



**7th International Congress on AIDS in Asia and the Pacific**  
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### **Expanded harm reduction practices will reduce HIV epidemic and its impact in the Asia Pacific region**

Kobe, Japan – Asian governments and other institutions have been too slow in providing services to protect people using drugs from HIV infection, despite evidence stressing that injecting drug use is one of the major driving factors behind the region's epidemics.

According to key presentations and reports released during the 7<sup>th</sup> International Conference on AIDS in Asia and the Pacific being held in Kobe, Japan this week, much of the current spread of HIV in China, for example, is attributable to injecting drug use, and there are signs that it is playing a bigger role in India's epidemics than previously thought. In Indonesia, Nepal and Viet Nam, rapid recent rises in HIV infection among drug injectors appear to have spurred subsequent rises in HIV infection among non-injectors who have sexual risk behaviours, thus "kick-starting" wider epidemics.

"Drug-related intervention programmes must be scaled up," said Mr JVR Prasada Rao, Regional Director of the Regional Support Team of the Joint United Nations Programme on HIV/AIDS (UNAIDS). "There are some individual success stories here and there. But in terms of coverage, still the population of drug users who are covered is very, very low."

Unfortunately, this mirrors the situation in much of the Asia Pacific region where injection-related HIV epidemics are currently raging.

"We have more than enough evidence that AIDS in Asia is driven largely by populations of injecting drugs users, due to high levels of needle sharing," added Tariq Zafar, keynote ICAAP speaker from Nai Zindagi, a non-government organisation providing street-based services for drug users in Pakistan. "Although abstinence from drugs is the final way out, not all who inject and share are ready for abstinence – nor do they have access to drug treatment services. For the rest, there needs to be a way to prevent them from sharing or even injecting."

The Kobe Congress has brought together the latest information and opinions linking drug use and the Asia Pacific HIV/AIDS epidemic, but according to some delegates, the significance of drug use as the key 'engine' for HIV/AIDS in the region has been understood for some time.

Executive Director of the Asian Harm Reduction Network, Mr Ton Smits, said some of the new data at the conference was important in identifying the spread of HIV from

drug users into the broader community, but that what is urgently needed is action from those governments who have already made a commitment to act on the crisis.

“What we are hearing this week are further important pieces in the evidence puzzle, but is not really telling us anything we didn’t already know” said Mr Smits. “What we need is urgent action from the governments and other institutions that have made explicit commitments to do something about the crisis engulfing people using drugs in Asia.”

Due of its proximity to the major producers of the world’s illegal heroin, and because of entrenched poverty in many places, Asia is home to the largest populations of injecting drug users in the world. In 2004, for example, opium cultivation in Afghanistan grew by 64 per cent, which promises increased trafficking and a steady supply of high-grade heroin for the Asia Pacific region as well as other countries.

Because of the difficulties people face in stopping using drugs, and because other detoxification or treatment programmes services are often scarce, a more pragmatic approach is to reduce the impact and risk-associated effects of drug use. ‘Harm reduction’ is about reducing the harms of drug use, both to drug users and the wider community – without necessarily reducing drug consumption.

One element of harm reduction is ‘substitution therapy’ – a treatment approach that helps opioid drug users (e.g. heroin) to reduce the withdrawal symptoms and craving when drug use is stopped or reduced. Methadone is one of the oral medications used for substitution therapy. Because users taking methadone are far less likely to inject drugs, it also has a significant impact on reducing their risk of HIV infection.

Significantly, and on the eve of the ICAAP, the World Health Organization (WHO) announced that it had added methadone to the WHO List of Essential Medicines – a roster of drugs endorsed by WHO, and recommended for basic use by health services throughout the world.

ICAAP delegates were also keen to broaden the way harm reduction services are viewed. Mr Rao of UNAIDS argued that programmes have to be more comprehensive, since needle and syringe exchange and methadone substitution are important, but just one part of the harm reduction and treatment continuum. “I think you have to look at several of these elements and put them together in the form of a package,” he said.

Between 5 and 10% of the world’s HIV infections are reportedly due to injection drug use. But HIV/AIDS transmission among people injecting drugs and their social networks is preventable, and there is evidence that HIV among this group has a large effect on the dynamics of HIV spread, and so the control of HIV in the general population also needs HIV prevention among injection drug users.

“Closing our eyes to these marginalized populations and behaviours will not make them go away”, said Karen Stanecki, who leads the Monitoring the AIDS Pandemic group of leading AIDS experts. “Supporting prevention services for these populations will reduce their risk to HIV and will help prevent the spread to the wider population.”

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7<sup>th</sup> International Congress on AIDS in Asia and the Pacific  
PR Committee

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