Harm Reduction: Challenges and Opportunities

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Bangkok, Thailand
1. Drug use and HIV epidemic situation in AP region
2. HIV and drug-related health issues
3. Harm reduction program
   - Principle and implication
   - Progress and achievement
   - Policy and institutional barriers and gaps
   - The way forward: structural intervention
Drug use in Asia and Pacific region -- Changing pattern and trend

Opioid Users

Meth and other ATS users

2007 2010 2017
Despite earlier achievements, the decline in new HIV infections has stalled during the past 7 years.

**Global**

- **New HIV infections in 2017**: 1,800,000
- **Fast-Track Target 2020**: 500,000 new HIV infections

**Asia and the Pacific**

- **New HIV infections in 2017**: 280,000
- **Fast-Track Target 2020**: 90,000 new HIV infections

*The 2020 target is equivalent to a 75% reduction since 2010.*

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2018 HIV Estimates
Approximately **130,000** people who inject drugs became newly infected with HIV in 2017.

**Distribution of new HIV infection, by population group, global and by region, 2017**

- **Global**: 8%
  - Sex workers: 3%
  - People who inject drugs: 18%
  - Clients of sex workers and other sexual partners of key populations: 52%
  - Gay men and other men who have sex with men: 18%
  - Transgender women*: 1%
  - Rest of population\(^1\): 1%

- **Asia and Pacific**: 14%
  - Sex workers: 16%
  - People who inject drugs: 4%
  - Clients of sex workers and other sexual partners of key populations: 35%
  - Gay men and other men who have sex with men: 29%
  - Transgender women*: 2%
  - Rest of population\(^1\): 2%

- **Eastern Europe and Central Asia**: 39%
  - Sex workers: 28%
  - People who inject drugs: 21%
  - Clients of sex workers and other sexual partners of key populations: 3%
  - Gay men and other men who have sex with men: 9%
  - Transgender women*: 3%
  - Rest of population\(^1\): 1%

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* Data are only available from Asia and the Pacific, Caribbean and Latin America. With rare exceptions, reported data are from transwomen who sell sex, but size estimates are increasingly all transgender women.

\(^1\) Individuals in this category did not report any HIV-related risk behaviour.

Source: UNAIDS special analysis, 2018.
Outline

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   • The way forward
HIV and Drug-use Related Health Issues
--HIV/AIDS transmission

Opioid and ATS injecting use:

**Blood transmission**
Sharing needles, syringes and equipment
Unsafe injection

Meth and other stimulants use:

**Sexual transmission**
“Chemsex”: Unprotected sex, multi sex partners, cognitive and mental disorder
**HIV and Drug-use Related Health Issues**

--- Other communicable diseases

Percentage:
AP regionally / Globally

Co-infection
- HCV
- HBV
- TB
- STI diseases

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2018 HIV Estimates
Double disease burden of HIV and HCV among PWID in Asia and the Pacific

Globally...

1/3 of all people who inject drugs are living in Asia and the Pacific.

In Asia and the Pacific...

1/8 of all people who inject drugs are living with HIV.

1/10 of all people living with HIV are people who inject drugs.

Among PWID living with HIV...

9/10 are co-infected with Hepatitis C.

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Harm Reduction

Public health-approach, Human rights-based

- Supply Reduction
- Demand Reduction
- Harm Reduction

IEC and BCC
HIV testing and Counselling (HTC)
Condom Promotion
Needle Exchange Programm
Opioid Substitute Treatment
Coinfection treatment: HCV, HBV, TB
ARV treatment
Opioid overdose management
Others

Drug Control and HIV/AIDS Prevention
WHO/UNAIDS: Harm Reduction

- All people from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes (NSP).
- All people from key populations who are dependent on opioids should be offered and have access to opioid substitution therapy (OST).
- All people from key populations with harmful alcohol or other substance use should have access to evidence-based interventions, including brief psychosocial interventions involving assessment, specific feedback and advice.
- People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose

**Action**

- Increase access and expand coverage of HR program
- Improve comprehensive prevention services
- Promote civil society’s greater involvement
- Create enabling environment
Needles and syringes distributed per PWID per year in Asia and the Pacific, 2016-2017


- **High coverage:** >200 syringes per PWID per year
- **Medium coverage:** >100–<200 syringes per PWID per year
- **Low coverage:** <100 syringes per PWID per year
Coverage of opioid substitution therapy among people who inject drugs, 2016-2017

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring Reporting

- High coverage: >40%
- Medium coverage: 20 – ≤ 40%
- Low coverage: <20%
China: MMT program impact on HIV incidence

- HIV incidence decreased 93.7% from 2006 to 2016
- Over 18,000 HIV infection among DUs prevented
- About 6,000 AIDS-related death avoided

**MMT cohort study:**
- Sample size: over 100,000
- Duration: over 10 years

*Source: China National Specific Survey (2004-2016)*
China: MMT program impact on HIV and drug control

- **Over 130 tons heroin markets have been shrunk**
- **About 12 billions USD drug use expenditures have been avoided**

**Cost-effective: 1 Yuan spent, 20 Yuan saved**

*Source: China National Specific Survey (2004-2016)*
Safe injecting practices among people who inject drugs in Asia and the Pacific

Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected (2014-2017)

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring (GAM) reporting
## Snapshot of harm reduction in Asia and the Pacific, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Needle and syringe programmes operational</th>
<th>Needle and syringe programmes coverage</th>
<th>Possession of needle and syringe used as evidence for arrest</th>
<th>Opioid substitution therapy programmes operational</th>
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<th>Naloxone available through community distribution</th>
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</table>

**NSP programme coverage** (syringes per PWID per year)
- **High coverage:** >200
- **Medium coverage:** >100–<200
- **Low coverage:** <100
- **No service**
- **No info/ not reported**

**OST programme coverage** (% opioid injectors on OST)
- **High coverage:** >40%
- **Medium coverage:** 20 – ≤ 40%
- **Low coverage:** < 20%
- **No service**
- **No info/ not reported**

* HIV prevalence from sentinel sites – Dhaka A1, A2 and Hili; **Kathmandu

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Monitoring (GAM) reporting
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   - The way forward
Harm Reduction
--Policy and Institutional Barriers(1)

1. Do not know their HIV status
2. Less access and slower expansion of Harm Reduction program
3. Insufficient comprehensive prevention and treatment services
4. Increasing co-infection: HIV, HCV, HBV, TB, STI, etc.
5. Lack of ATS specific service packages

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2018 HIV Estimates
HIV testing response gap to reach Fast-Track target: less than half of people who inject drugs know their HIV status

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring Reporting
NSP and OST sites by country where data is available, 2012-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>NSP Sites</th>
<th>OST Sites</th>
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<tbody>
<tr>
<td>Afghanistan (2014)</td>
<td>27</td>
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<tr>
<td>Bangladesh (2016)</td>
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<td>Thailand (2016)</td>
<td>17</td>
<td>147</td>
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<tr>
<td>Viet Nam (2016)*</td>
<td>230</td>
<td>416</td>
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</tbody>
</table>

* 2014 data for NSP sites

But... a lot of missed opportunities

2 in 3 People co-infected with TB-HIV DO NOT know their HIV status

1 in 3 ART service providers DO NOT provide TB treatment in ART settings

3 in 4 TB service providers DO NOT provide antiretroviral therapy in TB clinics

Harm Reduction
--Policy and Institutional Barriers(2)

6. Punitive law and environment
7. Social stigma and discrimination
8. Lack of civil society engagement
9. Human rights abuse
10. Gender inequity
Legal barriers to the HIV response remain in 38 UN Member States in Asia and the Pacific

- 37 states criminalize some aspect of sex work
- 17 states criminalize same-sex relations
- 11 states confine people who use drugs in compulsory detention centres
- 15 states impose death penalty for drug-related offences
- 10 states impose some form of HIV-related restriction on entry, stay or residence

Source: Prepared by www.aidsdatahub.org based on UNAIDS, Punitive Laws Hindering the HIV Response in Asia and the Pacific (as of June 2016)
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Social support and health services need to be combined.
1. **Strengthen public education and peer outreach**
2. **Expand and improve Harm Reduction program**
   - NSP program: Both for heroin and ATS/NPS injecting drug users
   - OST program: Heroin drug users-Methadone, buprenorphine, naltrexone, etc.
   - ATS/NPS users: Cognitive-behavior therapy: counseling and support
3. **Comprehensive prevention packages:** tailored services
   - Harm Reduction program, condom promotion, HTC, ARV, Co-infection treatment, etc.
4. **Explore novel and innovative approaches:**
   - PrEP, PEP, etc.
Harm Reduction
Dependence treatment

**Opioid Drug Users**

**Medication:** Available
- Opioid Substitute Therapy
  - Methadone (MMT program)
  - Buprenorphine
  - Naltrexone
  - Naloxone (Overdose)

**Mental and Behavior Therapy**
WHO: Psychosocially Assisted Pharmacological Treatment of Opioid Dependence.

**Methamphetamine Drug Users**

**Medication:** Not available !!!! only

**Behavior and Mental Therapy**
- Cognitive-behavioral therapy
- Motivational incentives
- Family support and social function restore
5. **Community-based treatment:** *include but not limited to*

Patients can receive treatment in many different settings with various approaches.

**Model: “Seek---Test----Treat----Retain”**

- Peer education and outreach
- Counseling and psychosocial support
- Risk behavior change: safe sex and injection
- Referral services to testing and treatment
- Avoid lapse and relapse
- Adherence to OST, NSP, ART programs
- Therapeutic communities services
- Opioid overdose prevention and treatment
- Increase healthy life skills and social function restore
Harm Reduction: The way forward --(3)

6. Remove policy and institutional barriers
7. Enhance civil society involvement
8. Protect human rights
9. Increase financial support
10. Enhance multiple collaboration
11. Scientific research
Support don’t Punish!

Thanks!

No One Left Behind!