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Drug demand reduction: world situation with regard to drug abuse

Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users

Report by the Executive Director

Summary

The present report provides an update on progress in responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users in response to the request made by the Commission on Narcotic Drugs in its resolution 49/4, in which the Commission called upon Member States to give the utmost consideration to the development of a spectrum of drug-related treatment and prevention activities, including for HIV/AIDS, hepatitis and other blood-borne diseases.

Throughout the reporting period since the adoption of resolution 49/4, many Member States have demonstrated increased awareness and interest in addressing HIV/AIDS among drug users, in particular injecting drug users (IDUs). They are progressively establishing legal, policy and institutional frameworks for their response to HIV/AIDS and many have adapted policies specifically addressing HIV/AIDS prevention, treatment and care for IDUs.

Projects and programmes providing services to IDUs commenced for the first time in many countries and Member States are increasingly piloting and expanding components of the comprehensive package of HIV/AIDS prevention, treatment and care services for IDUs, which was recommended by the Joint United Nations Programme on HIV/AIDS (UNAIDS). However, in general, service provision is still inadequate to halt and turn around HIV epidemics in that population. In the reporting

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period 2006-2007, just 13 per cent of reporting States provided all the measures recommended in the UNAIDS comprehensive package. Availability of specific elements was reported to be high in as few as 3 per cent to 20 per cent of reporting States, depending on the element. In the remaining Member States, service availability is either unknown (not reported on), unavailable or, if available, at coverage levels far from high.

The response of the United Nations Office on Drugs and Crime (UNODC) to the twentieth special session of the General Assembly and the call of the Commission on Narcotic Drugs for action to respond to HIV in the context of drug use has increased considerably in recent years in terms of capacity and financial resources to facilitate implementation of effective strategies. As a co-sponsor of UNAIDS and lead United Nations agency for HIV prevention and care associated with injecting drug use and in prison settings, UNODC, through its network of advisers located in key countries in Eastern Europe and Central Asia, South and South-East Asia, the Middle East, Africa and Latin America and the Caribbean, has been promoting an increasingly coordinated national response to HIV in the context of drug use, in particular injecting drug use.

Despite marked increases in financing for the global HIV response, the gap between the resources available and the amounts needed to achieve universal access to HIV services by 2010 is widening. HIV/AIDS prevention, treatment and care services for drug users, especially IDUs, do not command the necessary attention and are insufficiently grounded in the promotion of human rights and gender responsiveness.

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I. Introduction

1. The present report has been prepared pursuant to Commission on Narcotic Drugs resolution 49/4, entitled "Responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users", in which the Commission invited Member States, in accordance with their national legislation:

(a) To give the utmost consideration to the development of demand reduction actions based on studies and research that demonstrated the efficacy and efficiency of drug-related treatment and prevention;

(b) To adopt drug-related health policies that facilitated prevention of drug abuse and access by drug users to different types of prevention, treatment and care for drug dependency, drug-related HIV/AIDS, hepatitis and other blood-borne diseases;

(c) To enhance efforts to promote access to health and social care for drug users and their families without discrimination of any kind and, where appropriate, to cooperate with relevant non-governmental organizations;

(d) To provide access, as appropriate and in the framework of the pertinent national policies, to medications, vaccines and other measures that were consistent with international drug control treaties and had been shown to be effective in reducing the risk of HIV/AIDS, hepatitis and other blood-borne diseases among injecting drug users (IDUs), under the supervision of competent authorities or institutions.

2. In resolution 49/4, the Commission also endorsed the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, as well as related decisions of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS); requested the United Nations Office on Drugs and Crime (UNODC), in conformity with the *UNAIDS Technical Support Division of Labour* document,[1] to provide technical assistance, upon request and subject to the availability of extrabudgetary resources, to Member States to develop comprehensive demand reduction strategies and measures, including HIV/AIDS prevention and care in the context of drug abuse, that were consistent with the international drug control treaties; and requested the Executive Director of UNODC to report to it biennially, starting at its fifty-first session, on the implementation of the resolution.

II. Overview of the global situation

3. Despite evidence that HIV epidemics among IDUs can be prevented, slowed, halted and even reversed,[2] HIV/AIDS prevention, treatment and care services for IDUs continue to be neglected.

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[1] Joint United Nations Programme on HIV/AIDS (Geneva, August 2005).

[2] World Health Organization, Joint United Nations Programme on HIV/AIDS and United Nations Office on Drugs and Crime, *Advocacy Guide: HIV/AIDS Prevention Among Injecting Drug Users* (Geneva, 2004), p. 5.

4. Explosive epidemics are occurring within this vulnerable, often marginalized, group in various locations worldwide, with unsafe drug-injecting practices such as use of non-sterile injecting equipment being efficient modes of HIV transmission. Unsafe injecting drug use is the major route of HIV transmission in Eastern Europe and Central Asia, where it currently accounts for over 80 per cent of all HIV infections. It is also driving the HIV epidemics in many countries in the Middle East, North Africa, South and South-East Asia and Latin America and the Caribbean, with HIV prevalence among certain populations of drug users in those regions also currently exceeding 80 per cent.[3]

5. HIV prevention services for drug users remain extremely limited in most places[4] and most IDUs are not receiving the benefits of improved HIV care and treatment, according to a recent report of the Secretary-General (A/60/736, para. 31). IDUs living with HIV are subject to a double stigma (being IDUs and also HIV-infected). They are often discriminated against when attempting to exercise their basic human rights, such as access to health care or social services. Care and support services are frequently unavailable to them and any that are available are generally not tailored to their specific needs, even in instances where programming and funding for HIV prevention have otherwise expanded considerably. Among drug users, female drug users and female partners of IDUs are especially vulnerable, not only because of the intersection between unsafe injecting and unsafe sexual practices, but also because of the lack of gender-responsive services addressing their specific needs.

6. HIV is also a serious health problem for prison populations in many countries and it can contribute significantly to a country's overall HIV epidemic. Many IDUs will be imprisoned during their drug-using careers and some will continue to inject and may have to adopt even riskier injecting practices while incarcerated. The prevalence of HIV infection in prisons is generally higher than in the general population.[5]

7. Despite marked increases in funding for the HIV response, the gap between available resources and the amounts needed to achieve universal access to HIV prevention, treatment, care and support services by 2010 amounted to $8.1 billion in 2007, and the gap is widening.[6]

8. The current HIV response is insufficiently grounded in the promotion, protection and fulfilment of human rights. Half of the countries submitting reports to UNAIDS noted the continued presence of policies that interfered with the accessibility and effectiveness of HIV-related measures for stigmatized populations (see A/60/735, para. 10 (i)).

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[3] "Joint UNAIDS statement on HIV prevention and care strategies for drug users", available at: http://data.unaids.org/UNA-docs/CCO_IDUPolicy_en.pdf, accessed on 13 October 2007.

[4] Joint United Nations Programme on HIV/AIDS, *2006 Report on the Global AIDS Epidemic: a UNAIDS 10th Anniversary Special Edition* (Geneva, 2006), p. 115.

[5] Ibid., p. 119.

[6] Joint United Nations Programme on HIV/AIDS, *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support* (Geneva, 2007), pp. 1 and 2.

III. Action by Member States

9. The present overview of action by Member States is based on information provided during the reporting periods 2004-2006 and 2006-2007 in response to the biennial reports questionnaire, an instrument to monitor progress towards the goals adopted by the General Assembly at its twentieth special session, in 1998.

10. Section VIII of the biennial reports questionnaire was designed along the lines of the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (General Assembly resolution 54/132, annex), which requests information on initiatives undertaken by Member States in selected areas of drug demand reduction, including the reduction of the negative health and social consequences of drug use.

11. In 2005, following an extensive consultative process with donors, national Governments, non-governmental and community-based organizations and other partners, the Programme Coordinating Board of UNAIDS approved and recommended a comprehensive package of HIV/AIDS prevention, treatment, care and support measures. As regards HIV transmission through unsafe injecting drug use, the package comprises a comprehensive, integrated and effective system of measures that consist of the full range of treatment options (notably substitution treatment) and the implementation of harm reduction measures (through, among other things, peer outreach to IDUs, sterile needle and syringe programmes), voluntary counselling and confidential HIV testing, prevention of sexual transmission of HIV among drug users (including condom distribution and prevention and treatment of sexually transmitted infections), access to primary health care and access to antiretroviral therapy.[7]

12. In the reporting period 2004-2006, 101 Member States provided responses on six of the comprehensive package measures (see table below).[8] The same number of Member States had reported in the reporting period 2006-2007 by the deadline of 15 October 2007.

13. *Concerning dissemination of HIV safety information and education materials* in the reporting period 2006-2007, 52.5 per cent of reporting States indicated that information was available, a slight increase from the 49.5 per cent of reporting States in the reporting period 2004-2006. In approximately one third (34.0 per cent) in the reporting period 2006-2007 – that is, in 18 per cent of all reporting States – dissemination of HIV safety information was reported as high.

14. *Concerning HIV prevention outreach services* to drug users, two thirds of reporting States (65.3 per cent for the reporting period 2004-2006 and 66.3 per cent for the reporting period 2006-2007) indicated that they had implemented such services. In slightly less than one quarter (22.7 per cent) – that is, in 14 per cent of all reporting States – outreach was reported as high.

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[7] Where elements of the UNAIDS comprehensive package are "inconsistent with [a member State's] current national laws and policies", they are not required to be funded by those States.

[8] The biennial reports questionnaire does not contain information on provision of antiretroviral treatment, which is one of the measures in the UNAIDS comprehensive package of HIV/AIDS prevention, treatment and care measures.

Elements of the comprehensive package of the Joint United Nations Programme on HIV/AIDS provided globally, selected reporting periods, as at 15 October 2007

	Available		*If available, level of coverage*					
			Low		*Medium*		*High*	
Measure	*2004-2006*	*2006-2007*	*2004-2006*	*2006-2007*	*2004-2006*	*2006-2007*	*2004-2006*	*2006-2007*
Dissemination of information on safety procedures	49.5	52.5	28.6	20.8	42.9	45.3	28.6	34.0
Outreach	65.3	66.3	27.7	30.3	49.2	47.0	23.1	22.7
Condom distribution	63.4	61.4	34.9	30.6	38.1	40.3	27.0	29.0
Substitution treatment in community institutions	14.9	20.0	26.7	22.2	60.0	61.1	13.3	16.7
Voluntary counselling and testing programmes for infectious diseases	62.4	64.4	22.2	18.5	47.6	50.8	30.2	30.8
Needle and syringe exchange programme	48.5	51.5	27.1	29.4	41.7	33.3	31.3	37.3
All six measures	8.9	12.9	..	..	..	..	..	..
Antiretroviral medication	..	..	..	..	..	..	..	..

15. *Concerning condom distribution* to drug users, almost two thirds of reporting states (63.4 per cent in the reporting period 2004-2006 and 61.4 per cent in the reporting period 2006-2007) indicated that this service was available. In slightly more than one quarter (29.0 per cent) – that is, in 18 per cent of all reporting States – condom distribution was reported as high.

16. *Substitution treatment* in the reporting period 2006-2007 was available in 20.0 per cent of the reporting States, an increase over the 14.9 per cent in the reporting period 2004-2006. In approximately one in six (16.7 per cent) – that is, in 3 per cent of all reporting States – substitution treatment availability was reported as high.

17. *Concerning voluntary counselling and confidential HIV testing* for drug users, in the reporting period 2006-2007, 64.4 per cent of States indicated that this service was available, an increase of two percentage points over the reporting period 2004-2006. In slightly less than one third (30.8 per cent) – that is, in 20 per cent of all reporting States – counselling and HIV testing was reported as high.

18. *Concerning sterile needle and syringe programmes*, 51.5 per cent of the reporting countries indicated that this service was available to drug users in the reporting period 2006-2007, a slight increase from 48.5 per cent in the reporting period 2004-2006. In the reporting period 2006-2007 slightly more than one third

(37.3 per cent) – that is, in 19 per cent of all reporting States – sterile needle and syringe programme availability was reported as high.

19. In the reporting period 2006-2007, 12.9 per cent of reporting Member States reported that all six services were available, an increase of four percentage points over the reporting period 2004-2006 rate of 8.9 per cent.

IV. Coordination among multilateral institutions, international donors and follow-up on the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

20. Pursuant to the endorsement by the Commission on Narcotic Drugs of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, as well as related decisions of the Programme Coordinating Board of UNAIDS, UNODC, in collaboration with other UNAIDS co-sponsor agencies, multilateral institutions and international donors, has undertaken a range of coordination activities aimed at: (a) inclusive national leadership and ownership; (b) alignment and harmonization of national policies on HIV; (c) reform for a more effective multilateral response; and (d) improved accountability and oversight.

21. To that end, UNODC generated and disseminated strategic information and provided expert advice to Member States, including civil society constituencies. It has also actively participated in the joint United Nations teams on AIDS at the country level, the United Nations theme groups on HIV/AIDS and technical working groups on AIDS and injecting drug use.[9] UNODC has supported the establishment of policies that are in line with UNAIDS general guidelines and recommendations, such as the provision of the UNAIDS comprehensive package of HIV/AIDS prevention, treatment and care for IDUs. Compliance with the recommendations and systematic coordination have helped to ensure that strategies were coherent and compatible with each other and that they drew on the complementary expertise of the agencies involved. UNODC has also participated actively in the Learning Strategy on HIV/AIDS and the United Nations system-wide programme, “UN cares”, through its membership in and contribution to the Learning Strategy on HIV/AIDS and “UN cares” teams.

22. UNODC advocated at the country level, for the Global Fund to Fight AIDS, Tuberculosis and Malaria, proposals to systematically include policy and programmatic responses to HIV in the context of injecting drug use. UNODC also provided technical assistance to the Member States in developing and reviewing proposals to access funding from the Global Fund for HIV/AIDS prevention, treatment and care services for IDUs.

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[9] Technical working groups consist of donors, national Governments, civil society, the private sector and technical partners. The groups are facilitated by UNAIDS and have a thematic focus in the planning of country-level activities. In the case of UNODC, the technical working groups focus on HIV/AIDS in the context of IDUs and in prisons.

23. UNODC provided expert advice to other international and regional organizations and advocated for the inclusion of HIV/AIDS prevention, treatment and care services for IDUs into HIV/AIDS and narcotic drug control programmes. For instance, following UNODC's advocacy and technical advice, the African Union integrated HIV prevention among IDUs into its Revised Plan of Action on Drug Control and Crime Prevention (2007-2012).

24. UNODC increasingly took part in joint programming and implementation with other UNAIDS cosponsors. Specifically, UNODC has taken the lead on issues related to HIV/AIDS prevention, treatment and care for IDUs within the respective joint United Nations teams on AIDS at the country level and technical working groups on AIDS. In Africa, for instance, UNODC, the Regional Office for Africa of the World Health Organization (WHO), the UNAIDS Regional Support Team for Eastern and Southern Africa and the World Bank pooled their expertise and resources to provide technical assistance to facilitate national responses to HIV among IDUs. In Romania, UNODC, the United Nations Development Programme (UNDP), the United Nations Children's Fund, UNAIDS and WHO jointly selected organizations and national resource persons for the implementation of the UNODC programme on HIV/AIDS prevention, treatment and care for IDUs. In Azerbaijan and Central Asia, UNODC collaborated with WHO and UNAIDS to organize regional conferences on HIV in the context of drug use. In South Asia, UNODC is leading a joint United Nations system response through its regional programme for HIV/AIDS among IDUs.

25. UNODC advocated, mobilized resources and shared expertise with major international donors and bilateral development agencies in the global response to HIV among drug users. For instance, in Viet Nam, UNODC provided technical advice to major international donors in the development of their programmes related to HIV prevention for IDUs. In Romania, the Programme Steering Committee – the advisory body providing strategic guidance overseeing the UNODC programme on HIV/AIDS prevention, treatment and care for IDUs and in prisons – included all major partners, including concerned UNAIDS co-sponsor agencies, domestic agencies, the funding agency and civil society organizations.

26. UNODC developed partnerships with and provided technical and/or financial support to international and local civil society organizations in most of the countries where it is engaged, including Azerbaijan, Bangladesh, Brazil, China, Egypt, India, Iran (Islamic Republic of), Kenya, Lebanon, Nepal, Romania, the Russian Federation, the United Republic of Tanzania and Viet Nam.

27. Despite significant achievements in coordination and cooperation between United Nations bodies and other donors, more needs to be done, in particular in increasing the coordination of assistance to countries by the numerous channels and sources of funding that are available at the multilateral and bilateral levels.

V. Technical assistance provided by the United Nations Office on Drugs and Crime

28. The response of UNODC to the Commission's call for action in relation to HIV and drug use has increased considerably in recent years, in terms of its capacity and funding to implement effective strategies to reduce HIV infection among IDUs.

Currently, the HIV programme of UNODC comprises 65 staff (86 per cent of whom are in the field) and some $200 million in technical assistance. As a co-sponsor of UNAIDS and the lead agency within the United Nations system for HIV associated with injecting drug use and in prison settings, UNODC, through its network of HIV advisers located in key countries in Eastern Europe and Central Asia, South and South-East Asia, the Middle East, Africa and Latin America and the Caribbean, supports Member States in devising their national responses to HIV in the context of drug use in an increasingly coordinated manner.

A. Fostering knowledge and awareness among stakeholders

29. Through its advocacy, policy and legal advice, UNODC has consistently raised the awareness of key government officials, practitioners at all levels, civil society and the media about HIV among drug users and on effective and efficient responses. The message has always been conveyed with special attention to a human rights-based approach to HIV/AIDS prevention, treatment and care and, more generally, to the provision of quality health and social services for drug users, in particular, IDUs.

30. During the reporting period, UNODC supported or co-sponsored several high-level international conferences for key stakeholders from diverse sectors. The events provided unique platforms for advocacy and transfer of knowledge to policymakers, law enforcement officials, members of the judiciary, legislators, relevant ministry staff and civil society. It also provided a solid basis for further work on more detailed and practical aspects of policymaking, legislative drafting, programme designing and on-site implementation in a number of countries.

31. In March 2006, for example, UNODC organized in Vienna a technical consultation on methamphetamine use. Participants discussed the epidemiology of methamphetamine use, identified critical questions and explored different intervention options and policy and programmatic implications. The initiative was followed up by a detailed report on the global epidemiology of injecting drug use and HIV/AIDS, which UNODC had commissioned from the Reference Group to the United Nations on HIV and Injecting Drug Use in 2007.[10] In 2007, at the request of UNODC, the Reference Group prepared another draft global review report on the benefits and risks of pharmaceutical opioids, examining the availability, extra-medical use and injection of pharmaceutical opioids and their association with HIV.

32. UNODC supported the organization of the High-Level Meeting on AIDS of the sixtieth session of the General Assembly, held in New York from 31 May to 2 June 2006, and, in particular, conducted a round table for Member States on access to treatment for vulnerable populations. The High-Level Meeting reviewed progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), adopted by the General Assembly at its twenty-sixth special session on 27 June 2001, identified challenges to upgrading and sustaining national HIV responses and adopted the Political Declaration on HIV/AIDS (resolution 60/262, annex) on 2 June 2006, reaffirming the importance of HIV prevention among vulnerable groups including drug users. In paragraph 22 of

[10] The Reference Group collects and analyses global data on HIV/AIDS among IDUs and coverage of prevention and care services for people who inject drugs.

the latter Declaration, Member States committed themselves to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values was available in all countries, in particular the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections.

33. At the XVI International AIDS Conference, held in Toronto, Canada, in August 2006, UNODC, together with the Government of Canada, UNAIDS and WHO, organized a satellite meeting on HIV in prison settings, launched its publication on HIV in prison settings and disseminated over 5,000 pieces of HIV/AIDS-related material.

34. In March 2007, UNODC, on behalf of UNAIDS, organized an informal intercountry consultation in Vienna, on HIV/AIDS prevention, treatment and care for IDUs. One hundred participants from 50 countries, including managers of national AIDS programmes, representatives of permanent missions to the United Nations (Vienna) and representatives of UNAIDS co-sponsoring organizations shared their experience in the implementation and improvement of national programmes addressing HIV among IDUs. Participants requested UNODC to increase its technical support to countries, in particular, to provide guidelines and protocols for effective approaches, and to organize a similar meeting in 2008 to further facilitate exchange of experience and lessons learned.

35. In May 2007, the 18th International Conference on the Reduction of Drug Related Harm, a key forum for the dissemination of ideas and practices on the reduction of drug-related harm, was held in Warsaw. Over 1,300 delegates, including researchers, policy- and lawmakers, members of the judiciary and criminal justice workers, United Nations officials, civil society representatives and members of drug user organizations attended the Conference. UNODC facilitated the participation of key government officials from Eastern Europe, Central Asia, South Asia and Africa, thus providing an opportunity for its national partners to access cutting-edge knowledge on effective HIV prevention and care policies and programmes among drug users.

36. UNODC organized with other United Nations bodies and international and national partners a number of regional events on the UNAIDS-recommended HIV/AIDS prevention, treatment and care package for IDUs, target-setting for universal access to health care for IDUs and HIV/AIDS in the context of prison settings.

37. Jointly with WHO and UNAIDS, UNODC also developed guidelines on target-setting for universal access to HIV prevention, treatment and care services and HIV and tuberculosis services for IDUs. UNODC took the initiative and developed policy statements jointly with WHO and UNAIDS on voluntary and confidential HIV testing and counselling for IDUs and prisoners.

38. The media play a crucial role in the response to HIV among IDUs. In the field of preventive and health education, they can inform HIV-affected people about their

rights, and help establish coordination and cooperation between the information, education, social service, law enforcement, criminal justice and health sectors. They can help diminish the stigma and discrimination faced by drug users and persons living with HIV. At times, however, the media can disseminate unfounded or prejudiced information about HIV, thus worsening the stigma, discrimination and marginalization faced by drug users and people living with HIV. UNODC therefore increasingly targets the media in its advocacy and awareness-raising activities in an effort to improve their capacity and expertise on HIV in the context of drug use.

39. For example, UNODC has raised awareness among journalists about HIV among drug users and about UNAIDS recommendations in Kenya, Mauritius, Nigeria, Uganda, the United Republic of Tanzania and other countries in Africa. The UNODC Regional Office for the Middle East and North Africa, the Arab Council for Childhood and Development and Mentor Arabia organized training for media practitioners from national television stations in 11 Arab countries. Similar initiatives were implemented in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Iran (Islamic Republic of), Nigeria, Senegal and Togo, among others.

40. As part of its role as lead United Nations agency for HIV among IDUs and in prison settings, UNODC continued to advance knowledge in academia on how to address HIV among drug users. For example, UNODC published a series of articles on HIV/AIDS prevention, treatment and care for IDUs and delivered lectures for the academic communities in Egypt and Iran (Islamic Republic of).

B. Establishing favourable legal and policy environments

41. UNODC engaged in policy dialogue and supported Member States in the establishment of favourable legal and policy environments. To that end, it advocated for and provided technical assistance to Member States to ensure systematic inclusion of IDUs as a most-at-risk population into domestic HIV policies and programmes and, conversely, inclusion of HIV prevention and care in domestic policies and programmes on narcotic drugs and prison settings.

42. UNODC also assisted countries to conduct policy and legal reviews to assess whether domestic legal frameworks allow for the implementation of the UNAIDS comprehensive package of HIV/AIDS prevention, treatment and care measures among IDUs. For example, the legal and policy review in South Asia – covering Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka – examined the legal and policy issues associated with implementation of the comprehensive package in the region. The countries of South Asia are encouraged to use the review report as a background tool for policy and legal reforms, in particular for the inclusion of substitution treatment in, for example, their national strategic plans on HIV.

43. UNODC also contributed to building the capacity of Member States to conduct assessments of their national legislative environments. For instance, in July 2007, approximately 50 participants from Azerbaijan and Central Asia took part in a conference on universal access to HIV prevention and treatment: elaborating national legislation. Training modules and tools were also developed.

44. UNODC also supported the Central Asian regional conference on drug policy and medical-social consequences of drug use: new paradigms, new strategies, organized by the Government of Kazakhstan in September 2007. Approximately 170 law- and policymakers, civil servants, members of the judiciary, experts and media representatives discussed ways to incorporate HIV research results and human rights-based approaches into national policies regarding HIV services for drug users.

45. In Africa, UNODC established and maintained regular contact with relevant ministries in Botswana, Ethiopia, Kenya, Mauritius, Nigeria, Rwanda, South Africa, Uganda and the United Republic of Tanzania to secure their support in responding to the HIV epidemic among drug users. Nurturing such a rapport and advocacy are all the more important as in many States limited resources can result in a relatively high turnover of responsible officials and other persons in public administration.

46. In India, UNODC provided technical assistance to federal and state governments for implementing HIV prevention programmes among IDUs and successfully advocated for the inclusion of substitution treatment into the National AIDS Control Programme. In Iran (Islamic Republic of), UNODC advocated with key government officials, specifically focusing on HIV/AIDS services for female IDUs and those in prison settings.

47. UNODC also provided expert inputs to the national programmes on HIV to, among others, Kyrgyzstan, Morocco and Pakistan. In Mauritius, UNODC contributed to amending the HIV Act to ensure that the legal environment was favourable to the implementation of the UNAIDS comprehensive package. In Pakistan, UNODC substantially contributed to the drafting of national guidelines on counselling, laboratory diagnosis and HIV treatment, which address HIV testing and counselling for IDUs.

48. In the Russian Federation, UNODC facilitated consultations between civil society organizations and the Federal Drug Control Service on responding to HIV among IDUs. In 2006, UNODC, in collaboration with WHO, the Federal Drug Control Service and the Institute for Systematic Research into Drug Problems, Moscow, organized four seminars on modern approaches to controlling drug use. Participants discussed the need for diversification of HIV prevention services for IDUs, including substitution treatment. In addition, over 200 public health specialists, prison health specialists and law enforcement officers have been sensitized about evidence-informed HIV/AIDS prevention, treatment and care services for IDUs and in prison settings.

49. Through the United Nations Technical Working Group on Drug Use and HIV/AIDS in China, UNODC reached key Chinese officials and civil society constituencies and increased their awareness of the specifics of HIV prevention and care for IDUs. The presentations delivered at the Working Group meetings were published on HIV information websites in China and thus made available to a wider audience.

C. Strengthening systematic data collection and monitoring and evaluation mechanisms

50. Member States often lack systematic data collection and analysis on drug-using populations, the prevalence of HIV among those populations and the types of HIV service they are provided with. The lack of data has a negative effect on programming and responses. UNODC has therefore supported the establishment of data collection systems and contributed to baseline assessment studies.

51. UNODC also supports the Reference Group to the United Nations on HIV and Injecting Drug Use, which produces global and national estimates of the prevalence of injecting drug use and HIV prevalence among IDUs and which prepared a series of thematic studies that have increased the understanding of the magnitude of the problem and clarified the relationship between HIV and drug use (see also para. 31 above).

52. In many cases, the launching of programmes to provide HIV/AIDS prevention, treatment and care for IDUs necessitates rapid assessments. UNODC teams have collated epidemiological data and, where necessary, carried out assessments of IDUs' access to components of the UNAIDS comprehensive package. UNODC has also assessed the capacity of health sectors, drug control agencies and civil society to implement the package.

53. For example, in 2006, in cooperation with the Brazilian National Sexually Transmitted Disease (STD)/AIDS Programme, UNODC conducted a rapid assessment of the quality of HIV/AIDS prevention, treatment, care and support services for IDUs. The assessment found that general health system staff lacked the capacity to respond to the specific needs of this population. As a follow-up, UNODC organized a seminar in Brasilia in May 2007 to develop recommendations on closing gaps in access to health services. UNODC also supported the Brazilian National Association of Harm-Reduction Outreach Workers[11] in mapping civil society activities in the context of HIV and drug use. Rapid assessments were also conducted in Kenya, Mauritius and Zanzibar (United Republic of Tanzania) in 2006 and 2007.

54. UNODC provided technical expertise and training to responsible governmental agencies and civil society partners to strengthen their capacity to conduct data collection and perform regular surveillance and monitoring of the HIV situation among drug users. For example, in Romania, UNODC supported the National Anti-Drug Agency's rapid assessment and monitoring of HIV among IDUs, through methodological training, dissemination of available data and development of evaluation and monitoring indicators.

55. In the Russian Federation, UNODC collaborated with UNAIDS and WHO to improve the capacity of national counterparts to monitor HIV among IDUs: more than 60 practitioners from relevant agencies were trained in data collection and assessment methodologies tailored to most-at-risk populations. In cooperation with WHO, UNODC conducted mappings of IDU populations and prevalence of risk behaviour in several oblasts in the Russian Federation throughout 2007. In Kenya, UNODC provided technical assistance to the Government to design a mapping

[11] Brazil has 93 ongoing harm-reduction programmes, with 530 outreach workers.

exercise on injecting drug use. In Pakistan, UNODC supported the 2006 national drug use assessment, including a study of high-risk behaviours among IDUs such as use of non-sterile injecting equipment and unsafe sexual practices. UNODC also assisted the Government of Pakistan to adopt behavioural and biological surveillance survey systems, which proved to be more efficient and precise than the former surveillance system.

56. All programmes implemented by UNODC in relation to HIV/AIDS prevention, treatment, care and support have a strong monitoring and evaluation component in line with the UNAIDS "Three Ones" principle (one national HIV/AIDS action framework; one national AIDS coordinating authority; and one monitoring and evaluation system),[12] so as to achieve the most effective and efficient use of resources and to ensure rapid action and result-based management. The monitoring and evaluation are based on the core elements of the national HIV/AIDS action framework in each country.

57. To that end, UNODC also builds the capacity of domestic agencies to establish and use monitoring and evaluation mechanisms within their programmes of HIV/AIDS prevention, treatment, care and support for IDUs. This includes, primarily, quality control mechanisms for structures and services for IDUs. For example, in May 2007, UNODC and WHO organized a conference in Tashkent on setting targets for universal access to HIV prevention, treatment, care and support for IDUs, attended by some 60 participants from Azerbaijan and the five Central Asian republics. Subsequently, national workshops were held in a number of countries of the region to disseminate the knowledge gained among the wider community of national stakeholders.

58. In March 2007, a regional seminar on setting targets for universal access to HIV/AIDS prevention, treatment and care for IDUs was organized for policymakers and public health experts from the Baltic States, followed by a workshop on monitoring and evaluation of interventions for IDUs in May 2007. In September 2007, more than 60 policymakers, physicians and social workers from the Baltic States discussed best practice, monitoring and evaluation, and made recommendations for upgrading of substitution therapy during a regional conference held in Latvia.

D. Strengthening the programmatic capacity of Member States

59. UNODC technical assistance aims at strengthening the programmatic capacity of Member States to ensure the efficiency and effectiveness of their domestic programmes and their compliance with UNAIDS recommendations. To that end, UNODC supported the transfer of expertise, lessons learned and good practices among Member States.

60. For example, UNODC has developed an international network of drug dependence treatment and rehabilitation centres aimed at improving the quality of drug dependence treatment services and their capacity to deliver evidence-based interventions to prevent HIV through mutual support, knowledge transfer and

[12] See the website of the Joint United Nations Programme on HIV/AIDS at http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf.

capacity-building. The network developed a training tool that includes a module on measures to prevent HIV and other blood-borne diseases and has trained 30 trainers in 16 countries. Furthermore, a good practice document on the role of drug treatment on HIV/AIDS prevention and care was developed by network participants. Similar country-based and regional activities were also supported by UNODC, mainly in Cambodia, Pakistan, the Russian Federation, Central America and Central Asia.

61. In Romania, UNODC best practice workshops and study tours to countries with relevant expertise empowered the National Anti-Drug Agency and the National Administration of Penitentiaries to design a model of substitution treatment services to be implemented from 2008 onwards for IDUs in prison settings. In 2006 and 2007, the Russian Federal Drug Control Service, policymakers from Afghanistan, Pakistan and countries of Central and South-East Asia benefited from several study tours to countries with expertise in effective HIV/AIDS prevention, treatment and care services for IDUs and in prison settings.

62. In Asia, UNODC facilitated the establishment of a Regional Task Force on Injecting Drug Use and HIV in Asia and the Pacific, which plays a pivotal role in sharing good practices in developing and implementing strategies for HIV/AIDS prevention, treatment and care for IDUs.

63. In the United Republic of Tanzania, a study tour to Kenya organized by UNODC and UNDP enabled the Tanzanian Ministry of Health and Social Welfare and the Zanzibar AIDS Control Programme to take stock of the Kenyan experience in HIV/AIDS prevention, treatment and care for IDUs in relation to the Zanzibar Substance Abuse Strategic Plan for 2006-2007.

64. In Uzbekistan, UNODC supported the creation of an inclusive national expert group on HIV services for IDUs. In Romania, UNODC facilitated inclusive technical consultations on increasing the access of prisoners using drugs to a comprehensive package of HIV/AIDS prevention and care services.

65. UNODC provided methodological advice and technical assistance to national drug control and AIDS coordinators in Cape Verde, Côte d'Ivoire, Kenya, the Libyan Arab Jamahiriya, Morocco, Sierra Leone, Uganda, the United Republic of Tanzania and Zambia to increase integrated planning and programming at the national level. In Kenya, UNODC assisted the Government in creating a national network of drug and HIV/AIDS prevention, treatment and care providers to implement the Kenyan National HIV and AIDS Strategic Plan for the period 2007-2011. In Jordan, UNODC fostered a community-based network of comprehensive HIV services for drug users, which allows for strong gender and peer education components.

66. In Brazil, UNODC assisted the Government in decentralizing provision of the comprehensive package of HIV services to drug users. In September 2007, for the first time in Brazil, a seminar brought together federal government officials, civil society organizations and representatives of the states and municipalities to prepare a strategic plan for 2008-2010.

67. While there is an established evidence base for effective services for IDUs, many interventions remain limited in their reach. They need to be considerably expanded to cover a significant part of the IDU population. UNODC therefore

assists Member States in launching demonstration projects for particular elements of the comprehensive HIV/AIDS prevention, treatment and care package and provides technical assistance to expand from small-scale projects into whole-service programmes with broader coverage and reaching a larger proportion of IDUs.

68. Within its programme on HIV/AIDS prevention, treatment and care for IDUs and in prison settings in Romania, UNODC assisted in the expansion of comprehensive services for IDUs in several localities outside of the capital. In Bucharest, enhancement of the existing comprehensive package increased the coverage of treatment, outreach, drop-in centres and voluntary counselling and testing for HIV. In Latvia, the Council for Coordination of Drug Control and Drug Prevention adopted UNODC's recommendations on expanding substitution therapy as a part of the comprehensive package of HIV prevention services for IDUs, and UNODC implemented a grants project to assist the process.

69. In the Russian Federation, UNODC teamed up with leading local civil society organizations to assess the needs of relevant federal and district authorities and assisted them in broadening and improving their HIV/AIDS prevention, treatment and care programmes for IDUs. In July 2007, at the request of the Ministry of Health and Social Development and the Committee on Drug Control of the Cabinet, UNODC and WHO contributed to consultations on lessons learned from a demonstration substitution treatment programme in Uzbekistan. The consultations resulted in recommendations for implementation and an enhanced response in the Russian Federation of the UNAIDS comprehensive package of HIV/AIDS prevention, treatment and care services for IDUs.

70. From July 2005 to December 2006, UNODC and the Egyptian civil society organization, Network against AIDS, implemented a demonstration peer education and outreach services project in Alexandria and Minufiyah. The positive evaluation was a forceful argument in advocating for wider outreach interventions among IDUs.

71. In June 2007, UNODC and UNDP supported a regional seminar on strengthening municipal programmes on drug use and prevention of HIV in Argentina, Chile, Paraguay and Uruguay.

72. UNODC also assisted Member States and civil society partners to direct higher levels of funding into HIV programmes for drug users. An important part of UNODC technical assistance provided to Member States consists of support for the development of proposals on HIV among IDUs to the Global Fund to Fight AIDS, Tuberculosis and Malaria. In the current reporting period, UNODC has supported, for instance, Afghanistan, Iraq, Kyrgyzstan, Pakistan, the Russian Federation, the Syrian Arab Republic, Thailand, Uzbekistan, Viet Nam and Palestine.

73. Member States requested capacity-building by UNODC on specialized technical aspects of particular components of the UNAIDS comprehensive package. To address their needs, UNODC provided training and skills transfer to its domestic partners within many of its programmes. In 2007, in Latvia and Lithuania, for example, UNODC organized training seminars on HIV prevention among IDUs for low-threshold service centres, including those run by civil society organizations. UNODC also provided training on substitution therapy in both countries.

74. In Viet Nam, UNODC provided advice on the development of national guidelines for the implementation of the UNAIDS package. In an effort to respond to the ongoing crisis with regard to substitution therapy for IDUs in Nepal, UNODC conducted a rapid needs assessment in July 2007 and, in consultation with the Government, other United Nations bodies, international donors and civil society, developed and implemented a rapid response plan, including an institution-based methadone maintenance treatment programme for IDUs. A strong national capacity-building component paved the way for an enlarged high-quality substitution treatment service in Nepal.

75. UNODC trained outreach workers in several cities of Kenya on voluntary counselling and HIV testing, prevention and care, and drug dependence treatment for IDUs. Government and civil society organization staff received training in the management of treatment centres established by the programme, which also provide voluntary HIV testing, counselling and care for drug users. UNODC supported the Kenyan Ministry of Health and strengthened its capacity in substitution treatment techniques in medical and prison facilities. Several civil society organizations received training in providing substitution treatment in community settings as well. In Mauritius, members of the public/civil network of HIV/AIDS prevention, treatment and care providers for IDUs supported by UNODC were trained in promoting HIV/AIDS services within communities. UNODC also trained social workers on communication and outreach work in the context of drug use and HIV prevention.

VI. Conclusions and recommendations

76. Throughout the current reporting period, many Member States have demonstrated increased awareness and interest in addressing HIV/AIDS among drug users. Member States are progressively establishing legal, policy and institutional frameworks for their HIV/AIDS response and many Member States have developed policies specifically addressing HIV/AIDS prevention, treatment and care for IDUs. In most countries, policymakers and practitioners such as law enforcement officers and health system staff are increasingly acknowledging the pivotal role of unsafe injecting drug use in the HIV epidemic and the need to address this effectively, if the epidemic is to be curbed.

77. Guided by the UNAIDS Technical Support Division of Labour, UNODC and other United Nations bodies progressed from consultation and exchange of information to joint activities that have consciously built on the strengths and complementarities of the respective entities. The existing mechanisms for coordination are increasingly the basis for joint programming and planning. Joint programming needs to involve all stakeholders, including national and international organizations, civil society organizations and donor communities, in a systematic manner in order to ensure a more comprehensive, consensus-based response to HIV/AIDS in the context of drug use, in particular injecting drug use.

78. Against this background, however, the current response to the HIV epidemic is not sufficient. The gap between the resources available and the amounts needed to achieve universal access to HIV prevention, treatment and care services by 2010 amounted to $8.1 billion in 2007, and the gap is widening. In the case of injecting

drug use, the resources needed for prevention-related activities are estimated at $1.1 billion in 2008, $2.1 billion in 2009 and $3.2 billion in 2010.[13]

79. Projects and programmes providing services to IDUs have commenced in many countries where they did not previously exist, but, in general, current coverage levels are not sufficient to halt and reverse the epidemic in this population. Availability of HIV information is reported to be high in only 18 per cent of reporting States; outreach in 14 per cent; condom distribution in 18 per cent; substitution treatment in 3 per cent; voluntary counselling and HIV testing in 20 per cent; and sterile needle and syringe programmes are reported to be high in 19 per cent of reporting States. The response is less than comprehensive, with 13 per cent of reporting States reporting that they had provided all six services.

80. Despite the growing acceptance by Member States of the need to provide comprehensive prevention, treatment and care services for IDUs and the important steps made in that direction, changes in the legal and policy fields have not been rapid enough and many States have yet to develop a strategic vision. UNODC is ready to provide technical assistance to translate intermittent initiatives and funding into sustainable and enlarged programmes.

81. In some countries the development of effective programmes continues to be inhibited by policy choices and legislation that does not facilitate the implementation of all components of the UNAIDS-recommended comprehensive package on HIV/AIDS prevention, treatment and care for IDUs. Structural issues such as lack of awareness and understanding of the driving factors affecting injecting drug use and HIV; continuing lack of sensitivity and response to gender and human rights issues; lack of community involvement and capacity for responding to HIV among IDUs; and most of all lack of evidence-informed HIV services, continue to limit the effectiveness of the response.

82. Even in countries where the national legal and policy framework facilitates the provision of all measures of the UNAIDS comprehensive package, regulations and guidelines for implementation are often lacking. There is a need for a more sustained effort to prevent the transition from non-injecting to injecting use, and to address the needs of female IDUs. More should also be done to deal with HIV in prison settings.

83. Management challenges are especially onerous and difficult in resource-limited countries such as many in sub-Saharan Africa, which is home to nearly two thirds of all those living with HIV, mainly sexually transmitted, but where there are emerging populations of IDUs. Enhancement of programmes continues to be a remote prospect for many countries.

84. The continuing lack of reliable data, as a result of absent or non-functioning collection mechanisms, presents a particular problem. Without systematic data collection, monitoring and evaluation are also distant prospects.

85. A challenge for UNODC is, therefore, to identify ways of engaging Governments, local programmes and policymakers to develop favourable legislation and policies that will support prompt implementation of effective responses to the

[13] Joint United Nations Programme on HIV/AIDS, *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support*, pp. 1, 2 and 22.

HIV epidemic among drug users, in particular IDUs. UNODC continues to address the issues of ignorance, stigma and discrimination, often the only identifiable reason for limited or non-response.

86. Overcoming these challenges requires sustained political and financial support, including for UNODC, increased national capacity and upgrading of proven, evidence-informed strategies that are effective in addressing HIV.