

**Economic and Social Council**Distr.: General  
12 January 2004

Original: English

**Commission on Narcotic Drugs**

Forty-seventh session

Vienna, 15-22 March 2004

Item 5 (a) of the provisional agenda\*

**Drug demand reduction: HIV/AIDS and other blood-borne diseases in the context of drug abuse prevention****Strengthening strategies regarding the prevention of HIV/AIDS in the context of drug abuse****Report of the Executive Director****Contents**

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\* E/CN.7/2004/1.



## **I. Introduction**

1. The Commission on Narcotic Drugs, in its resolution 46/2, requested the United Nations International Drug Control Programme, on the basis of lessons learned so far and drawing on the expertise of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors, to continue to develop and strengthen, at headquarters and in the field, as well as at the regional level, its role and strategy regarding the prevention of HIV transmission related to drug abuse, placing emphasis on capacity-building and staff training in areas related to HIV/AIDS prevention, including by establishing a specific programme on HIV/AIDS prevention, subject to the availability of voluntary funds, which might be from the general-purpose funds, in accordance with the Commission on Narcotic Drugs guidelines for the use of general-purpose funds (Commission resolution 44/20, annex), or from earmarked funds; also requested the United Nations International Drug Control Programme to continue to strengthen its cooperation with UNAIDS and its other co-sponsors in addressing HIV/AIDS among drug abusers, subject to the availability of voluntary funds, which might be from the general-purpose funds, in accordance with the guidelines for the use of general-purpose funds, or from earmarked funds; and requested the Executive Director to report to it, at its forty-seventh session, on the implementation of that resolution.

2. The present report was prepared in response to Commission resolution 46/2: section II of the report provides a brief review of the current status of the HIV/AIDS epidemic and its linkages with drug use; section III highlights some programme activities of the United Nations Office on Drugs and Crime in support of Member States; section IV provides a description of collaborative efforts with UNAIDS and its co-sponsors; and section V provides details of activities undertaken by the United Nations Office on Drugs and Crime to strengthen its capacity to address the HIV/AIDS as it relates to drug use.

## **II. Status of the HIV/AIDS epidemic among injecting drug users**

3. At the end of 2003, between 34 million and 46 million people were living with HIV/AIDS, including 5 million people who had become infected with HIV in the course of the year (see table 1). More than 95 per cent of people with HIV/AIDS live in developing countries. The HIV/AIDS epidemic claimed an estimated 3 million lives in 2003. One third of the people living with HIV/AIDS are young people aged 15-24. Sub-Saharan Africa remained the most affected subregion, accounting for about 70 per cent of people living with HIV/AIDS; it was followed by South Asia and South-East Asia, and East Asia, Latin America and Eastern Europe and Central Asia (see table 2).<sup>1</sup>

Table 1  
**People with HIV/AIDS, world total, December 2003**  
(Millions)

<i>Age group</i>	<i>People living with HIV/AIDS</i>		<i>People newly infected with HIV in 2003</i>		<i>AIDS deaths in 2003</i>	
	<i>Estimate</i>	<i>Range</i>	<i>Estimate</i>	<i>Range</i>	<i>Estimate</i>	<i>Range</i>
Adults	37	31-43	4.2	3.6-4.8	2.5	2.1-2.9
Children under 15	2.5	2.1-2.9	0.7	0.59-0.81	0.5	0.42-0.58
<b>World total</b>	<b>40</b>	<b>34-46</b>	<b>5</b>	<b>4.2-5.8</b>	<b>3</b>	<b>2.5-3.5</b>

*Source: AIDS Epidemic Update* (Geneva, Joint United Nations Programme on HIV/AIDS and World Health Organization, 2003).

Table 2  
**People with HIV/AIDS, by subregion, December 2003**

<i>Subregion</i>	<i>Range</i>	
	<i>From</i>	<i>To</i>
Sub-Saharan Africa	25 000 000	28 200 000
South Asia and South-East Asia	4 600 000	8 200 000
Latin America	1 300 000	1 900 000
Eastern Europe and Central Asia	1 200 000	1 800 000
North America	790 000	1 200 000
East Asia and the Pacific	700 000	1 300 000
Western Europe	520 000	680 000
North Africa and the Middle East	470 000	730 000
Caribbean	350 000	590 000
Australia and New Zealand	12 000	18 000
<b>World total</b>	<b>34 000 000</b>	<b>46 000 000</b>

*Source: AIDS Epidemic Update* (Geneva, Joint United Nations Programme on HIV/AIDS and World Health Organization, 2003).

4. The sharing of contaminated needles and syringes and other injection equipment among injecting drug users is a significant route of HIV transmission in all subregions except sub-Saharan Africa. There are approximately 12.6 million injecting drug users in the world (see table 3); in some areas, up to 80 per cent of injecting drug abusers are HIV-positive (see table 4). In a number of countries (for example, Indonesia, Myanmar, the Russian Federation, Ukraine and Viet Nam), the majority of people living with HIV/AIDS are injecting drug users and their partners; and in some countries (for example, India, Thailand, Ukraine and Viet Nam), the HIV/AIDS epidemic started in the drug injecting population and moved from there, via so-called "bridging populations" such as sex workers, to the general public. It is estimated that at least 10 per cent of people living with HIV/AIDS worldwide are injecting drug users.

Table 3  
**Estimated number of injecting drug abusers, by subregion,  
 December 2003**

<i>Subregion</i>	<i>Injecting drug abusers</i>
South Asia and South-East Asia	3 800 000
Eastern Europe and Central Asia	2 300 000
East Asia and the Pacific	2 200 000
North America	1 500 000
Western Europe	1 200 000
Latin America	1 000 000
North Africa and the Middle East	390 000
Australia and New Zealand	200 000
Caribbean	13 800
Sub-Saharan Africa	8 600
<b>Estimated world total</b>	<b>12 600 000</b>

Table 4  
**HIV/AIDS prevalence among injecting drug users,  
 by subregion, 2003**  
 (Percentage)

<i>Subregion or area</i>	<i>Prevalence</i>
Africa	
North Africa and the Middle East	0.0-59.4
Sub-Saharan Africa	..
Americas	
Caribbean	..
Latin America	0.0-80.0
North America	0.67
Asia	
Australia and New Zealand	0.3-1.7
East Asia and the Pacific	0.0-80.0
South Asia and South-East Asia	0.0-92.3
Europe	
Eastern Europe and Central Asia	0.0-76.0
Western Europe	0.0-54.6

*Source:* United Nations Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries.

5. Syringe and needle sharing represents a situation in which two or more drug users sequentially use the same needle and/or syringe to inject a dose of liquefied drugs, such as heroin, cocaine, amphetamines or buprenorphine. Factors that could lead to the sharing of needles and/or syringes include borrowing and lending,

selling, buying and renting or even picking up a syringe discarded by a previous user. Other factors contributing to the sharing of needles and/or syringes include: a lack of perceived risk of HIV infection; group norms and rituals; inaccessibility of sterile injecting equipment; and inability to carry injecting equipment due to familial, social or legal environments. Such factors explain why needles and syringes are shared with others even when sterile equipment is available. There are a variety of additional avenues for HIV transmission; they are generally located in social situations where injecting drug users prepare and use drugs together. For example, while preparing the drug for consumption, injecting drug users often share other items, including cookers, water cups, filters, spoons and swabs, ampoules and other containers used for drug preparation, storage and transport.

6. HIV/AIDS epidemics among injecting drug users are characterized by their significant regional and in-country variations and their extraordinary explosiveness. Factors that contribute to the extent of an HIV/AIDS epidemic among injecting drug users include: the number injecting drug users as such in a specific locality; the frequency of injecting, which depends also on the type of drug used (usually cocaine injectors inject more frequently than heroin injectors), the context of injecting and the degree of risk behaviour; and the availability of clean injecting equipment.

7. If there is a significant number of injecting drug users in a specific locality, such as a community, city or region, the likelihood of an explosive HIV/AIDS epidemic is very high once the virus enters the drug user community. There are a number of instances (for example, in Manipur, India, and in Myanmar and in various locations in the Russian Federation), where HIV has emerged in an injecting drug use population and has spread rapidly, reaching in less than six months an infection rate of more than 80 per cent. Such high levels of prevalence usually remain constant and decline only once and only where HIV/AIDS prevention outreach and education become widespread and clean needles and syringes become easily available. There is evidence that if clean injecting equipment becomes scarce, a serious HIV/AIDS epidemic could be provoked.<sup>2</sup>

### **III. Support provided to Member States by the United Nations Office on Drugs and Crime**

#### **A. What works: the comprehensive approach**

8. Twenty years of research into various aspects of HIV/AIDS among injecting drug users and the experience of numerous programmes and projects indicate that HIV/AIDS epidemics among injecting drug users can be prevented, stabilized and even reversed. One important lesson learned is that effective responses have to be based on a sound assessment of the drug use situation and the socio-cultural and political context. Taking into account that drug use is a chronically relapsing condition, policies governing HIV/AIDS prevention must follow pragmatic approaches and therefore must address high-risk behaviour first before striving to achieve long-term goals such as total abstinence from drugs.

9. Effective programmes typically include a wide variety of measures, ranging from drug dependence treatment, including drug substitution treatment, outreach

providing injecting drug users with information on risk reduction and referral to services, clean needles and syringes, and condoms, voluntary counselling and testing, treatment of sexually transmitted infections, and interventions for special at risk populations such as prisoners and sex workers who inject drugs. Planners of effective programmes usually develop a hierarchy of interventions. Thus, those injecting drug users who cannot stop injecting can be provided with clean needles and syringes, those who can stop injecting but who are not ready for abstinence-oriented treatment can be offered substitution treatment and a variety of treatment and rehabilitation options can be made available to those who have been able to stop using drugs. All drug users are also provided with risk reduction information, voluntary and confidential counselling and HIV testing, condoms and treatment for sexually transmitted infections. A comprehensive package of measures also usually includes treatment instead of punishment for persons convicted of minor drug offences, since incarceration usually increases the risk of HIV transmission.

10. The scientific evidence and the experience with such programmes strongly indicate that the above-described package is effective in reducing the risk of HIV transmission among injecting drug users and the risk of HIV diffusion from infected drug users to the general population. Over the past two decades, effective programmes have moved away from waiting for drug users to enter institutional services and towards offering services to drug users where they are: in their communities and in the places where they use drugs. That means that virtually all effective programmes include a strong outreach component using various outreach approaches.

11. Over the past two years the United Nations Office on Drugs and Crime has, through numerous communications, informed its staff in the field about how to address HIV/AIDS issues among injecting drug users. In those communications, the Office has emphasized the need to address HIV/AIDS issues related to drug use in a comprehensive and holistic manner, following an approach that is based on assessments, monitoring and evaluation and is adjusted to take into account the socio-cultural and legal context of the country in question.

12. The mandates of the United Nations Office on Drugs and Crime for addressing HIV/AIDS derive from:

(a) The Declaration on the Guiding Principles of Drug Demand Reduction (General Assembly resolution S-20/3, annex), in which it is stated that demand reduction activities should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse, and that programmes to reduce the demand for drugs should reduce the adverse consequences of drug abuse for the individual and society as a whole;

(b) The Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex), which calls for the provision of a wide range of prevention programmes aimed at reducing risk-taking behaviour; the expansion of access to essential commodities, including, among other things, sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; and early and effective treatment of sexually transmittable infections;

(c) Commission on Narcotic Drugs resolution 45/1, in which the Commission recognized that effective prevention, care and treatment strategies

required behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drug therapy, including anti-retroviral therapy, diagnostics and related technologies, as well as increased research and development;

(d) The position paper of the United Nations system on preventing the transmission of HIV among drug abusers, which was endorsed on behalf of the Administrative Committee on Coordination by the High-level Committee on Programmes at its first regular session of 2001, held in Vienna in February 2001 (ACC/2001/6, para. 35). The position paper highlighted that a comprehensive package of interventions for HIV prevention among drug abusers should include AIDS education, life skills training, distribution of condoms, voluntary counselling and HIV testing, access to clean needles and syringes, bleach materials and referral to a variety of treatment options.

## **B. Country and regional support**

13. The main mechanism in the United Nations system for coordinating and supporting a national response to HIV/AIDS is the United Nations Theme Group on HIV/AIDS, comprising representatives of UNAIDS co-sponsoring agencies at the country level and, in some cases, representatives of government agencies, non-governmental organizations and bilateral and multilateral donor agencies. In all countries where there is a representative of the United Nations Office on Drugs and Crime, the Office is a member of and active participant in the Theme Group. In a number of countries, such as Egypt, India, the Islamic Republic of Iran and the Russian Federation, the representative of the United Nations Office on Drugs and Crime has assumed the chairmanship of the Theme Group. In some countries where injecting drug use is a significant route of HIV transmission, the Theme Group has, at the initiative of the United Nations Office on Drugs and Crime, established specific technical working groups for the prevention of HIV/AIDS among injecting drug users and the care and support of those affected by AIDS.

14. One tool for country-specific support of UNAIDS and its co-sponsors are projects financed through the UNAIDS Programme Acceleration Fund. Virtually all projects in the 2002-2003 biennium addressing HIV/AIDS prevention among injecting drug users with Programme Acceleration Fund support were administered by the United Nations Office on Drugs and Crime. Those projects included, for example, activities in India, the Islamic Republic of Iran, Myanmar, the Russian Federation and Viet Nam and were designed to reduce the vulnerability to HIV/AIDS of drug-abusing populations, establish national and local support mechanisms for the prevention and care of drug users and promote capacity-building, for example, by introducing outreach techniques, research and evaluation.

15. In a number of countries, the United Nations Office on Drugs and Crime, with bilateral funding, is executing HIV/AIDS projects for drug-abusing populations. In Brazil, for example, since 1994, the Office has implemented a national project for HIV/AIDS prevention supported by a World Bank loan and additional bilateral funding. In Myanmar, the United Nations Theme Group on HIV/AIDS, under the leadership of the field office of the United Nations Office on Drugs and Crime, developed in 2002 the Myanmar action plan, which contains priority interventions

for HIV/AIDS prevention among injecting drug users. The action plan has attracted considerable interest among bilateral and multilateral funding agencies. The field office of the United Nations Office on Drugs and Crime in Myanmar is currently executing a set of activities under the action plan. Model outreach activities in Karachi have been developed and supported by the field office of the United Nations Office on Drugs and Crime in Pakistan. All these projects are aimed at implementing the comprehensive package of interventions outlined above.

16. Another support mechanism of UNAIDS is the unified budget and workplan, which may be used for regional and global activities. In the biennium 2002-2003, the United Nations Office on Drugs and Crime used more than 90 per cent of its US\$ 2.7 million allocation of the unified budget and workplan for multi-country projects. In addition, more than US\$ 2 million of extrabudgetary funds were raised in support projects of the unified budget and workplan. Examples of projects funded by the unified budget and workplan include:

(a) In East Africa, the United Nations Office on Drugs and Crime undertook capacity-building activities for government and non-governmental organizations by training personnel in drug abuse prevention, treatment and rehabilitation; modules on HIV/AIDS prevention were incorporated into each training course. The project also included a training course for journalists in drug abuse and HIV/AIDS prevention;

(b) In West Africa, in selected countries, information and skills training is provided to young people aged 15-24 to reduce their vulnerability to drug abuse and HIV infection and to facilitate access to drug abuse counselling and treatment for HIV-positive drug abusers;

(c) In East Asia, a large project is aimed at reducing HIV/AIDS vulnerability to drug abuse by establishing national interdepartmental planning mechanisms and incorporating HIV/AIDS prevention and care activities in drug abuse treatment and rehabilitation strategies;

(d) In South Asia, a project of the United Nations Office on Drugs and Crime and the unified budget and workplan resulted in the creation of a South Asian Network for reducing risk-taking behaviour related to drug abuse and HIV/AIDS among young people. Activities include assessment of the situation and development of strategic information related to HIV/AIDS among drug-using populations in the subregion; establishment of a South Asian network of non-governmental and community-based organizations and other stakeholders for drug abuse and HIV/AIDS prevention; and sharing of experiences and information, as well as advocacy, on effective approaches in HIV/AIDS prevention among drug users;

(e) In Eastern Europe and Central Asia, a series of projects being implemented are aimed at the diversification of HIV/AIDS prevention; and drug abuse treatment services for injecting drug users. Activities include: the assessment of needs, the organization of multisectoral regional workshops to develop strategies based on the findings of the needs assessment; the improvement or development of HIV/AIDS prevention and drug abuse treatment services; and monitoring of the implementation of services;



(f) In the Southern Cone of Latin America, the United Nations Office on Drugs and Crime is implementing HIV/AIDS and drug abuse prevention by developing a joint approach for organizations and institutions of civil society and a wide range of government agencies. Project activities include studies on the attitudes, lifestyle and practices of injecting drug users and their sexual partners, as well as prevention activities for injecting drug users and their social networks;

(g) In the Caribbean, the United Nations Office on Drugs and Crime is implementing drug abuse and HIV/AIDS prevention by carrying out a baseline study to analyse the perceptions and attitudes of young people as they relate to drug abuse and HIV/AIDS. Other activities include outreach drug abuse and HIV/AIDS prevention programmes for in-school and out-of-school youth and the development of a comprehensive strategy in support of national and regional responses.

17. Preparations are under way for the implementation of projects of the unified budget and workplan for the biennium 2004-2005. Most of the projects, already approved by the UNAIDS Programme Coordinating Board, are based on the results and experiences of the project implementation in the previous biennium.

18. Another regional activity was an audit on the number of injecting drug users in Central and Eastern Europe and Central Asia, undertaken by the Global Assessment Programme on Drug Abuse of the United Nations Office on Drugs and Crime, in collaboration with the UNAIDS secretariat. The purpose of the study was:

(a) To review and analyse all existing data on the population sizes of injecting drug users in the region and of the sources which they have been derived from, including treatment data, police statistics, prison data, project data of non-governmental organizations and general population and school survey data;

(b) To review and analyse all available estimates of the population size of injecting drug users, including those derived from “scientific” studies such as capture—recapture and multiplier methods;

(c) To provide the best possible estimates by country and, for very large countries, by areas or cities for the year 2002.

The countries covered in the audit included Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan.

19. The report of the audit concluded that HIV infection was spreading widely and rapidly in the Baltic States and the Commonwealth of Independent States. The majority of the HIV infection in those countries was caused by injecting drug use, which was most probably still increasing. It was the view of the authors of the report that rapid action to prevent injecting drug use and to prevent HIV/AIDS among injecting drug users, was overdue.<sup>3</sup>

20. The United Nations Office on Drugs and Crime also provided support to regional task forces. For example, in South-East Asia, the Regional Task Force on Drug Use and HIV Vulnerability continued its work to improve regional responses to the interrelated risks of drug abuse and HIV vulnerability. Convened by the

Regional Centre of the United Nations Office on Drugs and Crime for East Asia and the Pacific, the Task Force established working relations with the newly formed Thai Drug Users' Network, developed costing frameworks for inclusion of HIV/AIDS prevention services for injecting drug users within programme funding proposals, considered advocacy action for an improved regional response to drug-related HIV transmission in prison settings, re-established regional training events on methadone maintenance treatment and developed improved collaboration mechanisms between the task force and the various United Nations theme groups in countries of the region.

21. Support was also provided to regional networks. For example, in collaboration with the UNAIDS secretariat, the United Nations Office on Drugs and Crime provided financial and technical support to enable the Latin American Harm Reduction Network (RELARD) to establish an inventory of projects for the prevention of HIV/AIDS associated with drug use and to strengthen national networks in Latin America.

22. Similarly, in cooperation with the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the UNAIDS secretariat, technical support was provided to the Central and Eastern European Harm Reduction Network in the organization of the technical consultation on young and occasional drug users, held in Moscow from 26 to 28 October 2003. Participants at the consultation included technical experts and outreach workers from the member organizations of the Network and other relevant government and non-governmental organizations from 10 Eastern European and Central Asian countries and representatives of United Nations entities. The consultation concluded that there were not many occasional or intermittent young injectors in the region; however, scientific evidence was lacking. The participants recommended that specific assessments be carried out to determine whether there were such injectors, and if so how many. Qualitative studies should be designed to better understand the social and risk context. Regarding interventions, the participants also recommended concentrating on the transition from non-injecting to injecting drug use, as well as designing interventions to support families, enhancing the engagement and retention of young people in education and facilitating community development and access to a broader range of treatment appropriate to youth.

23. On 10 and 11 December 2003, the regional office of the United Nations Office on Drugs and Crime in Egypt organized in Cairo a workshop on drug abuse and HIV/AIDS in the Middle East and North Africa. The purpose of the meeting was to develop an inter-agency plan of action on drug use and HIV/AIDS in the Middle East and North Africa and to develop a coordinated approach to the provision of services for HIV/AIDS prevention and care for drug users. Participants included government officials from Algeria, Egypt, Jordan, Lebanon, the Libyan Arab Jamahiriya, Morocco, Oman, and Syrian Arab Republic and representatives from the UNAIDS secretariat, WHO, UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank. The participants concluded that there was a considerable risk of HIV/AIDS epidemics among injecting drug users in some of the participating countries, with a potential for the virus to spread from injecting drug user populations to the general population, and that preventive action was urgently needed. The participants also developed a set of model projects for national implementation, which have been submitted to the

United Nations Office on Drugs and Crime and the UNAIDS secretariat to be considered for funding and support.

#### **IV. Collaboration with the Joint United Nations Programme on HIV/AIDS and its co-sponsors: global activities**

24. The United Nations Office on Drugs and Crime, as a co-sponsor of UNAIDS, is the convening agency for all matters pertaining to injecting drug use as it relates to HIV/AIDS. In this regard, over the past two years, the Office has assumed a leadership role, at the global level, in terms of information development, advocacy and capacity-building. The main partners of the United Nations Office on Drugs and Crime in this endeavour include the UNAIDS secretariat, UNICEF and WHO.

25. The United Nations Office on Drugs and Crime organized a series of meetings of the inter-agency task team on injecting drug use. The task team developed a note for United Nations country teams and the United Nations Theme Group on HIV/AIDS, calling for urgent action to prevent HIV/AIDS epidemics among injecting drug users, including the establishment of specific technical working groups on injecting drug use, under the United Nations Theme Group on HIV/AIDS, in countries where injecting drug use was a significant potential route of HIV/AIDS transmission. Furthermore, the task team called for strategy development in support of national responses to HIV/AIDS transmission among injecting drug users, as well as support in raising funds. In its note, the task team also recommended that Governments be assisted in the preparation of funding proposals for the Global Fund to fight AIDS, Tuberculosis and Malaria. The note has been widely circulated to regional and field offices of the United Nations Office on Drugs and Crime, WHO regional and country offices, UNAIDS country programme advisers and chairpersons of theme groups. The senior management of the United Nations Office on Drugs and Crime has sent, as a follow-up to the note, more detailed information on HIV/AIDS prevention among injecting drug users to all field and regional offices, encouraging them to raise the issue of HIV/AIDS transmission among injecting drug users at meetings of the theme groups and to take the initiative in programming exercises.

26. To assist United Nations country teams in addressing HIV/AIDS transmission among injecting drug users, the Office also organized, on behalf of the above-mentioned inter-agency task team, a country team meeting on HIV/AIDS prevention and care for injecting drug users. Country team members from the following countries participated in the meeting, which was held in Vienna on 16 and 17 September 2003: Argentina, Brazil, China, India, Indonesia, Iran (Islamic Republic of), Kazakhstan, Pakistan, Myanmar, Russian Federation, Ukraine, Uzbekistan and Viet Nam. These teams included representatives of the UNAIDS secretariat, the United Nations Office on Drugs and Crime, UNICEF, the United Nations Development Programme, the International Labour Organization, UNESCO and WHO.

27. The purpose of the meeting was to assist selected United Nations country teams, in a consultative process, to strengthen their responses to HIV/AIDS transmission among injecting drug users by:

(a) Providing up-to-date information on the nature of epidemics among injecting drug users and effective interventions in the areas of prevention, care, policy and programme development;

(b) Examining country-specific barriers to implementing effective interventions; and developing solutions to overcome barriers;

(c) Outlining options for country-specific plans and strategies of United Nations country teams to support Governments in an accelerated response to HIV/AIDS transmission among injecting drug users.

28. As there is a great diversity in the country situations related to HIV/AIDS among injecting drug users and a variety of different contexts, the participants (a) discussed priorities for United Nations action and support to HIV/AIDS prevention and care among injecting drug users, (b) developed three, four or five priority actions that the respective United Nations country team would undertake in the coming year and (c) determined the type of external advice and support that might be needed to implement those actions.

29. The participants requested that follow-up meetings be held in various regions and that an opportunity be provided to discuss issues related to HIV/AIDS prevention among injecting drug users in the inter-country and regional context.

30. As a follow-up to the country team meeting, the inter-agency task team has requested the United Nations Office on Drugs and Crime to develop a concept for a set of regional meetings and to consider initiating a study on the costing of HIV/AIDS prevention among injecting drug users in different national settings. The United Nations Office on Drugs and Crime has already started consultations with the World Bank on developing a concept for such a study.

31. Together with its partners, particularly the UNAIDS secretariat and WHO, the United Nations Office on Drugs and Crime has published or is in the process of publishing a number of tools for the prevention of HIV/AIDS among injecting drug users. The tools include best practice case studies from Asia,<sup>4</sup> a reprint of best practice studies from Central and Eastern Europe and the Central Asian States,<sup>5</sup> an advocacy guide,<sup>6</sup> policy briefs and a policy summary of the Evidence for Action series and a guide to outreach activities for young injecting drug users.<sup>7</sup>

32. Together with WHO and UNAIDS, the United Nations Office on Drugs and Crime has also established a working group on substitution treatment and has agreed on a position paper on substitution maintenance therapy for opioid dependence as a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV transmission among injecting drug users. The document, based on a review of scientific evidence and oriented towards policy makers, covers a wide range of issues, from the rationale for this treatment modality to special considerations regarding the provision of such treatment to people infected with HIV/AIDS. In the position paper it is stated that substitution maintenance therapy is one of the most effective types of pharmacological therapy for opioid dependence. The position paper concludes that the provision of substitution maintenance therapy—guided by research evidence and supported by adequate evaluation, training and accreditation—should be considered an important treatment option in communities with high prevalence of opioid dependence, and

particularly in those with high risk of HIV transmission among opioid-dependent injecting drug users.<sup>8</sup>

33. Together with the UNAIDS secretariat, the United Nations Office on Drugs and Crime maintains the United Nations Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries. The Reference Group was established in August 2002 with the overall objective to advise UNAIDS, the United Nations Office on Drugs and Crime and WHO, as well as other members of the inter-agency task team on injecting drug use, on effective approaches to HIV/AIDS prevention and care among injecting drug users. The 15-20 members of the Reference Group are international experts in the epidemiology of HIV/AIDS among injecting drug users or HIV/AIDS prevention and care among injecting drug users. The secretariat for the Reference Group is based at the Centre for Research on Drugs and Health Behaviour in London. As at 1 November 2003, the following tasks had been completed by the Reference Group:

(a) Mapping of the global, regional and national epidemiology of injecting drug use and HIV infection;

(b) Mapping of the response, including the availability of needle and syringe programmes, substitution treatment and HIV/AIDS treatment for injecting drug users, and the collection of information from nearly 200 sources for 176 countries and territories;

(c) The collection of approximately 50 key technical documents on HIV/AIDS prevention and care among injecting drug users, selected after review and assessment from a larger set and made available on the web site of the Reference Group, in order to provide a comprehensive source of information for experts, policy makers and programme managers in the area of HIV/AIDS prevention and care among injecting drug users, particularly in developing countries and countries with economies in transition;

(d) Examination of the extent of injecting drug use and related HIV transmission in prison populations in developing countries and countries with economies in transition.

34. In 2004, the Reference Group is being financed jointly by the United Nations Office on Drugs and Crime and UNAIDS. Its key tasks include:

(a) Continuing to collect, refine, revise and update information on the epidemiology of injecting drug use and HIV/AIDS and the response including outreach activities, needle and syringe programmes, substitution treatment and anti-retroviral treatment, and identifying and reporting on global and regional trends, and developing global and regional estimates of the extent of HIV infection related to injecting drug use;

(b) Establishing a reporting network utilizing regional offices of United Nations entities and other information providers (such as, the Centres for Disease Control and Prevention of the United States Department of Health and Human Services, the United States Bureau of Census, the European Monitoring Centre for Drugs and Drug Addiction and Family Health International);

(c) Producing a four-page document summarizing the global situation on injecting drug use and HIV infection;

(d) Updating the key documents on HIV/AIDS prevention and care among injecting drug users;

(e) In collaboration with the UNAIDS Reference Group on Economics, developing work on costing the prevention and treatment response to HIV/AIDS related to injecting drug use;

(f) Developing two position papers on emerging issues related to injecting drug use and HIV/AIDS.

35. On World AIDS Day 2003 (1 December 2003), the United Nations Office on Drugs and Crime released two fact sheets and a series of radio spots in English, French and Swahili to provide information about the dangerous combination of HIV/AIDS and drugs and to dispel common myths about how HIV is spread.<sup>9</sup> On the same occasion, a message of the Executive Director of the United Nations Office on Drugs and Crime was disseminated to all staff members at the United Nations Office at Vienna and field and regional offices of the United Nations Office on Drugs and Crime.<sup>10</sup> In that message, the Executive Director stated the prevention of HIV/AIDS associated with drug use was central to the work of the United Nations Office on Drugs and Crime. Furthermore, there was overwhelming scientific evidence that a comprehensive package of interventions could prevent and reverse an HIV/AIDS epidemic among injecting drug users. However, in most countries where injecting drug use was a significant route of HIV transmission, less than 5 per cent of all injecting drug users were reached with prevention services. Experience indicated that decisive prevention activities often started only after a significant number of injecting drug users had already been infected with HIV. He noted that the fight against HIV/AIDS required an ongoing commitment, political will and courageous leadership at all levels. Only sustained and comprehensive approaches to prevention, care and treatment could work. Interventions needed to be accelerated with the support and involvement of people from all walks of life, including people living with HIV/AIDS. He added that HIV/AIDS was also a human rights crisis. Stigma and discrimination surrounding people living with HIV/AIDS created barriers that undermined efforts to contain the epidemic and were major obstacles in encouraging people to take advantage of prevention and care services. There was a need to speak up, and by doing so, to tear down the walls of silence, stigma and discrimination.

36. As part of the co-sponsorship of UNAIDS, the United Nations Office on Drugs and Crime is contributing to the development and implementation of various UNAIDS activities, including the implementation of the WHO "3 by 5 Initiative" ([www.who.int/3by5/about/initiative/en/index.html](http://www.who.int/3by5/about/initiative/en/index.html)), provision of HIV/AIDS services for United Nations staff members, organization of various events at the forthcoming 15th International Conference on the Reduction of Drug Related Harm, to be held in Melbourne, Australia, from 20 to 24 April 2004, and the XV International AIDS Conference, to be held in Bangkok from 11 to 16 July 2004. Starting in July 2004, the United Nations Office on Drugs and Crime will assume the chairmanship of the UNAIDS Committee of Cosponsoring Organizations.

## **V. Activities to strengthen the capacity of the United Nations Office on Drugs and Crime to address HIV/AIDS issues related to drug use**

37. Pursuant to Commission on Narcotic Drugs resolution 46/2, the United Nations Office on Drugs and Crime is in the process of significantly strengthening its capacity to respond to HIV/AIDS issues related to drug use. The Office is currently establishing an HIV/AIDS Unit within the Division for Operations. The Unit is expected to be fully operational by March 2004.

38. The main tasks of the Unit will be:

(a) To oversee the implementation of the strategy of the United Nations Office on Drugs and Crime pertaining to all aspects of HIV/AIDS and other health and social consequences of drug abuse;

(b) To advise senior managers on all matters pertaining to HIV/AIDS and drug abuse prevention;

(c) To assist Governments, within in the framework of the mandates of the United Nations Office on Drugs and Crime, in the development and implementation of policies, programmes and projects for the prevention of HIV/AIDS among drug abusers;

(d) To liaise closely with, and mainstream HIV/AIDS issues into, other relevant organizational entities of the United Nations Office on Drugs and Crime;

(e) To assist field and regional offices in the development, implementation and monitoring of activities addressing HIV/AIDS issues among drug abusers;

(f) The function as a focal point for contacts with UNAIDS, as well as other co-sponsors, on issues related to the prevention of HIV/AIDS;

(g) To assist the United Nations Office on Drugs and Crime and the UNAIDS secretariat in coordinating with other co-sponsors activities involving issues related to HIV/AIDS and drug abuse;

(h) To review, analyse and evaluate research reports and other relevant material on the prevention and treatment of drug abuse and HIV/AIDS, including epidemiological data and other information on the links between drug abuse and HIV/AIDS;

(i) To establish and maintain close working relationships and collaborate with evaluation researchers, representatives of relevant academic disciplines and practitioners throughout the world;

(j) To facilitate the dissemination of best practice for the prevention and treatment of drug abuse and HIV/AIDS;

(k) To provide technical advice and guidance on needs assessment and HIV/AIDS programme planning linked to drug abuse at the regional and country levels;

(l) To organize capacity-building activities of the United Nations Office on Drugs and Crime on drug abuse and HIV/AIDS and liaise with regional networks and related bodies engaged in the prevention of HIV/AIDS related to drug abuse.

39. At the regional level, the United Nations Office on Drugs and Crime is in the process of placing HIV/AIDS advisers in its regional offices in Bangkok, Moscow and Tashkent. For all staff members of the United Nations Office on Drugs and Crime in countries where drug use is a significant route of HIV transmission, capacity-building events will also be organized to include regular in-house information-sharing and training in addressing HIV/AIDS issues related to drug use.

#### Notes

- <sup>1</sup> *AIDS Epidemic Update: December 2003* (Geneva, Joint United Nations Programme on HIV/AIDS and World Health Organization, 2003).
  - <sup>2</sup> In the United Kingdom of Great Britain and Northern Ireland, for example, in response to reports of increasing heroin use in Edinburgh, Scotland, pharmacists decided late in 1982 to stop selling syringes to those suspected of being heroin injectors. The police further increased the scarcity of syringes by routinely searching for and destroying such equipment. Over the next three years, more than 1,000 HIV infections resulted; among injecting drug users visiting general practitioners, prevalence reached 50 per cent.
  - <sup>3</sup> *Audit on the Number of Injecting Drug Users in Central Eastern Europe and Central Asia* (Vienna, United Nations Office on Drugs and Crime, 2003).
  - <sup>4</sup> Regional Task Force on Drug Use and HIV Vulnerability, *Preventing HIV/AIDS among Drug Users: Case Studies from Asia*, (Joint United Nations Programme on HIV/AIDS, Asian Harm Reduction Network, and the United Nations Office on Drugs and Crime, 2003).
  - <sup>5</sup> *Drug Abuse and HIV/AIDS: Lessons Learned; Case Studies Booklet; Central and Eastern Europe and the Central Asian States* (United Nations publication, Sales No. E.01.XI.15).
  - <sup>6</sup> World Health Organization, Joint United Nations Programme on HIV/AIDS and United Nations Office on Drugs and Crime, "Advocacy guide: HIV/AIDS prevention among injecting drug users", forthcoming.
  - <sup>7</sup> United Nations Office on Drugs and Crime, "Outreach and HIV among young injecting drug users: a how-to guide", forthcoming.
  - <sup>8</sup> World Health Organization, Joint United Nations Programme on HIV/AIDS and United Nations Office on Drugs and Crime, "Substitution maintenance therapy in the management of opioid dependence and HIV prevention", forthcoming.
  - <sup>9</sup> Both the fact sheets and the radio spots are available on the web site of the United Nations Office on Drugs and Crime ([www.unodc.org/unodc/event\\_2003-06-26\\_1\\_radiospots\\_hiv aids.html](http://www.unodc.org/unodc/event_2003-06-26_1_radiospots_hiv aids.html)).
  - <sup>10</sup> The message of the Executive Director is available on the web site of the United Nations Office on Drugs and Crime ([www.unodc.org/unodc/speech\\_2003-12-01\\_2.html](http://www.unodc.org/unodc/speech_2003-12-01_2.html)).
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