

HIV AIDS is a real and present danger, here and now

Statement by Dr. Sandro Calvani, UNDCP Regional Representative for East Asia and the Pacific at Opening ceremony, United Nations Regional Task Force on Drugs and HIV/AIDS Vulnerability, Park Plaza International Hotel, Kuala Lumpur, 15 July 2002

**Honorable Deputy Minister, Dato' Zainal Abidin
Representatives of the Government of Malaysia,
Representatives from the Civil Society and Non-government organizations, Dato' Wan Ibrahim, Director of the National Drugs Agency
UN Resident Coordinator Mrs. Olsen
Distinguished Participants and dear colleagues from the United Nations.**

It's my privilege to address the opening ceremony for the United Nations Regional Task Force on Drugs and HIV/AIDS vulnerability. It is the first meeting of the newly established Task Force. I'm very happy that it is taking place in Kuala Lumpur because Malaysia is a country with a severe HIV epidemic among Injecting Drug Users, in spite of severe provisions like capital punishment for drug traffickers. In this connection, I would like to extend special thanks to the National Drug Authority for their outstanding support to the organization of this meeting.

I'm speaking today in a double capacity, as the Representative for the UN Drug Control Programme in East Asia and the Pacific, and as the new Chairman of the United Nations sub-Regional Theme Group on HIV/AIDS. So you will understand that the subject matter to be discussed in the coming two days is particularly important to me and the whole of the UN system. The combination of HIV/AIDS and injecting drug use has become a global concern over the recent years. It's a major mode of transmission in almost all Asian countries before the generalized epidemic.

As you know, this part of the world is particularly affected, with increasing number of injecting drug users and no less than one million new HIV/AIDS cases during the last year. Some countries from this region (like Vietnam, Thailand, Myanmar) have some of the highest rates of HIV infection among injecting drug users in the world. Other countries are still at a relatively early stage of the epidemic. Once HIV is introduced among the Injecting drug user population, it will disseminate at very high speed as seen in Indonesia in the past 2 years.

You probably heard two days ago Nelson Mandela shouting, in Barcelona out of desperation, "HIV AIDS is a war against Humanity". Yes indeed it is a war. It is a real and present danger also in our region!

First of all, the HIV epidemic among Injecting Drug Users is not self-contained. Drug users are an integral part of the communities, and they have spouses, friends, and casual sexual partners. HIV/AIDS will not remain within the limited circles of people with high-risk behaviors. High prevalence of HIV among injecting drug users is likely to translate into a generalized epidemic within 2 to 5 years. This we know for a fact, as it is well documented in India, Nepal and Thailand. The best option is to address it at the earliest possible stage through adequate interventions targeting injecting drug users as a priority, to minimize the social and economic cost to the country.

The underlying implications, in terms of cost of the intervention required to control the epidemic are clear-cut. From recent experience in the region, the intervention required to successfully control the epidemic among injecting drug users has been costed at US\$ 36 per drug user per year.

In a country like Malaysia for example, the compared cost to the country will vary from US\$ 6 Million per year to successfully contain the epidemic among high-risk groups to US\$ 22 Million if the epidemic cannot be controlled in the high-risk groups.

A US\$ 3 investment per drug user per month today can avert a generalized epidemic in Malaysia and can save US\$ 18 Million per year that would additionally be needed for interventions in the general population.

Although these facts are based on scientific evidence gathered in this very region, effective public interventions are still the exception, rather than the rule. Tremendous efforts are being put into fighting the production trafficking and abuse of illegal drugs in the region, sometimes with UNDCP support. Over the years, these efforts have become more effective, and they need to be further intensified and sharpened to reduce the supply and demand for drugs.

But current drug control policies are not enough; they do not address the issue of HIV. The high priority given to abstinence oriented treatment and HIV prevention limited to information and awareness will not suffice to contain and curb the HIV epidemic among drug users. It is well documented that limiting the availability of injecting equipment will increase risk behaviors, with no significant impact on drug abuse. Likewise, high level of awareness of the HIV risk does not curb risk-taking behaviors among drug injectors, unless essential for intervention are in place.

The essential elements of a successful intervention to control the epidemic among Injecting Drug Users are:

- " Early interventions,
- " Availability of needles and Syringe exchange programmes
- " Availability of treatment and rehabilitation programmes, including substitution maintenance
- " Outreach with strong involvement of the drug user community

Now I must elaborate on the most important challenge.

There is a growing awareness among policy makers in the region over the issues I have mentioned, and more countries are now introducing elements of sound HIV prevention targeting specifically drug users. But not to a scale that is likely to make a difference. With the only possible exception of one country (Bangladesh), no country in this region has established a Needle and Syringe Exchange programme on a national scale, a programme that would cover more than 10 % of the Injecting drug user population. The example of Nepal shows that even early intervention on a limited scale does not work.

To be effective, the interventions will have to cover as close as possible to 100 % of the injecting drug users population in order to have an impact on behaviors. As we all know, large-scale intervention has a cost. According to the experience in the region, the cost would be around US\$ 36 per drug user per year. For Malaysia this would represent approximately US\$ 6 Million per year.

In conclusion, I would just like to add that there has never been a better global political commitment about HIV/AIDS than today. More than 30 Heads of State are directly heading AIDS control Programmes. Developing countries, together with developed countries have jointly promised to raise US\$ 9 Billion for next year to combat AIDS with 2 other killer diseases. This commitment is

not enough unless this opportunity is translated into country specific action where services reach the drug user community with strong political leadership and support from the government and the civil society.

I would request the Regional Task Force to take up this challenge and help countries to access the Global Fund Against AIDS, Tuberculosis and Malaria and particularly the honorable Minister to take this opportunity of the Task Force being held in Kuala Lumpur to make a difference in the future of the epidemic in Malaysia.

I wish you all a very successful meeting.

Thank you.