Harm Reduction: Challenges and Opportunities

Eamonn Murphy

Regional Director
Asia and the Pacific, UNAIDS

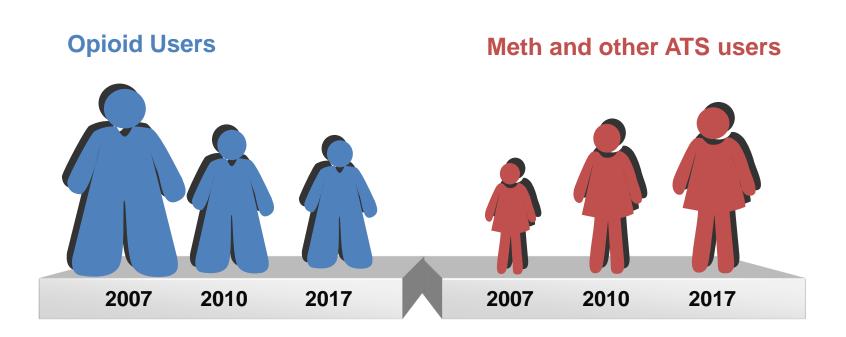
Bangkok ,Thailand



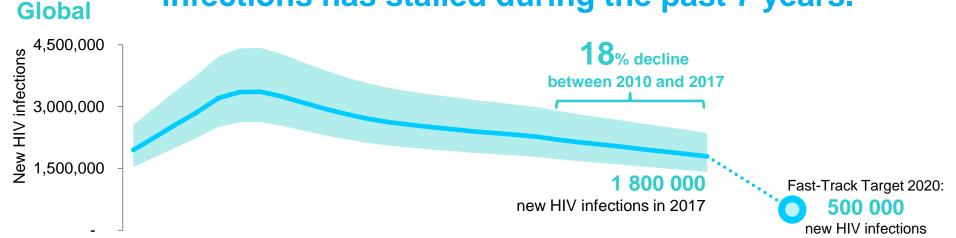
Outline

- 1. Drug use and HIV epidemic situation in AP region
- 2. HIV and drug-related health issues
- Harm reduction program
 - Principle and implication
 - Progress and achievement
 - Policy and institutional barriers and gaps
 - The way forward: structural intervention

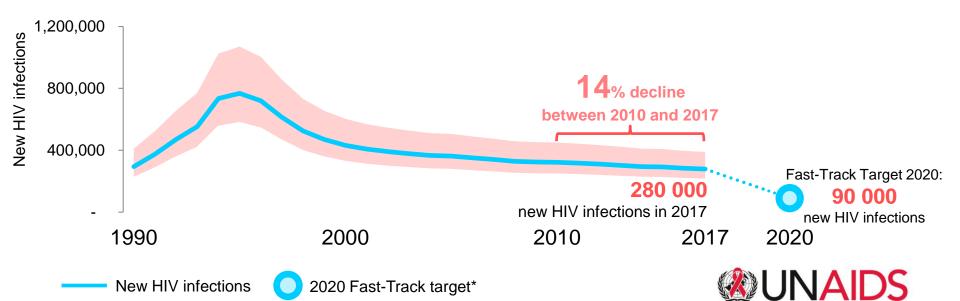
Drug use in Asia and Pacific region -- Changing pattern and trend

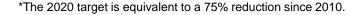


Despite earlier achievements, the decline in new HIV infections has stalled during the past 7 years.



Asia and the Pacific

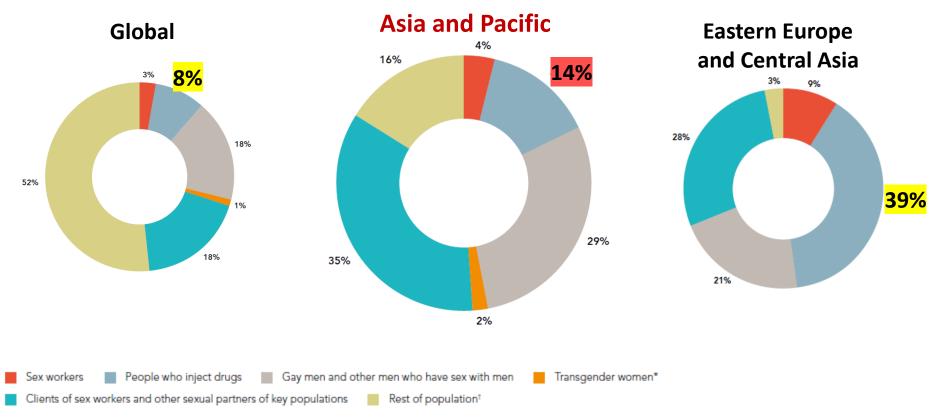




HIV epidemic situation

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



^{*} 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.

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- 4. UNAIDS 2020/2030 goal

HIV and Drug-use Related Health Issues

--HIV/AIDS transmission

Opium 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



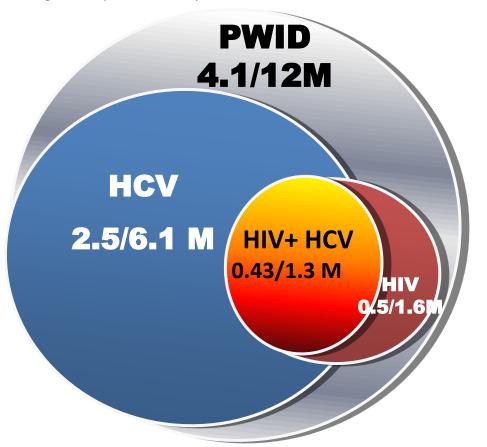


HIV and Drug-use Related Health Issues

-- Other communicable diseases

Percentage:

AP regionally / Globally



Co-infection

- > HCV
- > HBV
- > TB
- > STI diseases

Double disease burden of HIV and HCV among PWID in Asia and the Pacific

Globally...



1/3

Asia and the Pacific

of all people who inject drugs

are living in

In Asia and the Pacific...



1/8

of all people who inject drugs

are

In Asia and the Pacific...



1/10

of all people living with HIV

drugs

living with HIV

Among PWID living with HIV...



9/10 are

co-infected with Hepatitis C

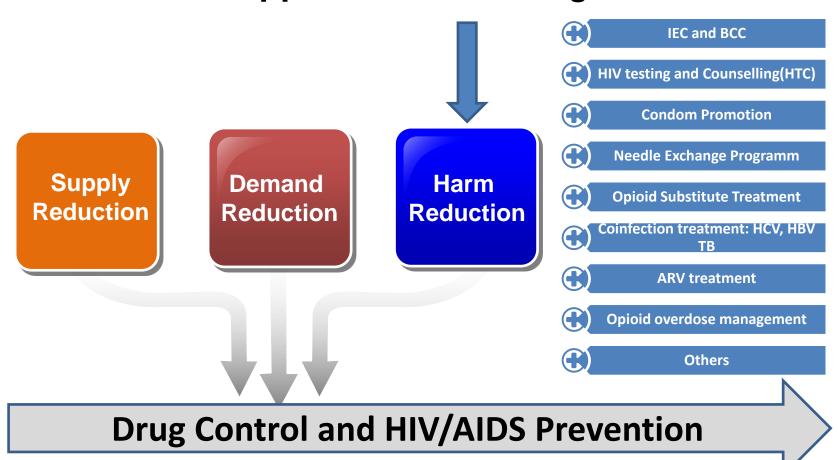
people who inject

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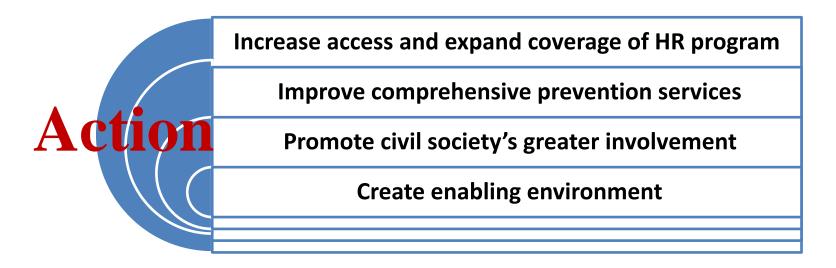
Harm Reduction

Public health-approach, Human rights-based



WHO/UNAIDS: Harm Reduction

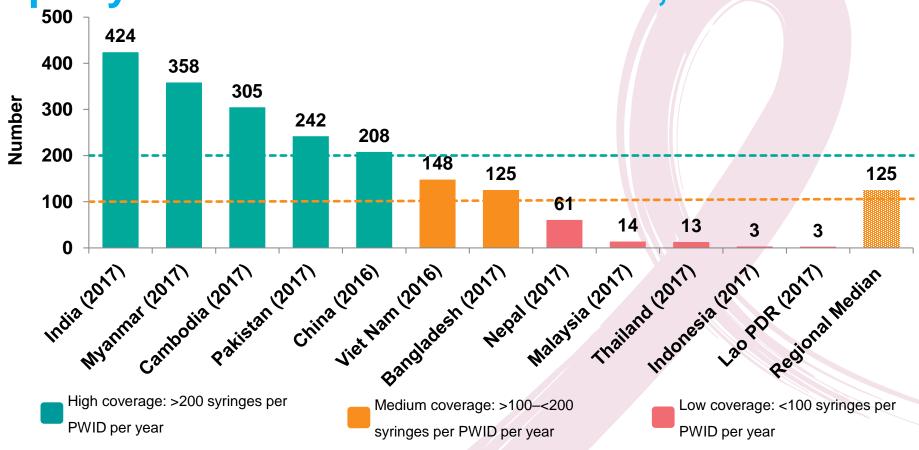
- All people from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes (NSP).
- All people from key populations who are dependent on opioids should be offered and have access to **opioid substitution therapy(OST)**.
- All people from 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





HIV and AIDS Data Hub for Asia-Pacific

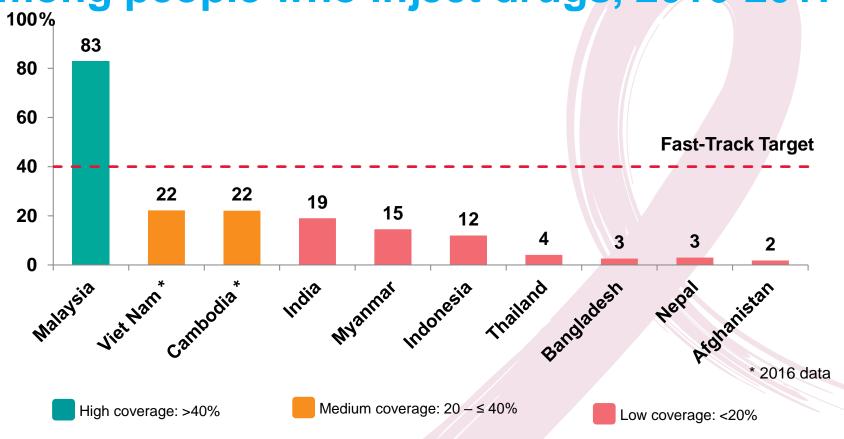
Needles and syringes distributed per PWID per year in Asia and the Pacific, 2016-2017





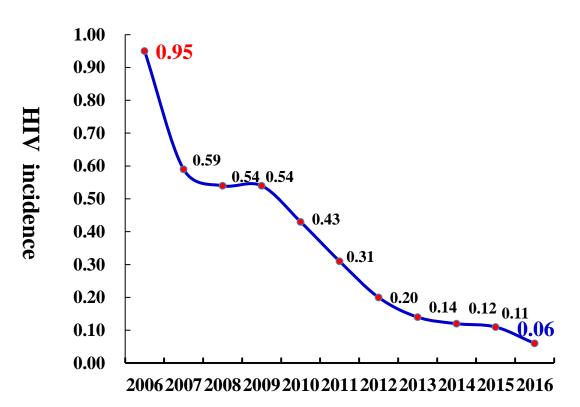
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Coverage of opioid substitution therapy among people who inject drugs, 2016-2017



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)





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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)





HIV and AIDS Data Hub for Asia-Pacific

Snapshot of harm reduction in Asia and the Pacific, 2017

	Needle and syringe programmes operational	Needle and syringe programmes coverage	Possession of needle and syringe used as evidence for arrest	Opioid substitution therapy programmes operational	Opioid substitution therapy programmes coverage	Naloxone available through community distribution	Countries with HIV prevalence among PWID ≥ 5% NSP programme coverage (syringes per PWID per year)
Afghanistan	Yes		NO INFO	Yes		No	High coverage: >200
Australia	Yes		NO INFO	Yes		NO INFO	Medium coverage: >100-<200
Bangladesh*	Yes		No	Yes		No	
Cambodia	Yes		No	Yes		Yes	Low coverage: <100
China	Yes		No	Yes		Yes	No service
India	Yes		No	Yes		Yes	
Indonesia	Yes		NO INFO	Yes		NO INFO	No info/ not reported
Lao PDR	Yes		No	No		No	OST programme coverage
Malaysia	Yes		No	Yes		Yes	(% opioid injectors on OST)
Myanmar	Yes		No	Yes		No	High coverage: >40%
Nepal**	Yes		Yes	Yes		No	
New Zealand	Yes		No	Yes		No	Medium coverage: 20 – ≤ 40%
Pakistan	Yes		Yes	No		No	Low coverage: < 20%
Philippines	No		Yes	No		No	
Sri Lanka	No		No	No		No	No service
Thailand	Yes		Yes	Yes		Yes	No info/ not reported
Viet Nam	Yes		NO INFO	Yes		NO INFO	

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

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Harm Reduction

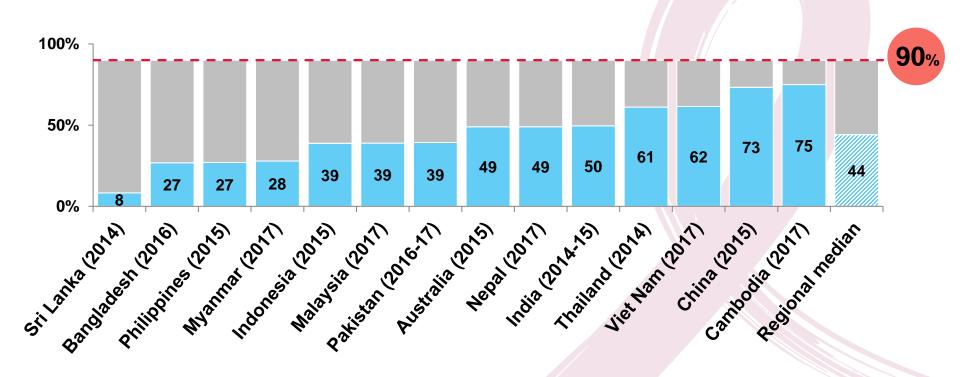
--Policy and Institutional Barriers(1)

- 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



HIV and AIDS Data Hub for Asia-Pacific

HIV testing response gap to reach Fast-Track target: less than half of people who inject drugs know their HIV status



Testing coverage

Response gap to reach Fast-Track target



HIV and AIDS Data Hub for Asia-Pacific

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

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

^{* 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 <u>DO NOT</u> provide TB treatment in ART settings



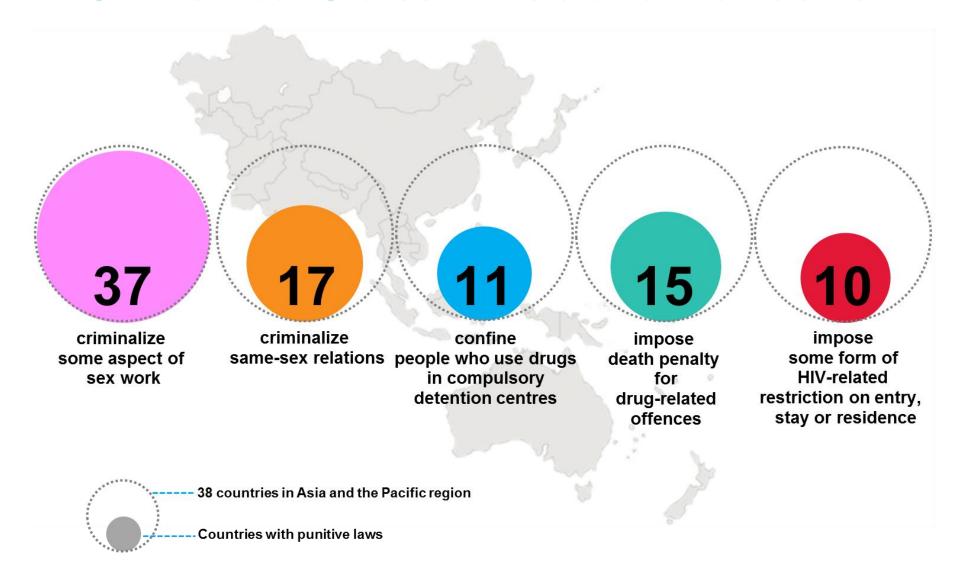
3 in 4 TB service providers <u>DO NOT</u> provide antiretroviral therapy in TB clinics

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

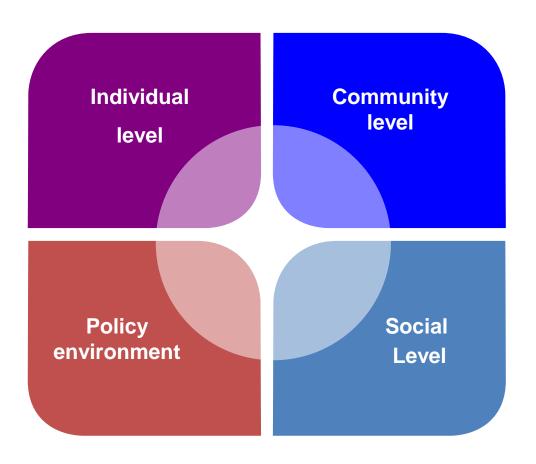


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Harm Reduction: The way forward

Structural Intervention



Social support and health services need to be combined.

Harm Reduction: The way forward--(1)

- 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
- Family support and social function restore
- Motivational interviewing and incentives

Harm Reduction: The way forward --(2)

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 outbreath
- 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 not Punishment!

Thanks!

FAST-TRACK
ENDING THE AIDS EPIDEMIC BY 2030

No One Left Behind!

