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Drug demand reduction: world situation with regard to drug abuse

Expanding the capacity of communities to provide information, treatment, health care and social services to people living with HIV/AIDS and other blood-borne diseases in the context of drug abuse and strengthening monitoring, evaluation and reporting systems

Report of the Executive Director

I. Introduction

1. The present report has been prepared pursuant to Commission on Narcotic Drugs resolution 48/12, entitled “Expanding the capacity of communities to provide information, treatment, health care and social services to people living with HIV/AIDS and other blood-borne diseases in the context of drug abuse and strengthening monitoring, evaluation and reporting systems”.

2. The resolution called upon Member States and organizations with expertise in building community capacity to provide treatment, health care and social services for drug users living with HIV/AIDS; to strengthen programmes to reduce prejudice against and stigmatization of those living with HIV/AIDS; to consider incorporating substance abuse prevention, treatment and health care into national drug control strategies; to encourage linkages between national HIV/AIDS strategies and national drug control strategies; to ensure that drug abuse treatment is accessible to drug users living with HIV/AIDS; and to incorporate drug abuse prevention and treatment in relation to HIV/AIDS into socio-economic development programmes. The activities of Member States pursuant to resolution 48/12 are outlined in chapter II of the present report.

* E/CN.7/2007/1.



3. The resolution requested the United Nations Office on Drugs and Crime (UNODC), subject to the availability of voluntary funds and consistent with the international drug control treaties, to continue its work, in coordination with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other relevant United Nations entities, to facilitate the collection, collation and dissemination of information on the relationship between HIV/AIDS and drug abuse, including identifying successful community capacity-building and successful practices in reducing prejudice against and stigmatization of those living with HIV/AIDS and other blood-borne diseases, in the context of drug use, and strengthening monitoring, evaluation and reporting systems. The activities undertaken by UNODC pursuant to resolution 48/12 are outlined in chapter III of the present report.

II. Action by Member States and organizations

4. The attention of the Commission on Narcotic Drugs is drawn to information concerning activities related to demand reduction presented in an addendum to the fourth biennial report of the Executive Director on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together (E/CN.7/2007/2/Add.1). One section of that report is devoted to progress reported by Member States, through the biennial reports questionnaire, in reducing the negative health and social consequences of drug abuse, primarily related to efforts to prevent HIV/AIDS and other blood-borne diseases. Another section of the report describes treatment and rehabilitation interventions.

5. In June 2006, the General Assembly unanimously adopted a Political Declaration on HIV/AIDS (General Assembly resolution 60/262, annex). The Declaration committed Member States to “pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010” (see para. 20 of the resolution). States are keeping up the momentum of the Political Declaration and have started setting targets for universal access to HIV prevention, treatment, care and support by 2010.

6. Universal access requires provision of treatment, care and support to all vulnerable groups, including drug users living with HIV/AIDS. Therefore, the call for action to provide universal access is in line with the activities of UNODC, as a co-sponsor of UNAIDS, to ensure that the target group of HIV/AIDS-infected drug users also receives the necessary treatment, health care and social services.

7. Access to services for treatment and care of individuals who are infected with HIV is limited in many regions.¹ Access is even more challenging for vulnerable groups, such as drug users living with HIV/AIDS. Among those infected with HIV, drug users typically experience the greatest barriers in accessing care. Even when

¹ Joint United Nations Programme on HIV/AIDS, *2006 Report on the Global AIDS Epidemic: a UNAIDS 10th Anniversary Special Edition* (Geneva, 2006).

services are available, many fail to gain access to the system owing to issues such as fear of prosecution, stigmatization, negative attitudes of care providers and an often chaotic lifestyle.² Many studies have concluded that the level of access to effective HIV/AIDS services for injecting drug users is very low, in many countries below 5 per cent. In Eastern Europe and Central Asia, where injecting drug use accounts for more than 70 per cent of HIV cases, only about 24 per cent receive antiretroviral therapy.³ Provision of voluntary HIV counselling and testing services also presents specific challenges. Worldwide, only 12 per cent of the people wishing to do so are currently able to be tested for HIV and in 2003 it was estimated that only 0.2 per cent of adults in low- and middle-income countries received voluntary HIV counselling and testing services.⁴

8. Availability and accessibility of substitution treatment is an integral part of services required by drug users living with HIV. Substitution treatment is one of the most effective treatment options for reducing the spread of HIV among injecting drug users, as it reduces HIV risk behaviour.⁵ The responses from Member States in the fourth reporting cycle of the biennial reports questionnaire (covering the period from June 2004 to June 2006) indicate that this treatment intervention is the one that is least available in all regions. These services have been reduced in Latin America and the Caribbean as well as in sub-Saharan Africa and only pilot initiatives are available in Kyrgyzstan and Uzbekistan among Central Asian countries.

III. The work of the United Nations Office on Drugs and Crime as a co-sponsor of the Joint United Nations Programme on HIV/AIDS

9. UNODC, a co-sponsor of UNAIDS since 1999, chaired the Committee of Co-Sponsoring Organizations of UNAIDS for one year in 2004/2005. UNODC is the lead agency in the UNAIDS family for HIV/AIDS prevention and care among injecting drug users and in prison settings. UNODC is also responsible for facilitating the development of a United Nations response to HIV/AIDS associated with human trafficking. UNODC works in close collaboration with other United Nations partners, namely the International Labour Organization, the United Nations Development Programme, the United Nations Population Fund, the World Bank and the World Health Organization. The focus of the HIV/AIDS work of UNODC is to assist States in implementing large-scale and evidence-informed interventions to prevent HIV infections among the three population groups mentioned above. UNODC works in close collaboration with all the UNAIDS co-sponsors through the

² Sophie La Vincente, "Treatment of injecting drug users with HIV/AIDS: promoting access and optimizing service delivery", in press, based on a report commissioned by the World Health Organization.

³ World Health Organization/Joint United Nations Programme on HIV/AIDS, *Progress on Global Access to HIV Antiretroviral Therapy: a Report on "3 by 5" and Beyond* (Geneva, 2006).

⁴ "Counselling and testing", on the website of the Joint United Nations Programme on HIV/AIDS at www.unaids.org/en/Policies/Testing/default.asp.

⁵ World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS, "Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention", WHO/UNODC/UNAIDS position paper (Geneva, 2004).

United Nations HIV/AIDS theme groups at the country and regional levels, aiming at joint programming with all relevant stakeholders to ensure a multisectoral approach in addressing the HIV/AIDS issue as it relates to drug use.

10. To that end, UNODC has significantly expanded its human and financial resources. HIV/AIDS professionals have been assigned at the country and regional levels to build the capacity of government and civil society organizations in responding to the needs for HIV/AIDS prevention and care among injecting drug users, in prison settings and as it relates to human trafficking. In 2006, the Office partnered with Governments of more than 25 States in the development and commencement of technical assistance programmes for injecting drug users and in prison settings. UNODC also provided technical assistance for the development of proposals for activities to be funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria in many countries, in close collaboration with the Fund's Country Coordinating Mechanisms.

A. The relationship between HIV/AIDS and injecting drug use

11. UNODC has been supporting the United Nations Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users in Developing and Transitional Countries in the effort to update available national and subnational estimates of the number of injecting drug users in developing countries and countries with economies in transition and to provide indicative estimates of gender and age distribution. The Reference Group comprises researchers, epidemiologists and other eminent researchers and currently has its secretariat based at the London School of Hygiene and Tropical Medicine of the University of London. The Reference Group has produced global and national estimates as well as a series of studies that have increased the understanding of the magnitude of the problem and clarified further the relationship between HIV/AIDS and drug use.

B. Stigmatization and discrimination

12. Together, stigmatization and discrimination constitute one of the greatest barriers to dealing effectively with the HIV/AIDS epidemic. Drug users living with HIV/AIDS are subjected to stigmatization and discrimination on both counts. In many parts of the world, HIV epidemics continue to spread at alarming rates within specific, often marginalized, groups, such as injecting drug users. These vulnerable groups are often denied their basic human rights and are often subjected to stigmatization and discrimination.

13. With respect to new developments on addressing the issue of stigmatization, the results are very limited. Experience teaches that a strong movement of people living with HIV that provides mutual support and a voice at the local and national levels is particularly effective in addressing stigmatization. It is also important to have targeted advocacy programmes, which are effective in curbing prejudice against and stigmatization of those living with HIV/AIDS, including drug users.

14. In an effort to improve the capacity and expertise of media practitioners in the development of media campaigns and programmes, the UNODC Regional Office for the Middle East and North Africa, in conjunction with the Arab Council for

Childhood and Development and Mentor Arabia, organized a specific and targeted training programme for media practitioners in the Arab region. Media practitioners from national television stations in 11 Arab countries, in addition to several Arab satellite stations, were provided with in-depth training on key issues relating to HIV/AIDS and drug use. Similar initiatives were carried out in West African countries (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Nigeria, Senegal and Togo) and the Islamic Republic of Iran, among others.

C. Monitoring, evaluation and reporting systems

15. All programmes implemented by UNODC in relation to HIV/AIDS prevention and care have strong monitoring and evaluation components, in line with the UNAIDS "Three Ones" principles (one national HIV/AIDS action framework; one national AIDS coordinating authority; and one monitoring and evaluation system),⁶ to achieve the most effective and efficient use of resources and to ensure rapid action and results-based management. The monitoring and evaluation are based upon the core elements of the national HIV/AIDS action framework in each country. The capacity-building component of these programmes addresses monitoring and evaluation, as an investment in building essential human capacity to meet national monitoring and evaluation needs. An example of this is within the programme for the Baltic States, in which a monitoring centre will be established in Estonia to ensure that good quality and reliable data is available for monitoring of performance and formulation of evidence-based policies, as well as for evaluating achievements with regard to the set targets.

IV. Conclusions

16. Despite some global improvement observed during the past years based on the responses provided by Member States through the biennial reports questionnaire, the limited nature of the interventions established in many regions suggests that even if services are provided, the coverage of their target group often remains relatively low. Much more needs to be done to address HIV/AIDS prevention, care and support services, especially among drug users living with HIV/AIDS. It is essential to strengthen further the capacity of communities to provide information, care and support services to drug users living with HIV/AIDS on a larger scale and at the same time to tackle the issue of stigmatization and discrimination. It is also of great importance to have joint programming involving all stakeholders, including national and international organizations, civil society organizations and donor communities, in order to ensure a more comprehensive response to reduce the spread of HIV/AIDS as it relates to drug use.

17. UNODC's response to the call for action in relation to HIV/AIDS and drug use has increased considerably in recent years not only as it relates to funding but also in the efforts to identify effective approaches and strategies to reduce HIV infection among drug users. More needs to be done here also, in particular in increasing the coordination of assistance provided to countries by the numerous channels and

⁶ See website of the Joint United Nations Programme on HIV/AIDS at http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf.

sources of funding that are available at the multilateral and bilateral levels. The presence of UNODC as a co-sponsor of UNAIDS through the network of advisers located in key countries will further ensure that national responses to HIV/AIDS as it relates to drug use will be evidence-informed and developed and implemented in a coordinated manner.
