



# **HIV in the Asia Pacific Region and the Drug Use Epidemic**

## **UNAIDS Asia and the Pacific**

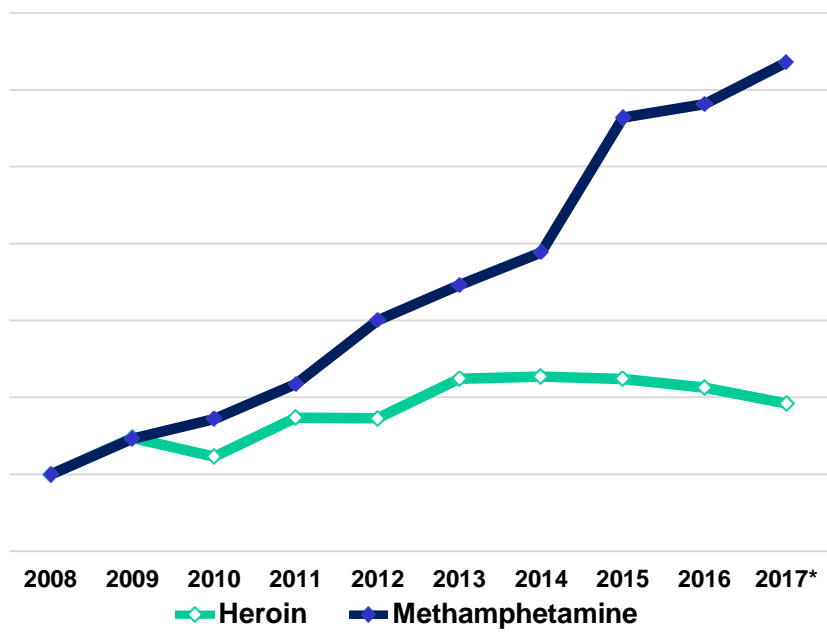
**The 18th CADAPT Academic Conference**  
**Drug Abuse Intervention: From Policy to Practice.**  
*Beijing ,China 23-24 May 2019*

# Outline

- 1. Drug Use and HIV epidemics in AP region**
2. HIV and harm reduction program
3. Challenges and responses
4. The way forward

## Regional heroin and meth seizure trends

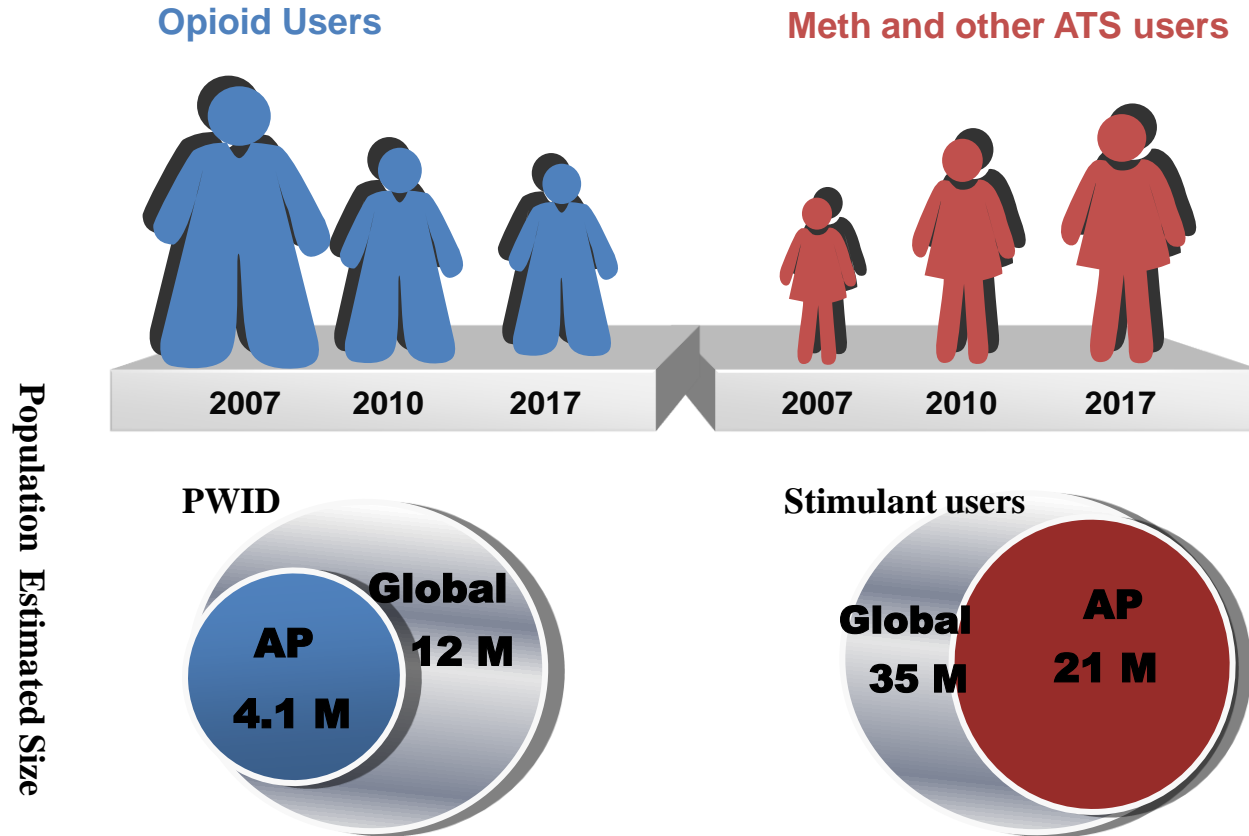
### Steep increase in methamphetamine seizures



- 2008 as an index year
- Meth seizures increased nearly a seven-fold during the period
- Even more rapid increases observed in recent years

# Dynamic pattern and trend

## Drug and substance use in Asia and Pacific region



Source: Global State on Harm Reduction 2018

# Journey of AIDS by the numbers

**Since the beginning of the epidemic -**

**Globally...**

**78 million** people have become infected with HIV

**35 million** people have died from AIDS-related illnesses

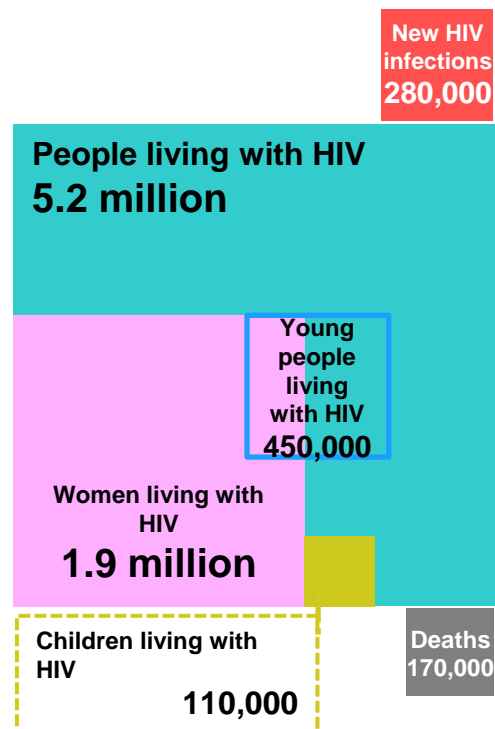
**In Asia and the Pacific...**

**12 million** people have become infected with HIV

**6 million** people have died from AIDS-related illnesses

# AP Regional snapshot of HIV infections and AIDS-related deaths

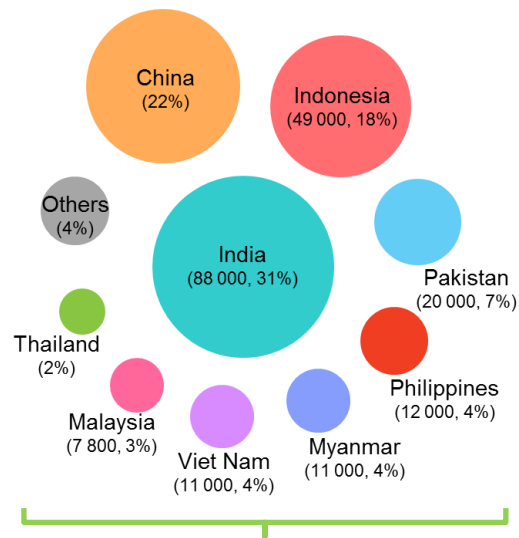
## HIV and AIDS in Asia and the Pacific, 2017



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2018 HIV Estimates

# Urgent need for focused response: location-population approach!

Distribution of new HIV infections by country



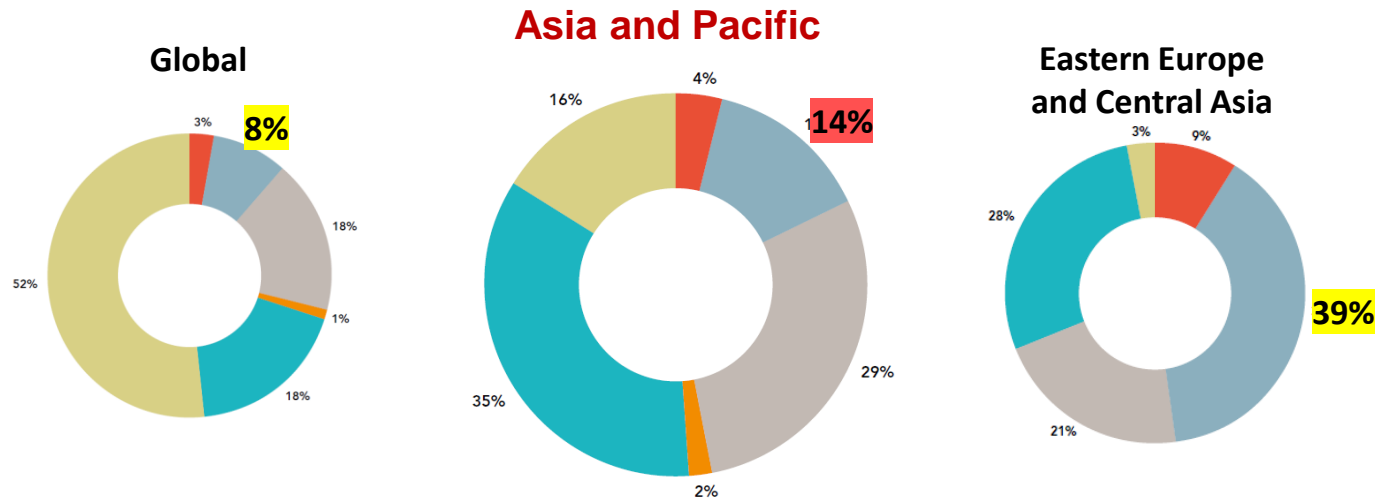
**9** countries account for  
**96%** of total | 280 000 new HIV infections in Asia Pacific

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2018 HIV Estimates and AIDS Epidemic Modelling submitted for GAM reporting

# HIV epidemic situation

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



- Sex workers
- People who inject drugs
- Gay men and other men who have sex with men
- Transgender women\*
- Clients of sex workers and other sexual partners of key populations
- Rest of population†

\* 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.

† Individuals in this category did not report any HIV-related risk behaviour.

Source: UNAIDS special analysis, 2018.

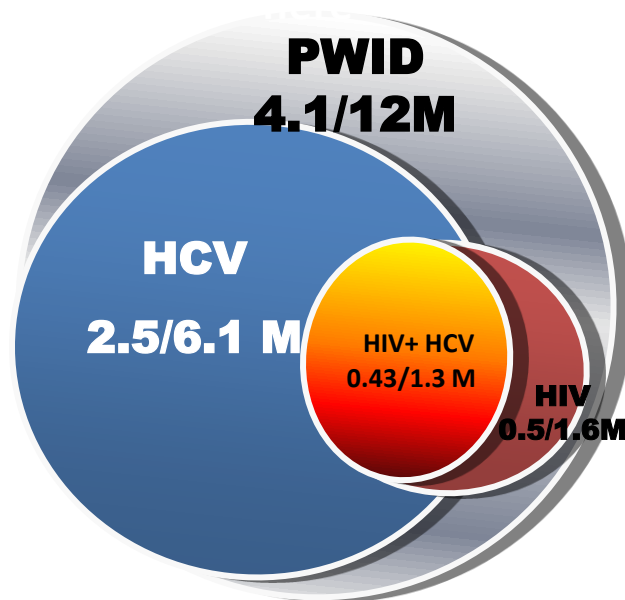


# Factsheet at a glance

## HIV, TB, HCV and Other communicable diseases

*Percentage:*

*AP regionally / Globally, 2017*



### Co-infection

- HCV
- HBV
- TB
- STI diseases

3 in 5 people starting HIV treatment are not screened, tested or treated for TB worldwide, the biggest killer of PLHIV.

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Opioid drug use  
**Intravenous transmission**  
Unsafe injection



## Harm Reduction

**E**xpand OST/NSP for people who use opioid drugs  
**I**mplement tailored services for people who use stimulants

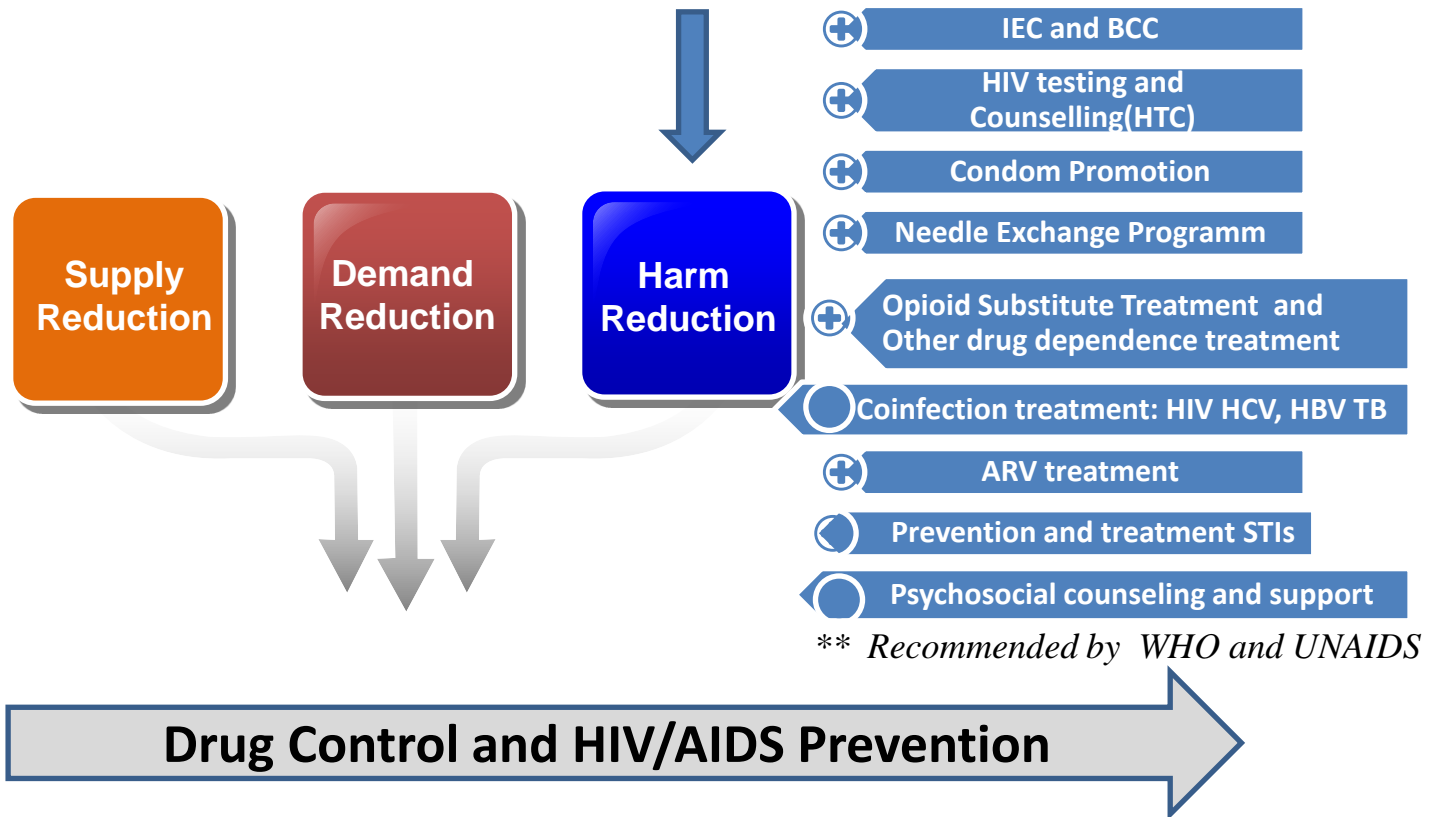


Stimulant use  
**Sexual transmission**  
“Chemsex”:  
Unprotected sex



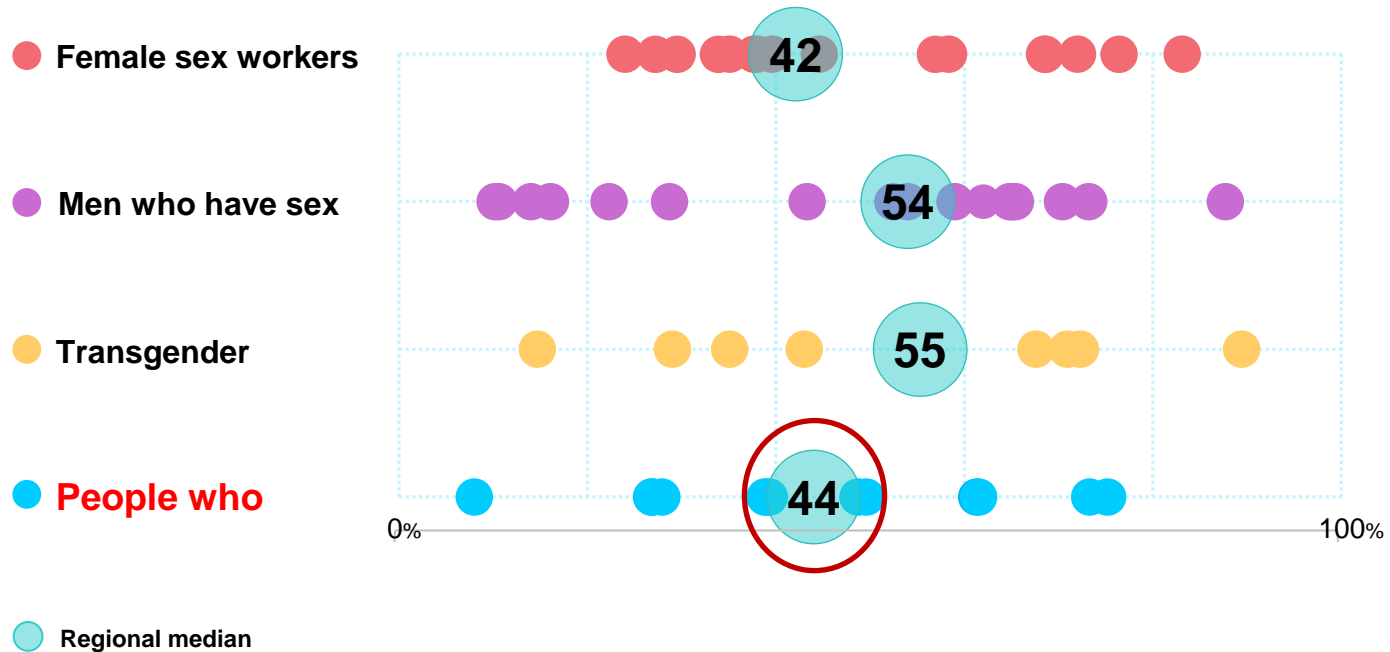
# Harm Reduction

Public health-approach, Human rights-based

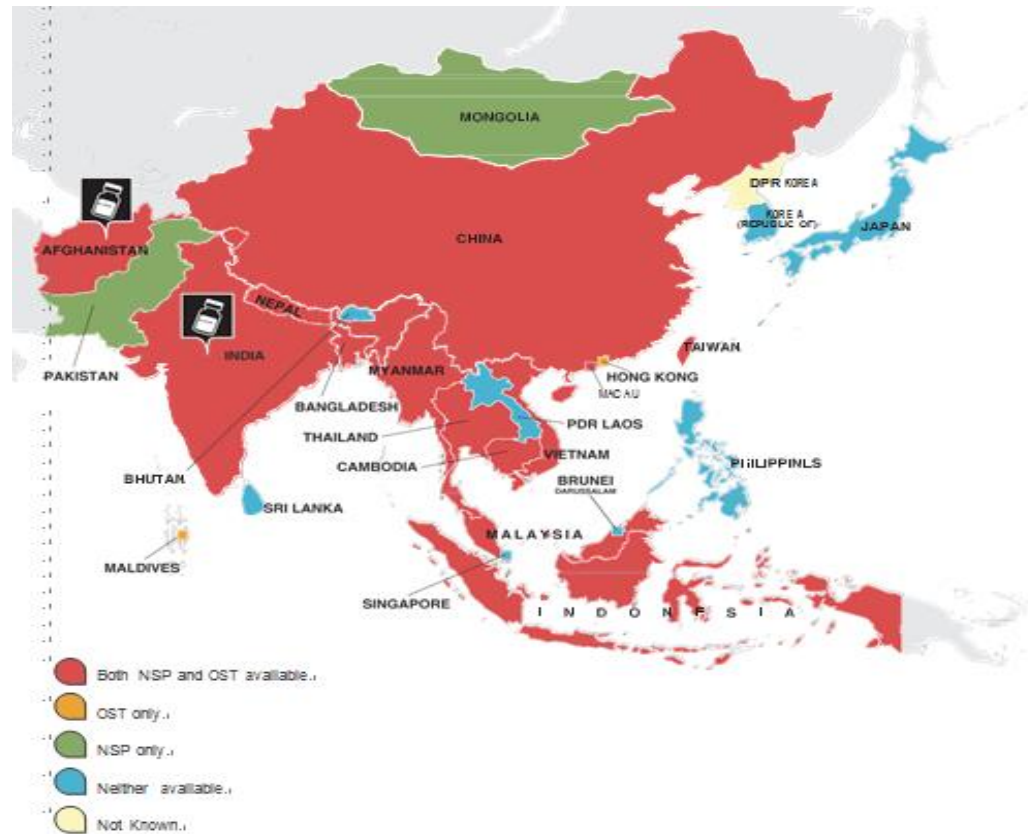


# HIV testing is the entry point for prevention and treatment but about half of key populations do not know their HIV status

HIV testing coverage among key populations, 2014 - 2017



## Availability of NSP and OST program in Asia in 2018



Source: Global State on Harm Reduction 2018

## NSP and OST sites by country where data is available, 2012-2017

	Number of needles/syringes programme sites	Number of opioid substitution therapy sites
<b>Afghanistan (2014)</b>	27	1
<b>Bangladesh (2016)</b>	49	4
<b>Cambodia (2017)</b>	1	1
<b>China (2017)</b>	741	762
<b>India (2014)</b>	401	178
<b>Indonesia (2014)</b>	232	90
<b>Lao PDR (2012)</b>	5	8
<b>Malaysia (2016)</b>	694	907
<b>Maldives (2014)</b>	0	1
<b>Mongolia (2013)</b>	1	0
<b>Myanmar (2017)</b>	55	51
<b>Nepal (2017)</b>	21	15
<b>Pakistan (2016)</b>	29	0
<b>Thailand (2016)</b>	17	147
<b>Viet Nam (2016)*</b>	230	416

\* 2014 data for NSP sites

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on 1.Global AIDS Response Progress Reporting; and 2.Global AIDS Monitoring 2017 & 2018 3. Malaysia Satellite Data Hub

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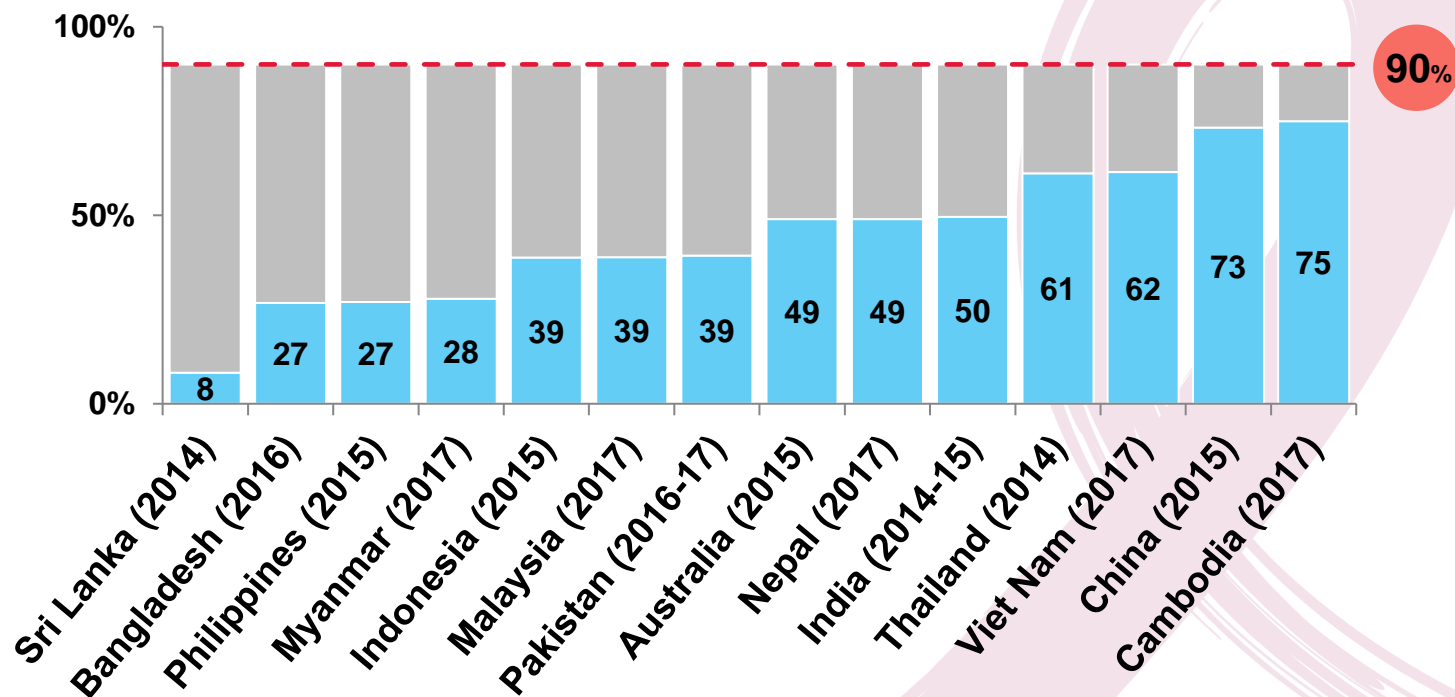


# Harm Reduction

## Programmatic and technical barriers (1)

1. Do not know their HIV status
2. Slow expansion of opioid harm reduction: OST / NSP programs
3. Lack of stimulant -specific harm reduction
4. Insufficient comprehensive prevention and ARV treatment services
4. Co-infection and mental disorder
6. Multiple/ poly drug use and overdose
7. Lack of comprehensive health services and capacity building

## HIV testing gap for people who inject drugs



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Monitoring Reporting

- Testing coverage
- Response gap to reach Fast-Track target

# Harm Reduction

## Drug dependence treatment

### Opioid Drug Use

#### Medication : Available

#### Opioid Substitute Therapy

- Methadone (MMT program)
- Buprenorphine
- Naltrexone , Saboxon, etc
- Naloxone (Overdose )

#### Mental and Behavior Therapy

**WHO:** Psychosocially Assisted  
Pharmacological Treatment of  
Opioid Dependence.

### ATS Drug use

#### Medication :

**Not available !!!!**

**only**

#### Behavior and Mental Therapy

- Cognitive-behavioral therapy
- Motivational interviewing  
and incentive.
- Family support and social  
function restore

# **Harm Reduction**

## **Policy and institutional barriers (2)**

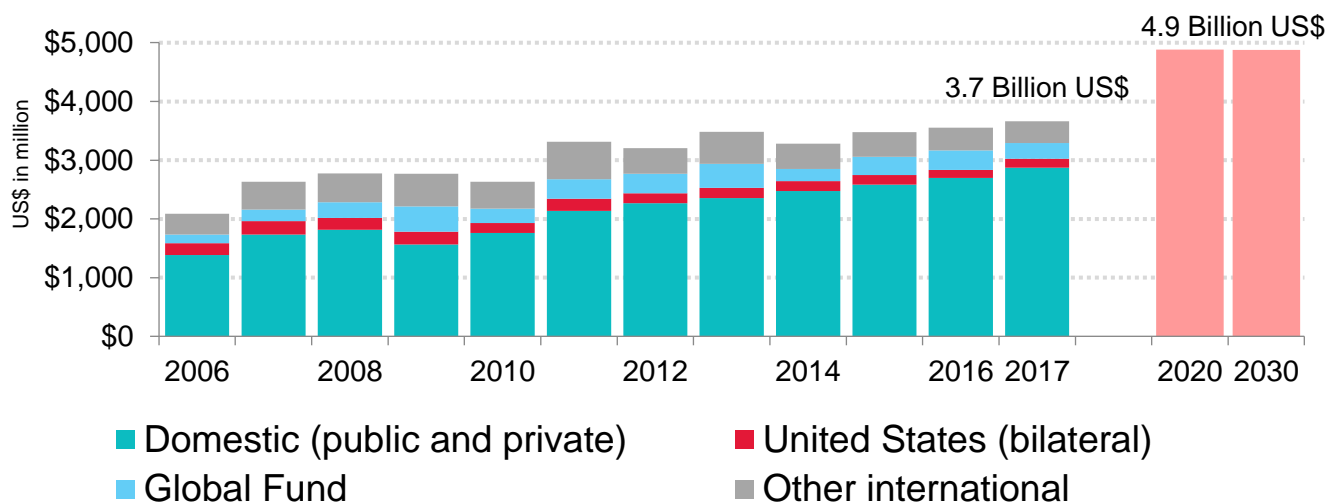
- 8. Punitive laws and criminalization**
- 9. Social stigma and discrimination**
- 10. Lack of civil society engagement**
- 11. Lack of domestic funding**
- 12. Human rights -based and gender inequity**

# Legal barriers to the HIV response remain in 38 UN Member States in Asia and the Pacific



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS, Punitive Laws Hindering the HIV Response in Asia and the Pacific (as of June 2016)

# Resource availability and Fast-Track resource needs in Asia and the Pacific

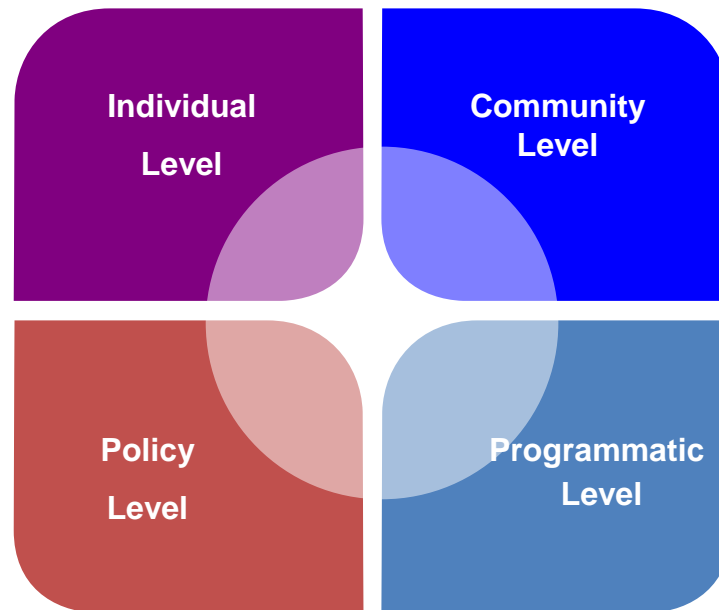


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# Harm Reduction: The way forward

## Structural Intervention





# Harm Reduction:

## The way forward (1)

1. **Strengthen public education, behavior change and peer outreach**
2. **Rapidly scale up opioid harm reduction program**
  - NSP program: heroin and ATS/NPS injecting drug users
  - OST program: opioid drug users
3. **Rapidly integrate stimulant harm reduction to existing HR services**
  - ATS/NPS users: Cognitive and behavior therapy
  - Psychological counseling and social support
4. **Provide comprehensive prevention packages: tailored services**
  - IEC and BCC, HTC, OST, NSP, ARV, Condom, Co-infection and STI treatments, etc
5. **Strengthen community-based treatment (CBT) and Therapeutic Community(TC)**
6. **Pilot and expand innovative approaches:**
  - PrEP, PEP, peer-led overdose prevention
7. **UHC:** Integration of HIV and viral hepatitis treatment with harm reduction

## **Harm Reduction:** **The way forward (2)**

8. Remove policy and institutional barriers
9. Enhance multi-sector collaboration: Anti-narcotic, Public Security, etc
10. Increase financial support (domestic funding)
- 11. Enhance civil society involvement**
12. Protect human rights, gender equality



**No one left behind!**

**Support Don't Punish!**

**Universal Health Coverage**

**Global Fast-Track Targets**

By 2020	By 2030
Fewer than <b>500 000</b> new infections	Fewer than <b>200 000</b> new infections
Fewer than <b>500 000</b> AIDS-related deaths	Fewer than <b>200 000</b> AIDS-related deaths
<b>ZERO</b> discrimination	<b>ZERO</b> discrimination

Source: UNAIDS (2016), Press Statement for 2016 High Level Meeting Political Declaration on HIV and AIDS