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Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and 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", and resolution 60/8, entitled "Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures". It provides a brief overview of the global situation and a summary of activities implemented by the United Nations Office on Drugs and Crime (UNODC) undertaken in 2020 and 2021 in response to the spread of HIV/AIDS and other blood-borne diseases among people who use drugs. It also identifies gaps and challenges in the response to HIV/AIDS and other blood-borne diseases among people who use drugs, including in prisons and other closed settings, and provides recommendations.

UNODC delivers technical assistance in full compliance with the applicable resolutions and decisions of United Nations bodies and assists Member States, relevant partners and civil society organizations in developing, adopting and implementing strategies and programmes on HIV/AIDS related to drug use, in particular for people who inject drugs, and policies and programmes for HIV/AIDS prevention, treatment, care and support in prisons and other closed settings.

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I. Introduction

1. In Commission on Narcotic Drugs resolution 49/4, entitled “Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users”, 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 demonstrate the efficacy and efficiency of drug-related treatment and prevention;

(b) To adopt drug-related health policies that facilitate 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;

(d) To provide access, as appropriate and in the framework of the pertinent national policies, to medications, vaccines and other measures that are consistent with international drug control treaties and have 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). In the same resolution, the Commission requested the United Nations Office on Drugs and Crime (UNODC), in conformity with the guidance note entitled “UNAIDS joint programme division of labour”, 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 are consistent with the international drug control treaties. Also in that resolution, the Commission requested the Executive Director of UNODC to report to it biennially, starting at its fifty-first session, on the implementation of the resolution.

3. Furthermore, in the resolution 60/8, entitled “Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures” the Commission, inter alia:

(a) Encouraged Member States and other donors to make extrabudgetary contributions to the HIV/AIDS work of UNODC to secure adequately financed, targeted and sustainable responses related to HIV and drug use, and HIV in prison settings, in accordance with the rules and procedures of the United Nations;

(b) Requested UNODC, as the convening agency of UNAIDS for matters relating to HIV/AIDS and drug use and to HIV/AIDS in prisons, to continue to provide, through its HIV/AIDS Section, its leadership and guidance on those matters, in partnership with relevant United Nations and government partners and other relevant stakeholders, such as civil society, affected populations and the scientific community, as appropriate, and to continue to support Member States, upon their request, in their efforts to increase their capacity and mobilize resources, including national investment, for the provision of comprehensive HIV prevention and treatment programmes;

(c) Also requested UNODC to continue to inform Member States, on a yearly basis, about the measures taken to prevent new HIV infections among people who use drugs, and to provide HIV treatment, care and support to people who use drugs, as

well as in prison settings, and about necessary and available funding for relevant programmes and projects of the Office.

4. The UNODC Global Programme on HIV/AIDS is funded from two separate but complementary extrabudgetary sources. The first is core funding from the UNAIDS Unified Budget, Results and Accountability Framework, which is allocated to UNODC as an organization cosponsoring UNAIDS to support implementation of UNAIDS 2016–2021 Strategy for providing policy and strategy support, normative and operational assistance and strategic partnerships, including with law enforcement, the justice sector, prison administrations and civil society organizations, and monitoring and evaluation, at the global, regional and country levels. The second extrabudgetary source is hard-earmarked project funding.

II. Epidemiological situation and required responses

5. In 2020, an estimated 37.7 million people (range: 30.2–45.1 million) worldwide were living with HIV, 1.5 million people (range: 1.0–2.0 million) became newly infected with HIV, and 680,000 people (range: 488,000–1.0 million) died from AIDS-related illnesses. Globally, 27.5 million (range: 26.5 million–27.7 million) people living with HIV were accessing antiretroviral therapy, up from 7.8 million (range: 6.9 million–7.9 million) in 2010. Overall, 36.3 million people (range 27.2 million–47.8 million) have died from AIDS-related illnesses since the start of the epidemic.[1]

6. In 2019, the estimated number of people who inject drugs worldwide was 11.2 million, corresponding to 0.22 per cent of the population aged 15–64.[2] Injecting drug use remains highly prevalent in Eastern Europe, Central Asia and Transcaucasia and North America.

7. Drug use by injection continues to drive the spread of the HIV epidemic in many countries. The risk of acquiring HIV was estimated to be 35 times greater among people who inject drugs than among those who do not inject drugs.[3] In 2019, the estimated prevalence of HIV among people who inject drugs worldwide was 12.6 per cent, amounting to 1.4 million people who inject drugs living with HIV. The highest estimated prevalence of HIV among people who inject drugs was in South-West Asia and Eastern Europe, with rates that were 2.3 and 2.1 times the global average, respectively.

8. The most marginalized people in society and those most affected by HIV/AIDS – key populations, including people who inject drugs and people in prisons – make up a small proportion of the general population but are at extremely high risk of acquiring HIV infection. Overall, key populations and their sexual partners accounted for 65 per cent of new HIV infections worldwide in 2020 and 93 per cent of infections outside sub-Saharan Africa. In addition, in 2020 people who inject drugs accounted for almost half of new adult HIV infections in Eastern Europe and Central Asia (48 per cent) and in the Middle East and North Africa (43 per cent).[4] Outside sub-Saharan Africa, people who inject drugs and their sexual partners were estimated to account for approximately one quarter of all people newly infected with HIV.[5]

9. The prevalence of HIV and hepatitis C are disproportionally high among people who inject drugs, and injecting drug use is a major contributor to the global hepatitis C epidemic. UNAIDS estimates that, in 2019, people who inject drugs accounted for approximately 9 per cent of new adult HIV infections worldwide.[6] The estimated

[1] Joint United Nations Programme on HIV/AIDS (UNAIDS), Global HIV and AIDS: fact sheet, “Global HIV statistics”. Available at www.unaids.org.

[2] *World Drug Report 2021* (United Nations publication, 2021).

[3] Ibid.

[4] UNAIDS, *Global AIDS Update 2020: Seizing the Moment – Tackling Entrenched Inequalities to End Epidemics* (Geneva, 2020).

[5] UNAIDS, *Health, Rights and Drugs: Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs* (Geneva, 2019).

[6] UNAIDS, *Global AIDS Update 2020*.

prevalence of hepatitis C among people who inject drugs worldwide was 50.2 per cent, 37.2 times greater than the prevalence of hepatitis C among the general population. [7,8] Among people who inject drugs who are living with HIV, an estimated 82 per cent, or 1.2 million, were also living with hepatitis C. In comparison, the prevalence of hepatitis C infection among the general population was estimated at 2.4 per cent.

10. Risk behaviour for HIV and hepatitis C transmission among subgroups of people who use stimulant drugs remains widespread. People who inject stimulant drugs such as amphetamines have a higher prevalence of sexual risk behaviours than people who inject opiates, and a prevalence similar to people who do not inject amphetamine-type stimulants.[9,10]

11. The use of stimulants such as methamphetamine or mephedrone used in combination with *gamma*-hydroxybutyric acid (GHB), "poppers" and sildenafil (or tadalafil and vardenafil) to enhance the overall drug-taking and sexual experience as part of "chemsex" has been documented in scientific literature. Such sexual behaviour can have an impact on the spread of HIV among the subgroup of men who have sex with men who also use drugs.[11,12]

12. While women account for 20 per cent of the estimated global total of people who inject drugs,[13] in terms of risk, women who use drugs have a greater vulnerability than men to HIV and other blood-borne infections.[14] These vulnerabilities are not due to biological reasons but are observed in the context of gender power imbalances among men and women who use drugs.[15,16]

13. The prevalence of gender-based violence among women who use drugs is two to five times as high as it is among women who do not use drugs. In some regions, women who have experienced physical or sexual intimate partner violence are 1.5 times more likely to acquire HIV than are women who have not experienced such violence.[17]

14. Although there are no global, gender-disaggregated prevalence estimates for HIV and hepatitis C, many studies in multiple settings have reported that gender is an independent predictor of HIV and/or hepatitis C risk among women who inject drugs, in particular among young women and those who have recently initiated drug injection.[18,19]

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[7] Data on viremic HCV infections of the Polaris Observatory of the CDA Foundation, available at https://cdafound.org/polaris.

[8] *World Drug Report 2021*.

[9] Shirley J. Semple, Thomas Patterson and Igor Grant, "The context of sexual risk behaviour among heterosexual methamphetamine users", *Addictive Behaviors*, vol. 29, No. 4 (June 2004), pp. 807–810.

[10] Jennifer Lorvick and others, "Sexual pleasure and sexual risk among women who use methamphetamine: a mixed methods study", *International Journal of Drug Policy*, vol. 23, No. 5 (September 2012), pp. 385–392.

[11] Raffaele Giorgetti and others, "When "Chems" meet sex: a rising phenomenon called "ChemSex", *Current Neuropharmacology*, vol. 15, No. 5 (2017), pp. 762–770.

[12] Claire Edmundson and others, "Sexualised drug use in the United Kingdom (UK): a review of literature", *International Journal of Drug Policy,* vol. 55 (2018), pp. 131–148.

[13] Louisa Degenhardt and others, "Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review", *The Lancet Global Health*, vol. 5, No. 12 (December 2017), pp. e1192–e1207.

[14] *World Drug Report 2018* (United Nations publication, 2018).

[15] Ibid.

[16] Ibid.

[17] UNAIDS, *Global AIDS Update 2021*.

[18] Steffanie A. Strathdee and others, "Sex differences in risk factors for HIV seroconversion among injection drug users: a 10-year perspective", *Archives of Internal Medicine*, vol. 161, No. 10 (May 2001), pp. 1281–1288.

[19] Don C Des Jarlais and others, "Are females who inject drugs at higher risk for HIV infection than males who inject drugs: an international systematic review of high seroprevalence areas", *Drug and Alcohol Dependence,* vol. 124, Nos. 1 and 2 (July 2012), pp. 95–107.

15. Globally, the coverage of interventions to prevent HIV and hepatitis C among people who inject drugs remains very low and, alarmingly, is insufficient to effectively prevent transmission. In 2019, only 53 countries reported to UNAIDS that their national policies included explicit supportive references to programmes for HIV prevention, treatment and care for people who use or inject drugs.[20] Globally, 86 countries reported providing opioid agonist treatment and, in the 63 countries with available data on implementing needle and syringe programmes, the majority reported an insufficient number of needles and syringes distributed.[21]

16. In many countries, prisons remain a high-risk environment for the transmission of infectious diseases. Globally, HIV, tuberculosis and viral hepatitis and now the coronavirus disease (COVID-19) are of major concern for people in prisons and other closed settings. UNAIDS estimates that globally, 4.3 per cent of the total prison population is living with HIV[22] (making people in prison six times as likely to be living with HIV than are adults in the general population),[23] while 15.1 per cent are estimated to have hepatitis C, 4.8 per cent to have chronic hepatitis B and 2.8 per cent to have active tuberculosis.[24]

17. In 2019, of the total prison population of 11.7 million, over 700,000 people held in prisons were women.[25] While women continue to represent a small percentage of the prison population in most countries, the overall number of women in prison has increased. Between 2000 and 2019, the number of women in prison increased by 33 per cent, compared with the 25 per cent increase in the number of male prisoners.[26]

18. Moreover, compared with women in the wider community, women in prison are more likely to have engaged in sex work and/or drug use. Owing to the combined risks of unsafe injecting practices and unprotected sex, women in prison are five times more likely to be living with HIV as are women in the general community.[27,28]

19. People in prisons and other closed settings are often not provided with HIV services, despite the relative ease of reaching them.[29] Among countries that reported to UNAIDS between 2017 and 2021 regarding available services, 52 of 137 reporting countries reported that condoms and lubricants were made available to people in prison, 32 of 140 reporting countries reported that opioid agonist treatment programmes were operational in prisons, and just 11 of 141 reporting countries reported that needle and syringe programmes were operational in prisons.[30] Finally, the availability of epidemiological data in prisons regarding HIV remains limited, while data for hepatitis B and C and tuberculosis infection are even scarcer. In the vast majority of countries, there is a lack of monitoring and evaluation and reporting of data on the coverage and quality of HIV-related and other services in prisons and other closed settings.

[20] UNAIDS, *Global AIDS Update 2020*.

[21] Ibid.

[22] UNAIDS, *Global AIDS Monitoring 2020*: *Indicators for Monitoring the 2016 Political Declaration on Ending AIDS* (Geneva, 2020).

[23] Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (General Assembly resolution 75/284, annex).

[24] Kate Dolan and others, “Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees”, *The Lancet*, vol. 388, No. 10049 (September 2016), pp. 1089–1102.

[25] United Nations Office on Drugs and Crime (UNODC), “Data matters”, Report No. 1 (July 2021).

[26] Ibid.

[27] Steffanie A. Strathdee and others, “Substance use and HIV among female sex workers and female prisoners: risk environments and implications for prevention, treatment, and policies”, *Journal of Acquired Immune Deficiency Syndrome*, vol. 69, Suppl. 2 (June 2015), pp. S110–117.

[28] UNAIDS, “HIV and people in prisons and other closed settings”, Human Rights Factsheet Series, No. 6 (2021).

[29] UNAIDS, *Global AIDS Update 2021: Confronting Inequalities – Lessons for Pandemic Responses from 40 years of AIDS* (Geneva, 2021).

[30] Ibid.

III. Global commitment to ending the AIDS epidemic by 2030 while leaving no one behind

20. UNODC promotes human rights-based, public health-focused and gender-responsive HIV prevention, treatment and care for people who use drugs and people in prisons and 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 Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the UNAIDS Programme Coordinating Board.

21. UNODC implements the recommendations related to prevention, treatment and care of HIV/AIDS contained in the outcome document of the thirtieth special session of the General Assembly on the world drug problem, entitled "Our joint commitment to effectively addressing and countering the world drug problem", and in the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem.

22. In the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem" (General Assembly resolution S-30/1), relevant national authorities were invited to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, as well as consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization (WHO), UNODC, and UNAIDS.

23. In its resolution 70/266, the General Assembly adopted the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030. In the Political Declaration, Member States reaffirmed their commitment to end the AIDS epidemic by 2030 and to reach the goals and targets set in the 2030 Agenda. The Political Declaration explicitly emphasizes the importance of promoting, protecting and fulfilling all human rights and the dignity of people living with, at risk of and affected by HIV and AIDS as an objective and means of ending the AIDS epidemic. In the Political Declaration, Member States note that many national HIV prevention, testing and treatment programmes provide insufficient access to services for key populations, including people who inject drugs and people in prison.

24. The technical assistance provided by UNODC during the reporting period as a co-sponsor of UNAIDS is aligned with the UNAIDS Strategy for 2016–2021. With this strategy, UNAIDS and its 11 co-sponsors have sought to achieve a set of ambitious, focused and people-centred goals and targets by 2020.

25. At the end of 2020, although the "fast-track" targets for 2020[31] were embraced globally, many targets were missed. Since 2016, an additional 3.5 million people acquired HIV infection and an additional 820,000 people died of AIDS-related deaths

[31] The fast-track targets and commitments for 2020 are summarized in the publication "Fast-track commitments to end AIDS by 2030", published by UNAIDS in 2016.

due to the failure to achieve the targeted reductions. Of the 38 million people living with HIV, 12.6 million do not yet have access to HIV treatment.

26. The UNODC Strategy 2021–2025 was launched in February 2021. The Strategy includes a specific outcome on HIV prevention, treatment and care among people who use drugs and people in prison. With the aim of strengthening the human rights and gender considerations, especially among vulnerable populations, including people who use drugs, women and people in prisons, the UNODC Strategy stresses the need to bolster the quality, coverage and access to treatment of drug use disorders, rehabilitation, recovery and social reintegration, as well as the prevention, treatment and care of HIV/AIDS, hepatitis, and other blood-borne viruses and diseases.

27. Together with other UNAIDS co-sponsors, UNODC contributed to the development of the new Global AIDS Strategy 2021–2026, contained in the publication entitled *End Inequalities, End AIDS,* which was adopted by consensus at the virtual special session of the UNAIDS Programme Coordinating Board held in March 2021. The new Strategy aims to scale up evidence-informed interventions to reach the targets set for 2025 by the Global AIDS Strategy, which are an essential prerequisite for ending the AIDS epidemic as a public health threat by 2030 (part of target 3.3 of the Sustainable Development Goals).

28. The new Global AIDS Strategy places the reduction of inequalities that continue to hold back progress at the heart of the Strategy and calls on national governments, development and financing partners, communities and UNAIDS to identify and address these inequalities. The new Global AIDS Strategy defines three strategic priorities[32] and priority actions to accelerate progress towards zero new infections, zero discrimination and zero AIDS-related deaths. It applies an inequalities lens to close the gaps preventing progress in the AIDS response, setting out bold new targets to be reached by 2025[33] to generate new energy and commitment to ending AIDS by 2030.

29. In its resolution 75/284 of 8 June 2021, the General Assembly adopted by vote[34] the Political Declaration on HIV and AIDS, which is aligned with the new Global AIDS Strategy 2021–2026 and highlights the urgent need to address the structural barriers of stigma, discrimination, gender inequality, criminalization and underfunding. It emphasizes the global commitment to prioritizing combination HIV prevention approaches to meet the diverse needs of key populations, including people who use and inject drugs and people in prisons and other closed settings. It promotes the renewed commitment and engagement of leaders, countries, communities and partners to accelerate and implement a comprehensive universal and integrated response to HIV/AIDS.

30. Following the adoption of the Global AIDS Strategy, UNODC participated with other UNAIDS co-sponsors in the development of the new Unified Budget, Results and Accountability Framework, the UNAIDS instrument for operationalizing the Global AIDS Strategy and achieving the goal of ending AIDS. The Unified Budget, Results and Accountability Framework brings together the efforts of all co-sponsors and the Secretariat in one framework. The 2022–2026 Accountability Framework (as well as the biennial workplan and budget for 2022–2023) was adopted at the special session of the Programme Coordinating Board meeting held on 6 October 2021.[35]

[32] Strategic priority 1: maximize equitable and equal access to HIV services and solutions; strategic priority 2: break down barriers to achieving HIV outcomes; and strategic priority 3: fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian stings and pandemic responses.

[33] The Global AIDS strategy covers the period 2021–2026 but features targets and commitments to be achieved by the end of 2025 to allow a review of these results and the development of the next Global AIDS Strategy in 2026.

[34] 165 Member States voted for adoption and four Member States voted against.

[35] UNAIDS, *2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)* (UNAIDS/PCB (EM)/4.2).

31. As the UNAIDS convening agency for addressing HIV prevention, treatment and care and support among people who use drugs and for people in prisons, UNODC will support Member States in scaling up evidence-based interventions to reach the targets set for 2025 by the Global AIDS Strategy, which are an essential prerequisite for ending the AIDS epidemic as a public health threat by 2030.

IV. Technical assistance provided by the United Nations Office on Drugs and Crime in 2020 and 2021 with regard to HIV/AIDS

A. UNODC support to the COVID-19 response

32. The COVID-19 pandemic-related restrictions have severely hindered the delivery and continuity of comprehensive programmes for HIV prevention, treatment, care and support for people who use drugs and people in prisons. Since the outbreak of the COVID-19 pandemic, people who use drugs are particularly at risk due to underlying health issues, stigma, social marginalization and higher economic and social vulnerabilities, including a lack of access to housing and health care. The prison environment is highly conducive to the transmission of infections, including COVID-19, due to several risk factors such as overcrowding and poor ventilation, as well as inadequate health services.

33. The COVID-19 pandemic has brought unprecedented programmatic challenges for UNODC, leading to the delay of several planned meetings and capacity-building activities. Supporting Member States in ensuring continued access to HIV prevention, treatment, care and support services for people who use drugs and people in prisons while assisting them in responding to COVID-19 has been at the core of UNODC HIV programme over the last two years.

34. UNODC supported Member States in addressing HIV in the context of COVID-19 at the sixty-third and sixty-fourth sessions of the Commission on Narcotic Drugs and its intersessional meetings, with discussions focusing on the removal of legal and COVID-19-related barriers hindering access to key HIV services, in particular needle and syringe programmes, medication-assisted therapy and condom distribution programmes in the community and in prisons. A virtual multi-stakeholder consultation on the impact of the COVID-19 pandemic on health services for people who use drugs who are living with or are vulnerable to HIV was organized by UNODC on the margins of the sixty-fourth session of the Commission to bring together the perspectives of science and of communities. The deliberations resulted in a statement delivered at the plenary (see E/2021/28).

35. In collaboration with national governments, United Nations partners, civil society organizations and community stakeholders, UNODC developed technical guidance documents and infographics on prevention and care of HIV, tuberculosis, viral hepatitis and COVID-19 for people who use drugs and people in prison. These technical guidance materials, available on the UNODC website, [36] have been translated and adapted to national contexts.

36. To address the challenges of providing HIV services for people who use drugs and people in prison amid the COVID-19 pandemic, at a time when travel was limited, UNODC shifted capacity-building activities, whenever possible, to online forums and webinars. Jointly with WHO and UNAIDS, UNODC held a series of national and regional webinars for Eastern Europe and Central Asia, South-East Asia, Latin America and the Caribbean, Africa, and the Middle East and North Africa to provide an opportunity for decision-makers and stakeholders to share experiences and best practices on providing continued access to life-saving HIV services for people who

[36] UNODC, “COVID-19: HIV prevention, treatment, care and support for people who use drugs and people in prisons”. Available at www.unodc.org.

use drugs and people in prison, while also implementing COVID-19 prevention and control measures.

37. In collaboration with WHO, UNAIDS and Médecins du Monde, UNODC organized a series of thematic webinars for service providers and community-led organizations to support their efforts to maintain HIV services for people who use drugs amid the COVID-19 pandemic. Each webinar focused on specific issues such as the continuation of opioid agonist therapy, addressing the needs of women who use drugs, and stimulant drug use, and on social problems such as gender-based violence and homelessness.

38. In Brazil, for example, a set of webinars covering the five regions of Brazil was held with magistrates from state-level monitoring groups of the prison system. In Southern Africa, in the wake of the outbreak of the COVID-19 pandemic, UNODC established a virtual knowledge-sharing platform, "Building networks behind the prison walls", to provide an opportunity for prison staff, civil society and academia to share good practices and discuss the challenges faced by the prison health services in the region. Under this initiative, a series of 10 webinars has been conducted on topics including the response to COVID-19 in prison settings, the continuity of HIV treatment after release, the prevention of sexual violence in prisons, drug dependence treatment, and mental health.

39. Moreover, UNODC supported Governments, national prison authorities and community service providers in their efforts to prevent and control COVID-19 through the procurement of hygiene materials and personal protection equipment for people who use drugs and for people living and working in prisons, in Egypt, Kazakhstan, Kyrgyzstan, Morocco Mozambique, Myanmar, Nigeria, Pakistan, the Republic of Moldova, South Africa, Uganda, Ukraine and Zambia.

40. As an innovative way of ensuring the continuation of the justice process while also minimizing the risk of COVID-19 infections, in April 2021, UNODC supported prison authorities in the Republic of Moldova in establishing e-justice rooms in four major detention centres. The rooms allow prisoners to connect with lawyers or family either remotely or in person, with confidentiality protected and physical contact avoided in both modalities. The e-room also allows minors held in closed settings to access online classes and pursue their education.

41. Another example of innovative ways to overcome COVID-19-related challenges and maintain continued access to essential HIV prevention, treatment and care services for people who use drugs is the UNODC assistance for countries in the implementation of multidose dispensing of opioid agonist therapy in Belarus, Kenya, Nigeria, Ukraine and Viet Nam. In Kenya and the Republic of Moldova, UNODC facilitated the procurement of methadone, and in Belarus and Ukraine, transportation was provided for more than 300 patients so they could access operating opioid agonist therapy clinics during periods of COVID-19 restrictions.

42. So as to urgently draw the attention of political leaders to the impact of COVID-19 in prisons, UNODC, jointly with WHO, UNAIDS and the Office of the United Nations High Commissioner for Human Rights, issued a joint statement at the principals' level on COVID-19 in prisons and other closed settings, which called on Member States to ensure not only the security but also the health, safety and human dignity of people deprived of their liberty and of people working in places of detention at all times.

43. Since the onset of the pandemic, UNODC has consistently promoted the inclusion of people who use drugs and people in prisons in national preparedness and response plans for COVID-19 and supported countries in ensuring that they have access to prevention and control measures, diagnostics and care for COVID-19, as well as uninterrupted access to services for the prevention, treatment and care of HIV, tuberculosis and viral hepatitis, in a way that respects medical ethics and human rights.

44. To mitigate the risk of COVID-19 transmission in prison settings, UNODC promoted the reduction of the number of people being held in prison through the

consideration by countries of alternative to incarceration measures at all stages of the criminal justice process, especially for minor, non-violent crimes and people with low-risk profiles and caring responsibilities (for example, in Brazil, Malawi, Myanmar, the Republic of Moldova and Zambia), in line with national policies governing public health and safety.

B. HIV/AIDS policy and programme development

45. In accordance with its core mandates, and as a trusted partner of drug control and law enforcement agencies, prison authorities, justice and health sectors actors, civil society and community-led organizations, in 2020 and 2021 UNODC continued to provide targeted training and technical assistance to national counterparts for the review, adaptation, development and implementation of relevant legislation, AIDS strategies, policies and programmes that were evidence-informed and human rights-based, including in Afghanistan, Bangladesh, Egypt, Myanmar, Nigeria, Pakistan, the Republic of Moldova, South Africa, Ukraine and Viet Nam.

46. In Viet Nam, UNODC, in coordination with UNAIDS and other United Nations agencies, worked with the National Assembly to organize a series of workshops for lawmakers and legislative officials on the implementation of opioid agonist therapy programmes, as well as antiretroviral therapy. As a result of joint advocacy efforts, a first trial implementation plan of multidose dispensing methadone doses was approved by the Ministry of Justice of Viet Nam in April 2020.

47. In Egypt and Pakistan, after years of continuous UNODC advocacy with government agencies, implementation of medication-assisted therapy programmes was approved in 2020, leading to the development of an implementing action plan and the design of opioid agonist therapy pilot interventions.

48. In South Africa, UNODC supported the finalization, launch and dissemination of the National Drug Master Plan for 2020–2024. The Plan promotes a human rights-based and evidence-informed approach for addressing the country's increasing drug problem, including the provision of injecting equipment and medication-assisted therapy and recognizes the role of civil society in the development, implementation, and evaluation of national drug policy.

49. In Nigeria, UNODC assisted national authorities in developing and implementing HIV programmes in prison. Building on the development of a national care and referral model for HIV, tuberculosis, drug use, and other health conditions in custodial centres in 2019, UNODC further engaged national partners and United Nations agencies to finalize and validate a referral scheme aimed at ensuring the continuity of care for people living with HIV and tuberculosis in custodial centres.

50. In Afghanistan, UNODC provided technical support to the Government in drafting the National Strategic Plan (2021–2025) on HIV prevention, treatment and care services and in developing the country proposal for HIV prevention, treatment and care services for the new funding mechanism for 2021–2023 of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

51. In Morocco and Tunisia, UNODC supported the development of a comprehensive national drug and HIV prevention, treatment and care strategy for both community and prison settings.

52. Jointly with the Office of the United Nations High Commissioner for Human Rights, UNODC also provided technical support to the Ministry of Internal Affairs in conducting an assessment study of drug policy in Belarus. The recommendations developed laid the foundation for legal reforms and advocate for human rights-centred and health-focused approaches, including the adoption of a comprehensive package of HIV prevention, treatment and care services for people who inject drugs. The assessment study involved a wide range of international and national counterparts, such as the Ministry of Health, the Academy of Science and the Academy of the Ministry of Internal Affairs.

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

53. UNODC continued to provide technical support for Member States and civil society in the implementation of human rights-based, public-health-focused and gender-responsive HIV prevention, treatment, care and support services for people who use drugs, including in prisons and other closed settings. In line with the outcome document of the thirtieth special session of the General Assembly as the basis for work by UNODC on HIV/AIDS and other drug-related matters, UNODC promoted in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for people who inject drugs, issued by WHO, UNODC and UNAIDS.[37]

54. For example, in Kenya, UNODC supported the Ministry of Health, county governments and civil society organizations in scaling up access to HIV combination prevention, treatment, care and psychosocial support through the establishment of opioid agonist therapy programmes in the community in four coastal counties and one within the prison in Mombasa county. At the end of the reporting period, 49 per cent of the nearly 7,000 people who use drugs and people who inject drugs in Kenya are receiving methadone in UNODC-supported sites.

55. To improve access to HIV services for people who inject drugs while addressing the specific needs of women who use and inject drugs, UNODC continued – jointly with civil society and United Nations partner agencies – to advocate for gender-sensitive HIV services and to build the capacity of service providers. For example, in Afghanistan, UNODC conducted in Kabul a comprehensive training for women who are HIV service providers, representatives of key populations of women who use drugs and staff members of the Afghanistan national programme for the control of AIDS, sexually transmitted infections and hepatitis, on the provision of HIV services to women who use drugs and women living in prisons.

56. In Nepal, UNODC supported advocacy efforts that led in 2020 to the establishment and operationalization of the first women-tailored needle and syringe programmes in three selected sites in the country. In Kazakhstan, UNODC supported the pilot initiative “Crisis rooms for women who use drugs and their children”.

57. In Viet Nam, in an effort to improve the quality and coverage of comprehensive HIV services for people who use stimulant drugs in Viet Nam, UNODC and UNAIDS, in collaboration with the Viet Nam Authority of AIDS Control, conducted a training workshop on HIV and hepatitis prevention, treatment, care and support for people who use stimulant drugs.

58. In Eastern Europe and Central Asia, UNODC conducted a series of needs assessments in HIV services among people who use new psychoactive substances and stimulants. Based on the study’s findings, UNODC developed for service providers and for people who use drugs, including new psychoactive substances and stimulant drugs, a package of web-based resources available in both English and Russian. The online video learning material includes information on new psychoactive substances and stimulant drugs and describes interventions that are part of the comprehensive HIV package of services. Following the launch of the platform, some 15 webinars were organized in Belarus, Ukraine, Kyrgyzstan, Kazakhstan, the Republic of Moldova and Uzbekistan with people who use drugs, including stimulant drugs, and service providers, to discuss the web outreach service provision modality, its benefits and applications and to collect feedback and suggestions for improvement of the web-based tools.

59. In seven selected prisons in Egypt, UNODC led implementation of gender-sensitive health-care services, including primary health care and voluntary

[37] *WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users: 2012 Revision* (Geneva, World Health Organization, 2012).

confidential counselling and testing services. Training and technical assistance provided by UNODC in those prisons also helped to establish a referral system and increase collaboration between the prisons and local community health service providers for ensuring continuity of care of HIV and tuberculosis services.

60. In the Middle East and North Africa, UNODC continued to advocate and build capacity for an effective national response to HIV in prisons and a continuum of care services in the community. In Morocco, more than 4,000 prisoners were screened for HIV, viral hepatitis and syphilis and 2,166 for tuberculosis. In Tunisia, comprehensive HIV, hepatitis B and C, tuberculosis and sexually transmitted infections prevention, treatment and care services were delivered in 13 prisons, covering 16,000 prisoners.

61. In Ethiopia, UNODC supported the development of a post-release information package for people in prisons to promote the continuity of care after release and reduce potential health risks outside prison settings, as well as an assessment that mapped HIV and AIDS services at health facilities in Addis Ababa that were specifically for people who use drugs. UNODC also supported the assessment of the availability and accessibility of the comprehensive package of HIV/AIDS and sexual and reproductive health services in selected prisons in the United Republic of Tanzania.

62. In Malawi, UNODC strengthened the capacity of prison health workers in the areas of HIV, viral hepatitis, sexually transmitted infections and tuberculosis prevention, treatment and care among women in prisons, ensuring the continuity of care during and after imprisonment and in addressing their specific health needs, including the prevention of mother-to-child transmission of HIV.

63. UNODC also continued to strengthen partnerships between law enforcement and other relevant sectors, including public health, social welfare, civil society and community-based organizations. For example, in Ukraine, jointly with the Kharkiv National University of Internal Affairs, UNODC conducted training sessions on the role of law enforcement agencies in national public health response, including HIV. At the Fifth European Harm Reduction Conference, held in Prague in November 2021, UNODC organized a consultation session with regional Eastern European and Central Asian law enforcement agencies on enhancing the role of law enforcement agencies in HIV response, as well as a side event on mainstreaming human rights in evidence-based internal policies for law enforcement authorities, in order to address the needs of people who use drugs.

64. Across all sectors of the AIDS response, community empowerment and ownership have resulted in a greater uptake of HIV prevention and treatment services, a reduction in stigma and discrimination and the protection of human rights. As communities are central to ending AIDS, in 2020 and 2021, UNODC awarded civil society organizations 15 grants for projects to support communities in their HIV responses. The main objective of the grant programme is to strengthen the capacity of civil society organizations, in particular community-based organizations, to address gender-sensitive HIV prevention, treatment, care and support among people who inject drugs and people in prisons.

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

65. In collaboration with its partners, UNODC developed the technical guide on “Prevention of mother-to-child transmission of HIV in prisons” jointly with WHO, the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the UNAIDS Secretariat, and supported its dissemination through train-the-trainers workshops held in 21 countries from July 2019 to November 2020, including prison populations in their efforts to eliminate vertical transmission of HIV. The training activities strengthened national commitments to identifying and addressing gaps in the provision of health care for women in prisons, including the prevention of mother-to-

child transmission, and improved collaboration between prisons and the public health system.

66. UNODC, jointly with WHO, the United Nations Children's Fund, UNFPA, UN-Women, UNAIDS and the International Network of People who Use Drugs, published in 2021 a technical brief entitled "Addressing the specific needs of women who use drugs: prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis". The technical brief supports countries in providing high-quality HIV and sexual and reproductive health services to women who use drugs and in ensuring the elimination of new HIV infections among women and their children. To support the launch of the guide, two webinars were conducted, during the sixty-fourth session of the Commission and during the High-Level Meeting on AIDS held in New York.

67. Other publications from UNODC during the reporting period included an updated technical brief entitled "HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions", designed to support countries in developing an effective response to HIV in prisons and other closed settings. This technical brief, published in partnership with the International Labour Organization, WHO, UNFPA, UNAIDS and the United Nations Development Programme, features updated interventions, including sexual and reproductive health and prevention and the management of drug-related overdose among people in prison and upon release. To support the dissemination of the technical brief, UNODC organized a first training session in October 2021 in Ukraine for participants from Eastern Europe and Central Asia, including Belarus, Kazakhstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

68. Jointly with WHO and UNAIDS, UNODC published a technical guide entitled *HIV Prevention, Treatment, Care and Support for People who Use Stimulant Drugs* to provide guidance on implementing HIV, hepatitis C and hepatitis B programmes for people who use stimulant drugs. In 2020, UNODC adapted training packages and provided virtual country-based workshops to support the dissemination of the guide, in Afghanistan, the Philippines, Viet Nam and Thailand. UNODC also organized capacity-building workshops for Belarus, the Republic of Moldova and Ukraine in Eastern Europe and for Kazakhstan, Tajikistan, and Uzbekistan in Central Asia. UNODC also facilitated a satellite session on "Addressing HIV among people who use stimulant drugs" at the International AIDS Conference 2020 and at the Fifth European Harm Reduction Conference in 2021, which provided a forum for discussing interventions to prevent the associated health risk of stimulant drugs in particular among key populations.

69. In collaboration with WHO, UNAIDS and the World Bank, UNODC led the compilation and joint review of estimates of the number of people who inject drugs and the prevalence of HIV and hepatitis C among people who inject drugs. The joint UNODC/WHO/UNAIDS/World Bank estimates were published in the *World Drug Report 2020* and *World Drug Report 2021*. In addition, as a member of the UNAIDS Monitoring Technical Advisory Group, UNODC contributed in 2021 to the global AIDS monitoring framework review process aiming at aligning its indicators with 2025 targets and the global HIV/AIDS strategy for 2021–2026.

70. During the reporting period, UNODC provided technical support to a wide range of national partners in the development of national guidelines and operational plans (standard operating procedures) on HIV interventions and health-care services for people who use drugs and people in prisons and other closed settings and supported their adaptation to the national context and translation, in Afghanistan, Brazil, Ethiopia, Nigeria and the Republic of Moldova.

71. In Viet Nam, UNODC collaborated with two universities of medicine in Hanoi and Ho Chi Minh City to support the Ministry of Health in the development of the national guidelines on HIV prevention, treatment, care and support for people who use stimulants, approved by the national AIDS authorities (Viet Nam Authority for AIDS Control of the Ministry of Health) for national implementation.

72. In Kenya, UNODC and the country's prison authorities developed the national guidelines and standard operating procedures for the elimination of mother-to-child transmission and sexual and reproductive health and rights services for prison settings. The document sets out the standard practice for the provision of HIV and health services for women to help reduce chances of mother-to-child transmission of HIV.

73. UNODC commissioned the review of the current pilot police referral services for people who use drugs and people released from prisons in place in Belarus, Kazakhstan, the Republic of Moldova and Ukraine. The assessment report provided recommendations to further strengthen collaboration with all partners involved in the development of referral services for people who use drugs and people released from prison in those four countries, in order to increase their access to HIV prevention, treatment and care services.

V. Conclusions and recommendations

74. Worldwide, people who use drugs and people in prisons remain particularly vulnerable and disproportionately affected by HIV due to certain risk behaviours, marginalization and social and structural factors such as stigma, discrimination, violence, human right violations and criminalization, which all contribute to hampering their access to health services.

75. Countries that have adopted a human rights-based, gender-responsive and health-oriented approach to drug use through the comprehensive package of interventions recommended by WHO, UNODC and UNAIDS are delivering better health outcomes for people who inject drugs. Nevertheless, the coverage of the evidence-based HIV and hepatitis prevention interventions for people who inject drugs, in particular needle and syringe programmes and opioid agonist therapy, remains worryingly low or even non-existent in many countries.

76. The COVID-19 pandemic has exacerbated existing inequalities and health inequities faced by people who use drugs and people in prisons, as both those populations are particularly vulnerable to the virus due to underlying health conditions, social and economic vulnerability, and has reduced access to housing and health services.

77. In this unprecedented situation, in order to get every country on track to end AIDS as a public health threat by 2030 and mitigate the impact of COVID-19 on the implementation of HIV responses, the Commission on Narcotic Drugs may wish to recommend that Member States:

(a) Consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including evidence-based medication-assisted therapy programmes and the distribution of sterile injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, and also consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS;[38]

[38] General Assembly resolution S-30/1, para. 1 (o).

(b) Put in place strategies to achieve the 95–95–95 testing, treatment and viral suppression targets among people who use drugs and people in prisons;[39]

(c) Identify and remove all inequalities, such as legal and societal barriers, that restrict access to HIV and hepatitis C services for people who use drugs, including by scaling up efforts to eliminate HIV-related stigma and discrimination experienced when seeking access to health, legal, education, employment and social protection services, or when interacting with law enforcement authorities;

(d) Revise laws and policies to facilitate access to equivalent health care for people in prisons, with priority given to the implementation of the 15 interventions as outlined by the United Nations Office on Drugs and Crime, the International Labour Organization, the United Nations Development Programme, the World Health Organization and the Joint United Nations Programme on HIV/AIDS in the technical brief 2020 update entitled "HIV prevention, testing, treatment, care and support in prisons and other closed settings: a comprehensive package of interventions";

(e) Consider revising punitive sentencing policies and implementing alternatives to imprisonment for minor drug-related offences, including for people who use drugs.

78. Furthermore, the Commission on Narcotic Drugs may wish to recommend that Member States, civil society organizations, communities and other stakeholders:

(a) Promote people-centred approaches by meaningfully involving and supporting community-based and civil society organizations in the design, implementation and monitoring and evaluation of drug policies and programmes, as well as in the design and delivery of HIV, health and social protection services;

(b) Consolidate the best practices and innovating interventions that emerged during the COVID-19 pandemic, in order to ensure the continuity and sustainability of HIV prevention, treatment, care and support services for people who use drugs and people in prisons;

(c) Invest in improved mechanisms for monitoring the drug situation and its reporting, especially with regard to current patterns and trends of people injecting drugs, people who use drugs living with HIV and other blood-borne infections disaggregated by gender and age. Also, monitor the delivery of effective responses and interventions to address the adverse health and social consequences of drug use in the community and prison settings;

(d) Increase financial allocations from both international and national sources focusing on evidence-based interventions in high-priority locations, and adopt measures for optimizing resource allocation, improving the efficiency of implementation and increasing the investment of the investment of resources for areas other than HIV issues in order to achieve the greatest impact on health outcomes among people who use drugs;

(e) Secure and increase financial support to enable UNODC to sustain or scale up the implementation of strategic and catalytic activities and the provision of technical assistance in support of Member States in their efforts to prevent HIV/AIDS and other blood-borne diseases among people who use drugs, including people in prisons, in order to end AIDS as a public health threat by 2030, leaving no one behind, in line with the 2030 Agenda for Sustainable Development.

[39] UNAIDS, *Global AIDS Strategy 2021–2026: End Inequalities, End AIDS* (Geneva, 2021).