

NATIONAL AIDS PROGRAMME MANAGEMENT

**MODULE 6
IMPLEMENTATION OF HIV PREVENTION,
CARE AND TREATMENT STRATEGIES**

**SUBMODULE 2
HIV PREVENTION AND CARE AMONG DRUG USERS**



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National AIDS Programme Management

A Training Course

Submodule 6.2: HIV prevention and care among drug users



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Submodule 6.2

HIV prevention and care among drug users

LEARNING OBJECTIVES

After completing this submodule, participants will be able:

1. To describe the elements of a strategic response to HIV among drug users and the rationale for a harm-reduction approach.
2. To identify gaps and opportunities in their country's response to HIV among drug users, using the Essential Prevention Package as a guide.
3. To describe the process for assessing HIV risk and vulnerability among drug users.
4. To outline strategies for responding to HIV in closed settings – prisons and closed drug rehabilitation settings.

INTRODUCTION

Injecting drug use accounts for a significant proportion of new HIV infections in Asia. In Indonesia, and in some regions of India and Thailand, 25–50% of injecting drug users (IDUs) are reported to be HIV-positive. There is ample evidence from the Region that HIV epidemics among IDUs can be “explosive”, with escalation of HIV infection from low to high levels occurring over a very short time. For example, in Myanmar, Yunnan in China, and Manipur in North-East India, a rapid escalation in HIV prevalence from very low levels to above 50% among IDUs occurred in one year or less.

Sexual transmission to partners of drug users and subsequent transmission to their children, and the link between drug use and sex work also account for a significant proportion of new infections in Asia. In some countries of the Region, the majority of infected children are born to women who use injecting drugs or whose partners inject drugs.

Stigma and discrimination and a lack of understanding of the particular care, support and treatment needs of IDUs with HIV have contributed to poor health outcomes and a high level of preventable deaths among IDUs with HIV in the Region. Poor access to

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HIV care, support and treatment services for this population, particularly in closed settings such as prisons, has also contributed significantly to this outcome.

There have been recent examples in the Region of cooperation between national AIDS programmes and national drug demand- and supply-reduction programmes to improve cooperation and reduce conflict between these important policy areas. This cooperation needs to be expanded so that both programmes are able to achieve their goals.

Some national governments have adopted comprehensive harm-reduction policies. These have resulted in the establishment of a range of prevention and care services that have brought about a reduction in HIV transmission among drug users, and between drug users and other populations, leading to an improvement in health outcomes.

This submodule sets out the strategic response to HIV among drug users. It describes the rationale and evidence for harm-reduction approaches and provides an essential package of services for HIV prevention and care among drug users.

OBJECTIVE 1: To describe the elements of a strategic response to HIV among drug users and the rationale for a harm-reduction approach

Effective HIV prevention and care for drug users requires a range of approaches and the cooperation of diverse sectors and groups. In all countries of the Region, drug users are marginalized, frequently arrested and harassed, and move in and out of prisons and compulsory rehabilitation centres. The environment of drug use is a dynamic one. It contains people contemplating drug use for the first time, people using drugs, people in recovery from drug use and people who have relapsed after recovery. It is closely linked to the environment of sex work. Stigma and discrimination drive drug users away from the health services. Long-term use of drugs can significantly affect an individual's decision-making capacity, particularly on issues of safer sex and safer injecting practices.

Despite the complexity of this environment, experience has shown that drug users are able and willing to change sharing behaviours to reduce the risk of HIV infection.

COMPONENTS OF AN EFFECTIVE RESPONSE TO HIV AMONG DRUG USERS

A sustained reduction in HIV transmission among drug users and improvement in the care, support and treatment of drug users with HIV requires a blend of strategies including:

- Provision of “information and education” to drug users, in a language they understand, from people they trust – through outreach to drug-using populations.
- Affordable and easy access to the “means of prevention” – clean needles and syringes, bleach and condoms, at the time and place of risk activity.
- Expanded access to a range of “drug substitution and treatment services”.
- Access to “comprehensive HIV care, support and treatment” for drug users with HIV.
- Creation of an “enabling policy and legal environment” that supports prevention efforts and increases access for drug users to “HIV care, support and treatment” – in all settings, including closed environments such as prisons.

These strategies are explained in detail in the Essential Prevention Package (EPP) in Objective 2. These strategies are most effective when applied over the long-term, as people continually enter and leave the drug use environment, and when these reach all geographical areas where drug use occurs. This issue of coverage is extremely important

for long-term success. Outreach cannot be carried out as a one-off activity in a single setting. Achieving sustained behaviour change for this diverse population requires regular contact between drug users and prevention and care services.

The Biregional Strategy for Harm Reduction 2005–2009 sets out the following principles for responding to HIV infection among drug users.

- **Adopting a multisectoral approach:** This is most effective, particularly when it involves all ministries that contribute to the overall social response to illicit drug use. Harmonization of drug policies and strategies with HIV policies is essential.
- **Taking account of the health and social consequences of an HIV epidemic in this population:** Responses to illicit drug use, particularly injecting drug use, and drug dependence must take account of the health and social consequences of HIV among this population and how such transmission may be reduced.
- **Involving the most affected community:** Community representatives must be involved in planning, implementing and monitoring harm-reduction initiatives. Peer education, as a cornerstone of effective approaches to HIV infection among drug users, needs to be recognized and strongly supported.
- **Respect for individuals:** Effective HIV prevention is based on respect for the individual's capacity to make choices appropriate for them. Once information is given, there must be access to the means of prevention and a supportive environment.
- **Respect for human rights:** Respect for the fundamental human right of all individuals to achieve the highest level of health attainable, consideration of gender inequities that contribute to the epidemic and nondiscriminatory service delivery are essential to HIV prevention and care.

The harm-reduction approach to HIV infection among drug users was developed in recognition of the fact that responding to HIV among drug users required an immediate and urgent response. It is a pragmatic approach that acknowledges the value of drug treatment and rehabilitation approaches, but calls for immediate action to reduce HIV transmission by providing a range of strategies to reduce immediate harm to drug users themselves, their families and communities. It is intended to complement existing drug supply- and demand-reduction strategies.

It is widely acknowledged that drug supply- and demand-reduction strategies do not bring about quick results. With HIV posing an immediate threat to individuals and communities, strategies that bring about rapid and sustained behaviour change among drug users are required.

Harm reduction is a comprehensive package of policies and programmes which attempts primarily to reduce the adverse health, social and economic consequences of mood altering substances on individuals, drug users, their families and their communities.

Harm-reduction initiatives are most effective when they:

- are appropriate to the local situation; and
- involve community-based outreach teams in implementing activities. Peer outreach groups and peer support networks are of key importance for preventing HIV transmission among IDUs.

Many countries have successfully prevented HIV epidemics through injecting drug use, and there is good evidence for what works in preventing the spread of HIV through this route. Successful initiatives include the provision of sterile injecting equipment, peer-based community outreach, and expanded drug-dependence treatment.

A detailed list of resources that describe the rationale and provide evidence of a harm-reduction approach to HIV among people who use drugs is given at the end of this submodule.

OBJECTIVE 2: To identify gaps and opportunities in their country's response to HIV among drug users, using the Essential Prevention Package (EPP) as a guide

THE ESSENTIAL PREVENTION PACKAGE

The Biregional Strategy for Harm Reduction sets out an EPP for responding to HIV among drug users. It also contains a set of strategies to improve access to care, support and treatment, and to create and sustain an enabling environment for these prevention and care initiatives.

The issue is not whether to implement this package, but how to implement it on a scale necessary to prevent or stop the spread of HIV within the community. In countries, provinces or areas with established epidemics among drug users, immediate implementation of the EPP is critical. For those yet to experience such epidemics, the opportunity exists to prevent the occurrence of significant HIV epidemics among drug users from the outset.

Essential Prevention Package for injecting drug use

Information and education

- Ensuring individuals are capable of acting to protect themselves and others is a key task. The first requirement is information and the opportunity to learn how to prevent HIV transmission.
- Targeted information in an appropriate manner and language will be most successful in reaching particular communities.
- Education is best achieved using peers as educators.
- Given the alarming trend of increased injecting throughout Asia, non-judgemental interventions to reduce initiation into injecting should be explored.

Outreach

- The most effective way to access hidden populations that inject drugs is by taking interventions to those in need through outreach.
- Outreach has been shown to be effective in reaching a larger proportion of the injecting community over a short period of time, particularly where people with experience of illicit drug use are employed as outreach workers.

- Outreach workers and other harm-reduction intervention staff may also have an important role to play in supporting equitable access and adherence to antiretroviral therapy (ART).

Means of prevention: needles and syringes, bleach, sexually transmitted infection (STI) prevention and treatment, and condoms

- To protect themselves and others, people require access to the *means of prevention*: needles and syringes, bleach, condoms, lubricant.
- Needle–syringe programmes have been proven effective in reducing the sharing of needles and syringes among people who inject drugs and in preventing HIV transmission. It has been shown that needle–syringe programmes do not increase drug use or the numbers of drug users.
- Sectoral planning should aim to ensure access to the means of prevention at those times and locations as is required to reduce sharing of contaminated equipment to a minimum.
- Needle–syringe programme development should therefore be multisectoral and include the public and private sectors: strategies should be employed to involve the private sector (e.g. pharmacies) in ensuring affordable and available access to the means of prevention; a variety of appropriate delivery models (e.g. including fixed and mobile outlets, outreach and vending machines) should be explored.
- Safe disposal is an essential component of needle–syringe programmes, ideally utilizing existing hospital waste or other incinerator facilities as an end point.
- Access to STI diagnosis and treatment also reduces sexual transmission between drug users and their sexual partners.

Services: an expanded range of drug-dependence treatment services

- Drug-dependence treatment is an effective way of reducing both the demand for illicit drugs and the risks associated with drug use.
- A range of drug-dependence treatment options is encouraged to attract more drug-dependent people into treatment.
- Drug-substitution maintenance programmes have been demonstrated to reduce or eliminate injecting. Clients of these programmes significantly decrease their illicit drug consumption, are less involved in crime, and gain greater stability in their lives.
- All drug-treatment services should have HIV prevention and education integrated into their treatment programmes and should ensure access to the means of prevention.
- Extended programmes, including, for example, vocational training and social reintegration support will improve outcomes.

- Drug-dependence treatment services also offer opportunities to provide integrated HIV treatment and care.

Enabling environment

- Strengthen political commitment for harm reduction by informing and updating politicians, key bureaucrats and community leaders. Promote multisectoral partnerships.
- Review laws to make it legal to carry clean injecting equipment.
- Work with the police and public security to enlist their cooperation and support of prevention programmes.
- Improve surveillance and research so that positive outcomes can be measured and used to increase support for the programme.

This EPP is complemented by a set of strategies to increase access to HIV care, support and treatment services. These include the following:

Care, support and treatment

- Link prevention and care strategies – train outreach staff to assist drug users with HIV to access services, and train clinical services staff to reinforce prevention strategies when caring for drug users.
- Set standards of care and train health-care workers and other providers to reduce stigma and discrimination against drug users.
- Review and reform operational policies, and procedures of key services to increase the access of drug users to services.
- Train HIV clinical staff in the particular care and treatment needs of drug users.
- Devise strategies to ensure that drug users with HIV are able to access ART.
- Improve health services in prisons and other closed settings.

FILLING IN THE GAPS

Exercise A below asks you to assess the current reach and coverage of your HIV prevention and care service for drug users.

If the range of services you provide is relatively complete, but the reach and coverage is not, then the task is to identify strategies for replicating the models and approaches being used across the main geographical areas where drug use and HIV is an issue.

This involves documenting the approaches being used in pilot or small-scale projects and identifying new partners to carry these out in the identified priority areas.

Coverage is an important consideration in reducing HIV transmission. If HIV is already in the community of drug users, then WHO recommends that 80% of people injecting drugs need to be reached regularly with essential prevention services to make an impact. There may already be good small-scale programmes in place, but if the coverage is only 20%, these will not have a significant impact on transmission rates.

If there are gaps in specific programme areas of the EPP – for instance, a lack of substitution programmes, then the task is to develop a policy that supports these programmes, and then to identify partners who are capable of carrying out these approaches. The challenge is to avoid pilot projects and to move to scale as quickly as possible.

If the national programme has no experience in reaching drug users and the groups who work with them, and if knowledge about HIV risk among drug users in the country is poor, then more formal rapid assessment techniques will need to be employed (described below).

Drug users themselves are the most valuable resource for information about the nature of interventions that will support them in prevention and care. Contact can be made with current and recovering drug users through key people, such as local community workers and NGOs who have access to the drug-using community. Focus group discussions and in-depth interviews can provide important information for planning interventions and services.

The following may be able to assist in filling the gaps in programmes.

- Social service agencies may have contact with drug users.
- Nongovernment or community-based organizations may already be running services for users. Community organizations doing related work, such as work with out-of-school youth, may be able to assist in accessing drug users.
- Drug treatment programmes have information about the numbers and characteristics of drug users who seek treatment and the drugs that are currently being used. These may provide contact with drug users who can give in-depth information on the patterns of sharing of equipment and sexual behaviours among injectors.
- Health-care facilities including hospital emergency rooms, mental health services, STI clinics and primary care sites may be points of interaction with drug users and their families. These may be able to provide information on drug users and the

complications of drug use for which they may be seeking help, or other conditions unrelated to drug use.

- Pharmacists and shopkeepers often know if they are selling equipment to drug users and may have information as to where drug users are located and how often they purchase equipment.
- Police, prisons and other law enforcement agencies can provide information on drug-related arrests. Because drug use is illegal in most countries, it is important to establish contact with the police and prison staff, and offer them general information about proposed HIV interventions.
- Traditional healers and religious workers are used in many countries to help with and treatment for drug-use issues.
- Social scientists and medical researchers in universities and independent institutions may have information from studies conducted on drug use and can provide insight into particular patterns of drug use and behaviours.

EXERCISE A

(Country group work followed by intercountry group discussion)

In country groups, assess the current response to HIV among people who inject drugs using the EPP as a guide. Complete the table below. If you do not have exact figures at hand, make an educated guess, e.g. needle–syringe exchange programmes in two cities reaching an estimated population of 5000 people.

| Type of intervention/ service | What you know about the reach or coverage of your programmes (geographical areas covered, % of population reached) | Priority for scaling up | Steps to strengthen services |
|--|---|------------------------------------|---|
| Needle and syringe supply/exchange | | | |
| Outreach services and peer support for drug users/drug user organizations | | | |

| Type of intervention /service | What you know about the reach or coverage of your programmes (geographical areas covered, % of population reached) | Priority for scaling up | Steps to strengthen services |
|---|--|-------------------------|------------------------------|
| Drug substitution, e.g. methadone programmes | | | |
| Effective institutional drug treatment and rehabilitation services | | | |
| Primary health-care services that are drug user-friendly | | | |
| HIV treatment and care services that encourage access for drug users with HIV | | | |
| Other services | | | |

Inform your facilitator when you are ready for intercountry group discussions.

OBJECTIVE 3: To describe the process for assessing HIV risk and vulnerability among drug users

Assessing the extent and pattern of drug use in a country or province helps to determine the implications for the spread of HIV. Given the largely punitive approach to drug use in many parts of Asia, drug use tends to be hidden and assessing the extent of injecting drug use through direct contact with users is often a challenge. Information on injecting drug use needs to be obtained from a variety of sources to make a thorough assessment of the situation. Maintaining confidentiality and establishing trust is essential. Lack of trust of drug users can cause problems in obtaining adequate information, and can create a climate where future prevention activities have little chance of success.

The programme manager's role is to make sure these points are considered when information-gathering efforts are designed and when planning the scaling-up of effective responses. The range and quality of available data to complete the assessment will vary. In some countries, knowledge about the prevalence of drug use, the types of drugs used and the patterns of use is not immediately available, or is unlikely to be representative due to over-reliance on one source (e.g. rehabilitation centre data). Different sources of data may reveal different information according to how drug use is defined or the degree of contact with the target population.

Rapid assessment and response (RAR) techniques are described below. Remember that you can start programming for HIV prevention and care among drugs users without detailed information from RAR, and later use techniques such as RAR to guide the expansion of the programme. In this way you do not lose valuable time.

RAPID ASSESSMENT AND RESPONSE (RAR) FOR DRUG USE

The methods recommended by WHO to assess and respond to HIV among drug users are detailed in the WHO *Technical guide to rapid assessment and response*, and a brief overview is provided below.

RAR for injecting drug use is:

- A set of methods to identify the extent, nature and patterns of injecting-related risk behaviour and associated health consequences.
- A way of looking at drug-related problems from many viewpoints at the same time.
- A mix of qualitative and quantitative methods.

Advanced planning for resources is important and these should be secured before the start of RAR. Even when RAR is completed and the data analysis is presented, some donor or government agencies will only fund parts of what is needed. It is important to link various aspects of the work and involve different sectors.

Features of RAR

Timeliness

Timely response is crucial when tackling rapidly developing health issues such as those presented by HIV. New trends in drug use and associated risks and harms may occur so rapidly that the time required to conduct conventional research is unacceptable. RAR differs from traditional research in that it usually takes only a few weeks or months to complete.

Cost-effectiveness

RAR is designed to be relatively quick and inexpensive, and is often carried out by people who are already working in the field.

Existing and new data

New data-gathering exercises (such as surveys) are undertaken only where the existing sources of information are inadequate.

Use of multiple methods and data sources

RAR combines various methods and sources of data. A single method or source of data cannot encompass all facets of complex social problems, especially those that tend to be hidden. An overview is constructed from various data sources which individually may only offer a partial and incomplete description. Another important feature of RAR is triangulation. Triangulation means getting information from different and multiple sources, often using different methods, until one is confident of the validity of the information.

Practical relevance to interventions

RAR results are of limited use by themselves. Their main purpose is to assist cities and regions to design appropriate programmes.

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Points to consider in assessing the current drug use situation in a country include:

- magnitude, characteristics and patterns of drug use;
- context of drug use;
- HIV risk behaviours;
- consequences of drug use;
- the activities currently being conducted to address injecting drug use; and
- current and needed interventions to address the health consequences of drug use.

OBJECTIVE 4: To outline strategies for responding to HIV in closed settings – prisons and closed drug rehabilitation settings

Many drug users in Asia spend a considerable amount of time in prisons and closed drug rehabilitation services. Universal access to HIV prevention and care will be truly universal only when the complex issues of access for people in these closed settings are addressed.

HIV risk behaviours, sexual and injecting, continue in prisons, and there is considerable movement of drug users between these institutions and the community. In programme terms, these are often thought of as closed environments with no connection to the general community. This is far from true. As access to ART increases, some drug users on ART will be arrested or will enter drug rehabilitation services. The continuum of HIV care, support and treatment will need to be extended to these settings to prevent unnecessary deaths or the development of widespread resistance to ART.

UNODC has recently released a framework for an effective national response to HIV prevention, care, support and treatment in prison settings. This framework sets out the following principles for responding to HIV in closed prisons:

1. Good prison health is good public health.
2. Good prisoner health is good custodial management.
3. Respect for human rights and international law is ensured.
4. International standards and health guidelines are adhered to.
5. Equivalence in prison health care – the same standard of care is provided inside the prison as in the community.
6. The approach to health is holistic.
7. Vulnerability, stigma and discrimination are addressed.
8. Cooperation and action taken are collaborative, inclusive and intersectoral.
9. Monitoring and quality control are carried out.
10. The prisoner population is reduced.

It could be argued that access to condoms in prisons is consistent with principle 5 – establishing the same standard of health care inside prisons as in the community, since health promotion and prevention of illness are key elements of health care.

The framework proposes the following processes for bringing about rapid improvements in HIV prevention and care in prisons.

-
- Build momentum**
- Identify and educate key stakeholders.
 - Include prison representatives in national and provincial AIDS coordinating committees.
 - Identify and support “champions” to lead implementation efforts.
 - Encourage the establishment of local and regional working groups on HIV in prisons.
 - Build regional networks and collaboration.
 - Establish concrete multiyear workplans and review these regularly.
-

- Build knowledge**
- Collect data on HIV risk behaviour among prisoners.
 - Raise national awareness of HIV and prison issues among decision-makers.
 - Increase training opportunities in prisons, particularly on HIV and generally on health.
 - Utilize technical assistance from other countries to support the development of programmes.
-

- Build capacity**
- Develop collaboration between prison and community services.
 - Learn from community practice and adapt these lessons to prison settings.
 - Establish pilot projects, but move quickly to scale once effective models are established
 - Identify and link up with existing networks.
 - Secure and sustain funding.
-

EXERCISE B

(Country group work followed by intercountry group discussion)

In country groups, look at the principles and framework above and page 13 of Module 4 and complete the table below for HIV in prison settings:

| Area | Current situation | Steps towards strengthening |
|--|-------------------|-----------------------------|
| Involvement of prison authorities in HIV response at national and local levels | | |
| Strategies to reduce HIV vulnerability and HIV transmission in prisons | | |
| Access to care, support and treatment for HIV-positive prisoners | | |

Inform your facilitator when you are ready for intercountry group discussions.

RESOURCES

WHO and others have produced a comprehensive range of technical assistance documents to assist countries to respond to HIV among drug users. These include:

1. *The IHRA in the SEARO/WPRO Biregional strategy for Harm Reduction, 2005–2009.*
2. http://www.unodc.org/pdf/HIV-AIDS_prisons_July06.pdf.

Strategies

3. *Biregional strategy for harm reduction, SEARO/WPRO, 2005–2009* (http://www.searo.who.int/en/Section10/Section18/Section356_4615.htm).
4. *HIV/AIDS prevention, care, support and treatment in prison settings: a framework for an effective national response.* WHO/UNAIDS, 2006.

Technical papers

5. *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users* (http://www.who.int/hiv/pub/prev_care/en/effectivenesssterileneedle.pdf).
6. *Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users* (http://www.who.int/hiv/pub/prev_care/en/evidenceforactionreprint2004.pdf).
7. *Effectiveness of drug dependence treatment in preventing HIV among injecting drug users* (<http://www.who.int/hiv/pub/idu/en/drugdependencefinaldraft.pdf>).
8. WHO *Technical guide to rapid assessment and response.*

Policy briefs

9. *Provision of sterile injecting equipment to reduce HIV transmission* (<http://www.who.int/hiv/pub/advocacy/en/provisionofsterileen.pdf>).
10. *Reduction of HIV transmission through drug-dependence treatment* (<http://www.who.int/hiv/pub/advocacy/en/drugdependencetreatmenten.pdf>).
11. *Reduction of HIV transmission in prisons* (<http://www.who.int/hiv/pub/advocacy/en/transmissionprisonen.pdf>).

12. *Reduction of HIV transmission through outreach* (<http://www.who.int/hiv/pub/advocacy/en/throughoutreachen.pdf>).
13. *Antiretroviral therapy and injecting drug users*.

Tools and guidelines

14. *Advocacy guide: HIV/AIDS prevention among injecting drug users* (<http://www.who.int/hiv/pub/advocacy/en/advocacyguideen.pdf>).
15. *Training guide for HIV prevention outreach to injecting drug users* (http://www.who.int/hiv/pub/prev_care/en/trainingguideweb.pdf).
16. *Policy and programming guide for HIV/AIDS prevention and care among injecting drug users* (http://www.who.int/hiv/pub/prev_care/en/policyprogramming_guide.pdf).
17. *SEARO guidelines for primary care of drug users*.
18. *Inside out: HIV harm reduction education for closed settings*. Manila, WHO WPRO.

Other publications

19. Stimson G, Des Jarlais DC, Ball A (eds). *Drug injecting and HIV infection*. London, UCL Press, 1998.
20. Ball A, Weiler G, Beg M, Doupe A (eds). Special supplement: World Health Organization evidence for action for HIV prevention, treatment and care among injecting drug users. *The International Journal of Drug Policy* 2005,16:Suppl. 1.
21. *Status Paper on prisons, drugs and harm reduction*. Copenhagen, WHO Regional Office for Europe, 2005.



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