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Winds of change on drug policy

The time has come to develop a public health approach to drug policy in the region that considers dignified care to people who use drugs.

Comment by BERTRAND AUDOIN and ADEEBA KAMARULZAMAN

THERE can be no better day than today, the International Day Against Drug Abuse and Illicit Trafficking, for those of us involved in global health, to pause and consider where international drug policy is moving.

Today, as in most other years, China for instance will execute people being held on drug trafficking offences to mark the event.

But as June 26 approaches each new year, it seems to us that that approach is becoming anachronistic and out of kilter with what is a shifting debate globally.

We'd argue that the present policies that criminalise people who use drugs in so many countries fuel diseases such as HIV, hepatitis C and tuberculosis and work against the public health priorities of those countries.

More than 40% of the 37,000 prisoners in Malaysia are incarcerated for drug-related offences – most often for minor offences.

Overcrowding and lack of access to healthcare, including treatment for HIV and tuberculosis, further fuel these two diseases within the prison system and once they are released into the community.

The evidence has long been before us – a public health approach to drug use was instrumental in the implementation of harm reduction practices such as clean needle exchange and methadone in so many countries when HIV/AIDS first emerged three decades ago.

Countless lives were and continue to be saved.

Yet, for all those governments who moved so quickly to arrest an epidemic in its infancy and most dangerous phase, so many chose to turn a blind eye, including many in the South-East Asian region.

Take Thailand, for instance.

So ahead of its time with its internationally recognised "Mr Condom" safe sex campaigns two decades ago, today its government still fails to offer needles and syringes through government programmes (work that is left to the civil society sector) and

it is accompanied by very public death penalty laws.

But there are winds of change on the horizon in South-East Asia.

Thailand has not executed anyone since 2008.

Nor has Indonesia.

Here in Malaysia, the mandatory death penalty is currently under review by the Government and a moratorium on executions has now been in place for over a year.

More importantly, a healthy debate is ongoing and it is heartening to see that representatives of the Malaysian parliament, legal profession and police and National Drugs Agency will be engaging in a public

discussion on drug policy with members of the Global Commission on Drug Policy this Sunday in a prelude to the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention being held in Kuala Lumpur next week.

Malaysia is moving away from detention centres for people who use drugs, and the brave decision by the Government in 2005 to implement a national harm reduction programme to address the country's HIV/AIDS epidemic, which at the time was largely being driven by injecting drug use, has produced a significant decline in HIV infections amongst injecting drug users at an economical cost.

Indeed, Indonesia is now working to scale up HIV prevention measures for people who inject drugs, and China, the country we mentioned earlier is actually implementing evidence based HIV prevention measures for people who inject drugs and after years of political denial.

More than two million people who inject drugs in China now have the chance to access clean needles and opioid substitution therapy, with medication such as methadone.

New HIV infections have, unsurprisingly, fallen dramatically.

On the surface, it would perhaps seem to the outsider that this emerging shift in the international drug

policy debate has little connection with a conference in Kuala Lumpur on HIV science and research attended in the main by scientists, researchers and academics.

Nothing could be further from the truth.

Developments in HIV science over the past three decades have transformed HIV/AIDS from a death sentence into a chronically manageable disease.

Antiretroviral drugs have saved millions of lives.

Resurgence in the field in recent years is producing a new dedicated effort towards exploring the possibilities of finding a cure.

At the heart of what we do as scientists is the need to be guided by the evidence.

When it comes to discussing the alternatives to repressive drug policies, we have long known that there is a ton of evidence to steer us in a new direction.

No, evidence is not the main barrier to reform, political will is.

Political will affects so many people's lives.

Let's remember that today is also, somewhat paradoxically, the United Nations' International Day in Support of Victims of Torture.

Too many countries in the Asian region deny dignified care to people who use drugs.

Treatment is often synonymous with horror stories of beatings and deprivation of basic human rights.

We need, as today's global day of action is asking for, to support, not punish, people who use drugs.

> Bertrand Audoin is the Executive Director of the International AIDS Society (IAS), organiser and convenor of the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), the world's largest open scientific conference on HIV/AIDS that will be held in Kuala Lumpur from June 30 to July 3. Adeeba Kamarulzaman is the director of the Centre of Excellence for Research in AIDS and Dean of the Faculty of Medicine at the University of Malaya

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in Kuala Lumpur. She is the Local Co-Chair of the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention.

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