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Date: 19 April 2011

Dr Salidat Kairbekova
Minister of Health
Ministry of Health the House of Ministries
5th entrance, Left bank
010000 Astana
Kazakhstan

Dear Madam,

WHO, UNODC, UNAIDS and UNICEF would like to once again commend the government of Kazakhstan for its commitment to achieving universal access to HIV prevention, treatment and care, including the efforts to provide harm reduction interventions to people who inject drugs, the group that is most at risk of HIV exposure.

However, the recent developments and opposition to opioid substitution therapy and other evidence-based approaches to preventing HIV in people who use drugs in Kazakhstan raise concerns and put in danger the progress achieved so far. Our organizations would like to support the evidence-informed policies and programmes that the Ministry of Health is pursuing and once again provide scientific justification for this approach.

Opioid substitution therapy entails the administration under medical supervision of a prescribed medicine with similar action to the drug of dependence. Globally, the most widely employed substitution medicine among illicit drug users are methadone and buprenorphine, prescribed in maintenance doses for the treatment of opioid dependence in many countries. Most substitution medicines are taken orally on a regular basis and are used for both medium-term to long-term maintenance, usually more than six months.

There is a large body of scientific evidence that shows the effectiveness of opioid substitution therapy in preventing HIV infections, reducing illicit opioid use, reducing criminal activity and preventing overdose deaths^{1 2 3}. There is also good evidence that opioid substitution therapy improves the overall health status of drug users infected with HIV⁴, reduces heroin use and is more

¹ Ward J, Mattick RP and Hall W (1998) Methadone maintenance treatment and other opioid replacement therapies
Amsterdam: Harwood Academic Publishers

² Sorensen JL and Copeland AL (2000) Drug abuse treatment as an HIV prevention strategy: a review *Drug and Alcohol Dependence* 59(1):17-31

³ Gowing L, Farrell M, Bornemann R and Ali R (2004) Substitution treatment of injecting opioid users for preventing transmission of HIV infection (Cochrane review protocol) *Cochrane Library* 2004 Issue 3 Chichester, UK: John Wiley and Sons Ltd.

⁴ Weber R, Ledergerber B, Opravil M, Sigenthaler W and Luthy R (1990) Progression of HIV infection in misusers of injected drugs that stop injecting or follow a programme of maintenance treatment with methadone *British Medical Journal* 301(6765)1362-5

effective in retaining drug users in treatment than detoxification⁵. Opioid substitution therapy has many other benefits including improved levels of employment and social functioning.

The scientific evidence clearly suggests that opioid substitution therapy is the most effective treatment option for the management of opioid dependence with regard to the prevention of HIV transmission and the care of drug users living with HIV. Opioid substitution therapy also offers opportunities for improving the delivery of antiretroviral and TB treatment of drug users living with HIV and tuberculosis, notably by increasing access to treatment and improving retention in programmes and adherence to treatment.

The effectiveness of opioid substitution therapy is increased when other evidence-based drug and HIV prevention strategies (including needle/syringe exchange, outreach, peer education) are available and accessible⁶. Opioid substitution therapy is cost-effective and widely used in the European Union, Canada, the United States, Australia and a number of other countries.

As you are aware, Eastern Europe and central Asia have extremely high rates of opioid use and injection drug use and with this associated high prevalence of HIV among injecting drug users. Therefore, given the evidence of the effectiveness of opioid substitution therapy in both the management of opioid dependence and in HIV prevention and treatment; the WHO Regional Office for Europe, UNODC, UNAIDS and UNICEF fully support this intervention and encourage Member States to promote, enable and strengthen widespread introduction and expansion of opioid substitution therapy.

The joint United Nations' agencies' position has been reflected in the position paper and the related policy brief on the reduction of HIV transmission through drug dependence treatment⁷. The policy brief provides more details on this important issue and confirms the conclusions of the joint position paper. Furthermore, WHO, UNODC and UNAIDS have produced a technical guidance to assist countries with setting ambitious, but achievable national targets for scaling up towards universal access to HIV/AIDS prevention, treatment and care for injecting drug users (IDUs)⁸. The WHO Regional Office's support for evidenced-informed interventions for people who inject drugs including for opioid substitution therapy is reconfirmed in the European Action Plan for HIV AIDS that has been available for your comment and input.

The WHO Regional Committee for Europe Resolution (EUR/RC52/R9) on scaling up the response to HIV/AIDS⁹, adopted unanimously by Member States of the WHO European Region, urges all Member States to *“to promote, enable and strengthen widespread introduction and expansion of evidence-based targeted interventions for vulnerable/high-risk groups, such as prevention, treatment and harm reduction programmes (e.g. expanded needle and syringe programmes, bleach and condom distribution, voluntary HIV counselling and testing, **substitution drug therapy**, STI diagnosis and treatment) in all affected communities, including prisons, in line with national policies”*.

⁵ Mattick RP, Breen C, Kimber J and Davoli M (2002) Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence (Cochrane review) *Cochrane Library* 2002 Issue 4 Chichester, UK: John Wiley and Sons Ltd.

⁶ WHO Policy briefs accessible at: <http://www.who.int/hiv/pub/idu/idupolicybriefs/en/>

⁷ World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS (2004) Policy Brief: the reduction of HIV transmission through drug dependence treatment Geneva: World Health Organization WHO/HIV/2004.4

⁸ Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users accessible at: <http://www.who.int/hiv/pub/idu/targetsetting/en/index.html>

⁹ World Health Organization, Regional Committee for Europe, Fifty Second-Session (2002), Resolution EUR/RC52/R9, Scaling up the response to HIV/AIDS in the European Region of WHO

I hope this clarifies, and provides evidence to justify, the approach that Ministry of Health of Kazakhstan has taken in addressing HIV epidemic in people who inject drugs. Please do not hesitate to contact us for further information.

Yours very truly,

Zsuzsanna Jakab
Regional Director

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