

## China Country Advocacy Brief Injecting Drug Use and HIV

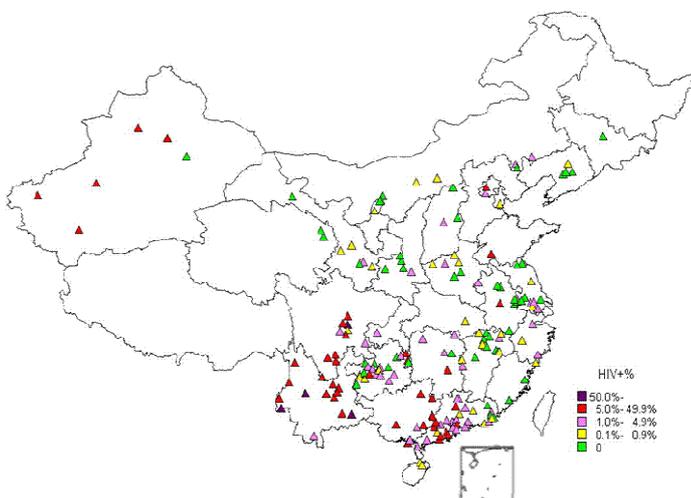
### Key actions to be supported

- Expansion of the national methadone maintenance therapy (MMT) programme at on a large-scale to achieve the expected programme impact. Promotion of the MMT clinics as an entry point for a comprehensive package of interventions and referral to social support
- Enhancing the capacity of the staff which will positively impact on the quality of the MMT programme
- Efforts to increase the retention rate among MMT clients aimed at prevention of relapse to injecting drug use
- Enhancing societal support for needle and syringe programme aimed at those men and women who inject drugs who are not yet ready or able to join the MMT programme
- Addressing patients with co-infection with HIV, TB and Hepatitis C
- Supporting involvement of men and women who inject drugs and other key community members at all stages of the HIV prevention, treatment and care programme will result in a stronger national programme
- Development of innovative strategies to reaching female sexual partners pf drug users, through existing reproductive health services, to address increasing trend in sexual transmission from men who inject drugs to their female partners

### *Situation of drug use and HIV*

China is the first country in Asia to initiate a large scale harm reduction response to address high prevalence of HIV among people who inject drugs following an early outbreak of HIV among injecting drug users in 1989 in Yunnan province.

Figure 1. HIV Prevalence Rate among Drug Users in Different Regions (2007)<sup>1</sup>



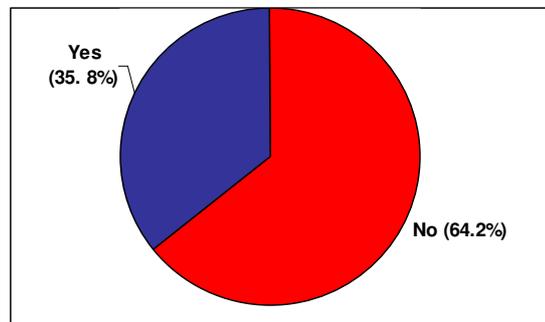
- The main drug used in China is heroin (77.5%), followed by “new type drugs” (21.3%), including ecstasy, Methamphetamine and Ketamine.<sup>2</sup>
- Prevalence of injecting drug use in the 15-64 year old population is 0.25%, or an estimated 2,350,000 million persons.<sup>3</sup> The China National Narcotics Control Commission reported that the registered number of drug users in 2009 was 1,335,920, of whom 978,226 (73.2%) were heroin users. Opioid injectors among IDUs are estimated at 60%.<sup>4</sup> Among those who injected, 71.5% reported having used sterile injecting equipment at last injection.<sup>5</sup>

- The registered number of drug users increased by 18.5%, from 1,127,000 in 2008 to 1,336,000 in 2009.<sup>6</sup>
- By the end of 2009 an estimated 740,000 persons (560,000- 920,000) in China were living with HIV/AIDS and there were an estimated 48,000 new HIV infections (41,000 – 55,000) in 2009.<sup>7</sup> Of the 48,000 new infections in 2009, 24.3% were associated with injecting drug use<sup>8</sup> compared with 42.0% of new infections (n=50,000) in 2007.<sup>9</sup> The cumulative number of HIV cases was 326,000 as of end of December 2009.<sup>10</sup>
- The national HIV prevalence in this population is 9.3%<sup>11</sup>, though much higher HIV prevalence has been reported among IDUs at provincial levels, including 29.0% in Xinjiang, 25.0% in Guangxi and 18.3% in Yunnan, respectively.<sup>12</sup>
- A significant increase in HIV transmission through male to male sex, up from 12.2% in 2007 to 32.5% in 2009 among the estimated new HIV infections has been observed. Members of ethnic minority groups are particularly vulnerable to HIV, with much higher rates of HIV among ethnic minorities, compared with others, in areas such as Yunnan, Xinjiang, Sichuan and Guangxi.

**HIV risk and vulnerability**

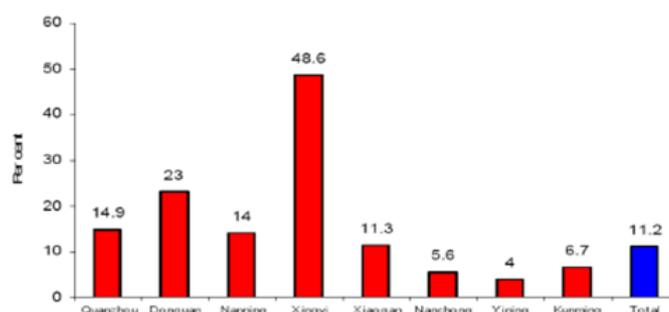
- Injecting drug users continue to be at high risk of HIV and HCV given ongoing reports of sharing of needles and syringes by IDUs. In the 2009 National HIV/AIDS Sentinel Surveillance 28.5% of IDUs reported sharing needles and syringes.<sup>13</sup>
- As seen in Figure 3., condom use among IDUs is low, and a behavioural survey in 2009 found that over 60% of IDUs did not report having used a condom in last sexual intercourse.<sup>14</sup>

Figure 3. Condom use among IDU in last sexual intercourse



- Overlap between injecting drug use and sex work is of concern, since this overlap can have a significant impact on the course of the HIV epidemic in the country. Once HIV epidemic is firmly established in injecting drug use and sex work populations, transmission to female sexual partners of men who inject drugs is bound to occur.

Figure 4. Percentage of male injecting drug users having sex with female sex workers<sup>15</sup>



- Though seven out of ten HIV infections in 2007 were among men<sup>16</sup>, the proportion of new infections among women continues to grow. The chain of infection is followed by transmission from mother to child.

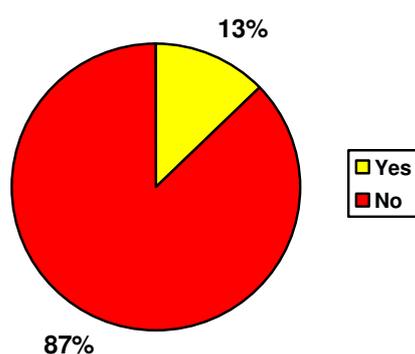
### **Legal and policy context and national HIV response**

- China is among the few countries in the world that demonstrated high level political leadership and commitment by adopting a national harm reduction approach in early 2000, ahead of the majority of countries in the Asia region.
- Article 27 of the HIV/AIDS Regulation, which became effective on 1 March 2006, requires *the people's governments at the country level or above, to coordinate the relevant government sectors in order to implement effective measures for controlling the AIDS epidemic.* The regulation further requires *The departments of Health, Public Security and Food and Drug Administration of the people's governments in Provinces, Autonomous Regions, and Municipalities shall jointly, based on their local situation of drug use and HIV/AIDS epidemic, implement community-based drug-maintenance treatment as well as other effective intervention program for drug users.*
- The Law of the People's Republic of China on Narcotics Control, effective since 1 June, 2008 includes Article 51 with relevance to harm reduction measures. While the law stresses the need for control of cultivation, manufacturing, trafficking and ingestion, the law directs the framework towards a supportive legal environment for the prevention of acts involving narcotic drugs. The Narcotics Control law requires drug users to undergo community based detoxification, and to be provided with vocational training and employment assistance. Those deemed to be in non-compliance of community based detoxification may be directed to "forced isolation treatment" by the public security departments.<sup>17</sup>

### **Intervention coverage**

- The People's Republic of China has increased the number of methadone maintenance sites from the initial 8 sites in 2004 to an impressive 680 sites in 27 provinces/autonomous regions by the end of 2009.<sup>18</sup> A cumulative total of 241,975 clients had enrolled on the MMT programme by the end of 2009.<sup>19</sup> Of these 112,831, or 13%, of the 878,000 registered heroin users, were benefiting from OST as of 2009.<sup>20</sup>
- The target of the national MMT programme was to establish a MMT site in all counties (cities) with more than 500 drug users and, by 2010, for the MMT programme to cover over 70% of the drug users in urban areas. Mobile MMT services have been established to cater for those living in the rural areas starting with the first van in Yunnan in August 2006. By 2009, 26 mobile MMT vans were operational in 10 provinces.<sup>21</sup>
- The "typical" MMT clinic has approximately 160 drug users attending on a regular basis. Of the clients approximately 7.5% have HIV and between 60-65% have HCV.<sup>22</sup> The average retention rate is 69%.<sup>23</sup>

Figure 4. Coverage of registered drug users with OST<sup>24</sup>



- Analysis of the impact of the national MMT programme indicates that by the end of 2009 the MMT programme had prevented 3,900 HIV infections, reduced 22.4 tons of heroin use, and prevented an estimated % US 1.2 billion in drug trade.<sup>25</sup>
- The needle exchange programme (NEP) was initiated in 2002, with seven operational sites. By 2009, a total of 964 NEP sites were operational reaching out to an average of 39,000 people who inject drugs each month.<sup>26</sup> In 2008 a reported 1,173,764 needles and syringes were distributed and 1,060,497 needles and syringes were collected.<sup>27</sup>
- Evaluation of the NSP programme has found significantly lower rates of reported needle sharing among those who participated in NSP (14.7%) compared with among those who did not participate in NSP 43.7%.<sup>28</sup> The target in the national NSP programme is to reach over 30% of the drug users, who do not have access to the methadone programme, in rural areas.
- In addition to the harm reduction interventions, a total of 7,335 voluntary counseling and testing (VCT) sites, where drug users can access testing and counseling, had been established nationwide.<sup>29</sup> A national HIV testing campaign, started in 2004, has resulted in a significant increase in the number of reported cases of HIV. The country has also scaled up coverage of antiretroviral therapy (ART), with 65,481 adults and children with advanced HIV infection, or 34.5%, of the estimated 190,000 people in need of treatment receiving it in 2009.<sup>30</sup>
- The HIV prevention programme in prisons consists of mostly education and training on HIV prevention, information, education and communication, daily education and discussions, lectures and knowledge competitions. The programme has been found to result in an increased awareness among prison staff and prisoners.<sup>31</sup> HIV testing is widely conducted among prisoners. A large scale HIV testing campaign of prisoners in 2008 detected 2.8% of 800,000 prisoners with HIV.<sup>32</sup> Notification of HIV positive test results remains a concern nationwide.
- In December 2008 the Department of Prison Administration (DPA) announced the Reinforcement of the Referral Mechanism from the Penitentiary Administration to community-based MMT clinics. The pilot programme, among other activities, involves organisation of visits for incarcerated drug users to MMT clinics and provision of recommendation letters to newly released drug users to strengthen the referral mechanism.<sup>33</sup>
- The challenge ahead for the Government of China is to scale up the coverage of the HIV prevention, treatment and care interventions to reach a sufficient magnitude of the large population of people who inject drugs. While expanding availability and coverage of services it will be equally important assure the quality of the service delivery.
- Other challenges include is the “comprehensiveness” of the interventions. Preventive approaches are often isolated, individual components selected from a package that has been proven successful elsewhere with modifications based on local needs and beliefs. Needle exchange programmes are not yet promoted sufficiently and condom distribution and diagnosis and treatment of sexually transmitted infections is overlooked among men and women who inject drugs.
- Finally, rights of people who inject drugs, need to be assured in view of the reports that a significant proportion of MMT clients have not enjoyed full social security rights in line with national policies.<sup>34</sup>

## ANNEX

### Socio demographics and disease prevalence

|  |                         | Date         | Source   |
|--|-------------------------|--------------|--|
| Total population (millions)  | 1,345.8                 | 2009         | UNFPA, 2009 <sup>35</sup>  |
| Adult (15-49) HIV prevalence (%)                                   | 0.057<br>(0.042%-0.071) | 2009         | MoH, 2010 <sup>36</sup>  |
| Estimated number of people living with HIV                         | 740,000                 | 2009         | Ibid.  |
| Estimated population of people who inject drugs                    | 1.8–2.9 million         | 2005         | Lu et al., 2006 <sup>37</sup>  |
| Prevalence of injecting drug use among 15–64 year olds (%)         | 0.25                    | 2005         | Mathers et al., 2008 <sup>38</sup>                                       |
| % female among people who inject drugs (%)                         |                         |              |  |
| Median age (range) of people who inject drugs                      |                         |              |  |
| Reported HIV cases   | 326,000                 | 2009         | Sun Xinhua & Wu Zunyou, 2009 <sup>39</sup>                               |
| % of new HIV infections in 2007 associated with injecting drug use | 24.3<br>42.0            | 2009<br>2007 | Yin, 2009 <sup>40</sup><br>Lu Wang, Ning Wang et al., 2009 <sup>41</sup> |
| % of AIDS cases associated with injecting drug use                 |                         |              |  |
| AIDS deaths associated with IDU                                    |                         |              |  |
| % people who inject drugs who are HIV positive                     | 9.3                     | 2009         | MoH, 2010 <sup>42</sup>  |
| % of prisoners who are HIV positive                                |                         |              |  |
| % of 540,000 prisoners tested during Sept 05-June 06               | 2.34                    | 2005-06      |  |
| % of 800,000 prisoners tested in 2008                              | 2.78                    | 2008         | Yin, 2009  |
| % HCV prevalence among people who inject drugs in MMT programme    | 60-65                   | 2008         | Yin, 2009  |
| TB & HIV co-infection among people who inject drugs                |                         |              |  |
| Active Syphilis among people who inject drugs                      |                         |              |  |

### HIV risk and vulnerability

|   | 2009 | Source                       |
|---|------|------------------------------|
| % people who inject drugs who have received an HIV test in the last 12 months and who know their HIV test result (UNGASS core indicator)                                      | 37.3 | UNGASS Country Report 2010   |
| % people who inject drugs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV (UNGASS core indicator) | 57.3 | Ibid                         |
| % people who inject drugs reporting the use of a condom at last sexual intercourse (UNGASS core indicator)  | 35.8 | Ibid                         |
| % of people who inject drugs reporting the use of sterile injecting equipment the last time they injected (UNGASS core indicator)   | 71.5 | Ibid                         |
| % of women who inject drugs who report having sold sex  |      |                              |
| % of men who inject drugs who report having bought sex  | 11.0 | Ning, W., 2006 <sup>43</sup> |

### Intervention coverage

|   |                          | Date | Source                       |
|---|--------------------------|------|------------------------------|
| Number of opioid substitution treatment (OST) sites       | 680                      | 2009 | Sun Xinhua & Wu Zunyou, 2010 |
| Number of people who use drugs accessing MMT              |                          |      |                              |
| Cumulative  | 241,975                  | 2009 | Sun Xinhua & Wu Zunyou, 2009 |
| Current   | 112,831                  | 2009 | Sun Xinhua & Wu Zunyou, 2009 |
| Number of prisoners accessing MMT                         |                          |      |                              |
| % of registered heroin users (n= 878,000) accessing MMT   | 12.9                     | 2009 | Sun Xinhua & Wu Zunyou, 2009 |
| Number of substitution treatment sites per 1,000 IDU      | 0.3                      | 2009 |                              |
| Number of needle and syringe programme sites              | 964                      | 2009 | Sun Xinhua & Wu Zunyou, 2010 |
| Number of people who inject drugs accessing NSP           | App 39,000<br>each month | 2009 | Sun Xinhua & Wu Zunyou, 2010 |
| Number of NSP sites per 1,000 IDU                         | 0.4                      | 2009 |                              |
| % of people who inject drugs in need of NSP accessing NSP | 1.7                      | 2009 |                              |
| Number of VCT sites in the country                        | 7,335                    |      | MoH, 2010                    |

|   |           |          |   |
|---|-----------|----------|---|
| Number of people who inject drugs who have received HIV testing and counselling                         |           |          |   |
| % of people who inject drugs who have received HIV testing and counselling in the past 12 months        | 37.3      | 2009     | MoH, 2010                                 |
| Number of people living with HIV on ART   | 65,481    | 2009     | MoH, 2010                                 |
| Number of people who inject drugs in need of ARV  |           |          |   |
| Number of people who inject drugs on ARV  |           |          |   |
| % of people injecting drugs in need of ARV receiving ARV  |           |          |   |
| People who use drugs on ARVs as a proportion of all PLHIV receiving ARVs                                | 16.0      | 2009     | Wu & Yin, August 2009 <sup>44</sup>       |
| Coverage of people who inject drugs in need of prevention services reached by prevention programmes (%) | 38.5      | 2009     | MoH, 2010                                 |
| Estimated prison population   | 1,565,771 | Dec 2005 | Walmsley, R., 2008 <sup>45</sup>          |
| Number of:  |           |          |   |
| Compulsory and Isolated Rehabilitation and Treatment Centres  | 587       | 2009     |   |
| Re-Education Through Labor Centres  | 348       | 2009     | UNAIDS Country Office, 2010 <sup>46</sup> |
| Number of drug users in Compulsory and Isolated Rehabilitation and Treatment Centres                    | App.      |          |   |
| Re-Education Through Labor Centres  | 173,000   | 2009     | Ibid.                                     |
| Prisoners accessing services:   |           |          |   |
| Needle and syringe programmes   | No        |          |   |
| Opioid substitution treatment   | Yes       |          |   |
| HIV testing and counseling  | Yes       |          |   |
| Antiretroviral therapy  | Unknown   |          |   |
| Prevention and treatment of STIs  | Unknown   |          |   |
| Condom programmes   | Unknown   |          |   |
| IEC   | Yes       |          |   |
| Primary health care (including treatment of tuberculosis)   | Unknown   |          |   |
| Diagnosis, treatment and vaccination for viral hepatitis  | Unknown   |          |   |
| Prevention, diagnosis and treatment of tuberculosis   | Unknown   |          |   |
| Peer education programmes   | Yes       |          |   |
| Post-release follow-up  | Unknown   |          | UN RTF, 2010 <sup>47</sup>                |

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