

Drug-related HIV Risk, Livelihoods & Communities in Asia



Street based drug users in Mumbai, India, where injecting drug use and resulting HIV epidemics are both on the increase (all photos Paul Deany)

**UNDP South East Asia HIV and Development Project
UNDP South & South West Asia Project on HIV & Development**

Drug-related HIV Risk, Livelihoods & Communities in Asia

**Report on the UNDP Sponsored Session at the 12th International Conference on the
Reduction of Drug Related Harm
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for

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South & South West Asia and Southeast Asia sub-regions**

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Foreword

More than fifteen years of trying to combat the HIV/ AIDS epidemic have taught us that it cannot be treated in isolation as a health issue alone. It is also a social issue with many human factors that determine and impact the course of the epidemic. Where people are struggling to survive, are denied basic rights, are treated as outcasts on the edges of society they become more vulnerable to exposure to HIV, through their own behaviour and that of others. Often young people who are drug users not only expose themselves to risk of HIV but also their sexual partners, fellow drug users and families. Often away from home, struggling to survive and marginalised, substance abuse is a reality that fuels the epidemic among poor people. It is, therefore, essential to understand the context of people's realities and vulnerability and to place them at the centre of responses to contain the epidemic.

Across the region NGOs and others have been exploring innovative responses to these challenges. Some of the most effective responses draw on the strengths of communities to reduce both the harm related to drug use and the associated stigma and discrimination. At the 12th International Conference on the Reduction of Drug Related Harm the UNDP HIV and Development Projects for South and South West Asia (SSWA) and Southeast Asia (SEA) sponsored a special session to bring together practitioners and researchers whose experience and analysis throw light on the linkages between drug related HIV risk and development issues. This report brings the presentations made at the session to the wider audience of all those concerned with HIV vulnerability in Asia, and explores some of the key issues raised by the nexus between injecting drug use, HIV and development.

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Injecting drug users (IDUs) in Lahore, Pakistan. A recent UNAIDS/UNDCP study amongst IDUs in Lahore indicated high rates of needle sharing and Hepatitis, indicating high potential for HIV transmission

“The incidence of substance abuse, particularly amongst the socio-economically marginalised sections of the society and amongst the students and youth, is increasing. While at micro level, it affects the individual and his family, at the macro level, it has a direct bearing on the social harmony, law & order and economic productivity. The main focus of concern has shifted to the effect of drug use on the health of persons. With the increasing correlation between the spread of HIV/AIDS and drug use, it is necessary that current strategies are reviewed and reworked.”

(Ms. Maneka Ghandi, Minister for Social Justice and Empowerment, Government of India, at the closing session of the 12th International Harm Reduction Conference, New Delhi, April 2001)

Summary

The twin problems of drug use and HIV are closely linked to poverty, population mobility and livelihoods, often occurring when people are away from their normal support systems, looking for a new life and work in cities and towns. Drug use and needle sharing also occur in the absence of sustainable livelihoods, placing people in a vicious cycle of drug use, unemployment, crime and increased HIV risk. Drug users are often seeking relief from difficult, demeaning and dangerous work, and at the same time are ensnared by it to sustain their habit. When they are women their vulnerability is even greater, particularly if they are involved in sex work.

Importantly, it must be stressed that that HIV epidemics among injecting drug users do not stay confined to this group, but rather lead to widespread epidemics among the broader community. Paradoxically, injecting drug users are one group for whom we know how to successfully reduce HIV through education, counselling, drug treatment, substitution programs, needle exchange and other measures that have been proven to reduce the harmful consequences of drug use.

But these proven measures are still far too few and too sparsely implemented, so that rapidly expanding HIV epidemics, fuelled by drug injecting, are now undermining many of the gains made so far in addressing HIV. What then can be done to empower communities to turn fear, denial and lethargy about the HIV and drug problem into community action?

Firstly, communities need to be empowered and mobilised to discuss, debate and better understand the challenges posed by drug use and HIV. This increased understanding in-turn needs to be translated into strengthened community capacity to respond to current and new HIV epidemics caused by drug injecting.

Secondly, harm reduction programs and other measures to target HIV among drug users need be mainstreamed into current development initiatives such as poverty alleviation programs, pre- and post-departure briefings for migrants and programs targeting governance, mobility, gender, livelihoods and sustainable human development.

Finally, we need to drastically scale up proven harm reduction responses to a level commensurate with HIV epidemics now occurring among drug using communities in South, Southwest and South East Asia. If we do not, our failure to respond to the drug use problem will be a glaring and costly omission in attempts to respond to HIV and development in Asia.

HIV, Drug Use and Livelihoods: Understanding the Linkages

- People become involved in risky drug use out of desperation, social isolation and lack of knowledge. They seek consolation from drugs because of the painful and dehumanising conditions to which they are subject to or simply because of lack of employment options. Drug use takes over as they see their hopes for a better future for themselves and their families disappear.
- Routes of drug supply and increased population mobility across border areas increase the vulnerability of communities to drug use and HIV. Drug trafficking has become a major source of income in the remote areas where livelihood opportunities are scarce. This exacerbates existing poverty as people become dependant on drugs. The situation worsens when HIV and other health problems associated with drug use destroy people's ability to work
- Economic, political and social changes are compounding this situation and increasing people's susceptibility and vulnerability. Fear, denial and discrimination are also making HIV prevention among injecting drug users a low national and global priority, despite the threat this problem poses to development.
- Detoxification, abstinence and harm reduction strategies have been applied widely in the region to combat drug abuse. However, to make such initiatives and strategies effective it is important to recognise that one of the main causes for both drug use and relapse of ex-drug users is lack of livelihoods.
- Some excellent programs in the region are targeting these issues by linking traditional approaches with comprehensive income generating initiatives including vocational training, skills building and micro-finance, benefiting both the drug user, their immediate family and the broader community.
- Governments in the region are increasingly willing to look at new ways of addressing the dual problems of HIV risk and drug use. These include legislative reforms to allow harm reduction programs to operate; support for community-based interventions targeting drug use and HIV; and increased research, debate and dialogue on ways to reduce drug-related harm
- Whilst there are some clear examples of ways forward in ameliorating the health and social consequences of drug-related HIV risk, successful programs and policies still lag years behind the epidemic.

Part 1.
UNDERSTANDING THE LINKAGES:
DRUG USE, HIV, LIVELIHOODS & COMMUNITIES



1. Drug use, HIV and Development

What are some of the linkages between drug use, HIV, communities and livelihoods? The following points are not meant to be comprehensive or definitive but serve to encourage discussion of areas for further exploration and intervention.

The spread of HIV through injecting drug use highlights many development issues. Risk behaviours leading to HIV transmission through shared needles and syringes are closely linked to lack of sustainable livelihoods, exploitation, poor education and political repression. The reasons for this are not yet well explored, but may be important to understanding both development and the HIV epidemic.

The impact of drug use and HIV in developing countries must be understood in the context of the various social and economic problems already experienced by these countries: poverty, famine and food storage; inadequate sanitation and health care; the subordination of women; the flourishing trade of illicit drugs; and policies that allocate insufficient resources to the social and health sectors.

Injecting drug use destroys social cohesion and erodes social capital. Through the cumulative loss of potentially important contributors to society, ultimately it undermines sustainable human development. These factors create a particular vulnerability to the devastating consequences of the epidemic. Economic need and dependency lead to activities that magnify the risk of HIV transmission and mean that many people, particularly women and injecting drug users, find it difficult to protect themselves against HIV infection. Inequitable power structures, a lack of legal protection and inadequate standards of health and nutrition all further exacerbate the spread of the virus, accelerating progression from HIV infection to AIDS, and aggravating the plight of those affected by the epidemic.

This creates a vicious cycle, where existing social, economic and human deprivation produces a particularly fertile environment for the spread of HIV. The HIV epidemic, in turn, compounds and intensifies social and economic problems. As a consequence, HIV/AIDS has an impact on all existing development initiatives which will need to be reformulated in order to deal with the growing AIDS pandemic.

Factors precipitating HIV epidemics among IDUs

- Diffusion in drug use and increases in the size of IDU populations
- Transitions towards drug injecting associated with law enforcement and interdiction activities restricting drug supply and production
- Transitions towards drug injecting associated with the transference of new drug production and distribution technology
- Transitions towards drug injecting associated with the 'globalisation' of drug markets and distribution networks
- Population migration, mobility and mixing
- Lack of structures or resources for non-government and community organisation
- Rapid transitions in economic, health and welfare status (Rhodes, 1998)

Socio economic factors

New patterns of drug use are influenced by the interplay of macro social, economic and political factors. For example, it seems to be no coincidence that rapid spread of drug use and drug injecting has occurred since 1990, paralleled by major social dislocation and change. Shifts to private economic production have occurred in the context of sharp declines in gross domestic product and have led to dramatic unemployment, increased

income differential and poverty, and the rapid expansion of criminal economies. Further suggestions of the link between social conditions and ill-health are indicated by the parallel increases in alcohol consumption and morbidity (Rhodes *et al*, 1999).

Economic, social and political instability is similarly paving the way for increases in drug production, injecting drug use, sex work and cross border migration - all recognised factors in the spread of HIV. Shifts in trade, transportation and communication networks across Asia are also facilitating the spread of drug injecting, needle-sharing and consequently HIV.

Development problems foster drug problems. It is no accident that most of the countries where large-scale opium poppy or coca cultivation or refinement occurs are desperately poor or saddled with major economic and social problems. HIV epidemics can rapidly reverse hard won public health gains and economic progress in developing, transitional and even developed countries. Communities in remote areas, which are marginalised and have little control over their economic and social development, are natural habitats for the cultivation, trafficking and consumption of narcotic drugs. The development of transport and communications infrastructure during rapid economic development can also serve unfortunately to accelerate the distribution of illicit drugs and thereby increase the spread of HIV among and from drug injecting populations.

Drug production leads to economic dependence on drug traffickers, not to social and economic development. Increased drug use also leads to increased health problems in developing producer countries, especially where the use and sharing of needles for injecting drugs facilitates the spread of HIV (Ahmed, 1998).

It is notable that some of the countries and communities most at risk from HIV and injecting drug use are often some of the least developed. Drug use and HIV affect the most vulnerable and marginalised groups within communities: from slum populations in New Delhi and hill tribes in Northern Thailand, to migrant workers and prisoners. When IDUs are women, the stigma and vulnerability they face is even worse.

More importantly, HIV epidemics among IDUs are targeting the most marginalised communities in society:

- Migrant labourers, commercial sex workers and other mobile populations who are cut off from many of the supports and services afforded;
- The urban poor in mega-cities like New Delhi, Mumbai, Bangkok;
- Ethnic minorities in remote border regions, such as the Thai-Myanmar border;
- Prisoners who are housed together where unsafe sex, needle sharing and degradation are daily realities.

Injecting drug users (IDUs) often live on the fringes of society; at much greater risk of HIV infection due to poverty, unemployment, social isolation, drug use and needle sharing. Injecting drug users are mobile, sexually active and widespread.

2. HIV and injecting drug use

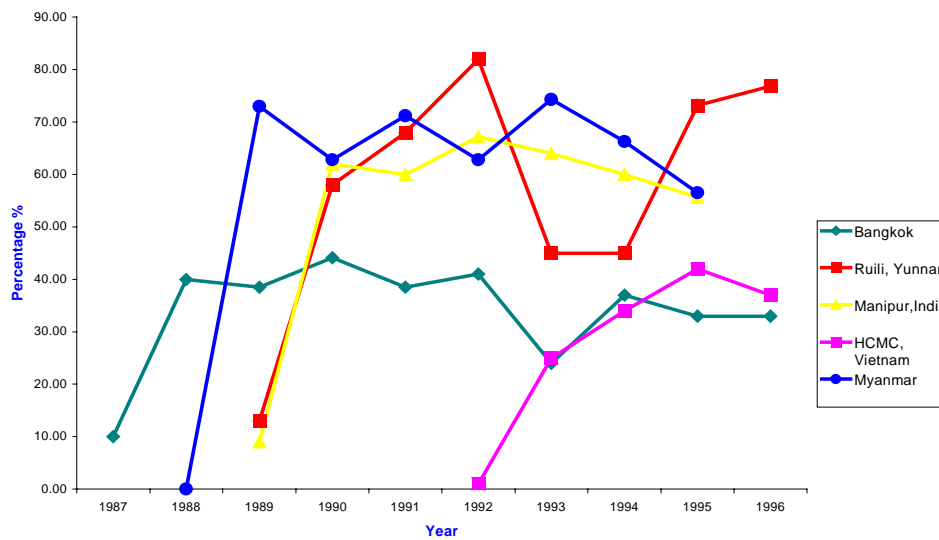
HIV infection among injecting drug users is now occurring in 114 countries, more than double the number of countries in 1992 (Ball 1999). The problems of drug abuse and HIV are threatening livelihoods and communities across Asia. Reasons for drug use are closely linked to population mobility and livelihoods, impacting not only on the individual drug user but also on the families and communities in a devastating way and further aggravating the situation of poverty

The drug use situation in Asia is extraordinarily complex. Asia is home of main drug production areas, from where drugs are trafficked all over the world. There is a significant spill over to local drug consuming markets from production areas and trafficking routes. Large pharmaceutical industries exist, from which drugs are diverted to drug users. The health and social consequences of drug use are severe and widespread. Current drug policies and programs address drug use with an abstinence model, which alone is not appropriate to respond to the growing HIV/AIDS epidemic.

The diffusion of HIV among IDUs in Asia has been well described. Epidemics that can literally be called explosive have been documented among IDUs in Thailand, Myanmar, Malaysia, Vietnam and China, with prevalence rates reaching 60 to 90 per cent within a few months of the appearance of the first case, and often forming epicentres for wider diffusion of the HIV epidemic. Prevalence of 60 per cent or more have been described among young IDUs within their first two years of injecting. Several communities in Asia have had HIV among IDUs for so long that they are now in the grip of multiple ongoing epidemics: of drug use and its consequences, injecting drug use resulting HIV infection among IDUs, their sexual partners and their children, AIDS and tuberculosis. The tragedy is that these epidemics are totally predictable and preventable, and we know exactly how to prevent them. The scientific evidence on this point is unassailable.

These new epidemics are proving to be some of the most explosive worldwide, with HIV prevalence rates soaring from 0% of IDUs infected to over 40% in less than twelve months, as indicated by the graph below from research conducted for UNAIDS-APICT in 1998.

HIV prevalence amongst IDUs in selected locations 1987-1996



Source: Crofts N, Reid G, Deany P in collaboration with the Asian Harm reduction Network (1998): *Injecting drug use and HIV infection in Asia. AIDS 1998, 12 (suppl B):S69-S78.*

There are certain places in the region that now have uncontrolled epidemics of HIV infection that began as explosive epidemics among IDUs, taking the community from no HIV infection to a large pool of sexually active infected people in a matter of months. These include epidemics that could have been prevented by timely and relatively inexpensive interventions at an early stage, if, and only if, the conceptual leap had been taken that people who inject drugs are human and worth caring about.

There are many aspects to the nexus of drug use and HIV infection, but globally and in Asia, the direct contribution of HIV transmission by the reuse of contaminated injecting equipment among people injecting illicit drugs, and the indirect contribution of sexual and vertical transmission from this core group, far outweigh other aspects.

In addition to the HIV problem, many countries are experiencing unprecedented problems associated with illicit drugs, such as Hepatitis C, overdose and the availability of new drugs such as amphetamines. These countries are often inexperienced in developing policy and programmatic responses to adequately deal with illicit drug use. The drug use context is also different in each location, meaning that changes to policies and programs have been developed gradually in responses to accumulated research, community attitudes, the local political climate and accepted international practice (Crofts 1999).

3. Population mobility and migration

Population movement and mixing across Asia is providing the perfect breeding ground for illicit drug use, high risk behaviours such as needle sharing and subsequent HIV transmission. People are often forced to leave home because of poverty and lack of sustainable livelihoods.

Mobility and injecting drugs are also closely associated. Migrant workers, seafarers, refugees and other highly mobile populations are increasingly becoming involved in injecting drug use and have all been identified as being at high risk for HIV.

Drug use increases when there is social and economic dislocation, rising unemployment, psychological stress, and inadequate health care. The behaviours which place IDUs at risk of HIV infection are not random, they result from specific social and political contexts.

People who travel in search of work may be exposed to drug use, and may even become involved in the transport of drugs. In several locations where IDU has been occurring recently, drug-injecting was introduced by drug users who had acquired their drug injecting habits (and possible HIV infection) in other locations, then brought this injecting behaviour home with them. Drug use also occurs along border regions and transport routes, where drug trafficking, commercial sex and other HIV risk factors have been well documented.

Ethnic minorities along these borders are another group which is often particularly vulnerable to HIV infection through injecting, because of their proximity to drug supply routes and the fact that non-injecting drug use may already be an established indigenous practice. These groups often have poor access to health care and employment. They are therefore often the first group to be at risk of HIV, once illicit drugs and HIV enter a country.

In urban settings, drug users are often homeless or living in slum conditions and may be uneducated. Drug use starts in a new place of work/life because of the difficult, dangerous, demeaning work people are forced into such as rag-picking, begging, sex work and pick-pocketing. Drugs are readily available too. They are cheap and easily obtained. But because displaced people are unfamiliar with patterns of drug supply and administration they are especially vulnerable to HIV infection, abscesses, overdose and other harms.

4. Prisons

Imprisonment is another factor linked to population mobility, drug use and HIV risk. Drug use and injecting takes place in most prisons worldwide, usually with much more risk because of the unavailability of needles and syringes. The majority of IDUs experience prison at some time. Prisons bring together IDUs from a wide range of socio-geographic backgrounds, potentially facilitating transmission of blood-borne viruses across social groups which may not otherwise have had such intimate contact.

Programs to decrease risk in prison, such as diversionary sentencing, peer education, provision of bleach or other means of disinfecting equipment, drug treatment and

substitution programs, and even the consideration of needle-syringe exchange programs in prison are important in controlling HIV epidemics in all communities.

Prisons embody many of the challenges to HIV and injecting drug use. Prisons allow the collection and mixing of diverse and often disadvantaged groups of people. In prison, inmates can become infected through drug injecting and male-to-male sex before returning to their own communities. Prisoners are sometimes held without formal charges simply because they are drug users: their families, court systems or local treatment programs can find no other way to help them.

This represents a fundamental abuse of human rights. Once in prison these people are highly vulnerable to HIV risk. Inmates are likely to take up high-risk drug taking practices whilst in prison, given the clandestine methods required for administering drugs and the fact that many other prisoners may have a history of drug use.

Compounding these problems is the fact that few governments openly acknowledge that drug use or sex occurs in prisons. Consequently, interventions to target these complex and intertwined problems can be very difficult to initiate.

5. Legal and ethical issues and drug policy reform

Drug use is both a health and a legal problem. Accordingly, governments must strike a balance between the need to curb illicit drug use and the reality that drug use cannot be eradicated overnight (if at all), so it must be made safe. If not, more and more people will become infected by HIV while governments grapple with ways to deal with the problems of illicit drug use.

Drug users in Asia are highly vulnerable to HIV transmission because of the legal, political, socio-economic, health service and cultural situations, in which they live. These situations, however, vary considerably from country to country, even from community to community in the same country. In many countries of Asia, as elsewhere in the world, drug policies are highly politicised and influenced by historical, social, religious, cultural and economic factors. Strongly held beliefs about drugs and their adverse effects on the society, national experiences with drug use in the past, the extent and seriousness of past and present drug problems, and the interpretation of international Conventions impact on the development of policies and legal instruments on drug use.

In most of the region, people who choose to use drugs that are not socially sanctioned are treated as entirely outside of society, enemies even of the social structure. What does this mean for HIV/AIDS and drug use? For the majority of injecting drug users it means that lip-service is paid to the principles supposedly learned through the course of the HIV/AIDS epidemic, such as human rights, peer education, community participation, and legal and social change.

In a number of countries of the region, the law prescribes severe punishments for all

drug-related offences, including drug use and possession of drugs and drug use paraphernalia (including needles and syringes). The level of penalties and the stringency with which they are applied locally impacts against the feasibility of preventive interventions for drug users. This includes not being able to provide them with information or the means to protect themselves against HIV infection. Governments need to be given “safe space” to consider policy options to HIV and IDU. And they need to be supported in the processes of considering, debating and enacting policy reform.

There are many practical difficulties in translating research and interventions into effective legislation reform. Firstly, community-based programs and legislators often speak entirely different languages; programs talk about social and community development concepts, while legislation draws more from the legal and political fields. Secondly, these two groups work in very different settings, usually with vastly differing constituencies.

Opinions vary widely on ways to deal with illicit drugs, and decisions are often made on the basis of passionate feelings, fear or misunderstanding, rather than informed research and debate. This indicates that researchers need to find new ways to present their findings and arguments, so that they can be used as effective tools for informing and enhancing the legislation debate.

Research, followed by discussion and debate are essential aspects of the awareness-raising and consultative processes necessary before effective legislative changes can occur. Legislative reform should not be seen as a single event, but rather as a process that addresses some of the following considerations:

- Helping people to understand the broad contextual factors associated with drug use;
- Raising awareness of approaches for reducing the harms associated with drug use, such as HIV infection and overdose;
- Facilitating dialogue and stimulating action;
- Providing technical support for the introduction of new strategies, policies and programs;
- Enhancing analysis of existing problems and programming responses;
- Providing environments supportive to legislative change, as policy makers are exposed to new possibilities;
- Facilitating policies which address underlying causes of illicit drug use.

The HIV epidemic has forced many policy and program designers to re-examine the factors impacting on health and high risk behaviour. Research is strengthening our understanding of the complex factors influencing the spread of HIV and is now beginning to be translated into effective policies for slowing this epidemic. This is less true for developing regions, but there are a growing number of countries that are developing effective policy responses to the spread of HIV by injecting drug use.

Policy research is becoming an increasingly important area of research addressing the following questions:

- In what ways can we assist local communities and governments to better understand and deal with drug abuse?
- What have been the most effective policy responses to drug injecting and HIV?
- How can these policies be strengthened and expanded?
- What forms of legislation can deal most effectively with HIV and drug abuse?
- What policy options should governments consider?
- How can we create more supportive enabling environments, leading to early interventions?

What are the political and practical barriers to the global reduction of drug-related harm?

6. Some principles for action

In a United Nations system-wide position paper, adopted in September 2000 by a sub-committee of the Administrative Committee on Co-ordination, a policy response to drug use and HIV/AIDS is spelled out most comprehensively and reflects the thinking of many working in that area over the past decades. Some of the principles of that policy response include:

- Protection of human rights is critical for the success of prevention of HIV/AIDS. People are more vulnerable to infection when their economic, health, social or cultural rights are not respected. Where civil rights are not respected, it is difficult to respond effectively to the epidemic.
- HIV prevention should start as early as possible. Once HIV has been introduced into a local community of injecting drug abusers, there is the possibility of extremely rapid spread. On the other hand, experience has shown that injecting drug abusers can change their behaviour if they are appropriately supported.
- Comprehensive coverage of the entire targeted populations is essential. For prevention measures to be effective in changing the course of the epidemic in a country, it is essential that as many individuals in the at-risk populations as possible are reached.
- Drug abuse problems cannot be solved simply by criminal justice initiatives. A punitive approach may drive people most in need of prevention and care services underground. Where appropriate, drug abuse treatment should be offered, either as an alternative or in addition to punishment. HIV prevention and drug abuse treatment programmes within criminal justice institutions are also important components in preventing the transmission of HIV.
- The ability to halt the epidemic requires a three part strategy: (i) preventing drug abuse; (ii) facilitating entry into drug abuse treatment; (iii) establishing effective outreach to engage drug abusers in HIV prevention strategies that protect them and their partners and families from exposure to HIV (encouraging the acceptance of substance abuse treatment and medical care).
- Treatment services need to be readily available and flexible. Treatment seekers can be lost if treatment is not immediately available or readily accessible. Treatment systems need to offer a range of treatment alternatives, including substitution treatment, to respond to the different needs of drug abusers. They also need to provide ongoing assessments of patients' needs, which may change during the course of treatment. Longer retention in treatment, as well as completion of treatment, are correlated with reduction in HIV risk behaviours or an increase in protective behaviours.
- Developing effective responses to the problem of HIV among drug abusers is likely to be facilitated by considering the views of drug abusers and the communities they live in. Programmes need to be reality based and meaningful to the people they are designed to reach. The development of such responses is likely to be facilitated by assuring the active participation of the target group in all phases of programme development and implementation.

- Drug abuse treatment programmes should provide assessment for HIV/AIDS and other infectious diseases, and counselling to help patients change behaviours that place them or others at risk of infection. Attention should be paid to drug abusers' medical care needs, including on-site primary medical care services and organised referrals to medical care institutions.
- HIV prevention programmes should also focus on sexual risk behaviours among people who inject drugs or use other substances.
- Outreach work and peer education outside the normal service settings, working hours and other conventional work arrangements are needed to catch those groups that are not effectively reached by existing services or by traditional health education. It is necessary to have a back up of adequate resources to respond to the increase in client and casework load that is likely to result from outreach work.
- A comprehensive package of interventions for HIV prevention among drug abusers could include: AIDS education, life skills training, condom distribution, voluntary and confidential counselling and HIV testing, access to clean needles and syringes, bleach materials, and referral to a variety of treatment options. This complete package should be implemented along with drug abuse prevention, especially among young people.
- Finally and most importantly, care and support, involving community participation, must be provided to drug abusers living with HIV/AIDS and to their families, including access to affordable clinical and home-based care, effective HIV prevention interventions, essential legal and social services, psychosocial support and counselling services.

These principles reflect more than three decades of scientific research in various aspects of drug use and its implications for the individual, community and nation, and they have been tested in a number of intervention programs of varied dimensions. In Asia many institutions and individuals are aware of these principles. But they now need to be transformed into effective policies and expanded programs.

What is harm reduction?

Since HIV/AIDS was first recognised in the early 1980s, programmes focusing on HIV prevention among injecting drug users (IDUs) have become established in many parts of the world. These have often been called “harm reduction” programmes, as they give a higher priority to reducing the harmful consequences of drug use, especially HIV/AIDS, and lesser priority to actually eliminating drug use itself.

Harm reduction is about making dangerous behaviours safer. There will always be people who engage in risk-taking behaviour and we need to find ways to make this behaviour safer. Condom-promotion is therefore a good example of harm reduction. Harm reduction amongst drug users can take various forms including:

- Needle syringe exchange programs, primary health care, peer education and counselling;
- Sale of clean injecting equipment through pharmacies and other outlets;

- Methods for reducing the demand for drugs, including abstinence-based approaches, drug treatment and drug substitution programs;
- Political advocacy and engagement involving different sectors of government and community-based organisations (Deany et al, 1999).

Harm reduction programs

There is a growing body of experience in the development and implementation of effective HIV prevention responses among IDUs, and willingness on the part of many policy and program designers to consider the various strategies that could be tried. These include drug and HIV/AIDS policy reform; methods for involving the affected communities in developing responses; outreach and peer education, needle and syringe exchange programs, and drug substitution programs to decrease injecting (Deany, 2000).

Common themes which run through the development of all these programmes include:

- Starting by meeting the immediate needs of their clients - for primary health care in particular;
- Working to break down the mistrust of clients engendered over years of experience of repression and brutality;
- Maintaining a harm reduction focus, where reduction in drug use is seen as complementing the primary objective of preventing HIV transmission;
- Building working relationships with the other facets of society which have influence over IDUs' lives - in particular, in Asia as elsewhere, police and public security.

Conclusion

IDU is a development issue which overlaps significantly with population mobility, governance, gender and other major development issues. Economic, political and social conditions are increasing peoples' susceptibility and vulnerability. The impact of IDU on national HIV epidemics, and thus human development, looms large in many countries, especially in South, Southwest and South East Asia.

Responses are being hampered by a failure to address the links between IDU, HIV risk and development together with the lack of community capacity and understanding. Fear, denial and discrimination are also making HIV prevention among injecting drug users a low national and global priority, despite the huge threat this problem poses to development.

A growing number of countries urgently need assistance to develop the policies, strategies and programs needed to deal adequately with this significant development

problem. What is lacking most is an understanding of the particular challenges that injecting drug use and HIV pose for achieving sustainable human development.

To meet these challenges it will be essential to continue finding ways to collaborate effectively in future, mobilising diminishing resources, strengthening political and support and developing capacities to assist the countries of the region to respond to the threat posed by HIV and injecting drug use.
