



## Press release

### COMMERCIAL SEX AND DRUG USE BIGGEST DRIVERS OF HIV IN ASIA, SAYS NEW AIDS REPORT

#### Supportive government policies needed to slow spread of AIDS

**Kobe, Japan, 2 July 2005** – As commercial sex and unsafe injecting drug use are the biggest drivers of HIV in most Asian countries, supportive government policies that address these behaviours are urgently needed to slow the spread of AIDS, according to a series of three reports released today by the Monitoring AIDS Pandemic (MAP) Network<sup>1</sup>.

The MAP reports focus on the three behaviours that are fuelling the AIDS epidemics in Asia – injecting drug use, sex between men, and sex work. They caution that HIV could rapidly spread from these vulnerable groups to the wider population through sexual transmission to their partners or clients.

“HIV will spread rapidly among those engaging in these risky behaviors and to the wider population if HIV prevention and care programmes are not scaled-up urgently,” said Dr Chris Archibald, Vice Chair of the MAP Network, at today’s press launch. “Prevention programmes in Asia need to reach more men who have sex with men, drug users, sex workers and their clients to slow the spread of AIDS.”

The reports warn that a sharp rise among injecting drug users could kick-start an AIDS epidemic, given that many drug users also sell sex to buy drugs. “Mixing sex and drugs is a lethal combination that could trigger a rapidly escalating epidemic,” said Dr. Lim-Quizon of the MAP Network. “Parts of China, Indonesia and Viet Nam have already seen HIV take off among drug injectors in recent years.”

In Ho Chi Minh City, Viet Nam, 49% of injecting sex workers were found to be infected with HIV in 2002, compared with 19% of those who use drugs without injecting them, and 8% of those who do not use drugs at all. Drug-using sex workers were about half as likely to use condoms compared to those who did not use drugs, according to one large study in Viet Nam.

In China’s Sichuan province, over 2% of sex workers were found to inject drugs, but among street-based sex workers the percentage of those injecting was twice as high, at 5%. Women selling sex on the streets reported the highest turnover of clients compared to other sex workers, as well as the lowest levels of condom use.

In Asia’s sex work industry, which has become very lucrative, condoms as well as testing and treatment for sexually transmitted infections are not widely available. In Karachi, Pakistan, for example, one in five sex workers cannot recognize a condom, and three-quarters of those surveyed did not know that condoms prevent HIV transmission. Other studies have shown that even if condoms are available to sex workers, clients often refuse to use them.

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<sup>1</sup> The MAP Network is a group of international AIDS experts who assess the trends of the AIDS epidemic over time.

However, Cambodia, Thailand, and Tamil Nadu in India have successfully managed to reduce the spread of HIV infection among sex workers and their clients due to their condom promotion and partner reduction programmes. But the key challenge is to sustain successful prevention programmes over time. In one site in Laos, where prevention programmes were not sustained, condom use decreased and sexually transmitted infections surged.

When it comes to injecting drug use, existing evidence shows that access to clean needles lowers the risk of HIV transmission among drug users. According to the MAP reports, Asian countries that have promoted safe injecting practices, including access to clean needles and syringes, are being rewarded with lower risk behaviour.

Since 2002, China and Viet Nam have coordinated a programme that makes needles and syringes more easily available to injecting drug users. In China's Guangxi province and Viet Nam's Lang Son province, outreach workers have provided vouchers that can be used to obtain new needles and syringes from participating pharmacies. As a result, needle-sharing fell from 61% to 30% among all injecting drug users surveyed in Guangxi in 2004.

In most countries in Asia, the very first cases of HIV were identified in men who have sex with other men. But other risk factors, such as sex work and injecting drug use, have become more prominent and the issue of male-to-male sex has been ignored. "Recent high levels of HIV prevalence among men who have sex with men -- 17% in Bangkok and 19% in Mumbai -- should serve as a wake-up call," said Dr Mitsuhiro Kamakura of the MAP Network. Focused prevention interventions have shown to be effective in Indonesia, with condom use among men who have sex with men doubling in just a two year period.

The reports conclude that unless prevention services are specifically tailored to sex workers and their clients, drug users and men who have sex with men, AIDS in Asia will continue to expand. Punitive measures such as incarceration should be replaced by human rights-based interventions that allow these groups access to the public health services they need and the skills to protect themselves. These will be best accomplished through a combination of government and non-government services with involvement of at-risk communities.

"Closing our eyes to these marginalized populations and behaviours will not make them go away", said Karen Stanek, Chair, Monitoring the AIDS Pandemic. "Supporting prevention services for these populations will reduce their risk to HIV and will help prevent the spread to the wider population."