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ASEAN and HIV prevention amongst people who inject drugs: the need for an effective and sustainable response

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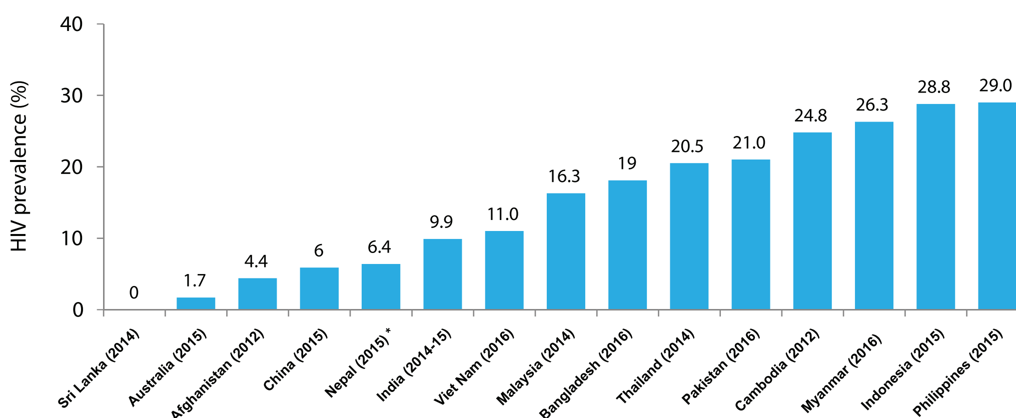
Introduction

Between 2010 and 2016, Asia and the Pacific registered one of the steepest declines in HIV infections globally, with prevalence rates dropping by approximately 13%.[2] Despite this overall reduction, HIV prevalence among people who inject drugs in Southeast Asia remains among the world's highest. Regionally, seven of the ten countries with the highest rates of HIV among people who inject drugs are member states of the Association of Southeast Asian Nations (ASEAN). Between 2011 and 2015, HIV prevalence among people who inject drugs in Southeast Asia was highest in the Philippines (29%), Indonesia (28.8%), Myanmar (28.5%), Cambodia (24.8%), Thailand (19%), and Malaysia (16.6%).[3] 2017 data exhibited very little change from previous years, with the highest prevalence rates (where known) in the Philippines (29%), Indonesia (28.76%), Myanmar (26.3%), and Thailand (19.02%).[4]

There is a direct correlation between the high prevalence rates found in ASEAN and the increased health, social, and policy/legal risks faced by people who inject drugs. The HIV-related risks associated with injecting drug use in Southeast Asia are exacerbated by the stigma, discrimination, and risk of criminalisation and punishment (including caning, compulsory reporting/registration, forced rehabilitation, detention, and imprisonment) faced by people

Figure 1: Graph of HIV prevalence among people who inject drugs in the Asia-Pacific, 2011-2015



*Kathmandu

Source: Prepared by www.aidsdatahub.org based on 1) Integrated Biological and Behavioural Surveys; 2) HIV Sentinel Surveillance Surveys; 3) www.aidsinfoonline.org (November 2016).

who use drugs,[5] as people who use drugs are deterred from accessing HIV prevention, treatment and care, drug dependence treatment, and other health services. In addition, coverage of such services is inadequate, due in great part to a lack of government funding.[6]

ASEAN commitments to reduce HIV transmission among people who inject drugs

ASEAN member states have recognised the urgent need to reduce HIV transmission among people who inject drugs in commitments made at the regional and global levels.

A. Global commitments made by ASEAN member states

In 2015, the **UN Sustainable Development Goals** (SDGs) were launched, whereby governments agreed to work towards achieving a number of objectives relating to health, gender equality, and reducing inequality by 2030. Of significant importance to the prevention of HIV among people who use drugs in the ASEAN region is target 3.3 under SDG 3 on ensuring healthy lives and promoting well-being for all at all ages, which aims to end the "epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis" by 2030.[7]

In 2016, member states adopted the **Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030** (Political Declaration on HIV/AIDS), which notes "the lack of global progress made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs, and call[s] attention to the insufficient coverage of such programmes and substance use treatment programmes that improve adherence to HIV drug treatment services."[8] The Political Declaration on HIV/AIDS also brings attention to "the marginalization and discrimination against people who use drugs through the application of restrictive laws, particularly those who inject drugs which hamper access to HIV-related services" and the need therefore to ensure access to the measures outlined in the *WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* as part of treatment and outreach services,[9] and prisons and other custodial settings. The Declaration further notes concern about the additional barriers for women and young people who use drugs in accessing HIV-related services, due to gender-based and age-based stigma and discrimination.

At the **UN General Assembly Special Session on the World Drug Problem in 2016** (UNGASS 2016), member states agreed to the Outcome Document entitled "Our joint commitment to effectively addressing and countering the world drug problem."[10] It includes a section on "[t]reatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases" that in para 1(o), calls for "effective measures aimed at minimizing the adverse public health and social consequences of drug abuse" including:

- appropriate medication assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases associated with drug use;
- ensuring access to the above listed interventions, including in treatment and outreach services, prisons and other custodial settings; and
- promoting the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization (WHO), the UN Office on Drugs and Crime (UNODC) and the Joint UN Programme on HIV/AIDS (UNAIDS).

B. Regional Commitments made by ASEAN member states

ASEAN has initiated programmatic efforts that correspond with member states' international commitments, including:

WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users (2009)

A comprehensive package for the prevention, treatment, and care of HIV among people who inject drugs includes the following nine interventions:

1. Needle and syringe programmes (NSPs);
2. Opioid substitution therapy (OST) and other drug dependence treatment;
3. HIV testing and counselling;
4. Antiretroviral therapy (ART);
5. Prevention and treatment of sexually transmitted infections (STIs);
6. Condom programmes for injecting drug users (IDUs) and their sexual partners;
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners;
8. Vaccination, diagnosis, and treatment of viral hepatitis; and
9. Prevention, diagnosis, and treatment of tuberculosis (TB).

These nine interventions are included in the comprehensive package because they have the greatest impact on HIV prevention and treatment. There is a wealth of scientific evidence supporting the efficacy of these interventions in preventing the spread of HIV.

Source: http://www.unaids.org/sites/default/files/sub_landing/idu_target_setting_guide_en.pdf, at 6.

- the **ASEAN Post-2015 Health Development Agenda**, which seeks to promote a healthy and sustainable ASEAN Community, prioritises strengthening the region's healthcare systems and access thereto, as well as healthy lifestyles and wellbeing for all.[11]
- the **ASEAN Socio-Cultural Community Blueprint 2025**, which endorses enhancing community awareness and social responsibility for the harms caused by problematic drug use through the implementation of advocacy efforts and increased community engagement.[12]
- the **ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025** (ASEAN Work Plan), adopted in October 2016, which includes a component on treatment and rehabilitation and highlights the need for targeted programs for vulnerable populations, as well as for people who are drug dependent and held in prison and custodial settings.[13] Also in 2016, the ASEAN Ministerial Meeting on Drug Matters reaffirmed components of the ASEAN Work Plan, including the need to increase access to treatment[14] and enhance the capacity of service providers.[15]
- the 2016 **ASEAN Declaration of Commitment on HIV and AIDS**,[16] which reaffirms the region's pledge to end the HIV/AIDS epidemic and promotes the use of health-based programmes, including a commitment to strengthen coverage of HIV prevention treatment, care, and support services.[17]

Despite the commitments made above, progress towards these goals has been mixed.[18] Major barriers to reducing HIV transmission amongst people who inject drugs remain entrenched, including high levels of stigma and discrimination, along with criminalisation and punishment, against people who use drugs combined with inadequate funding for HIV prevention, treatment and care services. These barriers substantially detract from the efficacy of current efforts to prevent HIV transmission and have a devastating impact upon the health and wellbeing of people who use drugs and their communities.[19]

To successfully address the public health concerns posed by Southeast Asia's HIV epidemic, ASEAN member states should implement widespread and accessible HIV prevention measures for people who use drugs, and reform punitive approaches to drug use and dependence. Health-led approaches to drug use have proven, measurable effects in curbing the spread of HIV among people who inject drugs.[20] Moreover, an enabling legal and policy environment – including implementation of alternatives to incarceration and detention – helps to protect those persons most vulnerable to HIV infection and human rights abuses, especially women, people in conflict areas, and LGBT+ community members. Other concerns, including the steadily increasing use of amphetamine-type stimulants (ATS) in the region, render the need for health-oriented and evidence-based measures, all the more urgent.[21]

Public health concerns for people who use drugs

The high prevalence of HIV, viral hepatitis, and tuberculosis in people who inject drugs presents a major public health concern for ASEAN member states. Data from UNAIDS regarding HIV prevalence among people who inject drugs spanning the years 2011 to 2017 demonstrates that there have been virtually no improvements in terms of decline in prevalence.[22] The consistently high rates of HIV prevalence in ASEAN demonstrates that prevention measures for people who inject drugs have thus far been relatively ineffective. In certain ASEAN countries, data was unavailable, making it difficult to gauge the full extent to which HIV rates have risen (or fallen) among this vulnerable group of the population.

In addition, HIV testing rates in people who inject drugs remains relatively low as compared to other at-risk populations, such as female sex workers.[23] This is for several reasons, including concerns regarding patient confidentiality and discrimination, fear of stigmatisation in the healthcare system, and criminalisation.[24] These anxieties are not unfounded. Studies of the healthcare system in Thailand, for example, found that there was indeed a culture of stigmatisation against people living with HIV, and people who inject drugs were viewed especially unsympathetically by healthcare professionals.[25] Such stigma works only to thwart successful prevention of the spread of HIV infections and greatly deters health-seeking behaviours in people who use drugs. Among them, women who use drugs and people held in prison and detention facilities face even greater risks.

A. Gender-specific health concerns

Women who use drugs face heightened physical, economic, social, and policy/legal (e.g., policing) risks, particularly where there are intersections with other vulnerable groups such as sex workers.[26] Global data from 2016 revealed that new infections among young women (aged 15 to 24) were 44% higher than that of their male counterparts.[27] In Southeast Asia, approximately 40% of all HIV infections occur in women. [28]

Even when harm reduction and treatment options are available for women who use or inject drugs, fear of social stigma and the risk of criminalisation, punishment, and violence deter women from seeking and accessing essential healthcare services. With few gender-specific services dedicated to the welfare and treatment of women who use drugs, many find themselves without an enabling environment for their prevention, treatment, and care in terms of HIV and other health risks.[37]

B. Health concerns related to criminalisation, imprisonment, and detention

Criminalisation, imprisonment, and the use of compulsory centres for drug users (CCDUs) has resulted in an overall increased risk for HIV and human rights violations, as well as added social stigma and discrimination.[38] People who use drugs comprise a large proportion of the prison population, with global data showing that between 10-48% of men and 30–60% of women had used illicit drugs in the month prior to entering prison.[39] Globally, an estimated 3.8% of prison inmates are living with HIV, with prevalence rates higher than in the community. In addition, the

Women who inject drugs are particularly vulnerable to human rights abuses and increased health risks including, but not limited to:

- Women are at higher risk of abuse from law enforcement, especially when held in prisons, detention centres and other closed settings, and their ability to access drug treatment and HIV-related healthcare services is severely limited.[29]
- Women who inject drugs may also engage in practices such as sex work, placing them at higher risk for physical and sexual abuse, e.g. by law enforcement since both drug use and sex work are criminalised in many countries.[30]
- Women may be at greater risk of social stigmatisation when seeking drug treatment services or HIV-related healthcare, deterring them from accessing those services.[31]
- Women who inject drugs are at higher risk of violence from their intimate partners,[32] which may contribute to them facing greater difficulties with seeking NSPs or other harm reduction and drug dependence treatment services.[33]
- Women may not be willing to access drug treatment and HIV-related healthcare services for fear of losing custody of a child or being forcibly sterilised.[34]
- Gender-specific healthcare services for drug treatment and HIV prevention are relatively rare and, therefore, healthcare workers may not be able to guarantee the safety and confidentiality of female patients.[35]
- Pregnant women who are dependent on drugs may not be able to find appropriate maternity services, leaving them vulnerable to mother-to-child HIV transmission and other complications.[36]

incidence of tuberculosis is on average 23 times higher in prisons than in the community, and it is estimated that two of every three people held in prisons who use drugs are living with hepatitis C.[40] In Vietnam, for example, estimates of HIV prevalence in CCDUs among people who inject drugs was 19.8%, with hepatitis C prevalence at 76.9%.[41]

In 2009, following an assessment of the compulsory treatment of people who use drugs in Cambodia, China, Malaysia, and Vietnam, the WHO recommended moving away "from a punitive approach to a voluntary, medically-assisted and evidence-based one."[42] The WHO advocated that countries should implement a comprehensive, health-based approach to the prevention of HIV among people who use and inject drugs, and eventually replace the use of CCDUs altogether.[43] In 2012, WHO joined 11 other UN agencies to call for the closure of CCDUs.[44] In a discussion paper on the principles of drug dependence treatment, the UNODC and WHO stated that drug treatment should not be compulsory.[45] This principle was affirmed at the UNGASS 2016, when member states pledged to "[e]ncourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent" as well as prohibit "arbitrary arrest and detention and … torture and other cruel, inhuman or degrading treatment or punishment."[46]

C. Financing a sustainable HIV prevention response

Based on preliminary research conducted by Harm Reduction International (HRI) into the harm reduction funding landscape in Asia covering seven countries (Indonesia, Philippines, Cambodia, Thailand, Vietnam, Nepal, and India), it is alarmingly evident that there is a paucity of funding apportioned for HIV prevention, treatment, and care programmes for people who use drugs.[47] The HRI study indicated that harm reduction service coverage varied across countries, with Thailand, India, Nepal, and the Philippines ranking most poorly and Indonesia ranking most favourably. Transparency of spending data was a concern across all countries,

particularly in Cambodia, with budget details and mechanisms often unavailable. Government investment in NSP was minimal or non-existent, with any substantial funding allocated to OST or ART; there was also a serious lack of investment in HIV services specifically targeting people who use drugs.

This ongoing funding crisis is compounded by political and legal constraints, as well as a lack of stakeholder preparedness for international donor withdrawal and the transition away from a dependency upon foreign aid. ASEAN member state government agencies do not appear to be planning adequately for this transition, with little or no mainstreaming of harm reduction services being carried out. Additional areas of concern include lack of funds to ensure effective programme coverage, transparency of funding distribution, and measures to ensure harm reduction programme sustainability. HRI findings indicated an improbability of continued funds in the next two years for harm reduction services across the seven countries studied, particularly in transition countries.

D. Changing trends in drug use: the rise of ATS

Current upward trends in the use and supply of ATS in Southeast Asia indicate the need for greater investment in health-led measures to manage ATS use and dependence, as well as to prevent HIV infections among people who use drugs and to remove key barriers to accessing those measures. The region has seen a continual rise in the trafficking of ATS over the past decade. In 2015, the quantity of methamphetamine seizures in East and Southeast Asia overtook North America to become the leading sub-region for methamphetamine seizures worldwide;[48] and in 2017, the UNODC World Drug Report described the existence of an "established and expanding market" for ATS in Southeast Asia.[49]

ATS is reported by ASEAN countries as among the most widely or increasingly used drugs, especially methamphetamine and crystal methamphetamine. ATS use may result in an increased risk of HIV transmission, especially among people who inject drugs.[50] In a report by the UNODC Executive Director to the UN Commission on Narcotic Drugs in 2018, risk behaviours among people who use ATS were associated with higher HIV prevalence, and those who injected ATS were found to be at least three times more likely to acquire HIV than those who used ATS via other means.[51] The Executive Director further stated that "most evidence points towards a positive association between stimulant use, higher-risk sexual and injecting behaviours and HIV infections."[52]

In Southeast Asia, injecting use of ATS has been reported in Cambodia, Malaysia, Indonesia, and Thailand,[53] and there is a high level of amphetamine use among women in the region.[54] Given the lack of gender-specific services and heightened barriers to access faced by women, they may be even more vulnerable to the harms associated with ATS use. Men who have sex with men (MSM) and transgender male-to-female (MTF) groups are anecdotally reporting an increased use of ATS among those communities. MSM and transgender MTF are positioned at the intersection of already identified risk group categories in terms of HIV transmission; however, the risk is compounded further when combined with sex work and unsafe sex. There is a need for additional research to analyse the trends in ATS use and the appropriate HIV prevention and harm reduction responses that could be adopted, in consultation with people who use ATS.

Best practices for HIV prevention, treatment, and care in ASEAN

The commitments made by ASEAN governments in relation to people who use drugs provide a clear pathway to ensure HIV prevention, treatment, and care, with a public health-focused approach. However, although health-based measures such as OST and NSP have been shown to substantially reduce the spread of HIV among people who inject drugs, regional data indicates that coverage of these programmes, and access thereto, remains inadequate.[55] Efforts to improve the coverage and accessibility of these programmes could take guidance from the *ASEAN Good Practices and New Initiatives in HIV and AIDS,*[56] which includes

a positive review of the harm reduction measures implemented by the Malaysian government to successfully address the rapid expansion of HIV infections among people who use drugs. In addition to efforts to shift towards voluntary drug treatment services, Malaysia instituted OST and NSPs, and voluntary counselling and HIV testing.[57] As a result of these health-focused measures, Malaysia achieved a significant reduction in the prevalence of HIV among people who inject drugs: between 2005 and 2013, the percentage of new HIV infections in people who inject drugs dropped from 66% to 21.5%, and HIV prevalence decreased from 22.1% to 18.9%.[58]

Other countries in Southeast Asia have seen a similar impact by implementing health-based approaches to drug use. Beginning in 2004, Vietnam adopted health-led measures as part of the country's National HIV Strategy. Targeting at-risk populations, including female sex workers and people who use drugs, Vietnam began implementing NSPs and "providing behaviour change communication through peer educator-based outreach."[59] In 2010, the WHO recognised Vietnam's targeted efforts as an example of good practice for the rest of Asia.[60]

Similarly, as part of its national response to HIV among people who inject drugs, Thailand implemented the Comprehensive HIV Prevention Among Most At-Risk Populations by Promoting Integrated Outreach and Networking (CHAMPION-IDU) project from 2009 to 2014.[61] The project was designed to deliver a number of essential health services, including providing voluntary HIV counselling and testing, NSPs, community outreach, and more.[62] Heralded as a model of best practices for the implementation of health-led HIV prevention programmes for people who inject drugs, CHAMPION-IDU achieved success in targeted areas, including the following:[63]

- established targeted partnerships with key law enforcement and health agencies to facilitate the delivery of health services for people who inject drugs;
- actively engaged and empowered people who inject drugs and protected and defended their health and human rights;
- fostered an enabling environment for access and delivery of HIV and harm reduction services among people who inject drugs; and
- increased accessibility and availability of HIV and drug-related health services.[64]

Recommendations

Stronger connections are needed between ASEAN's commitments to ensuring a public health response to drug use and to managing the use and supply of drugs in the region, in order to end the HIV epidemic in ASEAN and achieve the global and regional commitments made by member states. A more comprehensive and integrated approach to drugs, inclusive of all relevant stakeholders, including people who use drugs and civil society organisations, will enable improved access to HIV prevention, treatment, and care for people who use drugs, particularly for people who inject drugs, women, and those held in prison and custodial settings. To develop such an approach, the following measures are recommended for adoption by ASEAN governments:

(1) Take steps towards amending laws, policies, and practices that criminalise, punish, and stigmatise people who use drugs; for example, by implementing alternatives to conviction and punishment as encouraged in para 4(j) of the UNGASS 2016 Outcome Document—to establish an enabling environment for improved and increased access to HIV prevention, treatment and care, and other health services, in order to reduce rates of HIV, viral hepatitis, and tuberculosis prevalence among people who use drugs in Southeast Asia.

(2) Implement widespread community-based HIV counselling and treatment programmes for people who use drugs, including training healthcare professionals in the principles of medical ethics in order to ensure patient confidentiality and treatment outcomes measured by overall improvement in quality of life.

Alternatives to conviction and punishment, including imprisonment and detention, can be pursued in the form of decriminalisation or diversion.

Decriminalisation of drug use refers to the removal or non-enforcement of criminal penalties for drug use and for the possession of drugs, possession of drug use equipment, and cultivation of drugs for the purpose of personal consumption. Decriminalisation may involve the removal of all penalties. Alternatively, civil or administrative penalties rather than criminal penalties may be imposed following decriminalisation. Civil and administrative penalties should be less punitive than those imposed under criminalisation and lead to increased voluntary access to evidence and human rights-based harm reduction, health, and social services.

Under ***de jure* decriminalisation**, criminal penalties for selected activities are formally removed through legal reforms.

Under ***de facto* decriminalisation**, the selected activities remain criminal offences but, in practice, the criminal penalties are not applied.

Diversion refers to measures that provide alternatives to criminal sanctions or incarceration for people who are arrested for drug use or drug-related offences, particularly minor, non-violent offences. Diversion measures can be implemented through policies, programmes, and practices that aim to refer people to social and health interventions such as harm reduction and drug treatment, rather than subject them to arrest, detention, prosecution, judicial sentencing, and imprisonment. Diversion measures can be conducted by police (before or after arrest), prosecutors, or judges prior to or at the time of sentencing. Such measures may be undertaken in jurisdictions that have implemented *de jure* decriminalisation or *de facto* decriminalisation. They may also be utilised where drug use is not decriminalised, applying specifically to people who use or are dependent on drugs, including where a minor, non-violent offence has been committed.

Source: Godwin, J., *A Public Health Approach to Drug Use in Asia: Principles and Practices for Decriminalisation* (2016), http://fileserver.idpc.net/library/Drug-decriminalisation-in-Asia_ENGLISH-FINAL.pdf, at 4.

(3) Increase the provision of gender-specific services for reducing the harms associated with drug use and dependence among women, especially HIV prevention, treatment, care, and drug dependence treatment.

(4) Ensure the provision of prevention, treatment, and care for HIV, viral hepatitis, and tuberculosis, as well as drug dependence treatment and harm reduction measures, for people who use drugs held in prisons and other custodial or closed settings.

(5) Build capacity among policymakers, drug dependence treatment, harm reduction and healthcare workers, and law enforcement personnel to respond to shifting drug use trends, especially ATS such as methamphetamine and crystal methamphetamine, with measures aimed at reducing the harms associated with drug use while avoiding stigmatising and punitive approaches.

(6) Ensure sustainable funding for harm reduction and protect harm reduction investments from austerity measures in preparation for donor withdrawal and funding reduction. Greater transparency around harm reduction, HIV, and drug policy spending is also needed to inform strategic investment in effective and cost-effective responses to HIV and drugs. Fund modelling projections demonstrate

that redirecting a small proportion of funding for drug law enforcement to harm reduction responses could end injecting-related HIV infections by 2030, and thus should be considered as one component of such strategic investment.[65]

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Endnotes

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47 Contact Emily Rowe, Harm Reduction International, based in Bali, Indonesia, for further details about this study at: Emily.Rowe@hri.global.

48 United Nations Office on Drugs and Crime (UNODC), ***Global Synthetic Drugs Assessment: Amphetamine-type stimulants and new psychoactive substances*** (2017) at 7.

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50 Fischer, A., Curruthers, S., Power, R., Allsop, S. & Degenhardt, L., ***The link between amphetamine-type stimulant use and the transmission of HIV and other blood-borne viruses in the Southeast Asia region***, Australian National Council on Drugs (2013) at 8. "Furthermore, compared with heroin injectors, ATS injectors were more likely to both lend and borrow used needles (Molitor et al., 1999; Wu et al., 2004). Street-based ATS injectors in some settings are also more likely to be HIV and hepatitis C virus (HCV) seropositive (Miller, Kerr, Fischer, Zhang & Wood, 2009). While many of these studies were not able to differentiate between sexual and injecting risk associated with ATS use, there is sufficient cause for concern that ATS injectors have elevated risk behaviours for exposure to HIV and other BBV." *Ibid*.

51 *Supra* note 21 at ¶ 8.

52 *Ibid*.

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58 *Ibid* at 71.

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63 See generally United Nations Office on Drugs and Crime (UNODC), ***Practical Guide for Civil Society HIV Service Providers Among People Who Use Drugs: Improving Cooperation and Interaction with Law Enforcement Officials***, ***available at*** https://www.unodc.org/documents.

64 *Supra* note 61 at 27.

65 *Supra* note 20.

Notes

About this briefing paper

HIV prevalence among people who inject drugs in Southeast Asia remains among the world's highest. There is a direct correlation between the high prevalence rates found in ASEAN and the increased health, social, and policy/legal risks faced by people who inject drugs. This paper analyses some of the most concerning risks, and offers recommendations for the consideration of policymakers in ASEAN.

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The International Drug Policy Consortium is a global network of non-government organisations that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert advice to policy makers and officials around the world.

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