



Addiction blocks development

**The majority of all drug addicts today live in developing countries. The increasing use of hard drugs brings poverty and underdevelopment in its wake and fosters the spread of AIDS. Nonetheless, the problem of addiction has barely gained a mention in international cooperation. For a long time, policies have concentrated almost exclusively on reducing the supply of drugs. It turns out, however, that strategies such as the “harm reduction” approach, which seeks to limit the damage, are more effective than impotent repression.**

**[ By Susanne Schardt ]**

In the past twenty years, intravenous drug use has expanded dramatically in all regions of the Earth. Injection drug use is considered one of the most significant causes for infection. By the end of 1999, 114 countries and regions had reported on HIV infections by this means to the World Health Organisation (WHO). Furthermore, the use of harder drugs makes the spread of AIDS through unprotected sexual intercourse more likely. This is the case because prostitution often serves to support the drug habit and because drug use enhances the readiness for high-risk sexual behaviour.

Prevention is the pre-eminent way to stem HIV/AIDS. The idea is to stop new infections in the first place. The approach of “harm reduction” (HR) became established because of the interconnectedness of drug use and HIV. This approach attempts to steer drug addicts towards assistance. It is about accepting their needs rather than requiring them to abstain from drugs. The aim is to prevent drug-related death and to avoid secondary injury to health – in particular, new infections of HIV/AIDS.

This includes the demand to stop repression. Drug addicts should be granted access to unprejudiced, health-oriented assistance throughout all phases of consumption. A pragmatic set of strategies must contribute to reducing negative consequences of drug use at both the individual and social level. It must be ensured that drug control inflicts no more harm on the users – and society in general – than the drug use itself.

**“Pick them up from where they are”**

The term “harm reduction” was coined in the late 1980s. At that time, particularly in Western Europe, the number of drug-related deaths had risen dramatically. Together with the appearance of HIV/AIDS among addicts, this called into question the traditional policies geared towards abstinence. Social workers tried a “pick them up from where they are” approach. After all, it was becoming ever clearer that many addicts remained out of reach from all services that made abstinence a prerequisite. The HR approach, however, appealed even to severely marginalised and endangered addicts. HR takes small steps, one at a time. Affected individuals can be stabilised in health terms as well as socially. The approach is participative. The target group can actively contribute to spreading and imparting the measures.

This approach serves to halt the descent into poverty, crime and social exclusion. It also reduces the health risks. Today, the HR approach is considered an internationally established public health sector strategy. It is supported and promoted by the United Nations and its organisations and programmes (WHO, UNODC, UNAIDS), as well as by the EU. In Germany, it represents one of four aspects of the national drug policy. German Technical Cooperation (GTZ) implements it at an international level.

The distribution of clean needles and the provision of substitute drugs such as Methadone are two of the most important HR measures. It is also crucial to promote less risky types of use (“safer use”) – one example being the introduction of so-called consumption rooms, where drugs can be taken under

less harmful circumstances than on the street and where emergency aid can be administered in cases of overdose.

An urgent matter

Recent figures show that the drug issue has to be dealt with. In recent years, the number of HIV infections in Asia and the Pacific has increased considerably. Before, the numbers in these regions had remained relatively stable for a decade. United Nations studies show a connection between the increase in infections and the rapid rise in intravenous drug use. Experts predict a similar development in Africa. The continent is more and more becoming a transit region for heroin and cocaine.

In Latin America and Eastern Europe, the transmission of HIV via shared needles has also increased considerably. Eastern Europe is currently experiencing a drug related rise in HIV infections. In Russia, 90 percent of HIV infections can be traced back to intravenous drug use. Ten years ago, the countries in the west of the CIS experienced the first massive increase in HIV infections. Today the epidemic is spreading further east. South-eastern countries such as Kazakhstan report an alarming increase in intravenous drug use by young people. The World Bank talks of a second large wave of the epidemic – the first having occurred in Africa. The rates of new HIV infections are often already higher in the affected areas than they are in some African countries. Experts assume that, in 2020, 15 million people in Russia alone will be infected if the current trends continue.

### **The Russian example**

The Russian example shows how closely interwoven social and political frameworks, drug use and HIV/AIDS are. People infected with HIV as well as drug addicts are socially marginalised. In the past decade, the dramatic dynamics of change have triggered a rapid rise in drug use. Children and youth are struggling with poverty, social misery and bleak outlooks. They can no longer rely on their families or society for relevant role models. In many cases, uncertainty creates the breeding ground for drug and alcohol consumption.

The retreat of the state from education and health care goes hand in hand with the decline of family bonds. Governments address the growing drug problem with denial or repression, rather than with prevention or assistance. Despite some improvements, health budgets remain under-funded. All this will make it difficult to prevent HIV from reaching the general population. This is most likely to happen through the prostitution of addicted women and men. In a few years, this could make the heterosexual spread of HIV more common than that through intravenous drug use, which is still the main cause today.

German development cooperation is focussing on the HR approach and has already gained the first positive experiences in partner countries. Within the scope of its sector project “Development-oriented Drug Control”, the GTZ supports the integration of such measures into addiction services and drug control. The programme aims at implementing harm reduction at various levels. One example is the project “Multi-Agency Cooperation to Enhance Services to Drug Users in New Delhi”. It was started at the beginning of 2003 and combines substitution for hard drugs with an integrated drug policy at the municipal level. New insights can thus be directly communicated to the people who are politically responsible.

### **Creating political awareness**

Experience has shown that harm reduction represents a cost effective and efficient concept for the prevention of HIV – especially in countries with low infection rates. However, there is a low acceptance of drug addicts and people infected with HIV. Drugs and HIV/AIDS continue to be unappealing topics politically. Addressing them does not win a lot of votes. Therefore, many governments view firm, drastic action as the only political option. Services to our partner countries, therefore, have to incorporate more than just intervention. Building political awareness as well as consolidating professional competence and communicative ability among NGOs and those affected have to be encouraged at the same time. Only then will the necessary frameworks be created to deal pragmatically and realistically with a problem that has long been a part of everyday life in many countries.

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