



Ending the HIV and hepatitis C epidemics amongst people who inject drugs. Support. Don't punish



About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

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About Support. Don't Punish

Support. Don't Punish is a global advocacy campaign calling for better drug policies that prioritise public health and human rights. The campaign aims to promote drug policy reform, and to change laws and policies which impede access to harm reduction interventions.

supportdontpunish.org

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March 2016 // A position paper on HIV, drugs and drug policy from the International HIV/AIDS Alliance in the lead up to the UN General Assembly Special Session on the World Drug Problem, 2016

Executive summary

The sharing of injecting equipment is driving HIV and hepatitis C (HCV) transmission in many parts of the world. Roughly one third of new HIV infections outside sub-Saharan Africa are the result of unsafe injecting. In 2014 alone, an estimated 110,000 people who inject drugs were newly infected with HIV.¹

Many countries continue to respond to drugs and HIV with punitive law enforcement measures such as arrests, incarceration, criminal penalties and compulsory detention that criminalise and punish users.² Yet, these tough and repressive measures are failing to deter people from using drugs. More than 12 million people in 158 countries currently inject drugs,³ close to 1.7 million of whom are living with HIV⁴. The United Nations Office on Drugs and Crime (UNODC) estimates that illicit drug use will continue to rise by up to 25% between 2012 and 2050, with most of the increase in developing countries.⁵

The UN General Assembly Special Session on the World Drug Problem, 2016 (the UNGASS on Drugs) takes place in New York in April. Previous UNGASS declarations on drugs have prioritised supply and demand reduction approaches over harm reduction. It is now time for Member States to have an honest and open debate about what works and what doesn't, especially when it comes to HIV and drug use.

HIV epidemics amongst people who inject drugs have been averted, or reduced, in settings as diverse as Australia, Viet Nam, Ukraine, Malaysia, China, Portugal, Mauritius and Switzerland.⁶ These countries all have certain things in common: they have introduced and scaled-up harm reduction programmes such as needle and syringe programmes and opiate substitution therapy. They make health services accessible to people who use drugs.

The evidence for the effectiveness of harm reduction interventions is described by UNAIDS as *irrefutable* and all relevant UN agencies now endorse a harm reduction approach to HIV and drug use.⁷ Cost-effective harm reduction programmes that use peer-based outreach and feature clean needle and

1. UNAIDS 2015 *A Public Health and Rights Approach to Drugs* www.unaids.org/sites/default/files/media_asset/JC2803_drugs_en.pdf

2. London School of Economics Expert Group on the Economics of Drug Policy 2014 *Ending the Drug Wars* www.lse.ac.uk/IDEAS/publications/reports/EndingDrugWars.aspx

3. United Nations Office on Drugs and Crime 2015 *The World Drug Report, 2015* <http://www.unodc.org/wdr2015/>; Harm Reduction International 2014 *The Global State of Harm Reduction* <http://www.ihra.net/contents/1524>

4. *ibid*

5. United Nations Office on Drugs and Crime 2015 *The World Drug Report, 2015* www.unodc.org/wdr2015/

6. Open Society Foundations 2015 *Harm Reduction* www.opensocietyfoundations.org/sites/default/files/harm-reduction-20151014.pdf; Kwon J A et al 2012 "Estimating the cost-effectiveness of needle-syringe programs in Australia" *AIDS* 2012 26(17) www.unaids.org/en/resources/presscentre/featurestories/2014/april/20140418mauritius; Wodak and Maher 2010 "The effectiveness of harm reduction in preventing HIV among injecting drug users" *NSW Public Health Bulletin* 21 2010

7. WHO, UNODC, UNAIDS 2012 *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*; UNDP 2015 *Addressing the development dimensions of drug policy*; UNAIDS 2015 *A Public Health and Rights Approach to Drugs* www.unaids.org/sites/default/files/media_asset/JC2803_drugs_en.pdf; WHO 2014 *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* www.who.int/hiv/pub/guidelines/keypopulations/en/



syringe programmes, opiate substitution therapy and HIV testing and treatment are proven to be effective in reducing HIV transmission and other harms such as hepatitis C transmission, crime rates and overdose deaths.

In stark contrast, there is no evidence that compulsory detention is effective in reducing drug dependency and evidence on the effectiveness of demand reduction measures such as education campaigns is weak.⁸ Billions of dollars are being spent on ineffective efforts to eradicate the drug market⁹ at the expense of spending on cost-effective harm reduction programmes¹⁰. As a result, HIV transmission and AIDS-related deaths amongst people who inject drugs continues to rise in many countries.

The criminalisation of drug use feeds the stigmatisation of drug users by creating harmful social and community norms. In families, communities, neighbourhoods, health services, law courts, schools, colleges, and within government policy, drug users are routinely treated as mad, bad and dangerous – undeserving of care, human rights and dignity. Homelessness, sex work, pregnancy and parenting complicate the lives of many people who use drugs. People with the most problematic drug use patterns often live on the outside of society and are subject to violence and exploitation.

These problems of poverty and inequality are intensified by criminal convictions for drug offences and by widespread, sometimes routine, incarceration. Fear of arrest or police harassment pushes drug users underground and away from services.¹¹ For those in prison, the means to prevent HIV transmission through sex or drug use are rarely available¹² and there are few or no HIV services¹³.

Supported by laws that criminalise drug users, the provision of HIV and other services is often contingent on drug users being drug free. Opiate substitution therapy is highly effective at managing drug dependency and reducing HIV and HCV transmission because it leads to dramatic decreases in injecting. But, in many countries, opiate substitution therapy services are under threat from political opposition, under-funding, quality problems and high levels of regulatory control.¹⁴

These problems keep people who use drugs excluded, imprisoned, sick – and left behind.

8. Wodak, A 2011 *Working paper for the Global Commission on Drug Policies* www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Alex_Wodak.pdf

9. Transform *The War on Drugs: Wasting billions and undermining economies* www.countthecosts.org/seven-costs/wasting-billions-drug-law-enforcement

10. Harm Reduction International *10 by 20: A call to redirect resources from the war on drugs to harm reduction* www.ihra.net/files/2015/08/31/10by20_QA_Final.pdf

11. Degenhardt L et al "Prevention of HIV infection for people who inject drugs: why individual, structural and combination approaches are needed" *The Lancet* July 20, 2010

12. World Drug Report 2015; Dolan K et al 2015 "People who inject drugs in prison: HIV prevalence, transmission and prevention." *International Journal of Drug Policy* 2015 26(1)

13. *ibid*

14. Golovanevskaya M et al 2012 "In Control?: Ukrainian Opiate substitution therapy Patients Strive for a Voice in Their Treatment" *Substance Use and Misuse* 47 2012

In order to end AIDS and honour global HIV and Sustainable Development Goal commitments, we have five recommendations for Member States as they engage in the 2016 UNGASS on Drugs, namely:

-  1 No one must be left behind. All Member States must commit to **ending AIDS amongst people who use drugs** in line with Sustainable Development Goals 3.3 and 3.5, and the UNAIDS 2020 targets.

 -  2 All Member States must recognise and endorse the cost effectiveness of a **harm reduction** approach to drug use in the UNGASS Outcome Document.

 -  3 A commitment must be made to the **decriminalisation** of drug use, the possession of drugs for personal use and the possession of drug using paraphernalia. The UNGASS Outcome Document should promote the adoption of alternative measures to incarceration and punishment for minor and non-violent offences and promote community-based and evidence-based drug dependence treatment. This UNGASS must commit to ending the compulsory detention of people who use drugs.

 -  4 All Member States must **involve civil society**, especially people who use drugs and community-based harm reduction service providers, in debates and decision making on drug policy and HIV.

 -  5 To inform the development of the 2019 Political Declaration and Action Plan, an advisory group must be established to **examine the effectiveness of current drug policy** – particularly in terms of public health, poverty reduction and human rights – and to develop recommendations to improve the functioning and coherence of drug control within the UN system.
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The links between HIV and drug use

The sharing of injecting equipment is driving HIV and hepatitis C transmission in many parts of the world. Roughly one third of new HIV infections outside of sub-Saharan Africa are the result of unsafe injecting.

More than 12 million people (between 8.9 and 22.4 million) are injecting drugs in 158 countries around the world.¹⁵ Close to 1.7 million of these people, or 13%, are living with HIV.¹⁶

An estimated 110,000 people who inject drugs were newly infected with HIV in 2014.¹⁷

Other health problems are common for people who use drugs, such as hepatitis C, tuberculosis and overdose. People who inject drugs have poor access to health care, including HIV treatment.¹⁸

People who use drugs are in and out of prison and detention centres where their access to healthcare is poor and where their vulnerability to HIV, hepatitis C and tuberculosis increases.¹⁹ Those who experience the worst drug-related problems are often poor, live on the outside of society and are caught up in illicit economies.²⁰ They often experience multiple problems such as stigma and discrimination, homelessness and estrangement from families, and are subject to violence and exploitation. These problems intensify vulnerability to HIV.

HIV transmission and AIDS-related deaths amongst people who inject drugs continues to rise in many countries, despite the fact that we know how to prevent this. The UN Political Declaration on HIV/AIDS 2011 global target to reduce new infections among people who inject drugs by 50% was missed by a significant margin.

Many countries continue to respond to drugs and HIV with punitive law enforcement measures that focus on criminalisation and the punishment of users.²¹ These measures are prioritised at the expense of harm reduction programmes.²²

>12 million

people inject drugs

1.7 million

of these people are living with HIV

110,000

people who inject drugs were newly infected with HIV in 2014

15. United Nations Office on Drugs and Crime 2015 *The World Drug Report*, 2015 www.unodc.org/wdr2015/; Harm Reduction International 2014 *The Global State of Harm Reduction* www.ihra.net/contents/1524

16. *ibid*

17. UNAIDS 2015 *A Public Health and Rights Approach to Drugs* www.unaids.org/sites/default/files/media_asset/JC2803_drugs_en.pdf

18. UNAIDS 2014 *The Gap Report* www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

19. Jurgens R et al 2009 "Interventions to reduce HIV transmission related to injecting drug use in prison" *Lancet Infectious Diseases* 2009;9 www.who.int/hiv/topics/idu/InterventionsReduceHIVIDUinPrisons.pdf; UNODC 2008 *HIV and AIDS in places of detention* www.unodc.org/documents/hiv-aids/V0855768.pdf; Dolan K et al 2015 "People who inject drugs in prison: HIV prevalence, transmission and prevention." *International Journal of Drug Policy* 2015 26(1)

20. Christian Aid 2015 *Drugs and Illicit Practices: assessing their impact on development and governance* www.christianaid.org.uk/resources/policy/occasional_paper_series.aspx

21. London School of Economics Expert Group on the Economics of Drug Policy 2014 *Ending the Drug Wars* www.lse.ac.uk/IDEAS/publications/reports/EndingDrugWars.aspx

22. Harm Reduction International 10 by 20: *A call to redirect resources from the war on drugs to harm reduction* www.ihra.net/files/2015/08/31/10by20_QA_Final.pdf



A peer educator in Viet Nam collects used needles to reduce risk to other people.
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What works? Harm reduction

There are cost-effective ways to reduce the spread of HIV amongst people who inject drugs. Harm reduction programmes that use peer-based outreach and feature clean needle and syringe programmes, opiate substitution therapy and HIV testing and treatment, have succeeded in reducing HIV transmission, and in reducing other harms such as hepatitis C transmission, crime rates and overdose deaths.

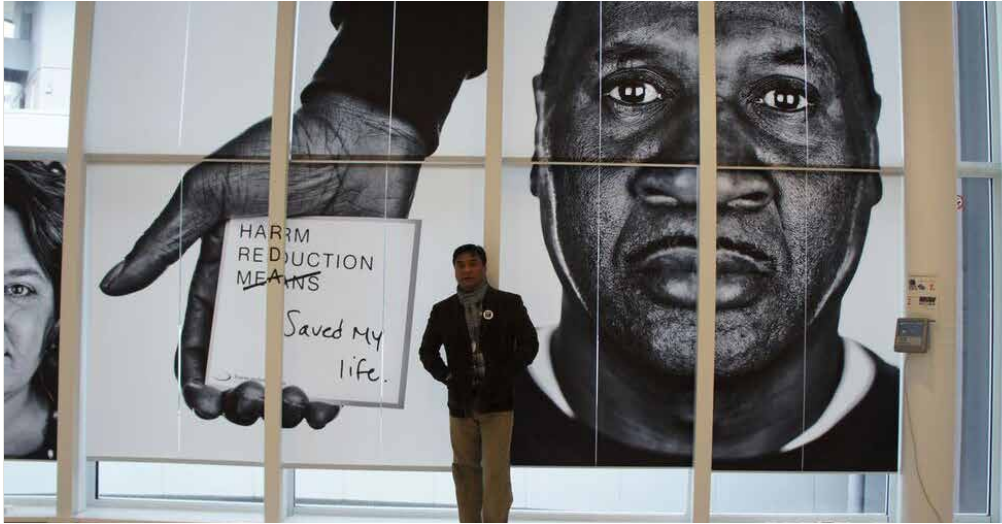
HIV epidemics amongst people who inject drugs have been averted, or reduced, in settings as diverse as Australia, Viet Nam, Ukraine, Malaysia, China, Portugal, Mauritius and Switzerland.²³

These countries all have certain things in common: they have introduced and scaled-up harm reduction programmes such as needle and syringe programmes and opiate substitution therapy. They make health services accessible to people who use drugs.

The evidence for the effectiveness of harm reduction interventions is widespread, and described by UNAIDS as *irrefutable*. All relevant UN agencies have endorsed a harm reduction approach to HIV and drug use for people who use drugs because it works.²⁴ The same UN agencies have recommended the decriminalisation of drug use and alternatives to criminal sanctions and incarceration in order to protect human rights and public health.

23. Open Society Foundations 2015 *Harm Reduction* www.opensocietyfoundations.org/sites/default/files/harm-reduction-20151014.pdf; Kwon J A et al 2012 "Estimating the cost-effectiveness of needle-syringe programs in Australia" *AIDS* 2012 26(17) www.unaids.org/en/resources/presscentre/featurestories/2014/april/20140418mauritius; Wodak and Maher 2010 "The effectiveness of harm reduction in preventing HIV among injecting drug users" *NSW Public Health Bulletin* 21 2010

24. WHO, UNODC, UNAIDS 2012 *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*; UNDP 2015 *Addressing the development dimensions of drug policy*; UNAIDS 2015 *A Public Health and Rights Approach to Drugs* www.unaids.org/sites/default/files/media_asset/JC2803_drugs_en.pdf; WHO 2014 *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* www.who.int/hiv/pub/guidelines/keypopulations/en/



Charan Sharma from Alliance India. © India HIV/AIDS Alliance

Yet at the Commission on Narcotic Drugs, support for a harm reduction approach is lukewarm and there is little support for the decriminalisation of drugs, despite the flexibility within the international drug control treaties that allow for such measures. Beyond the UN debates, in national budget allocations and in the priorities of most international donors, harm reduction interventions are given minimal emphasis and are dramatically under-funded.²⁵ The global coverage of harm reduction services is low.²⁶

In order to end AIDS amongst people who use drugs, this needs to change.

What's not working?

Law enforcement measures such as arrests, incarceration, criminal penalties and compulsory detention are the dominant response to drug use in many countries. Yet, in contrast with the strong evidence-base for the effectiveness of harm reduction programmes, there is no evidence that compulsory detention is effective in reducing drug dependency. There is weak evidence for the effectiveness of *demand reduction* measures such as the prevention of drug use through education campaigns.²⁷ Around the world, tough and repressive law enforcement measures are failing to deter people from using drugs. The United Nations Office on Drugs and Crime (UNODC) estimates that illicit drug use will continue to rise by up to 25% between 2012 and 2050, with most of the increase in developing countries.²⁸

Most people who are detained or incarcerated return to drug use once they are released.²⁹

“We are so tired of repetitively arresting and releasing the same drug users. Compulsory rehabilitation is useless and very expensive. The government has to pay a lot of money on it . . . we are seeking more effective approaches.”

Police officer, Yunnan Province, China

25. Cook C, Bridge J, McLean S et al 2014 *The Funding Crisis for Harm Reduction* www.aidsalliance.org/resources/624-the-funding-crisis-for-harm-reduction

26. Mathers B et al 2010 “HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage” *The Lancet* 2010 375,9719

27. Wodak, A 2011 Working paper for the Global Commission on Drug Policies www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Alex_Wodak.pdf

28. United Nations Office on Drugs and Crime 2015 *The World Drug Report, 2015* www.unodc.org/wdr2015/

29. WHO 2009, *Assessment of compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Vietnam*; Hall W et al (2012) “Compulsory detention: forced detoxification and enforced labour are not ethically acceptable or effective ways to treat addiction” *Addiction* 107(11)



“For 18 years I have been a member of a committee that sends people who use drugs to compulsory centres. I can say that for every 10 people we sent, 11 came back and started to use drugs again. We can’t continue like that. We need to change the system.”

District Chief Judge, Viet Nam

Definitions

Harm reduction refers to policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs.³⁰ It is a pragmatic approach to drug use that focuses on *reducing harm* without necessarily reducing drug use. It includes a range of health and social interventions that *work with drug users where they are at*. Outreach-based and peer-based needle and syringe programmes and opiate substitution therapy are prominent harm reduction interventions.

Supply reduction refers to interventions to reduce the supply of drugs. These include interventions to stop the cultivation of drug-linked crops such as opium and coca crops, often through forced eradication or through encouraging crop substitution, crackdowns on drug processing operations, and prohibition efforts to stop the transportation, distribution, sale and use of drugs.

Demand reduction refers to the prevention of drug use through drug education and mass media interventions, along with drug dependence treatment, which aims to encourage abstinence from drug use and promote rehabilitation and recovery.

“Drug users go to treatment centres with high expectations of getting help, not to get beaten up and ill-treated and get locked up without addressing withdrawal. These centres should be closed down if they do not know how to address drug use problems.”

Charan Sharma, India HIV/AIDS Alliance



Isaiah an outreach worker in Mombassa, Kenya.
© Nell Freeman for the Alliance

Why is current drug policy a problem for HIV and health?

■ **Fear of arrest and harassment** keeps drug users underground and away from services, such as HIV and HCV prevention services.³¹ Drug possession offences are common for people who use drugs.³² Drug possession offences also affect people who *provide services* to drug users, especially outreach workers, who are on the frontline of HIV and HCV prevention. Possession of injecting paraphernalia (such as syringes) is a crime in many countries, or the possession of syringes is used by police and law enforcement as evidence of drug use, which is itself a crime. Even in countries where needle and syringe programmes are legal or are sanctioned by governments, drug users are reluctant to carry syringes. If police or pressure groups catch them, their syringes can be used against them, as evidence of drug use. Outreach workers who distribute safe injecting kits generally require special provisions in order to carry out their work, and often these licenses are not granted or are revoked. When the possession of syringes is either illegal or risky, programmes that seek to ensure high rates of safe injecting are undermined.

“Fear. Fear. This is the very main reason. And not only fear of being caught, but fear that you will be caught, and you won’t be able to get a fix. So on top of being pressured and robbed (by police), there’s the risk you’ll also end up being sick. And that’s why you’ll use whatever syringe is available right then and there.”

Person who uses drugs, Russia³⁴



“I don’t want to see police at all. They see us as social trash. We are labelled, and we are bad people forever, without any dignity, not even treated human beings ... Sometimes police go to the clinic to catch people for urine test. It is scary. I would not go to drink methadone during that time. I have to go back to heroin under that situation. There is no other solution ...”

Client of a community treatment centre in Yuxi city, Yunnan province, China

- **Police harassment leads to risky practices.** At a street level, drug users and drugs services such as needle and syringe programmes are targets for police. Raids and routine patrols of harm reduction services drive drug users away from services. Police harassment is associated with the reluctance of drug users to carry clean syringes, their reluctance to use needle and syringe programmes, and rushed or interrupted injecting.³³
- **Police harassment and violence violates the human rights of people who use drugs.** Police harassment, bribery and violence towards people who use drugs are reported by our colleagues in every country where we provide harm reduction services. This ranges from drug users or their families paying

31. Human Rights Watch research in the US, Ukraine, Russia, Thailand, Canada, Kazakhstan, Greece, and Bangladesh describes a range of examples. Human Rights Watch Submission to the Joint Committee on Justice, Defence and Equality, Houses of the Oireachtas, Ireland on Drug Policy Reform (2015) www.hrw.org/news/2015/08/07/human-rights-watch-submission-joint-committee-justice-defence-and-equality-houses

32. In the Baseline Report for the Community Action on Harm Reduction (CAHR) project, 65% of respondents in five countries reported having been arrested for drug-related crimes. International HIV/AIDS Alliance 2013 www.cahrproject.org/wp-content/uploads/2013/08/Baseline-Report-Final.pdf

33. Degenhardt L et al “Prevention of HIV infection for people who inject drugs: why individual, structural and combination approaches are needed” *The Lancet* July 20, 2010

34. Sarang A, Rhodes T, Sheon N, Page K, “Policing drug users in Russia: risk, fear and structural violence” *Subst Use Misuse* 2010 45(6)

police bribes to avoid arrest in Malaysia, Indonesia and Kenya, and police violence, gang violence, intimate partner violence and rape reported by drug users, including women drug users.³⁵ In China, drug users are included in the public security database as potential criminals and are followed up by police even years after they are stable on OST. In Indonesia, people who use drugs report beatings, burns, electrocution and sexual violence by law enforcement officials.³⁶ In Ukraine drug users report police harassment and raids on harm reduction services.³⁷



“... people got taken out of here by the police ... They came about 4pm, they put guards, dogs, they started arresting half of the people. Many got arrested, few managed to run away... They burnt down the whole place, the police and the AP [administration police], so people can't sleep here. Then they came back at 10pm and then the following day too. About five times they came back. So people don't sleep here anymore.”

Person who uses drugs, Kenya

- **Imprisonment interrupts access to HIV services.** Incarceration of people who use drugs is widespread. Between 56% and 90% of people who inject drugs have been, or are, incarcerated at some point in their lives.³⁸ Health services are poor in many prisons and most provide few or no HIV services.³⁹ Drug use is widespread in prison settings, along with sex, and the means to prevent HIV, HCV and TB transmission (such as clean injecting equipment, opiate substitution therapy, condoms and HIV treatment) are rarely available.⁴⁰

Detaining people who use drugs in compulsory drug detention centres is widespread practice in China, Viet Nam, Myanmar and Cambodia.⁴¹

Compulsory drug detention centres breach fundamental rights of people who use drugs and have been condemned by the UN.⁴²

People who use drugs consistently report a lack of due process leading to detention, as well as experiences of physical and psychological violence, forced labour and poor healthcare. When people move in and out of the prison system or compulsory detention centres it's difficult to get health services to them. This is a particular problem for harm reduction and HIV treatment services.

“I was asked to strip naked, [the] police does not look at us like human beings.”

Woman who uses drugs, Malaysia

35. Rahman F and Iqbal S 2015 “Everything on my own”. A policy brief on women who use drugs in Malaysia www.mac.org.my/v3/?p=3559; *Access to HIV care and harm reduction for people who inject drugs in Kenya* KANCO, International HIV/AIDS Alliance, LSHTM www.cahrproject.org/wp-content/uploads/2015/02/Web_Alliance-Access2Care-brief-ENG-20.11.14.pdf; ‘Closing File’... a makeshift legal system in Kenya International HIV/AIDS Alliance www.cahrproject.org/wp-content/uploads/2013/09/Closing-a-file-in-Kenya.pdf

36. International Drug Policy Consortium 2013 *Drug Policy in Indonesia* www.cahrproject.org/wp-content/uploads/2013/01/IDPC-Briefing-Paper-Drug-policy-in-Indonesia.pdf

37. Izenberg et al (2013) “High rates of police detention among recently released HIV-infected prisoners in Ukraine: Implications for health outcomes” *Drug and Alcohol Dependence* 133 (2013); *Situation Report on the status of OST as well as HIV/TB/HCV prevention and treatment programs in Donetsk and Luhansk oblasts. Review of 2015 activities* http://static1.squarespace.com/static/5656db36e4b0c6e18e30f700/t/56a8af1ee0327ccfbfa16820/1453895460179/SitRep+Jan+2016_Alliance_en.pdf

38. Dolan K et al 2015 “People who inject drugs in prison: HIV prevalence, transmission and prevention” *International Journal of Drug Policy* 2015 26(1)

39. *ibid*

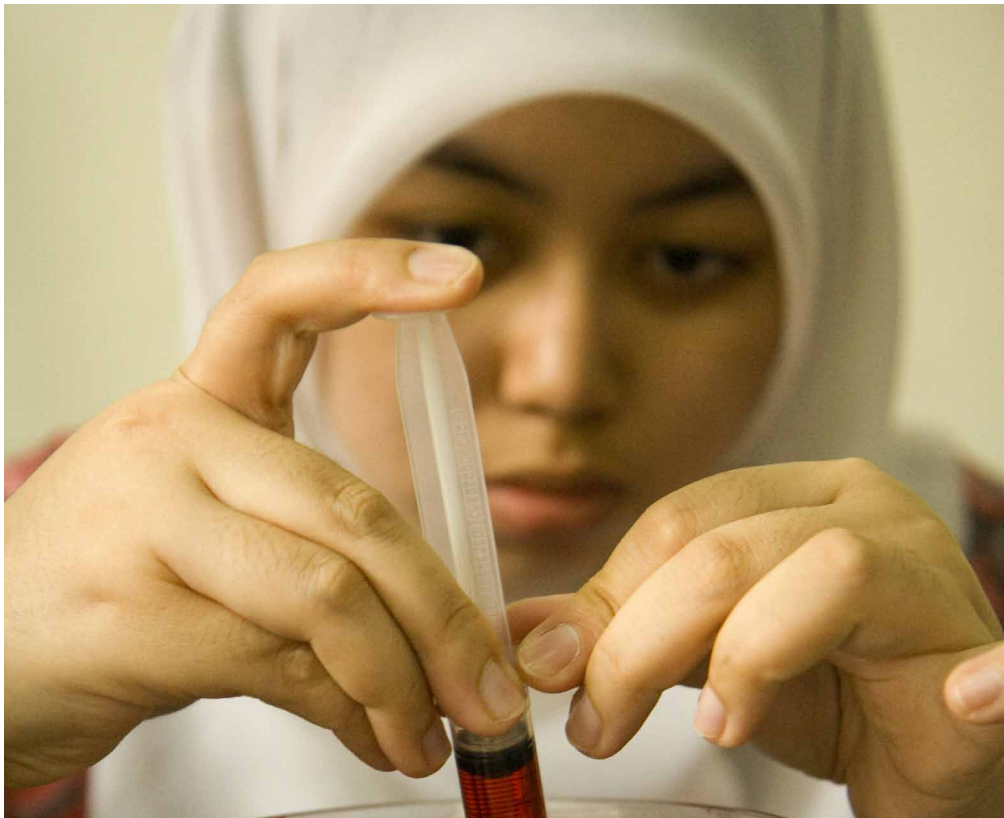
40. World Drug Report 2015; Dolan K et al 2015 “People who inject drugs in prison: HIV prevalence, transmission and prevention.” *International Journal of Drug Policy* 2015 26(1)

41. UNAIDS 2014 *The Gap Report* www.unaids.org/en/resources/documents/2014/20140716_UNAIDS_gap_report

42. UNAIDS, UNODC, WHO, Unicef, UN Women, ILO, UNDP, UNESCO, World Food Programme, UNFPA, UNHCR, UN Human Rights, 2012 Joint Statement: Compulsory drug detention and rehabilitation centres www.unaids.org/en/resources/presscentre/featurestories/2012/march/20120308adetentioncenters/

■ **Opiate substitution therapy is threatened and undermined.** Opiate substitution therapy – the use of medications such as methadone and buprenorphine to treat opiate dependency – is highly effective at managing drug dependency and reducing HIV and HCV transmission. Opiate substitution therapy is an important HIV and HCV prevention intervention because it leads to dramatic decreases in injecting. In addition, it helps to make HIV treatment work by bringing drug users closer to services, such as HIV testing and treatment services, and by helping them manage HIV treatment adherence. Methadone and buprenorphine are defined by the World Health Organization (WHO) as *essential medicines*⁴³ and are endorsed by WHO, UNODC, UNAIDS, scientists, economists and other experts as highly effective medicines to treat drug dependency, reduce crime, prevent HIV transmission and support adherence to antiretroviral therapy (ART) for HIV positive drug users⁴⁴.

In the countries where we work, opiate substitution therapy services are under threat from political opposition, under-funding, quality problems and high levels of regulatory control.⁴⁵ In China, the government-led methadone programme is large in scale but has high dropout rates. A high percentage of clients continue to use heroin due to inadequate dosages and a lack of counselling and other support services aimed at improving adherence.⁴⁶



A nurse measures out methadone at Ar Rahman mosque in Kuala Lumpur, Malaysia. © Gemma Taylor for the Alliance

43. <http://apps.who.int/medicinedocs/en/d/Js7918e/5.1.1.html>

44. WHO 2009 *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* www.who.int/substance_abuse/publications/Opioid_dependence_guidelines.pdf

45. Golovanevskaya M et al 2012 "In Control?: Ukrainian Opiate substitution therapy Patients Strive for a Voice in Their Treatment" *Substance Use and Misuse* 47 2012

46. Wang Bei et al 2010 "Reasons and influencing factors of patient-loss in methadone maintenance treatment clinics in Wuxi", *Chinese Journal of Epidemiology* 2010 31(2); Cao Xiao-bin et al 2010 "Risk factors which were associated with heroin use during the methadone maintenance treatment among 1301 patients in 9 cities of China", *Chinese Journal of Epidemiology* 2010 31(3)

The medicines used in opiate substitution therapy are stymied by their status as controlled drugs under international drug conventions, and programmes are continually subject to political threats as a result. The Alliance for Public Health in Ukraine led a long-term advocacy effort to legalise and scale-up opiate substitution therapy programmes in Ukraine. Despite the successes of this programme,⁴⁷ the services it provides have been raided by police, are the subject of intense scrutiny, and remain politically vulnerable⁴⁸. Closure of opiate substitution therapy services creates a public health emergency as drug users struggle with withdrawal symptoms and adopt risky drug use practices. Following the Russian Government's annexation of Crimea in 2014, ten opiate substitution therapy services were immediately suspended, leaving 806 dependent drug users with no drug treatment services⁴⁹ and resulting in the death of 80 people⁵⁰.

“Evidence shows that such initiatives (methadone maintenance therapy) are more effective than incarceration in addressing the social problems caused by addiction.”

UN Secretary-General Ban Ki-moon



“Those patients who remained in the Crimea are facing hard times. The survivors relapsed into street drug use; I actually do not know any people who managed to abstain. There were 75 patients at the Feodosia site prior to its closure, eight of them died, [the] fate of others is unknown.”

*Opiate substitution patient relocated from Feodosia, Crimea to Dnipropetrovsk*⁵¹

- **Health services are denied to people who use drugs.** Policies and practices that deliberately exclude drug users from health and welfare services are common. Supported by laws that criminalise drug users, the provision of HIV and other services is often contingent on drug users being drug free. People who use drugs have poor access to antiretroviral treatment for HIV in every country where we are working, reflecting international trends.⁵² Discrimination on the basis of drug use or HIV (or both) is common.
- **People who use drugs and their families are often poor.** Often they have poor access to social welfare, family support, education, economic development, employment programmes and legal services. These problems of poverty and inequality are intensified by criminal convictions for drug offences and by widespread, sometimes routine, incarceration. Homelessness, sex work, pregnancy and parenting complicate the lives of many people who use drugs in the countries in which we work. People with the most problematic drug use patterns are often living on the outside of society and are subject to violence and exploitation.

“... where we sleep there are other people who come at night, they pretend to be Mungiki [Kenyan criminal organisation]. They come to the street in the night to force us to sleep with them and you know others are infected and want to infect you, the risk of getting infected is great.”

Woman who uses drugs, Kenya

47. WHO 2014 *Good Practices in Europe: HIV prevention for people who inject drugs implemented by the International HIV/AIDS Alliance in Ukraine* www.euro.who.int/__data/assets/pdf_file/0003/254352/FINAL-Ukraine-Good-Practice-July-2014-with-covers.pdf

48. Alliance for Public Health 2016 *Situation Report on the status of OST as well as HIV/TB/HCV prevention and treatment programs in Donetsk and Luhansk oblasts* http://static1.squarespace.com/static/5656db36e4b0c6e18e30f700/t/56a8af1ee0327ccfbfa16820/1453895460179/SitRep+Jan+2016_Alliance_en.pdf; www.aidsalliance.org/news/501-lives-at-stake-in-eastern-Ukraine

49. <http://news.yahoo.com/aids-crisis-brewing-crimea-east-ukraine-says-un-002934023.html>; <https://news.vice.com/article/russia-took-over-crimea-now-drug-addicts-cant-get-therapy-and-dozens-are-dying>

50. “At least 80 people have died in Crimea since Russian law banned opioid substitutes says UN Special Envoy” www.bmj.com/content/350/bmj.h390 *BMJ* 2015 350

51. Alliance for Public Health 2016 *People. Fates. Program*. http://static1.squarespace.com/static/5656db36e4b0c6e18e30f700/t/56bcd0be746fb98321ca37db/1455214790576/Booklet_Destin_en_web.pdf

52. Wolfe D et al “Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward” *The Lancet* July 20, 2010

Homelessness and high rates of drug use amongst street children or at-risk adolescents is a problem in Ukraine,⁵³ Kenya and India, along with the sexual exploitation of children. Family poverty, violence, unemployment, alcoholism and drug use are the main drivers of homelessness amongst children and adolescents. For those on the streets and injecting drugs the risk of HIV, hepatitis C and TB dramatically increases.

Poor people who use drugs and their families need support and opportunities for economic development. Yet poverty reduction programmes, social welfare services and entitlements, micro-financing schemes, and education and employment programmes often exclude people who use drugs because they are seen as criminals.

“For now, my health is very poor according to test results. It shows that I’m HIV positive ... [the] factors affecting my health is lack of good food, eating well and a good sleeping place. As it is I lead a bad life because I don’t even have a job, I don’t even have a house, I sleep outside.”

Person who uses drugs, Kenya



“When I was a child, I had to work, look for food on my own. Everything on my own.”

Woman who uses drugs, Malaysia

“I dropped out of my school. If only I could get into rehab, I will probably continue my education and enjoy my teenage years.”

Female prison inmate, Indonesia



Yogi is six years into a 14 year prison sentence in Bandung prison, for possession of marijuana. Yogi took part in a training session organised by the prison when he was first diagnosed with HIV. He now shares his knowledge with the other inmates and teaches them how to stay healthy in prison. © Vincent Rumahloine for the Alliance

53. See reports from Unicef: www.unicef.org/ukraine/children.html; www.unicef.org/ukraine/reallives_20835.html

■ **People who use drugs are stigmatised.** The stigmatisation of people who use drugs and their families is reported in every country in which we work. In families, communities, neighbourhoods, health services, schools, colleges, and within government policy, drug users are routinely treated as *mad, bad or dangerous* and undeserving of care. These norms and discriminatory practices are shaped by public debates on the *social evils* of drug use and of drug use as a *moral failure requiring correction*.

The criminalisation of drug use feeds the stigmatisation of drug use and drug users by creating harmful social and community norms. These norms keep people who use drugs excluded, imprisoned, sick – and left behind.

“The clients told me that they are the very bottom of the society and through our conversations I feel their desires to be accepted by the public. Many of them earn a living by working as a porter or collecting coke bottles. They are struggling between drug use and an ordinary life. All they need is support in a friendly and respecting way.”

Garcia Shi (Slate), AIDS Care China



“[The] War on Drugs is a war on people who use drugs. This is proven by data from the [Indonesian] Directorate of Correctional, which said that at January 2016 there are still 25,403 people with drug-related convictions inside the prison. Although it's written in the national drug regulations that people who use drugs should be on treatment or rehabilitation, in implementation only rich or famous people who use drugs can access that. The poor are still sent to the prison. It should be equal rights. We can't stop AIDS without changes in the drugs regulations approach.”

Achiel, Rumah Cemara, Indonesia

Campaigners on the collective day of action for Support. Don't Punish.



“As we embark on this great collective journey, we pledge that no one will be left behind.”

Transforming our world: the United Nation's 2030 Agenda for Sustainable Development



Getting harm reduction services to people, overcoming barriers

We provide HIV and harm reduction services to people who use drugs, their partners, families, and communities in nine countries and in dramatically different settings. Every year, we reach approximately 260,000 people who use drugs with health, support and legal services. We are adapting harm reduction programmes to different needs, geographies and policy contexts.

In each of these contexts, our ability to reach people who inject drugs is dependent on government and community support. It is also dependent on the ability to reach drug users, in particular those most vulnerable and underground, and to build better services drug users can trust. This requires us to work with law enforcement, health and other government services to ensure that, for people who use drugs, seeking healthcare is not intimidating and unlikely to lead to arrest.

We run programmes to increase access to justice so that people who use drugs can fight discrimination, demand services, address violence and protect their families. These services are part of our HIV prevention efforts.

Government support for harm reduction is growing in some of these countries, but the obstacles created by incarceration, police harassment, violence and discrimination undermine our ability to reach and provide services to people who use drugs. These obstacles need to be removed.

Drug users in Kenya report high rates of violence, high rates of stigma and discrimination, and HIV prevalence amongst women who use drugs there is high. KANCO and its partners are providing needle and syringe programmes. They are also educating communities about harm reduction and the rights of drug users to access services, including sexual and reproductive health services and protection from violence.

In Viet Nam, China and Indonesia, large numbers of drug users are detained in compulsory detention centres. Conditions in these centres are harsh and humiliating and produce very poor health outcomes. SCDI in Viet Nam, AIDS Care China and Rumah Cemara in Indonesia, along with other civil society

“There was a time in the past when there was a problem, when we did not have a sponsor [provider] for the syringe, we could share like two people... but now when we got the sponsorship for the injection each one of us got his or her own and now the injections one can take of themselves. We stopped sharing.”

Person who uses drugs, Kenya

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“Aini is 17-years-old. She was caught by the police for using drugs. Aini went through our legal advice programme and managed to get the right to be diverted to treatment instead of detention. This year the government funded 84 places in Rumah Cemara voluntary treatment centre. So Aini was lucky to be with us and be able to continue her schooling. Had she been placed in the government treatment centre, which is like a prison, her life would have been disrupted.”

Achiel, Rumah Cemara, Indonesia

organisations, are setting up alternative drug treatment centres in community settings to demonstrate to governments that alternatives exist. As the success of these models grow, law enforcement officials are increasingly referring drug users to the community-based centres, and the number of drug users being detained in compulsory detention centres is going down.

Similarly, in India, many drug treatment services use harsh punishment and impose customary laws that are often painful and humiliating. Many drug users are detained without consent. India HIV/AIDS Alliance is advocating for evidence-based drug treatment services and for national standards so that people who use drugs are not subject to human rights violations in treatment services.

Rumah Cemara in Indonesia is working with grassroots groups to provide needle and syringe programmes to increasing numbers of people who use drugs. Many drug users in Indonesia are incarcerated so, in order to reach drug users, Rumah Cemara is providing HIV prevention and support programmes in prison. The organisation advocates for drug users who are convicted of drug offences to be directed to evidence-based drug treatment services as an alternative to prison.

Alliance for Public Health in Ukraine is defending opiate substitution therapy services from police harassment and interference, and relocating clients from Crimea to other cities in order to ensure people can continue to access these services. In 2009, the organisation established a national hotline for the opiate substitution therapy services and has received, and responded to, thousands of calls from clients and family members regarding threats to services. Many complaints and appeals have been submitted to the Ombudsman at the Ministry of Interiors. Many clients have been successfully relocated to ensure their ability to access opiate substitution therapy continues.⁵⁶

“My experience of drug use is useful to others. Now I help people who use drugs to prevent HIV, hepatitis C and overdose by sharing with them my knowledge and experience... I visit the families. They trust me.”

Peer outreach worker, Viet Nam

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“We are from Horlivka. We got enrolled in the OST programme right before the war. We were really happy, the life started improving, we began saving money and our parents were glad that the tide [had] turned to the better.

Then the war broke out. At first we coped while the OST drug was available, but when it ran out of stock, we did not know what to do. Our friends who left prior to us told [us] we should relocate ... Our trip was long and difficult, we did not have passes and had to look for transport on our own.

Your organisation's work is immensely important, believe us. There were 350 people on OST in Horlivka before the war. The programme discontinued three-months-ago and four clients are already dead because of internal organ failures or of overdoses. It is hardly possible to cope with this on mere willpower. We found a way out here. This project saves lost souls who would otherwise be just discarded. Without it we would just die. When people receive help and support, they can improve their lives.”

Opiate substitution therapy clients, Ukraine

A snapshot of the Alliance's community-based HIV and harm reduction programmes

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Alexey, a former drug user, takes a HIV rapid test at an outreach clinic in Cherkassy, Ukraine © Alliance



Alliance Myanmar is establishing harm reduction services

for people who inject drugs on the borders of Myanmar, China and India. They are working with India HIV/AIDS Alliance and AIDS Care China to ensure that people who use drugs who regularly cross these borders have access to harm reduction services, including HIV treatment.



Alliance for Public Health (formerly International HIV/AIDS Alliance in Ukraine) manages a large-scale national HIV and

harm reduction programme that annually reaches close to 200,000 people who use drugs.⁵⁴ The key interventions are peer-based needle and syringe programmes, opiate substitution therapy, HIV testing and treatment programmes for people who use drugs, legal services, sexual health services and TB and hepatitis C services. The Alliance for Public Health provides international technical leadership for the Alliance's global harm reduction programmes through the establishment of the Alliance Centre on HIV, Hepatitis C and Drug Use. www.aph.org.ua



Association Nationale Centre le SIDA (ANCS) is starting harm reduction services in Dakar. ANCS is identifying active drug users, local community organisations and other experts who can come together to plan and deliver a peer-based needle and syringe programme to educate drug users about safe injecting.



KANCO is working with community-based organisations in Kenya to enable drug users to access harm reduction services and build community and government support for harm reduction. KANCO and its partners have introduced

peer-based needle and syringe programmes, sexual and reproductive health services, and other services such as adherence support for people starting on methadone and HIV treatment. KANCO's harm reduction programme, one of the country's first, was established in 2011 when access to clean syringes was extremely poor. The use of clean syringes at last injection is reported to have increased from 52% in 2011 to 88% in 2014.⁵⁵ www.kanco.org

54. Alliance for Public Health 2015 *HIV/AIDS Epidemic in Ukraine: Withstanding the Blow!* www.aidsalliance.org.ua/ru/news/pdf/01-12_2015/12/WAD_Statement_2015_final_en.pdf; www.aph.org.ua/news/2016/1/27/entering-2016-with-solid-results

55. International HIV/AIDS Alliance 2014 *Community Action on Harm Reduction Annual Report 2014* www.cahrproject.org/wp-content/uploads/2015/07/CAHR-2014-Annual-Report.pdf

Ani works at a local café in Terengganu, Malaysia, where outreach services are provided to people who use drugs. She is supportive of outreach work with people who use drugs. Her uncle was a drug user and she wishes he had been able to access services. © Gemma Taylor for the Alliance





India HIV/AIDS Alliance is reaching people who use drugs in five states where government HIV and harm reduction services are

weak. In 2014, their harm reduction programmes reached 12,000 people who use drugs. Alliance India's programme adds services such as family support, sexual and reproductive health services and overdose crisis interventions to the government's basic package of services for people who use drugs. Alliance India is starting harm reduction programmes in new sites where no other services exist or where drug users are underserved. They support the development of networks for people who use drugs as a priority intervention, and build capacity for harm reduction in mainstream services. www.allianceindia.org



Every year, **AIDS Care China** provides HIV treatment and care services to approximately 7,000 people who inject drugs, and is working closely with provincial government health services to improve the quality of methadone programmes by establishing take-home methadone services. It has introduced and scaled-up naloxone to prevent overdose deaths and is developing community-based drug treatment services as alternatives to compulsory drug detention centres.

www.aidscareshina.org



Supporting Community Development Initiatives (SCDI) is one of Viet Nam's leading HIV and harm reduction organisations. It delivers community-based services to prevent HIV and promote human rights, and has established community-based addiction centres that provide voluntary and evidence-based drug treatment services as a way to demonstrate to the government that alternatives to compulsory detention centres can improve health.

www.scdi.org.vn



Khana and its community partners is operating drop-in and outreach based needle and syringe programmes for people who inject drugs in Phnom Penh. Khana also advocates for the rights of people who use drugs, and for alternatives to compulsory drug treatment and for community-based harm reduction services.

www.khana.org.kh



In 2014, the **Malaysian AIDS Council (MAC)** reached 44,000 people who use drugs with harm reduction services. Using peer-based outreach, and focusing on distributing syringes and educating

drug users about safe injecting and HIV prevention, their national programme works alongside government health services to prevent unsafe injecting and increase access to care for people who use drugs and their families. MAC is developing a prison-based needle and syringe programme model plus income generation services for people who use drugs. www.mac.org.my



Rumah Cemara is working with community-based organisations in West and East Java and Bali to provide peer-based needle and syringe programmes, community-based drug treatment

services and prison-based HIV prevention programmes for incarcerated drug users. The organisation uses sport and music to raise awareness of HIV amongst people who use drugs, and is helping people who use drugs advocate for better services and alternatives to prison.

The UNGASS on Drugs 2016 – what needs to change?

The 2016 UNGASS on Drugs will be held in New York in April. The General Assembly is the UN's highest-level policymaking body and, as such, a General Assembly Special Session is a high-level international policy process.

How should Member States act?

The last UNGASS on drugs was held in 1998. At that meeting, Member States agreed a Political Declaration on Global Drug Control.⁵⁷ It committed Member States to “a drug free world by 2008”. This declaration, and the one that followed in 2009, emphasised the continuation of a *supply reduction* and *demand reduction* approach. These declarations fail to support a *harm reduction* approach. What this means is that the current system, whereby billions of dollars are spent on efforts to eradicate the drug market,⁵⁸ is prioritised at the expense of spending on health.

We think this needs to change. We think Member States need to examine their investment in supply reduction efforts in terms of cost effectiveness and value for money. Our programming experience shows that a harm reduction approach to drug use, which puts health and human rights first, is effective and represents value for money.

To end AIDS we need Member States to commit to creating the conditions for the prevention of HIV transmission. A public health approach to HIV and drug use must be endorsed at the 2016 UNGASS on Drugs in order to honour global HIV and Sustainable Development Goal commitments.

The 2016 UNGASS on Drugs will produce an Outcome Document, a policy statement on the global drug problem. All Member States will be expected to sign it. We want to see an honest and open debate that recognises what has worked and what has not when it comes to drug control measures, and a commitment to ending AIDS using a harm reduction approach. Here, we set out our recommendations on priorities for the UNGASS on Drugs with the goal of ending AIDS amongst people who inject drugs.

Sustainable Development Goals, HIV and drugs

The Sustainable Development Goals set out 17 goals and 169 targets. Here are some that are particularly relevant to HIV and drug use.

- **Goal 3:** Ensure healthy lives and promote wellbeing for all at all ages.
- **Target 3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- **Target 3.5:** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

57. 1998 and 2009 Political Declarations and plans of action on the world drug problem www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_Index.html

58. *Transform The War on Drugs: Wasting billions and undermining economies* www.countthecosts.org/seven-costs/wasting-billions-drug-law-enforcement

UNGASS on Drugs 2016: five recommendations

-  1 No one must be left behind. All Member States must commit to **ending AIDS amongst people who use drugs** in line with Sustainable Development Goals 3.3 and 3.5, and the UNAIDS 2020 targets.
 -  2 All Member States must recognise and endorse the cost effectiveness of a **harm reduction** approach to drug use in the UNGASS Outcome Document.
 -  3 A commitment must be made to the **decriminalisation** of drug use, the possession of drugs for personal use and the possession of drug using paraphernalia. The UNGASS Outcome Document should promote the adoption of alternative measures to incarceration and punishment for minor and non-violent offences and promote community-based and evidence-based drug dependence treatment. This UNGASS must commit to ending the compulsory detention of people who use drugs.
 -  4 All Member States must **involve civil society**, especially people who use drugs and community-based harm reduction service providers, in debates and decision making on drug policy and HIV.
 -  5 To inform the development of the 2019 Political Declaration and Action Plan, an advisory group must be established to **examine the effectiveness of current drug policy** – particularly in terms of public health, poverty reduction and human rights – and to develop recommendations to improve the functioning and coherence of drug control within the UN system.
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Outreach-based needle and syringe programme. © Gemma Taylor for the Alliance



“... evidence shows that in many countries, drug control policies and related enforcement activities focused on reducing supply and demand have had little effect in eradicating production or problematic drug use. Various UN organisations have also described the harmful collateral consequences of these efforts: creating a criminal black market; fuelling corruption; violence and instability; undermining public health and safety; generating large-scale human rights abuses, including abusive and inhumane punishments; and discrimination and marginalisation of people who use drugs, indigenous peoples, women and youth.”

United Nations Development Programme, 2015

