

Successful models for implementation of harm reduction programmes

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UNODC is the UNAIDS Convening Agency

People Who use Drugs

More than **11.2 million** people who inject drugs

1.4 million are living with HIV

5.5 million are living with HCV

1.2 million are living with HIV & HCV

35 times more vulnerable to acquire HIV

People in Prison

Almost **11 million** people are held in prisons at any given time

4.6% are living with HIV

15.1% are living with HCV

2.8% have active tuberculosis

5 times more likely to be living with HIV



70% of new HIV infections globally are among key populations and their sexual partners

**UNODC
Strategy 2021-
2025**

**Global AIDS
Strategy
2021-2026**

**HIV
Prevention,
treatment
and care
among
people who
use drugs**

- Increasing access to harm reduction
- HIV interventions among women who use drugs
- HIV & Hepatitis interventions among people who use stimulant drugs
- Human rights-based and HIV-sensitive law enforcement policies and practices
- Addressing punitive laws and policies

**UNODC Strategy
2021-2025**

**Global AIDS
Strategy
2021-2026**

**Comprehensive
HIV Services for
people in prisons
and other closed
settings**

- Women in prisons
- HIV testing and treatment
- Improving living and working conditions
- Promote comprehensive package of evidence-based interventions for HIV services among people in prison





UNGASS Outcome Document

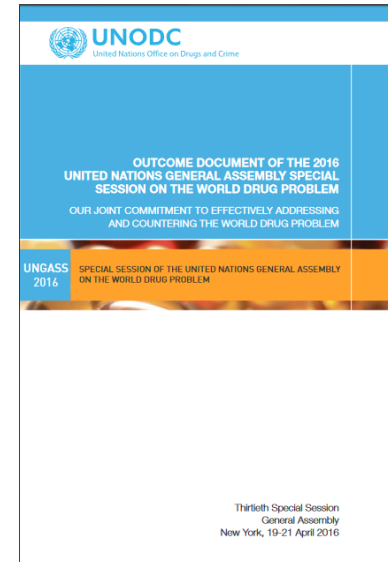


“We reiterate our commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as combat viral hepatitis, other communicable diseases, inter alia, among people who use drugs, including people who inject drugs”

[In line with SDG target 3.3]

“(b) Ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programmes, including those offered to persons in prison or pre-trial detention, which are to be on a level equal to those available in the community, and ensure that women, including detained women, have access to adequate health services and counselling, including those particularly needed during pregnancy; ”

[In line with SDG 5 & 10]





2025 HIV targets



LESS THAN 10%

LESS THAN 10% OF PEOPLE LIVING WITH HIV AND KEY POPULATIONS EXPERIENCE STIGMA AND DISCRIMINATION

LESS THAN 10%

OF PEOPLE LIVING WITH HIV, WOMEN AND GIRLS AND KEY POPULATIONS EXPERIENCE GENDER BASED INEQUALITIES AND GENDER BASED VIOLENCE

LESS THAN 10%

OF COUNTRIES HAVE PUNITIVE LAWS AND POLICIES

People living with HIV and communities at risk at the centre

95% OF PEOPLE AT RISK OF HIV USE COMBINATION PREVENTION

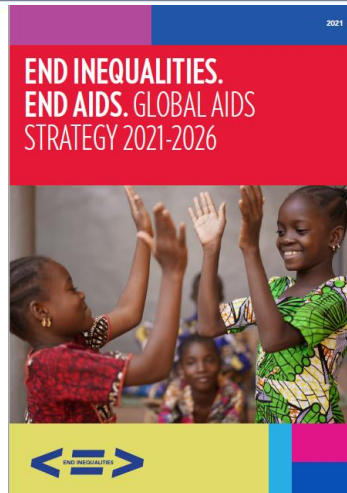
95-95-95% HIV TESTING, TREATMENT & VIRAL SUPPRESSION AMONG ADULTS AND CHILDREN

95% OF WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES

95% COVERAGE OF SERVICES FOR ELIMINATING VERTICAL TRANSMISSION

90% OF PEOPLE LIVING WITH HIV RECEIVE PREVENTIVE TREATMENT FOR TB

90% OF PEOPLE LIVING WITH HIV AND PEOPLE AT RISK ARE LINKED TO OTHER INTEGRATED HEALTH SERVICES





Harm reduction interventions with and for people who use drugs



ESSENTIAL FOR IMPACT: HEALTH INTERVENTIONS

PREVENTION OF HIV, VIRAL HEPATITIS AND STIs

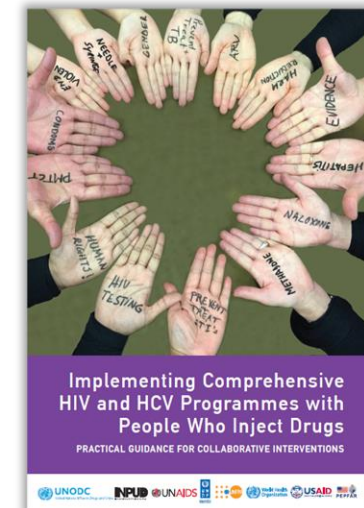
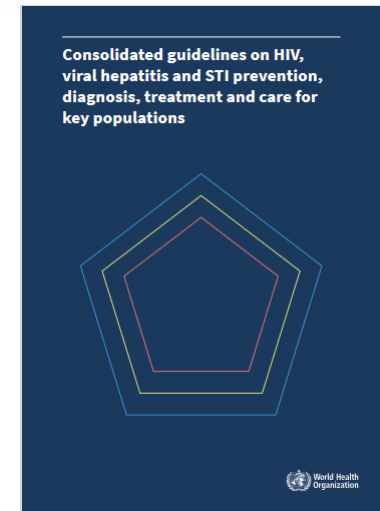
- Harm reduction (needle and syringe programmes, opioid agonist maintenance therapy and naloxone for overdose management)
- Condoms and lubricant
- Pre-exposure prophylaxis for HIV*
- Post-exposure prophylaxis for HIV and STIs
- Prevention of vertical transmission of HIV, syphilis and HBV
- Hepatitis B vaccination
- Addressing chemsex

DIAGNOSIS

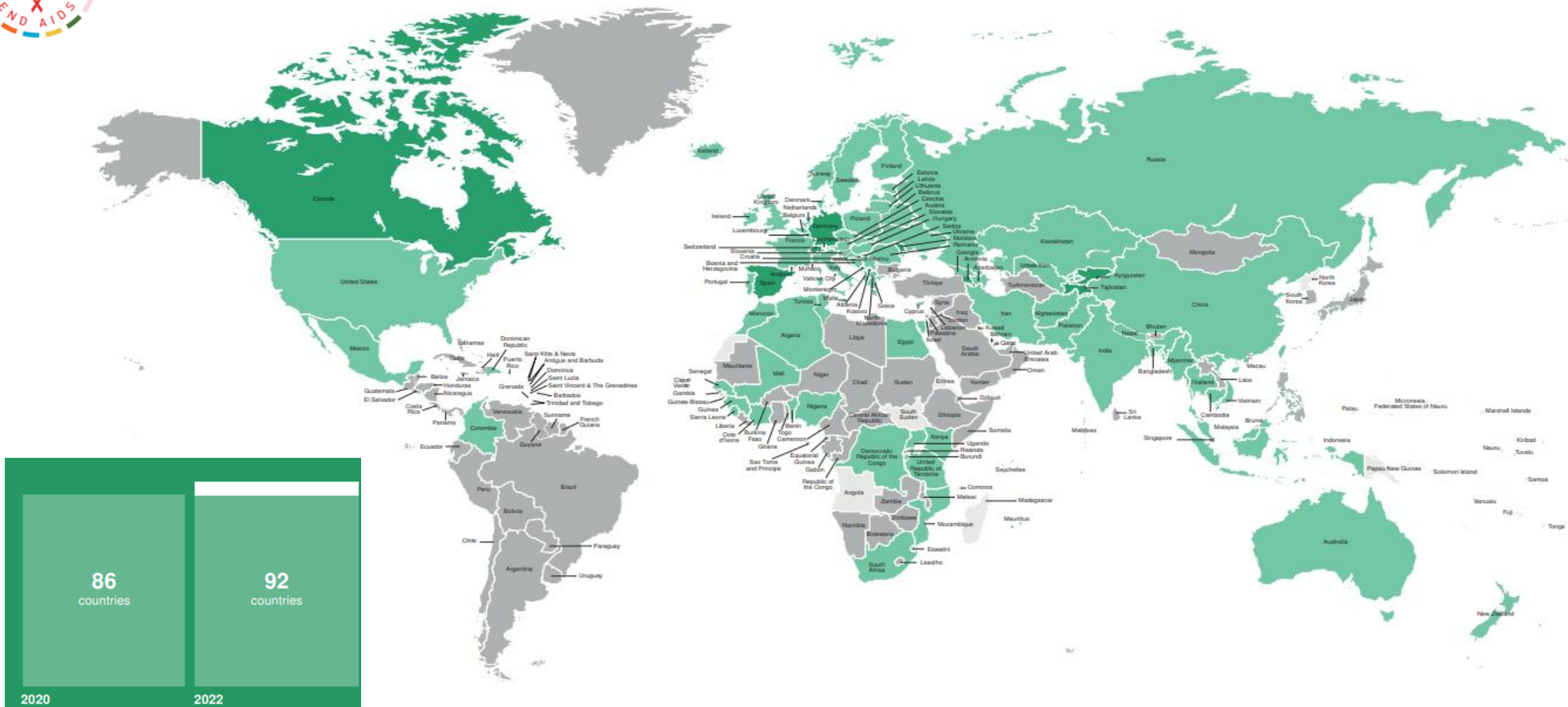
- HIV testing services
- STI testing
- Hepatitis B and C testing

TREATMENT

- HIV treatment
- Screening, diagnosis, treatment and prevention of HIV associated TB
- STI treatment
- HBV and HCV treatment



Global Availability of Needle and Syringe Programmes (NSPs) in the Community and in Prisons

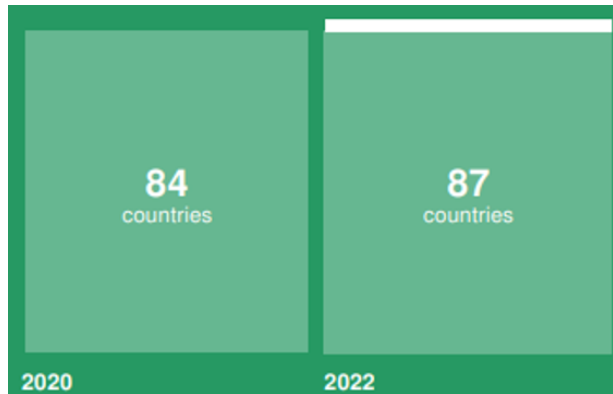
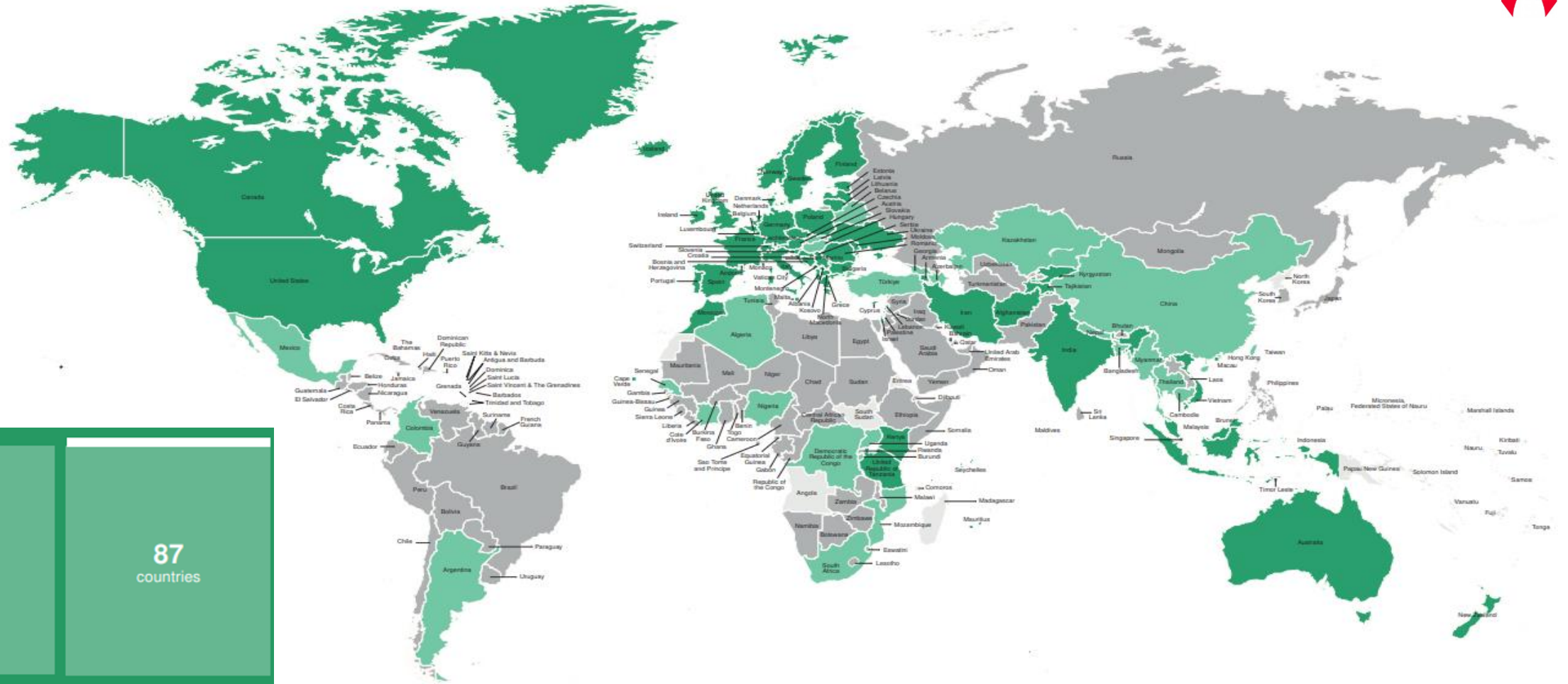


- NSP available in the community
- NSP available in the community and prison
- NSP not available

THE GLOBAL STATE OF HARM REDUCTION 2022



Global Availability of Opioid Agonist Therapy (OAT) in the Community and in Prisons



- OAT available in the community
- OAT available in the community and prison
- OAT not available

THE GLOBAL STATE OF HARM REDUCTION 2022

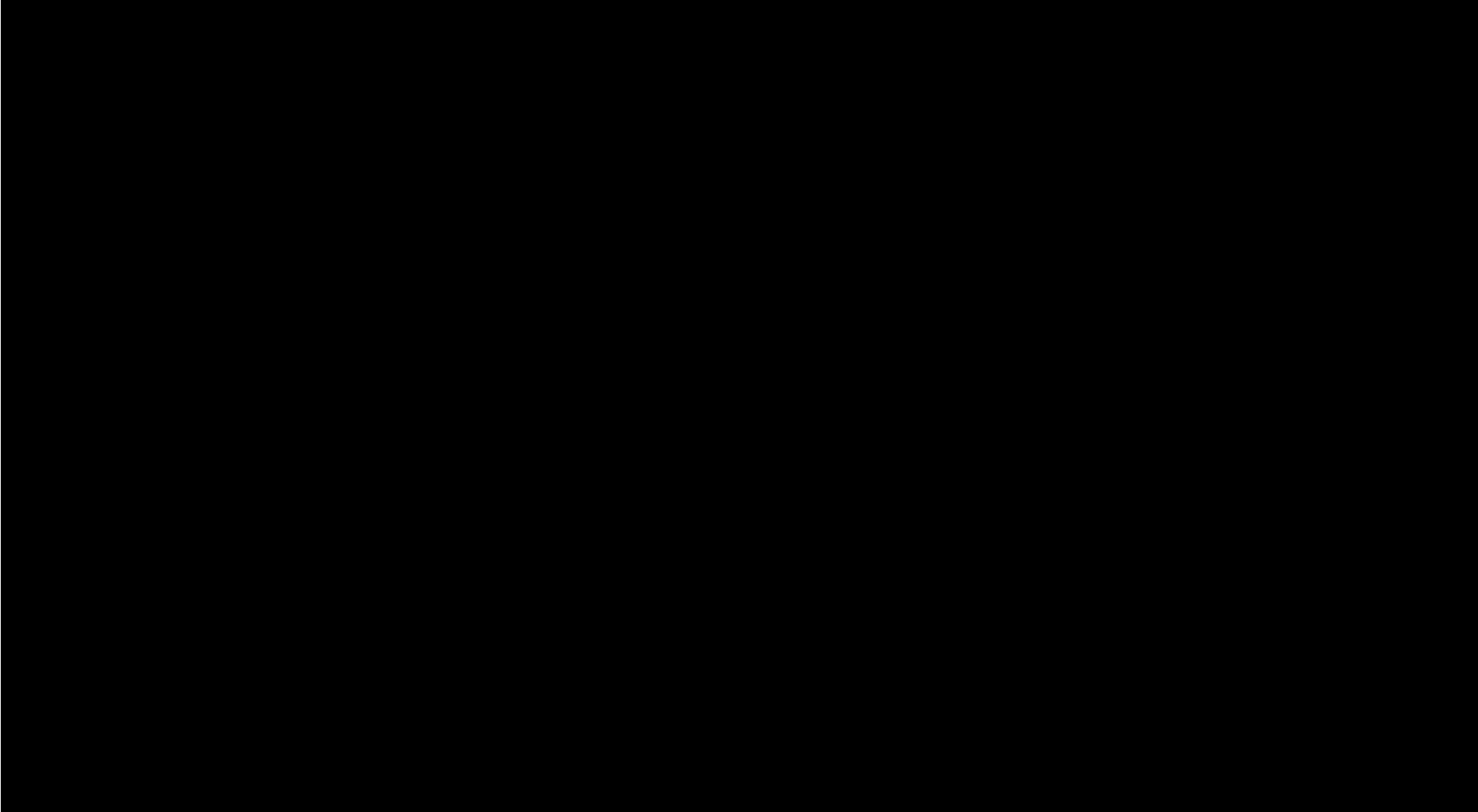


OAT programme scale-up in Kenya



- Established in 2014 under the National AIDS & STI Control Programme.
- Includes a network of seven clinics across several counties.
- One service has started in a prison.
- The one-stop-shop model integrates health interventions for people who use drugs and HIV, STI, HBV, HCV and TB testing and treatment services.
- The programme is not limited to people who inject heroin.
- Task-shifting, with structured training programmes enables clinical officers to spearhead OAT services.
- Strong political leadership has resulted in increasing government investment.
- Multisectoral collaboration has supported positive shifts in the environment.



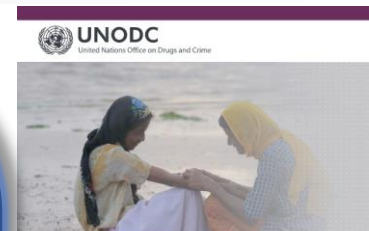




Addressing specific needs of women who inject drugs



- ✓ Accessible service locations
- ✓ Women-only spaces and/or times at drop-in centres or separate venues
- ✓ Specific outreach for women who inject drugs
- ✓ Collaboration & cross-referral with programmes addressing sex work & HIV
- ✓ Secondary needle and syringe distribution
- ✓ Addressing stigma and discrimination
- ✓ Elimination of policy, legal & social barriers
- ✓ Resourcing
- ✓ Data
- ✓ Participatory planning, implementation & evaluation



Addressing the specific needs of women who inject drugs
Practical guide for service providers on gender-responsive HIV services



INTRODUCTION AND OVERVIEW

Issue summary: the vulnerabilities of women who inject drugs

Throughout the world, people who inject drugs (PWID) are at the frontier with stigmatization, vulnerability, marginalization and high risk for HIV. The situation is even worse for women who inject drugs (WID), who are often ignored and invisible within the larger drug-using population. National and international research, services, guidelines, training programmes and surveillance concerning people who inject drugs remain overwhelmingly gender-neutral or male-focused. Early on a needs-based data gap on the role women play among those who inject drugs, and their specific challenges and needs are rarely recognized or understood.

1. Health and harm reduction (HR)
2. Optimal substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STI)
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB)

The health and human rights impacts of such stigmatization can be very harmful. Women who inject drugs face a range of gender-specific barriers to accessing HIV-related services, and in many instances they remain a particularly hard-to-reach population, even when harm reduction programmes are in place. The stigma and discrimination that they experience, which is often heightened by gender-based violence and abuse, increases their risk for contracting HIV and other STIs.

To date, inadequate attention has been given to rectifying gender inequalities in harm reduction programming. Strategies and policies are urgently needed to address this gap as a first step towards improving the safety, health and well-being of women who inject drugs. Additional approaches should also be developed and implemented to promote comprehensive health, social and legal services that reach them and their sexual and drug-using partners. To be effective, such approaches should be based on evidence and human rights standards.

These steps are necessary not only for women who inject drugs, but also more broadly for communities and societies. Factors so adequately respond to the needs of this invisible and highly vulnerable population has harmful consequences for the health of the individuals themselves as well as for public health overall.

INPUD
International Network of People who Use Drugs



ADDRESSING THE SPECIFIC NEEDS OF WOMEN WHO USE DRUGS
Prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis
TECHNICAL BRIEF



Rhiannon Thomas (Canada), Veronica Russo (Argentina), and Aura Roig (Spain)

Women who Use Stimulant Drugs

UNODC Webinar – Part 1
Introducing Stimulant Drugs



UNODC

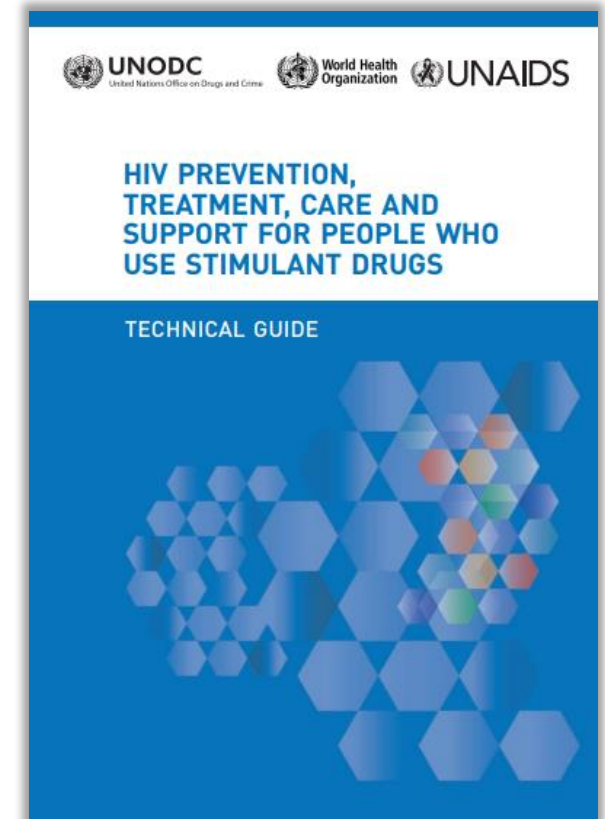
United Nations Office on Drugs and Crime



Harm reduction among people who use stimulant drugs: core interventions



1. Condoms, lubricants and safer sex programmes;
2. Needle and syringe programmes (NSP) and other commodities;
3. HIV testing services (HTS);
4. Antiretroviral therapy (ART);
5. Evidence-based psychosocial interventions and drug dependence treatments;
6. Prevention, diagnosis and treatment of STIs, hepatitis and tuberculosis (TB);
7. Targeted information, education and communication (IEC) for people who use stimulant drugs and their sexual partners;
8. Prevention and management of overdose and acute intoxication.



Mr Achmad Nuhung (Indonesia)

Community mobilisation: Indonesia Case Study

UNODC Webinar – Part 3
Stimulant Interventions



Thank You!



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