Implementing the UNGASS2016 Outcome Document

Stimulant drugs and HIV: Addressing the needs

Monica Beg
Chief, HIV/AIDS Section and
Global Coordinator for HIV/AIDS

Post-UNGASS 2016 CND thematic discussions on UNGASS implementation
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We reiterate our commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as combat viral hepatitis, other communicable diseases, inter alia, among people who use drugs, including people who inject drugs”

[In line with SDG target 3.3]
Stimulant drug use and HIV Risks: A mosaic of substances, factors and population groups

- Cocaine
- ATS
- NPS
- Inhalation
- Oral Smoking Injection
- Unsafe injection
- Sex workers (SW)
- Young people
- Men who have sex with men (MSM)
- Unprotected sex
Collecting the evidence

1. Literature Review (2015)
2. Scientific consultation (2016)
   - Cocaine in America
   - MSM and ATS in Asia
   - ARV and stimulant use
1. People who inject stimulants engage in more sexual risk behaviour and have higher HIV prevalence than those injecting opiates.

2. Higher frequency of injecting among people who inject stimulants, than those injecting opiates.

3. Strong evidence of increased sexual risk behaviour and HIV prevalence among MSM using stimulants

4. Evidence of increased HIV risks among sex workers using stimulants
Prevalence (%) of HIV among non-injecting cocaine users
(South America, Central America, North America and Europe)

Prevalence (%) of HIV among injecting cocaine users
(South America, North America)
Shift from Opiate to NPS injection

Trends in injecting drugs among clients of needle and syringe programmes in Hungary, 2009-2012

ATS use among Men who have sex with men (Chemsex)

"From sober, when I’m clear of Ice, I will feel shy, so I will start with Ice first. Ice will give me bravery to try new things, ....

The emotion boils inside. Ok, why not like try 3some, 4some, group or anything .."

Source: Chemsex study.
Sin How Lim, Mohammad Abdul Akbar Halim, Adeeba Kamarulzaman, Frederick L. Altice
Challenges

1. No scalable drug dependence treatment yet for stimulants
2. No strong evidence on effectiveness of any stimulant substitution treatment on HIV transmission
3. The overlap between PWUD/MSM/SW is a major challenge in ensuring access to services due to multiple vulnerabilities/stigma/denial
4. Reaching-out and addressing the needs of young people and women using stimulants
5. Need for age and gender disaggregated global estimates on size of population of stimulant users at risk for HIV (MSM, Sex workers, young people)
Stimulant use and HIV Prevention & Treatment: Potential Interventions

1. Needle and syringe programmes
2. Condoms for PWUD and their sexual partners
3. Targeted IEC for PWUD and their sexual partners
4. Evidence-based drug dependence treatment
5. HIV testing and counselling
6. ARV including PreP (MSM) and TASP
7. Prevention & treatment of STIs
8. Prevention, vaccination, diagnosis, and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of TB
10. Overdose prevention and management

Under development:

- UNODC Implementation Guide (Dec 2017)

STRUCTURAL INTERVENTIONS

- Supportive laws, policies and practices
  - Gender, age responsive services
  - Equal access to services in prisons
  - Engagement of communities
Thank You!

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