
2014 UBRAF thematic report

Preventing HIV among people who use drugs

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ACHIEVEMENTS

UNAIDS strengthened its joint advocacy and technical support to countries in order to increase access to a comprehensive package of interventions for the prevention and treatment of HIV for people who inject drugs.

The United Nations Office on Drugs and Crime (UNODC) has intensified support for HIV and people who inject drugs in 24 high-priority countries. UNODC provided direct support to implement strategic interventions that addressed the following:

- Quality and availability of strategic information.
- Increasing the capacity of nongovernmental organizations (NGOs) and government organizations on harm reduction with a specific focus on opioid substitution therapy needle and syringe programmes, HIV counselling and testing, and antiretroviral therapy.
- Increasing the capacity of NGOs and community-based organizations to advocate for harm reduction.
- Increasing the capacity of law enforcement agencies to support access of people who inject drugs to HIV services both within the community and in prisons.

The United Nations Population Fund (UNFPA) addressed the sexual reproductive health needs of people who inject drugs in Albania and Kyrgyzstan, including through condom programming to reduce sexual transmission between people who inject drugs and their partners. Similarly, in Eritrea, Sierra Leone and Togo, UNFPA addressed the sexual reproductive health needs of prisoners, including through condom promotion.

The United Nations Children's Fund (UNICEF) piloted model interventions in the Ukraine for prevention of mother-to-child transmission (MTCT) among pregnant women who inject drugs. These interventions included:

- Integration of services for pregnant women who inject drugs into maternal and child health services to improve pregnancy outcomes, prevent HIV infection among infants and improve the health and wellbeing of mothers.
- Setting up functional linkages between maternal and child health, HIV services and addiction services to prevent MTCT among pregnant women who inject drugs and to contribute towards elimination of MTCT.
- Strengthening cooperation between government and civil society organizations, particularly those working on prevention and support to people who inject drugs, in order to build trust and demand for services. Direct beneficiaries included 209 drug-dependent pregnant women (49% of whom were HIV-positive) and their infants.

Support for legal and policy reviews

- UNODC provided support for legal and policy reviews on HIV in prisons in Ethiopia.
- UNODC and UNAIDS Secretariat provided support on HIV and drug use in

Myanmar.

- UNODC provided support on harm reduction, HIV prevention and treatment for people who inject drugs as well as prisoners in Nigeria.
- The United Nations Development Programme (UNDP) supported legal and policy reviews related to HIV and drugs in the Eastern Europe and Central Asia and the Asia and Pacific regions as a follow up to the Global Commission on HIV and the Law. UNDP also supported countries in Africa to organize national dialogues on HIV and the law, as well as conducting legal environment assessment of policies, laws and practices, including people who inject drugs as well as prisoners.
- UNFPA advocacy resulted in the closure of the punitive custody and education centres for sex workers in China. In Viet Nam, the sex work ordinance was reviewed and amended, with the addition of support for harm reduction programming and protection of the human rights of sex workers.
- UNODC undertook the first global consultation on HIV prevention, treatment, care and support in prison settings, with representation from 27 countries, and developed recommendations to address HIV in prisons.

Empowering community-based organizations

Support to community-based organizations resulted in the establishment of new networks of people who inject drugs and in the participation of international, regional and country networks of people who inject drugs in debates at UNODC's High-Level segment of the Commission on Narcotic Drugs or the 35th meeting of the UNAIDS Programme Coordinating Board.

Financial support was provided by UNODC to 350 civil society organizations at country, regional and global levels to enable them to provide adequate services to people who inject drugs in prison settings and to enable participation of people who inject drugs and harm reduction communities in strategic regional and global initiatives.

Human rights based policing

Workshops on Enhancing partnerships between law enforcement and civil society organizations in the context of drug use and HIV were conducted by UNODC in 13 cities, allowing participation of approximately 1 000 representatives from law enforcement agencies and civil society organizations in Belarus, Brazil, India, Kazakhstan, Kenya, Nigeria, the Philippines, the Republic of Moldova, Tajikistan, Thailand, Ukraine and Viet Nam.

Support was also provided by UNFPA to reduce arbitrary arrest and improve policing of sex work in China and Ghana. UNODC developed a training manual for police, HIV service provision for people who inject drugs. The training manual has been adapted and is being formalized as part of the training for law enforcement officials in Thailand.

Normative guidance

Technical briefs and guidance documents have been developed and disseminated by UNODC, UN Women, the World Health Organization (WHO) and the Inter-Agency Task Team (IATT) on key populations, the provision of services in both the community and prisons with a specific focus on HIV and women who inject drugs, young people who inject drugs, needle and syringe programmes in prisons and the integration of HIV services for key populations.

Dissemination of the guidance documents has been supported through regional and international meetings. Technical support has also been provided to adapt international guidance at the country level. For example UNODC, WHO and UNAIDS Secretariat organized a regional consultation on increasing access to needle and syringe programmes and opioid substitution therapy in the Middle East and North Africa region. The WHO guidelines, HIV prevention, diagnosis, treatment and care for key populations has been translated into Russian and WHO, together with relevant Cosponsors, has developed a tool for countries to set and monitor targets.

Strategic information

UNODC led joint efforts with WHO, the World Bank, UNAIDS Secretariat, and civil society organizations to improve global data on HIV and injecting drug use and HIV and harm reduction services for people who inject drugs.

For the first time, a report—the World Drug Report 2014—presented joint estimates by UNODC, WHO, UNAIDS Secretariat and the World Bank on the number of people who inject drugs and the number of people who inject drugs and are living with HIV. The Global State of Harm Reduction 2014 report was also produced by Harm Reduction International.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

- Poor legal, policy and practices environment. A public health-centred, human rights-based and evidence-informed approach to drug use has still not been sufficiently implemented. Many national drug control systems rely too heavily on sanctions and imprisonment, while stigma and discrimination against people who inject drugs remain common.

The Joint Programme is contributing to discussions towards the United Nations 2016 Special Session of the General Assembly on the World Drug Problem and has submitted papers presenting their views on drug policies.

UNDP, UNFPA, UNODC, WHO, UNAIDS Secretariat and a number of other organizations contributed to a global consultation on police and HIV and key populations organized by the Centre for Law Enforcement & Public Health (CLEPH) and the International Development Law Organization (IDLO) during the 2nd

International Conference on Law Enforcement and Public Health in 2014. Police are a critical sector in determining the risk environment for HIV for most key populations, especially sex workers, people who inject drugs, and other marginalized communities. The meeting published a joint statement known as the Amsterdam Declaration on Police Partnerships for Harm Reduction.

- Lack of strategic information. Availability and quality of population-size estimates on people who inject drugs and HIV prevalence among people who inject drugs is low in high-priority countries. UNODC and the World Bank addressed this by reviewing existing estimates and their methodology in 10 countries and by building capacity in four central Asian countries and one country in Eastern Europe.
- Lack of gender and age-sensitive harm reduction services. In 30 countries surveyed by UNODC, HIV prevalence is higher among women who inject drugs than among males (13% versus 9%). Still, national efforts are not sensitive to the role that gender dynamics play in limiting how the specific needs of women can be addressed, including in the area of violence against women who inject drugs. To expand access to services among this group, through the implementation of the appropriate gender-sensitive and human-rights based harm reduction response, UNODC—in partnership with UN Women, WHO and the International Network of People Who Use Drugs—developed a policy brief highlighting the specific HIV-related needs of women who inject drugs.
- Humanitarian emergencies. Several countries or regions with high prevalence of people who inject drugs and of HIV among this group, including Libya, the Syrian Arab Republic and Ukraine, were experiencing serious humanitarian crises which were responsible for disrupting harm reduction services. In Ukraine, UNAIDS has advocated for the continuation of opioid substitution therapy and has provided support in affected areas, including internally displaced people.
- Lack of domestic investment. There is a deeply concerning lack of investment, particularly domestic investment, in NSP, opioid substitution therapy and antiretroviral therapy for people who inject drugs in many countries across the world. A systematic review conducted by the World Bank concluded that investment in these areas has proven to be cost effective across all regions. The combination of these harm reduction approaches is more likely to be cost effective than individual approaches. This evidence helps to advocate the scale up of these interventions and provides the justification required for investing in harm reduction programmes. In Belarus, UNDP supported a study of the socioeconomic benefits of these interventions that showed the high cost effectiveness of opioid substitution therapy which has increased support from national authorities.

KEY FUTURE INTERVENTIONS

- Regional dialogues to advocate for the closure of compulsory detention centres are to be conducted in South-East Asia. A global review of compulsory detention centres for rehabilitation of people who inject drugs is to be conducted to support global advocacy for the closure of the centres.
- The Joint Programme will continue to contribute to discussions in preparation for the 2016 Special Session of the General Assembly on the World Drug Problem. In support of this work, UNODC will organize a series of seven regional dialogues on drug policies in the context of HIV.
- A practical guide for the implementation of harm-reduction programmes for women who use drugs will be developed by UNODC, UN Women, WHO and the International Network of People Who Use Drugs (INPUD).
- A literature review on HIV and people who use and inject cocaine and amphetamine-type stimulant drugs will be conducted in order to develop a guidance document on HIV prevention, treatment and care among this vulnerable group.
- A tool developed using practical approaches from collaborative interventions to implement comprehensive HIV and sexually transmitted infections programmes for people who inject drugs will be finalized by UNFPA, UNODC, WHO, UNAIDS Secretariat and INPUD.
- UNICEF, UNODC, UNESCO and WHO are organizing an international consultation and will report on the education sector's response to drug use. The best available evidence on interventions in the education sector, including those related to drug use and HIV, will be compiled and synthesized. A guide for country-level data collection on education sector responses to substance use among young people has been developed and a good policy and practice booklet will be published.
- Normative and training guidance documents developed in 2014 will be rolled out by UNODC, UN Women and WHO.
- A gap analysis to identify strategic locations for HIV and people who inject drugs and HIV prevalence in prisons will be carried out by UNODC and UNAIDS Secretariat.

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