United Nations E/CN.7/2010/11

Economic and Social Council

Distr.: General
21 December 2009

Original: English

Commission on Narcotic Drugs
Fifty-third session
Vienna, 8-12 March 2010
Item 6 of the provisional agenda*
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 of the Executive Director

Summary

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". It contains an overview of the technical assistance provided by the United Nations Office on Drugs and Crime (UNODC) to Member States in developing comprehensive demand reduction strategies and measures, including HIV/AIDS prevention and care in the context of drug abuse. The present report provides an overview of the global situation with regard to the prevalence of HIV/AIDS and other blood-borne diseases among drug users and a summary of relevant activities implemented by UNODC in 2008 and 2009. It includes recommendations and indicates gaps and remaining challenges for responding to HIV/AIDS and other blood-borne diseases among drug users.

An estimated 15.9 million people inject drugs, and 3 million of them have been infected with HIV. The coverage and quality of services available to drug users remain low, including in prisons and among people vulnerable to human trafficking. UNODC has prepared a report on global progress made in support of scaled up efforts in relation to HIV prevention among injecting drug users, as well as related policy and guidance issues, for submission to the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) at its twenty-fourth meeting, held in Geneva from 22 to 24 June 2009.

* E/CN.7/2010/1.

V.09-89331 (E) 150110 180110

Decisions made in 2009 by the Commission on Narcotic Drugs, the UNAIDS Programme Coordinating Board and the Economic and Social Council indicate that there is a common understanding on what constitutes a comprehensive package of HIV-related services for injecting drug users. UNODC delivers technical assistance in this area in the context of a continuum of services that includes outreach, evidence-based drug dependence treatment, primary prevention of drug abuse and other health, social and legal services, including in prison settings.

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, under the supervision of competent authorities or institutions.

2. Also in its resolution 49/4, the Commission 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). The Commission 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. The Commission also requested the Executive Director of UNODC to report to it biennially, starting at its fifty-first session, on the implementation of the resolution.

II. Global situation of HIV/AIDS among drug users

A. Epidemiological situation and responses

3. It is estimated that 15.9 million people inject drugs worldwide. The prevalence of injecting drug use varies considerably around the world, both between and within countries; however, because of the limitations of the data available, there is considerable uncertainty about the exact figure, which might range between 11 million and 21 million people. China, the United States of America, the Russian

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

Federation and Brazil, in that order, have the largest (midpoint estimate) populations of injectors and account for 45 per cent of the total estimated worldwide population of people who inject drugs.

4. It is estimated that as many as 3 million drug users worldwide are infected with HIV. In this case too, limitations in the available data means that there is considerable uncertainty about the exact figure, which might range between 0.8 million and 6.6 million people. HIV infection among people who inject drugs has been reported in 120 countries. In another 20 countries where drug injecting is known to occur, no reports of HIV among injectors are available, and in eight countries HIV has not been detected or affects less than 0.01 per cent of the drug-injecting population in those countries. The prevalence of HIV among injectors varies dramatically between and within countries, but it has been determined that Latin America and Eastern Europe have the highest estimated regional prevalence of HIV among injectors.

5. Eastern Europe, East and South-East Asia and Latin America account for nearly three quarters of the world's injectors estimated to be living with HIV. The prevalence of HIV among injectors is higher than 40 per cent among many national and local groups of injecting drug users in those regions.[2]

6. In addition to being vulnerable to HIV, people who use drugs are vulnerable to viral hepatitis and tuberculosis infections, sexually transmitted infections, other bacterial infections and death by overdose. The prevalence of infection of hepatitis C, which is more infectious than HIV, among people who inject drugs in many countries has been reported to be even higher, in some cases as high as 90 per cent.

7. While there has been a focus on drug injection as a mode of HIV transmission, less attention has been paid to the transmission of HIV through other forms of drug use. In particular, the use of amphetamine-type stimulants has been a key issue among men who have sex with men, as such use has been associated with high levels of HIV infection both in high-income countries and in other countries, particularly in South-East Asia. The use of crack cocaine has been associated with the transmission of HIV through sex, especially in sex work and other forms of transactional sex, including, in particular, in the Caribbean.

8. HIV is a serious health problem among incarcerated populations in many countries and can contribute significantly to a country's overall HIV epidemic. The prevalence of HIV infection in prisons is generally higher than that in the general population. While many people who use drugs will be imprisoned because of their drug use instead of receiving treatment, some people may start using drugs when incarcerated. People who injected drugs before being incarcerated will continue to inject either occasionally or regularly while in detention, and adopt riskier injecting practices in the absence of effective HIV prevention efforts. Some drug users will even start to inject drugs during incarceration. The vulnerability of drug users in prison to HIV is also increased due to exposure to unprotected male-to-male sex (including sexual violence), body piercing and tattooing with unsterile equipment.[3]

---

[2] Bradley M. Mathers and others, "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review", *The Lancet*, vol. 372, No. 9851 (2008), pp. 1733-1745.

[3] World Health Organization, United Nations Office on Drugs and Crime and Joint United

9. While it is difficult to estimate the extent to which drug users have access to key HIV prevention services, which are often of poor quality, service coverage is far from adequate in many countries with a high prevalence of injecting drug use. The International Harm Reduction Association has estimated that fewer than 5 per cent of those in need have access to harm reduction services worldwide.[4] The Secretary-General reported that, in 2005, 92 per cent of people who injected drugs in low and middle-income countries had no access to HIV-prevention services of any kind (A/61/816, para. 53). And according to a 2008 study, in countries of Eastern Europe and Central Asia, where it was estimated that there were 3.7 million injecting drug users, substitution treatment was available to only 3,746 patients.[5]

10. In many countries, the HIV response is insufficiently grounded in evidence and fails to meet international legal obligations to promote, protect and respect human rights. For example, in 40 per cent of the 129 countries submitting reports to UNAIDS there continue to be laws, regulations or policies that interfere with access to and effectiveness of HIV-related services for people who inject drugs.[6] As a result, drug users living with HIV are subjected to a double stigma and often experience discrimination when attempting to access HIV prevention services. Care and support services are frequently unavailable to them and those that are available are generally not tailored to their specific needs, even in instances where programming and funding for HIV programmes have otherwise expanded considerably.

11. Drug users face additional barriers due to the fact that drug use carries with it a high degree of stigma, both within the general community and among health care workers, further marginalizing people with drug dependence problems. This means that HIV interventions may not be available to them, or that drug users are unable or unwilling to access services for fear of recrimination. Female drug users and female partners of male drug users can be especially vulnerable. This is not only because of the possible overlap of unsafe injecting and unsafe sexual practices, but also because of the notable lack of gender-specific policies and services, which results in a failure to address the specific needs of women. Extra effort is therefore needed to ensure that prevention strategies are based on principles of social inclusion.

12. The vulnerability of women, in particular as drug users, sex workers and prisoners, to HIV infection is heightened by many factors, including the following: the low status accorded to women in many societies, a lack of rights, a lack of access to and control over economic resources, the violence perpetrated against women, norms related to women's sexuality and a lack of access to information about HIV. Gender-based inequalities also negatively affect women's experiences of living with HIV, their ability to cope once infected and their access to HIV and AIDS-related services. Globally, 50 per cent of all people living with HIV are

---

Nations Programme on HIV/AIDS, *Effectiveness of Interventions to Address HIV in Prisons*, Evidence for Action Technical Papers (Geneva, World Health Organization, 2007).

[4] International Harm Reduction Association, *The Global State of Harm Reduction 2008: Mapping the Response to Drug-Related HIV and Hepatitis C Epidemics* (London, 2008).

[5] Oleg Aizberg, "Opioid substitution therapy in selected countries of Eastern Europe and Central Asia", paper prepared for the International AIDS Society and the Eurasian Harm Reduction Network, Minsk, December 2008.

[6] United Nations Joint Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic* (UNAIDS, Geneva, 2009).

women. HIV prevalence is high among sex workers (ranging from 6 per cent in Viet Nam and 73 per cent in urban areas of Ethiopia),[7] the great majority of whom are young and female Moreover, the HIV prevalence in prisons for women is nearly always higher than in prisons for men. Still, many policymakers, programme managers and health-care providers remain uncertain about how to address gender inequalities adequately in the design and delivery of programmes and services.

13. There is evidence that drug users are willing to protect themselves, their sexual partners and society at large. HIV transmission through injecting drug use can be effectively prevented by providing a comprehensive package of services to injecting drug users and their injecting or sexual partners.[8] The earlier HIV prevention programmes are implemented, the more effective and cheaper the specific measure will be.

B. Comprehensive package of HIV services for people who inject drugs

14. At the global policy level, the decisions made by the Commission on Narcotic Drugs, the Programme Coordinating Board of UNAIDS and the Economic and Social Council in 2009 indicate the existence of a common understanding within the United Nations about what a comprehensive package of HIV-related services for injecting drug users contains. As outlined by the World Health Organization (WHO), UNODC and UNAIDS in their target-setting guide, such a comprehensive package includes the following nine interventions, which should be provided in the context of a continuum of services that includes outreach, evidence-based drug dependence treatment and primary prevention of drug abuse and other health, social and legal services, including in prison settings:

(a) Needle and syringe programmes;

(b) Opioid substitution therapy and other kinds of drug dependence treatment;

(c) HIV testing and counselling;

(d) Antiretroviral therapy;

(e) Prevention and treatment of sexually transmitted infections;

(f) Condom programmes for injecting drug users and their sexual partners;

(g) Targeted information, education and communication for injecting drug users and their sexual partners;

(h) Vaccination, diagnosis and treatment of viral hepatitis;

(i) Prevention, diagnosis and treatment of tuberculosis.

---

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

[8] *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (World Health Organization, Geneva, 2009).

15. These nine interventions should be complemented by other important health and social services, including overdose prevention and management, management of abscesses and food and shelter provision, depending on specific needs. Since drug use has been criminalized and is a hidden phenomenon in most affected countries, it is of critical importance to advocate and facilitate human rights-focused policies and legislation, to carry out outreach efforts, to involve, in a meaningful way, people who use drugs in policy and programme reviews and to provide legal aid to drug users.

16. Numerous evidence-informed technical papers and reviews have been made available to explain the effectiveness, including the cost-effectiveness, of the interventions listed in paragraph 14 above (in particular the needle and syringe programmes, opioid substitution therapy and antiretroviral therapy) for preventing HIV infection among people who inject drugs. However, that list of nine interventions should not be considered as definitive; new and emerging evidence regarding other possible interventions should also be taken into account.

17. Normative guidelines, policy documents and good practice documents have also been produced and widely disseminated to stress the importance of harm reduction approaches and to encourage partners, including governments and representatives of civil society, to expand access to those services. For example, following the distribution of guidance provided by WHO, UNODC and the UNAIDS Secretariat on monitoring progress towards universal access to HIV prevention, treatment and care, in many countries people who inject drugs and harm reduction interventions are included in national policies and plans.

III. Technical assistance provided by the United Nations Office on Drugs and Crime with regard to HIV/AIDS in 2008 and 2009

18. UNODC, a co-sponsor of UNAIDS, provides technical assistance to Member States in the area of HIV/AIDS in accordance with the *UNAIDS Technical Support Division of Labour* document.[1] UNODC is the lead agency in the UNAIDS family for HIV and AIDS prevention and care among injecting drug users and in prison settings, and is responsible for facilitating the development of a United Nations response to HIV and AIDS associated with human trafficking.

19. UNODC is currently responding to HIV/AIDS in over 50 countries in all key regions. It focuses on assisting States in implementing large-scale and wide-ranging interventions to prevent HIV infection and in providing care and support to people living with HIV and AIDS.

A. HIV/AIDS policy and programme development

20. UNODC has provided technical support to States for the development of human rights-based, gender-responsive and equitable AIDS policies and programmes in line with human rights treaties and other related international standards, and to build the capacity of civil societies to reduce stigma and discrimination and improve access to HIV prevention and care services. For

example, in Central Asia, UNODC has implemented or supported several international conferences, regional workshops, national conferences and meetings focusing on the role of human rights in evidence-informed policies and strategies regarding injecting drug users. UNODC has trained federal drug control officers in the Russian Federation on needle and syringe exchange, supported a revision of relevant legislation in Viet Nam to address the HIV-related needs of drug users, emphasized human rights in its assistance to Nepal for the development of a harm and demand reduction strategy, educated Indonesian policymakers on harm reduction principles, supported the launching of opioid substitution therapy in Lebanon and Morocco, and facilitated the participation of harm reduction networks in the national AIDS prevention congress that took place in Florianópolis, Brazil, from 25 to 28 June 2008 and that was attended by about 4,000 participants.

21. UNODC has also been active in promoting human rights and gender-sensitive approaches with respect to HIV in prisons. In Malaysia and the Russian Federation, UNODC has trained prison officers on antiretroviral treatment monitoring. It has organized a study tour on HIV in prisons for national officials in Viet Nam and supported the work of prison task forces in Egypt, Jordan, Lebanon and Morocco. In Afghanistan, UNODC has initiated the first harm reduction programme in two prisons for women (in Kabul and Herat) and supported training aimed at providing HIV services to female drug users.

22. In addition, UNODC has strengthened the capacity of civil society groups in several countries to reduce stigma and discrimination and to improve access to services for injecting drug users. For example, UNODC has supported the Positive Women's Network in India to reach partners of male injecting drug users and provided technical support for HIV services for injecting drug users who were members of ethnic minorities in Viet Nam. In Egypt, activities to reduce stigmatization have focused on service providers. UNODC has conducted an assessment of HIV and drug abuse prevention and treatment programmes in prisons in Argentina and sponsored a seminar on alternatives to imprisonment in Uruguay. Support has been provided for the inclusion of a component addressing stigma in the training curriculum for harm reduction programmes in community and prison settings in the Islamic Republic of Iran.

23. UNODC has provided technical assistance to relevant government agencies, including agencies charged with providing health, law enforcement, judiciary and social services, and civil society organizations in more than 30 countries to facilitate the participation of injecting drug users, people vulnerable to human trafficking and prisoners in the development of national strategic plans and in the development and implementation of HIV/AIDS policies and programmes. Activities carried out by UNODC have included, for example, sponsorship of a four-city study of drug use and HIV prevalence in the Russian Federation, support for the revision of the national strategic plan for illicit drug use in Cambodia, assistance for community-based harm reduction programming in Nepal, and support for joint reviews and national working groups on drug use in numerous African countries.

24. UNODC has supported the inclusion of prisoners in HIV-related policy development and programming. UNODC and other partners have organized a regional consultation in Latin America and the Caribbean on HIV in prison settings, at which participants from 20 countries agreed on a declaration that included recommendations to improve inclusive HIV-related programming in prison settings.

UNODC has supported a common strategy on prisons and HIV in Central America, assisted Cambodia in developing funding proposals for prison-based interventions, trained inmates and staff in 20 prisons in Myanmar, aided the development of an operational plan for HIV and prisons in Mauritius, contributed to the inclusion of prisons in the joint United Nations programme of support in Kenya, and established partnerships with civil society organizations to implement prison-based interventions in various countries.

25. UNODC has provided technical support for the implementation of policies and programmes on HIV/AIDS and the workplace, for uniformed groups (including law enforcement officers, prison staff, border guards and immigration detention centre staff) and contributed to the establishment and maintenance of global and regional advocacy networks and coordination structures for addressing the HIV-related needs of uniformed staff and armed personnel.

26. For example, UNODC has provided HIV training to prison staff and law enforcement personnel in Cambodia, Malaysia and the Russian Federation, and supported study tours and regional workshops in several other countries. In India, UNODC has raised awareness among prison administrators about prisoners' rights to access HIV prevention, care and treatment services comparable to those available in the wider community. In Central America and the Dominican Republic, support provided by UNODC has led to the adoption of a common strategy on HIV in prisons.

27. In Africa, UNODC has advocated the inclusion of HIV prevention programmes in prisons in several countries and established the African HIV in Prisons Partnership Network, which involved all national, bilateral and multilateral stakeholders in 18 countries from Southern, East and Central Africa in addressing specifically HIV in prison settings through provision of technical assistance and support. UNODC has also established a regional advocacy network on HIV in prisons in collaboration with the Indian Ocean Commission.

28. UNODC has developed, with WHO and the UNAIDS Secretariat, a policy brief on voluntary HIV testing in prisons. UNODC has analysed occupational standards in the judiciary, in law enforcement and the criminal justice system in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, and presented the findings at a number of international conferences.

29. In 2008, UNODC, on behalf of the UNAIDS family, organized the second Informal Inter-Country Consultation on HIV Prevention and Care among Injecting Drug Users and in Prison Settings with the aim of establishing and maintaining a global advocacy network and coordination structure; the event was co-funded by the United Kingdom of Great Britain and Northern Ireland and the United States, among others. The consultation, which brought together the criminal justice and drug control sectors and national AIDS programmes, was attended by 140 programme managers working on AIDS and narcotic drugs control and national prison managers from 52 countries, as well as representatives of 20 permanent missions to the United Nations in Vienna, non-governmental organizations and UNAIDS co-sponsoring organizations. Participants strongly recommended that HIV policies should be underpinned by international rights-based treaties.

30. UNODC prepared, in consultation with civil society representatives, Member States and other partners, a report on progress made worldwide to scale up HIV

prevention efforts among injecting drug users and on related policy and guidance issues for the twenty-fourth meeting of the Programme Coordinating Board of UNAIDS, held in Geneva from 22 to 24 June 2009.[9] The Programme Coordinating Board welcomed the report and acknowledged the important progress made in addressing HIV prevention among injecting drug users since the adoption, in 2005, of the UNAIDS policy on harm reduction. The Programme Coordinating Board requested, inter alia, the UNAIDS Secretariat and UNAIDS co-sponsors, in particular UNODC, to significantly expand and strengthen their work with Governments to address the uneven and relatively low coverage of services among injecting drug users, to develop comprehensive models for the delivery of appropriate services for injecting drug users, to support national authorities to align policies, to clarify roles and responsibilities of various national entities (including drug control agencies, the penitentiary system, public health service providers and civil society representatives) and to support increased capacity and resources for a comprehensive package of services for injecting drug users, in line with the national context and the target-setting technical guide developed by WHO, UNODC and UNAIDS.

31. In 2009, UNODC, in cooperation with other UNAIDS co-sponsors, implemented the UNAIDS outcome framework for the period 2009-2011,[10] which had been endorsed by the heads of the 10 UNAIDS co-sponsoring organizations at the meeting of the Committee of the Cosponsoring Organizations held in Geneva on 3 April 2009. In the outcome framework, a call was made for joint action to reduce HIV transmission by supporting, inter alia, universal access to key prevention commodities and services, especially for the most vulnerable. Nine priority areas were highlighted for action, drawing on the contributions of all co-sponsors and the Secretariat to achieve results in specific areas where progress had lagged. One of the priority areas involves drug users, who can be protected from becoming infected with HIV by making comprehensive, evidence-informed and human rights-based interventions accessible to all drug users and by ensuring that legal and policy frameworks serve HIV prevention efforts.

32. In 2009, UNODC also led the process of drafting a business case on drug use and HIV, prepared with other UNAIDS co-sponsors and the UNAIDS Secretariat, with a view to intensifying coordination efforts, harnessing each organization's comparative advantage and complementing activities based on the agreed division of labour. External partners were consulted on ways to identify and implement actions that would further the priority area on drug use and HIV contained in the outcome framework.

---

[9] Joint United Nations Programme on HIV/AIDS, "HIV prevention among injecting drug users", UNAIDS/PCB(24)/09.9.Rev.1. 8 June 2009. Available at http://data.unaids.org/pub/InformationNote/2009/20090518_hiv_prevention_among_idus_final_en.pdf.

[10] Joint United Nations Programme for HIV/AIDS, *Joint Action for Results: UNAIDS Outcome Framework 2009-2011* (Joint United Nations Programme for HIV/AIDS, Geneva, 2009).

B. Scaling up HIV prevention, treatment and care and the provision of support services

33. UNODC has assisted States in mobilizing resources, establishing multisectoral working groups, assessing programmatic needs and building capacity in collaboration with relevant national and international partners, including civil society organizations, for the development, implementation, dissemination, monitoring and evaluation of effective HIV/AIDS prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking.

34. For example, in the Russian Federation UNODC has established several drug referral and case management programmes for injecting drug users and supported transitional case management programmes for prisoners in different areas. In Argentina, as a result of technical support provided by UNODC, national authorities decided to include the issue of drug injection in a national survey for 2009. In Indonesia, UNODC has brokered partnerships between the Government and civil society, professional organizations and United Nations entities to address the needs of injecting drug users. Technical support in Viet Nam has helped expand the availability of harm reduction services, including opioid substitution therapy, in several provinces. Support has been provided for an HIV prevalence study in prison settings in Paraguay and for the introduction of opioid substitution therapy in a prison in India.

35. UNODC has helped to prepare proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example in India, Indonesia, Nigeria, the Sudan and Viet Nam, where UNODC was the sub-recipient of a Global Fund grant for providing technical assistance for HIV programming in local drug treatment centres. UNODC has also assisted the Palestinian Authority in reaching out and engaging with injecting drug users in HIV prevention and care activities as a sub-recipient under the Global Fund.

36. UNODC has collaborated with WHO and the UNAIDS Secretariat to provide technical guidance on the establishment of targets for universal access to HIV prevention, treatment, care and support for injecting drug users. To this end, UNODC has organized regional workshops for national partners in Central Asia and a workshop for non-governmental organizations in the Islamic Republic of Iran. UNODC has supported skills building by organizing several study tours for law enforcement officers, provided guidance to civil society partners on needle and syringe exchange programmes (for example, in Thailand), generated evidence to support government efforts in India to develop a policy on opioid substitution therapy, assisted guideline development for methadone maintenance therapy and needle and syringe exchange programmes in Viet Nam, and translated United Nations technical guidelines in local languages in Indonesia.

37. UNODC has continued to provide the lead support to the United Nations Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users in Developing and Transitional Countries, an independent body of 24 experts (including clinicians, researchers in epidemiology and policy and injecting drug user representatives) from 20 countries working in the field of injecting drug use and HIV. The Reference Group has determined global estimates on injecting drug

use, HIV prevalence among people who inject drugs and the global coverage of HIV prevention and care services among people who inject drugs. It has also systematically provided guidance on selected issues, such as on women and injecting drug use and on mortality among people who inject drugs.

38. In collaboration with relevant partners, UNODC has delivered technical support in countries to strengthen capacity to scale up the joint provision of HIV and tuberculosis-related services and provided prevention, care and support services with regard to HIV-related tuberculosis in prisons, for drug dependence treatment and in immigration detention settings.

39. For example, a needs assessment has been carried out on HIV and tuberculosis-related services for drug users, and training has been given for the provision of such services for injecting drug users in India and Bangladesh. In collaboration with WHO and the UNAIDS Secretariat, UNODC has developed and disseminated widely a technical paper on collaborative HIV and tuberculosis-related services for injecting drug users, which is now being translated into several languages. UNODC organized sessions with WHO at the 2009 conference of the International Harm Reduction Association, held in Bangkok from 20 to 23 April, and the Seventeenth International AIDS Conference, held in Mexico City from 3 to 8 August 2008, to increase awareness of guidance on HIV and tuberculosis co-infection.

C. Development and dissemination of tools, guidelines and best practices

40. UNODC has developed and disseminated gender-responsive operational tools and guidelines that address the needs of female injecting drug users, women and young girls living in prison settings and people vulnerable to human trafficking. It has provided technical assistance to government and civil society representatives on implementing those tools and guidelines.

41. Toolkits and training manuals specifically addressing the needs of women and girls who use drugs and/or live in prison settings have been disseminated in numerous countries. For example, a six-module toolkit on harm reduction specifically addressing women's needs was disseminated in India. In Afghanistan, Nepal and Pakistan, HIV interventions for female prisoners have been designed and launched. A toolkit addressing mobility and HIV has been integrated as part of the regional project on strengthening national and regional capacities to prevent human trafficking in Central America. The second edition of the *Toolkit to Combat Trafficking in Persons*,[11] which includes a chapter on HIV/AIDS, was developed and has been disseminated in more than 80 countries.

42. UNODC has actively participated in the work of the UNAIDS Advisory Group on HIV and Sex Work, which was established in 2009 and consists of representatives nominated by the Network of Sex Worker Projects and representatives from the UNAIDS Secretariat and UNAIDS co-sponsoring organizations. The objective of the advisory group is to support and advise United Nations entities on how to increase the effectiveness of the design, implementation

[11] United Nations publication, Sales No. E.08.V.14.

and evaluation of policies, programmes, advocacy efforts and capacity-building activities related to HIV and sex work, and on how to develop strategies and take actions necessary to address identified key issues. In that regard, the problems of drug use and unprotected sex are of particular importance to UNODC, as are the danger of conflating human trafficking and sex work, considering the harm that some anti-trafficking measures have done to sex workers, and universal access to HIV services.

D. Legal and policy reviews and building capacity among law enforcement officials

43. UNODC has carried out legal and policy reviews and provided technical support for parliamentarians, judges and law enforcement officials on and in favour of human rights as they relate to prisons settings, injecting drug users and people vulnerable to human trafficking. Furthermore, significant efforts have been made in several countries to support governments and civil society representatives to develop and adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities.

44. A legislative review and analysis has been conducted in six Central Asian countries, the results of which have been presented at several international and regional conferences; in three countries, amendments to legislation have already been made as a result of UNODC findings. UNODC has advocated the expansion of drug rehabilitation services in China and supported the publication of a legal and policy review on impediments to harm reduction in South Asia. Support for legislative reviews has also been provided in Myanmar and Viet Nam and support for the implementation of a new HIV act has been provided in Mauritius.

45. A policy review on HIV prevention and care for injecting drug users in prison settings has been supported in Kenya, and UNODC has provided advisory services to four African States on HIV and prisons. UNODC organized a study tour to Spain for high-level prison officials from Egypt, Jordan and Lebanon and successfully advocated against proposed legislative provisions that would have hindered access to HIV prevention services for sex workers in India.

IV. Conclusions and recommendations

46. UNODC has continued to work closely with representatives of civil society, national Governments and multilateral donors to address the uneven and often low coverage and quality of services among the populations most at risk of contracting HIV/AIDS and other blood-borne diseases. Such joint efforts have helped to develop comprehensive models for the appropriate delivery of HIV services, and facilitated greater resource mobilization to enable communities to provide evidence-informed and human rights-based prevention, care and support services on a larger scale.

47. In particular, UNODC has further intensified its assistance to and work with civil society with the aim of advocating the adoption of non-stigmatizing, non-discriminatory evidence-informed approaches to HIV at the national, regional and

global levels, and the further harmonization of laws governing HIV and drug use, both from a public health and a human rights perspective.

48. Strategies for further action need to ensure that States and civil society organizations, in addition to identifying specific interventions targeting injecting drug users, can develop guidance and programme models to respond to the needs of other sub-groups of drug users, including female drug users, drug users who exchange sex for money or drugs, drug users in prison settings, underage and young drug users, migrant drug users, drug users among refugees and other displaced populations, stimulant and polydrug users and men who use drugs and have sex with men.

49. Over the past few years, action to address the dual epidemic of injecting drug use and HIV (and other infectious diseases) has increased worldwide. However, despite some improvements, much more needs to be done and the barriers that still hinder effective responses and negatively affect the availability, coverage, quality and impact of HIV prevention, treatment, care and support services for injecting drug users need to be addressed.

50. Among the gaps and remaining challenges are the following: (a) low access to services; (b) inconsistencies in policy approaches to support key activities in relation to drug use and HIV prevention, treatment, care and support services; (c) resource shortages; (d) stigmatization and marginalization of drug users; (e) legal and policy restraints on opioid substitution therapy; (f) low access to hepatitis C diagnostics and treatment; (g) extremely low access to services in prisons; (h) HIV prevalence among prisoners; (i) weak data and mechanisms for identifying emerging epidemics; and (j) lack of systematic attention to HIV and forms of drug use other than injecting.

51. Member States, civil society organizations and international agencies should pay more attention to certain groups of non-injecting drug users, especially those who use crack cocaine and amphetamine-type stimulants, and their role in increasing the risk of contracting HIV and other blood-borne infections through high-risk sexual practices. More attention needs to be paid to responses to emerging epidemics of injecting drug use in many African countries and greater support needs to be given, through investments, in the collection of data required to inform the development of HIV prevention, treatment, care and support initiatives, decisions on resource allocation and methods of delivering comprehensive services.