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Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users

Report of the Executive Director**

Summary

The present report has been prepared pursuant to Commission on Narcotic Drugs resolution 49/4, entitled "Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users". It contains an overview of the technical assistance provided by the United Nations Office on Drugs and Crime (UNODC) to Member States in developing comprehensive demand reduction strategies and measures, including HIV/AIDS prevention and care in the context of drug abuse. The report provides an overview of the global situation with regard to responding to HIV/AIDS and other blood-borne diseases among drug users and a summary of relevant activities implemented by UNODC in 2010 and 2011. It includes recommendations and indicates gaps and remaining challenges in the response to HIV/AIDS and other blood-borne diseases among drug users.

Some 16 million people inject drugs in over 150 countries and territories around the world and those countries account for over 95 per cent of the world's total population. About 3 million people who inject drugs live with HIV. Remarkable results have been achieved in decreasing the number of newly diagnosed

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HIV infections in countries where evidence-informed, human rights-based, comprehensive drug dependence treatment services, including HIV policies and programmes have been adopted. Evidence suggests that more comprehensive responses to HIV are also needed for people who use drugs, in particular cocaine, “crack” cocaine, and amphetamine-type stimulants, by other routes of administration.

Globally, the coverage of services that have been shown to be most effective in preventing new HIV infections among people who inject drugs remains low: a limited number of people participate in or have access to the full spectrum of drug dependence treatment services, a limited number of sterile devices are distributed per month per person who injects drugs, 8 per cent participate in a programme involving opioid-agonist treatment therapy and 4 per cent of HIV-positive people who inject drugs are receiving antiretroviral therapy.

HIV prevention, treatment and care services are generally not gender-responsive. The specific needs of women who use drugs are not met, which deters many of them from accessing services.

A large number of people who inject drugs, up to 50 per cent in some countries, will go through prison and pretrial detention once or several times in their life. Prisoners and ex-prisoners who are drug users and living with HIV continue to face multiple stigmas, and their rights to health care, food and decent living conditions are often not respected.

Trafficked persons who are exploited sexually or subject to sexual abuse and often initiated by force into drug use by their exploiters are particularly vulnerable to the risks of contracting HIV. Still, the link between trafficking in persons, illicit drug use and HIV is often overlooked in existing awareness-raising efforts, capacity-building measures and referral practices.

Availability of global data with regard to population size and coverage of HIV services among drug users is very limited and the data are often of poor quality.

UNODC delivers technical assistance in the area of drug dependence treatment and the link to risky behaviour and HIV/AIDS in over 90 countries in full compliance with the relevant declarations, resolutions and decisions adopted by the General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. Its activities are implemented in the context of a continuum of services that includes outreach, evidence-based drug dependence treatment, primary prevention of drug abuse and other health, social and legal services, including in prison settings.

I. Introduction

1. The present report has been prepared pursuant to Commission on Narcotic Drugs resolution 49/4, entitled "Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users", in which the Commission invited Member States, in accordance with their national legislation:

(a) To give the utmost consideration to the development of demand reduction actions based on studies and research that demonstrated the efficacy and efficiency of drug-related treatment and prevention;

(b) To adopt drug-related health policies that facilitated prevention of drug abuse and access by drug users to different types of prevention, treatment and care for drug dependency, drug-related HIV/AIDS, hepatitis and other blood-borne diseases;

(c) To enhance efforts to promote access to health and social care for drug users and their families without discrimination of any kind and, where appropriate, to cooperate with relevant non-governmental organizations (NGOs);

(d) To provide access, as appropriate and in the framework of the pertinent national policies, to medications, vaccines and other measures that were consistent with international drug control treaties and had been shown to be effective in reducing the risk of HIV/AIDS, hepatitis and other blood-borne diseases among injecting drug users, under the supervision of competent authorities or institutions.

2. Also in its resolution 49/4, the Commission endorsed the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, as well as related decisions of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS); requested the United Nations Office on Drugs and Crime (UNODC), in conformity with the UNAIDS technical support division of labour document[1,2] to provide technical assistance, upon request and subject to the availability of extrabudgetary resources, to Member States to develop comprehensive demand reduction strategies and measures, including HIV/AIDS prevention and care in the context of drug abuse, that were consistent with the international drug control treaties; and requested the Executive Director of UNODC to report to it biennially, starting at its fifty-first session, on the implementation of the resolution.

II. Epidemiological situation and required responses

3. At the end of 2010, an estimated 34 million people (range 31.6 million-35.2 million) were living with HIV worldwide, up 17 per cent from the situation

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[1] Joint United Nations Programme on HIV/AIDS, "UNAIDS technical support division of labour: summary and rationale" (Geneva, August 2005).

[2] *UNAIDS Division of Labour 2010: Consolidated Guidance Note* (Geneva, Joint United Nations Programme on HIV/AIDS, 2011).

in 2001.[3] Extrapolated estimates suggest that worldwide approximately 15.9 million people inject drugs, of whom about 3 million are living with HIV.[4]

4. In total, there were 2.7 million (range 2.4 million-2.9 million) new HIV infections in 2010, 15 per cent fewer than in 2001 and 21 per cent below the number of new infections at the peak of the epidemic in 1997. Injecting drug use is an important contributor to the spread of the global HIV epidemic. With the exception of sub-Saharan Africa, injecting drug use accounts for about a third of all new HIV infections. It should be noted that new HIV infections caused by injecting drug use have decreased in States where large-scale, evidence-informed, comprehensive responses to HIV have been adopted. Worryingly, in Central Asia and Eastern Europe, where the HIV epidemic is driven primarily by injecting drug use, including by sexual transmission from people who inject drugs to their sexual partners, there was a 250 per cent increase in the number of people living with HIV from 2001 to 2010.[3]

5. While HIV in sub-Saharan Africa is transmitted mainly via heterosexual contact, injecting drug use is an emerging problem. A recent trend of concern is that heroin use, that is injection of heroin, and the risk of HIV associated with injecting are emerging in regions with already high rates of HIV, in particular in East Africa but also in other parts of Africa, such as in Kenya, Libya, Mauritius and the United Republic of Tanzania, and injecting drug use has been reported, for example, in Botswana, Malawi, Namibia, Nigeria, Senegal and South Africa. African health systems, already burdened with HIV, are ill-equipped to deal with this component of HIV infection risk.[5,6]

6. Alarmingly, many developing and transitional countries with growing HIV incidence rates among people who inject drugs have very poor access to the recommended comprehensive package of drug dependence treatment services, as well as HIV prevention and treatment services.[7] Global coverage of the most common HIV interventions for injecting drug users remains low: a limited number of sterile devices are distributed per month per person who injects drugs, only 8 per cent participate in opioid-agonist treatment therapy and as few as 4 per cent of HIV-positive people who inject drugs are receiving antiretroviral therapy.[8]

7. A number of studies have indicated that the use of cocaine, “crack” cocaine and amphetamine-type stimulants by non-injection routes of administration are also

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[3] *UNAIDS World Aids Day Report 2011* (Geneva, Joint United Nations Programme on HIV/AIDS, 2011).

[4] Bradley M. Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review”, *The Lancet*, vol. 372, No. 9651 (2008), pp. 1733-1745.

[5] Chris Beyrer and others, “Time to act: a call for comprehensive responses to HIV in people who use drugs”, *The Lancet*, vol. 376, No. 9740 (2010), pp. 551-563.

[6] Stefan Baral and others, “HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana”, *PLoS One*, vol. 4, No. 3 (2009), p. 4997.

[7] Daniel Wolfe and others, “Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward”, *The Lancet*, vol. 376, No. 9738, pp. 355-366.

[8] Bradley M. Mathers and others, “HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage”, *The Lancet*, vol. 375, No. 9719 (2010), pp. 1014-1028.

associated with increased risks of HIV infection, in particular through unprotected sex. Much use of amphetamine-group substances is non-injection and has been shown to be associated with increased HIV risk, for example in men who have sex with men. Still, the structural, social, interpersonal and personal factors that are linked to amphetamine-group non-injecting substance use and HIV risk are poorly understood.[9]

8. Each year, at least 30 million men, women and children go through prison systems globally and most of them return to the community. The HIV prevalence rates in prison settings are high (up to 65 per cent) and up to 50 times higher than in the community. In prisons and other closed settings all modes of transmission of HIV have been documented. A large number of people who inject drugs, up to 50 per cent in some countries, will go through prison and pretrial detention once or several times in their life. In countries where injecting drug use is endemic and where the HIV epidemic is driven by it, a large proportion of the people living with HIV will be found in prisons and closed settings. Prisoners and ex-prisoners who are drug users and living with HIV face multiple stigmas and their rights to health care, food and decent living conditions are often not respected, increasing their already elevated risk of HIV infection.

9. Trafficked persons who are exploited sexually or subject to sexual abuse are particularly vulnerable to the risk of contracting HIV. Victims of trafficking are also often initiated by force into drug use by their exploiters. The link between trafficking in persons and HIV is often overlooked in existing awareness-raising, capacity-building measures and referral practices.

10. Access of people who use drugs to HIV services is often impeded by factors including poor availability, accessibility and quality of services, restrictive inclusion criteria, high costs of services, compulsory or ineffective drug dependence treatment approaches, stigmatization and a lack of confidentiality and protection of personal information. Moreover, HIV prevention, treatment and care services are often not responsive to the specific needs of women and young people who use drugs. In many countries, legislations and practices continue to result in widespread discrimination against people who use drugs. Drug users remain socially marginalized and subjected to violations of human rights.

11. At the global policy level, the decisions taken by the Commission on Narcotic Drugs, the Programme Coordinating Board of UNAIDS and the Economic and Social Council in 2009 indicate the existence of a common understanding within the United Nations about what a comprehensive package of HIV-related services for injecting drug users contains.[10] As outlined by the World Health Organization (WHO), UNODC and UNAIDS in their target-setting guide, such a comprehensive package includes the following nine interventions, which should be provided in the framework of a continuum of services that includes outreach, drug dependence

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[9] Grant Colfax and others, "Amphetamine-group substances and HIV", *The Lancet*, vol. 376, No. 9739, pp. 458-474.

[10] *WHO/UNODC/UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (Geneva, World Health Organization, 2009).

treatment and primary prevention of drug abuse based on scientific evidence and other health, social and legal services, including in prison settings:

(a) sterile needle and syringe programmes;

(b) Treatment of drug dependence, including opioid-agonist treatment therapy and other kinds of drug dependence treatment;

(c) HIV testing and counselling;

(d) Antiretroviral therapy;

(e) Prevention and treatment of sexually transmitted infections;

(f) Condom programmes for injecting drug users and their sexual partners;

(g) Targeted information, education and communication for injecting drug users and their sexual partners;

(h) Vaccination, diagnosis and treatment of viral hepatitis;

(i) Prevention, diagnosis and treatment of tuberculosis.

12. The work of UNODC on HIV/AIDS is guided by the new 2011-2015 Joint United Nations Programme on HIV/AIDS Strategy "Getting to zero",[11] which aims to advance global progress in achieving set country targets for universal access to HIV prevention, treatment, care and support, to halt and reverse the spread of HIV and to contribute to the achievement of the Millennium Development Goals by 2015. At its fifty-fourth session, in its resolution 54/13, the Commission on Narcotic Drugs noted the provisions of the 2011-2015 UNAIDS Strategy, which promoted the objectives of achieving zero new HIV infections, zero AIDS-related deaths and zero stigma and discrimination related to the mandates of UNODC.

13. Also in resolution 54/13, the Commission recognized that UNODC played a unique role as a co-sponsor and the convening agency of UNAIDS for addressing HIV prevention, treatment, care and support among drug users and in prison settings; reaffirmed the central importance of working with civil society as a key partner in the global response to HIV/AIDS, including to achieving zero new HIV infections among injecting and other drug users; and requested UNODC to continue providing advice and guidance, including on effective measures targeting the populations most at risk such as injecting drug users and on measures to reduce stigmatization and discrimination.

III. Technical assistance provided by the United Nations Office on Drugs and Crime with regard to HIV/AIDS in 2010 and 2011

14. UNODC provides technical assistance to Member States in the area of HIV/AIDS in full compliance with the relevant declarations, resolutions and decisions adopted by the General Assembly, the Economic and Social Council, the

[11] Available from www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf.

Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the Programme Coordinating Board of UNAIDS.

15. UNODC, a co-sponsor of UNAIDS, is the convening agency in the UNAIDS family for protecting drug users from becoming infected with HIV and ensuring access to comprehensive HIV services for people in prisons and other closed settings in accordance with the UNAIDS division of labour.[2] UNODC also facilitates the United Nations response to HIV and AIDS associated with human trafficking. The division of labour stresses the comparative advantages of the Joint Programme as a whole — the 10 co-sponsoring United Nations bodies and the secretariat — to enhance the efficiency and effectiveness of the global HIV response by the United Nations system. It aims at leveraging respective organizational mandates and resources to work collectively to deliver results, including strengthening joint work and maximizing partnerships.

16. In over 90 countries worldwide, UNODC, in line with its mandate, is responding to HIV/AIDS infection as it relates to drug abuse and particularly in prison settings. Its work is focused on assisting States in implementing large-scale and wide-ranging drug demand reduction and drug dependence treatment interventions to prevent HIV infection and in providing care and support to people living with HIV and AIDS. UNODC has supported States to assess situation and needs and to enhance human resources and the systems of government and civil society required for evidence-informed, comprehensive HIV responses. Its activities have been geared towards strengthening national capacity to address the stigma and discrimination attached to HIV and AIDS, scaling up delivery of HIV prevention, treatment, care and support, including monitoring and evaluation of those services, and increasing their coverage and sustainability.

A. HIV/AIDS policy and programme development

17. UNODC has advocated and provided training and technical support for the development of human rights-based, gender-responsive and equitable AIDS policies and programmes, including assistance in the development of national strategic plans on HIV/AIDS for 2011-2015 to incorporate the needs of drug users (injecting drug users, in particular) and prisoners. In Central Asia, following the training provided by UNODC to over 100 governmental officials based on the *WHO/UNODC/UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*,[10] the introduction and scaling up of opioid substitution therapy (opioid-agonist treatment therapy) was endorsed as part of the national plans of action of Azerbaijan, Kazakhstan and Turkmenistan.

18. The results of studies and assessments supported by UNODC have helped to develop evidence-informed and costed policies and programmes. Examples of support provided by UNODC include an assessment of the situation with regard to HIV and tuberculosis infection in prisons in Viet Nam, a national study on HIV and syphilis infection in correctional settings in Indonesia, a size estimation study of injecting drug users in Kenya, a rapid situation assessment among female drug users and female partners of male drug users in Bangladesh, assessments of the situation with regard to HIV infection and needs assessments in prison settings in East and

Southern Africa, studies on HIV service delivery models for women who inject drugs and a review of the availability of HIV testing and counselling services for actual victims of trafficking in persons in the Baltic Sea area. In El Salvador, Honduras, Nicaragua and Panama, the prison assessment supported by UNODC has initiated the process of reforming the penitentiary system considering the needs of prisoners for HIV services. Moreover, in partnership with the World Bank, UNODC has contributed towards the development of the AIDS Strategy and Action Plan service and to the increased economic evidence base by implementing cost, impact and policy analyses regarding the key interventions for people who inject drugs.

19. UNODC has advocated increased HIV policies and programmes for women who use drugs and removal of barriers to access comprehensive services. Training and other support for expanding provision of gender-sensitive HIV services in communities and prisons have been provided through projects in several States, in particular, in Afghanistan, Bangladesh, India, Iran (Islamic Republic of), Nepal, Pakistan, the Russian Federation and Ukraine. Advocacy efforts have included, for example, organizing an expert panel discussion with civil society about women and injecting drug use during the 28th meeting of the Programme Coordinating Board of UNAIDS, held in Geneva from 21 to 23 June 2011.

20. UNODC has supported, together with WHO, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria and key partners in civil society, the development of the regional strategy for 2010-2015 for Asia and the Pacific. To support expanding evidence-informed and voluntary community-based drug dependence treatment services in that region, UNODC and UNAIDS have involved civil society organizations and networks, donor partners, other United Nations bodies and technical experts in an advanced discussion and strategic social mobilization related to the full spectrum of effective drug dependence treatment interventions and implementation of effective HIV risk prevention and treatment, within the context of protecting human rights.

21. In partnership with civil society organizations, UNODC has conducted large-scale advocacy and training activities, and has implemented community-level campaigns on stigma and discrimination. The outcomes of those activities include increased accessibility and quality of community-based HIV services for people who inject drugs, for example, in Bangladesh, Egypt, Estonia, Latvia, Lithuania and Pakistan. In Romania, UNODC has launched, jointly with the Government, a postgraduate course for police officers on combating discrimination against those with to HIV and AIDS. UNODC organized, jointly with the World Bank and UNAIDS, the Fifth Inter-parliamentary Conference of Central Asian Countries and Azerbaijan on HIV and AIDS, held in Baku on 1 and 2 June 2010, for members of parliament and senior officials from Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The States involved adopted a resolution requesting legislative actions to eliminate discrimination of drug users and prisoners to improve their access to HIV services.

22. UNODC has participated in the work of the UNAIDS Advisory Group on HIV and Sex Work, including representatives of the Global Network of Sex Work Projects, the United Nations Population Fund, other co-sponsoring organizations of UNAIDS and the UNAIDS secretariat, to support and advise United Nations entities on how to increase the effectiveness of design, implementation and evaluation of policies, programmes, advocacy efforts and activities to build capacity related to

HIV and sex work. UNODC has contributed to finalizing a guidance note by the Advisory Group on differentiating sex work and human trafficking aimed at supporting the development of laws, policies and programmes that would decrease the HIV risks and vulnerability of sex workers to human rights violations.

B. Scaling up HIV prevention, treatment and care and the provision of support services

23. UNODC has provided technical assistance to States in resource mobilization, establishment of multisectoral working groups, assessment of programmatic needs, capacity-building and monitoring and evaluation for scaling up of HIV prevention, treatment, care and support services, including to States that are also affected by humanitarian crises, in accordance with the comprehensive package of HIV services for injecting drug users.[10]

24. In several States, UNODC has played a key role in scaling up interventions related to the full spectrum of drug dependence treatment services, to include prevention, pharmacological interventions such as opioid-agonist treatment therapy, social assistance for marginalized populations, rehabilitation and reintegrations. Those efforts have contributed, for example, in Myanmar, to increasing by nearly 200 per cent the use of pharmacological interventions from 2008 to 2010; in Latvia, to achieving a 10-fold increase in the number of pharmacological interventions; in Vilnius, to increase by over 50 per cent the number of injecting drug users accessing pharmacological interventions; and in Nepal, to reaching over a third (over 12,000) of the estimated population of people who inject drugs with HIV prevention services in the country. Examples of the impact of such multisectoral efforts include decreased HIV prevalence among people who inject drugs in Myanmar and downward trends observed in numbers of newly diagnosed HIV infections related to injecting drug use in Estonia, Latvia, Lithuania and Nepal.

25. In the Russian Federation, UNODC has strengthened the capacity of national and regional professionals and decision makers to respond to HIV among people who inject drugs and in prisons and has supported the provision of HIV services to more than 13,700 people who inject drugs and to 1,650 ex-prisoners, many of whom previously injected drugs. The activities have included delivery of social support services, drug referral scheme programmes and tools, mobile outreach programmes, low-threshold centres.

26. In Romania, UNODC has increased access to comprehensive services for people who inject drugs both in the community and in prison settings, created a supportive environment and new partnerships, enhanced sustainability and generated and disseminated relevant data and information for development, implementation, monitoring and evaluation of the comprehensive services.

27. UNODC has established and strengthened drug dependence treatment services, including HIV prevention, treatment and care services for Afghan refugee drug users in Iran (Islamic Republic of) and Pakistan, and for returnees in Afghanistan. The activities have included training for NGO and law enforcement staff, provision of key HIV services for people who inject drugs in the border area between Iran (Islamic Republic of) and Pakistan, including support to night shelters and drop-in centres and outreach work to facilitate the provision of services. UNODC has also

supported the establishment in Kabul of a medical unit and an opioid-agonist treatment therapy programme for people who inject drugs.

28. In Pakistan, UNODC provided immediate emergency response following the devastation caused by floods, providing emergency health assistance such as psychosocial counselling and HIV prevention services, in particular for women and children, who are highly vulnerable to drug addiction, sexual abuse and human trafficking in the communities in flood-affected areas.

29. UNODC has built national capacity in monitoring and evaluation by means of workshops and technical consultations in Afghanistan, Kenya, Kyrgyzstan, Morocco, Myanmar, Ukraine and Viet Nam, and organized with WHO and other partners a workshop at the XVIII International AIDS Conference, held in Vienna in July 2010, on setting targets for universal access to HIV prevention, treatment and care for people who inject drugs. UNODC has also contributed to the production of operational guidelines for monitoring and evaluation of HIV prevention for people who inject drugs, and continued to support the Reference Group to the United Nations on HIV and Injecting Drug Use, through which the first ever global, regional and country estimates on coverage of HIV services among people who inject drugs were produced in 2010.[8]

C. Development and dissemination of tools, guidelines and best practices

30. In collaboration with relevant national and international partners, including civil society organizations, UNODC has continued to develop, document, translate, adapt and disseminate evidence-informed policy and programmatic tools, guidelines and best practices related to HIV prevention, treatment and care for people who use drugs, for prison settings and for victims of human trafficking and those at risk of being trafficked.

31. In Central Asia (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) over 1,000 policymakers, managers, technical officers and service providers have been given policy and programmatic guidance on comprehensive drug demand reduction services, in conjunction with HIV services for people who inject drugs and in prisons, and on the monitoring and evaluation of those services.

32. In the Russian Federation, UNODC has implemented more than 30 programmes in six pilot regions and in the city of St. Petersburg, and has conducted over 200 training events on effective drug dependence treatment interventions, in addition to HIV prevention, treatment and care, attended by a total of over 3,700 participants. UNODC will continue to provide technical assistance and share international best practices and to support the development of the respective programmes for the State Anti-Drug Policy Strategy, at the request of the Russian Federation.

33. UNODC has trained, in collaboration with relevant partners, over 500 government officials, civil society and prison staff in improving referral and access to harmonized HIV and tuberculosis services in communities, prisons, drug dependence treatment and immigration detention settings, for example, in Afghanistan, Benin, Brazil, Cape Verde, Indonesia, Mozambique, Namibia, the

Russian Federation, Swaziland, Togo, Uganda and Zambia, as well as in Central Asia — Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. UNODC has established in the Islamic Republic of Iran a centre for dissemination of best practices focused on the identification, prevention and treatment of tuberculosis in people who inject drugs. In Egypt, UNODC has established a multisectoral Prisons Health Steering Committee to initiate activities and coordinate a holistic approach to health services, including joint responses to illicit drug use and dependence, HIV and tuberculosis in prisons. UNODC has also developed and published, together with the European Monitoring Centre for Drugs and Drug Addiction, a tool for HIV situation and needs assessments in prisons, including as regards HIV and tuberculosis.

34. UNODC has provided strategic advice and technical support through the African HIV in Prisons Partnership Network (www.ahppn.com/home.asp), for which the Office has received the 2010 Health Care Award from the International Corrections and Prisons Association. UNODC also supported the creation of the Monitoring Centre for HIV and Prisons in Latin America and the Caribbean, fostering collaborative work among prison systems in the region (http://observatoriovihycarceles.org/index.php?lang=en).

35. UNODC has disseminated evidence-based good practices in drug dependence treatment in 26 countries in five regions (Africa, North Africa and the Middle East, South America and Central and South-East Asia) through local and national networks of Governments, treatment centres, primary health-care services, universities and NGOs, and has improved access to drug dependence treatment alongside social integration and rehabilitation. The work has focused on advocacy, capacity-building and service improvement, promoting a sound understanding of drug dependence treatment and care, and the recognition of drug dependence as a health disorder that requires a multidisciplinary and comprehensive approach.

36. UNODC has shared best practices and enhanced the role of a full spectrum of drug dependence treatment services, including pharmacological interventions such as opioid-agonist treatment therapy and other drug dependence treatment strategies in Central Asia and Eastern Europe. UNODC co-sponsored an international seminar on drug dependence treatment in Kyiv in July 2010 aimed at establishing collaboration between government agencies and research institutions from Ukraine, the United States of America and Central Asian countries. National guidelines and operating procedures have been developed and disseminated to support the launch of a framework of effective drug dependence treatment interventions, including pharmacological interventions, rehabilitation and reintegration in Afghanistan, Lebanon, Morocco and Pakistan.

37. UNODC has continued to support the Reference Group to the United Nations on HIV and Injecting Drug Use, established in 2002 for the purpose of providing independent technical advice on HIV and injecting drug use to the United Nations. The Reference Group has developed consensus recommendations on prevention, treatment and care of HIV among people who inject drugs, including as they relate to law enforcement, and has produced reviews of female injecting drug use, mortality among people who inject drugs and antiretroviral therapy use among people who inject drugs.

38. The *Toolkit to Combat Trafficking in Persons*[12] as it relates to HIV/AIDS for law enforcers, prosecutors and judges, and the *Needs Assessment Toolkit on the Criminal Justice Response to Human Trafficking*, published by UNODC in 2010, including guidance for assessing health service needs among actual victims of human trafficking or people at risk of being trafficked, have been globally disseminated.

39. UNODC also organized an expert group meeting on basic socio-economic assistance as a precondition for effective drug dependence treatment and related HIV/AIDS prevention, held in Vienna in May 2011, to review the links between poverty and risk behaviour, in particular in relation to drug use and HIV, in order to analyse basic first-line socio-economic assistance as a key component for prevention and treatment of drug dependence and to suggest practical recommendations for interventions. The meeting examined the role of basic assistance and livelihood-based social protection in the initial stabilization of drug-dependent people and in decreasing their health risks.

D. Legal and policy reviews and building capacity among law enforcement officials

40. UNODC has supported legal and policy reviews as they relate to prison settings, people who inject drugs and people vulnerable to trafficking in persons, and has advocated the adaption of legislation, policies and strategies for equitable access to HIV prevention, treatment and care services, including commodities. UNODC has also promoted and provided technical support to address the occupational health of law enforcement personnel with regard to HIV and has built up the capacity of law enforcement staff to provide evidence-informed, human rights-based, comprehensive and gender-responsive HIV services.

41. Legislative and policy analyses and reviews supported by UNODC have contributed to implementing legal reforms related to services for drug users, for example, in Azerbaijan, Cambodia, Uzbekistan and Viet Nam. In Estonia, Lithuania and Romania, the projects implemented by UNODC have contributed to improving policies and legal environment for HIV prevention services in prisons and to increasing access to HIV prevention services for those in prison and in other closed settings. Training of policymakers and adoption of high-level joint initiatives on HIV prevention among drug users have been facilitated, for example, in Cape Verde, Gambia, Guinea, Guinea-Bissau, Indonesia, Mali and Senegal.

42. UNODC has provided training and produced and disseminated guidelines and tools to address HIV and the occupational health of law enforcement personnel in North Africa and Middle East, East and Southern Africa, Latin America, Central, South and South-East Asia and Eastern Europe. For example, UNODC has developed the police training curriculum with the National AIDS Control Programme and supported training for police forces in Afghanistan; designed and tested a model training programme on HIV in prisons for penitentiary health staff in Panama; conducted the training of over 1,600 police officers in Myanmar; facilitated training of over 120 prison staff in establishing a supportive environment

[12] United Nations publication, Sales No. E.08.V.14.

in prison settings in 12 provinces in Indonesia; and supported HIV counselling and testing and antiretroviral therapy adherence counselling to both prisoners and prison staff in most of the prison clinics in Namibia.

43. UNODC has identified, in coordination with the United Nations Development Programme and other United Nations bodies, potential areas for training law enforcement, criminal justice and victim support professionals to respond to HIV/AIDS as it relates to trafficking in persons. The areas of work identified include provision of technical support and training of law enforcement staff and strengthening of cooperative efforts between NGOs and government agencies; improving policies and practices to proactively assist victims of trafficking and to provide post-rescue aftercare services; and supporting prevention activities designed to meet specific local or national needs in responding to the interaction between HIV/AIDS and trafficking in persons.

44. In Central Asia, UNODC developed a manual for police and low-threshold services related to health protection measures for drug users and for people vulnerable to human trafficking, including updated occupational health standards for prison staff in Kyrgyzstan. In the Russian Federation, UNODC developed a manual on drug referral schemes containing recommendations for law enforcement officers with regard to injecting drug use, and organized, with regional partners, over 40 workshops on HIV/AIDS for law enforcement officers in several regions.

IV. Conclusions and recommendations

45. Within the framework of drug dependence treatment services provided to all persons, it appears that some national HIV prevention strategies focus inadequately on populations shown by epidemiological evidence to be at higher risk for HIV infection, including people who inject drugs and prisoners. UNODC promotes a three-part strategy to protect health and reduce the epidemic of blood-borne diseases: to prevent drug abuse; to facilitate entry into drug dependence treatment; and to establish effective measures to reduce adverse health and social consequences of drug abuse. The systematic review of determinants of HIV infection from 2000 to 2009 shows that simultaneous combination and optimization of the effectiveness and coverage of drug dependence treatment services, pharmacological interventions, sterile device programmes and antiretroviral therapy are crucial to countries and regions with rapidly growing HIV epidemics among people who inject drugs.[13] Levels of coverage of such interventions, as well as other drug dependence treatment and sexual risk reduction services, should be raised; and multiple delivery models should be utilized, including outreach, low-threshold drop-in centres and peer education, and barriers to access those services should be identified and removed as a matter of priority. It is important to ensure that existing HIV prevention and treatment services do not exclude drug users and that access to services is supported by community-based interventions and outreach services.

46. HIV prevention, treatment and care, including drug dependence treatment services, should be provided in a supportive, culturally sensitive and non-judgemental

[13] Steffanie A. Strathdee, “HIV and risk environment for injecting drug users: the past, present, and future”, *The Lancet*, vol. 376, No. 9737 (2010), pp. 268-284.

environment. Drug dependence treatment should be well integrated and allow for easy access and referral between other HIV services. Special attention is required to meet the needs of drug users who are particularly vulnerable to stigmatization and discrimination, who face significant barriers to accessing services and who experience additional marginalization or vulnerability, such as women, young people and ethnic minorities who use drugs. There is also a need to develop models of how to increase the empowerment of people who use drugs so as to contribute to more appropriate, effective and responsive policies and programmes.

47. Effective and evidence-based responses are required to control the spread of HIV among people who use drugs and to prevent transmission through unprotected sexual contact with their partners. Risks for HIV infection with regard to the use of cocaine, "crack" cocaine and amphetamine-type stimulants by non-injection routes of administration require more attention. In particular, the search for effective, scalable and sustainable interventions, including pharmacotherapies, for the highly prevalent use of amphetamine-group substances should be supported. This should involve a combination of approaches, be supported by appropriate policy and legislation, and be protective of human rights.

48. Essential interventions as part of a comprehensive framework of prevention, effective drug dependence treatment, including pharmacological interventions when available, antiretroviral therapy, sterile device programmes and condom programmes, rehabilitation and reintegration efforts, remain unavailable in many prisons and detention centres around the world. Medical services offering treatment for tuberculosis, viral hepatitis and sexually transmitted infections are also often unavailable in closed settings. Absence, denial or interruption of needed medical services as a result of incarceration can have serious, negative implications for treatment outcomes and risk. The health and law enforcement sectors should work in partnership to ensure that access to and utilization of a comprehensive approach to drug dependence treatment interventions, including HIV prevention, treatment and care services, are optimized.

49. As part of a comprehensive response to HIV among people who inject drugs, it is necessary to address also other common health conditions among that population group, including tuberculosis, hepatitis C, sexually transmitted infections and mental health problems. People who inject drugs should be provided with appropriate treatment for these concomitant conditions. It is imperative that services or facilities that are most likely to have contact with people who inject drugs, such as outreach and drug treatment facilities and law enforcement bodies, are well integrated with the health services so as to manage a broad range of health conditions.

50. Scaling up support to strengthen national capacity to monitor emerging trends in HIV among people who use drugs, including regional and subregional collaboration in HIV surveillance, is urgently needed, for example in sub-Saharan Africa. While the WHO/UNODC/UNAIDS target-setting guide[10] has been broadly accepted as a key reference for a harmonized approach for HIV services for people who inject drugs, it is essential to build national consensus on realistic and achievable targets regarding those services that will not fall short of the levels necessary to have an impact on the HIV epidemic. Many States need technical support in setting up monitoring and evaluation systems for their HIV programmes, including in making estimations of

population size and monitoring coverage of HIV prevention, treatment and care services related to drug use, in prisons and other closed settings.