

## Joint UNAIDS statement on HIV Prevention and Care Strategies for Drug Users

Globally, more than 13 million people inject drugs and the number of individuals (particularly young people) and countries affected is on the rise<sup>1</sup>. It is estimated that injecting drug use accounts for at least 10% of all new HIV infections<sup>2</sup>, rising to an estimated 30% when sub-Saharan Africa is excluded. Injecting drug use is the major route of HIV transmission in Eastern Europe and Central Asia where it accounts for over 80% of all HIV cases. Injecting drug use is also driving the HIV epidemics in a wide range of countries in the Middle East, North Africa, South and South-East Asia and Latin America, with HIV prevalence within certain populations of drug injectors exceeding 80%. New epidemics of injecting drug use are being witnessed in countries of Sub-Saharan Africa, which can accelerate the diffusion of HIV epidemics. HIV transmission associated with injecting drug use affects drug users, their sexual partners, and through sexual and mother-to-child transmission can spread to the much larger non-drug using population. Increasing overlap between sex worker and drug injecting populations and growing numbers of young injectors pose particular risks for rapid spread. Without comprehensive programmes to prevent the spread of HIV among drug users and to reduce the number of people using drugs (particularly injecting drugs), HIV epidemics associated with injecting drug use have the potential to grow explosively, as has been observed in many countries to date. Where HIV epidemics (whether low- or high-prevalence) exist among injecting drug users the national response should provide rapid scale-up of effective programmes to reach high coverage of drug users with a core package of high impact interventions.

HIV transmission and HIV/AIDS impact associated with injecting drug use can best be contained by implementing a core package of interventions, which includes outreach to injecting drug users; sterile needle and syringe access and disposal; drug dependence treatment, particularly substitution treatment; voluntary and confidential HIV testing and counselling; prevention of sexual transmission among drug users, including condoms and prevention and treatment of sexually transmitted infections; HIV/AIDS treatment and care, including antiretroviral therapy for drug users; and primary health care, such as hepatitis B vaccination and vein care. Comprehensive drug control measures complement these interventions by aiming to reduce the number of people using drugs, such as through primary prevention programmes targeting young people. The effective implementation of this package of interventions will only be achievable if supportive legislation, regulations, policies and attitudes are in place to prevent the marginalization, discrimination and stigmatization of drug users and ensure respect of human rights. The active participation and support of communities in the response is critical to its success.

There is strong and consistent evidence that this package of harm reduction interventions significantly reduces injecting drug use and associated risk behaviours and hence prevents, halts and reverses HIV epidemics associated with injecting drug use. Conversely, there is no convincing evidence of major negative consequences of such interventions, such as initiation of injecting among people who have previously not injected or an increase in the duration or frequency of illicit drug use or drug injection.

The implementation of a comprehensive package of HIV prevention and care for drug users will necessarily vary from country to country depending on a number of epidemiological and societal factors. The United Nations System, its specialized agencies and partners provide technical assistance to Member States in the adaptation of this package. This applies in particular

to ensuring the full inclusion of injecting drug users into the rapidly expanding access to comprehensive HIV/AIDS prevention, treatment and care as promoted by the WHO/UNAIDS "3 by 5 Initiative".

The recommendations and approaches described above are derived from, and consistent with, the recommendations of prior UN statements on the issue, including the UNGASS Declaration on Drug Demand Reduction (1998)<sup>3</sup>, the UN Position Paper on Preventing HIV Transmission among Drug Abusers (2000)<sup>4</sup>, and the UNGASS Declaration of Commitment on HIV/AIDS (2001)<sup>5</sup>. These policy documents unanimously recommend that country activities should be guided by the attainment of three parallel objectives: to prevent the onset of drug use; to prevent HIV transmission and other adverse health consequences in those who use drugs; and to care for drug users who are HIV infected. Different United Nations agencies have consequently engaged in a number of expert consultations and extensive technical reviews that have led to the publication of recommended strategic activities to best obtain these objectives - including WHO Global Health Sector Strategy (2003)<sup>6</sup>, the WHO/UNODC/UNAIDS Series on Evidence for Action on HIV/AIDS and Injecting Drug Use (2004)<sup>7</sup>, and the WHO/UNODC/UNAIDS Position Paper on Substitution Maintenance Therapy (2004)<sup>8</sup>.

#### Key References:

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- <sup>1</sup> The United Nations Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries (published by Aceijas C, Stimson GV, Hickman M and Rhodes T) (2004) Global overview of injecting drug use and HIV infection among injecting drug users *AIDS*, 18:2295-2303
  - <sup>2</sup> UNAIDS (2002) *Report of the Global HIV/AIDS Epidemic*, Geneva, Switzerland.
  - <sup>3</sup> UNODC (1998) *Political Declaration, Guiding Principles of Drug Demand Reduction*, Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 June 1998, Vienna
  - <sup>4</sup> UNAIDS (2000) Preventing the transmission of HIV among drug abusers: A position paper of the United Nations System. UNAIDS Geneva: UNAIDS
  - <sup>5</sup> UNAIDS (2001) United Nations Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS "Global Crisis and Global Action" (Resolution 55/16, 25-27 June 2001)
  - <sup>6</sup> WHO (2003) *Global Health Sector Strategy for HIV/AIDS 2003-2007*, Department of HIV/AIDS, Geneva ([http://www.who.int/hiv/pub/advocacy/en/GHSS\\_E.pdf](http://www.who.int/hiv/pub/advocacy/en/GHSS_E.pdf))
  - <sup>7</sup> WHO/UNODC/UNAIDS (2004) *Evidence for Action on HIV/AIDS an injecting drug use: Policy Briefs*, Department of HIV/AIDS, Geneva (<http://www.who.int/hiv/pub/idu/idupolicybriefs/en/>)
  - <sup>8</sup> WHO/UNODC/UNAIDS (2004) Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention: position paper Geneva: World Health Organization