

# Notes from the dismal valley:

*'I am the way into the doleful city,  
I am the way into eternal grief, I am  
the way to a forsaken race... Abandon  
every hope, all you who enter.'*

# NSP IN ASIA

**So reads the dread inscription, spelled out in sombre colours, along the ledge above the entry gate of Hell, in the first book of Dante Alighieri's masterpiece, *The Divine Comedy*. Equally, these cruel words could perhaps be found illuminating epidemiological estimates of the prevalence of injecting drug users, and related HIV and HCV infection, in Asia.**

With some east and south Asian countries exhibiting the highest rates of HIV infection among injecting drug users in the world, the limited response to the increasingly dire circumstances surrounding drug use – particularly drug injection – in Asia is something beyond the predictable justifications of systemic poverty, ignorance, outright denial, or even incompetence. And while politicians and policy makers may find themselves stricken to the point of paralysis, hearts 'plunged deep in fear' at the prospect of initiating appropriate evidence-based public health policies and interventions to address the drug use and HIV (and, indeed, poverty) nexus, the plight of this most vulnerable of high-risk populations is worsening by the day.

## Inaction no longer an option

Drug use – specifically drug injection – is undeniably a major driver of HIV across Asia. The region accounts for approximately 60 per cent of the global population and a significant majority of the world's estimated 13.2 million drug injectors: there are an estimated 3.1 million injectors in Eastern Europe and Central Asia; 3.3 million injectors in South and South-East Asia and 2.3 million injectors in East Asia and the Pacific.

Asia also has the world's two biggest illicit opium production areas (the Golden Crescent and the Golden Triangle – formed by Afghanistan, Pakistan and Iran, and Myanmar, Thailand and Laos, respectively) Numerous countries are a source for the precursor chemicals for both heroin and methamphetamine production, and the region is criss-crossed by extensive trafficking networks for the aforementioned drugs, and more. With its increasingly mobile populations and large-scale intersection of multiple risk behaviours – namely drug use and injecting, the buying and selling of sex and male-to-male sex – Asia faces rapidly expanding HIV and HCV epidemics that threaten not only the well being of

people using drugs, their sexual partners and their families, but also the health and prosperity of the broader community of affected nations in the region.

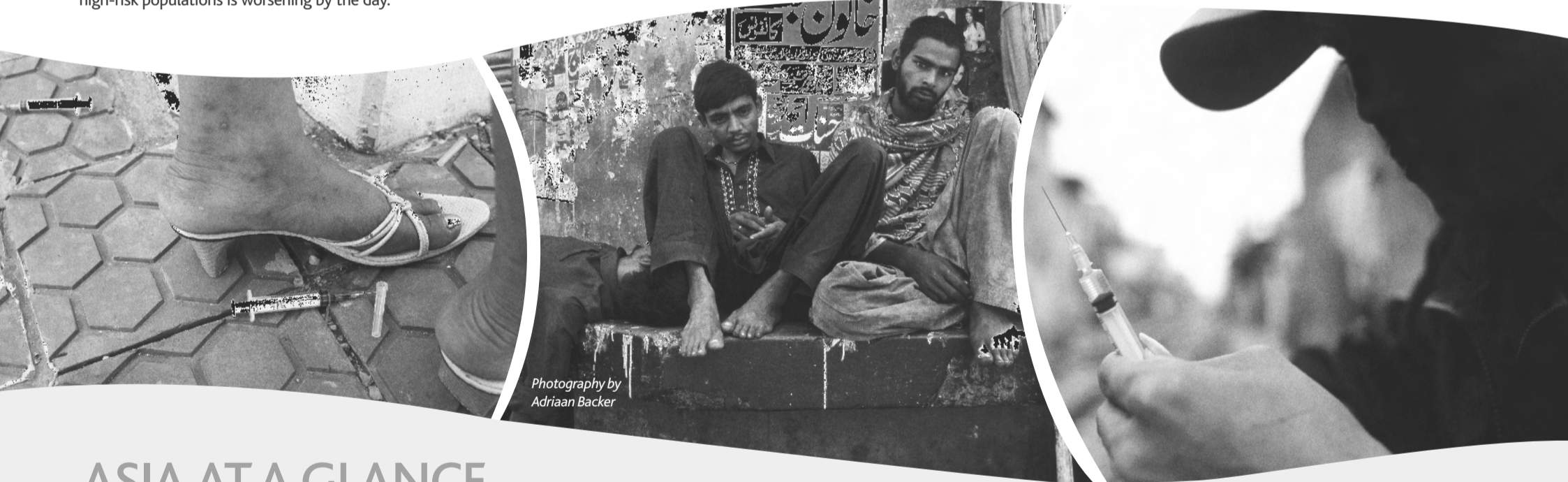
## Elusive Paradise: Comprehensive health and social care

As the shade of the great poet Virgil promises to the fearful Dante at the beginning of their infernal wanderings, Hell with its many circles and the towering island of Purgatory can be traversed with the aid of an experienced guide.

Such agencies as the Joint UN Programme on HIV/AIDS (UNAIDS), World Health Organisation (WHO) and the Asian Harm Reduction Network (AHRN) have, in their own ways, worked to guide the government and non-government stakeholders towards 'the sunlight' of that elusive and seemingly unattainable paradise known as 'comprehensive health and social care for people using drugs'.

UNAIDS notes that a comprehensive, choice-based package of HIV prevention, treatment, care and support services is required for optimal results. Injecting drug users are individuals who, like

*cont. page 3*



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Adriaan Backer

## ASIA AT A GLANCE

Asian countries in which the population of injecting drug users exceeds 100,000 include Kazakhstan, Uzbekistan, Bangladesh, India, Indonesia, Iran, Malaysia, Myanmar, Pakistan, Vietnam, Japan and China (with China having more than one million 'registered' injecting drug users).

Asian countries in which the prevalence of injecting drug users among the adult population is more than 0.5 per cent (or 1 in 200 adults aged 15–64 years) include Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Brunei, Indonesia, Iran, Malaysia, Myanmar, Pakistan, Singapore, Hong Kong, and Japan.

Asian countries in which the HIV prevalence among injecting drug users is greater than 20 per cent include Kazakhstan, India, Indonesia, Malaysia, Myanmar, Nepal, Thailand, Vietnam, and areas in China, with estimates of above 70 per cent HIV prevalence among the injectors of Yunnan (most notably in the cities of Ruili, Wenshan and Gejiu), Xianjiang and Guanxi provinces.

Of the 7.4 million people recorded as living with HIV in Thailand, Nepal, Indonesia, Myanmar and parts of India, Pakistan and China, more than half inject drugs.

Injecting drug users often represent the most prevalent group among people infected with HIV, with 77 per cent of HIV

infections in Malaysia, 69 per cent in China, and 66 per cent in Vietnam being among drug injectors. Ten percent of global HIV infections are attributed to injecting drug use.

Asian countries in which the HCV prevalence among injecting drug users is greater than 20 per cent include Bangladesh, India, Indonesia, Malaysia, Pakistan, the Philippines, Thailand, Vietnam (for numerous Asian countries with significant populations of drug injectors, HCV prevalence data remains unavailable).

Although most of the research on populations of injecting drug users, and associated HIV and HCV infection, has been conducted in developed nations, there is certainly enough evidence to demonstrate that the scale of injecting and of related blood borne viral infection is very high in the developing and transitional countries of Asia.