

# Science addressing drugs and HIV: State of the Art

## 2<sup>nd</sup> Scientific Statement: March 2016

### Vienna

#### Context

In March 2014, UNODC organized within the frame of the High-level Review of the 57<sup>th</sup> session of CND, the 1st Scientific Consultation in Vienna, entitled “Science Addressing Drugs and HIV: State of the Art”, where it brought together leading scientists to discuss the latest developments in prevention and treatment of HIV and AIDS as it relates to drug use.

The presentations and discussions at the 1<sup>st</sup> Scientific Event revolved around six thematic topics: *The cost effectiveness of harm reduction; HIV, drugs and the legal environment; Women and drugs; Harm reduction in prisons; Compulsory detention as drug treatment and the impact on HIV outcomes; and Prevention, treatment and care of hepatitis C among people who inject drugs*. Based on the six thematic papers and the follow up discussions among the lead authors during the 1<sup>st</sup> Scientific Consultation, a Scientific Statement was produced which was presented at the Plenary of the High-level Review of the 57<sup>th</sup> CND.

Since 2014, new evidence and needs have emerged that would be critical to share with the policy makers to help them make informed decisions. Also at the political level, the adoption of the Sustainable Development Goals by the world leaders in September 2015, including a target on ending the AIDS epidemic by 2030, and the adoption of the UNAIDS Fast track strategy for ending AIDS by 2030, have created a renewed momentum in countries to fast track the HIV response for people who use drugs. Additionally, in April 2016, at the United

Nations General Assembly Special Session on the World Drug Problem, the world will agree on a short, substantive, concise and action-oriented Outcome Document comprising a set of operational recommendations to guide the international drug policy for the coming years.

In this context, in March 2016, as the 59th Commission on Narcotic Drugs (CND) finalizes the preparations towards the United Nations General Assembly Special Session on Drugs, UNODC convened the 2nd Scientific Consultation on “Science addressing drugs and HIV: State of the Art” in Vienna. The 2016 Scientific Consultation focused on the gaps and latest scientific developments in the field of drugs and HIV prevention, treatment and care, as below:

1. Allocative and implementation efficiency of HIV prevention and treatment for people who inject drugs
2. HIV and stimulant drugs; and
3. The role of anti-retrovirals in HIV prevention, treatment and care for people who use drugs.

The 2016 Scientific Statement builds on the conclusions of the 2014 Scientific Statement, addressing new dimensions in the review of the State of the Art as it relates to Drugs and HIV.

### **Scientific statement**

1. All public spending is based on explicit or implicit prioritization. In a matter as central to human life as health, it is important to use all available evidence to make prioritization explicit and ensure that the best possible health outcomes can be achieved. Mathematical models and other scientific tools are available to inform decision making. They should be increasingly applied in the development of policies and programmes in the field of drug use and HIV. This means that resources need to be used for the most effective interventions, for the people who most need services,

- where they need them and applying the most efficient service delivery modalities.
2. Allocative efficiency (the allocation of resources to maximize health impact) of HIV programmes has been extensively studied in all regions of the world. In countries with substantial epidemics among people who inject drugs, analyses have consistently shown that investment in harm reduction programmes for people who inject drugs are part of the optimal mix of interventions to minimize new HIV infections and deaths. By prioritizing needle-syringe programmes, opioid substitution therapy and anti-retroviral therapy, countries could improve coverage and achieve fewer new infections and deaths among people who inject drugs. This will also reduce new HIV infections among sexual partners of people who inject drugs and the wider population.
  3. Country case studies show that high coverage of programmes for people who inject drugs including needle and syringe programmes and opioid substitution therapy were followed by substantial reductions in new HIV infections. Mathematical modelling suggests that scaling up proven interventions including needle syringe programmes, opioid substitution therapy and anti-retroviral therapy as part of a package of related health services would represent a major step towards ending AIDS as a threat to public health by 2030. Prioritizing these programmes now is also an investment, which will substantially reduce future health care cost, recognizing that every new HIV infection implies future cost for life-long treatment of HIV and opportunistic infections. To maximize return on investment, it is therefore important for countries to review spending on HIV, health and wider drug control programmes to ensure that resources can be reallocated to evidence-based interventions.
  4. In addition to evidence-based prioritization, countries can enhance the effect of HIV prevention and treatment for people who inject drugs by improving implementation efficiency. Reviews have shown that cost for procurement of drugs such as methadone, buprenorphine and anti-

retrovirals can be substantially reduced through enhanced price comparison, price negotiation, international procurement and use of generic suppliers. Optimized models of care including standard operating procedures ensure that service provider interactions with clients focus on core services. Increasing access to services, through removing barriers and strengthening effective linkages between services, can contribute to optimal utilization of staff and site capacity, which will improve economies of scale and reduce cost. Increased domestic financing of programmes for people who inject drugs requires simultaneous efforts to build mechanisms and capacities for contracting civil society organizations providing outreach and performance management of programmes. Good governance principles, quality assurance, and best clinical practices should be consistently applied.

5. In countries where we have conducive policies, adequate resource allocations, access to needle and syringe programmes, opioid substitution therapy and antiretroviral therapy, great progress has been made in reducing HIV transmission among people who inject opiates. The field now needs to more fully address the challenges of HIV prevention and treatment for injecting and non-injecting users of stimulant drugs: cocaine and amphetamine type stimulants (ATS). Additionally there are emerging drugs such as mephedrone and other new synthetic drugs that may create risks for HIV transmission.
6. This issue is particularly important for some subgroups of key populations, such as men who have sex with men and people who exchange sex for drugs or money. There are complex relationships between stimulant drug use and HIV transmissions. Mediator factors and other structural, social and personal factors, such as poly-drug use, mental health, homophobia, discrimination, punitive laws and practices, other sexually transmitted infections, should also be taken into account when trying to understand the link between HIV and stimulant drug use.

7. It is difficult to quantify the exact risk of stimulant use in increasing HIV infection. But the preponderance of the evidence points towards a positive association between stimulant use, sexual and injecting risk behaviours and HIV infections. A particular problem is the lack of scalable drug dependence treatment for stimulant use disorders. We have successful examples of reducing HIV transmission associated with stimulant use including crack-cocaine epidemics and cocaine injecting epidemics. New prevention strategy such as Treatment as Prevention (TasP) for people who use drugs living with HIV should be implemented to reduce HIV transmission in this key population. Gaps in the literature need to be acknowledged such as the lack of cohort studies, lack of focus on women and minorities, few studies from lower and middle income countries, few studies on new prevention approaches, such as Pre-exposure Prophylaxis (PrEP) for men who have sex with men using stimulant drugs, scalable drug dependence treatment approaches and use of social media.
8. Consistent use of antiretroviral therapies among people living with HIV/AIDS who use drugs improves the immune response. Among opioid dependent people living with HIV, methadone maintenance therapy (MMT) reliably increases adherence to antiretroviral therapy, even among homeless individuals. If adherence to antiretroviral therapy is maintained, the use of cocaine or methamphetamine among men who have sex with men living with HIV does not reduce the effectiveness of antiretroviral therapy (ART). All people who use drugs and are living with HIV require access to antiretroviral therapy.
9. However, access and adherence to ART for many people living with HIV who use drugs is constrained by important social, structural and environmental factors, such as stigmatization, incarceration and homelessness. While provision of HIV care in correctional settings may serve to improve rates of HIV testing and linkage to care, significant challenges exist with ensuring continuum of care within and between

correctional and non-correctional settings, which can lead to interrupted ART.

10. Multi-faceted and multi-level approaches are required to support access and adherence to ART among people who use drugs living with HIV, including integrated ART, opioid substitution therapy and other evidence-based drug dependence treatment, supportive housing and opportunities for employment and alternatives to conviction and punishment. Increasing access and adherence to ART will require health-focused drug policies based on evidence and human rights of people who use drugs.

*This scientific statement was produced in the context of the 2nd Scientific Consultation entitled "Science Addressing Drugs and HIV: State of the Art - An Update" organized by the United Nations Office on Drugs and Crime (UNODC) on 11 March 2016, preceding the 59th session of the Commission on Narcotic Drugs (CND) based on thematic papers developed by Don Des Jarlais (Co-chair of the Scientific Consultation), Francisco Bastos, Clemens Benedikt, Jonathan Feelemyer, Kanna Hayashi, Sherrie Kelly, Thomas Kerr, Howie Lim, Jane Loh, M-J S Milloy, Steven Shoptaw, Anna Williams, David P. Wilson and David Wilson, under the overall guidance of Monica Beg (Co-chair of the Scientific Consultation) and Fabienne Hariga of UNODC.*