>
<td>47</td>
<td>Phnom Penh: 3.1%</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>China</td>
<td>118</td>
<td>Yunnan province: 3%</td>
<td>..</td>
<td>Ch’i Yuan City: 42%</td>
<td>48.8% of drug users were IDU and 60% of those arrested for drug use were IDU.</td>
</tr>
<tr>
<td>Indonesia</td>
<td>38</td>
<td>15% Jakarta: 22%</td>
<td>..</td>
<td>Bali: 56%</td>
<td>..</td>
</tr>
<tr>
<td>Laos</td>
<td>69</td>
<td>Vientiane: 1%</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Malaysia</td>
<td>174</td>
<td>6%, Kajang: 13-2%</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Philippines</td>
<td>94</td>
<td>Manila: 0 cases</td>
<td>..</td>
<td>..</td>
<td>IDU not prevalent; drug use mostly via inhalation.</td>
</tr>
<tr>
<td>Thailand</td>
<td>264</td>
<td>Bangkok: 6%</td>
<td>..</td>
<td>..</td>
<td>31% of IDU injected in prison.</td>
</tr>
<tr>
<td>Vietnam</td>
<td>71</td>
<td>28-4%</td>
<td>37%</td>
<td>..</td>
<td>“Inmates represented 20% of all known HIV cases in the country; and 28% of drug addicted inmates (not specifically IDU) HIV-positive.”</td>
</tr>
</tbody>
</table>

K Dolan et al Lancet ID Jan 2007
Potential spread of HIV from at risk groups to the general population in Central Bangladesh

- **MSW/HIJRA**: 72% married
- **Truckers**: 76% married
- **MSM**: 47% married
- **IDUs**: 27% married

*Star marked figures refer to last year
Black font figures refer to commercial sex
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
“The position paper is grounded in a number of essential principles crucial to the success of any effective HIV prevention effort.”
AND YET.......

8th International Congress on AIDS in Asia and the Pacific
Colombo 19-23 August 2007
• 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?
Global Drug Policy

- Enforcement and incarceration remain the dominant approaches to drug policy throughout the world
Australia’s Drug Budget (2002/03)

- Law Enforcement: 42%
- Interdiction: 14%
- Prevention: 23%
- Treatment: 17%
- Harm Reduction: 3%
- Other: 1%

Source: DPMP Monograph Series #1
Legal Restrictions

Against

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

• Medical

• Political

• Societal
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.
Dopamine D2 Receptors are Lower in Addiction

Control

Addicted

DA D2 Receptor Availability

Reward Circuits

Non-Drug User

Drug User

Cocaine

Meth

Alcohol

Heroin
• **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 bupenorphrine 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, civilian casualties in Afghanistan for recorded casualties in Manhattan on September 11 (BBC News, January 8, 2002), while Osama bin Laden remained at large—and still does. One can be sure that every relative, friend, and neighbor of the Afghan innocent died is now more sympathetic to the terrorists, rather than less.

Right! Remember how we had that war on drugs, and now you can’t buy drugs anymore?
Prejudice

• Medical
• Political
• Societal
RESOUNDING ‘NO’ FROM THE RAKYAT

By IFWAN TUN TUAH, NURUL AIN KAMIL and EMILY TOH

ALAM LUMPUR: Health Minister Datuk Dr Chua Soi Lek on a proposal to distribute needles and condoms to detected drug 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 HUSSEIN Ali, 47, said: “I disagree with the proposal. It disrupts our culture and religion, especially Islam. It encourages people to use drugs and compromise free education society on this.”

YONG KAH KUAN, 31, hotel maintenance staff from Kuala Lumpur: “It is not a deterrent but an encouragement for addicts.”

GEORGE TAN, 42, hotel maintenance staff from Kuala Lumpur: “It is not a deterrent but an encouragement for addicts.”

BOO CHEE KIONG, 46, a construction worker: “It is not a deterrent but an encouragement for addicts.”

POLICY ON ADDICTS

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 ridiculous 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 success 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

DEADLY CYCLE: Addicts getting their fix in Chow Kit

KOTA BARU, Fri. — The AIDS/HIV problem is not serious enough to warrant the supply of condoms and needles to drug 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,” 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 habits of the young needed to be curbed.”
• 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
Progress....
Grand Ayattollah Saanee

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

Grand Ayattollah Noori Hamedani

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

Grand Ayattollah Bahjat

In contrary they need more attention and support.

Grand Ayattollah Makarem Shirazi

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

Grand Ayattollah Sistani

Observing health considerations, with these people you should have humane and Islamic relations
PM supports move to supply needles, condoms

ZUBAIDAH ABU BAKAR
Doha

Doha 23 Aug 2007

PM supports move to supply needles, condoms

ZUBAIDAH ABU BAKAR
Doha 23 Aug 2007

The government is set to support the move to supply needles and condoms to drug users to curb the spread of AIDS. Prime Minister 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.

The plan was described as the “best so far” for fighting HIV/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 Datin Dr Chan Sze 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 Chan 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 sexually active will be given condoms.

Abdullah hoped the proposed briefing by Dr Chan and Minister in the Prime Minister’s Department Datin Abdullah Md Zin to interest groups, including leaders 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 64,000 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

39 to 67

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

Global Substitution Treatment

43 to 53

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