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**24<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**22-24 June 2009**

**HIV prevention among injecting drug users**

**Additional documents for this item:** none

**Action required at this meeting - the Programme Coordinating Board is invited to:**  
(See decision paragraph 70 below)

- i. *Request* the UNAIDS Cosponsors and the Secretariat, in particular UNODC, to work with national governments to address the uneven and relatively low coverage of services among injecting drug users and to develop comprehensive models of appropriate service delivery for injecting drug users in line with the UNAIDS/UNODC/WHO “*Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users*”;
- ii. *Request* UNAIDS and its stakeholders to work with multilateral donors, and national governments, to facilitate greater resource mobilization on this issue, consistent with the level of identified need *recognizing* that resources should be expanded for service delivery and capacity development to enable communities to provide prevention, care and support services to drug users living with HIV on a larger scale whilst, at the same time, tackling the issue of stigmatization and discrimination;
- iii. *Request* UNAIDS to intensify its assistance to, and work with, civil society, including global, regional and national harm reduction associations and associations of people who use drugs, aimed at advocating for anti-stigmatizing, anti-discriminating, evidence-based approaches to HIV and Hepatitis C Virus (HCV) epidemics at national, regional and global levels;
- iv. *Call upon* Member States to further harmonize laws governing HIV and drug use, both from a public health and a human rights perspective;
- v. *Request* the UNAIDS Cosponsors and the Secretariat, in particular UNODC, to support national authorities to align policies, clarify roles and responsibilities of various national entities - including drug control, the penitentiary system, public health and civil society - and support increased capacity and resources for provision of a comprehensive package of services for injecting drug users;
- vi. *Call upon* Member States and civil society organizations, in addition to specific interventions that target injecting drug users, to develop guidance and programme models to respond to the needs of other sub-groups of drug users, including female drug users, drug users who also exchange sex for money or drugs, drug users who end up in prison settings, underage and young drug users, migrant drug users, drug users amongst refugees and other displaced populations, stimulant<sup>1</sup> and poly-drug users and men who have sex with men who use drugs;

(continued overleaf)

- vii. *Call upon* Member States, civil society organizations and UNAIDS to increase attention to certain groups of non-injecting drug users, especially those who use crack cocaine and amphetamine type stimulants, and their link to increased risk of contracting HIV through high-risk sexual practices, as well as to responses to emerging epidemics of injecting drug use in many African countries; and
- viii. *Recognizing that* existing data on HIV and drug use are far from adequate in both quality and quantity, *requests* UNAIDS to support greater investment in data collection required to inform the development of HIV prevention, treatment, care and support initiatives, resource allocation and comprehensive service delivery, including a system of regular and rapid assessments of the risk potential for new epidemics where anecdotal evidence indicates an emerging problem, and *calls upon* Member States to ensure accurate estimates are made of the size of IDU populations, while taking into consideration the shifting patterns of injection.

**Cost implications for decisions:** draft decision point (viii) would require a budget of USD 400,000 for implementation

## I INTRODUCTION

1. Decision 11.9 of the 20th Programme Coordinating Board meeting requested; *“the UNAIDS Secretariat and Cosponsors, as a matter of priority, to work at the national level to assist governments to scale up HIV prevention among injecting drug users, in line with the decisions of the PCB on the UNAIDS Policy Position Paper on Intensifying HIV Prevention”*. This paper reports on progress made by UNAIDS since the adoption of the Policy Position Paper in 2005 in support of scaled up efforts in relation to HIV prevention among injecting drug users, and related policy and guidance issues.
2. The UNAIDS Policy Position Paper made the following recommendations in relation to HIV prevention responses among injecting drug users: *“Prevent transmission of HIV through injecting drug use – by developing a comprehensive, integrated and effective system of measures that consists of the full range of treatment options, (notably drug substitution treatment) and the implementation of harm reduction measures (through, among others, peer outreach to injecting drug users, and sterile needle and syringe programmes), voluntary confidential HIV counseling and testing, prevention of sexual transmission of HIV among drug users (including condoms and prevention and treatment for sexually transmitted infections), access to primary healthcare, and access to antiretroviral therapy. Such an approach must be based on promoting, protecting and respecting the human rights of drug users”* (p. 34).<sup>1</sup>
3. There are approximately 16 million injecting drug users worldwide, with about 3 million being infected with HIV. The largest numbers of HIV positive people who inject drugs are in Eastern Europe, East and Southeast Asia and Latin America. HIV prevalence among some groups in these regions is estimated at over 40 per cent. New epidemics of injecting drug use are also emerging in sub-Saharan Africa.
4. Injecting drug users often have multiple risks of contracting or transmitting HIV, Tuberculosis (TB) and other infectious diseases. The use of contaminated injection equipment among injecting drug users is among the most explosive of the routes of transmission of HIV. Drug users often face incarceration for possession of drugs and/or sex work, and where injecting drug users are also involved in sex work and/or male to male sex, risks and vulnerability are also increased. Drug use is also highly stigmatized both within the general community and by health care workers, further marginalizing people with drug dependence problems. This means that HIV interventions may not be available to them, or that they are unable or unwilling to access services for fear of recrimination.
5. There is evidence that injecting drug users are willing to protect themselves, their sexual partners and the society at large. HIV transmission through injecting drug use can be effectively prevented by providing a comprehensive package of services in outreach to injecting drug users and their injecting or sexual partners. The earlier the implementation of HIV prevention programmes, the more effective and cheaper the specific measure will be.

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<sup>1</sup> Note that in its decisions endorsing the Policy Position Paper the PCB also noted “the United States statement that the United States could not fund needle and syringe programmes because such programmes are inconsistent with current United States law and policy and notes that this external partner cannot be expected to fund activities inconsistent with its own national laws and policies” (decision 8.6). More recently however the United States delegation to the 22<sup>nd</sup> Commission on Narcotic Drugs meeting in Vienna in March 2009 noted formally that the United States now supports the funding of needle and syringe programmes (consistent with the policy of the Obama administration to support the removal of the Federal ban on funding of needle and syringe programmes domestically).

6. A comprehensive approach that includes measures such as access to sterile injection equipment; opioid substitution therapy such as with methadone and buprenorphine; community-based outreach; and providing HIV prevention information on safer injecting and safer sex is among the most effective and cost-effective way to prevent the epidemic among injecting drug users<sup>2</sup>. Additionally, injecting drug users have broader health needs linked to HIV, such as prevention of hepatitis, tuberculosis, mental health, and overdose prevention. As well, wider social conditions need to be addressed, including protecting human rights and reducing stigmatization in health and other settings, and making specific interventions among people in detention, of which large portions are injecting drug users. Involvement of drug users is essential component of making HIV policies and practices more effective.
7. While the focus in HIV prevention among drug users has concentrated on injection, as an efficient mode of transmission of HIV, there are also HIV-related risks attached to other forms of drug use. In particular, there is a major nexus between amphetamine use and HIV transmission in some population groups, and there are concerns about significant amphetamine use fuelling emerging HIV epidemics among, in particular, gay and other men who have sex with men in parts of South-east Asia as well as other regions.
8. The evidence base in relation to the effectiveness of needle and syringe programmes and opioid substitution therapy in reducing HIV risks is considerable<sup>2</sup>, however there remain major unmet challenges principally related to the illegal status of some of these proven interventions in many countries. When these programmes are not legal or are inconsistent with policing practices, injecting drug users can be driven away from services and/or into prisons and these policies can fuel the spread of the epidemic.
9. UNAIDS has provided considerable support to scaling up of effective HIV responses among drug users since the adoption of the Policy Position Paper on Intensifying HIV Prevention, including technical support and building the capacity of civil society and government responses. However, major gaps in coverage and barriers to effective programming remain. The present report provides a summary overview of responses that have been implemented between 2005-2008 by UNAIDS Secretariat and its Cosponsors, in particular UNODC and WHO, together with civil society organizations, in responding to the epidemics through a range of activities at national, regional and global level.

## **Epidemiological situation on HIV and injecting drug use**

10. Injecting drug use is well established in every region of the world and appears to be an emerging phenomenon in many countries where it has not been previously reported. In 2008 injecting drug use had been reported in 148 countries and territories<sup>3</sup>, 19 countries more than in 1998<sup>4</sup>; these 148 countries account for 95 per cent of the world's total population.
11. The prevalence of injecting drug use varies considerably around the world – both between and within countries (see Figure 1). It is estimated that, worldwide, there are 15.9 million people who inject drugs. Because of the limitations of the data available there is considerable uncertainty around this figure which might range anywhere between 11 and 21

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<sup>2</sup> Institute of Medicine (2007) Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence National Academies Press, Washington DC

<sup>3</sup> Mathers BM, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee SA, et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet*. 2008;372:1733-45.

<sup>4</sup> Ball AL, Rana S, Dehne KL. HIV Prevention among Injecting Drug Users: Responses in Developing and Transitional Countries. *Public Health Reports*. 1998 June;113 (1):12.

million (see Table 1). China, the United States, the Russian Federation and Brazil have the largest (midpoint estimate) populations of injectors and account for 45 per cent of the total estimated worldwide population of people who inject drugs.

12. HIV infection among people who inject drugs has been reported in 120 countries. In a further 20 countries where injecting is known to occur, no reports of HIV among injectors are available, and in 8 countries HIV has not been detected or is less than 0.01 per cent. The prevalence of HIV among injectors varies dramatically between and also within countries. Taking into account the different sized injecting drug user populations, Latin America and Eastern Europe were determined to have the highest estimated regional prevalence of HIV among injectors.
13. It is estimated that worldwide up to 3 million people who inject drugs are infected with HIV (see Table 1). Because of the limitations of the data available there is considerable uncertainty around this figure, which might range between 0.8 and 6.6 million.
14. Regions with the largest numbers and highest concentration of HIV positive injectors include Eastern Europe, East and South East Asia, and Latin America; these three regions account for nearly three quarters of the world's injectors estimated to be living with HIV. The prevalence of HIV among injectors is higher than 40 per cent in many national and sub-national injecting drug use populations in these regions.
15. In order to effectively target prevention, treatment and care to those who need it, data collection about injecting drug use, HIV and other infectious diseases requires much greater attention.

Figure 1. Estimated midpoint prevalence of injecting drug use among 15-64 year-olds.

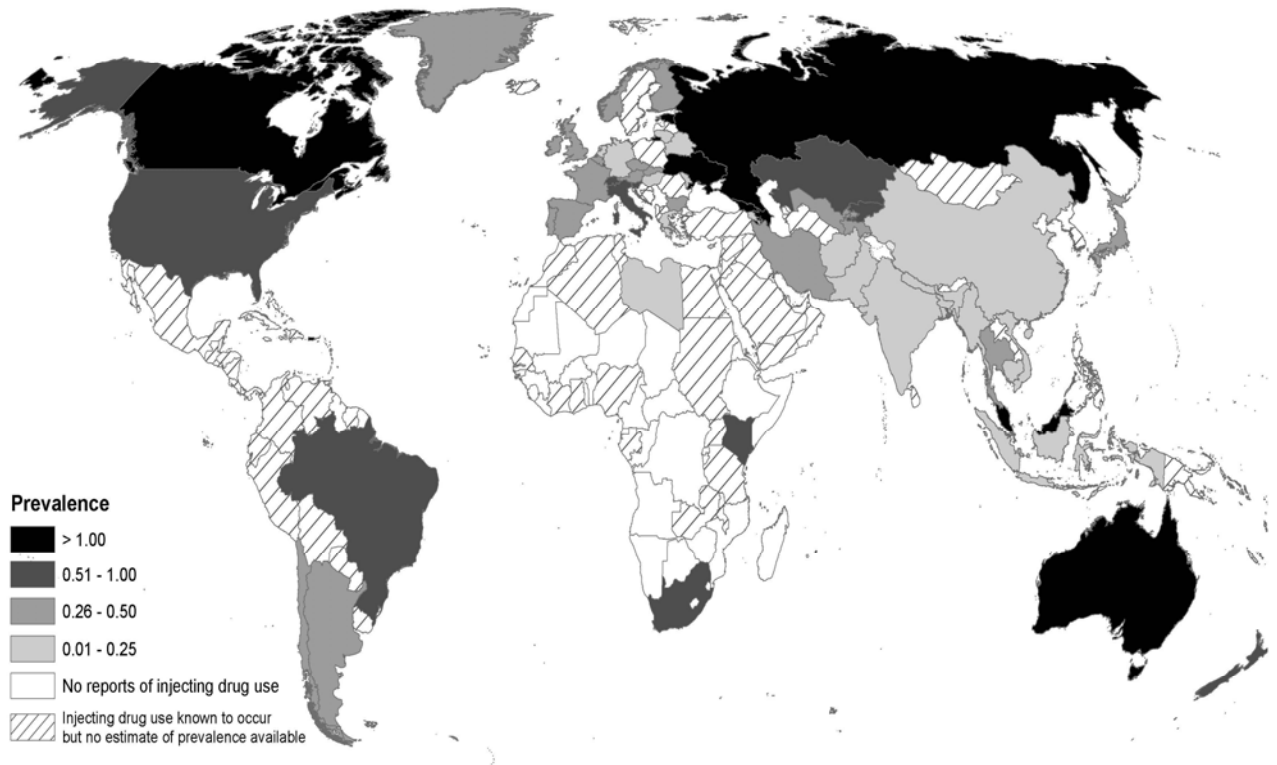


Table 1. Regional and global estimates of 2007 prevalence and the number of people who inject drugs and the prevalence and number who may be HIV positive.

Region	Estimated number of people who inject drugs		Estimated regional mid-point prevalence of injecting drug use among 15-64 year olds	Estimated number of people who inject drugs and who are HIV positive		Estimated regional midpoint prevalence of HIV among injecting drug users
	Mid-point estimate	Range		Mid-point estimate	Range	
Eastern Europe	3,476,500	(2,540,000-4,543,500)	1.50%	940,000	(18,500-2,422,000)	27.04%
Western Europe	1,044,000	(816,000-1,299,000)	0.37%	114,000	(39,000-210,500)	10.90%
East and South East Asia	3,957,500	(3,043,500-4,913,000)	0.27%	661,000	(313,000-1,251,500)	16.70%
South Asia	569,500	(434,000-726,500)	0.06%	74,500	(34,500-135,500)	13.08%
Central Asia	247,500	(182,500-321,000)	0.64%	29,000	(16,500-47,000)	11.81%
Caribbean	186,000	(137,500-241,500)	0.73%	24,000	(6,000-52,500)	12.90%
Latin America	2,018,000	(1,508,000-2,597,500)	0.59%	580,500	(181,500-1,175,500)	28.77%
Canada and United States	2,270,500	(1,604,500-3,140,000)	0.99%	347,000	(127,000-709,000)	15.29%
Pacific Island States and Territories	19,500	(14,500-25,000)	0.36%	500	(<250-500)	1.37%
Australia and New Zealand	173,500	(105,000-236,500)	1.03%	2,500	(500-6,000)	1.51%
Middle East North Africa	121,000	(89,000-156,500)	0.05%	3,500	(1,500-6,500)	2.94%
Sub-Saharan Africa*	1,778,500	(534,500-3,022,500)	0.43%	221,000	(26,000-572,000)	12.43%
<b>Extrapolated global estimates</b>	<b>15,861,500</b>	<b>(11,008,500 - 21,222,000)</b>	<b>0.37%</b>	<b>2,997,500</b>	<b>(764,000-6,589,000)</b>	<b>18.90%</b>

\* Estimates for sub-Saharan Africa should be viewed with considerable caution as the prevalence estimates were derived from three of 47 countries in the region (South Africa, Mauritius, and Kenya). Additionally, the estimated range of injecting drug use for this region was derived by applying the regional observed error; this large error band reflects the considerable uncertainty around these estimates. (Caveat in the original)

Source: Mathers BM, Degenhardt L, Phillips B, Wiessing L, Hickman M, Strathdee SA, et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. The Lancet. 2008;372:1733-45.



## Comprehensive package for the prevention, treatment and care of HIV among injecting drug users

16. The UN system works globally and at regional and country levels to help countries and civil society organizations to develop and implement comprehensive programmes for the prevention, treatment and care of HIV in relation to drug use, as part of mainstream public health and HIV prevention programmes. The programmes and services include those aimed at reducing the demand for drugs, including education, communication and social change activities, as well as programmes and services directed towards improving the health of drug users. Programmes directed towards injecting drug users should include the following nine activities<sup>5</sup>:
- Needle and syringe programmes (NSPs);
  - Opioid substitution therapy (OST) and other drug dependence treatment;
  - HIV testing and counseling (T&C);
  - Antiretroviral therapy (ART) for drug users living with HIV;
  - Prevention and treatment of sexually transmitted infections (STIs);
  - Condom programmes for injecting drug users and their sexual partners;
  - Targeted information, education and communication (IEC) for injecting drug users and their sexual partners;
  - Vaccination, diagnosis and treatment of viral hepatitis and
  - Prevention, diagnosis and treatment of tuberculosis.

## HIV service coverage among injecting drug users

17. Data on the coverage of HIV services among injecting drug users is collected through country reports on the monitoring of commitments made at the UN General Assembly Special Session on HIV/AIDS in 2001. The most recent global round of reporting in 2008 showed that the number of countries reporting on HIV prevention programmes for injecting drug users had increased from 27 in 2005 to 55 in 2007. However, detailed survey information on the agreed global indicator (the proportion of injecting drug users who report knowing where they could receive an HIV test and be provided with condoms and sterile needles and syringes) was available from only 15 countries, and in these countries the median estimate was that 46 per cent of the population of injecting drug users was reached with HIV prevention programmes.<sup>6</sup>
18. The WHO, UNODC, UNAIDS *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (2009) was designed to contribute to improving availability of harmonized data at the country level in relation to all the essential elements of a comprehensive approach to HIV prevention and treatment.
19. The *Reference Group to the United Nations on HIV and Injecting Drug Use* is presently working on a global review of 'Estimates of HIV prevention and care service coverage for injecting drug users', and its report is expected to be available in the course of 2009. That report will address the number of sites offering, and number of drug users reached, with needle and syringe programmes, opioid substitution treatment, other drug dependency

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<sup>5</sup> WHO, UNODC, UNAIDS (2009) *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. WHO, Geneva

<sup>6</sup> UNAIDS (2008) 2008 Report on the Global AIDS Epidemic UNAIDS, Geneva.

treatment, anti-retroviral therapy, counselling and testing for HIV, sexual health services and condom programmes, and hepatitis C screening and treatment.

20. These global efforts in estimating the numbers of drug users, HIV among drug users and coverage of services are also supplemented regionally, for example, the European WHO office support for HIV/AIDS surveillance in 53 countries in that region looks at the HIV response and injecting drug user access to antiretroviral therapy as well as at the proportion of HIV transmission through injecting drug use. In addition several modeling exercises on injecting drug use populations and HIV are being conducted on a regular basis. Examples are the WHO and UNODC joint country assessments in Estonia and Lithuania.

## **II UNAIDS RESPONSE TO INJECTING DRUG USE AND HIV (2005-2008)**

21. UNAIDS, including all the Cosponsors, especially UNODC which under the technical division of labour has the lead role in relation to drug use, as well as significant levels of activity by WHO, UNICEF, the World Bank and UNFPA and UNDP in some regions, as well as coordinating support by the UNAIDS Secretariat, have advocated, promoted and provided technical support to relevant government agencies (including health, law enforcement, judiciary and social services) and civil society organizations to develop human rights-based, gender- and age-responsive and equitable AIDS policies and programmes for injecting drug users. These activities are designed to assist countries in their efforts to reduce demand for drugs, including through programmes directed at young people or other vulnerable groups, as well as programmes designed to improve the health of drug users, including access to a full range of voluntary treatment and rehabilitation options. The activities support countries in resource mobilization, development of evidence-informed policies, development and adaptation of normative guidelines and other tools, establishment of multisectoral working groups, setting national targets, assessment of programmatic needs and advocating for and providing technical support to countries for implementing a comprehensive package of interventions for HIV prevention, treatment and care for injecting drug users.
22. As examples of specific focus areas of different UN agencies, UNODC advocates for and provides technical support and training for provision of comprehensive HIV prevention services to address the special needs of female drug users and implementation of policies and programmes on HIV among law enforcement and prisons staff in several countries; WHO supports the implementation and scale-up of opioid substitution therapy and HIV treatment and care as well as the development of clinical protocols and delivery of related training; the World Bank has identified gaps in HIV prevention programming in relation to injecting drug users and provided financial support to country programming to fill these gaps, as well as supporting national and regional consultation efforts; UNICEF advocates for and provides programming guidance on working with adolescents at high risk of HIV infection, including those who inject drugs, delivers life skills and youth leadership development activities which include addressing drug use, and provides support to interventions in preventing mother-to-child transmission among hard-to-reach drug dependent pregnant women.
23. As the role of civil society organizations in service provision, community engagement and advocacy is indispensable UNAIDS has sought to promote links between civil society, governments and other bodies, and develop the capacity of civil society organizations. Civil society has been a catalyst in alerting the world to the undermining effect of stigma and discrimination; in demanding access to HIV prevention and care services for injecting drug users; in facilitating meaningful participation of injecting drug users and of people with HIV in

the development and implementation of HIV policies and programmes; and in establishing global and regional advocacy networks and coordination structures.

24. Governments and civil society have been supported to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities among injecting drug users through various activities, such as conducting legal and policy reviews as they relate to injecting drug users, developing technical guidance and tools, providing training and other technical support among parliamentarians, judges and law enforcement officials on the human rights of injecting drug users.
25. In collaboration with relevant national and international partners, the UNAIDS Secretariat and Cosponsors, in particular UNODC and WHO, have developed, adapted and disseminated evidence-based guidelines and best practices related to AIDS prevention, treatment and care for injecting drug users, including gender responsive operational tools and guidelines and provided technical assistance to government and civil society for their implementation.

## **UNAIDS support to national efforts at regional and country levels**

### **Eastern Europe and Central Asia**

26. In the **Russian Federation**, the activities have covered a wide range of research and capacity building activities from conducting studies, jointly by UNODC and WHO, on HIV risk behaviour and prevalence involving injecting drug users to training for the Federal Drug Control Service officers on international legal framework to support needle and syringe programs and opioid substitution therapy for injecting drug users. The aim is to institutionalize training of law enforcement officers on HIV practices in line with human rights and international standards and to reduce stigmatization of injecting drug users. In addition, drug referral and case management programs for injecting drug users have been established, and development and implementation of a low threshold centre and mobile outreach programs for injecting drug users have been supported. Also, a training manual on HIV Peer-to Peer counseling for injecting drug users has been produced in Russian. Support from the UNAIDS secretariat and UNDP has been provided to national civil society networks to develop a common position of civil society on harm reduction, HIV prevention and participation of PLHIV in the response. The World Bank has worked with the UK Department for International Development in relation to programming efforts concerning drug users.
27. In **Ukraine**, number of activities in relation to advocacy, policy development and technical support have been carried out for the establishment and maintenance of harm reduction programmes in the community and in prisons (including needle-syringe programmes and opioid substitution therapy) along with HIV treatment and care for drug users (including through the WHO supported HIV/AIDS Treatment and Care Knowledge Hub in Kiev). Development of a National AIDS Strategic Programme for 2009-2013 involving people who inject drugs in implementation of key interventions has been supported. High level advocacy efforts have supported the establishment of relevant national policies and protocols.
28. In **Estonia, Latvia and Lithuania**, development of evidence-based national AIDS programmes involving community groups have been supported. In Latvia and Lithuania, increasing the number of sites providing methadone maintenance treatment and needle and syringe programmes have been supported. Activities and availability of strategic information have included capacity building of individuals and organizations through the small grants

programmes, supporting a number of studies and reviews, providing training, implementing study tours and facilitating participation in professional networks. The WHO and GTZ supported regional Harm Reduction Knowledge Hub based in Vilnius has played an important role in delivering technical support in the region.

29. In **Romania**, activities have been focusing on development and implementation on comprehensive HIV prevention services for injecting drug users, and providing related training, including support of the technical secretariat for developing the new HIV/AIDS strategy. Moreover, pilot projects of needle programming and opioid substitution therapy have been launched.
30. In **Belarus**, UNAIDS (including UNICEF, UNFPA and WHO) has continued to empower NGOs in prevention activities among injecting drug users especially to address stigma and discrimination. In **Armenia** the Global Fund supported National AIDS Programme has increased coverage of activities including Injecting Drug Users. In **Georgia** UNODC has supported HIV prevention efforts primarily focused on injecting drug users and prisoners, and WHO has assisted with training in relation to opiate addiction treatment;
31. In Central Asia (**Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan**), a wide range of capacity building activities focusing on human rights-based and evidence-informed policies and strategies have been conducted to promote the rights and needs of injecting drug users. The activities have also included conducting legislation analyses, drafting expert recommendations, and providing technical assistance for developing and implementing national action plans for providing opioid substitution therapy. Specific activities have included scaling up of interventions in specific geographic locations in Azerbaijan; mobilizing the non-governmental sector in Kazakhstan; supporting national expert reviews of legislation and standards for HIV- and drug use-related services in Turkmenistan as well as police training.
32. In Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), a number of UNICEF supported activities on prevention of HIV among injecting drug users have also been implemented, including organizing the *International Conference on Drug Addiction, HIV and Pregnancy: Protecting the Health of the Mother and Baby* (Kazan, the **Russian Federation**, November 2008), and conducting analysis and documentation of international practices and lessons learnt on opioid substitution therapy for pregnant drug users. In **Albania, Romania, Moldova, Ukraine, Bosnia & Herzegovina, Serbia, Uzbekistan**, UNICEF has contributed to strengthening the evidence base on risk profiles of adolescent and young injecting drug users (15-24 year olds) through conducting behavioral and intervention related research; in **Ukraine**, it has advocated for and conducted analysis of the risk and protective factors in the initiation of injecting drug use resulting in a better understanding on key drivers of initiation into injecting drug use by adolescents and better informed HIV prevention strategies, and implemented prevention of mother-to-child transmission interventions aimed at reaching drug-using women in selected sites, in collaboration with national partners and other UN agencies; in **Romania, Moldova, Ukraine**, UNICEF has supported the development of HIV prevention interventions among adolescent injecting drug users and provision of services to street children. In Moldova the World Bank has financed a five year project on AIDS control which has included methadone treatment, needle exchange and counseling in prisons.

## South and South-East Asia

33. In **India**, UNAIDS in the context of support for the national AIDS programme has supported engagement of NGOs, such as the Indian Harm Reduction Network and the Positive Women's Network, in development of the national plan for scaling up opioid substitution therapy. The Indian Network of Positive People has been supported in addressing existing barriers to access free antiretroviral therapy for injecting drug users and developing related gender-sensitive training modules. The Positive Women Network has been supported to reach out to regular partners of male injecting drug users and develop appropriate interventions, including through assisting establishment of approximately 300 self-help groups of partners of drug users and female injecting drug users in Northeast India. Publishing legal and policy reviews on impediments to harm reduction in South Asia have been supported. The Government has been provided with evidence to support its efforts on development of a policy for opioid substitution therapy, and technical support has been provided to National AIDS Control Organization for developing operational guidelines and standard operating procedures on opioid substitution therapy, as well as support to programming aiming to reach 190,000 injecting drug users with HIV prevention efforts.
34. In **Nepal**, the injecting drug user community has been actively engaged in programming and scaling up of substitution therapy services, and harm reduction components have been supported to be included in the National Action Plan 2008-2011 and a related National Advocacy Plan. The development of a National Harm and Demand Reduction Strategy 2008 has been supported in accordance with the human rights-based approach. Service providers, civil society representatives and policy makers have been jointly trained on 'Treatment for Positive Injecting Drug Users' by Family Health International (FHI), WHO and UNODC. NGOs have been supported in various ways in provision of a comprehensive package of services for injecting drug users.
35. In **Afghanistan, Pakistan and Nepal**, new projects have been designed and launched for female drug users addressing their special needs, and necessary training for civil society organizations and government agencies organized. In Afghanistan, provision of opioid substitution therapy has been promoted among all relevant senior governmental counterparts. Relevant service providers, including civil societies and governmental partners, have been trained on gender sensitive, human rights -based HIV prevention measures for injecting drug users. In Pakistan, new services have been established for female injecting drug users and spouses of HIV positive drug users, and international study tours for policy makers to opioid substitution therapy programmes have been organized. UNHCR and UNODC are also collaborating in a three year regional project to ensure that refugees in Iran and Pakistan and returnees in Afghanistan have access to harm reduction services.
36. In **Bangladesh** the World Bank has supported a national HIV prevention project through which 11 NGOs were contracted to provide harm reduction services including condom promotion, STI management, needle and syringe exchange, detoxification, as well as peer education and advocacy, through 145 drop in centers. As well UNAIDS has facilitated the methadone maintenance programme, and in-service training was given to frontline police personnel in Dhaka to sensitize them around drug dependence in order to help prevent spread of HIV infection among IDUs and their partners. Together with other partners, UNAIDS supported the establishment of a drug detoxification and rehabilitation facility at the central Police Hospital

37. In **Iran**, an extensive support has been provided across a wide range of HIV prevention and treatment activities among injecting drug users. Involvement of ex-injecting drug users in Governmental policy making processes has been supported, and technical assistance provided for developing gender responsive and equitable AIDS policies and programmes for injecting drug users. The WHO-supported Harm Reduction Knowledge Hub established in Tehran has played a crucial role in the regional MENAHRA (Middle East and North African Harm Reduction Association) network and in delivering technical support.
38. In **Sri Lanka** prevention work with drug users has included strengthening 5 community based programmes around the country.
39. In **Vietnam**, the involvement of injecting drug users in design, planning, and implementation of local HIV prevention and treatment activities, revision of the Law on Drugs and surveillance on injecting drug use and HIV have been supported. International evidence on drug treatment and efficacy of opioid substitution therapy, and human rights concerns related to compulsory drug treatment centers for injecting drug users have been disseminated and national guidelines on opioid substitution therapy and needle and syringe programmes have been drafted. The advocacy for review and revision on long-term detention of drug users in compulsory drug detoxification centers addressing the needs of ethnic minority injecting drug users and People Living with HIV/AIDS in several rural provinces has been supported, and expanding coverage of HIV prevention programming in several HIV high-burden rural provinces facilitated, with a majority of provinces now covered. Funding support for needle exchange and peer education activities has been provided, both by the World Bank and a number of other funders.
40. In **Cambodia**, considerable advocacy work has been undertaken to establish an appropriate legislative and policy environment and ensure drug control policies and legislations adopt harm reduction principles. The revision of the National Strategic Plan for Illicit Drug Use related to HIV and AIDS has been facilitated and technical support provided for the implementation of methadone maintenance treatment. In the context of national efforts to reach universal access targets in relation to HIV and drug users, WHO, UNODC, UNICEF, UNESCO and the UNAIDS Secretariat have all been involved in support to multi-faceted responses which include work with youth in and out of school, creating operational frameworks for needle and syringe exchange and opioid substitution therapy, access to HIV treatment and care for drug users, and strengthening of community networks to address stigma.
41. In **Lao PDR**, the involvement of drug users in the Task Force on HIV and Drug Use has been supported, and the Task Force supported to deliver timely interventions to prevent and treat HIV/AIDS and reduce risk of drug use.
42. In **Thailand**, the Harm Reduction Working Group has been re-established and inclusion of drug users in the group supported and guidelines on needle and syringe programmes have been provided to civil society partners. Technical, advocacy and resource mobilization support has been provided in relation to universal access goals, under a costed National Strategic Plan that addresses the challenges and needs in relation to injecting drug use.
43. In **Myanmar**, human rights -based, gender responsive and equitable AIDS policies and programmes for injecting drug users have been promoted. The civil society organizations have been supported to address stigma and discrimination and other human rights issues in relation to injecting drug users in the National Strategic Plan. WHO has played an important role in facilitating the establishment of opioid substitution therapy programmes, including the

procurement of methadone, and UNODC and the UNAIDS Secretariat have also provided technical support and advocacy resulting in the clear identification of priority areas and programmes to address HIV and drug use.

44. In **Indonesia**, training in a comprehensive approach to HIV and injecting drug use prevention and treatment has been provided for a range of policy makers and professionals, and technical support provided for the establishment of methadone maintenance treatment programmes and prison programmes. Information on human rights abuses against drug users drawing on policy change models and successes and findings of cost-effectiveness studies and evaluations of interventions from other countries have been disseminated. The establishment of the Indonesian Association of Drug Victim has been supported. Technical support and advocacy efforts have engaged with a range of government partners including the Ministry of Health, Ministry of National Education, Women's Empowerment, Labour and Transmigration; Law and Human Rights and the National AIDS Commission.
45. In the **Philippines**, injecting drug use practices and prevalence of HIV infection among injecting drug users in rehabilitation centers has been documented, and training on a comprehensive approach to HIV and injecting drug use prevention and treatment conducted with government partners from health, interior, labour and AIDS authorities.

## **East Asia**

46. In **China**, significant technical support has been provided in the scale up of methadone maintenance treatment and needle and syringe programmes through out the country, and HIV treatment and care of drug users. Advocacy for expanding the possibilities for rehabilitation and treatment of drug users with the possibility to be treated in the community has been implemented, national monitoring and evaluation systems strengthened, national planning for full scale responses supported and programmes for young injecting drug users supported.

## **Middle East and North Africa**

47. In the Middle East and North Africa, a Task Force on Drug Use and HIV, including UNODC, UNAIDS Regional Team and WHO/EMRO have coordinated support to national responses to HIV epidemic among injecting drug users, including the first ever assessment on injecting drug use and HIV in seven countries (UNAIDS and UNODC), supporting policy alterations based on information generated and acceptance of a comprehensive approach. WHO and IHRA supported the establishment of the regional harm reduction network (MENAHR), and reinforcing capacities to implement comprehensive programmes in priority countries. MENAHR consists of three sub-regional knowledge hubs (in Lebanon, Iran and Morocco), a regional network and provides direct support to civil society organizations to initiate and/or scale up these measures.
48. In **Egypt, Lebanon, Morocco, the Occupied Palestinian Territories and Jordan**, training on implementing outreach activities has been provided. In Lebanon and Morocco, opioid substitution therapy has been launched, and in Egypt, stigma and discrimination have been addressed with service providers, including civil society organizations, in order to support increasing access to care and treatment for People Living with HIV/AIDS and NGOs have been supported in the implementation of HIV prevention services among injecting drug users.

49. In **Egypt** outreach programmes targeting injecting drug users and promotion of voluntary counseling and testing have been supported. **Tunisia** was supported to initiate national dialogue on harm reduction. **Morocco** has been supported to prepare and implement a harm reduction program for injecting drug users as well collecting relevant strategic information and elaborating a national harm reduction strategy and support local civil society organizations of drug users.
50. In the **United Arab Emirates**, a capacity building programme on comprehensive HIV prevention and care services among drug users has been supported. In **Yemen**, training on implementing harm reduction measures has been provided. **Oman** was supported with advocacy as well as technical assistance to review its policies and assess its preparedness to introduce opioid substitution therapy and address stigma.

### **Sub-Saharan Africa**

51. In **Kenya, Mauritius, Tanzania, Uganda, and Mozambique**, national roadmaps to address HIV among injecting drug users have been developed, and in Kenya, Mauritius, Tanzania (Zanzibar) and Uganda, National Technical Working Groups on injecting drug users for development of enabling policies have been established. Situation analyses concerning injecting drug users have been conducted in Madagascar.
52. In **Kenya**, prioritization of injecting drug users has been supported through Joint AIDS Programme Review 2008, National HIV Prevention Summit 2008, National AIDS Strategic Plan and the Kenya Joint UN Programme of Support on AIDS (2007-2012) to address comprehensive HIV prevention and care services among injecting drug users. The inclusion of injecting drug users in the UNGASS country review has been supported. The policy makers have been trained on policies and practices in accordance with comprehensive HIV prevention among injecting drug users.
53. In **Mauritius**, the establishment of National AIDS Secretariat under the Prime Minister's Office has been facilitated, revision of HIV legislation supported, a pilot needle and syringe programme, outreach services and methadone maintenance treatment have been initiated, and technical assistance provided to the Prisons AIDS Secretariat.
54. In **Nigeria** national prevention efforts have been assisted to develop target specific populations including IDU.

### **Latin America and the Caribbean**

55. In **Brazil**, an integrated harm reduction plan for 2008-2011, which includes programmes on hepatitis and mental health and involves the National AIDS Program and programmatic areas of Ministry of Health, have been developed. The National AIDS Prevention Congress has been supported, and participation of harm reduction network representatives in the Congress facilitated. A forum to discuss the integrated harm reduction plan with civil society was organized.
56. In **Argentina**, the National Conference on Drugs Policy of Argentina has been supported and an assessment on prevention and treatment of drug use carried out in partnership with the federal prison system. In **Paraguay** an investigation with high risk drug user's inmates in prisons of 3 different cities of the country was supported and in **Peru** studies of non-intravenous drug use have been supported. Ministries of justice of the southern Cone (Argentina, Uruguay, Chile and Paraguay) have been supported in their common responses.



57. In the **Caribbean**, injecting drug use remains for the moment relatively rare, but there are other drug related HIV risks. In the English speaking Caribbean getting government acknowledgement of the HIV vulnerability of non-injecting crack cocaine smokers has been a challenge. The general ethos that only injecting drug users are at risk for HIV has led to the exclusion of non-injectors. Research conducted in **Saint Lucia** has clearly demonstrated the higher levels of HIV in the non-injecting crack using population and the government there has begun to support a response. In addition to the one operating in Saint Lucia a low threshold harm reduction programme serving the needs of non-injecting crack smokers also exists in Port of Spain, **Trinidad**.

## **UNAIDS support at the global level**

**UNAIDS Policy Position Paper on Intensifying HIV Prevention** (references to drug use):

58. At its 17<sup>th</sup> meeting in June 2005 the UNAIDS Programme Coordinating Board endorsed a Policy Position Paper on Intensifying HIV Prevention. This position paper was the result of extensive consultation and evidence review, and included among the essential programmatic actions for HIV prevention: *“Prevent the transmission of HIV through injecting drug use, including harm reduction measures”* (p. 33) as well as recommending review and reform of legal frameworks including *“removing barriers to effective evidence-based HIV prevention including among ... injecting and other drug users”* (p. 32).
59. The policy position paper spelt out in detail the essential actions to prevent HIV among drug users as follows: *“Preventing transmission of HIV through injecting drug use – by developing a comprehensive, integrated and effective system of measures that consists of the full range of treatment options, (notably drug substitution treatment) and the implementation of harm reduction measures (through, among others, peer outreach to injecting drug users, and sterile needle and syringe programmes), voluntary confidential HIV counseling and testing, prevention of sexual transmission of HIV among drug users (including condoms and prevention and treatment for sexually transmitted infections), access to primary healthcare, and access to antiretroviral therapy. Such an approach must be based on promoting, protecting and respecting the human rights of drug users”* (p. 34).
60. On the basis of the Programme Coordinating Board-endorsed Policy Position Paper on Intensifying HIV Prevention and the desire of the Board for more operational guidance to be developed, UNAIDS subsequently published in 2007 a set of Practical Guidelines for Intensifying HIV Prevention. These guidelines included a series of programmatic HIV prevention actions to be directed to a number of key audiences. The guidelines in relation to injecting drug users are at Annex 1.

## **General Assembly 2006 Political Declaration**

61. Subsequently, at its 2006 high level meeting on AIDS the UN General Assembly adopted a political declaration (UN GA Res 60/262 Political Declaration on HIV/AIDS, A/RES/60/262) which reflected the support for intensifying HIV prevention, as follows: *“22. Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries,*

*including ... expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use ...”*

62. The political declaration and its commitments in relation to HIV prevention were then noted at the 18<sup>th</sup> Programme Coordinating Board meeting (June 2006).

### **Draft United Nations Commission on Narcotic Drugs (CND) 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem**

63. At its 52nd session the United Nations Commission on Narcotic Drugs (CND) adopted a Draft Political Declaration and Plan of Action on the future of drug control at the conclusion of its high-level segment. The high-level segment of the CND reviewed progress in drug control since the Special Session of the United Nations General Assembly on drugs in 1998 (UNGASS), and agreed on further steps to reduce the threat posed by drugs to health and security. The Political Declaration recognizes that countries have a shared responsibility for solving the world drugs problem, that a "balanced and comprehensive approach" is called for and that human rights need to be recognized. Notably, it stresses health as the basis for international drugs policy.

**Paragraph 20 of the Draft Political Declaration:** *“Note with great concern the adverse consequences of drug abuse for individuals and society as a whole, reaffirm our commitment to tackle those problems in the context of comprehensive, complementary and multisectoral drug demand reduction strategies, in particular such strategies targeting youth, also note with great concern the alarming rise in the incidence of HIV/AIDS and other blood borne diseases among injecting drug users, reaffirm our commitment to work towards the goal of universal access to comprehensive prevention programmes and treatment, care and related support services, in full compliance with the international drug control conventions and in accordance with national legislation, taking into account all relevant General Assembly resolutions and, when applicable, the WHO, UNODC, UNAIDS Technical Guide, and request the United Nations Office on Drugs and Crime to carry out its mandate in this area in close cooperation with relevant organizations and programmes in the United Nations system, such as the World Health Organization, the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS”*

### **Terminology**

64. It should be noted that while the term "harm reduction" is language which has been adopted in relation to HIV by the UN General Assembly both in its 2001 Declaration of Commitment on HIV/AIDS and in its 2006 Political Declaration on HIV/AIDS, as well as by the Programme Coordinating Board of UNAIDS, the term has remained disputed at the Commission on Narcotic Drugs. However, it is significant that the Commission at its most recent session referred to above included reference to the WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. In that guide are targets for all of the nine essential elements of comprehensive responses for HIV prevention among injecting drug users, a set of measures which many countries choose to refer to as 'harm reduction' measures.
65. Other policy documents, including on best practice, are referenced in Annex 2 to this document.

## **Reference Group to the UN on HIV and Injecting Drug Use**

66. The Reference Group was established in 2002 for the purpose of providing technical advice on HIV and injecting drug use to UNODC, WHO, the UNAIDS Secretariat and relevant co-sponsors. It is an independent body of 24 experts from 20 countries working in the field of injecting drug use and HIV and includes clinicians, researchers in epidemiology and policy as well as injecting drug user representatives. The Secretariat of the Reference Group undertakes research tasks under the guidance and on behalf of the Reference Group. The Reference Group undertakes large scale desk-based reviews of available information on issues related to injecting drug use and prepares in-depth summary reports to inform the development of evidence based policy. The data and findings are the product of extensive systematic reviews of the available peer-reviewed and other literature on injecting drug use. Documents are being identified through searching multiple bibliographic databases and also submitted to the Reference Group in response to requests for information. For example, for determining the global estimates on injecting drug use and HIV among people who inject drugs<sup>7</sup>, the Reference Group reviewed, graded, and catalogued over 11,000 documents. Further information regarding the Reference Group is accessible via: [www.idurefgroup.com](http://www.idurefgroup.com)

## **Co-sponsorship of the International Harm Reduction Conferences and collaboration with International Harm Reduction Association (IHRA) and some regional harm reduction networks.**

67. UNAIDS has partnered with the International Harm Reduction Association to provide financial support for developing country delegate scholarships to attend the Association's International Harm Reduction Conferences.

## **2nd Informal Inter-country Consultation on HIV Prevention and Care among Injecting Drug Users and in Prison Settings**

68. Towards establishing and maintaining a global advocacy network and coordination structure, UNODC, on behalf of the UNAIDS family, organized the 2<sup>nd</sup> Informal Inter-country Consultation on HIV Prevention and Care among Injecting Drug Users and in Prison Settings in 2008. The meeting brought together the criminal justice and drug control sectors and national AIDS programmes and was attended by 140 AIDS, Narcotic Drugs Control Programme Managers and National Prison Managers from 52 countries and representatives of Permanent Missions to the United Nations in Vienna from 20 countries, and also by Non-Governmental Organizations as well as representatives of UNAIDS Cosponsors.

## **III CONCLUSIONS AND RECOMMENDATIONS**

69. Over the past few years, action to address the dual epidemic of injecting drug use and HIV (and other infectious diseases) has increased worldwide. However, despite some improvements observed, much more needs to be done, and the barriers which still hinder

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<sup>7</sup> Mathers, B. Degenhardt, L. Phillips, B. Wiessing, L. Hickman, M. Strathdee, S. Wodak, A. Panda, S. Tyndall, M. Toufik, A. Mattick, R. P. and the Reference Group to the United Nations on HIV and injecting drug use. (2008) The global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet*, Volume 372.

effective responses and negatively affect on availability, coverage, quality and impact of HIV prevention, treatment, care and support services for injecting drug users, need to be addressed. Among the gaps and remaining challenges are:

- a. **Low access to services:** while estimates of access to key HIV prevention services for drug users vary, it is clear that service coverage is far from adequate. The International Harm Reduction Association estimates that less than 5 per cent of those in need have access to harm reduction services worldwide<sup>8</sup>. The Secretary-General of the United Nations reported that 92 per cent of people who inject drugs in low- and middle income countries have no access to HIV prevention services of any kind<sup>9</sup> and in 9 countries of Eastern Europe and Central Asia with an estimated number of 3.7 million injecting drug users, substitution treatment was available to 3,746 patients only<sup>10</sup>;
- b. **Inconsistence within national and global policies:** while 84 countries around the world support key activities in relation to injecting drug users in policy or practice<sup>11</sup> there remain major inconsistencies in policy approaches. For example, some HIV prevention approaches, such as needle exchange, have been not only ignored but often impeded by drug control agencies in the very same countries where AIDS authorities support these initiatives. These inconsistencies between drug control and public health or AIDS authorities at national level also seem to be reflected at global level in the collective decisions of member states which have in AIDS forums been willing to use terms such as harm reduction, but in forums where drug control has been pre eminent have been reluctant to do so;
- c. **Resource shortages:** many national governments, supporting the necessity for HIV prevention among people who use drugs, are reluctant to provide their own resources. As a result, much of the funding for both government and civil-society-led HIV prevention activities among injecting drug users comes from the Global Fund to Fight AIDS, Tuberculosis and Malaria or from a few bilateral donors. There needs to be a significant increase in resources dedicated to this area, with higher contributions from national governments, and multilateral donors, and better co-ordination of these investments;
- d. **Stigmatization and marginalization of drug users:** drug control policies, and related social disapproval of drug use, continue to result in widespread discrimination and harsh treatment towards drug users in affected countries. This creates the situation where the target population for HIV prevention interventions are socially marginalized, subjected to violations of their human rights, and incarcerated in large numbers. This marginalization undermines effective HIV prevention – directly as it exposes users to greater risks, and stops users from accessing health services; and indirectly through a culture of fear and distrust of state agencies. Extra effort is therefore needed to ensure that prevention strategies are based on the principles of anti-stigmatization and social inclusion;
- e. **Legal and policy restraints on opioid substitution therapy:** though there were at least 63 countries and territories with substitution therapy by 2008, there are numerous countries legally inhibiting the implementation of this approach. Methadone is illegal in three countries of Middle East and North Africa and regulatory barriers exist in most of the other countries in the region<sup>12</sup>. And even if not prohibited explicitly, substitution therapy is accessible to only a small fraction of people who inject drugs, including in

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<sup>8</sup> International Harm Reduction Association (2008) *The Global State of Harm Reduction 2008*.

<sup>9</sup> Ban Ki-moon. *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS Focus on Progress over the Past 12 Months*. United Nations, 20 March 2007.

<sup>10</sup> International AIDS Society & Eurasian Harm Reduction Network (2008). *Opioid Substitution Therapy in Selected Countries of Eastern Europe and Central Asia*.

<sup>11</sup> International Harm Reduction Association (2009). *Harm Reduction Policy and Practice Worldwide, Factsheet*

<sup>12</sup> International Harm Reduction Association (2008) *The Global State of Harm Reduction 2008*.

countries with high levels of HIV among injecting drug users. Out of 950,000 patients<sup>13</sup> on substitution therapy worldwide, most live in North America, Western Europe and Australia as well as China and Iran;

- f. **Low access to hepatitis C diagnostics and treatment:** Hepatitis C is the most common infectious disease among people who inject drugs. HCV prevalence rates among people who inject drugs of over 50 per cent are reported in 49 countries, reaching 95 per cent in some areas<sup>14</sup>. Yet, in most of the world, except for Western Europe, North America, Australia, New Zealand and Brazil, HCV testing, and particularly HCV diagnostics and treatment, remain largely unavailable to people who use drugs;
- g. **Extremely low access to services in prisons:** HIV prevalence among prison populations is typically higher than that found in the population outside of prisons. However, needle and syringe exchange programmes in prisons are operating in only eight countries and substitution is provided in prisons in thirty-three countries with the largest programme in Iran, where 10,910 prisoners are receiving methadone<sup>15</sup>;
- h. **Identifying emerging epidemics:** the data and mechanisms for providing early warning of new trends in risk behavior, or concentrations of new infections, amongst drug users remain weak. For example, there are reports of increasing levels of injecting drug use in parts of Africa where population rates of HIV infection are already high. It is important that UNAIDS is able to detect the risks or potential for new epidemics sufficiently early, so that adequate responses can be mobilized before it is too late; and
- i. **Attention to drugs and HIV other than injecting:** while there has been a focus on drug injection as a mode of HIV transmission there has been less systematic attention to responses to the nexus between other forms of drug use and HIV transmission. In particular, the use of amphetamine type stimulants has been a key issue in many gay and MSM sub-cultures and has been associated with high levels of HIV in these populations both in some high-income countries and in other countries particularly in South-East Asia. As well, crack cocaine has been associated with the sexual transmission of HIV, including particular concerns in the Caribbean, often mediated through sex work or other forms of transactional sex.

**70. Therefore, the Programme Coordinating Board is invited to:**

- i. **Request the UNAIDS Cosponsors and the Secretariat, in particular UNODC, to work with national governments to address the uneven and relatively low coverage of services among injecting drug users and to develop comprehensive models of appropriate service delivery for injecting drug users in line with the UNAIDS/UNODC/WHO “*Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users*”;**
- ii. **Request UNAIDS and its stakeholders to work with multilateral donors, and national governments, to facilitate greater resource mobilization on this issue, consistent with the level of identified need *recognizing that* resources should be expanded for service delivery and capacity development to enable communities to provide prevention, care and support services to drug users living with HIV on a larger scale whilst, at the same time, tackling the issue of stigmatization and discrimination;**

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<sup>13</sup> Ibid

<sup>14</sup> Aceijas, C. and Rhodes, T. (2007) *Global Estimates of Prevalence of HCV Infection among Injecting Drug Users*. International Journal of Drug Policy 18: 352–358

<sup>15</sup> International Harm Reduction Association (2008) *The Global State of Harm Reduction 2008*.

- iii. **Request UNAIDS to intensify its assistance to, and work with, civil society, including global, regional and national harm reduction associations and associations of people who use drugs, aimed at advocating for anti-stigmatizing, anti-discriminating, evidence-based approaches to HIV and HCV epidemics at national, regional and global levels;**
- iv. **Call upon Member States to further harmonize laws governing HIV and drug use, both from a public health and a human rights perspective;**
- v. **Request the UNAIDS Cosponsors and the Secretariat, in particular UNODC, to support national authorities to align policies, clarify roles and responsibilities of various national entities - including drug control, the penitentiary system, public health and civil society - and support increased capacity and resources for provision of a comprehensive package of services for injecting drug users;**
- vi. **Call upon Member States and civil society organizations, in addition to specific interventions that target injecting drug users, to develop guidance and programme models to respond to the needs of other sub-groups of drug users, including female drug users, drug users who also exchange sex for money or drugs, drug users who end up in prison settings, underage and young drug users, migrant drug users, drug users amongst refugees and other displaced populations, stimulant<sup>16</sup> and poly-drug users and men who have sex with men who use drugs;**
- vii. **Call upon Member States, civil society organizations and UNAIDS to increase attention on certain groups of non-injecting drug users, especially those who use crack cocaine and amphetamine type stimulants, who have been found to have increased risk of contracting HIV through high-risk sexual practices as well as responses to emerging epidemics of injecting drug use in many African countries; and**
- viii. **Recognizing that existing data on HIV and drug use are far from adequate in both quality and quantity, requests UNAIDS to support greater investment in data collection required to inform the development of HIV prevention, treatment, care and support initiatives, resource allocation and comprehensive service delivery, including a system of regular and rapid assessments of the risk potential for new epidemics where anecdotal evidence indicates an emerging problem, and calls upon Member States to ensure accurate estimates are made of the size of IDU populations, while taking into consideration the shifting patterns of injection.**

[Annex 1 follows]

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<sup>16</sup> Crack cocaine, methamphetamine, MDMA and similar substance whose users have been shown to have comparable HIV and STIs prevalence to injectors

## ANNEX 1

### **Prioritized HIV prevention measures for key audiences: Injecting Drug users**

From the UNAIDS Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access, 2007

#### Why?

- HIV spread through use of contaminated needles among injecting drug users is among the most explosive (rates have been seen to expand from 5% to 50% in one year in many injecting drug user populations).
- Injecting drug users often have multiple risks, such as sex work and drug use and often face incarceration for possession of drugs, which again increases their risk of contracting and transmitting HIV.
- There is evidence that injecting drug users are willing to protect themselves, their sexual partners and the society at large.
- Harm reduction measures (13) such as access to sterile injection equipment; drug dependence treatment such as methadone and buprenorphine; community-based outreach; and providing HIV prevention information are among the most effective and cost-effective measures to prevent, the epidemic among injecting drug users.
- The earlier the implementation of HIV prevention programmes, the more effective and cheaper the specific measure will be (48).
- Unmet challenges/issues related to illegality of injecting drug use and of harm reduction programmes can drive injecting drug users away from services and/or into prisons and fuel the spread of the epidemic.

#### What?

- Adequate coverage and low threshold access—including in correctional settings, to sterile injection equipment—to meet actual patterns of drug use.
- Access to quality, noncoercive drug treatment programmes especially drug substitution treatment such as methadone and buprenorphine.
- Removal of stigmatizing and coercive measures such as mandatory registration and forced HIV testing.
- Increase access of injecting drug users to service providers offering treatment for drug dependence, sexually transmitted infections, AIDS and tuberculosis.
- Training of health providers to increase familiarity with and effective work with injecting drug users and sex workers and training law enforcements and particularly to diminish harassment at prevention and treatment sites serving injecting drug users and sex workers.
- Promote the consistent and proper use of male and female condoms and ensure their availability, affordability and consistent supply.
- Access to HIV prevention, antiretroviral treatment and care services, including post-exposure prophylaxis, for sexual partners of injecting drug users.
- Create safe virtual or physical spaces (for example telephone hotlines, or drop-in centres respectively) for injecting drug users to seek information and referrals for care and support.
- Removal of legal barriers to access prevention and care, such as laws and policies that prevent the provision of sterile injecting equipment and/or access to drug substitution treatment such as methadone and buprenorphine and meaningful involvement of drug users at all levels of planning and policy and financial support for their organizations.
- Availability and active promotion of hepatitis immunization for injecting drug users and their sexual partners.
- Targeted reproductive health and prevention of mother-to-child transmission services focused on appealing to the needs of women injecting drug users and women partners of injecting drug users.

#### How?

- Promote community based and peer-led outreach programmes.
- Promote adequate coverage of the full range of harm reduction measures – particularly sterile syringe and needle access and drug substitution treatment.
- Ensure the involvement and commitment of narcotics control authorities.

#### Differences in epidemic scenarios

- HIV prevention measures remain the same irrespective of the stage of the epidemic.

## ANNEX 2 List of Policy Documentation

Since 2003 a series of policy positions and guidelines in the area of HIV and drug use have been published by UNAIDS and partners, including a major commissioned review of evidence. These include:

- WHO, UNODC and UNAIDS (2004) Position Paper *Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention* WHO Geneva
- Institute of Medicine (2007) *Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence* National Academies Press, Washington DC

### Best Practice Documentation

- UNAIDS (2006) *High Coverage Sites among Injecting Drug Users in Transitional and Developing Countries: Case Studies* UNAIDS Best Practice Collection UNAIDS/06.26E
- [HIV and Prisons in Sub-Saharan Africa: Opportunities for Action](#), 2007. World Bank, UNAIDS and UNODC (Draws attention to IDU in prisons as an important HIV transmission mechanism, and notes the paucity of data).

### Evidence for Action Technical Papers

- WHO (2004) *Evidence for action technical papers: effectiveness of community based outreach in reducing HIV/AIDS among injecting drug users* WHO Geneva
- WHO (2004) *Evidence for action technical papers: Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users.* WHO Geneva
- WHO (2004) *Evidence for action technical papers: Effectiveness of drug dependence treatment in prevention of HIV among injecting drug users.* WHO Geneva
- WHO, UNODC and UNAIDS (2007) *Evidence for action technical papers: Effectiveness of Interventions to address HIV in prisons.* WHO Geneva
- WHO, UNODC and UNAIDS (2008) *Evidence for action technical papers: Policy guidelines for collaborative TB and HIV services for injecting and other drug users. An integrated approach.* WHO Geneva

### Policy briefs

- WHO, UNAIDS and UNODC (2004) Policy Brief: Reduction of HIV Transmission through Outreach WHO Geneva
- WHO, UNAIDS and UNODC (2004) Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission WHO Geneva
- WHO, UNAIDS and UNODC (2004) Policy Brief: Reduction of HIV Transmission through drug dependence treatment WHO Geneva
- WHO, UNAIDS, UNODC (2005) Policy Brief: Antiretroviral Therapy and Injecting Drug Users WHO Geneva
- WHO, UNODC, UNAIDS (2008) *Policy Brief: Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users* WHO Geneva.



## Other guidance and research

- WHO (2003) *Training Guide for HIV/AIDS prevention outreach to injecting drug users*. WHO Geneva
- WHO, UNODC and UNAIDS (2004) *Advocacy guide: HIV/AIDS prevention among injecting drug users*. WHO Geneva
- WHO (2005) *Policy and programming guide for HIV/AIDS prevention and care among injecting drug users*. WHO Geneva
- [The Drug User's Perspective](#). This short documentary produced by the Asian Harm Reduction Network and financed by the World Bank gives voice to drug users and ex drug users in five Asian countries. They talk about how they first started using drugs, their lack of knowledge on how to avoid the health risks of sharing needles, social stigmatization, discrimination and marginalization, July 2005.
- UNODC, WHO and UNAIDS (2006) *HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for a National Response* UNODC, Vienna
- [Harm Reduction Programs in the Civilian and Prison Sectors of the Russian Federation: Assessment of Best Practices](#). Report prepared by Open Health Institute, commissioned (and funded) by the World Bank. 2006, World Bank Washington DC.
- WHO (2006) *HIV/AIDS Treatment and Care for Injecting Drug Users: Clinical Protocol for the WHO European Region*. WHO Copenhagen.
- HIV/AIDS and [Harm Reduction in Iran](#). Lancet. 2006 Aug 5; 368(9534):434-5. Razzaghi E, Nassirimanesh B, Afshar P, Ohiri K, Claeson M, Power R. (a World Bank co-authored paper summarizing the findings of a consultation on HIV prevention among injecting drug users held in Iran in April 2006)
- WHO, UNAIDS and UNODC (2007) *Guide to Starting and Managing Needle and Syringe Programmes* WHO Geneva
- UNODC, WHO, UNAIDS (2007) *A 'Step-by-step' Algorithm for the Procurement of Controlled Substances for Drug Substitution Treatment*. UNODC, Thailand
- Responding to HIV Infection in Afghanistan "Viewpoint" article in Lancet co-authored by World Bank staff. 2007, Volume 370.
- UNHCR and WHO (2008). *Rapid Assessment of Alcohol and Other Substance Use in Conflict Affected and Displaced Populations: A field guide*
- WHO (2008) *HIV/AIDS Care and Treatment for People Who Inject Drugs in Asia and the Pacific - An Essential Practice Guide*. WHO New Delhi
- WHO (2008) *Management of common health problems of drug users*. WHO, New Delhi
- [Mapping and Situation Assessment of Key Populations at High Risk of HIV in Three Cities of Afghanistan](#). Report No. 23, South Asia Human Development Sector, April 2008
- WHO (2008) Electronic database on methadone, buprenorphine, and morphine
- WHO, UNODC, UNAIDS (2009) *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. WHO, Geneva
- WHO (2009) *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence*. WHO Geneva

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