
UBRAF thematic report: preventing HIV among people who use drugs

Contents

Results	3
Improved technical guide on prevention, treatment and care for injecting drug users	
HIV prevention and treatment in prisons	
Member States urged to close compulsory drug detention and rehabilitation centres	
Other key results	4
Constraints, challenges and lessons learned	5
Key future interventions	6
Supporting documents	6

Results

The Joint Programme has contributed to scaling up needle and syringe programmes, opioid substitution therapy and other evidence-based responses for people who use drugs, and expanding access to timely and uninterrupted antiretroviral therapy for people using drugs and living with HIV, and for people in prisons and other closed settings who are living with HIV.

1) Improved technical guide on prevention, treatment and care for injecting drug users

The revised edition of the *WHO UNODC UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* was produced. The revision was informed by a pilot study in five countries, a global review of available data and relevant data collection systems, and consultations with experts. The guide and the comprehensive package, endorsed by the UN Commission on Narcotic Drugs (CND), the UNAIDS Programme Coordinating Board and the UN Economic and Social Council (ECOSOC), has helped to shape policy on HIV and harm reduction. Donor agencies, such as the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), also adopted the guide. Improvements in the revised guide include:

- the inclusion of distinctions between drug-user specific interventions and general interventions;
- guidance on which indicators are most important and should be prioritized;
- an expanded framework for assessing the quality of key interventions;
- improved guidance for setting targets, measuring the implementation of interventions, and on reporting and analysing findings.

2) HIV prevention and treatment in prisons

Initiated by UNODC with input from the ILO, UNDP, WHO and UNAIDS, a policy brief, titled *HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions*, was developed and launched. The document outlines a comprehensive package of 15 interventions essential for effective HIV prevention and treatment in prisons and other closed settings. It has been translated into Chinese, Russian and French. The policy brief helps countries mount an effective response to HIV and AIDS in prisons and other closed settings, taking into consideration principles of international law, including international rules, guidelines, declarations and covenants governing prison health, international standards of medical ethics and international labour standards.

3) Member States urged to close compulsory drug detention and rehabilitation centres

In 2012, United Nations entities issued a joint statement in which Member States were called on to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community. UNODC and the UNAIDS Secretariat have continued to involve civil society organizations and networks, donor partners, other UNAIDS Cosponsors and technical experts in an in-depth international debate and efforts to inform policy-makers about HIV risks and human rights surrounding compulsory centres for people who use drugs.

Other key results

UNDP and its partners provided support for legal and policy reviews on HIV and drug use, especially in Eastern Europe, Central Asia and Asia Pacific, and supported countries, especially in Africa, to organize national dialogues on HIV, human rights and the law, and to conduct legal environment assessment of policies, laws and practices. The dialogues helped highlight the barriers faced by key populations, such as people who use drugs and prisoners, in accessing HIV services.

Global UNAIDS guidance on adolescent key populations, including adolescents who inject drugs, was initiated by the Inter-Agency Working Group on key populations. A literature review and focus group discussions on young people who inject drugs have been conducted and related policy briefs developed by WHO as part of the working group's activities. UNESCO supported capacity development and a training course on programming with and for young people from key populations at higher risk of HIV infection, including those who use drugs. Regional training workshops were conducted for staff from UNESCO, UNICEF, UNFPA, the UNAIDS Secretariat, government and civil society partners in the Asia Pacific, Eastern Europe and Central Asia, Eastern and Southern Africa, Latin America and the Caribbean regions.

Together with other UN agencies and civil society partners – the Open Society Foundations, and the Clinton Health Access Initiative, for example – UNICEF supported national governments in Ukraine and Kyrgyzstan to introduce in selected pilot sites gender-responsive comprehensive services that address the specific needs of pregnant women using drugs and their children. For the first time, comprehensive services addressing the needs of women who inject drugs (addiction, family planning, pregnancy and parenting) became available and were delivered through integrated models of care. Service providers from governmental and civil society organizations at national and provincial level have been trained to provide services for pregnant women using drugs and children born to them. Experiences acquired and lessons learned were documented and disseminated through publications, websites and through expert networking.

Initiated by the World Bank, a global economic and modelling analysis, titled *The global epidemics of HIV in people who inject drugs*, was conducted. The analysis demonstrated the critical role of rights-affirming engagement, evidence-based programming and an enabling policy/legal environment in interventions for people who inject drugs, and strengthened the evidence base on favourable returns on investment for interventions at several levels of coverage in diverse global epidemic scenarios.

A meeting, titled *Economics and financing of effective harm reduction strategies in the context of HIV*, organized by UNODC, the World Bank and UNAIDS Secretariat during the International Harm Reduction Conference held in Vilnius, Lithuania, in June 2013, brought together senior officials from Eastern European and Central Asian countries and senior experts from the Global Fund, UNAIDS, UNODC, the World Bank and WHO. The meeting advocated for investing in harm reduction, providing a considerable body of evidence that delivering HIV services, such as opioid substitution therapy and antiretroviral therapy, is a good investment that leads to significant savings in public health costs, reductions in petty crime, safer environments and longer lives of better quality.

UNODC organized a global technical meeting attended by experts from countries affected by stimulant use and HIV, civil society representatives, the UNAIDS Secretariat and UNDP in Sao Paulo, Brazil in January 2012. The meeting recommended a targeted approach to address the unique needs of stimulant users as they intersect with HIV prevention, treatment and care.

Constraints, challenges and lessons learned

A public health-centred, human rights-based and evidence-informed approach to drug use and drug dependence has still not been sufficiently implemented. Many national drug control systems rely too much on sanctions and imprisonment, not health care, while compulsory treatment and punitive practices in the name of treatment are widespread. People using drugs or who are dependent on drugs and living with HIV/AIDS are commonly discriminated against and stigmatized, and their human rights violated.

Prisoners and ex-prisoners who also use drugs and/or are living with HIV continue to face multiple forms of stigmatization, and their rights to health care, education, employment, social integration, food and decent living conditions are often denied. Access to condoms, needle and syringe programmes and programmes for opioid substitution therapy, HIV testing and counselling, antiretroviral therapy and the prevention of mother-to-child transmission remain limited in prisons and other closed settings. Screening and treatment for tuberculosis, hepatitis and sexually transmitted infections are often unavailable. Isolating available health services in prisons from general public health services remains a major barrier to reaching equivalence in health care.

HIV services for people who inject drugs (PWID) are often not gender responsive. Women may be prevented from accessing harm reduction services if they are pregnant, HIV-positive or have children. Stigma, lack of confidentiality, lack of family support, household responsibilities and financial constraints are other barriers to accessing services.

The role of PWID organizations in developing national HIV policies and programmes, and in accessing funding mechanisms, remains limited.

Addressing an HIV epidemic fuelled by unsafe injecting drug use is a key priority, particularly in the Eastern Europe and Central Asia and South-East Asia regions. However, the risk of HIV infection associated with injecting drug use is also emerging in regions that already have high rates of HIV infection, particularly in sub-Saharan Africa. Many countries lack reliable data required for evidence-informed policy and programmatic responses to HIV among people who inject drugs.

National policies, strategies and programmes should allow all nine interventions of the WHO/UNODC/UNAIDS comprehensive package to be implemented. For prisons, priority should be given to implementing the 15 interventions outlined in the UNODC/ILO/UNDP/WHO/UNAIDS policy brief, titled HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions.

Where punitive laws exist, or where harm reduction measures are prohibited, and where achieving legal reform may be difficult, working locally in partnership with police, judges, magistrates, lawyers and community and religious leaders may be a better way to support tolerance and eliminate stigma and discrimination against people who use drugs.

In countries where adequate investments in research, monitoring and evaluation have been made, more strategic, effective and efficient responses to HIV among people who inject drugs have been put in place.

Domestic investments in harm reduction are low. The global HIV spending for people who inject drugs is only 22% of the estimated resource need, and international donors account for 92% of that funding.

Key future interventions

National HIV strategies should allow for all nine interventions outlined in the WHO/UNODC/UNAIDS comprehensive package for PWIDs to be implemented. In particular, national strategic plans, opioid substitution therapy, antiretroviral therapy and sexual risk reduction strategies should be implemented as a matter of priority.

Countries should work towards implementing the UNODC/ILO/UNDP/WHO/UNAIDS recommendations outlined in the policy brief, *HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions*. Interventions should be integrated into national AIDS and tuberculosis-related services. National multisectoral coordination mechanisms should be established.

Legal frameworks and policies should be reformed to enable people who use drugs to access HIV services and to avoid incarceration for drug use. Together with key stakeholders, including UN partners, civil society and governments, the Joint Programme will continue to support countries in implementing the recommendations of the Global Commission on HIV and the Law. Such support will include helping to organize national dialogue and enhance access to justice for people living with HIV and key populations.

Programmes should be increased in scale, and multiple delivery models should be utilized, including outreach, low threshold drop-in centres and peer education, while barriers to accessing services should be identified and removed. Legislation should be revised to enable and support these interventions. Health and law enforcement sectors should work in partnership with civil society.

Additional, evidence-based HIV responses are needed for people who use stimulant drugs, and to increase the meaningful involvement of civil society organizations representing people who use drugs and people in prisons in developing and implementing national AIDS strategies.

Domestic funding for the HIV services recommended for people who use drugs and people in prisons and other closed settings should be rapidly increased.

Supporting documents

[*Technical guide to set targets for universal access to HIV prevention, treatment and care for PWID*](#)

[*Joint UN statement on compulsory drug detention and rehabilitation centres*](#)

[*Policy brief, HIV prevention, treatment and care in prisons and other closed settings*](#)

[*Global economic and modelling analysis, the global epidemics of HIV in people who inject drugs*](#)

[*HIV and adolescents: HIV testing and counselling, treatment and care for adolescents living with HIV: policy brief*](#)

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org