

INDEPENDENT REFERENCE GROUP TO THE UNITED NATIONS CALLS FOR MEMBER STATES TO SCALE UP EVIDENCE-BASED INTERVENTIONS TO ADDRESS HIV AMONG PEOPLE WHO INJECT DRUGS AHEAD OF THE HIGH LEVEL MEETING ON AIDS

On the eve of the 2011 high level meeting on HIV/AIDS, the Independent Reference Group to the United Nations on HIV and Injecting Drug Use calls for Member States to scale up evidence-based interventions to address HIV among people who inject drugs. Although injecting drug use continues to fuel the HIV epidemic in many countries, particularly in Eastern Europe and Asia, the majority of people who inject drugs remain unable to access quality HIV prevention or treatment. There are an estimated 16 million people who inject drugs worldwide, of which 3 million are estimated to be HIV positive. The Reference Group calls on Member States to commit to an evidence-based and rights-based public health approach to reach universal access to quality HIV prevention and treatment for people who inject drugs and to revise punitive drug policies that counteract and undermine public health and human rights. More specifically, the Reference Group calls on countries to:

1. Improve engagement with people who inject drugs in shaping responses to HIV/AIDS. The centrality of people living with HIV to the HIV/AIDS response is clear, but the voices of the most marginalised actors in the epidemic, including people who inject drugs, have not been widely heard. This is despite their engagement being core to developing acceptable services that ensure successful outcomes. Member States should commit to engaging with and working alongside people who inject drugs to effectively prevent new infections and to treat HIV among people who inject drugs and their sexual partners.
2. Support a public health, rights-based approach to HIV programming that recognizes that access to life-saving, proven interventions for the prevention and treatment of HIV is a human right for all people, including people who inject drugs. Drug dependence and HIV infection are adverse health conditions that require a public health response, not legal punishment, arrest and imprisonment. Legal punitive approaches to drugs and HIV problems only worsen them and can have major, adverse public health consequences. As such, Member States should provide people who inject drugs and their sexual partners with full access to a comprehensive package of services for the prevention and treatment of HIV and co-morbidities including drug dependence.
3. Urgently implement and/or scale up the comprehensive package of nine interventions outlined in the WHO, UNODC and UNAIDS technical guide for the prevention and treatment of HIV among people who inject drugs. The national HIV strategies of Member States, and the international declaration with which the High Level Meeting on HIV/AIDS will conclude, should explicitly commit to the implementation and scaling up of the following nine interventions so that they are widely available and accessible to all people who inject drugs: needle and syringe programmes; drug dependence treatment and in particular opioid substitution therapy for people who use opioids; antiretroviral therapy for HIV-positive people (and their sexual partners); HIV testing and counseling; prevention and treatment of sexually transmitted infections; condom programmes for people who inject drugs and their sexual partners; targeted information, education and communication for people who

inject drugs and their sexual partners; vaccination, diagnosis and treatment of viral hepatitis; and the prevention, diagnosis and treatment of tuberculosis.

Although the number of countries that have introduced these core HIV prevention services is growing, for the most part the scale of these programmes is inadequate to prevent the spread of HIV among people who inject drugs. As a matter of priority, member states should work towards scaling up access to needle and syringe programmes for people who inject drugs, opioid substitution therapy for people who are dependent on opioids, antiretroviral therapy for HIV-positive people who inject drugs (and their sexual partners), and sexual risk reduction interventions for people who inject drugs. These interventions are cost-effective and reduce HIV transmission in societies when implemented to scale.

4. Remove legislation and policies that prevent the introduction or inhibit the delivery of these nine interventions.

Legislation that prohibits the purchase, carrying or distribution of injecting equipment should be immediately revised to support the provision of clean and safe needles and syringes to injecting drug users. Similarly, legislation that does not allow for accurate information about methadone or buprenorphine to be distributed, or prohibits the prescribing of these medications—which are on the WHO list of essential medicines—should be immediately repealed. Other laws and policies that impede delivery of effective HIV prevention and treatment to people who inject drugs, including those that lead to imprisoning people for drug use or possession of drugs for personal use, also should be revised.

5. Commit to ending punitive law enforcement approaches to injecting drug use. Punitive law enforcement approaches including harassment of people who inject drugs, imprisonment of drug users for drug use or possession of drugs for personal use, and forced treatment for people who use drugs should also be revised. These approaches are an inappropriate response to a public health challenge and often impede access to and the uptake of HIV prevention and treatment. Evidence suggests that these approaches fuel the HIV epidemic in people who inject drugs by limiting the impact of evidence-based prevention programmes. For example, police harassment of people who inject drugs may impede access to needle and syringe programmes. Detention settings where needle and syringe programmes are not available expose people who inject drugs to more HIV risk than the drug use itself and may exacerbate other public health problems such as tuberculosis. At a minimum, governments should commit to ensuring that people who inject drugs in prisons and pre-trial detention centres have access to HIV prevention and treatment including needle and syringe programmes, opioid substitution therapy and antiretroviral therapy. Long-term detention in the name of drug “rehabilitation” or “education” has no proven efficacy, violates human rights and should be ended immediately.

6. Improve integration of HIV services with treatment for drug dependence
Member States should commit to ensuring better integration of drug dependence treatment and HIV prevention, treatment and care services. Evidence-based drug dependence treatment should be readily available to those who need it. In addition, HIV

prevention and treatment services should be readily accessible in drug dependence treatment to prevent the spread of HIV among those who may resume injection use following treatment and to provide treatment and care for those individuals who may be HIV positive. At a minimum, referral pathways between HIV prevention and treatment services and drug treatment programmes should be in place within all Member States.

7. Commit to treating health conditions that co-occur alongside HIV among people who inject drugs.

People who inject drugs should have access to a broad range of health services. Access to treatment for common health conditions that co-occur alongside HIV (such as tuberculosis, viral hepatitis B and C, sexually transmitted infections and mental health disorders) are important for people who inject drugs in general and particularly so for improving adherence to and the outcomes of HIV treatment among those who are living with HIV. Active injecting drug use should not be a criterion for delaying or denying treatment of HIV or other comorbid conditions. Member States must urgently work towards improving the access of people who inject drugs to appropriate treatment and care for these conditions.

8. Gather data to enhance the response to HIV among people who inject drugs.

Research and surveillance activities should be considered an integral part of the global response to HIV/AIDS. Ongoing surveillance data allows countries to respond in a timely manner to emerging risks for HIV. Yet, for many regions, data on injecting drug use are sparse. Member States should renew efforts to collect routine and accurate data on the size of the injecting drug population, the proportion of people who inject drugs who are positive for HIV or co-occurring morbidities, and service provision data for people who inject drugs. These activities have been shown to be cost-effective in terms of allowing countries to assess their progress towards preventing and treating HIV.

As Member States prepare for the 2011 High Level meeting, the Reference Group would like to refer members to the 2010 Consensus Statement which forms the basis for this call to action. This statement was developed by the Reference Group at the request of the United Nations to inform the policy development and priority setting by UN agencies involved in addressing HIV and injecting drug use. It draws on research examining the effectiveness of interventions to address HIV and injecting drug use and their impact in differing contexts around the world. The full report and summary of recommendations can be accessed at: www.idurefgroup.com as well as the UNAIDS, UNODC and WHO websites.

The Reference Group to the United Nations on HIV and Injecting Drug Use was established in 2002 and provides independent advice to the United Nations system on matters related to injecting drug use and HIV. The Group consists of experts from around the world and includes researchers, clinicians and representatives from civil society organisations.