Building Partnership to Prevent HIV-AIDS Infection amoung Injecting Drug Users

Opening speech at 14th International conference on reduction of drug-related harm

A brief reference is made to Dr. Carlo Urbani, a WHO colleague and friend who died of SARS a week ago in Bangkok, after having courageously cared for the first SARS infected people in Hanoi.

I am very glad to be here today on behalf of the UN Office on drugs and crime. This is the first time in my field career that I seat among the speakers at the opening session of an international conference on drugs, chaired and convened by the Minister of Public Health.

I would like to share with you two sets of feelings on this conference. The first set is on what the conference is about and the second is on the challenges and outputs of this consultation.

On the substance of our debate in the following days.
A great deal of guidance comes from policies expressed in the UN Drug Control Conventions and the Declaration on the Guiding Principles of Drug Demand Reduction, UN Human Rights documents and UN Health Promotion Policy documents. According to such international consensus, the following principles and strategic approach should be used for addressing HIV/AIDS among IDUs:

- Protection of human rights is critical for the success of prevention of HIV/AIDS. People are more vulnerable to infection when their economic, health, social or cultural rights are not respected. Where civil rights are not respected, it is difficult to respond effectively to the epidemic. We should not be afraid to repeat this principle until it is understood and acted upon.

- HIV prevention should start as early as possible. As shown above, once HIV has been introduced into a local community of injecting drug abusers, there is the possibility of extremely rapid spread.

- Interventions should be based on a regular assessment of the nature and magnitude of drug use as well as trends and patterns of HIV infection.

- Comprehensive coverage of the entire targeted populations is essential. For prevention measures to be effective in changing the course of the epidemic in a country, it is essential that as many individuals in the at-risk populations as possible are reached.

- Drug demand reduction and HIV prevention programmes should be integrated into broader social welfare and health promotion policies and preventive education programmes. A supportive environment in which healthy lifestyles are attractive and accessible, including poverty reduction and opportunities for education and employment should sustain specific interventions for reducing demand for drugs and preventing HIV. It is desirable to include multi disciplinary activities and provide appropriate training and support to facilitate joint working.

- Drug problems cannot be solved simply by criminal justice initiatives. A punitive approach may drive people most in need of prevention and care services underground. HIV prevention

and drug treatment programmes within criminal justice institutions are also important components in preventing the transmission of HIV.

- The ability to halt the epidemic requires a three part strategy: (i) preventing drug abuse; (ii) facilitating entry into drug treatment; (iii) establishing effective outreach to engage IDUs in HIV prevention strategies that protect them and their partners and families form exposure to HIV, and encourage the uptake of drug treatment and medical care.

- Treatment services need to be readily available and flexible. Treatment systems need to offer a range of treatment alternatives, including substitution treatment, to respond to the different needs of IDUs.

- Developing effective responses to problem of HIV among IDUs is likely to be facilitated by assuring the active participation of the target group in all phases of programme development and implementation.

- Drug treatment programmes should provide assessment for HIV/AIDS and other infectious diseases, and counselling to help IDUs change behaviours that place them or others at risk of infection.

- HIV prevention programmes should also focus on sexual risk behaviours among people who inject drugs or use other substances.

- Outreach work and peer education outside the normal service settings, working hours and other conventional work arrangements are needed to catch those groups that are not effectively contacted by existing services or by traditional health education. It is necessary to have a back up of adequate resource to respond to the increase in client and casework load that is likely to result from outreach work.

- A comprehensive package of interventions for HIV prevention among IDUs could include: drug abuse prevention, AIDS education, life skills training, condom distribution, voluntary and confidential counselling and HIV testing, access to clean needles and syringes, bleach materials, and referral to a variety of treatment options. This complete package should be implemented, especially among young people.

- Care and support, involving community participation, must be provided to IDUs living with HIV/AIDS and to their families, including access to affordable clinical and home-based care, effective HIV prevention interventions, essential legal and social, psychosocial support and counselling services.

Furthermore, three fundamental components of effective approaches to prevent HIV/AIDS among and from injecting drug users have obtained wide international consensus and scientific validation among scholars and practitioners.

Such components are drug dependence treatment, outreach activities and syringe and needle exchange programmes.

In drug dependence treatment, there is need for diversity : drug substitution treatment such as methadone maintenance, therapeutic communities and outpatient drug-free programmes, assist IDUs to significantly decrease their drug consumption.

Outreach activities have been successful in accessing, motivating and supporting IDUs who are not in treatment to reduce their illicit drug use risk behaviours and sexual risk behaviours as well as reducing HIV incidence. Finding from research indicate that outreach activities that take place outside the conventional health and social care environments are able to reach out-of- treatment drug injectors and increase drug treatment referrals.

Syringe and needle exchange programmes have shown reductions in needle risk behaviours and HIV transmission and no evidence of increase into injecting drug use or other public health dangers in the communities served. Such programmes also serve as points of contact between IDUs and service providers, including drug treatment programmes. The benefits of such programmes increase considerably if they go beyond syringe exchange alone to include AIDS education, counselling and referral to a variety of treatment options.

Furthermore the effectiveness of such harm reduction strategies is confirmed by evidence in many towns and regions around the world where they have been applied under credible protocols of application and monitoring.

The World Health Organization has stated the conditions of effectiveness of some policies for HIV prevention and care among IDUs in its recent documents on this subject.

The UN Commission of Narcotic Drugs in 2002 has passed a resolution which recommend policies in line with the above mentioned principles.

UNAIDS has repeatedly published and recommended detailed guidelines highlighting the good practices to address HIV/AIDS risks among IDUs.

Despite the support of all concerned UN specialized agencies and programmes and overwhelming evidence of the effectiveness of such measures only about fifty five countries worldwide have implemented the suggested strategies. They are less than half of countries where a significant epidemic of HIV/AIDS among infecting drug users has been identified.

Where such prevention measures have not been applied in the recent past, the HIV/AIDS epidemic has literally exploded among injecting drug users and then of course from them to the wider community. In some countries HIV prevalence rate has escalated from 5% to 40% in less than a year, in other countries in two-three years the epidemics has grown to the alarming indicator that 80/90% of new infectious now are among drug users. In some countries approximately half of the sexual partners of drug users acquired the virus in the short period of five to six years.

The UN theme groups.
Tens of UN theme groups on HIV/AIDS have been established in affected countries. They regularly meet with the goal to facilitate government and non governmental organizations in the expansion of a national response.

In the East Asia and the Pacific, also a regional UN theme group has been established three years ago. Under the Chairmanship of UNFPA first, then UNODC and now UNESCO, all UNAIDS co-sponsors and other UN bodies including ESCAP, share the responsibility of the promotion of good practices and actively participate. UNODC is a member of most UN theme groups on HIV/AIDS wherever they have been established. Specialized and intersectoral UN task forces on drugs and HIV/AIDS vulnerability have been established at national level and at regional level.

Approximately thirty UNODC senior professional staff are committed to provide technical expertise to the work plan of such expanded task forces.

Hundreds of meetings and good practices documentations are now available from UN sources and specialized Harm Reduction non governmental agencies including AHRN the local host for this conference.

In conclusion, on the substance matter of this conference, I believe that the core of the subject is how to go to scale, and how well designed and participatory partnerships can adapt those good practices which have been already well proved.

The second set of feeling is about the outputs we will be able to achieve in this conference.

In this regard, I observe that the challenge of effectiveness of global response to the HIV vulnerability caused by drug injecting is no longer about what the world knows should, could or must be done. Rather the real challenge is on who, in the governments in the ministries and in the streets of this world knows that it must be done and it must be done now. I hope and wish that most participants at this conference will agree that partnership is about choosing as many right partners as possible and also engaging as often as possible partners at home who were part of the problem to become part of the solution.

Many have observed that military terminology is commonly used in drug control policies and often even in HIV/AIDS epidemiology: Campaign, strategies, targets, tactics are common language of so called “war” on drugs. However, at the only G8 group on drugs held in the East of the world, in Miyazaki and Okinawa in 2001, the subject of drug control was instead debated under the title “Towards a deeper peace of mind”. ChiangMai is in the East as well. For centuries it has been a cradle of enlightenment through different meditational methodologies. And in the four years I lived in this beautiful country and among its gifted people, I have learned to love the Thai way. Let me hope then that the way how we live these days of consultations and the very outputs of the ChiangMai conference will make “ChiangMai Spirit” remembered in the drug and HIV field as a synonymous of a declaration of peace of mind on reduction of drug related harm.

And as often it is required when building peace of mind in a community affected by drug use and HIV, some good participatory and user friendly partnership plan will be designed and then executed.

Thank you.