



UNODC Executive Director, Mr Yury Fedotov.

The hidden face of AIDS

In some parts of the world, new HIV epidemics are being fuelled by unsafe practices among injecting drug users. In this interview for the *OFID Quarterly*, **Yury Fedotov**, Executive Director of the United Nations Office on Drugs and Crime (UNODC), describes the urgency of the situation and the immense challenges involved in reaching these and other marginalized people.

INTERVIEW BY AUDREY HAYLINS

OQ: *Latest data shows that in some regions up to 80 percent of new HIV infections are due to injecting drug use. What are the main drivers behind this trend and what are the implications of such a trend for the global fight against the pandemic?*

YF: HIV among injecting drug users is mainly transmitted through the use of contaminated injection equipment and unsafe sex. HIV epidemics in drug injecting populations are avoidable; epidemics can be reversed. New infections among injecting drug users are virtually zero in some countries.

Elsewhere, however, access to health and prevention services remains low. Globally, only two clean needles and syringes are distributed per month per injecting drug user (IDU); only eight percent of IDUs are on opioid substitution therapy; and only four percent of HIV-positive IDUs are receiving antiretroviral therapy. Stigmatiza-

tion and discrimination of drug users is widespread. In some countries, the legal systems do not allow for science-based drug dependence treatment. Drug dependence treatment and measures to reduce HIV infections need to be integrated to maximize effectiveness.

Drug dependence treatment enhances the effectiveness of measures preventing HIV and treating AIDS. Studies show that significantly lower rates of drug use and related risk behaviors are practiced by IDUs in treatment. This is because individuals who enter and remain in treatment reduce their drug use, leading to fewer instances of drug-related risk behavior.

In some regions of the world, where the use of contaminated needles and syringes fuels the epidemics, there has been a 250 percent increase in HIV prevalence over the last decade. This contrasts with global developments, where we have observed a levelling-off of HIV infections, or even significant reductions in new HIV infections. Some new epidemics, driven by contaminated injection equipment, are evolving in some African countries. An end to the HIV pandemic will only be possible if the epidemics among IDUs are halted and reversed. This can happen only if evidence-based measures are put in place.

OQ: *What would you describe as the main challenges involved in reaching IDUs given their marginalized status in society? How does your organization go about overcoming these challenges, and is your work getting results?*

YF: IDUs are marginalized and hard to reach with effective interventions. My Office focuses on interventions based on science and human rights. The basic, underlying principle is that drug use and dependence is not a moral issue, but a medical and behavioral condition, which needs a broad spectrum of services. We advocate this in all international meetings, and we provide technical assistance to countries to put such measures in place.

We assist countries to review their laws so that HIV can be addressed among drug users. In many countries, the legal system was developed before AIDS. We also offer training for service providers and policy makers, as well as monitoring and evaluation systems.

Do we see results? Yes, we do. We are assisting more than one hundred countries with wide-ranging interventions. The policy of the Office is to make interventions sustainable. We argue for a buy-in of countries, the mainstreaming of HIV in national plans, and independence from official development assistance. We are not there yet in many countries, but I am hopeful we will reach that goal soon.

OQ: *UNODC is heavily involved with HIV/AIDS programs in prisons. In fact, it was the theme of your satellite session at AIDS 2012. Could you explain what the main issues are in this type of environment?*

YF: The HIV situation in prisons is severe; infection rates are often 50 times higher than in the community. Co-infections with hepatitis or tuberculosis are widespread. AIDS and tuberculosis are the most widespread causes of death in prisons. At any given time there are at least ten million people in prisons.

The annual prison turnover is approximately thirty million. When prisoners return to their communities, their families and partners, any infection acquired in the prison is transported to the community. All modes of HIV transmission in the community exist also in prisons: there is sexual transmission, blood-to-blood and mother-to-child transmission. And because prisons are often under-resourced and overcrowded, services for at-risk populations are often non-existent or of substandard quality.

Our advocacy work for HIV prevention in prisons is guided by the principle of equivalence, meaning that services available in the community need to be also available in prisons. If prisons are excluded from a national AIDS response, HIV epidemics will not be controlled because prisons are fuelling and re-fuelling national epidemics.

Within UNAIDS, UNODC is responsible for the response to HIV in prisons. This responsibility, very much linked to the mandate on criminal justice and prison reform, is an important and growing part of our work. We have developed a set of technical and policy guidelines, and large-scale programs in various parts of the world are underway.

OQ: *Another area of HIV/AIDS that your Office is involved in is that of people who are vulnerable to human trafficking. How great a problem is this within the wider context of the pandemic? What kind of actions can be taken to address it?*

YF: The link between trafficking in human beings and the risk for HIV infection is gaining attention. Millions of people are in forced labor (including sexual exploitation) at any given time as a result of trafficking. Results suggest that HIV prevalence among trafficking victims is disproportionately high, in particular among women and young girls (ranging between 40 to 90 percent).

Trafficking has a profound negative impact on the health and wellbeing of the victims. Most victims have been exposed to various risks of infectious diseases. Among the most significant ►

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PHOTO: UNODC

UNODC is working in the field with its partners, including OFID, to address the challenges posed by HIV among injecting drug users and other vulnerable people.

◀ potential health consequences of trafficking for sexual exploitation is the risk of HIV infection.

Individuals vulnerable to human trafficking, particularly women and girls, should be provided with comprehensive, gender-sensitive, HIV prevention and care in countries of origin and destination. In addition, countries are encouraged to set in place large-scale awareness and advocacy campaigns on the nature and extent of human trafficking and the related HIV risks and response. These programs should provide at-risk groups with information on HIV transmission, and how to protect themselves from entering a trafficking situation and being infected with HIV.

OO: *OFID and UNODC have been working together against HIV/AIDS since 2003. Indeed, a new joint initiative is in the pipeline. How would you describe this partnership? Is it delivering results?*

YF: The OFID-UNODC initiative addresses crucial determinants of HIV among drug users and in prisons, namely the legal frameworks of countries to create a favorable environment and the quality of services.

The second phase of the OFID-UNODC partnership in selected Central Asian countries was launched in 2010. This program provides technical assistance in the development of model health and social protection services to ensure access to evidence-based and cost-effective interventions in community and in prison settings to populations most at-risk.

However, we need to keep in mind that any HIV/AIDS intervention among drug users is guided by a comprehensive approach that treats these interventions as part of a continuum of care that includes drug use prevention, treatment and rehabilitation. In this connection, UNODC and OFID have also been working to remove barriers

to low-cost, effective and evidence-based drug treatment services in developing countries and to provide diversified, effective and quality drug dependence treatment and rehabilitation services, including HIV/AIDS prevention and care.

The Treatnet project is being implemented in 26 countries in five regions. A major achievement has been the successful implementation of a knowledge-sharing mechanism through which thousands of professionals from a wide range of disciplines related to treatment of drug dependence have been trained worldwide. More than 11,000 drug treatment service providers from various disciplines, and working at different levels/stages of the treatment system, have received training on evidence-based interventions to improve their professional skills.

OO: *Michel Sidibé of UNAIDS said in Washington that it was “the beginning of the end” of the HIV/AIDS pandemic. Do you share his optimism? What do you consider to be the way forward?*

YF: I agree with Michel. Due to a sustained effort, HIV epidemics show signs of levelling off. In many countries, the number of new infections has decreased over the past ten years. HIV has been integrated into national development plans. Significant resources are available through official development assistance and from national budgets.

There is also progress in sciences and on how to control HIV epidemics. We know that male medical circumcision has a strong preventive effect. We have strong data supporting that treatment with anti-retroviral therapy reduces the risk of HIV transmission significantly, if started very early. And we clearly know how to prevent HIV infection.

But we feel also the effects of the global financial crisis. There is some reluctance from donors to continue to invest in HIV. So, we are at a crossroads: If the international community stops investing now, we risk paying for AIDS forever. But if we intensify our efforts now, we have a real opportunity to end AIDS.

UNODC faces specific challenges because we deal with two of the most vulnerable populations: drug users and prisoners. As mentioned before, epidemics in these groups continue to grow, because they are often neglected. Therefore, we need to redouble our efforts to address HIV among drug users and prisoners. I know that some countries make tough decisions when introducing a comprehensive package of interventions. But AIDS will only end if they do so. We must stop the virus being transmitted through contaminated injection equipment and in prisons. ■