

HIV prevention, treatment and care among people who use drugs

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UNODC is the UNAIDS Convening Agency for

People Who use Drugs

More than **11 million** people inject drugs

1.4 million are living with HIV
5.6 million are living with HCV
1.2 million are living with HIV& HCV

People in Prison

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

4.6% are living with HIV
15.1% are living with HCV
2.8% have active tuberculosis

54% of new HIV infections globally are among key populations and their sexual partners

Guidance

Revision of Legislation
and Policies

Advocacy

Technical
Assistance

Capacity
Building

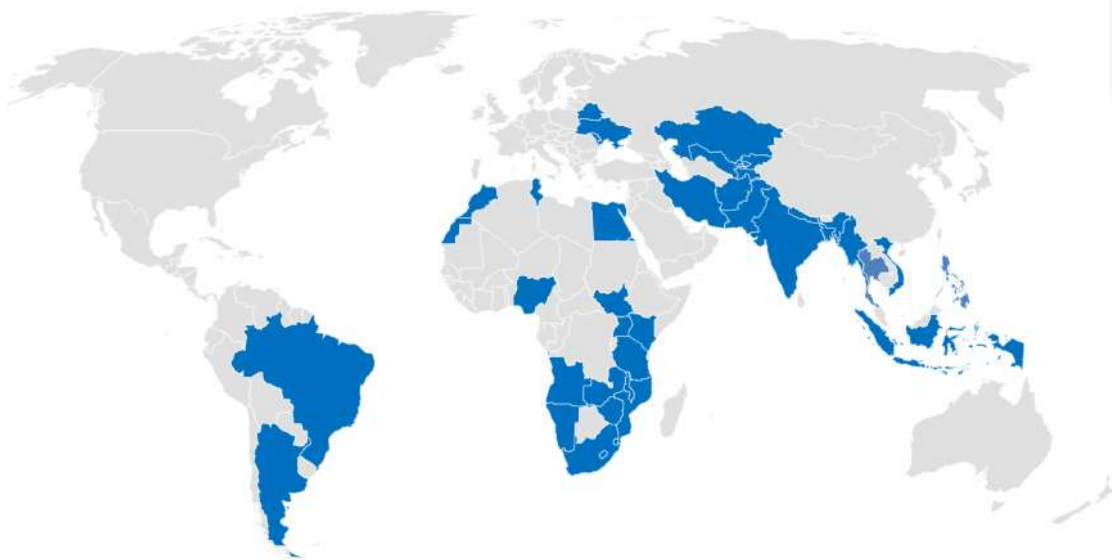
- Implementing the comprehensive WHO & UNODC & UNAIDS package of evidence-based intervention among people who inject drugs
- HIV among women who use drugs
- HIV programmes among people who use stimulant drugs
- Human rights-based and HIV-sensitive law enforcement practices

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

Focus on High Priority Countries

- Concentrating efforts and resources in 24 HPCs for people who use drugs & 35 HPCs for people in prison
- Engaging key in-country stakeholders
- Identifying key bottle-necks/challenges in scaling up
- Developing prioritized work plan for each HPC

- ✓ Law enforcement agencies
- ✓ National drug control agencies
- ✓ National AIDS Programmes
- ✓ Ministries of Justice, Interior and Health
- ✓ Prison administrations
- ✓ Civil society organizations
- ✓ UN partners
- ✓ Donors



UNODC High Priority Countries for Drug Use and HIV

Afghanistan

Bangladesh (2019)

Belarus

Brazil

Egypt

Indonesia

Iran

Kenya

Kyrgyzstan

Mauritius

Moldova

Morocco

Myanmar

Nepal

Nigeria

Pakistan

Philippines

South Africa

Tajikistan

Tanzania, Zanzibar

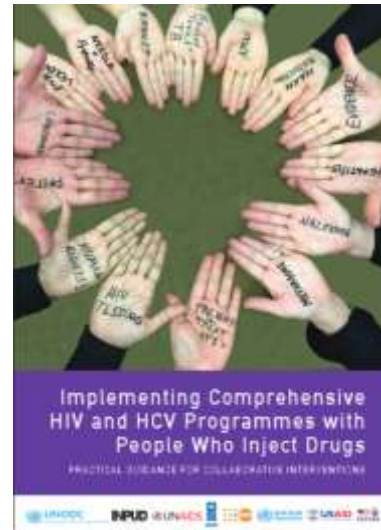
Thailand

Ukraine

Uzbekistan

Vietnam

Nothing about us without us: Implementing HIV & HCV programs with people who inject drugs



Over 1000 HIV service providers trained in Afghanistan, Belarus, Egypt, Indonesia, Kazakhstan, Nigeria, Pakistan, South Africa, Tanzania, Thailand, Viet Nam



Supporting human rights based and HIV sensitive law enforcement practices

@UNODC_HIV workshop in #Afghanistan 4 law enforcement officers, civil society, community to discuss #publichealth approach to #drugs & #HIV



Law Enforcement Training, Morocco, 2018

Trained over 2000 law enforcement officers, 200 civil society members & 120 parliamentarians in Belarus, Kazakhstan, Morocco, Moldova, the Philippines, Tajikistan, Ukraine and Uzbekistan.



Equality is our goal, access is our right: Responding to specific needs of women who inject drugs



Trained over 2000 HIV service providers in Afghanistan, Belarus, Dominican Republic, Egypt, Indonesia, Iran, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Myanmar, Nepal, South Africa, Tajikistan, Thailand, Uzbekistan & Viet Nam.

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

INPUD
International Network of People who Use Drugs

Narrowing the gap in HIV harm reduction services:

Kenya: Established 7 OST clinics in Nairobi, Kilifi, Kwale, Mombasa, and Kisumu counties.

- Around 4000 clients on OST.
- Of whom about 60% received services through UNODC sites at the coast.

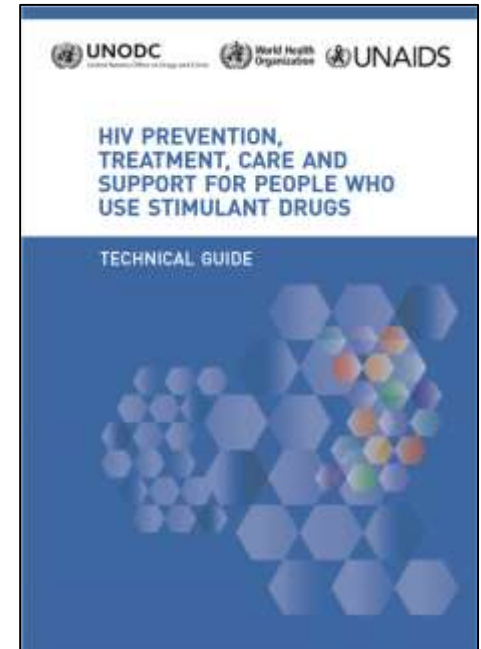
Afghanistan: New drop-in centers were set up for women who inject drugs in 4 provinces.

Viet Nam:

- Supported the Ministry of Health in reviewing the National Methadone Maintenance Treatment programme and developing a Buprenorphine Maintenance Therapy.



Narrowing the gap in HIV harm reduction services:



UNODC conducted Train-the-Trainer workshops in Brazil, Dominican Republic and Viet Nam, as well as regional workshops in MENA, EE, and SEA, where over 250 participants were trained.

UNODC HAS COVID19 DEDICATED WEB PAGE



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UNODC HIV&COVID19 INFOGRAPHICS

HARM REDUCTION



COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS¹

COVID-19 is the infectious disease caused by the most recently discovered coronavirus.

How does COVID-19 spread?

People can contract COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales.

Other people can then contract COVID-19 by breathing droplets on surfaces, then touching their eyes, nose or mouth. People can also contract COVID-19 if they breathe in droplets from a person with COVID-19 who coughed out or exhales droplets.

The World Health Organization (WHO) is monitoring ongoing research on the novel COVID-19 virus. For the latest information, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

For many people, COVID-19 infection can be mild and they make a full recovery with minimal intervention. However, it can be much more serious for people with underlying health conditions, and people with weakened immune systems.

What are the symptoms of COVID-19?

The main symptoms tend to be the flu or a sorely tired cold.

- 4 Fever
- 4 Cough
- 4 Shortness of breath/difficulty breathing

Providing Comprehensive HIV¹ Services for and with People who Use Drugs During the COVID-19 Outbreak

THE ROLE OF THE COMMUNITIES IS ESSENTIAL IN ALL RESPONSE MEASURES

- 01 People who use drugs can be particularly vulnerable to COVID-19 due to underlying health issues, stigma, social marginalization and higher economic and social risk exposure, including a lack of access to housing and health care.
- 02 The continuity and accessibility of community HIV, HCV and other low-barrier services for people who use drugs must be ensured during the COVID-19 epidemic.
- 03 Comprehensive HIV, HCV and other low-barrier services for people who use drugs should establish a safe working environment.
- 04 People have the right to health care to ensure under lockdown or when a state of emergency has been declared. This includes access to delivering comprehensive HIV lower barrier services and programmes.
- 05 Going down services will only result in the over-crediting of time that they spend, which will increase transmission risks and impact on service quality.
- 06 Adequate funding should be made available.

1. WHO, 2020. COVID-19: Epidemiology and Control. In: The Impact of COVID-19 on HIV Prevention, Treatment and Care for People Who Use Drugs. UNODC, Vienna, 2020, pp. 1-10.



COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS¹

Active tips to share with clients

<p>Regularly and thoroughly clean your hands with soap and water or an alcohol-based hand rub.</p>	<p>Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and self-isolate.</p>
<p>Reduce Risk. Minimize cleaning of equipment including all injecting equipment, tools/needles, pipes, syring, joints and seal tubes. Use alcohol swabs on equipment before using and dispose of used equipment.</p>	<p>If you take HIV and/or methadone/ buprenorphine, ask your clinic or doctor for longer take-home doses and also work with them to make a plan to prevent disruptions to your dose.</p>
<p>Maintain at least 1 metre (3 feet) distance between each other at all times.</p>	<p>Work with your local needle exchange service to get enough syringes and injecting equipment.</p>
<p>Avoid touching your eyes, nose and mouth.</p>	<p>Avoid travelling.</p>
<p>Take care you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your least elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.</p>	<p>Plan & prepare for overdose. Make sure you have access to naloxone and oxygen with your peers or an OD plan.</p>

Follow the directions of your local health authority. Keep up to date on the latest COVID-19 information.

1. WHO, 2020. COVID-19: Epidemiology and Control. In: The Impact of COVID-19 on HIV Prevention, Treatment and Care for People Who Use Drugs. UNODC, Vienna, 2020, pp. 1-10.



COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS¹

Advice for service providers

<h4>Fix shared</h4> <p>Between the needle and stick up on sterile needles and syringes and all other commodities, use the correct disinfection, and follow:</p> <ul style="list-style-type: none"> • Use a disinfection strategy • Plan for employee safety. <p>Prevent the secondary (you to your) distribution of sterile needles and syringes. Plan for house deliveries for those in lockdown.</p> <p>Provide access for outreach workers in line with government requirements to avoid them being subject to fines or imprisonment.</p> <p>Establish a safe working environment in the HIV harm reduction services – street vending</p> <ul style="list-style-type: none"> • Offer extra supplies to clients, including sterile needles and syringes, after injecting, smoking and snorting paraphernalia, and naloxone. • Make sure people with stable chronic conditions are given a possibility of longer take-home doses (20) take-home doses. • Prepare doses in advance for each client. • Schedule the pick up times to avoid cross-reading the premises. • Test implementing HIV take-home supply, where it does not already exist. • Provide access to OD and OD plan for clients on HIV/HCV or other chronic condition medications. • Coordinate with other health services to ensure the continuity of health care. 	<h4>Prevent the spread of COVID-19 in your workplace</h4> <p>Practice Social Distancing. Both staff and clients should keep at least 1 metre (3 feet) distance between each other at all times.</p> <p>Practice hand hygiene maintaining the 1 metre (3 feet) distance between outreach workers and clients, and following hygiene protocols.</p> <p>Make sure your workplace are clean and hygienic:</p> <ul style="list-style-type: none"> • Surfaces (such as desks and tables) and objects (such as ashtrays and handbags) need to be wiped with disinfectant regularly. • Promote regular and thorough hand-washing (20 seconds) by employees and clients. • For working hand rub dispensers in premises places or near the workplace, and make sure these dispensers are regularly refilled. • Display posters promoting hand-washing. • Make sure that staff and clients have access to places where they can wash their hands with soap and water. <p>Promote good respiratory hygiene to the workplace:</p> <ul style="list-style-type: none"> • Display posters promoting respiratory hygiene and coughing etiquette. • Where possible, make available face masks and face shields for your workers, along with disposal bins for hygienically disposing of used equipment. <p>If your employees and clients that COVID-19 starts spreading in your community separate with them a mild cough or low-grade fever (38.3 °C / 101.1 °F or more) needs to stay at home.</p> <p>Keep the site as one principle. Avoid overcrowding of the premises by allowing one client at a time. All staff and client operations and interactions should be one-to-one.</p> <p>Use social, medical consultations, professional and mental health services should be used to refer to online platforms such as phone and email.</p>
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1. WHO, 2020. COVID-19: Epidemiology and Control. In: The Impact of COVID-19 on HIV Prevention, Treatment and Care for People Who Use Drugs. UNODC, Vienna, 2020, pp. 1-10.

Webinars for decision makers

4 regional webinars for decision makers jointly organized with WHO and UNAIDS with over **600 participants:**

- South East Asia & South Asia – 28 April
- Middle East and North Africa – 19 May
- Eastern Europe and Central Asia - 11 May
- Africa Region – 18 June



Webinars for service providers

5 global webinars for service providers and civil society organized jointly with WHO, INPUD, HRI and MdM: over **1000** participants



THANK YOU

