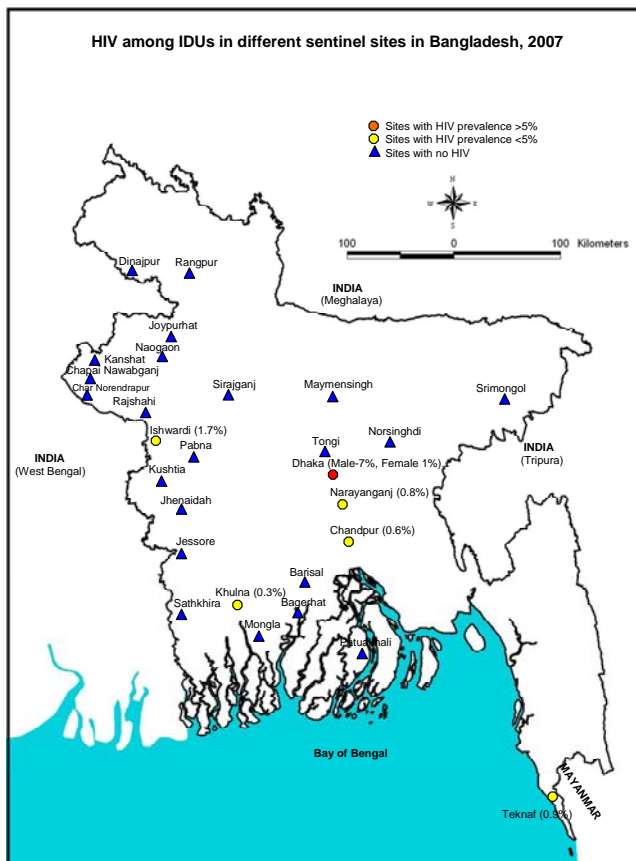


## Bangladesh Country Advocacy Brief Injecting Drug Use and HIV

### Call to Action

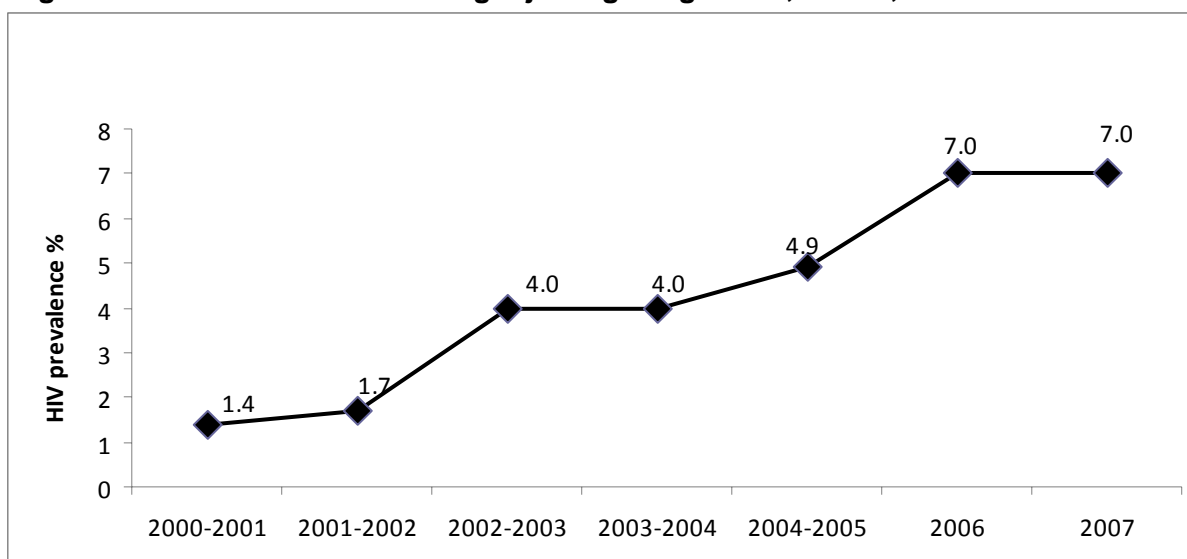
- Use the benefit of time to avert a large scale epidemic by prioritising HIV prevention, treatment and care interventions for people who inject drugs – Bangladesh is one of the few countries that still has this opportunity to avert an expanding epidemic by focusing interventions among the most-at-risk populations
- Operationalise all elements of the National Strategic Plan on HIV/AIDS, including substitution treatment for people who inject drugs
- Pilot and rapidly scale up Oral Substitution Treatment (OST) and expand coverage of needle and syringe program to reach critical coverage of both men and women who inject drugs
- Revise existing policies and laws to provide comprehensive harm reduction service delivery
- Involve people who inject drugs in the response and addressing stigma and discrimination associated with HIV and drug use
- Ensure continuation of HIV surveillance system



- Bangladesh is among the first countries in Asia to include harm reduction in the National Strategic Plan for HIV/AIDS, to include people who inject drugs as a surveillance population in the HIV Sentinel Surveillance on a national scale, to undertake a national size estimation of the population of people who inject drugs, and among the first countries to initiate targeted prevention interventions on a large scale among several most at risk populations, including people who inject drugs.
- While the second National Strategic Plan for HIV/AIDS (2004-2010) (NSP II) makes explicit and supportive reference to harm reduction, the national Harm Reduction Strategy for Drug Use and HIV (2004-2010), developed by the National AIDS/STD Programme (NASP), has not been systematically implemented, despite government endorsement of the strategy.

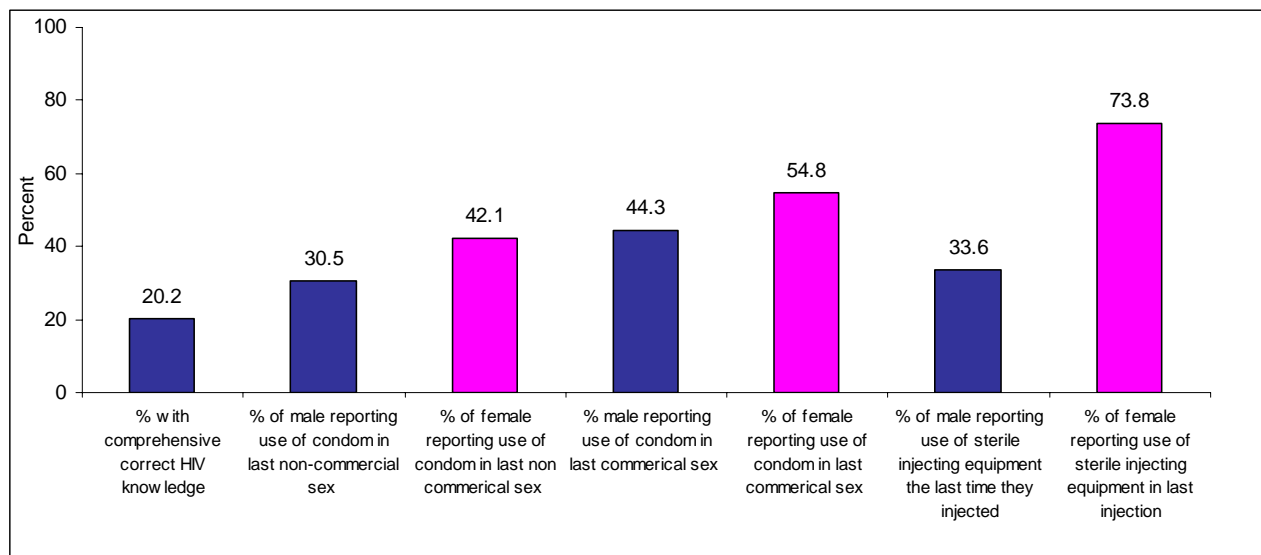
- The Narcotics Control Act (1990) renders possession and use of illicit drugs punishable depending on the type of drug and quantity found. Penalties are most severe for A class drugs, which includes Methadone and Buprenorphine. Physicians are required to obtain prior approval for prescribing narcotics for medical use. Though possession of paraphernalia is not an offence, distribution of sterile needles may amount to abetment of illicit use, punishable with three to fifteen years imprisonment and fine.<sup>1</sup> However, despite this, Needle Syringe Programme (NSP) has been conducted under Govt. funded project since 2004.
- Bangladesh has an estimated 20,000-40,000 people who inject drugs.<sup>2</sup> Drugs injected most commonly are 'cocktails' of different pharmaceuticals, primarily buprenorphine with anti-histamines and sometimes diazepam.<sup>3</sup> Injection of drugs was first reported in the mid 1980s and by 1990s had become more widely reported in common in Dhaka. Sharing of injecting equipment appears widespread<sup>4</sup> and anecdotally injecting drug use appears to be increasing.
- HIV prevalence among people who inject drugs has been rising in Bangladesh. By 2007, HIV prevalence at 7.0 per cent had been reported in Dhaka and one neighbourhood of Dhaka, where 11.0 per cent of people who inject drugs tested HIV positive, is likely to be the epicentre of the epidemic.<sup>5</sup> Among people who inject drugs sampled in twenty eight areas hepatitis C (HCV) was detected in 50% or more of IDUs in eight areas with the highest 84.3% in Kanshat, a north western area bordering West Bengal, India.<sup>6</sup>
- By November 2008 there were 1,495 reported HIV cases in Bangladesh<sup>7</sup> and an estimated 7,500 persons are living with HIV.<sup>8</sup> There has been a three fold increase in the number of HIV cases reported since 2003. Of all reported HIV infections 11.1%<sup>9</sup> have been associated with injecting drug use.

**Figure 1. HIV Prevalence among Injecting Drug Users, Dhaka, 2000-2007<sup>10</sup>**



- A significant proportion of men who inject drugs also buy sex (45.6% - 66.4%) and reported condom use in sex work encounters ranges from 24.9 to 54.7%.<sup>11</sup> A study has shown that of 130 female IDUs, 82 (63.1%) were sex workers.<sup>12</sup> Moreover, 5.0% of male sex workers in Chittagong reported injected drugs in the last one year.<sup>13</sup> The nexus between injecting drug use and sex work is a key consideration at this stage of the epidemic, as interventions need to ensure reach by both men and women who inject drugs in both sex work and non sex work settings.

**Figure 2. HIV risk and vulnerability of men and women who inject drugs<sup>14</sup>**



- Given the current scenario of needle sharing, unprotected sex and overlapping risk behaviours, sex work and injecting drug use, prevalence among people who inject drugs is bound to increase unless comprehensive measures are taken to reduce HIV risk among this population. Should the HIV epidemic among people who inject drugs not be contained, Bangladesh is likely to follow the course of other countries in the region which acted too late to prevent a significant HIV epidemic among people who inject drugs, and subsequently among sex workers and their clients.
- On the other hand, containing the epidemic early among men and women who inject drugs would delay and minimise an epidemic among sex workers and their clients, also thus reducing the transmission among the sexual partners of the sex work client populations.
- Swift introduction of opioid substitution treatment (OST) is the key to containing the HIV epidemic among the people who inject drugs. Once on substitution treatment, reported injecting drug use reduces significantly thus reducing transmission of HIV. Substitution treatment has also many other benefits, including a reduction in drug related criminal offences and increase in the quality of life of the individuals.
- As drug substitution treatment alone is not sufficient to curb the epidemic, scaling up of coverage of the needle and syringe programme is also required, along with voluntary counselling and testing, and anti retroviral treatment, care and support for those who need it.
- All efforts now need to be made to implement every element of the National Harm Reduction Strategy. Attention to the central population in which the majority of new HIV infections is occurring, people who inject drugs, holds the key to controlling the HIV epidemic in Bangladesh.

## ANNEX

		Date	Source
Total population (thousands) in 2007	158,665	2008	UN Department of Economic and Social Affairs, Population Division, March 2008
Estimated number of people living with HIV	7,500	2004	Bangladesh 2005 UNGASS Country Progress Report <sup>15</sup>
Estimated population of people who inject drugs	20,000-40,000	2004	Reddy et al., 2008 <sup>16</sup>
Prevalence of injecting drug use among 15-64 year olds (%)	0.03	2005	The Reference Group to the UN on HIV and IDU <sup>17</sup>
% of women who inject drugs who sold sex in the previous one year	86.2	2004-05	Azim et al., 2006 <sup>18</sup>
Median age (range) of people who inject drugs	28-36	2006-07	BSS 2006 -7, NASP, DGHS <sup>19</sup>
% of cumulative reported HIV infections among people who inject drugs	11.1%	2008	ICDDR,B, 2008 <sup>20</sup>
% of AIDS cases associated with injecting drug use	Not available		
AIDS deaths associated with IDU	Not available		
% people who inject drugs who are HIV positive	Male: 7.0 Female: 1.0 One Dhaka neighbourhood: 11.0	2007	NASP, National HIV Serological Surveillance, 2007, Bangladesh, DGHS, GoB <sup>21</sup>
% of methamphetamine users who are HIV positive	Not available		
Adult HCV prevalence among people who inject drugs	Average: 31.2% (range 0-84.3)	2007	NASP, National HIV Serological Surveillance, 2007, Bangladesh, DGHS, GoB <sup>22</sup>
TB & HIV co-infection among people who inject drugs	Not available		
Active Syphilis among people who inject drugs	Male IDU: 2.0 Female IDU: 14.6	2007	NASP, National HIV Serological Surveillance, 2007, Bangladesh, DGHS, GoB <sup>23</sup>

### Intervention coverage

		Date	Source
Number of opioid substitution therapy (OST) sites	Not yet started	2009	
Number of OST sites per 1,000 IDU	N/A	2009	
Number of people who inject drugs accessing OST	N/A	2009	
% in need of OST accessing services	N/A	2009	
Number of needle and syringe programme (NSP) sites	93	2008	NASP, implementing agencies of Harm Reduction Programme who work with IDUs: CARE Bangladesh and Padakhep
Number of people who inject drugs accessing NSP	23,684	2008	As above
Number of NSP sites per 1,000 IDU	3.1	2008	As above
% of people who inject drugs in need of NSP accessing NSP	59.2 (Considering the highest range of estimated number as 40,000)	2008	As above
Number of drop-in centres in the country	93	2008	As above
Number of drop-in centres (Dhaka)	20	2008	As above
Number of VCT sites in the country	91*	2008	NASP
Number of VCT centres for IDUs in the country	9	2008	NASP, FHI and CARE Bangladesh
Number of IDU underwent VCT	1724	2008	NASP, FHI, CARE and ICDDR,B
% of IDUs who have received HIV testing and counselling	4.3 (Considering the highest range of estimated number as 40,000)	2008	As above
Reported number of people receiving ART	283	Dec 2008	WHO, UNAIDS, UNICEF, 2009 <sup>24</sup>
Number of people who inject drugs in need of ARV	16	2008	ICDDR,B
Number of people who inject drugs on ARV	5	2008	As above

		Date	Source
% of people injecting drugs in need of ARV receiving ARV	31.3%	2008	As above
People who inject drugs on ARVs as a proportion of all PLHIV receiving ARVs	1.8%	2008	As above
Coverage of people who inject drugs in need of prevention services reached by prevention programmes (%)	59.21 (Considering the highest range of estimated number as 40,000)	2008	NASP , implementing agencies: of Harm Reduction Programme who work with IDUs: CARE Bangladesh and Padakhep
Estimated prison population	-80,000	2008	Personal communication with the Directorate of Prisons
Number of drug treatment centres	**4 operated by Dept. of Narcotics Control; 4 operated by Directorate of Prisons; 162 operated by NGOs and private organization (10 supported by FHI)	2008	Personal communication with the Department of Narcotics Control, Directorate of Prisons and FHI
Number of drug users / IDU in drug treatment centres *	2583 (in 4 centres operated by DNC); 2073 in 4 centres operated by Directorate of Prisons; 1209 in centres supported by FHI	2008	Personal communication with the Department of Narcotics Control, Directorate of Prisons and FHI
Clients accessing services in closed settings:			
VCT	0		
NSP	0		
OST	0		
Condoms	0		
Peer education	450		
Primary health care	0		
Post release follow up	0	2007	Personal communication with Dhaka Ahsania Mission

\* Out of 91 centres, 9 centres are only for IDUs, remaining centres are open for all.

\*\* Out of 170 centres data are available for 8 govt. and 10 FHI centres

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