

Policy must recognise link between drugs and development - 8 Dec 2007

COMMENT: Robert Ali, 8 December 2007



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THE notion of harmonising regional drug policy to integrate drug demand, supply and harm reduction approaches is pivotal to economic stability and growth within the Asia-Pacific region.

While many countries have developed national drug plans, the opportunity to discuss the linkage between this policy of government and economic development has been overlooked.

However, the discussion is important to avert the potential threat of governments implementing harsher policy reforms through a misguided belief that punitive legal sanctions against drug users will aid development.

The links between drugs and development, particularly poverty eradication, are clear. While the quantification of the size of economic impacts of substance use in the region is not as clear, this is work that could and should be undertaken to improve government support for broadening the response to substance use.

Harm reduction has been introduced successfully into the region because it was, and still is, rightfully perceived as an emergency response to an HIV crisis. However this should not be the end of the story, but rather the first plank of a successful response which then incorporates drug demand and supply reduction approaches. This will allow links into an economic and social development agenda which provides sustainable and meaningful capacity-building responses to problems caused by substance misuse.

Australia has shown a leadership role in the region on HIV. This is a role we can be proud of; however, there is capacity to work more with international agencies such as the United Nations and the World Health Organisation to ensure we develop local institutional capacity to address drug use issues beyond HIV in the region. Moving beyond pilot studies is critical and requires commitment.

The Australian Government's announcement of \$1 billion to be spent on HIV/AIDS by 2010 recognised the importance of working with the governments of China, Indonesia, India, Papua New Guinea, the Philippines and Vietnam. All of these countries are important to moving HIV prevention forward. Other key countries that need to be involved are Myanmar and Cambodia. As for Thailand, India and Vietnam, these countries have had spikes in HIV, which represents a real threat to the economic prosperity of those countries.

In many parts of Asia, HIV epidemics have been largely driven by injection drug use. HIV rates of greater than 40 per cent among injecting drug users have been recorded in many countries, including Indonesia, Malaysia, Myanmar, Thailand, and Vietnam. Given that HIV transmission has firmly taken root in many parts of Asia through injecting drug use, it is no surprise that injecting drug users account for a large number of those infected.

In Indonesia, for example, 51 per cent of all newly reported HIV infections up to March 2006 occurred among injectors, while in China, it is estimated that over half of new HIV infections are occurring among the country's

estimated 1.14 million registered drug users. In Malaysia up to December 2006, users accounted for 65 per cent of reported HIV cases.

In response to the escalating epidemic, several countries in the region have recently embarked on harm reduction efforts for injecting drug users that include opiate substitution therapy, such as methadone programs. However, in Asia, inadequate health infrastructure and a lack of people with relevant skills and training to provide addiction treatment are a major obstacle to accessing therapy.

The health expenditure as a proportion of GDP is telling. Myanmar, for instance, only spends 2.2 per cent of its GDP on health care, which equates to \$A6 per person. Indeed, health care accounts for just under 13 per cent of total government expenditure. By contrast, Australia spends 8.8 per cent of GDP, which equates to just under \$4000 per person, or 67 per cent of total government expenditure.

Despite the recent global initiative that has increased the number of people receiving HIV antiretroviral therapy in the region, injecting drug users remain disproportionately less likely to have access to these medications. Some of the major obstacles to access include legal policies around drug use, inadequate health infrastructure, and the pervasive stigma and discrimination associated with HIV. Adequate training needs to also be provided about the possible interactions between opiate substitution treatment, HIV treatments and other drugs frequently used by injectors.

Integrated treatment for substance abuse, general medical care, HIV and psychiatric treatment and psychosocial support is a model of care that should be extensively developed in the region. Models of care that need further investigation include community based opiate substitution therapy. Alternatively, integrating drug addiction treatment into existing primary health care facilities along with HIV treatment and other infectious disease treatment may provide a one-stop centre that could substantially improve HIV prevention and treatment efforts.

A major potential burden of harm in the community is the under-recognised problem of substance use and harms associated with women, which is a human rights issue. They are a marginalised stigmatised group who rarely finds opportunities for effective interventions that are culturally specific and gender appropriate for their needs. Finally, scaling up opiate substitution treatment must be accompanied by a commitment to improve social support services, in order to help integrate people back into society through job training and placements. Building the capacity of health care professionals alone will not be adequate. Peer support, patient advocacy, case management and social services are other crucial services that must be developed for a comprehensive and successful management of drug users. One opportunity that has also been missed is a mechanism for families to make a contribution to the effective implementation of safe and effective drug treatment programs.

This substantial resource has been under-utilised in the Asian region and could prove of benefit for both compliance and treatment for drug addiction treatment as well as HIV prevention, treatment and care.

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